Public Testimony of Jason George before the MN House Health Policy Committee on hospital-acquired infections (8/10/09)

Mr. Chair, members, my name is Jason George and I am the legislative and political organizer for the International Union of Operating Engineers Local 49. Our local union is an active member of a large coalition of labor unions and consumer groups that have come together to work on health related issues. The organization we formed, the Consumer Worker Coalition, represents hundreds of thousands of workers, consumers, and their families. I believe in your packets there is a one page description of our group along with a list of participating members. I am here today to testify on their behalf concerning the issue of hospital acquired infections.

You may be asking yourselves why a labor union or a consumer group would be interested in a highly technical health care issue like hospital acquired infections. To be blunt – our members and consumers in general are the ones getting sick, and in too many instances, the ones dying from preventable infections that they acquire in hospitals. We are also the ones that pay higher premiums to pay for these mistakes, and we are the workers that are responsible for delivering care. We feel it is our responsibility to participate in the efforts to prevent these infections, and we feel that consumers and workers can offer valuable input to help eliminate them.

Infection reporting is a major part of the effort to eliminate hospital acquired infections, and this committee, and this legislature should be commended for passing the law that mandated such reporting. The hospitals, the Department of Health, and APIC should also be commended for the passage of this legislation, and for their efforts to move quickly to make information public.

While we are pleased with these efforts, and recognize that Minnesota enjoys a reputation as a leader in health care quality, there is room for improvement. For example, there are 26 states that collect some kind of data on hospital acquired infections, and 20 of them use a national system from the Center for Disease Control called the National Healthcare Safety Network (NHSN). Minnesota does not use this system, and we think we should. There are a number of reasons why this was not mandated in the original law; you have heard them in previous testimony. But progress has been made on this front, and we are confident that the technical issues that prevented use of the NHSN network will be resolved in the very near future. The real obstacle will come in the form of resources. The Department of Health and the hospitals do not have the resources necessary to implement the national system. If we are going to be serious about eliminating hospital acquired infections, the legislature will need to provide funding for this transition. We might not have a choice, there are bills in Congress that mandate all states to use the national system, and this is likely to be rolled into larger health care reform if that passes this year.

Another area that requires improved effort is access to information on hospital acquired infections. We need to increase promotional efforts; we need to do a better job of getting this information in the hands of consumers. Studies have shown that 93% of consumers say that hospital infection rates would influence their decision making in choosing where to have procedures done. If we get the information in their hands, people will use it. Consumer groups need to do a better job on this, and so do hospitals and the Department of Health.

Lastly, we feel that nurse staffing levels are something we should take a look at as part of the solution. Research has shown that some infections are directly linked to staff levels and time spent with patients.

Minnesota has made significant progress on hospital acquired infections so far. Process measures were up on the Hospital Association website very quickly, the first of many surgical site measures will be added in September of this year, and collection of data on new surgical site measures will begin next year. We are also pleased that the hospitals are following the national guidelines regarding what to report, and how to collect the data. This information will help the public make better decisions when choosing a health care facility, and ultimately, we hope will create a competitive environment for hospitals to work towards lowering their infection rates. Increased resources to ensure adequate time to complete policies and care related to infection reduction, monitoring, reporting, in conjunction with greater promotion of information to consumers will build upon this progress.

It is worth noting that consumers have been a part of Minnesota's reform efforts. In the past year, consumers have been invited by the hospitals to participate in the advisory group that is responsible for overseeing the implementation of the reporting legislation. Consumer ideas have been respected, and in a number of cases implemented. Consumer input has played a large role in making sure that information is understandable to the general public, easy comparisons can be made between hospitals, and people can drill down to get at different layers of data if they desire. We have also weighed in on discussions about what measures to collect, and the best system for collecting them.

Consumer involvement is worth pointing out because it does not work this way in every state. In too many cases, hospitals are reluctant to share the table with consumers, and are not interested in hearing their concerns or ideas. Consumers also are sometimes too suspicious of the motives of hospitals, and come to the conversation with negative stereotypes. All of this can lead to combative relationships between consumers and hospitals regarding hospital acquired infections. We are proud to say that is not the case in Minnesota. To their credit, the hospitals have welcomed our input and been open to our suggestions. We have a long tradition in this state of working together on tough issues, and we are happy to report that consumers, workers and hospitals are carrying on that tradition when it comes to hospital acquired infections.

We are confident that the current structure for addressing hospital acquired infections is working, and we commit to bringing our ideas and a consumer/worker perspective to the table to help our state lower and ultimately eliminate hospital acquired infections. Thank you for your time and, thank you for giving this important issue a hearing.

If you have any questions, all of the presenters will be happy to try to answer them.

Jason George
International Union of Operating Engineers Local 49