



POLICY & ACTION FROM CONSUMER REPORTS

May 7, 2013

The Honorable Jay Inslee
Governor of Washington
Olympia WA

RE: House Bill 1471, hospital infection reporting

Dear Governor Inslee:

Consumers Union, the policy and advocacy division of *Consumer Reports*, strongly urges you to stand with consumers and ensure that **current reporting on infections associated with hip and knee replacement and cardiac surgeries is retained in the law**. We respectfully ask that you deny the Washington Hospital Association request to veto Section 4 of HB 1471, which would eliminate the requirement for hospitals in your state to report these critical measures to the public. These surgeries have been in the Washington hospital infection reporting law since 2007, but consumers have only seen one year of information on surgical site infections so far – not enough to establish trends. HB1471 includes a sunset date for reporting on these three types of surgical site infections to stop on July 1 2017, allowing for a full five years of reporting them to the public. We are not objecting to the sunset date.

Consumers Union was very involved with passage of Washington's original 2007 hospital infection reporting law as part of our national Stop Hospital Infections campaign that led to passage of public reporting laws in 31 states. Several years ago we broadened the scope of our work to include prevention of other types of medical harm under the Safe Patient Project (www.SafePatientProject.org). We, along with our national network of local advocates, represent the consumer voice on hospital-acquired infection issues in many states and at the national level. In Washington state, we work closely with the *Washington Advocates for Patient Safety* and others who have shared their hospital infection experiences with us over the years.

We support retaining the current law requiring reporting on hip and knee replacements and cardiac procedures. Coronary artery bypass graft (CABG) procedures are important because they are among the most common surgical procedures done in America. The number of hip and knee replacements is increasing significantly every year and will continue over the next 20 years. According to the American Academy of Orthopedic Surgeons (AAOS), hip replacements are expected to increase by almost 200% and knee replacements by an astounding 673%. Because these procedures are so common, consumers want to know about their associated infection rates. Surgeries on hips and knees are exactly the kind of procedures that consumers do research on – they are elective and people often have time to plan ahead. Also, they are typically done on healthy patients in “clean” procedures that should never lead to infections – they are

preventable. It makes no sense for Washington consumers to lose this valuable law that could provide life saving information for making their health care decisions.

Hospitals often say that public reporting takes too much of their resources and takes time away from prevention. But surgical site infections alone are a drain on health care resources, conservatively costing an estimated \$11,000 to \$35,000 per infection, according to the Center for Disease Control and Prevention (CDC). And consumers are baffled that it could be such a burden on hospitals to document their surgical procedures.

Unfortunately, the WA Hospital Association does not report the number of infections that occurred, so it is impossible to determine the overall costs of these infections. However, the WA Department of Health advised Consumers Union that 250 hip and knee infections had been documented in the one year of reporting made public. These infections represent only a subset of all of the infections that occur in the state's hospitals, yet the estimated cost to the state's hospitals lies somewhere between \$2.75 million and \$8.75 million. The cost to human lives is immeasurable, including death, permanent disability, loss of ability to work, and years of pain and suffering.

When infections occur with joint replacements, patients often require additional revision surgery to replace the joint, according to the AAOS. Studies in the UK (www.hipreplacement.co.uk/revision-hip-replacement/implants-for-revision-hip-surgery/) indicate about ten times the infection risks for revision surgeries on hips compared to first-time implants. This greatly increases the total infection-related complications and highlights the importance for hospitals to document and track these specific infections.

From June 2011 to July 2012, Washington hospitals reported the following on hospitals that did 20 or more procedures (see <http://www.wsha.org/files/82/Infections%20for%20Website%20Test.pdf>):

- Cardiac surgery. Only 18 hospitals reported at least one category of cardiac surgery and the variation of infection rates among them varied, from zero infections to a rate of 4.52 % (nearly one in five patients).
- Hip replacement surgery. Infection rates ranged from 0 to 3.35 for hip replacements (with a good deal of variation between); 13 hospitals had hip infection rates higher than the WA average (0.82)
- Knee replacement surgery. Infection rates ranged from 0 to 4.84 for knee replacements (with another high rate of 4.82 and wide variations among reporting hospitals); 24 hospitals had knee infection rates higher than the WA average (0.64).

Three hospitals reporting that they performed fewer than 20 hip or knee replacement procedures had extremely high infection rates (over 8% for one hospital). This, the experts would say, is simply a reflection on the small numbers of procedures performed. However, each of these hospitals promotes hip and knee replacement surgeries on their websites – thus a caution to consumers is warranted for these facilities.

Public reporting is a critical part of prevention - it is not busywork. Without it, no one would know if the prevention efforts of a hospital actually work. And, the first step in prevention is awareness of when and where infections are occurring – something most hospitals only had limited knowledge of prior to the attention brought to the issue through public reporting laws such as the one in Washington. Even CDC has said public reporting infections “is an important component of national HAI elimination efforts. Research shows that when healthcare facilities are aware of their infection issues and implement concrete strategies to prevent them, rates of certain hospital infections can be decreased by more than 70 percent.”

Thank you for consideration of our request to keep consumers informed by retaining the current law requiring public reporting of surgical infections from hip and knee replacements and cardiac procedures through 2017.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Lisa McGiffert".

Lisa McGiffert, Director, Safe Patient Project
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