



TEXAS HOSPITAL ASSOCIATION

**Testimony to the Senate Committee on Health and  
Human Services  
Regarding Infection Reporting**

Presented by  
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On behalf of the  
**Texas Hospital Association**

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Madam Chair and Members of the Committee. Good morning!

My name is Patti Grant, and I'm here today in support of Senate Bill 609 on behalf of the Texas Hospital Association and the Dallas-Fort Worth Chapter of the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC).

By way of qualifications, I have been a member of APIC and the Texas Society of Infection Control Practitioners, Inc. (TSICP) since 1990, and have earned and maintained Certification in Infection Control (CIC) since 1992, the first year I was eligible to sit for the exam. Currently, I serve as an officer on the national APIC Board of Directors and I am a past president of TSICP. I have worked in both small and large acute-care hospitals and their off-site clinics, and have published and lectured within my areas of expertise.

In addition to directing infection prevention and control programs for hospitals, I personally am an advocate for patient safety. My goal is to use science-based infection prevention and control to eliminate health care-associated infections (HAIs) to the extent humanly possible. Contrary to what you may hear or see in the news media, I *know* the importance hospitals place on infection control and the tremendous effort that goes on daily throughout the hospital to prevent infections. Like consumer advocates, hospitals want to determine how to make data *comparable* so that it can be useful to the public without leading them to make a potentially dangerous decision based on data that compare hospitals inequitably.

Health care associated infections are a significant health problem. Infection control was established as a professional discipline some 30 years ago. Professionals like me have been working to eliminate health care-associated infections among patients. Our profession has evolved as we have learned more through research. Our tools have improved thanks to new technology and pharmaceuticals.

You will be asking yourself, if we've been engaged in infection prevention and control since the early 1970s, then why can't we simply produce infection control data to be made public? The answer is as simple as it is complex: Each hospital is unique. It has its own immediate geographic community, specialized services and patient populations. An individual hospital's scope and complexity of services varies, ranging from general surgery and cardiac medication adjustments, to Level I trauma and solid organ and bone marrow transplants. People live today because of our extensive and elaborate technology. It is that very technology, which is grossly invasive, that simultaneously increases the chances of germs getting inside the body with each life-saving procedure performed.

There is a national movement to push for a National Standard for mandatory public reporting of HAIs, and the CDC recently published a document to guide such a movement. By supporting S.B. 609, I believe Texas will move forward, yet not regret enacting legislation about an issue that is far more complex than it initially appears.

I support S.B. 609 because it acknowledges the practical realities involved in designing and implementing a new legislative requirement. S.B. 609's approach requires consideration of the

rapidly evolving science behind what to measure in order to compare performance on reducing health care-associated infections. The challenge presented in this legislation is to create a reporting program that grasps the realities of infection control programs, which are customized to meet the patient safety needs of a hospital and is appropriate for the services they provide. S.B.609 provides time to determine the appropriate analysis that should be applied to the data so that the results are meaningful and helpful.

S.B. 609 also provides flexibility while mandating structure by calling for an Advisory Panel to examine and acknowledge all the issues. S.B. 609 requires the advisory panel to establish definitions which are applicable across-the-board, to determine how to make risk adjustments and other refinements to the methodology for analysis and to ensure that the data collected and reported will not mislead consumers.

Unlike some other issues, we do have infection control programs in place to safeguard patients. Although not perfect, these programs and the people involved are dedicated to protecting patients' health and safety. And, a national movement is underway to create a national standard for infection control reporting.

My own father developed a surgical site infection after a carotid artery surgery, and to complicate things, he is allergic to the drug of choice, penicillin, to the degree of immediate anaphylactic shock. His post-operative course was complex because penicillin could not be used, and I had to watch him suffer the bedside incision and drainage of his wound, and the extended hospital stay to try to salvage the initial success of his surgery. I'm here to state that mandating reporting of hospital infection data would not have changed his outcome, nor given us information to avoid such an occurrence.

Thank you for the opportunity to provide this testimony in support of S.B. 609. I will be glad to respond to any questions you may have.