

**To: 2013 CDPH Hospital-Associated Infection Advisory Committee**

**From: Alicia Cole, Committee Member/HAI Survivor  
Alliance for Safety Awareness for Patients (ASAP)**



Date: January 24, 2013

RE: 2013 Proposed Goals

I would like to formally submit to the Committee the goal of making the CDPH Infection Program website and reported information more user-friendly, 'Patient-centered' and complete. I believe this is congruent with the overall goals of the committee; however it needs to be brought to attention separately and specifically. While the mandate of the law is to provide for Public Reporting of information to better inform the consumers of California, the current information is presented in a manner that is neither functional nor easily accessible for the general 'Public'.

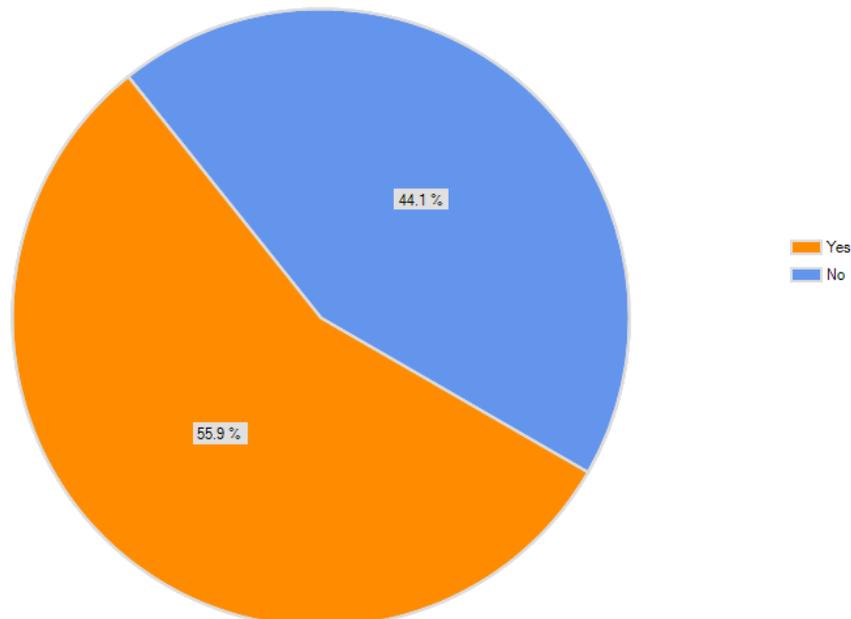
The following represent the results of a Quasi-Experimental, non-scientific survey conducted by Patient Advocate Alicia Cole, from August to October of 2012 entitled *Consumer Feedback Survey on CDPH Public Reporting Website*. Using the website Survey Monkey a 10 questions survey was used to gather Consumer opinions on the Public Infection Rate Reporting Website. Invitations to participate in the survey were sent via emails, Facebook posts and web links on Blogs and Twitter. 45 people responded to web links, 10 to emails and 4 to Facebook posts.

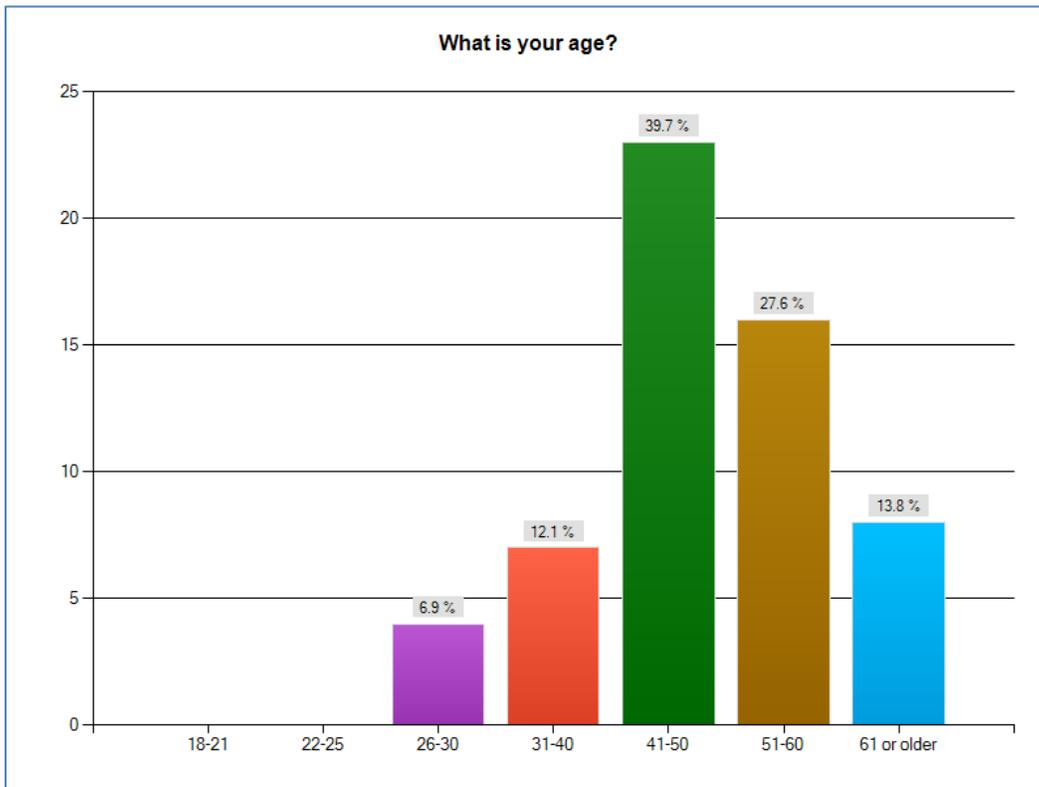
The geographic areas of the respondents included:

Los Angeles	North Hollywood	Redondo Beach	Tarzana	Fairfax	Burbank
Northridge	Oakland	San Diego	Modesto	Valley Village	Marina del Rey
Long Beach	Huntington Beach	Winnetka	Escondido	San Francisco	North Fork
Van Nuys	Sherman Oaks	Encino	Pasadena	Santa Clarita	Rocklin
Thousand Oaks	Culver City	Corona Del Mar	Napa	Glendale	Canoga Park
San Fernando	Santa Anna	South Pasadena	Santa Ana	Palm Desert	

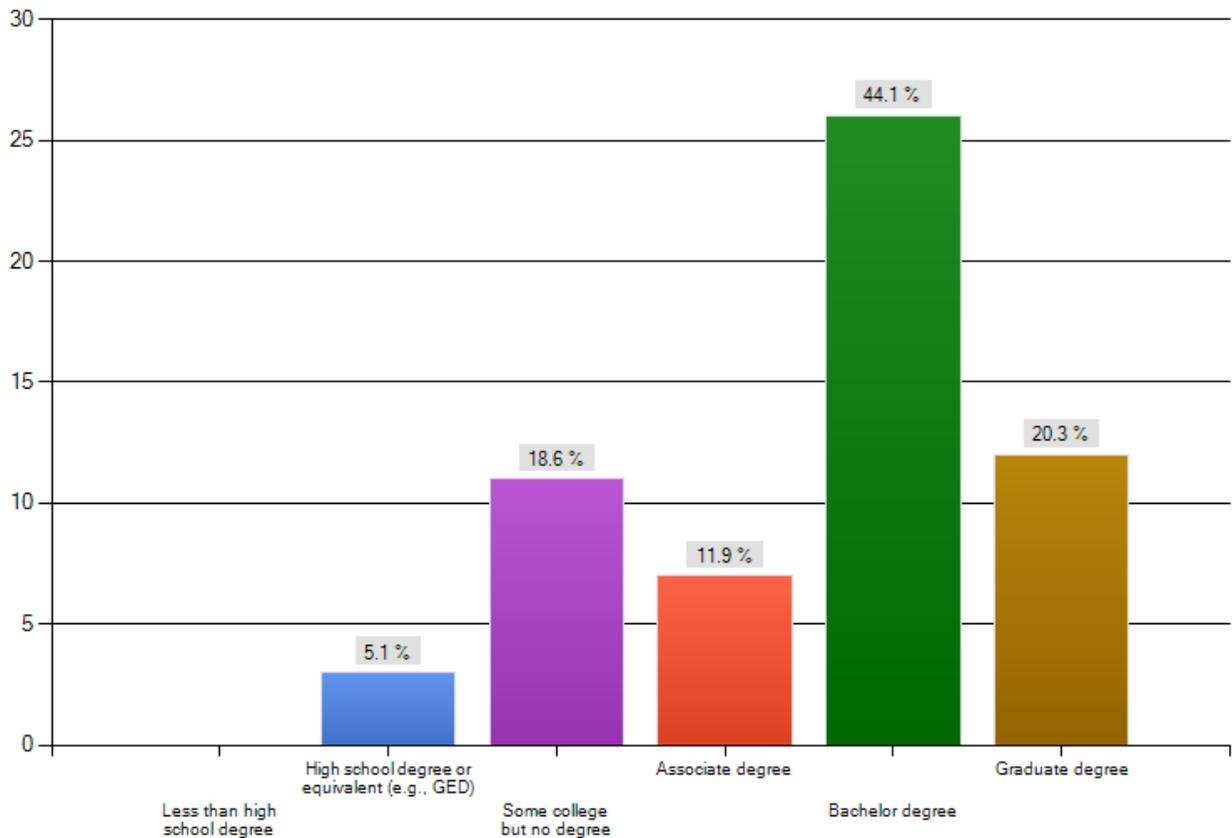
Below are the results:

Prior to this survey, were you aware that hospitals in the state of California are LEGALLY REQUIRED to report their infection rates to the CDPH so that they can be aggregated, risk-adjusted and made public? (Senate Bills 1058 and 158 - together called Nile's Law passed in 2008)

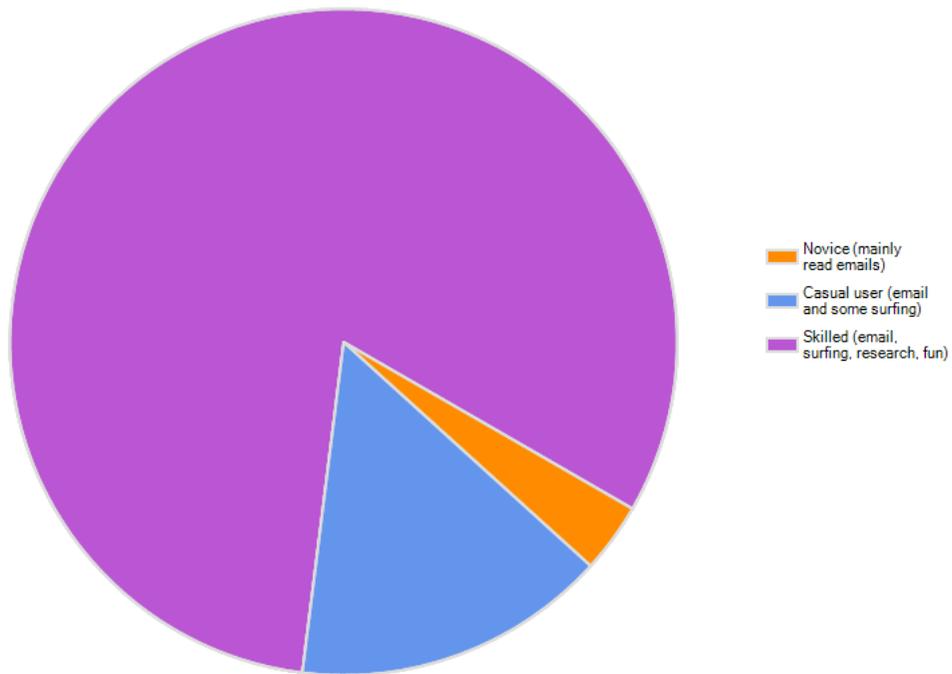




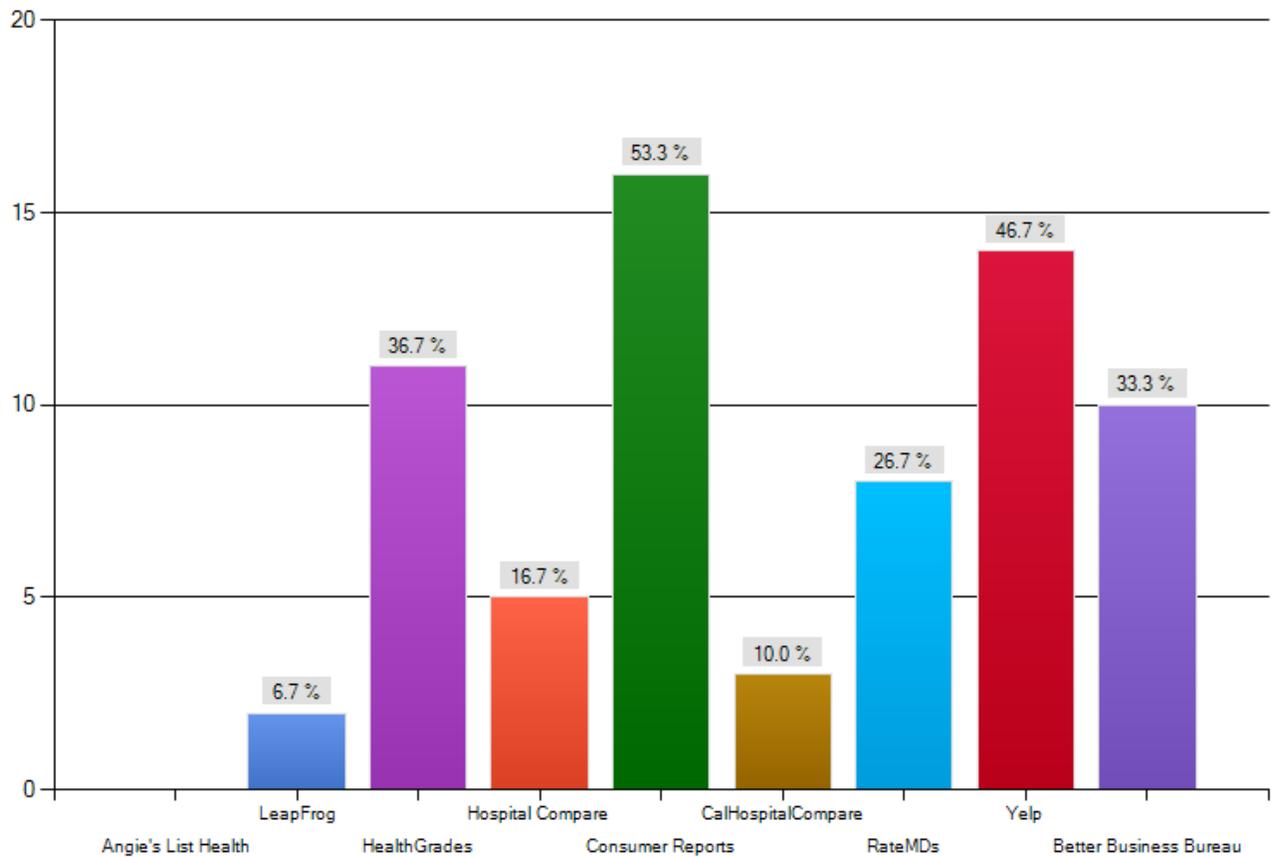
**What is the highest level of school you have completed or the highest degree you have received?**



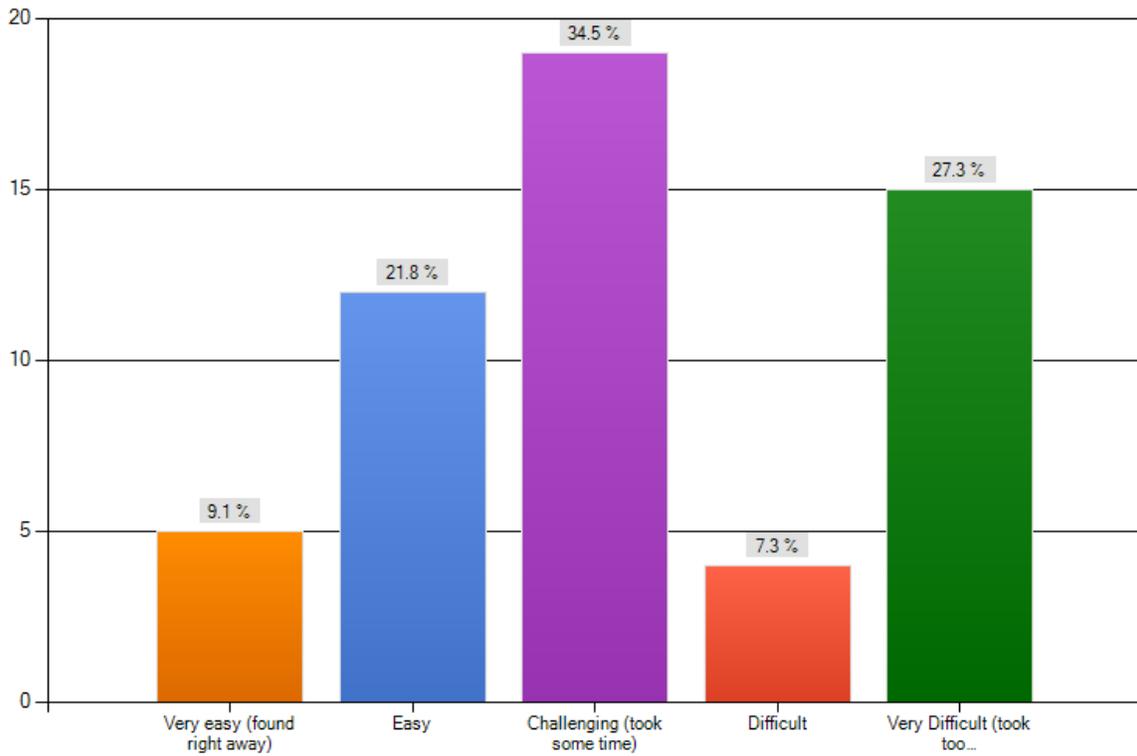
With regard to computer proficiency, would you consider yourself a novice, casual or skilled user?



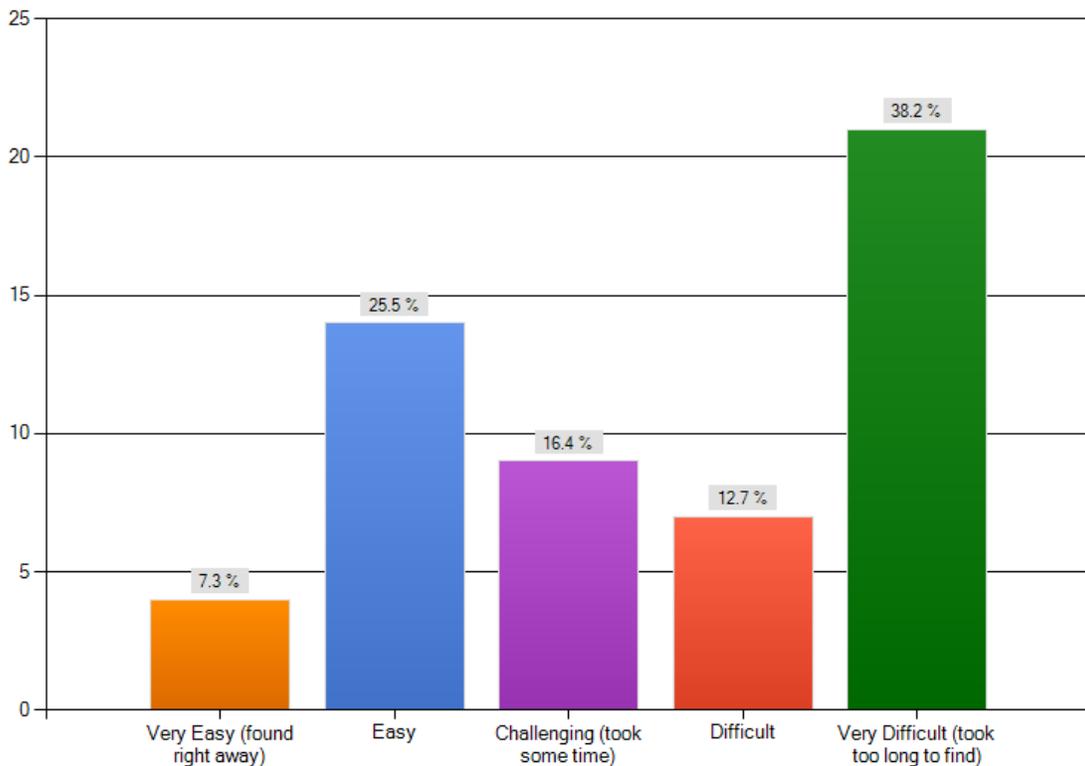
Have you used a medical rating website for information on a hospital or doctor? Select all that apply.



Looking at the California Department of Public Health (CDPH) website (<http://cdph.ca.gov>) How easy was it for you to find the Hospital Acquired Infection (HAI) Program page from the Homepage?



How easy was it for you to find the Infection rate information for your local hospital?



## *Comments from the Public*

 "I would conduct a Google search for the information from other open source sites before I would try to muddle through this website."

 "The information seems incomplete. There were several areas unrated because there was "no comparison". The data was rated on certain surgeries, which is fine, however, I would appreciate an overall rating as well. The data is compiled in a way in which I expect is supposed to be a more "fair" judgement, however, it is confusing. "The comparisons take into account how hospital patient populations differ in their risk of infection." HUH??? "Hospital data were used when there was sufficient volume to perform statistical comparisons." So if there were 20 surgeries and 10 of them had an HAI and 20 surgeries is not considered sufficient volume then they were not counted as being a high risk? "The frequency of infections for hospitals may differ due to differences in patients' infection risks not accounted for, or differences in clinical, infection control, or surveillance practices." Sounds like a BIG disclaimer and blame-shifting. Perhaps I'm too skeptical and uneducated in the health arena, but I don't know that the information provided on this page would enter into my decision-making process when selecting a hospital. It seems too manipulated."

 "I could not find the hospital I was looking for. The website kept sending me to general definitions but nothing for my specific hospital."

 "This is information that is virtually useless for the common person. Not useful at all."

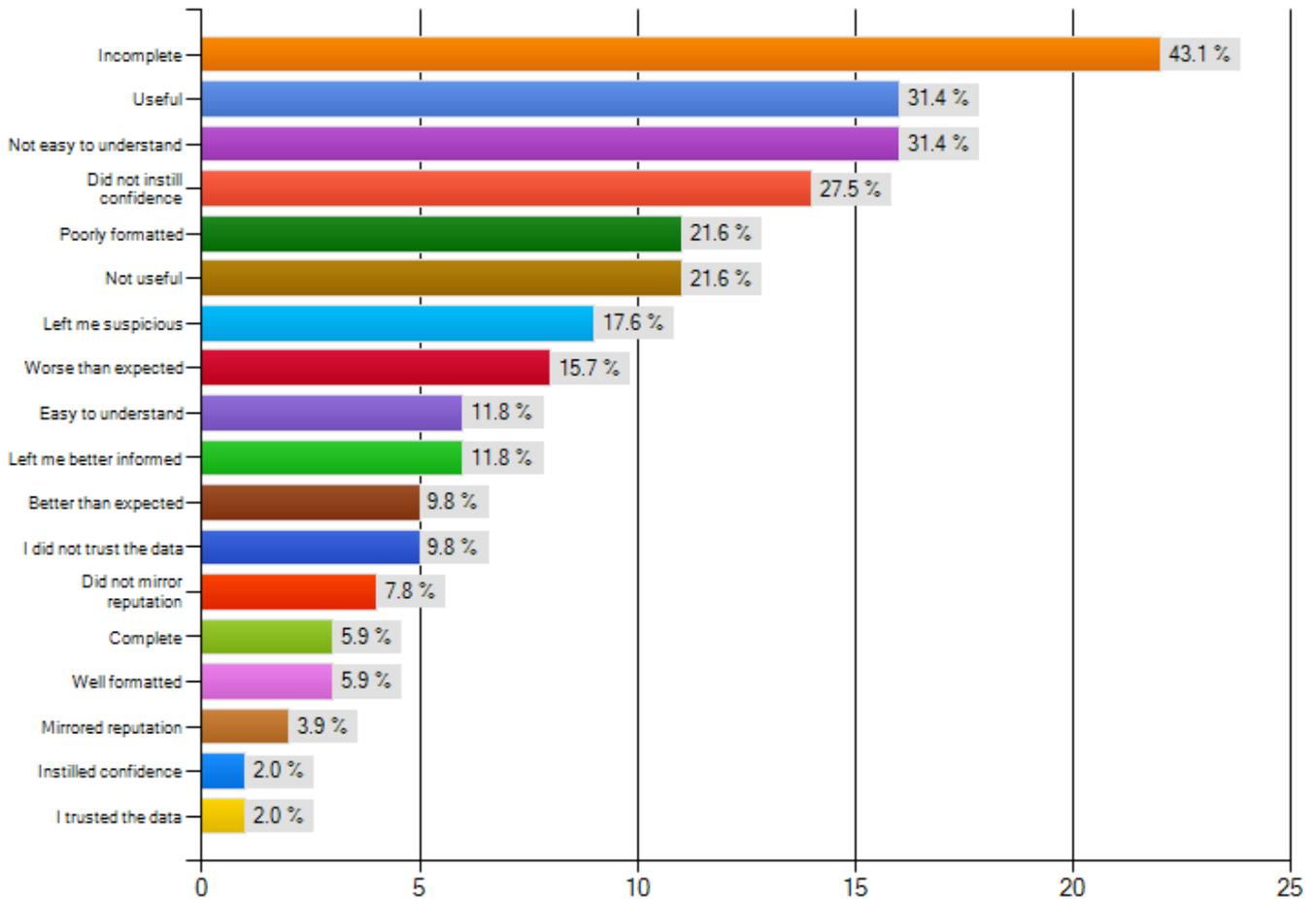
 "The hospital I looked at has both a standard hospital/trauma unit and a pediatric hospital with critical care. Several other hospitals list their Children's hospital separate from the main hospital, which I feel should be done here, as the information in the report does not provide details for the pediatric hospital. I know the infections that went throughout the unit in the 3 months my daughter was there and looking at this chart, I'm sure those infections are not reflected in the information provided. The information shows that their pediatric unit reports better than average infections, yet in the 10 bed ICU my daughter was in for over 3 months, they quarantined the entire unit for some time due to the infections going around. I refuse to believe that what I saw in 3 months is "better than average".

 "Most of the hospitals in Modesto had insufficient data for their infection rates, for every surgery listed"

 "I didn't like how it says that my hospital did not post enough data for public posting. So, what was the data if any at all that was released? Is the information listed good or bad? I don't really under the map that much as well as why the need for comparison? There wasn't detailed information on any of the listed procedures or conditions that seemed to be noted."

 "Didn't find actual info."

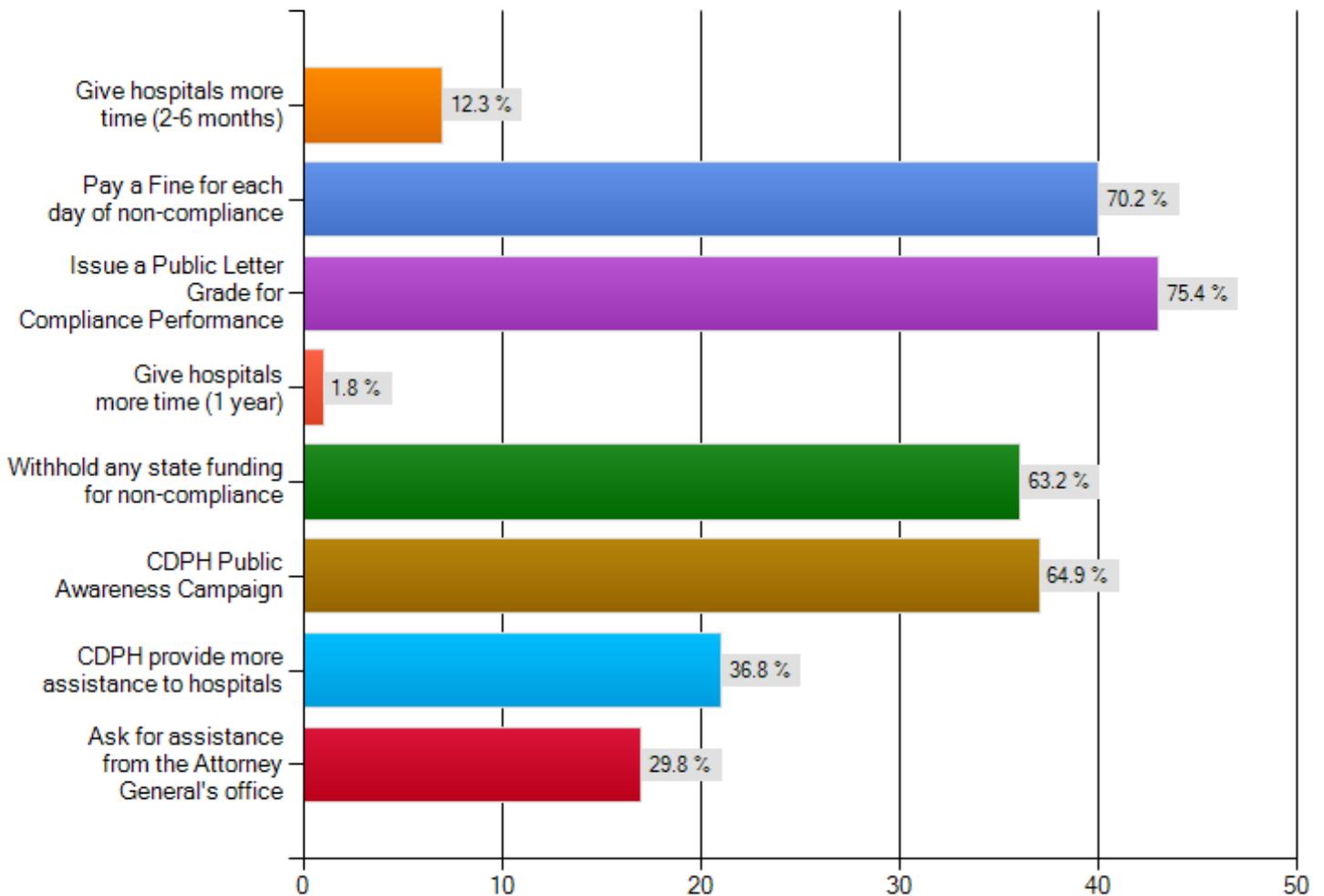
**How would you describe the information available for your local hospital? Please check all that apply.**



**What should be done to encourage complete submission of data from hospitals?**

- ★ “I think it should be a system like the restaurant blue letters on display.”
- ★ “Health care hospitals have become such an assembly line of efficiency for moving people in/out and billing.... you would think they could handle an efficient reporting system. But then, who is doing the reporting and at what benefit/punishment to their institution for doing so.”
- ★ “Create a separate tab called Hospital Infection rate - and make sure it is PROMINENTLY DISPLAYED. Make sure language is deconstructed - Information should be posted in simple explicit language - in case consumers reading it aren't very intelligent, have a learning disability, or may be from a foreign country. It should be so simple and explicit that consumers won't be able to make incorrect inferences based on the information. Provide incentives to Hospital that comply with extremely low infection rates. (tax incentives?, rebates, something...) I know this is a separate issue - find a way to manage HMO's. HMO's don't support academic medicine - university teaching hospitals. Hold HMO's accountable - and make them give a kickback to hospitals with university teaching programs.”
- ★ “Give hospitals a six months to a year to put the systems in place to provide the necessary submission data within a 2-3 month period. After the systems are in place, stiff penalties should be paid for hospitals that do not comply. The public letter grade will wake hospitals up as well as consumers as they look at hospitals to go to for elective surgeries. The public should know how safe their hospitals are.”

**What should be done to encourage complete submission of data from hospitals? Check all that apply.**



- ★ “Make the program easier to find on the website. Have information published and available at local libraries.”
- ★ “For hospitals that submit quality data on time- give them something relatively low complexity that hospital has been needing/requesting for a long time- maybe a new cauterizing machine or new scrubs or two part time staff to help with admin work. When Hospitals consistently submit quality data on time, perhaps the gifts can get bigger- a new x ray machine or something. Incentives that a lot of people in the hospital can see and feel the impact of.”
- ★ “Reading through this survey, I understand hospitals are required to post this information. I think the CDPH should issues public letters on the CDPH website about each hospital not in compliance, withhold funds for non-compliance, and issue penalties and fines after giving up to 30 days to gain compliance with required postings and required information to be posted.”
- ★ “All of the above if it would help. I live in California. When I filed a complaint against a particular hospital, an on-site inspection showed several deficiencies in infection prevention (including beds marked MRSA sitting in the hall uncovered and uncleaned). When I asked DHS what would happen next, I was informed that the hospital had to submit a written plan to fix the issues. However, beyond that, there was no Department to oversee that the changes be implemented. Without the resources to force hospitals to think about patient safety instead of saving money, the infection rates will not improve. Giving more time is not an option. People

are dying. Hospitals need to fix the infection rate. Reporting will always be skewed. Although my daughter contracted C-Diff (after contracting several HAI's in 3 months), which resulted in Colitis and within days, took her life, her death certificate does not list C-Diff. It lists "Hypoxic Ischemic Encephalopathy" as the cause (lack of oxygen to the brain after coding), with Colitis as a contributing cause. Colitis is a condition, not an infection. And it lists "Congenital Heart Disease". (she was admitted to have surgery due to a hole in the heart). Therefore, the hospital was able to avoid reporting her death as C-Diff related, even though C-Diff caused the conditions listed on her death certificate."

- ✦ "If any institution is not following regulations and laws they must be penalized for being non-compliant. For hospitals and any institution that has public health and safety in their hands MUST be in compliance with all regulations. Risk Analysis must be conducted and areas of non compliance must be corrected. There should be processes and procedures that are updated to meet the current regulations. Regulations and laws are in place to protect, failure to comply will result in harm to the public."
- ✦ "The public needs to be made more aware of the danger and frequency of hospital acquired infections so that they will actively seek out this information and ASK if they cannot find it or aren't satisfied with what they are able to discover. Just as with restaurants, if you see an A rating you feel more comfortable going inside to eat a meal. If I see a C rating, I pass by and don't even go inside. Knowledge will affect a person's choice."
- ✦ "Grade them just like the restaurants."

***-End of Survey Results –***

**Thank you for your time and consideration. I hope this feedback from the Public will be helpful to the committee in setting our agenda goals for this new session, as we go forward.**

**Respectfully,**

**Alicia Cole**

