

**Subject for discussion at the HAI AC meeting 7/31/08:
SSI reporting by Children's Hospitals**

A. Background:

The HAI AC agreed to allow hospitals to use the SSI prevention measure reporting they are already doing for CMS and/or JCAHO to meet the SSI reporting requirements of SB 739. Hospitals that are not already reporting SSI measures are receiving assistance from Lumetra to implement a process for monitoring and reporting that uses the same criteria that the other hospitals are using. Since SB 739 does not exclude any hospital or population type, these same tools and criteria have been given to the Children's Hospitals.

Some questions about the appropriateness of the measure criteria for pediatric population have come up in the process of educating the Children's Hospital staff. While the overall premise for peri-operative prophylaxis is not debated, choice of antibiotic and duration of prophylaxis will be by some pediatric surgeons. The evidence base for the measure criteria is built upon robust studies done in the adult population and the Grade A / Level 1 recommendations that resulted in guidelines endorsed by the National Quality Forum (NQF). The evidence based guidelines are not written with pediatric patients in mind.

B. What the facilities have been told:

- 1) Use the CMS Measure Information Forms for inclusion and exclusion criteria, with the exception of the *exclusion* "younger than 18 years of age"
- 2) We are learning from each other as this process goes forward, we are starting with the best tools (standardized guidelines) that we have, and will welcome input as we move forward on the appropriateness of these guidelines for Children's Hospitals.
- 3) There will be no adverse consequences for lower compliance on any of the measures. There is at this time no plan for CDPH to judge performance as acceptable or not acceptable, and there is no language addressing that in SB 739. Eventually, CDPH plans to post the performance results of every California Hospital on their website, but the mechanism for this is not yet formulated.

C. Further investigation:

I have contacted Dr. Dale Bratzler, the lead physician and subject matter expert for the CMS SCIP project and asked for references and/or experts that might help us know how applicable the guidelines are to pediatrics, or if there are other guidelines we should consider. Article references are coming through that basically support the very same provisions for these guidelines in the adult population, namely:

- 1) First line for choice of antibiotics are the first generation Cephalosporins.
- 2) Vancomycin use should be reserved for patients who are allergic to first line drugs, or in populations where MRSA is significant.
- 3) Prophylaxis should discontinued within 24 hours of surgery end time, 48 hours for pediatric cardiac surgeries

It is noted that articles conclude more pediatric surgical case studies are still indicated to support a standardized guideline that restricts choice.

Conclusion and Recommendation:

Differently than is the case in the acute adult population, by requiring Children's Hospitals to use these guidelines for quality case review, the CDPH may be seen as advocating a clinical practice that is not necessarily adopted as an established guideline in pediatric surgical cases. Nevertheless, at least one Children's Hospital has already reported their results, scoring 100% on all measures, with their population including several cardiac surgeries. My contact at Lucille Packard Children's Hospital shared with me their penchant for cardiac program excellence, and indicated they would be happy to share their success strategies with other interested facilities.

It is recommended at this juncture that the HAI AC determine if:

- 1) The current process requiring Children's Hospitals to report on SSI prevention measures meets the intent of SB 739 reporting
- 2) Another guideline should be sought / used for pediatric surgery
- 3) The current process puts an undue burden of being seen as making clinical recommendations on the shoulders of the CDPH
- 4) There are ramifications of public reporting on measure performance that have not been considered
- 5) Children's Hospitals should be excluded from the requirement for SB 739 SSI reporting
- 6) Children's Hospitals should be encouraged to continue reporting, using the adult guideline but with a plan to withhold their results from the public reporting feature.

Respectfully Submitted,

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