

Letters to the editor

Our efforts show that eliminating hospital infections is a feasible goal

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In "[Hospital Infections Hard to Gauge](#)" (April 18), Sean D. Hamill accurately points out that Pittsburgh-area hospitals are generally ahead of institutions in other regions in preventing hospital acquired infections. There is a reason for this: The Pittsburgh Regional Health Initiative, one of the nation's first regional quality improvement coalitions, took on the challenge of reducing HAIs.

PRHI was founded in 1998 to act as a catalyst for health care quality improvement. PRHI's first target: eliminating hospital-acquired infections. The PG article refers to a "successful joint project from 2001 to 2005 that significantly reduced central line bloodstream infections." That unprecedented effort was led by PRHI, in partnership with the Centers for Disease Control, and 30 hospitals saw declines in these insidious infections of 68 percent; some units eliminated them entirely. Parallel undertakings successfully reduced the rates of hospital-acquired pneumonia, antibiotic-resistant staph infection and other serious patient safety problems.

Not only have these PRHI projects saved many lives and tens of millions of dollars, they inspired Pennsylvania subsequently to enact model laws for public reporting of HAIs. Medicare also adopted "no-pay" policies for infections, and provisions of the new federal health reform law reinforced this penalty.

When PRHI began, many hospital executives and health care professionals considered hospital-acquired infections to be inevitable byproducts of care. Physicians rejected the idea that they could be substantially reduced, let alone reduced to zero. But PRHI and its local partners have shown that zero is not only feasible but the only worthy goal in reducing infection. And that is one reason why Western Pennsylvania hospitals lead the state in infection control.

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