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Denise Dougherty, PhD,
Senior Advisor, Child Health and Quality Improvement,
Office of Extramural Research, Education, and Priority Populations,
Agency for Healthcare Research and Quality,
540 Gaither Rd.
Rockville, MD 20850

Dear Dr. Dougherty,

The Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) is pleased to respond to the Agency for Healthcare Research and Quality (AHRQ) request for comments on the Children's Health Insurance Program-Pediatric Quality Measures Program.

In the Federal Register announcement, the definition of healthcare quality measures states that the quality measures developed should take into consideration various aspects of pediatric healthcare: safety, timeliness, effectiveness, patient/family-centeredness, access, efficiency, equity, and value. Healthcare associated infection related measures would qualify as safety measures. Infection prevention should also be considered in the development of any patient or family-centered measures. Most importantly, and a goal our Association's members strongly support, is provision of immunizations to optimize vaccine-preventable diseases. We join with other organizations such as the Centers for Disease Control & Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), and Immunization Action Coalition to encourage parents to assure their children receive these immunizations. Failure to do so will likely result in return of these diseases. We're acutely aware that misinformation and fraudulent studies questioning the safety of vaccines result in lost confidence in what is the most effective intervention to prevent infections – immunizations.¹ We would encourage a focus on this area within the quality measures program. Immunization registries are one technology solution that facilitates awareness of vaccines that have been received and those that remain due. The latter might be worth consideration; specifically are there initiative within this quality measures program by AHRQ that can encourage delivery and recording of needed vaccines?

The surveillance of healthcare associated infections (HAIs) is an evidenced-based process that is central to programs our members oversee here in the U.S. and worldwide. Clearly children are at risk of these complications of care; in fact in low birth weight neonates HAIs contribute up to one third of the preventable morbidity that this fragile population encounters during prolonged stays in neonatal intensive care.² Scientific studies of HAIs in children do exist, but our collective understanding of these and, more importantly, strategies to prevent them are limited. This is because most of the data on HAIs and research that is currently being used was developed primarily from adults in acute care facilities. Surveillance methods and criteria were heavily influenced by data from adult inpatients. However our members, with support from the CDC's National Healthcare Safety Network (NHSN), have used these for neonates and children.³ This data helps, but there are limitations. Unique aspects of pediatric care have identified significant gaps that remain.^{4,5} In addition, there are few national infection rate benchmarks for pediatrics, although some have demonstrated prevention of HAI can be successful.⁶



APIC believes, therefore, that it is crucial to incorporate HAIs as a quality measure in the health outcome measures, and we strongly recommend that expert pediatric infection prevention professionals be involved in the development of these measures. The Association also recommends consideration of including measurement of processes of care that have been shown to correlate with prevention of HAIs. There is much yet to learn about healthcare associated infections in pediatric patient populations. Current surveillance definitions do not adequately recognize the differences between pediatric and adult patients' clinical presentation, procedures, and family involvement.

Experts in pediatric infection prevention should be involved in the development of any pediatric healthcare associated infection and family centered care indicators. Our members are ready, able and willing to assist AHRQ in development of these in collaboration with our colleagues who care for children in a variety of healthcare settings.

Thank you for the opportunity to provide comments on this quality measures program.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell N. Olmsted".

Russell N. Olmsted, MPH, CIC
2011 APIC President

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2. Garland JS, Uhing MR. **Strategies to prevent bacterial and fungal infection in the neonatal intensive care unit.** *Clin Perinatol.* 2009 Mar;36(1):1-13.
3. Edwards JR, et al. National Healthcare Safety Network (NHSN) report: Data summary for 2006 through 2008, issued December 2009. *Am J Infect Control* 2009;37:783-805.
4. Niedner MF, et al. **The harder you look, the more you find: Catheter-associated bloodstream infection surveillance variability.** *Am J Infect Control.* 2010 Oct;38(8):585-95.
5. Sohn AH, Schwartz JM, Yang KY, et al. Risk factors and risk adjustment for surgical site infections in pediatric cardiothoracic surgery patients *Am J Infect Control.* 2010 Nov;38(9):706-10
6. Miller MR, Griswold M, Harris JM 2nd, et al. Decreasing PICU catheter-associated bloodstream infections: NACHRI's quality transformation efforts. *Pediatrics.* 2010 Feb;125(2):206-13.
7. Graham PL 3rd. Simple strategies to reduce healthcare associated infections in the neonatal intensive care unit: line, tube, and hand hygiene. *Clin Perinatol.* 2010 Sep;37(3):645-53.
8. Pessoa-Silva CL, Hugonnet S, Pfister R, et al. Reduction of health care associated infection risk in neonates by successful hand hygiene promotion. *Pediatrics.* 2007 Aug;120(2):e382-90.