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General Comment

The stated purpose underlying this data collection is to "[provide] facilities, States, regions, and the nation with data necessary to identify problem areas, measure the progress of prevention efforts, and ultimately eliminate healthcare-associated infections (HAIs) nationwide." Such an effort cannot be credibly undertaken without gathering data on healthcare-associated COVID infections.

In addition to the importance of tracking iatrogenic COVID for its own sake, it is also important to consider the broader, systemic effects of this data collection effort. As currently designed, this data collection will incentivize healthcare organizations (through the risk of reputational harm) to prioritize prevention efforts aimed at lower-risk HAIs, to the exclusion of COVID prevention. The list of HAIs included in this data collection effort sends a message about what is important (and not important), and sets the terms by which healthcare organizations, external organizations (such as the the Leapfrog Group), and individual patients will evaluate (and compare) the safety of care in healthcare organizations. Such comparisons, in turn, shape organizational priorities for healthcare administrators. The story behind the story of our success in reducing CLABSI demonstrates the importance of isomorphic pressure (essentially, inter-organizational peer pressure and not wanting to be a negative outlier) as a key part of the recipe for success [1]. To the extent that these pressures are exerted without accounting for this major, under-addressed category of HAIs, they risk squeezing COVID out of the picture for organizational attention.

Healthcare-acquired COVID is a major cause of morbidity and mortality. As we face the current surge, healthcare organizations are forced to make decisions about whether to restore mask mandates, invest further in ventilation/filtration, institute test-to-return policies, etc. Later waves and troughs will require similar decisions—as well as data-based decisions about baseline protective measures. Today, healthcare managers are making these decisions without adequate data about their own organization or how their outcomes compare to other organizations. They do not have "...the data necessary to identify problem areas [and] measure the progress of prevention efforts," much less the information required to

"...ultimately eliminate healthcare-associated infections (HAIs) nationwide."

If the NHSN is to meet its goals, it is vital to improve the quality and utility of this data collection effort by including COVID-19.

1. Dixon-Woods M, Bosk CL, Aveling EL, Goeschel CA, Pronovost PJ. Explaining Michigan: Developing an Ex-Post Theory of a Quality Improvement Program. *Milbank Q.* 2011;89(2):167–205.)