

March 20, 2012

Marilyn Tavenner Acting Administrator and Chief Operating Officer Centers for Medicare and Medicaid 7500 Security Blvd Baltimore, MD 21244

Dear Ms. Tavenner:

We are a group of individuals and organizations concerned about women's health and patient safety. One of the concerns we have is the safety of surgical procedures that are frequently performed on women.

To improve patient safety and reduce patient harm for all women, we would like to ask that cesarean section and vaginal hysterectomy infection rates be added to the list of surgical site infections (SSIs) reported to the National Healthcare Safety Network (NHSN) for inclusion on the CMS Hospital Compare website.

At present, SSI rates must be nationally reported for only two types of procedures: colon surgery and abdominal hysterectomy. Cesarean section, however, is the most frequently performed surgery in the United States. Hysterectomy (all types combined) is the second most frequent surgery, with vaginal hysterectomy by far the most common way of performing this procedure. We fail to see the benefit in tracking SSIs for abdominal hysterectomy alone among all hysterectomies, when this option is not used for the majority of hysterectomy patients. Tracking infections rates has been shown to bring focused attention to preventing them, reducing patient harm, and significant cost savings. We believe that women and all consumers would benefit from SSI public reporting on the high-volume procedures of vaginal hysterectomy and cesarean section.

Cesarean section rates have risen 71% from 1996 to 2007. In the early 1990s, a major effort was made to decrease the number of c-sections because they are intrinsically more risky for both mother and baby. C-section rates dropped, only to rise again during the new millennium to the highest rate ever in 2007. Elective cesarean sections, meaning those that are not medically necessary, should be reviewed in terms of necessity, numbers, risks, and resulting harm to patients. "Too posh to push" customized deliveries by c-section should be nonexistent when they pose unnecessary risk to mothers and babies. SSI reports would be helpful in determining the risks and would provide important information for consumers, the healthcare industry and insurers. We applaud the new 'Strong Start' Initiative recently introduced by HHS to reduce

elective preterm deliveries and premature birth rates. However, we feel strongly that reducing cesarean infection rates through tracking and reporting should also be included on the national health care agenda.

The top two surgeries in the United States are performed only on women. We, as women and as strong voices for patient safety, ask that you consider requesting public reporting of SSIs for all hysterectomies, and cesarean section births. Women deserve to know what risks are associated with these two top surgical procedures in the United States.

Sincerely,

Jean Rexford Executive Director, CT Center for Patient Safety jeanrexford@aol.com 203-247-5757

Tayna Alteras Lee Partridge National Partnership for Woman talteras@nationalpartnership.org lpartridge@nationalpartnership.org

Leah Binder CEO, Leapfrog Group <u>lbinder@leapfroggroup.org</u>

Kathy Day McCleary MRSA Prevention kathydayrn@aol.com

Maureen Corry President Child Birth Connection corry@childbirthconnection.org

Helen Haskell President, Mothers Against Medical Errors haskell.helen@gmail.com

Lisa McGiffert Director, Safe Patient Project, Consumers Union <u>Imcgiffert@consumer.org</u>

Lori Nerbonne New Hampshire Patient Voices <u>nhpatientvoices@comcast.net</u> Amy Romano Childbirth Connection romano@childbirthconnection.org

Diana Zuckerman President, National Research Center for Women and Families dz@center4research.org

CC: Kathleen Sibelius Jennifer.Cannistra@hhs.gov Patrick.Conway@cms.hhs.gov Michael.Rapp@cms.hhs.gov Kristie.Baus@CMS.hhs.gov