



**Testimony of Lisa L. Maragakis, MD, MPH,**

**On behalf of**

**The Society for Healthcare Epidemiology of America**

**House Science, Space, and Technology – Subcommittee on Oversight and Investigations**

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Good morning Chairman Foster, Ranking Member Norman, and members of the committee. Thank you for the opportunity to appear before you to discuss the experiences of experts in infection prevention and control across the United States who are on the front lines of the pandemic response, leading hospitals and health systems in their efforts to accurately and effectively report and utilize COVID-19 data.

I am Dr. Lisa Maragakis and I serve as the Senior Director of Infection Prevention for the Johns Hopkins Health System. Today, in my testimony, I represent the members of the Society for Healthcare Epidemiology of America, the professional society of experts in infection prevention. Our members work tirelessly to protect patients by detecting and preventing healthcare-associated infections and combating the threat of antibiotic-resistant organisms. Having access to accurate, timely, and transparent data from a variety of sources is vital to our infection prevention work. Accurate data helps us detect infectious disease transmission in healthcare settings, understand the effectiveness of infection prevention interventions, and devise innovative solutions to prevent infectious disease transmission.

Our members serve a critical role on the frontlines of the COVID-19 pandemic response by collecting, analyzing, and utilizing data to inform critical decisions about policies, procedures, and hospital resource allocation to keep healthcare personnel, patients, and our communities safe. Healthcare epidemiologists and infection preventionists are highly skilled in utilizing data to detect and respond to infectious disease threats. Epidemiologists, public officials and career staff scientists share the common goal of wanting to make sure accurate and timely information gets into the right hands at the right time for evidence-based, strategic decision-making.

For decades, our experts have worked closely with and relied upon experts at the Centers for Disease Control and Prevention's National Healthcare Safety Network, known as NHSN. This is a sophisticated data surveillance system that collects, analyzes, and reports healthcare-associated infection data. Our expert counterparts at the CDC and NHSN are indispensable in their expertise and understanding of the nuances and intricacies of validating and processing these consequential data.

The NHSN system works very well and, for my colleagues and me, it seemed natural for the CDC to build upon and expand the standardized and validated NHSN system to handle COVID-19 surveillance data. The NHSN data reporting was largely automated, minimizing the burden on healthcare facilities to collect and report the data. It therefore came as a shock when hospitals were abruptly informed in mid-July that they had to stop using NHSN for COVID-19 data reporting and instead utilize the Teletracking System, a new data collection system that was not automated and which was wholly unfamiliar.

The abrupt transition was made without working with hospitals, associations, or the electronic medical record vendors to automate the data reporting process. Within 48 hours, all healthcare facilities had to scramble to manually report the COVID-19 data elements into the new system, find new data that had previously not been required, and create new workflow processes to accommodate the reporting. This created immediate chaos and confusion, and diverted critical resources to accomplish the new reporting requirements. All of this occurred under a cloud of fear that critical federal support could be withheld if hospitals failed to meet the new requirements. Although the transition took place several weeks ago, this chaos persists and multiple changes continue to occur.

The data in the new system are not validated by CDC experts prior to being used to inform decisions made by the Coronavirus Task Force and HHS officials. Data irregularities and inconsistencies have been detected in the publicly reported data. My colleagues and I have concerns over the accuracy of the data that is being used for decision making at the federal and state levels. I am here today to share SHEA colleagues' and my experiences and to ask for your help to ensure that our country, our hospitals, researchers, and the public has access to accurate, timely, and transparent data to help guide our COVID-19 response.

Thank you. I look forward to your questions.