

## **Hospital response to CR's questions**

### **Brooklyn Hospital Center**

Thank you for the opportunity to respond to the recent Consumer Reports article on hospital infection rates. It was stated that The Brooklyn Hospital Center (TBHC) is among the worst in the state when it comes to avoiding common infections. We appreciate the opportunity to fairly represent the focused efforts of our staff to provide quality care to our patients.

Preventing infections is a difficult and challenging issue all hospitals confront. TBHC has made significant changes in its infection control policies, procedures and practices, with an improved culture of safety since the time period stated in the article. Our hospital is on the forefront of adopting best practices and is now under an enhanced infection control program that has resulted in improved processes. There has been a significant reduction in hospital acquired infection rates since last quarter 2014 with sustained improvements through 2015. These recent outcomes are a result of dedicated staff and steadfast teamwork. Our motto is Keeping Brooklyn healthy and that is a commitment TBHC takes seriously. To answer your specific questions, please note the following:

#### **1) Are there specific reasons that your infection rates were higher than average during the time period of Oct 2013- Sept 2014?**

TBHC serves the most complex of patient populations. Many of these patients are direct admits from neighborhood nursing homes who arrive at the hospital with pre-existing issues. These are elderly patients with multiple medical co-morbidities, multi-organ system failures and long hospital length of stays. An in-depth review was done on each of the central line-associated bloodstream infection (CLABSI) cases to search for patterns or trends. Almost all patients were on mechanical ventilation and several were on Do Not Resuscitate (DNR) and palliative care. Since September 2013, improvement interventions have been ongoing in the intensive care unit for CLABSI reduction and are largely focused on redesigning, re-enforcement and re-education of best practice standards.

#### **2) Do you have an antibiotic stewardship program?**

Yes, the Antimicrobial Stewardship Program (ASP) at TBHC is active 24 / 7 and includes prospective approval and evaluation of antimicrobials. We have an extensive list of restricted antimicrobials to prevent resistance and ensure proper selection, dosing, and monitoring of antimicrobials. We also have the Rapid Administration of Antimicrobials via Infectious Diseases Specialist (RAIDS) program in which the microbiology lab contacts the pharmacist with any positive blood cultures. Patients are then evaluated and antimicrobials are initiated/modified if needed within one hour. All patients evaluated by the ASP are followed on a daily basis to monitor clinical status and progress with review of medications, labs, and microbiology, etc.

#### **3) Do you have a specific program on infection control?**

Yes. TBHC's infection control includes a multi-disciplinary approach with close collaboration of both administration and clinical staff in sharing of outcome data and reinforcement of best practices regarding infection control prevention. Focused interactions between critical care providers, infectious disease specialists, infection control staff, house staff, nursing staff and housekeeping are performed daily to ensure rapid identification of patients who are at increased risk. Ongoing surveillance of these patients is performed daily. These best practice interventions include: full barrier precautions for insertion, proper hand hygiene, daily assessment for ongoing use, site selection, daily nursing maintenance, ensuring Chlorhexidine dressings and chlorhexidine bathing, hub care and the environment of care. Due to ongoing daily assessment for catheter need, TBHC has witnessed improvements in overall line usage rates since 2014. In addition, the hospital's electronic medical record includes a database which is updated daily and is utilized to provide concurrent review and feedback to clinicians as well as monitor for trends.

#### **4) Have you made any changes since the period covered in the ratings?**

Yes. As you know, the Consumer Reports article reflected how hospitals performed during a snapshot in time, based on data that was reported to the Centers for Disease Control and Prevention (CDC) between October 2013 and September 2014. TBHC has implemented corrective action plans since 3rd quarter 2013 when the infections rates were noted to be high. As of late 2014, the full impact of these interventions and improved outcomes has been significantly demonstrated. There has been a consistent downward trend on CLABSI rates, catheter-associated urinary tract infections (CAUTIS) rates, hospital-acquired Methicillin-resistant Staphylococcus aureus (MRSA), and C. Difficile rates since October 2014. The most recent New York State report indicates a "no difference" comparison level in regards to TBHC's rates and New York State hospitals infection rates. Regarding surgical-site and catheter-associated urinary – tract infections, the hospital has significantly reduced these events. For the first six months of 2015, TBHC fell within the New York State "expected rate" with two events, and did not experience any event during the second quarter of this year. TBHC actively participates with IPRO on its Hospital Acquired Infections Improvement Project, and we have implemented measures and devoted resources to ensure achieving best practice and sustaining these improvements. We are confident the level of awareness and focus of staff will continue to drive sustainability of the progress TBHC has achieved over the last 18 months.