

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

### **Little Company of Mary Hospital and Health Care Centers**

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

Yes.

In regards to MRSA BSI (blood stream infections):

Little Company of Mary Hospital and Health Care Centers (LCMH) had only one more MRSA BSI (blood stream infections) case during that year, compared to what was “expected” for other hospitals similar to us. The “expected” number of MRSA BSI is set and adjusted based on patient risk and complexity of the patient’s condition. We have been following the guidelines set in place by the Center for Disease Control (CDC) and National Health Safety Network (NHSN) to prevent these types of infections and have reinforced these principles with our staff.

In regards to Clostridium difficile (C diff):

During this 2013/ 2014 timeframe, we were testing many patients who were colonized with the C diff bacteria, which made our number of cases look higher than it should have been. These patients carry the bacteria in their gastrointestinal (GI) tract but don’t have symptoms of an infection, so there is no benefit to testing or treating them. We have since tightened up our protocol for Clostridium difficile testing criteria. We also looked at the established standards for preventing this type of infection, to make sure we are following these practices. Our current C diff infection rate is currently lower than in the 2013/2014 timeframe.

In regards to Catheter-associated urinary tract infections (CAUTI): During this 2013/ 2014 timeframe, we were in the process of developing protocols to help prevent CAUTIs , but they were not yet fully in place. These protocols are now in place, and we have dropped our CAUTI rate by 85%, so we are now performing better than other similar hospitals.

In regards to surgical site infections: Most of this data was related to colon surgeries. In 2015, the Center for Disease Control (CDC) and National Health Safety Network (NHSN) felt that they were finding too many patients (at all hospitals) with surgical site infections, so they have changed the criteria for surgical site infections for colon surgeries. Since that change, our number of colon surgical site infections has decreased and is similar to other hospitals with our type of patients.

- **Do you have an antibiotic stewardship program?**

Yes. We implemented an Antimicrobial Stewardship Program (ASP) in January 2015. Since the start of this program, we have been able to significantly reduce the number of antibiotics that our patients are on, which has been shown to help reduce the rate of certain types of infection, like highly-resistant bacteria and C diff. We also have begun using a couple of new lab tests and other tools, to help us get patients off of antibiotics sooner. With these efforts, we have avoided an average of 2,400 days of antibiotic use.

- **Do you have a specific program on infection control?**

Yes. We have an Infection Prevention and Control team that is led by a skilled infectious disease physician and also includes many other professionals (other types of physicians, nurses, pharmacists, environmental services, etc.). In August 2014, we hired an Infectious Diseases Pharmacist who oversees the appropriate use of antibiotics and helps to ensure that we avoid using antibiotics when patients don't need them. One example of an infection prevention action that we have given more attention to is making sure that everyone who sees the patient – staff, patients, family and other visitors – does a good job washing their hands. This is one of the best and easiest ways to help prevent infections.

**• Have you made any changes since the period covered in the ratings?**

Yes. In patients with urinary catheters, we have started using a cleansing wipe with silver in it, to help prevent bacteria from getting into the urinary tract, which can help prevent catheter associated urinary tract infections(CAUTI). With our antimicrobial stewardship program (ASP), we have decreased our use of antibiotics that are known to increase the risk of C diff, such as fluoroquinolones (e.g. ciprofloxacin, levofloxacin). Decreasing fluoroquinolone use has been proven to decrease the risk of Cdiff. Additionally:

- We have completed organizational-wide, extensive education on infection prevention for our staff and have noted improvements in many areas.
- We have improved many processes, with the help of teams of people from different departments in the hospital, in order to continuously track and improve these measures.
- We started using a special device on IV lines that wasn't commonly in use in 2013/2014, in order to help prevent MRSA BSIs.
- Lastly, we are proud to share with you that we have zero surgical site infections related to hysterectomy operations reported for this year (2015).

**Do you have any additional comments?**

LCMH is committed to providing our patients quality healthcare and take these findings very seriously. LCMH has added a number of Process Improvement Teams in order to make sure that we are continually reviewing this data and improving our outcomes. LCMH received the Truven Award and the Everest Award in 2015, which reflects an improvement of many of our quality measures from 2013 data (five year trend for the Everest Award was 2009 – 2013).