

Response to *Consumer Reports*

Decatur Memorial Hospital

Monday, October 05, 2015

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

After publication of the *Consumer Reports* article, we conducted a thorough audit of the reports submitted to NHSN during the time period of October, 2013 through September, 2014. We discovered two errors. First, a single episode of CLABSI was erroneously reported twice. Second, the total central line-day count was incorrectly too low. A corrected line-day count was submitted and accepted by the National Healthcare Safety Network, but did not flow to the database used in the *Consumer Reports* article. When these two factors are taken into account, our opinion is that our CLABSI SIR would have been lower and would have significantly improved our ranking. We are seeking an appeal process to correct our report. We now utilize the NHSN internal validation tool to assist with preparing our reports.

**2. Do you have an antibiotic stewardship program?**

Yes. Decatur Memorial Hospital supports the judicious use of appropriate antibiotics and has had an Antibiotic Stewardship program active for the past three years. The program is led by our Director of Pharmacy and a board certified Infectious Disease specialist. We have implemented a restricted use policy on select antibiotics which requires approval of our Infectious Disease clinical service line leader. The goal is for the patient to receive the appropriate antibiotic based on best practice and reduce the risk of development of multiple resistant organisms.

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

Yes, we have an Infection Control program. Our program has more than one facet. Our Infection Control department within the hospital is expanding to include two infection prevention nurse specialists and two vascular access nurses. Their responsibilities include, but are not limited to, reviewing current infection prevention guidelines, collecting data for publically reported infections, assessing patients for most appropriate venous access devices, auditing and monitoring of infection prevention hospital policies and educating and training staff in infection prevention. Infection control is

also embedded within our Medical Staff structure. The Infection Control committee meets monthly and is comprised of physicians, nursing and pharmacy representatives. Rates and causes of infection are agenda items on all the medical clinical service line meetings, as applicable. Infection rates are reported to the Medical Executive committee for comment and review.

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

As part of our ongoing infection control and reporting program, we implement change regularly based on review of current literature and trends and opportunities we identify within our organization. Since the reporting period that ended September, 2014, we have made many changes, some of which include:

- Reinforced handwashing policy with audits
- Using a new skin prep and barrier for abdominal surgery to prevent surgical site infection
- Patient room disinfection with pulsed ultraviolet lightwave technology
- Greater utilization of noninvasive hemodynamic monitoring in the ICU to reduce the need for central lines
- Daily CHG (chlorhexidine gluconate) baths for all patients with central venous IV lines
- Extensive staff re-training regarding proper placement and care of bladder catheters
- Engagement of the general surgery service line for infection prevention of surgical site infections
- Multidisciplinary infection control task force workgroup. Weekly meetings include reviewing all reportable infections looking for any root cause and assessing current best practice recommendations for care improvement opportunities with subsequent deployment in our hospital.
- Initiate Vascular Access Nurse service. Primary responsibilities are to select most appropriate individualized venous access device needed for our patients, including greater use of midline catheters, educate staff regarding line care, and to monitor compliance with proper line management.
- Clinical Quality Value Analysis structure. CQVA applies objective, standardized means to review medical products, technologies and patient care processes. Decisions are executed within the context of safe, evidence-based, quality, cost effective care. CQVA determinations apply to new products as well as existing products where improvement opportunities exist. Evidence-based medicine was incorporated into the CQVA matrix in 2011. DMH has seven (7) CQVA

teams, namely, Surgical, Medical Nursing, Procedural/Imaging, Lab, Pharmacy, DMH Medical Group and Facilities.

- Reporting audit. Based on our discovery of inaccurately submitted data, we now use the NHSN toolkit for internal validation of patient safety data as part of our submission process.

#### 5. Do you have any additional comments?

For final comment, the article in *Consumer Reports*, with the data inaccuracies as noted above, covered a period of time now some 12-24 months ago. We have implemented many changes, some going back a full year prior to publication of the CR article in August this year. We continue to enact further patient care initiatives to achieve the highest possible level of patient safety. Based on CMS reportable data YTD 2015 through June 30, which will be submitted by October 15, 2015, we will be reporting as follows:

- Catheter-associated urinary tract infection standardized infection ratio (SIR) 61% lower than expected, 75% improvement compared to 2014
- Central Line Associated Bloodstream Infection higher than expected but 5% improvement in SIR compared to 2014
- Surgical Site Infection for colon resection and hysterectomy. We have had ZERO infections for 2015, 100% reduction in SIR from 2014
- MRSA bloodstream infection slightly higher than expected (expected is 0.878 cases, we had one case), a 39% reduction in SIR compared to 2014
- C Difficile infection SIR 3% below expected, and a 17% reduction compared to 2014

We are proud of the progress we have made but are not standing still in our infection control efforts.

Additionally, by using the hospital comparison tool provided in the *Consumer Reports* article, we compared Decatur Memorial Hospital's Safety Score to four other hospitals in our region. The score as defined by *Consumer Reports* is "a composite of five key measures of patient safety: readmissions, complications, communication, overuse of CT scans and infection". Decatur Memorial Hospital had the highest Safety Score of the five hospitals. We attribute much of our success to a tireless and dedicated staff. Unfortunately, the original CR article was focused only on infections and not on total patient safety.

Decatur Memorial Hospital is a community hospital that is proud to partner with our patients in attaining goals of better health. We are committed to explore new ways every day to offer high quality care and service.