

Special Audio Report Transcript

Headline: California Hospitals Taking Steps To Reduce Rates of Health Care-Associated Infections

Reported/Produced by: Kelly Wilkinson
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TEXT:

I'm Kelly Wilkinson with a look at what California hospitals are learning from the Department of Public Health's first-ever report on health care-associated infections. This is a special report for *California Healthline*, a daily news service from the California HealthCare Foundation.

Health care-associated infections are the most common complication at hospitals. In California, state officials estimate that such infections cost about \$600 million.

In an effort to cut infection rates, California now requires its general acute care hospitals to monitor and publicly report rates of health care-associated infections. That includes bloodstream infections associated with central lines and those caused by methicillin-resistant staphylococcus aureus, or MRSA.

The first report came out the very end of last year. By all accounts, it's a starting point.

Kevin Reilly is chief deputy director for policy and programs at the California Department of Public Health.

(Reilly): "If we don't measure it, we don't know if we're improving in those rates over time."

The report had several significant limitations. For example, because of the way data were collected, it's impossible to compare rates of infections from hospital to hospital.

But in the next report, that will change. Because the state is now using CDC's National Healthcare Safety Network -- a standardized system that will risk adjust and allow for true hospital-to-hospital comparisons.

Kim Delahanty is administrative director of infection prevention at UC-San Diego Health Systems, where she works in the infection prevention, clinical epidemiology and tuberculosis control department. She also chairs the state's advisory panel on health care-associated infections.

(Delahanty): "It isn't really fair to say that the hospital who's in a rural area with no bone marrow transplant program, no solid organ transplant program, and no trauma center -- compared to the university setting that may be taking care of those patients. Because the patient case mix index is different, and what you see and the kind of organisms you see is different."

But the first report is useful for hospitals' own internal reviews, Delahanty says. For instance, she says for device-associated infections, UC-San Diego Medical Center staff use a bundling approach -- a set of precautionary steps. And to prevent central-line infections, providers maintain maximum barrier protection -- covering the patient from head to toe with a sterile drape, with a small opening for the site of insertion.

Other hospitals have adopted protocols from CDC and strict checklists to reduce infections.

Hospitals have had infection prevention programs in place for decades. But the new reporting will allow hospitals to learn from each other.

Debby Rogers is vice president of quality and emergency services with the California Hospital Association.

(Rogers): "Now that we are starting to publicly report, that's going to strengthen the hospital resolve to ensure that those improvement programs are in place and that we can see inside the hospitals on a longitudinal basis, are we improving? Are there still areas that need more improvement? Is there a particular unit that maybe needs some additional work? Or a unit that's really doing exceptional that can set the model for others in the hospital?"

Starting last April, hospitals are now required to report data in the same way, so future reports will allow patients or their family members to compare rates of infections at different hospitals. Rogers says that will also allow hospitals to see how they measure up.

(Rogers): "When we find hospitals that are really doing an exceptional job, we want them to present to rest of the group, to tell us, how did you get there? What kind of challenges did you have? What kind of barriers did you overcome? And so it helps everyone improve by pulling in those top performers."

Kevin Reilly with CDPH says one of the challenges has been working with smaller hospitals, where limited staffing means there may not be a data collection specialist.

(Reilly): "Many of the smaller hospitals in particular may not have a specialist who works real specifically with these hospital-related

infections. And so that has also prompted hospitals to look at bringing on more expertise."

Reilly says CDPH staff has been working on site to bring programs up to speed, so all of the state's acute care hospitals will report in the same way.

Kim Delahanty says the ultimate goal is for patients to look at this data and use it to make health care decisions.

(Delahanty): "We are growing and learning, and as we grow and learn and make our growing pains, we will get better and the data will get better."

The next report will be released by CDPH at the end of this year.

This has been a special report for *California Healthline*, a daily news service from the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Kelly Wilkinson. Thanks for listening.