

March 20, 2006

## HEALTHCARE-ASSOCIATED INFECTIONS

### AT A GLANCE

***The Issue:***

Increased attention on healthcare-associated infections reminds us of the challenges in providing safe, high-quality care to our patients and to enhancing the public's trust and confidence in our hospitals.

***Our Take:***

Hospitals have a long track record of working to prevent infection. Hospitals and clinicians understand that they must take action to ensure that the risk of infection is minimized, and they are taking many precautionary steps that range from the routine sterilization of instruments to the use of specialized ventilation systems for patients whose immune systems are very weak. But we need to do more. A number of exciting initiatives are achieving remarkable results in reducing and preventing healthcare-associated infections. These provide an important learning opportunity for all hospitals.

***What You Can Do:***

Please share this advisory with your chief medical officer, infection control officer and communications team.

***Further Questions:***

Please contact Don Nielsen, M.D., AHA senior vice president for medical affairs, at (312) 422-2708 or [dnielsen@aha.org](mailto:dnielsen@aha.org).

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## HEALTHCARE-ASSOCIATED INFECTIONS

### BACKGROUND

Increased attention is being paid by the media, government and consumer groups to healthcare-associated infections (HAIs). In fact, state governments are becoming more active in asking hospitals to report information about HAIs. Seven states have mandated some type of HAI reporting and almost 30 states have proposed legislation to address the public reporting of HAIs. In addition, several recent high profile cases remind us of the importance of redoubling our efforts in the area of infection prevention and control. Of course, hospitals have long battled infection and our efforts will continue to fight this invisible enemy, made even more challenging by new germs that are resistant to antibiotics.

### AS IT STANDS

Hospitals are eager to improve the quality and safety of patient care. Over the past 18 months, we've heard from a number of hospitals and health systems involved in exciting initiatives in which they are achieving remarkable results in reducing and preventing HAIs. Here are just a few examples:

- Through the Institute for Healthcare Improvement's (IHI) "100,000 Lives" Campaign, more than 3,000 hospitals are implementing one or more evidence-based interventions and establishing new standards of care. For example, a consortium of 23 well-respected teaching hospitals in New Jersey have reduced their blood stream infection rates by 50 percent, and in their intensive care units (ICUs), the rate of ventilator-associated pneumonia has been reduced by 75 percent over a nine month period. In addition, 14 other hospitals have had no cases of ventilator-associated pneumonia for one year or more. Further, participants in IHI's collaboratives to prevent surgical site infections and central line infections have seen their infection rates plummet, often to zero. To learn more, go to [www.ihl.org](http://www.ihl.org).
- The Michigan Health & Hospital Association's (MHA) Keystone Project, working with the Johns Hopkins University, has achieved significant, measurable improvements in reducing HAIs. Of the 127 ICUs participating, 68 have reported zero blood

stream infections or ventilator-associated pneumonia for six months or more. The ICU program is modeled on Hopkins' four Es – engage, educate, execute and evaluate. Keystone is funded by modest federal grants and MHA members. To learn more, visit [www.mhakeystonecenter.org](http://www.mhakeystonecenter.org).

- In 2004, the Maryland Patient Safety Center, a partnership of the Maryland Hospital Association and Delmarva Foundation, set out to improve care in the ICU. Using evidence-based protocols, the collaborative saw the rate of preventable catheter-related blood stream infections reduced by 36 percent and ventilator-associated pneumonia drop by nearly 20 percent within nine months. The center attributes the success to care teams meeting regularly with hospital senior leaders to review safety concerns and put solutions in place, and daily ICU multidisciplinary rounds. To learn more, go to [www.marylandpatientsafety.org](http://www.marylandpatientsafety.org).
- The Surgical Care Improvement Project (SCIP), a national quality partnership of the AHA, the Agency for Healthcare Research and Quality and many others, aims to reduce the most common surgical complications, including surgical wound infections and pneumonia, by 25 percent by 2010. The project promotes clinically-proven prevention steps that every hospital can adopt to improve the care of surgical patients, such as maintaining normal body temperature and glucose levels and clipping, not shaving, the incision skin area. To learn more, go to [www.aha.org](http://www.aha.org).

Hospitals take many actions on an ongoing basis to reduce the risk of infection. The health care field looks to the guidelines developed by the Centers for Disease Control and Prevention (CDC) for effective strategies to prevent HAIs. The CDC recommends:

- Using ventilation systems designed to minimize the spread of airborne germs.
- Sterilizing equipment and disinfecting linens, rooms and counter surfaces.
- Using special isolation rooms and isolation procedures for patients known to have particular communicable diseases.
- Using gowns, gloves, face masks, and other protective devices.
- Washing and applying antiseptic solutions in appropriate areas when the patient's skin is breached, such as a burn or surgical incision.
- Administering prophylactic antibiotics for patients about to undergo certain surgical procedures.
- Encouraging hand hygiene.

## **NEXT STEPS**

We encourage you to explore these success stories and examine your hospital's infection control efforts. Look soon to the new AHA Quality Center for additional information, tools and resources on this important topic.

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