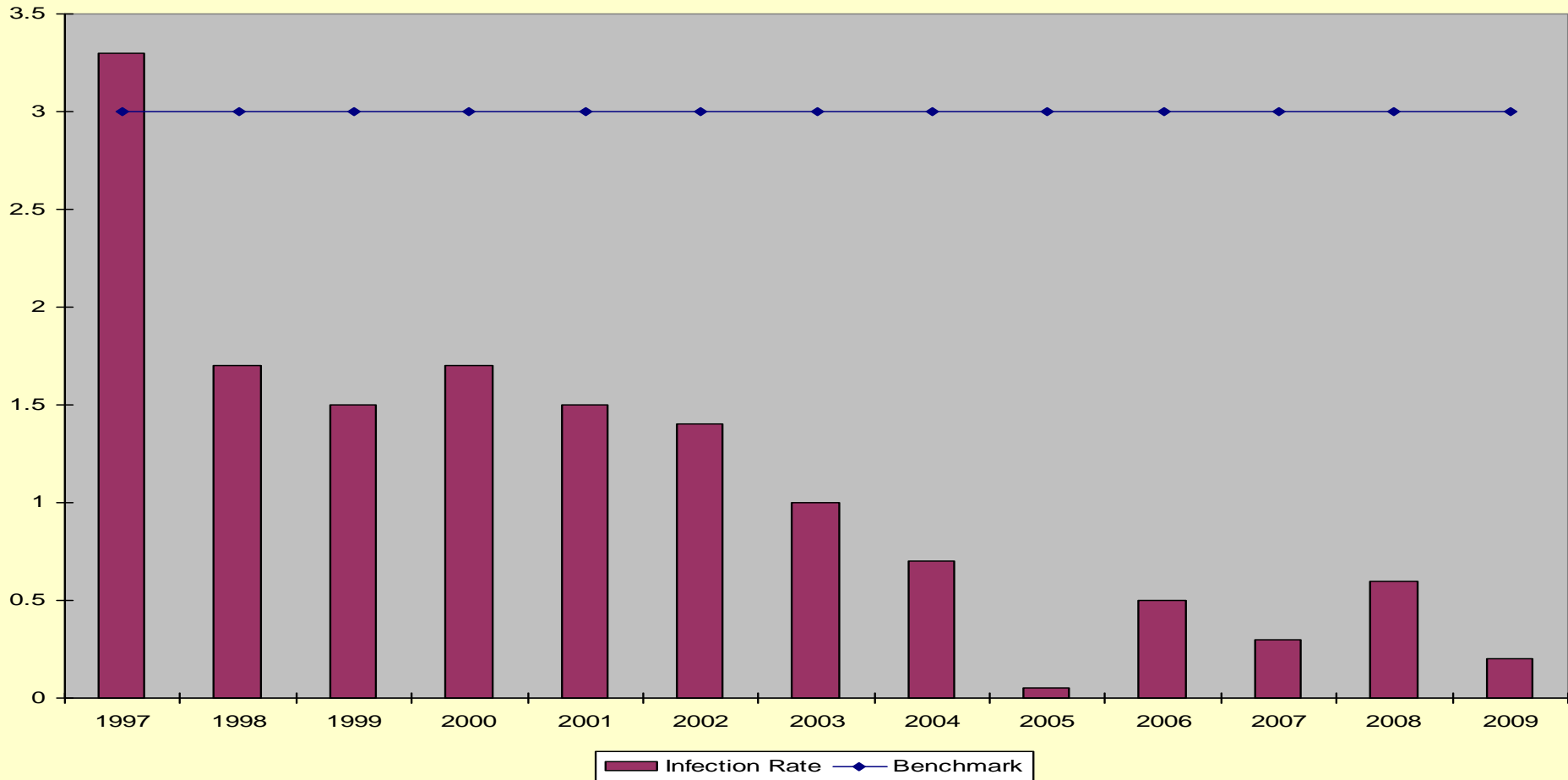


Infection Control 2009 HAI Report

July 1, 2008 through June 30, 2009

HOSPITAL INFECTION RATES ON NURSING UNITS

Hospital Benchmark is set at 3 infections per 1000 patient days.



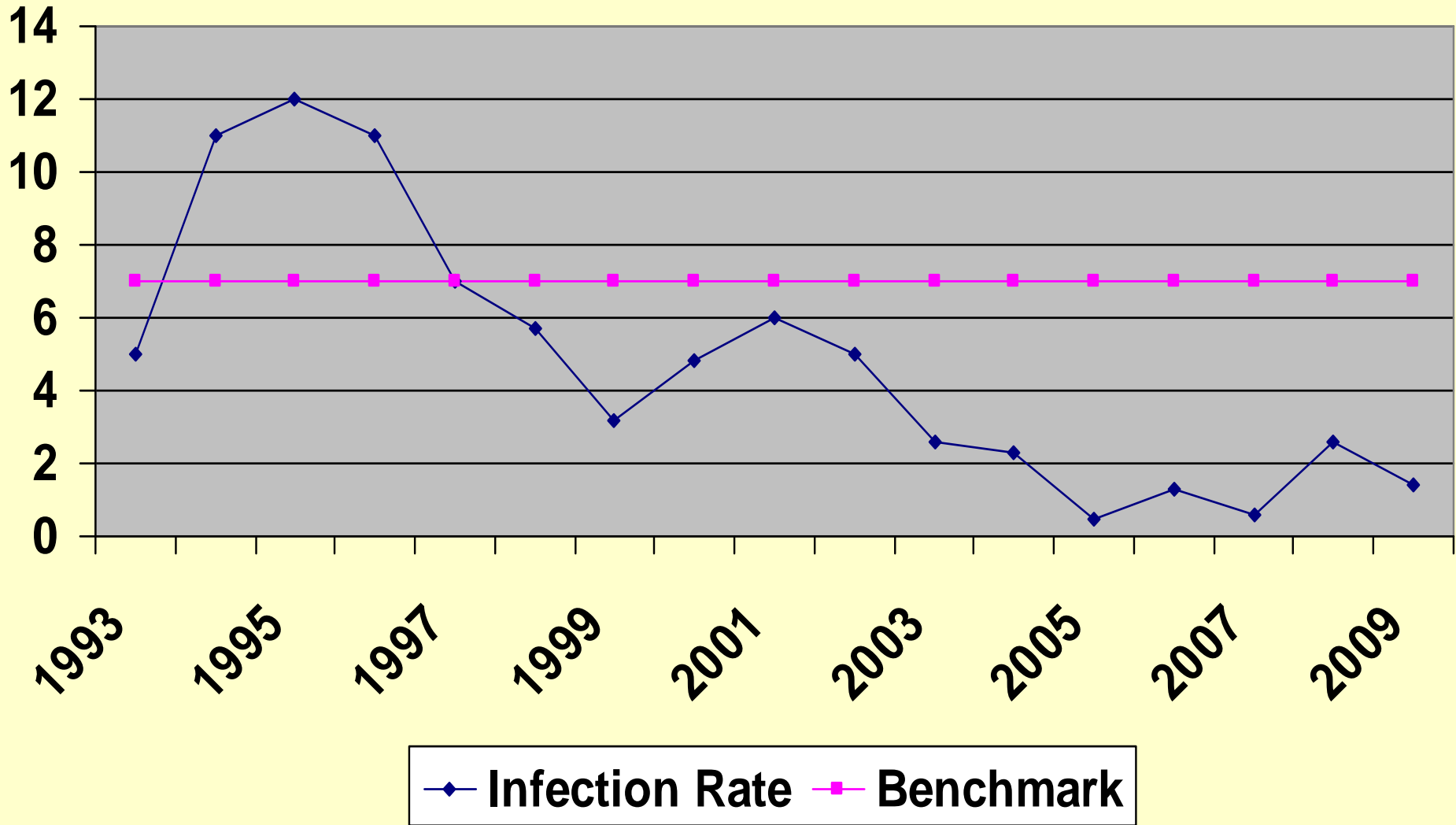
Infection rates per 1000 pt days on acute care nursing units

Acute care hospital – 0.2 infections per 1000 hospital patient days, down from 0.6 last year

- o ICU – 2
- o Medical – 0
- o Surgical – 2
- o OB/GYN – 0
- o Nursery – 0
- o Rehab/SBD – 0

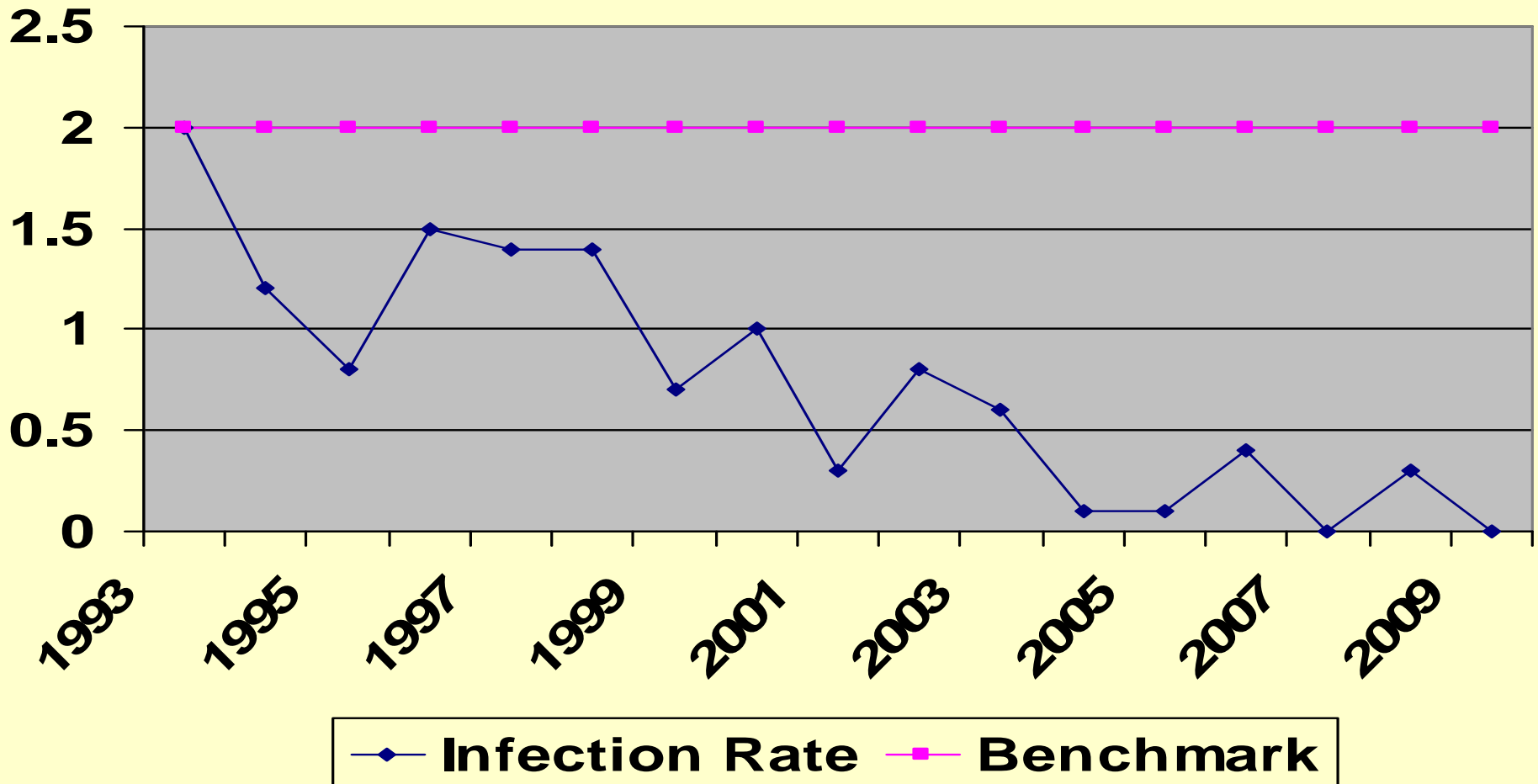
INTENSIVE CARE UNIT

Healthcare acquired infections – 1993 through 2009



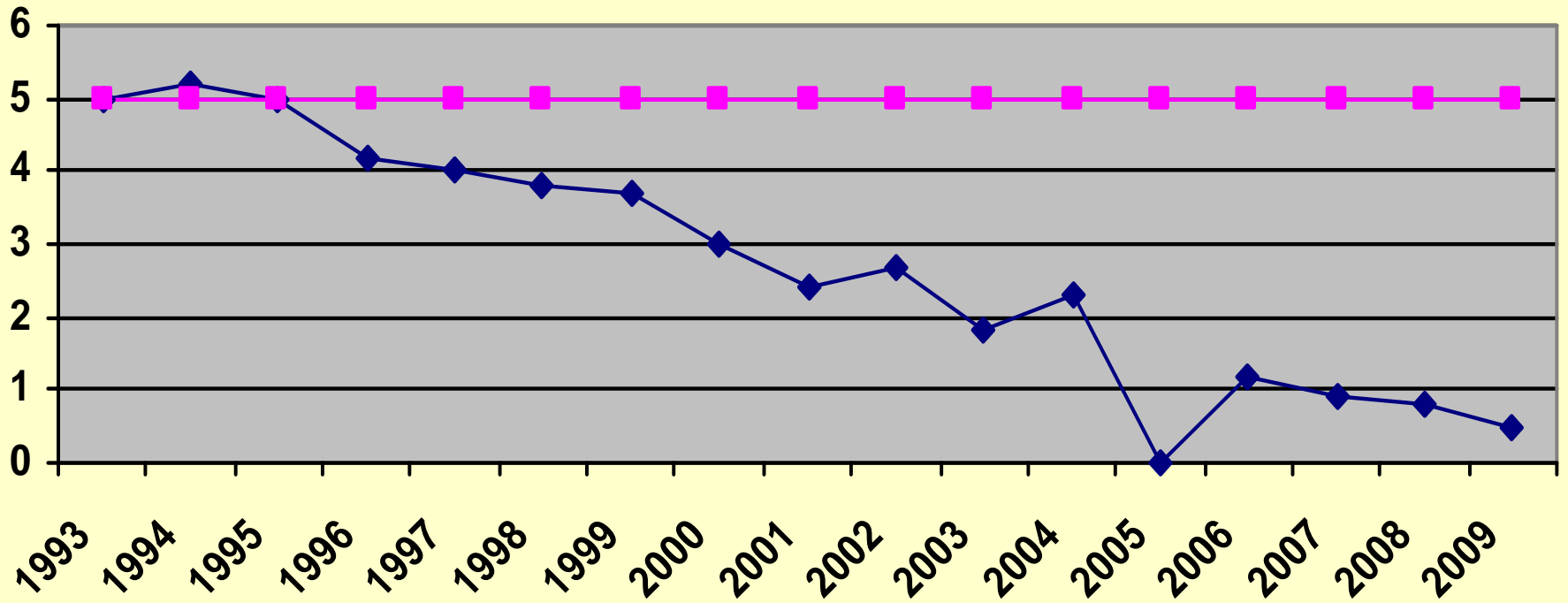
MEDICAL UNIT

1993 through 2009

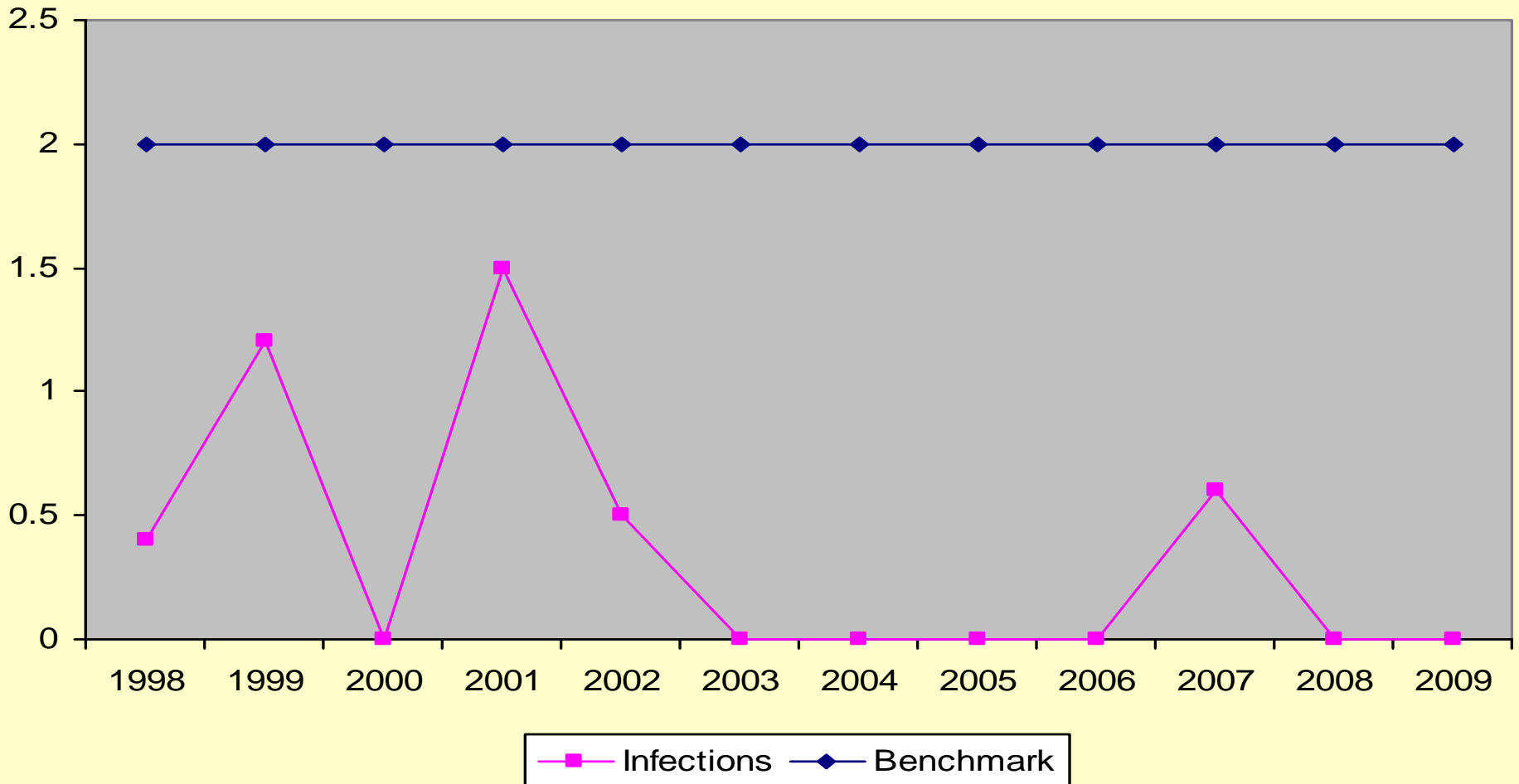


SURGICAL FLOOR

Healthcare associated Infections

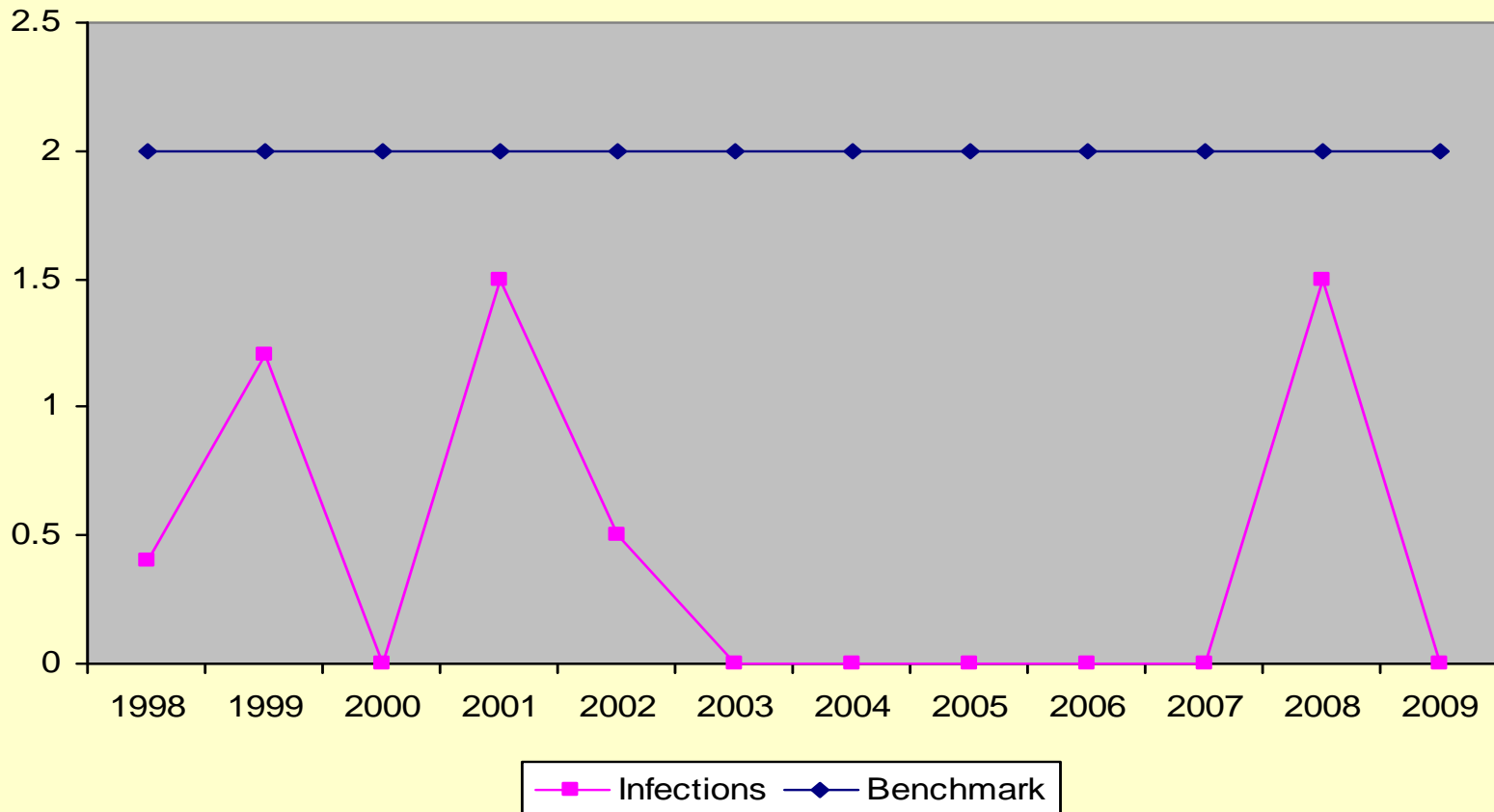


REHABILITATION AND SWINGBED UNIT



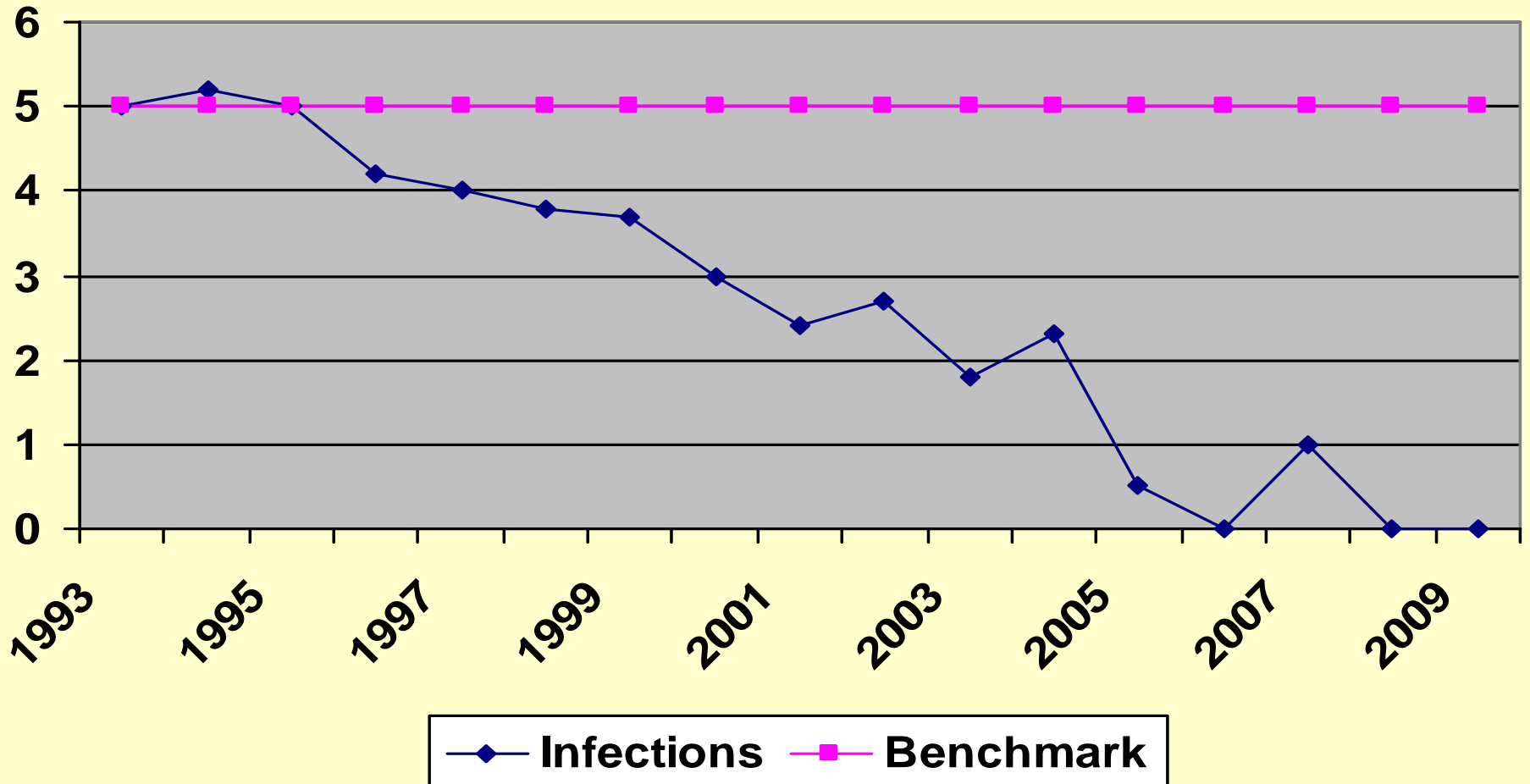
PEDIATRIC UNIT

1993 through 2009



OB/GYN UNIT

1993 through 2009



Nursing Units

**Surgical – 2 post operative pneumonias
1 aspiration pneumonia**

**ICU - 1 post operative pneumonia
1 VAP**

Medical - 0

Nursery - 0

OB/GYN -0

Peds - 0

Rehab/sb -0

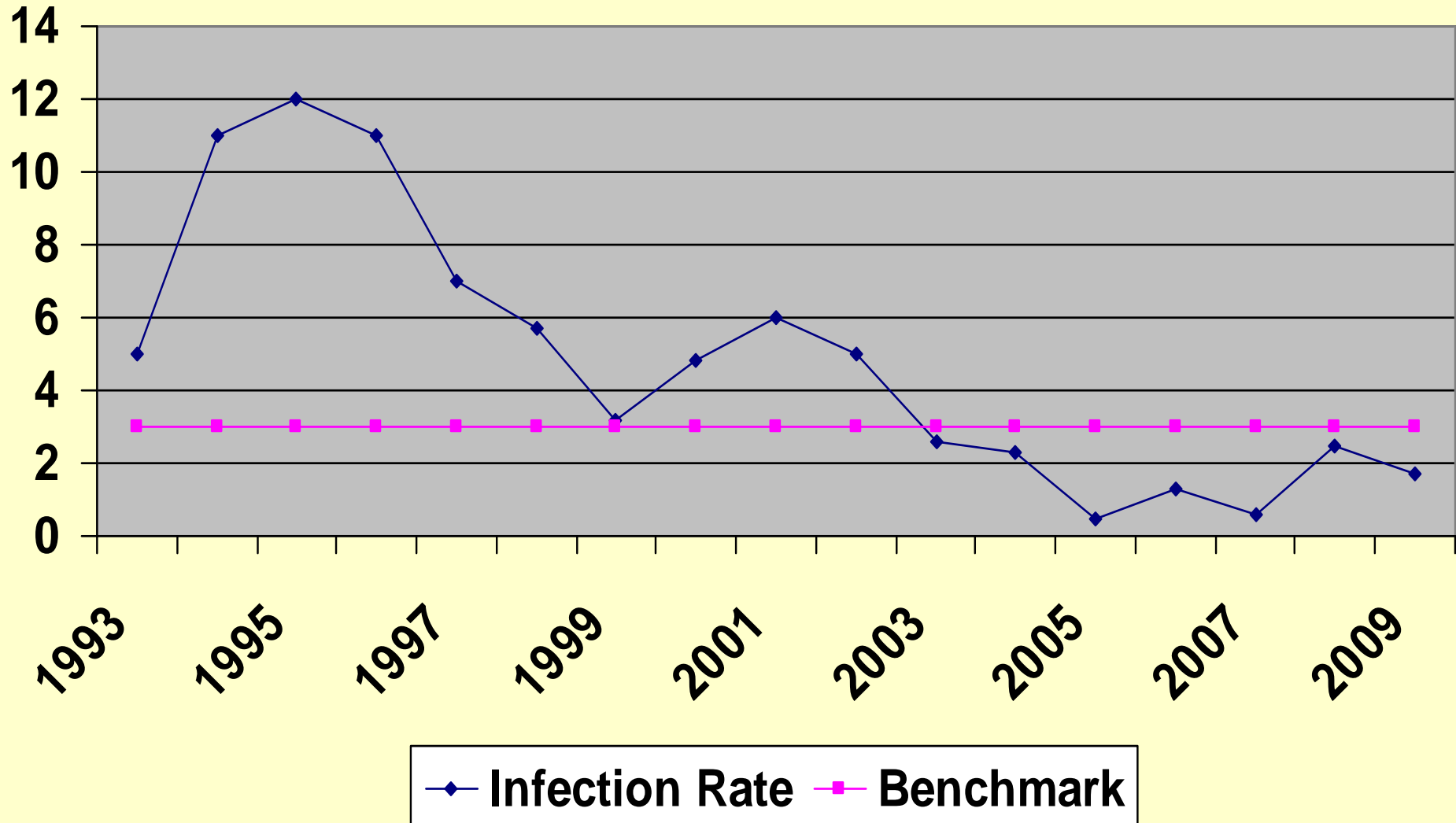
Infections per 1000 days in long-term care

Overall rates

Long term care

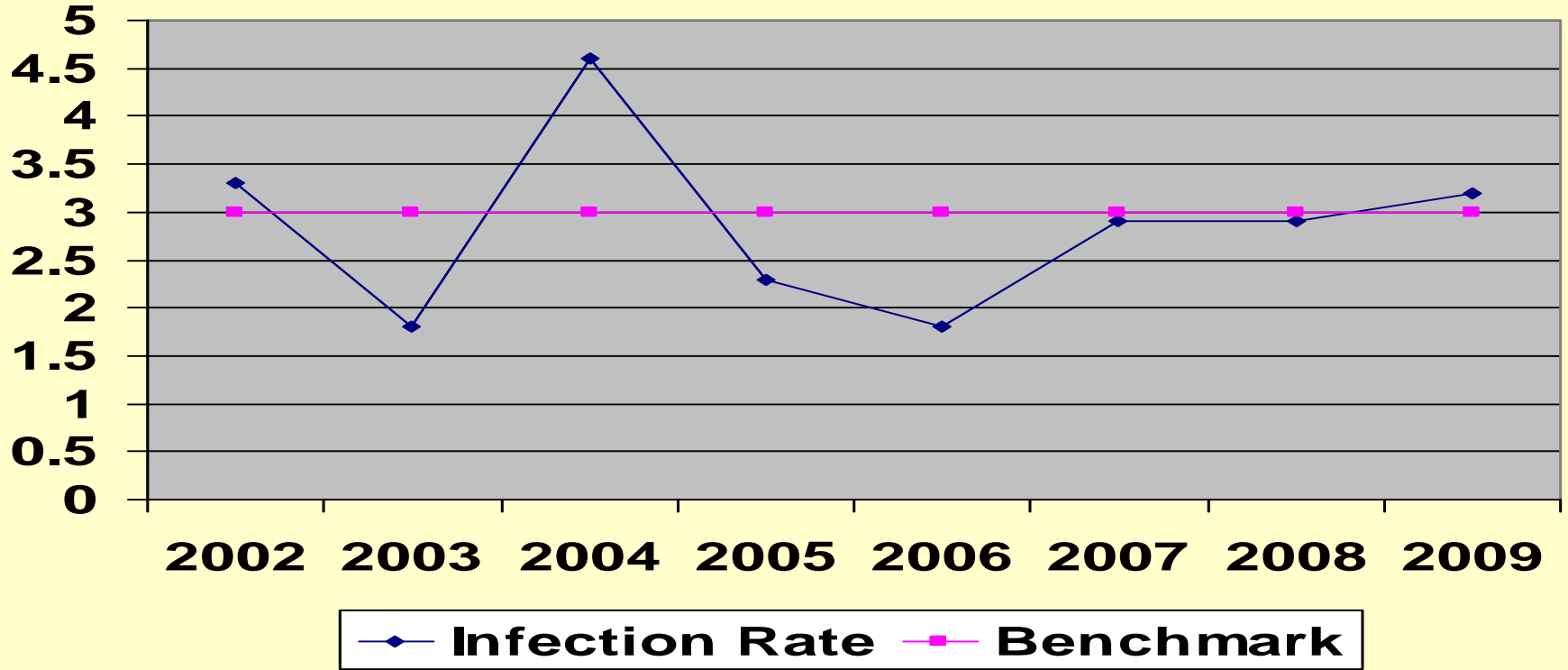
- o ASJCC – 1.7
- o AYCC – 3.2 (norovirus outbreak causing 33 GI infections brought rate over threshold)

Avera Sister James Care Center



Avera Yankton Care Center

Outbreak of Norovirus placed AYCC over threshold

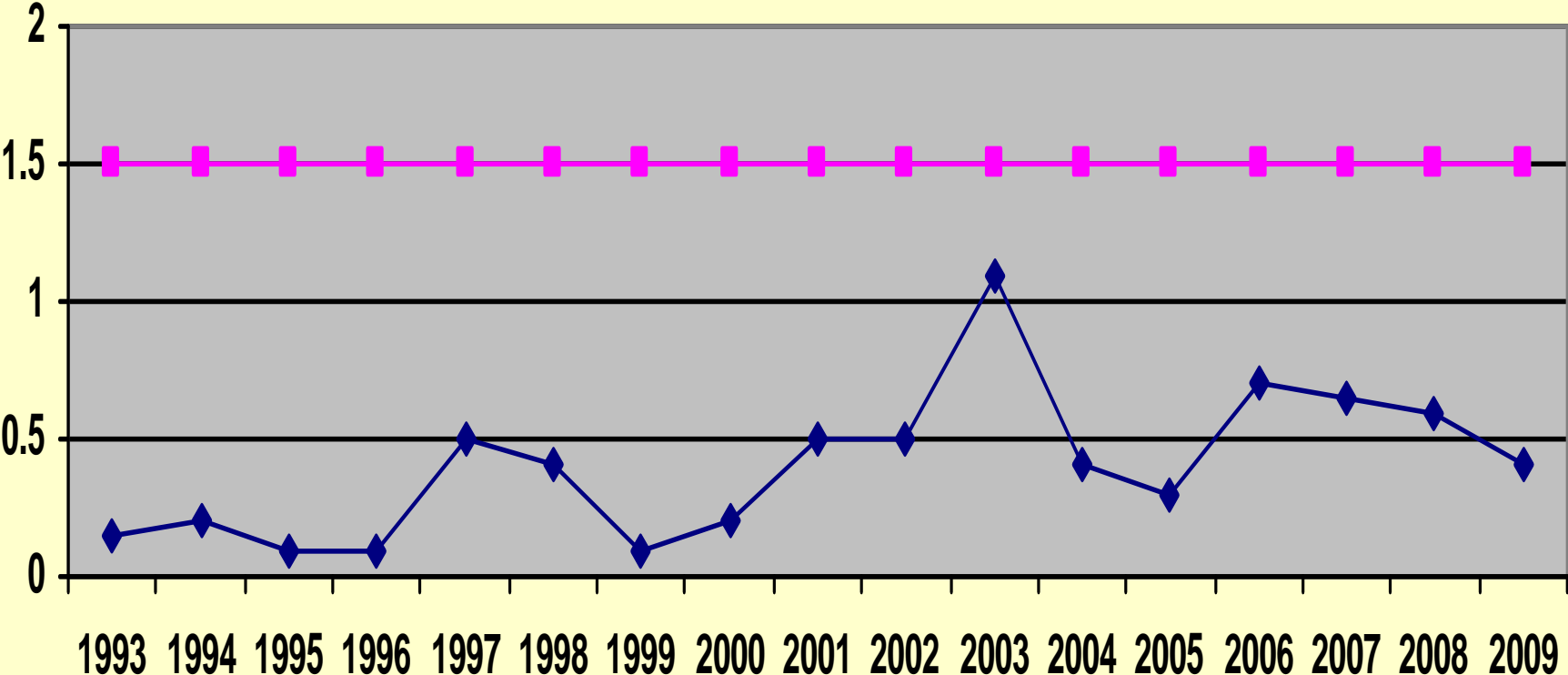


Surgical site infection rates per wound classification

ASSH rates	CDC expected rates
Class I – 0.4%	1.5%
Class II – 0.3%	11%
Class III – 0.7%	17%
Class IV – 0%	>25%

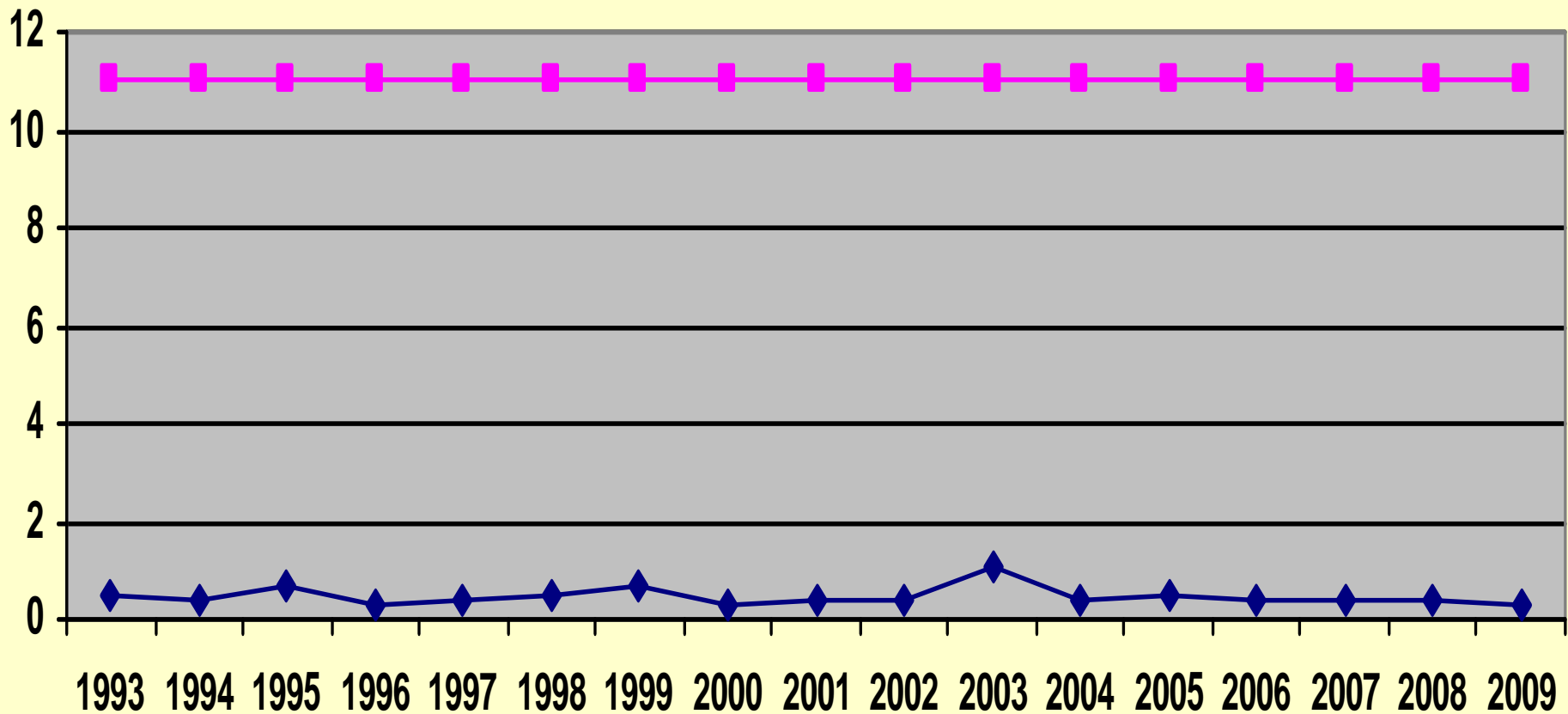
Surgical Site Infection Rates

Class I



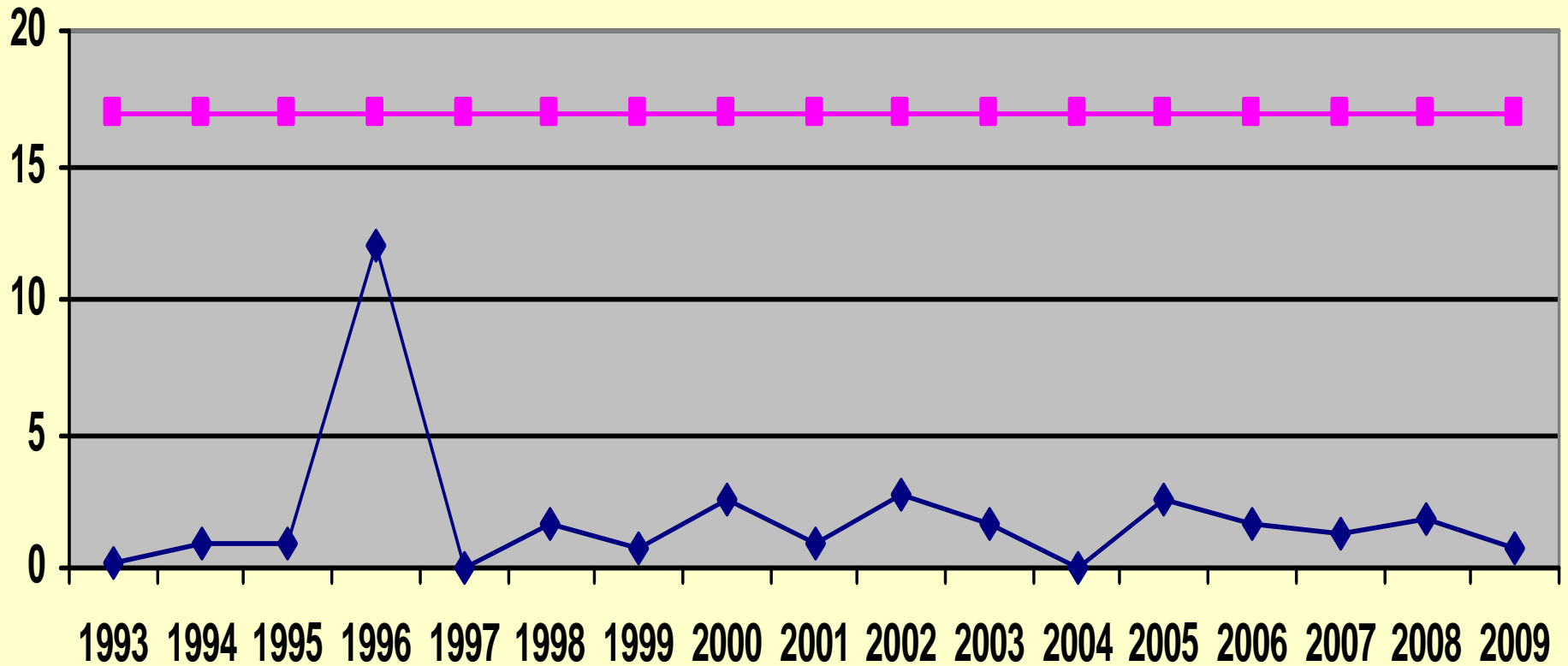
Surgical Site Infection Rates

Class II



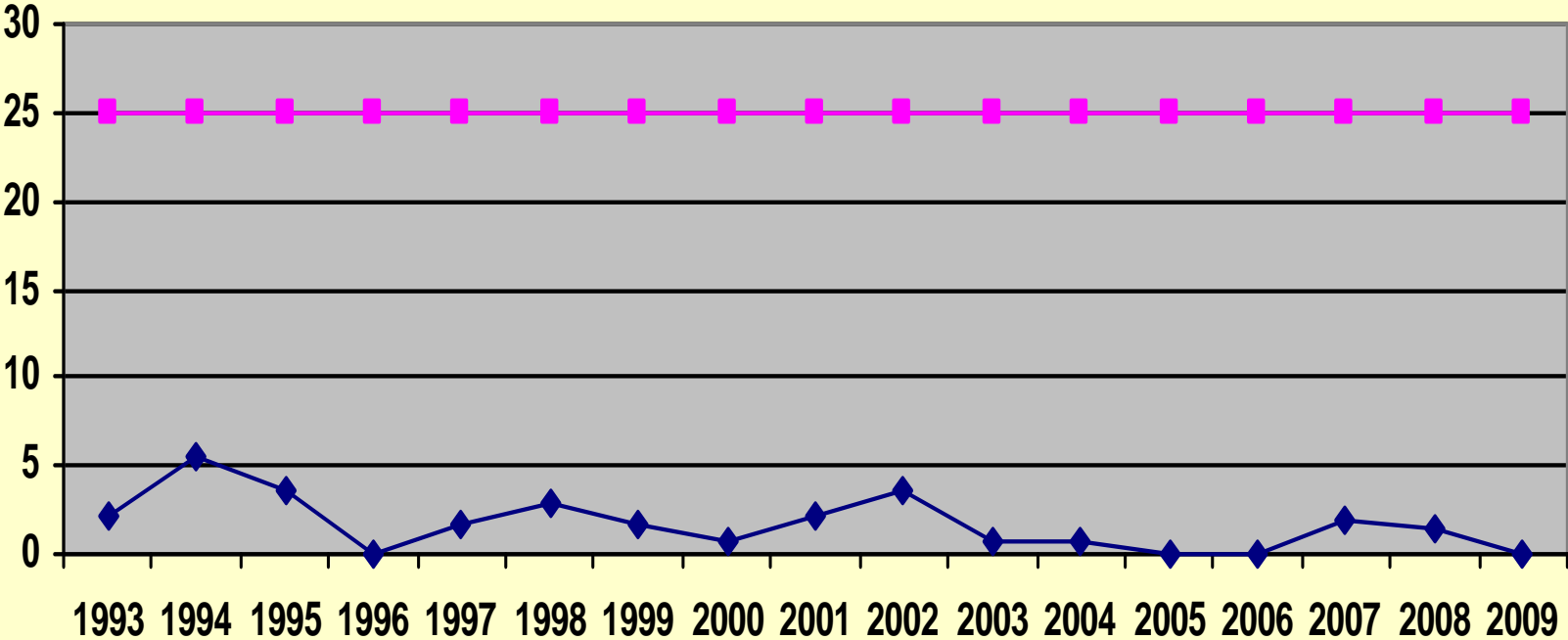
Surgical Site Infection Rates

Class III



Surgical Site Infection Rates

Class IV



Class I surgical infections – sterile area of the body is entered

1 infection occurred in each of the following surgeries

Renal Autotransplant

Hernia repair

Arthroplasty in pt with hx of infections

Endarterectomy

Pacemaker

Class II surgical infections – surgery

performed in area of body that communicates with the outside of body

Infections in each of the following surgeries

Laparoscopic cholecystectomy (1)

C-section (2)

Total abdominal hysterectomy (1)

Class III infections — inflammation present at time
of surgery

Bowel surgery for invasive carcinoma (1)

Open cholecystectomy for cholecystitis (1)

Class IV surgeries — Infection is already present at time of surgery or a wound has been left open for over 8 hours

None

Surgical Site infection pathogens/number of times isolated

MRSA /1

MSSA / 2

E. Coli /1

Peptostreptospecies / 2

E. Cloacae / 1

E. Faecalis / 1

C. albicans, P. aeruginosa and C. tertium in one pt. /1

SSIs Orthopedic surgeries

1. ORIF

a. 2008 - 6 infections among 121 ORIF surgeries = 4.9%

b. 2009 – 1 infection among 89 ORIF surgeries = 1%

NNIS expected rate based on risk factors would be between 0.79% and 2.81%.

2. Arthroplasty

a. 2008 - 3 infections among 151 arthroplasties = 1.9%.

b. 2009 – 1 infection among 159 arthroplasties = 0.6%

NNIS expected rate is 0.86% to 2.26%

Interventions for ortho cases

Antibiotic timing not optimal – Anesthesia now responsible.

Patient not given insulin due to NPO status – Nursing process changed

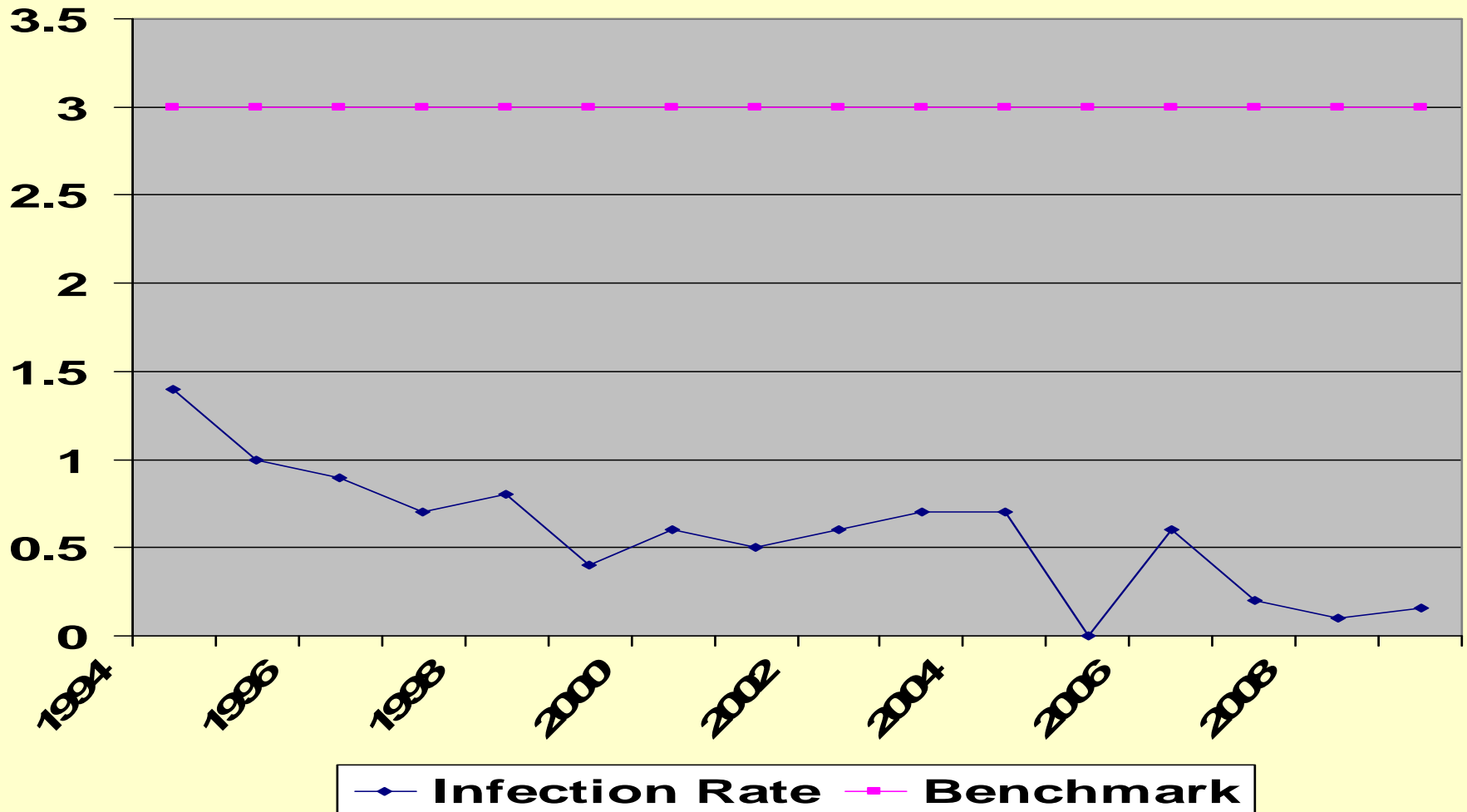
OR traffic – OR working as a team to decrease traffic

Door lag time 45 seconds – Changed hardware on door

Skin prep – Inservices on surgical prep and use of Chloraprep. Preop skin cleansing the night before and day of surgery

Monitoring of all ortho cases

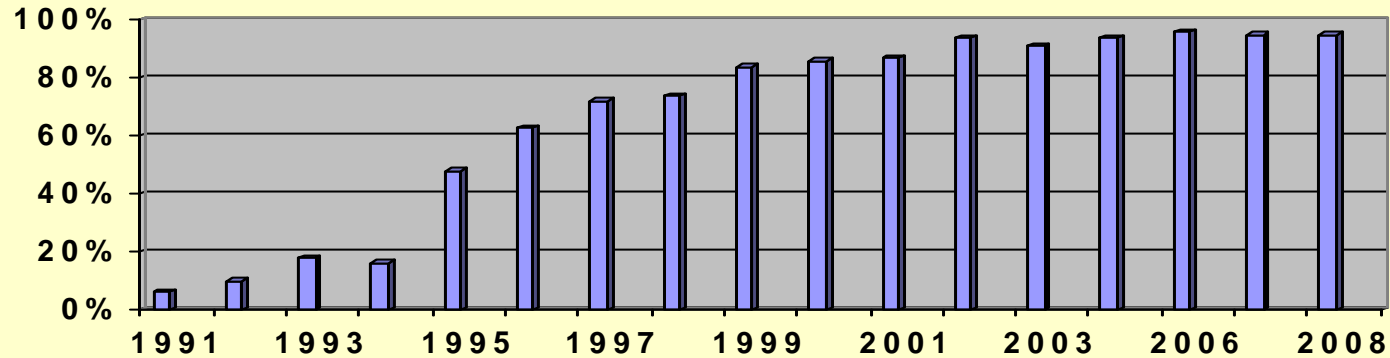
POST OPERATIVE PNEUMONIAS



ASHH Influenza Immunization Rates

Table 1

Avera Sacred Heart Hospital Immunization rates



Infection Control Summary

- ORIF infections below NNIS expected rates after interventions – Will continue to monitor infection rates, traffic in OR and compliance with SCIP.
- OB/GYN had 3 infections this year – Infections were not related to remodeling in unit. However, barriers for construction were changes from plastic to wood barriers with doors.

Infection Control Summary

- All areas were below benchmark
- No central line infections. Central line bundle is monitored with each insertion
- One ventilator associated pneumonia in pt with peritonitis – Ventilator associated pneumonia rate – 1 infection for 278 vent days or 3.6 infection per 1000 vent days.
- C- difficile infections in LTC have decreased with interventions (16 to 3 new infections)

Infection Control Goals 2009

- Continue to keep ortho infection below National Nosocomial Infection Surveillance rates
- Achieve 100% compliance with pre-employee screens and immunization requirements.
- Give Tdap to highest risk employee 2009, all clinical employees 2010, and remainder in 2011
- Initiate physician immunization program in 2009 and complete by 2012
- Vendors immunizations initiated in Fall 2009

Infection Control Goals 2009

- Students and clinical observer immunization requirements complete by Fall of 2009.
- Participate in efforts making influenza vaccine mandatory
- Extend respirator fit testing to all nursing units, clinics and long-term care in preparation for HINI
- Eliminate preventable needle sticks and blood exposures through improved work practice and engineering controls.