



## **2011 Healthcare-Associated Infections (HAI) Report: Q & A November 2012**

### **What is the HAI report and why is it needed?**

Act 52 of 2007 requires hospitals in Pennsylvania to report HAIs to the Pennsylvania Department of Health (PADOH) through the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN), and to annually report progress in reducing the occurrence of HAIs in Pennsylvania hospitals. HAIs are proven to increase health care costs and are preventable. The Centers for Disease Control and Prevention (CDC) estimates that one in 20 hospitalized patients will contract a HAI. The new report demonstrates trends in the occurrence of HAIs since data collection began under Act 52 in 2008 in order to identify where progress is being made and where additional efforts are needed.

### **What are the focuses of this year's report?**

The report uses three benchmarks to determine hospital performance: catheter-associated urinary tract infections (CAUTIs), central-line blood stream infections (CLABSIs) and six types of surgical site infections (SSIs). For the first time, the report contains an appendix that graphically displays trends for each hospital in the overall number of HAIs and for the three benchmarks. The report also contains a section on vaccination levels of health care workers in Pennsylvania hospitals against influenza during the 2011-2012 flu season.

### **What are the six SSIs?**

The six categories of SSIs, identified and agreed upon for benchmarking, include:

- Cardiac surgery
- Cardiac bypass graft surgery with one incision site
- Cardiac bypass graft surgery with two incision sites
- Prosthetic hip surgery
- Prosthetic knee surgery
- Abdominal hysterectomy

## **What is the difference between CAUTIs and CLABSIs?**

CAUTIs are catheter-associated urinary tract infections, caused by use of a catheter to drain the bladder. CLABSIs are central line-associated bloodstream infections, caused by use of catheters that are inserted into the major blood vessels near the heart to infuse medications or monitor vital signs.

## **Why are these three conditions considered “benchmarks”?**

These three infection types were selected by the Pennsylvania Department of Health for benchmarking in consultation with the Statewide HAI Advisory Committee established under Act 52. CLABSIs are considered the “most severe” type of HAI since they occur in very sick patients and can have fatal outcomes. They are one of the major targets of HAI prevention efforts. CAUTIs are one of the most common types of HAIs because urinary catheters are commonly used in hospitals. This benchmark allows us to measure - even the smallest hospitals. Surgical site infections cause significant illness and are a common cause of readmission to the hospital. Several of the surgical site infections selected for benchmark monitoring are ones that have been selected nationally as “never events” (or events that should never occur).

## **What does this year’s data show?**

The report demonstrates a continued decline in the overall number and rate of HAIs in Pennsylvania of just over 3 percent. Declines were also observed in each of the three benchmark categories, ranging between 4 and 10 percent. These findings indicate that hospitals are making progress in addressing HAIs, resulting in better patient outcomes and reduced health care costs.

## **What processes do hospitals use to report these infections to the Pennsylvania Department of Health?**

All hospitals are required to report all HAIs that occur among patients using the Patient Safety Module of CDC’s NHSN. The Pennsylvania Department of Health accesses the information submitted to NHSN, which is a national system, and uses the data to develop our analyses and reports. These infection types are:

- Bone and joint infections
- Blood stream infections with or without a central line
- Central nervous system infections
- Cardiovascular system infections
- Eye, ear, nose and throat infections
- Gastrointestinal infections
- Lower respiratory tract infections
- Pneumonia whether ventilator or non-ventilator associated
- Reproductive tract infections

- Skin and soft tissue infections
- Surgical site infections
- Systemic infections
- Urinary tract infections with or without a catheter

**Are hospitals required to report HAIs as they occur or simply as a cumulative total at the end of a given time period?**

All hospitals are required to report HAIs as they occur, since any HAI is considered a serious event (as defined by Act 52) that must be reported within 24 hours of occurrence.

**What are the “comprehensive efforts” that have been initiated to reduce HAIs?**

Since Act 52 was enacted, all hospitals across the state have been working to implement science-based practices to control and prevent HAIs. The Pennsylvania Department of Health works with a variety of partners to support groupings (known as collaboratives) of hospitals to address specific types and categories of HAIs and to promote the appropriate use of antibiotics in hospital settings. The information collected allows us to determine the success of these efforts, and allows hospitals to examine their data, compare themselves to other hospitals, and determine where they need to focus their efforts to reduce and eventually eliminate HAIs.

**Why is information being reported on health care worker vaccination against influenza?**

Influenza can spread in health care settings, and can cause severe problems in the hospital since many of the patients are at high risk of complications if they contract the flu. The flu vaccine is the single most effective way to prevent the flu. All health care workers should receive the vaccine to keep them healthy and to reduce the chance they will spread the flu to their patients. Since flu vaccination is an important component of patient safety to prevent flu-related HAIs, the Pennsylvania Department of Health plans to include information in our annual reports.