

Which Hospitals Are Safest?

October 13th, 2009

Dear RID friends and supporters,

RID worked hard, along with other patient advocates, to get a law passed in 2005 for hospital infection reporting in New York State. Now the results are ready – the first ever report showing how specific hospitals are doing in preventing surgical site infections after coronary bypass surgery, hip replacement, and colon surgery, and central line blood stream infections. You can find the complete New York State report on the RID website at www.hospitalinfection.org. I've summarized a few highlights for you here.



RID's Betsy McCaughey and Maureen Daly display the first annual New York State Infection Rate Report.

For patients having CORONARY ARTERY BYPASS SURGERY, the incidence of surgical site infection in the chest following bypass surgery was 2.1% in 2008, down from 2.6% in 2007. (It's possible the reporting requirement inspired more prevention, better hygiene, and fewer infections.) Forty hospitals in New York State perform coronary bypass surgery. Here are the ten hospitals rated best in this category, reporting risk-adjusted infection rates of one percent or less (one chest infection for every 100 procedures) in 2008: Bassett Hospital, Good Samaritan (Suffern), Long Island Jewish, Millard Fillmore (Gates), New York Medical Center (Queens), Rochester General, St. Elizabeth Medical Center, University Hospital (SUNY Downstate-Brooklyn), University Hospital (SUNY Upstate), Vassar Brothers. Congratulations to these hospitals.

One hundred seventy one hospitals in New York perform HIP REPLACEMENTS. The rates of surgical site infections following hip replacement varied as much as 4 to 1 from one hospital to another, even after the state risk-adjusted for the many factors such as the health condition of patients. The report concludes that hospitals doing fewer than 50 procedures a year tended to have significantly higher infection rates. But the data also show that some hospitals performing hundreds of hip replacements had infection rates much higher than the state average.

Here are the hospitals that reported the lowest rates of infection after hip replacement, less than one tenth of one percent (one infection for every 1,000 hip replacements) listed alphabetically:

AO Fox Memorial, Albany Medical, Beth Israel (Kings), Bronx Lebanon, Brookdale, Champlain Valley, Community Memorial, Elmhurst, Erie Medical Center, FF Thompson, Flushing Hospital, Forest Hills Hospital, Geneva General, Hospital for Special Surgery, Hudson Valley, J.T. Mather, Kingston Hospital, Lawrence, Lewis County, Lockport Memorial, Lutheran Medical, Mercy Medical,

Metropolitan, Millard Filmore (Gates), New York Methodist, New York Presbyterian (Allen), New Island, Newark (Wayne), Northern Dutchess, Northern Westchester, Olean General, Our Lady of Lourdes, Phelps Memorial, Putnam Hospital, Richmond University, Samaritan (Watertown), Sisters of Charity, St. Catherine Siena, St. Elizabeth Medical, St. Francis (Roslyn), St. James Mercy, St. Johns Episcopal, St. Josephs Elmira, St. Lukes Roosevelt, Strong Memorial, Syosset Hospital, TLC Lake Shore, Vassar Brothers, White Plains, and Womans Christian. Some prominent hospitals reported high rates of infection after hip surgery, and therefore are not in this group.

How accurate are the data? According to the report, the state health department audited each hospital on site at least once, and in 90% of cases, at least twice, to make sure infections were being reported. However, infections that become apparent after the patient is discharged and not requiring readmission are generally excluded in these data. Therefore the rates may understate the problem somewhat because infections can develop long after the patient leaves the hospital.

The authors of the report deserve congratulations, because it is clear, well organized and reader friendly. Hospitals will be able to compare their performance with state and national averages, but need to keep in mind that the goal is not to beat the average. The goal is zero infections.

Next Steps: We at RID will be urging New York State to expand its reporting to include data on Clostridium difficile, an infection that is raging through hospitals in North America. It poses a risk to patients whether they are undergoing surgery or not. Evidence proves that rigorous cleaning of hospital surfaces is highly effective in reducing the C. diff risk to patients.

If you are anticipating a hospital stay, please come to our website at www.hospitalinfection.org and read the “Fifteen Steps You Can Take to Reduce Your Risk of a Hospital Infection.” We at RID are also ready to help and are just a phone call away. 212-369-3329. If you live outside New York State, we would be glad to help you access information on hospitals in your state.

**SEPTEMBER 3RD GRAND ROUNDS AT SUNY DOWNSTATE – UNIVERSITY HOSPITAL
BROOKLYN, HOSTED BY DR. JEFFREY BORER**

On September 3rd, RID made a grand rounds presentation to the new class of interns and residents at SUNY Downstate, as well as to the medical faculty and president of University Hospital Brooklyn. Hosting the event was the recently appointed Chairman of the Department of Medicine, Dr. Jeffrey Borer. The highlight of the presentation was compelling evidence on the importance of keeping all surfaces in patients’ rooms rigorously cleaned.

Studies show that the single highest risk factor for patients’ to pick up a nasty, drug resistant bacterium called VRE (vancomycin-resistant Enterococcus) is who occupied the patient’s hospital room in the preceding two weeks. Tufts University researchers found that because cleaning is generally so inadequate, if a previous patient had VRE, the germ is lingering on tables, chairs, bedrails, and other surfaces weeks later. I explained to the new medical residents that if they put their patient in an

inadequately cleaned room, they are putting their patient at risk. A study at Rush Medical College shows that by retraining cleaning personnel to reach overlooked objects and “drench and wait” rather than quickly spraying and wiping, the spread of VRE from patient to patient can be reduced by 66%.

The Downstate medical team is clearly dedicated to infection prevention, and RID has been invited to return this fall and present grand rounds to the new surgical residents and surgical faculty. We will also be working with the environmental services professionals on new methods and technologies to help clean effectively.

AUBURN, MAINE PRESENTATION TO PATIENT ADVOCATES, INC.

On October 7th, in Auburn, Maine, RID presented to a meeting of some fifty CEOs and medical benefit managers from multi-state corporations that self-insure. My message was on the importance of infection prevention to protect their workers and families and their own bottom lines. The audience was astounded at the cost of treating hospital infections and the overall size of the problem. Several members of the audience are interested in working with RID to create more demand in Maine for publicly reported hospital infection rates.

HEALTHCARE ASSOCIATED INFECTION CONSENSUS GROUP, CHICAGO

The next day, our focus shifted to the Midwest! On October 8th, RID presented to a Chicago meeting of the Healthcare Associated Infection Consensus Group, to identify best practices for hospitals in preventing infection. My presentation focused on breakthroughs in making hospitals cleaner and new evidence to support screening incoming patients for the MRSA bacterium.

Thank you for your support and interest in RID. Please look at our website for RID’s important contribution to the September issue of Infection Control and Hospital Epidemiology, and for helpful information about H1N1 flu. Our next newsletter will be featuring new technologies to keep hospitals cleaner and prevent bacteria from reaching the patient.

SAVE THE DATE FOR OUR NOVEMBER 18TH RECEPTION AND INFECTION PREVENTION UPDATE AT THE L & M GALLERY, 45 EAST 78TH STREET, NEW YORK CITY, generously hosted by RID board member Adriana Mnuchin, 6pm to 8pm. RSVP 212-369-3329.

Sincerely,



Betsy McCaughey, Chairman