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North Carolina releases first public report on hospital-acquired infections

By KAREN GARLOCH

In North Carolina's first public report of hospital-acquired infections, Charlotte-area hospitals mostly performed at or better than the national average.

On one measure each, Carolinas Medical Center and Presbyterian Hospital, the area's largest hospitals, reported infection rates higher than the national average. Officials say they've been working to improve in those areas.

The 109-page report released Friday discloses data from the first six months of 2012 about four of the most common infections acquired by patients treated at acute-care hospitals.

With passage of the law in 2011, North Carolina is one of 30 states that mandates publication of hospital-acquired infections. But some advocates say the reports are still too complicated and have taken too long to deliver.

"They're very late to this game," said Helen Haskell of Columbia, founder of Mothers Against Medical Errors and an advocate for South Carolina's 2006 law.

"You can't ask people to go into a hospital and lay their lives on the line without telling them the risks they are facing," said Haskell, whose 15-year-old son died as the result of medical errors at the Medical University of South Carolina in 2000.

About 5 percent of patients, about 1.7 million, get an infection in the hospital each year, and about 100,000 die as a result, according to the U.S. Centers for Disease Control and Prevention. The cost for treatment is high – from \$28 billion to \$33 billion. Advocates in North Carolina had been fighting for years to get an infection reporting requirement. In the meantime, as consumer pressure grew, the federal government began publishing infection data last year for hospitals that accept reimbursement from Medicare and Medicaid.

To further encourage hospitals to reduce infection rates, Medicare and Medicaid have stopped reimbursing for the extra care needed to treat some hospital-acquired infections. That means hospitals have to absorb the cost.

Although infection data are now available on the Medicare website, Lisa McGeffert, director of Consumers Union's Safe Patient Project, said it's still important for states to publish their own.

"Often people in the state pay more attention to that," she said. "It's another way of getting the word out. ... It's important for people to know how many people got infected in hospitals in their community."

Infections not inevitable

It wasn't long ago that hospitals and doctors believed it was inevitable that some patients would acquire infections.

But studies have shown that even simple measures, such as hand washing between patient encounters, can significantly reduce the problem. North Carolina officials say the newly published data should help consumers make better choices and understand what questions to ask when visiting or receiving care in a hospital.

"Our hope is that people will use it as a communication tool," said Dr. Zack Moore, medical director of the North Carolina hospital-acquired infection prevention program. "People can use it to start a conversation with their doctor about safe health care."

Hospitals can use the data as an incentive to improve their care, Moore said. "If they can compare themselves to the other hospitals in the state, they can use that for action."

North Carolina's first quarterly report focuses on four of the most common hospital-acquired infections – central line-associated bloodstream infections (CLABSI) in intensive care units, catheter-related urinary tract infections (CAUTI) in intensive care units, and surgical site infections after colon surgery and abdominal hysterectomies. Future reports will add other infections, such as methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C. diff).

The new report also includes suggestions to help consumers reduce the chance of infection, such as asking health care workers to wash their hands before touching a central line, a tube inserted into a patient's vein to deliver medicines, fluids or nutrition.

Bloodstream infections associated with central lines are the most common hospital-acquired infections, and they can kill up to 25 percent of the patients who contract them, according to the CDC.

Catheter-associated urinary tract infections stem from contamination of tubes inserted into the bladder to collect urine. About 75 percent of UTIs acquired in the hospital are associated with catheters.

Surgical site infections, which account for 20 percent of hospital-acquired infections, range from superficial skin infections to more serious infections involving internal organs or implanted materials.

Are data helpful?

Although advocates encourage more transparency in infection reporting, they say the data can be difficult to understand.

“None of these states do a very good job communicating what people need to know,” said Consumers Union’s McGeffert. “Rarely do state reports highlight the good and bad ... or provide a real analysis of what the data are showing.”

Dr. Stephen Wallenhaupt, chief medical officer for Novant Health, which includes four Presbyterian hospitals in Mecklenburg County, said Novant has voluntarily published infection data on its website since 2010.

“We’re working to see if we can come up with a better way to express it, so it has value to our patients,” he said.

North Carolina provides two versions, one for health care providers and one for consumers. But anyone can access either report, and the provider’s version has more data. In addition to actual numbers of infections, it shows the number of infections “predicted” for a hospital of similar size treating similar patients.

For example, Presbyterian Hospital in Charlotte reported lower-than-predicted numbers of central-line-associated bloodstream infections and catheter-associated urinary tract infections. But it had eight infections after colon surgery, “higher” than the predicted 3.9.

“We’ve already made some changes to get this number down,” Wallenhaupt said. “We’re always looking for an opportunity to improve.”

Carolinas Medical Center, the largest hospital in Carolinas HealthCare System, reported one surgical site infection after colon surgery and five after abdominal hysterectomies, in the expected range. And its central line-associated bloodstream infections also were lower than predicted.

But CMC reported a higher than predicted number of catheter-associated urinary tract infections – 52 compared with the predicted 40.

Dr. Katie Passaretti, hospital epidemiologist for the system's 10 Charlotte-area hospitals, said CMC is working to improve by reducing the days of catheter use by patients.

“If you don't have a Foley (catheter), you don't have a chance for infection... This is our area for improvement.”

Patients watchful

Patients who've developed infections in hospitals say they're pleased about the new reporting requirement.

Dorothea Handron, 58, a retired nursing professor at East Carolina University, survived an infection after hernia surgery in 2009 at Vidant Medical Center in Greenville, N.C.

Rather than file a lawsuit, she has worked to improve the quality of care at her hospital by serving as a consumer member on the state's hospital-acquired infections advisory group.

“That mistake happened. Nobody did it on purpose,” Handron said. “...Ninety-six percent of my care was outstanding.”

She said the surgeon nicked her bowel without realizing it, and it was five days before the infection in her abdomen was discovered. After a second operation, she suffered acute respiratory distress, went on a respirator and was placed in a medically induced coma for more than six weeks. It took several more weeks to come off the respirator and get rehabilitation to relearn how to walk.

“It was touch and go for a while,” Handron said.

As a member of the state advisory group, she offered suggestions to make the first infection report more consumer-friendly. “I still think it's very complicated,” Handron said. “But people need to know about infections.”

Tom Sisk, 64, an executive with Duke Energy in Charlotte, developed an infection after surgery at Presbyterian Hospital about eight years ago. He stayed in the hospital for two extra weeks and was out of work a total of three months.

When he went home, he gave himself injections of intravenous antibiotics twice daily, and the infection cleared up after almost a year.

Despite his complication, Sisk said he's not sure anything would have changed if he had known the hospital's infection rate before surgery.

"You trust your doctor," Sisk said. "You trust your hospitals. They were great except for that."