

September 8, 2011

Dear Friends and Colleagues,

An increasing challenge for every American hospital is the spread of hospital-acquired infections. At NCH, we are addressing this challenge in many tangible ways. Results from one of our most significant projects, *CLABSI* (Central Line Associated Blood Stream Infections), were shared recently by Dr. **Doug Harrington**, Chairman of Critical Care, with Director of the Infection Prevention Department, RN **Kathleen Kohut**, and the entire Intensive Care team.

Dr. Harrington wrote about the project's great success: "The project started in January 2010 to decrease and eliminate central line associated blood stream infections in the ICU. There have been zero infections in Cardiovascular Recovery for 19 months, none in Intensive Care for 16 months, none in Progressive Care for 19 months, none in Surgical Intensive Care for nine months, and none in North Naples ICU for five months. To put this in perspective, the NCH system regularly had seven or eight CLABSI per month in the critical care units. We now have less than one each month and are rapidly approaching zero; saving lives, decreasing length of stay and lowering costs. The project has expanded outside the ICU with peripherally inserted central catheters (PICC lines) on the general wards. Congratulations!!!!!!"

To which, I would only add, "Congratulations!!!!!!"

In a related effort, ICU Microsystem Director RN **Jon Kling** will be leading a national webinar organized by **Kim Streit**, VP/Healthcare Research and Information of the Florida Hospital Association to share our use of the same CLABSI initiative on the telemetry/MedSurg Units or general floors, where we have experienced a 67% reduction in infections with a 100% reduction (no infections) in the critical care units. NCH is one of the few hospitals focused on central line infections outside of ICUs.

Yet another related community threat is Methicillin-Resistant Staphylococcus Aureus (MRSA) and multi-drug resistant organisms (MDRO), caused primarily by the overuse of antibiotics. We are vigilant in examining, tracking and sharing best practices in this area as well. More than 50% of our nursing units have had no MRSA transmission this year. Rates are higher in our three units with older patient populations. (Many were admitted from nursing homes, where rates are high.) Eradicating MRSA and MDRO is a continuing challenge.

We've also initiated an educational campaign to limit C. Difficile, an infection of the intestinal tract manifested by severe diarrhea and dehydration, caused by overuse of antibiotics and proton pump inhibitors such as Prilosec, Prevacid, Nexium, Protonix, etc. When an antibiotic or proton pump inhibitor is indicated, it should be prescribed and taken but always with care about unforeseen side effects and discontinued when no longer needed.

Hand hygiene remains critically important. Neonatal ICU, Pediatrics, and Mother/Baby are role models for the rest of us with exemplary compliance. We've introduced an improved foam product at nearly every doorpost, monitor more frequently, and provide education and feedback in this key infection prevention (hygiene) area. There have been no hip or knee infections in 2011 and only one in a cardiac bypass patient. Finally, urinary infection infections in patients with catheters also continues to be low with zero noted in the ICUs downtown over the last five months.

None of us will be satisfied until we have no hospital-acquired infections at NCH. But we are making clear progress in many key areas. I have said so many times before, "We are all in this together." So let's all wash our hands, participate in best practices, and keep putting the patient at the center of all we do.

Respectfully,

Allen S. Weiss, M.D., President and CEO

P.S. Feel free to share *Straight Talk* by emailing me at <u>allen.weiss@nchmd.org</u> to be added; and join us on Facebook at www.facebook.com/nchflorida.