

April 16, 2009

Dear Friends and Colleagues:

Hospital-acquired infections are increasing around the nation. And here at NCH, we're recommitting ourselves to stopping these invidious complications, often caused by low hand-washing compliance, high incidence of people with infections in the general hospital population, and the overuse of antibiotics—which the World Health Organization ranks second only to the lack of potable water as the greatest threat to world health.

To actively address this issue, infection control expert and RN LeAnna Hatcher joined NCH last month as interim Director of Infection Control. Together with Susan Hudson and Diane Ross, LeAnna has focused on maximizing our infection-fighting resources. She recently shared her early observations:

- The NCH staff is highly motivated and wants to be involved.
- Several NCH units are setting a great example and qualify as "best practices" for others.
- We should be collecting unit-specific information.
- We need to standardize, consistent with national databases, our collection and definition of data.
- We need to switch from "retrospective analysis" to real-time monitoring. This means that the moment an infection is detected, we should address the cause and control. To begin this more forward-looking approach, we have begun to screen high risk ER patients, so we know from the start, "who has what."

We also have already acted on two of LeAnna Hatcher's most important observations.

- 1. <u>Precaution and isolation procedures are too complicated and cumbersome.</u> To correct this, we have begun instituting standardized and consumer-friendly processes throughout both campuses.
- 2. <u>Guidelines for multi-drug resistant organisms need standardization.</u> We have begun to institute protocols as these new "bad bugs," which are resistant to many current antibiotics, begin to appear.

In terms of the all-important element of hand-washing, over the first three months of this year, we have had 6,144 monitored observations of caregivers, who have had contact with patients. Hand-washing compliance has increased from 77% in January to 86% in March. While 90% of caregivers wash after patient contact, only 70% wash after glove removal. That's not good enough. Ultimately, regulators will expect 100% compliance with hand washing and universal precautions—these are the behaviors that protect caregivers from getting an infection from a patient.

Infection control becomes more urgent with both Methicillin Resistant Staph Aureous (MRSA) and C. Difficile on the rise. MRSA is common in nursing home populations—at one time, more than 75% of patients in Collier County were positive, which equaled the national average. MRSA becomes a life-threatening problem when debilitated with a medical condition or undergoing surgery. C. Difficile, an organism in the large intestine, becomes overgrown when a patient is over-exposed to antibiotics. This resulting condition is characterized by diarrhea, pain, and disability.

Beyond these threats, there are always "new bugs" that make their way to southwest Florida. So the point is that in addition to isolating patients and controlling the use of antibiotics, all of us must be part of the infection control solution. It starts with being hand-washing compliant. And remember to use the hand sanitizers by the front door, outside patient rooms, and in the hallways.

Respectfully,

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

P. S. Feel free to share Straight Talk and ask anyone to email me at allen.weiss@nchmd.org to be added.