Pittsburgh Regional Healthcare Initiative
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Naida Grunden, editor

Critical Care Medicine

SWPA posts major reduction in hospital-acquired infection

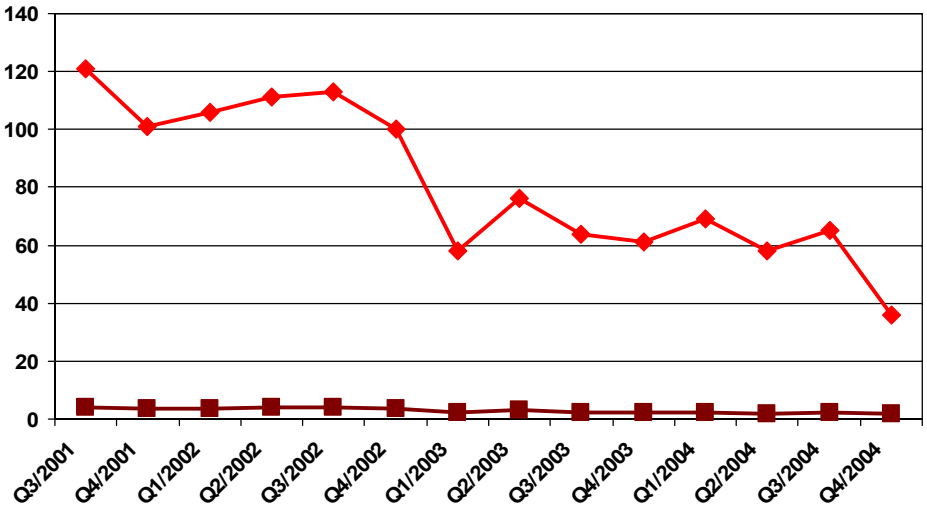
The Pittsburgh Regional Healthcare Initiative (PRHI) reported a 63% region-wide decline in healthcare-associated blood stream infections. The announcement was made on July 14, in conjunction with the Centers for Disease Control and Prevention.

Since 2001, the number of infections reported by participating hospitals dropped from 123 infections per quarter to 36--a reduction in rate from 4.3 to 1.6 infections per 1000 patient days at risk because of the presence of a catheter. This significant decline in bloodstream infections associated with use of intravenous catheters follows an unprecedented community-wide collaborative effort with the Centers for Disease Control and Prevention to improve the quality of healthcare across the region. The region's hospitals, participating across competitive lines, provided both leadership and clinical expertise.

In hospitals alone, bloodstream infections are one of the most common causes of healthcare-associated infections, and many are associated with the use of intravenous catheters that are often required to administer treatment. Approximately 80,000 intravenous catheter-associated bloodstream infections occur in intensive care units each year in the United States. Bloodstream infections can be prevented with adherence to guidelines for catheter insertion and care; however adherence to guidelines remains a problem. (For guidelines for the prevention of catheter related infections go to: http://www.cdc.gov/ncidod/hip/IV/Iv.htm)

"These data demonstrate what can be achieved when bold goals are set, infections are examined one-by-one for causes and lessons are shared between care givers without the fear of blame," said Peter Perreiah, Managing Director of the Pittsburgh Regional Healthcare Initiative.

"The healthcare stakeholders in Southwestern Pennsylvania have challenged the traditional, by setting a goal of eliminating healthcare-associated infections in this region. By questioning the limits of what is achievable, healthcare facilities in Pittsburgh have been able to significantly improve patient safety in the entire region," said John Jernigan, M.D., CDC Medical Epidemiologist.



Top line shows actual number of central line infections reported.
Bottom line shows rate of infection per 1000 "line days," or the number of days a patient is at risk because of the presence of a catheter.

The CDC and PRHI began collaborating three years ago to improve healthcare quality in the region. One of the novel regional approaches, called Perfecting Patient Care, adapted industrial improvement practices to healthcare. Perfecting Patient Care prevents infections by improving the design and flow of work and eliminating potential errors. Engaging front line caregivers to examine mishaps immediately and implement preventive measures are the hallmark of this method. Other elements of the collaboration include staff training about infection control measures, prevention checklists, and hospital unit feedback on infection rates and adherence to appropriate preventive practices.

PRHI is a unique coalition of major healthcare stakeholders in Southwestern Pennsylvania consisting of approximately 40 healthcare facilities, 4 major insurers, 32 major employers, civic and corporate leaders, organized labor, and local public health authorities. Eliminating healthcare-associated infection and medical errors are important PRHI goals.

Quarter/ Year	# CLABs	# of Hospitals Submitting	Rate per 1000 line days
Q3/2001	123	28	4.3
Q4/2001	100	28	3.6
Q1/2002	106	28	3.5
Q2/2002	114	28	4.1
Q3/2002	116	29	3.8
Q4/2002	98	28	3.7
Q1/2003	68	28	2.5
Q2/2003	91	28	3.6
Q3/2003	65	23	2.5
Q4/2003	61	26	2.3
Q1/2004	69	28	2.4
Q2/2004	58	29	1.9
Q3/2004	65	27	2.4
Q4/2004	36	23	1.6

Here comes NHSN

In August 2005, new National Healthcare Safety Network (NHSN) will be the standard CDC reporting mechanism for five areas of care—one of which is device-associated infection. It will replace the National Nosocomial Infection Surveillance System (NNIS).

PRHI will continue to track CLABs through the NHSN module on device-associated infection. PRHI hospitals formerly using the NNIS variant will have access to online training modules. PRHI will make training information available. Send your name and contact information to Peter Perreiah,

FAQs at

http://www.cdc.gov/ncidod/hip/nhsn/members/faq.htm

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