



# **OREGON**

## **HEALTHCARE ACQUIRED INFECTIONS**

**Office for Health Policy and Research  
Oregon Health Authority**

**May, 2010**

Cover photo: *Staphylococcus aureus*



# OREGON

## Healthcare Acquired Infections

May, 2010

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*This report is available on our web site: <http://www.oregon.gov/OHPR>*

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## EXECUTIVE SUMMARY

A healthcare acquired infection (HAI) is an infection that occurs during or after treatment for a separate medical condition. In the United States, an estimated 1.7 to 2 million people per year develop an HAI, and nearly 100,000 die.<sup>1</sup> By these estimates, HAIs are among the top 10 leading cause of death in the United States. The economic burden of HAIs is substantial and increasing. The total cost of HAIs has been estimated at \$33 billion per year in US hospitals.<sup>2</sup> An analysis conducted on Oregon hospitals from 2003 through 2005 estimated that the average cost per stay is \$32,000 higher for a patient with an HAI. In addition, the estimated excess cost in Oregon for all payers of HAIs exceeded \$15 million in 2005.<sup>3</sup>

In response to the importance of HAIs, the Oregon state legislature passed House Bill 2524 in 2007 to create a mandatory HAI Reporting Program in an effort to raise awareness, promote transparency for healthcare consumers and to motivate hospitals to prioritize prevention. HB 2524 assigned responsibility for the HAI Reporting Program to the Office for Oregon Health Policy and Research (OHPR) and also created a 16 member advisory committee to advise OHPR on the HAI reporting program. This is the first annual report on HAIs for Oregon under the Oregon HAI Reporting Program and focuses on the following infections:

- Central Line Associated Bloodstream Infections (CLABSI) are primary bloodstream infections that are associated with the presence of a central line or a tube that is placed into a patient's large vein, usually in the neck, chest, arm or groin.
- Surgical Site Infections (SSIs) are infections that are directly related to an operative procedure. In this report, the SSIs are coronary artery bypass grafts and knee prosthesis (replacements).
  - Coronary artery bypass graft (CABG) surgery is a treatment for heart disease in which a vein or artery from another part of the body is used to create an alternate path for blood to flow to the heart, bypassing a blocked artery.
  - Surgical site infections for knee replacements include both total and partial replacement procedures and include replacement of all or part of the knee joint with an artificial device.

This report contains state- and hospital-level data for 2009 for the following measures:

- SSIs associated with knee replacement surgeries.
- SSIs associated with CABG.
- CLABSIs for medical, surgical, and medical/surgical intensive care units (ICUs).
- Surgical Care Improvement Project (SCIP) process of care measures, which are process measures that show adherence to best practices to reduce complications including infections during surgery.

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<sup>1</sup> Klevens, RM, Edwards RJ, Richards CL, Jr, et al. Estimating health care-associated infections and deaths in U.S. Hospitals, 2002. *Public Health Rep* 2007;122(2):160-166.

<sup>2</sup> Scott R, Douglas. The direct medical costs of healthcare-associated infections in US hospitals and the benefits of prevention. March 2009. [http://www.cdc.gov/ncidod/dhqp/pdf/Scott\\_CostPaper.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf)

<sup>3</sup> The Office for Oregon Health Policy & Research. Infections due to medical care in Oregon hospitals, 2003-2005. November 2006.

A total of 199 infections were identified through the reporting program in 2009 in Oregon hospitals. Findings include:

- The Oregon infection rate for CLABSIs in non-specialty ICUs is 1.2 infections per 1,000 central line days, about 38% lower than the national average of 1.92 infections per 1,000 central line days.
- The Oregon knee replacement SSI rate is 0.82%, which is similar to the national rate of 0.89%.
- The Oregon coronary bypass graft SSI rate is 2.01%, about 30% less than the national rate of 2.86%.
- Of the two SSIs measures, it appears that the risk for infection is higher for coronary artery bypass graft (2.01%) versus knee replacement (0.82%) procedures. This difference is expected, as we assume that in general patients that are undergoing coronary artery bypass surgery are in poorer health and more susceptible to infections than those undergoing knee replacement surgeries.

In addition to this report for 2010, OHPR will provide updated facility and state level HAI rates in late fall 2010 and on a quarterly basis in 2011, which will include expansion of measures to evaluate HAI prevention efforts in the state.

## BACKGROUND

### About Healthcare Acquired Infections (HAIs)

A healthcare acquired infection (HAI) is an infection that occurs during or after treatment for a separate medical condition. For example, a patient goes to the hospital for knee replacement surgery and after the surgery contracts methicillin-resistant *Staphylococcus aureus* (MRSA) at the surgery site. Many of these HAIs are preventable.

Five to 10% of all hospital admissions are complicated by HAI, in both the United States and Western Europe.<sup>4</sup> In the United States, an estimated 1.7 to 2 million people per year develop an HAI, and nearly 100,000 die.<sup>5</sup> By these estimates, HAIs are among the top 10 leading cause of death in the United States.

The economic burden of HAIs is substantial and increasing. The total cost of HAIs has been estimated at \$33 billion per year in US hospitals.<sup>6</sup> The healthcare costs of catheter-associated bloodstream infections (CLABSI) have been estimated to be \$10,000 to \$20,000 per case;<sup>7</sup> each episode of *Clostridium difficile* \$5,000 per case,<sup>8</sup> and surgical site infection from MRSA to be as high as \$60,000 per case.<sup>9</sup>

An analysis conducted on Oregon hospitals from 2003 through 2005 estimated that the average cost per stay is \$32,000 higher for a patient with an HAI. In addition, the

#### Healthcare Acquired Infections and The Federal Healthcare Reform Law

On March 21, 2010, the House passed HR 3590, the Patient Protection and Affordable Care Act. This new law has important implications for the future of the HAI Reporting Program in Oregon.

In Title III—Improving the Quality and Efficiency of Health Care, Transforming the Health Care Delivery System, the law states that the Secretary of the U.S. Health and Human Services (the Secretary) will create a hospital performance score that will cover five areas of performance, one of which will be HAI rates. The Medicare rates paid to hospitals will be affected by this performance score. Hospitals that perform in the top quartile of performance will receive a 1% increase in payment for all discharges starting October 1, 2012. Hospitals in the bottom quartile of performance will receive a 1% reduction in payment.

The data used for the hospital performance score will be published on the Hospital Compare website, to be accessible to the public. The Secretary will perform a study to determine if these payment policies should apply to small critical access hospitals and to other levels of care, such as ambulatory surgical centers and long-term care facilities.<sup>12</sup>

<sup>4</sup> Humphreys, H, Newcombe RG, Enstone J et al. Four country healthcare associated infection prevalence survey 2006: risk factor analysis. *J Hosp Infect* 2008; 69(3) 249-257.

<sup>5</sup> Klevens, RM, Edwards RJ, Richards CL, Jr, et al. Estimating health care-associated infections and deaths in U.S. Hospitals, 2002. *Public Health Rep* 2007;122(2):160-166.

<sup>6</sup> Scott, R. Douglas. The direct medical costs of healthcare-associated infections in US hospitals and the benefits of prevention. March 2009. [http://www.cdc.gov/ncidod/dhqp/pdf/Scott\\_CostPaper.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf)

<sup>7</sup> Kilgore M, Brossette S. Cost of bloodstream infections. *Am J Infect Control* 2008;36(10):S172e1-S172e3.

<sup>8</sup> Dubberke ER, Wertheimer AI. Review of the current literature on the economic burden of *Clostridium difficile* infection. *Am J Infect Control* 2008;30(1)57-66.

<sup>9</sup> Anderson, DJ, Kaye, KS, Chen, LF et al. Clinical and financial outcomes due to methicillin resistant *Staphylococcus aureus* surgical site infection: a multi-center matched outcomes study. *Public Library of Science*. 2009 Dec 15;4(12):e8305

estimated excess cost in Oregon for all payers of healthcare acquired infections exceeded \$15 million in 2005.<sup>10</sup>

Given the costs of HAIs, some financial incentives have been put in place to reduce them. The Centers for Medicare and Medicaid Services (CMS), beginning October 1, 2008, may deny payment for selected HAIs.<sup>11</sup> In addition, the Patient Protection and Affordable Care Act, signed March 22, 2010, includes value-based purchasing for HAIs, which provides payment incentives for hospitals to reduce these infections.<sup>12</sup>

Although much focus has been paid to HAIs in hospitals, their importance is not limited to hospitals. HAIs have also been reported in same-day surgical centers, dialysis facilities, outpatient ambulatory clinics, and in long-term care facilities, such as nursing homes and rehabilitation facilities.<sup>13</sup>

## **Oregon's HAI Reporting Program**

The Oregon state legislature passed House Bill 2524 in 2007 to create a mandatory HAI Reporting Program that includes the ability to require reporting of hospitals, ambulatory surgery centers, nursing facilities, outpatient dialysis centers, and freestanding birthing centers. HB 2524 assigned lead responsibility for the HAI Reporting Program to the Office for Oregon Health Policy and Research (OHPR).

HB 2524 also created the Healthcare-Acquired Infection Advisory Committee (HAI Advisory Committee), and its role is to advise OHPR on the HAI reporting program. As defined in the enabling legislation, the HAI Advisory Committee has 16 members, which include providers, healthcare purchasers, public health, and consumers.

When the HAI Advisory Committee began meeting in October 2007, it was estimated that fewer than 10 of the 58 hospitals in Oregon had adopted a system for collecting data on HAIs that could be used for public reporting. The HAI Reporting Program has initially focused on collecting data from hospitals, as recommended as the first priority in the US Department of Health and Human Services (HHS) Action Plan to Prevent Healthcare-Associated Infections.<sup>14</sup> To create the HAI Reporting Program, OHPR largely relied on the methods outlined by the Healthcare Infection Control Practices Advisory Committee (HICPAC).<sup>15</sup> HICPAC is a federal

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<sup>10</sup> The Office for Oregon Health Policy & Research. Infections due to medical care in Oregon hospitals, 2003-2005. November 2006.

<sup>11</sup> Centers for Medicare and Medicaid Services Fact Sheet, dated October 4, 2008.

<http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3224>. Accessed 4/5/2010.

<sup>12</sup> United States Congress, Patient Protection and Affordable Care Act. HR 3590, House, 111<sup>th</sup> Congress, Title III—Improving the Quality and Efficiency of Health Care <http://www.opencongress.org/bill/111-h3200/text>. Accessed 4/5/2010.

<sup>13</sup> Thompson ND, Perz JF, Moorman AC et al. Nonhospital healthcare-associated hepatitis B and C virus transmission: United States, 1998-2008. *Ann Intern Med* 2009;150:33-39.

<sup>14</sup> US Department of Health and Human Services. Action Plan to Prevent Healthcare-Associated Infections. <http://www.hhs.gov/ophs/initiatives/hai/infection.html>. Accessed 4/8/2010.

<sup>15</sup> McKibben, Linda, Horan, Teresa, et al. Guidance on Public Reporting of Healthcare-Associated Infections: Recommendations of the Healthcare Infection Control Practices Advisory Committee. *Am J Infect Control* 2005;33:217-26.

advisory committee made up of 14 external infection control experts who provide advice and guidance to the Centers for Disease Control and Prevention (CDC) and the Secretary of HHS regarding the practice of healthcare infection control, strategies for surveillance, and prevention and control of HAI in US healthcare facilities.

The following section summarizes elements of the Oregon HAI Reporting Program that follow the HICPAC recommendations:

- The HAI Reporting Program developed a statewide HAI program to target infections based on the criteria of high severity and high occurrence in Oregon healthcare facilities.
- To reduce the reporting burden on facilities, the HAI Reporting Program, when possible, requires measurements related to HAIs already collected by the healthcare facilities. For example, the SCIP measurements were already collected by the majority of Oregon hospitals for Medicare payment purposes.
- The HAI Reporting Program has both process and outcome measurements in its short- and long-term objectives (see Appendix E).
- The HAI Reporting Program is composed of scientifically valid measurement systems and methodology to identify, collect and report HAIs. One example is the selection of the National Health and Safety Network (NHSN) to report infection rates.
- The HAI Reporting Program does not require hospital-wide reporting of overall HAI rates, as the CDC<sup>16</sup> and other authorities<sup>17</sup> do not recommend such methods.
- OHPR provided hospitals a one-month review period for their HAI data before it was published to ensure the highest level of accuracy and validity.
- In accordance with HICPAC guidelines, the Reporting Advisory Group evaluated the CDC risk adjustment methodology and expressed preference to risk adjust based on patient factors. Unfortunately, this latter method would require additional data collection and reporting burden by hospitals, and it was not pursued. Therefore, the Reporting Advisory Committee recommended creation of peer review groups for hospitals based on number of beds to ensure that hospitals that offer similar types and complexity of services were grouped together. In addition, it is thought that a reporting system that displays actual numbers supports the goal of the HAI Reporting Program to strive toward the elimination of HAI.

The HAI Advisory Committee also advised OHPR in the development of the HAI report to inform and to educate providers, patients, and policymakers of the findings and progress of this program. Appendix A contains a list of abbreviations and glossary of terms for this report.

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<sup>16</sup> Centers for Disease Control and Prevention. Nosocomial infection rates for interhospital comparison; limitations and possible solutions. *Infect Control Epidemiol* 1991;12:609-21.

<sup>17</sup> Association for Professionals in Infection Control and Epidemiology. Release of nosocomial infection data [position paper]. *APIC News* 1998;17(2)1-5.

## METHODS

### Data Collection

In accordance with administrative rules published July 1, 2008, CLABSI and SSI data were collected using the National Healthcare Safety Network (NHSN). NHSN is a free, secure, internet-based surveillance system developed, administered, and maintained by the CDC. The system integrates patient and healthcare personnel safety surveillance information from facilities across the nation. Oregon is one of 21 states currently requiring the use of NHSN for reporting of HAIs.

Oregon hospitals began monthly reporting to NHSN on January 1, 2009; the reporting includes central line-associated bloodstream infections (CLABSIs) in ICUs and three surgical site infections (SSIs: coronary artery bypass graft surgery with both chest and graft incisions [CBGB]; coronary artery bypass graft surgery with chest incision only [CBGC]; and knee prosthesis procedures). Hospitals collected and recorded these data in NHSN each month, following NHSN protocol (see NHSN Training Library: <http://www.cdc.gov/nhsn/training.html> or NHSN Patient Safety Manual: <http://www.cdc.gov/nhsn/library.html#psc>). In an effort to minimize reporting burden on hospitals and in accordance with HICPAC guidelines, the HAI Reporting Program collects CLABSI data only from non-specialty ICUs (medical ICUs, surgical ICUs and medical/surgical ICUs) and only reports three surgeries for SSI reporting.

The HAI Reporting Program also requires the use of select Surgical Care Improvement Project (SCIP) process of care measures. These process measures show a hospital's adherence rate to best practices designed to reduce surgical complications. The requirements starting in 2009 include SCIP-1 (antibiotic received 1-hour prior to surgical incision), SCIP-2 (prophylactic antibiotic selection for surgical patients), and SCIP-3 (prophylactic antibiotics discontinued within 24 hours after surgery end time).

SCIP measures were collected and recorded monthly by hospitals in accordance with CMS protocol (see CMS QualityNet web site: <http://www.qualitynet.org/>). The majority of hospitals (48) reported their data to CMS, and OHPR obtain these data from the Hospital Compare web site (<http://www.hospitalcompare.hhs.gov/>).

Compliance for the first year of mandatory reporting has been very good. Fifty-five of fifty-eight Oregon hospitals have reported HAI data through NHSN. Three hospitals have received waivers for data collection, as these facilities did not perform the procedures and did not have an ICU.

## Data Analysis

Only hospitals that perform the selected surgical procedures or have an ICU are required to report the designated data and HAIs. A few hospitals that demonstrated very low use of central lines in their non-specialty ICUs received a reporting waiver for CLABSIs.

Hospitals that perform very few central lines will have infection rates that may fluctuate greatly over time. This is because even a few cases of infection will yield a numerically high rate when the denominator of central line days is small. To assure a fair and representative set of data, OHPR applied the following NHSN minimum reporting thresholds for reporting hospital-level data:

- For CLABSIs: a minimum of 50 central line days per year.
- For surgical site procedures: a minimum of 20 patients undergoing a surgical procedure per year.

The CLABSI and SSI data from NHSN was extracted by OHPR during January 2010 and summarized in the hospital HAI sheet (see Appendix B). Of the 58 hospitals in the state, 14 hospitals received waivers for CLABSI reporting either because the hospitals did not have an ICU or had very low usage of central lines in its ICU. Of the remaining 44 hospitals, 6 hospitals had too few observations to report. Therefore, CLABSI data is presented for 38 Oregon hospitals.

Of the 58 hospitals in the state, 50 perform knee replacement surgeries. Of these 50 hospitals, 11 hospitals had too few observations to report. Therefore, knee replacement surgical site infection data is presented for 39 Oregon hospitals. Fourteen hospitals in the state perform CABG procedures and their HAI data are included in this report.

SCIP measures were summarized in the hospital HAI data sheet. At the time these data were extracted in January 2010, the data collected from the Hospital Compare web site covered the period from April 2008 through March 2009. Seven smaller hospitals reported their data directly to OHPR. For some of the smaller hospitals that sent their data directly to OHPR, the reporting period for SCIP data is for calendar year 2009. The top 10% performance benchmark for SCIP measurements was obtained from the Hospital Compare web site (<http://www.hospitalcompare.hhs.gov/>).

On the individual hospital data sheets, the following methods were used to calculate the national, state and similar-size hospital averages.

1. The national average was calculated using procedure-specific data from the 2009 NHSN Report.<sup>18</sup> This report contains data from 2006 through 2008, and the average was obtained by summing the numerators for a given procedure across risk categories and

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<sup>18</sup> Edwards, JR, et al. National Healthcare Safety Network (NHSN) Report: Data summary for 2006 through 2008, issued December 2009. *Am J Infect Control* 2009;37:783-805.

dividing by the sum of denominators across risk categories. This is the same method that NHSN uses in its database when providing normative data for its users.

2. The state average is based on all state providers that submitted data for a given procedure for 2009. It is the sum of the numerators for a given procedure divided by the sum of denominators for that procedure.
3. The similar size hospital group represents three groups of hospitals based on the number of staffed beds reported in the NHSN 2009 Annual Facility Survey. To determine the groups, the hospitals were arranged into quartiles based on bed size. The three groups are: the top quartile by bed size, the bottom quartile, and the remaining two quartiles that comprise the interquartile range

## **Hospital Review**

Hospitals were given a maximum of 30 days to review their HAI data sheets (as presented in Appendix B) before publication. Copies of these data sheets were sent via registered mail to the hospital chief executive and via email to the chief executive and hospital infection control professional.

During the hospital review period in March 2010, two-thirds of Oregon hospitals provided over 60 corrections and/or comments to OHPR regarding their HAI data. OHPR confirmed all corrections with hospitals via email. In addition, one hospital reported it performed a specialty surgery that involved removal of the knee joint as part of an oncologic limb surgery. OHPR contacted CDC and determined that the NHSN reporting was not intended to include these types of specialty surgeries; therefore, OHPR flagged these data in NHSN and removed them from the reporting data set. In addition, OHPR communicated with all hospitals in the state to ensure that no other hospitals were reporting such a specialty surgery.

Due to the volume and significance of some of the corrections, OHPR issued a second report for hospital review during the 30-day review period. The individual hospital data sheets are presented in Appendix B and comments that were submitted by hospitals are presented in Appendix C.

# STATEWIDE RESULTS

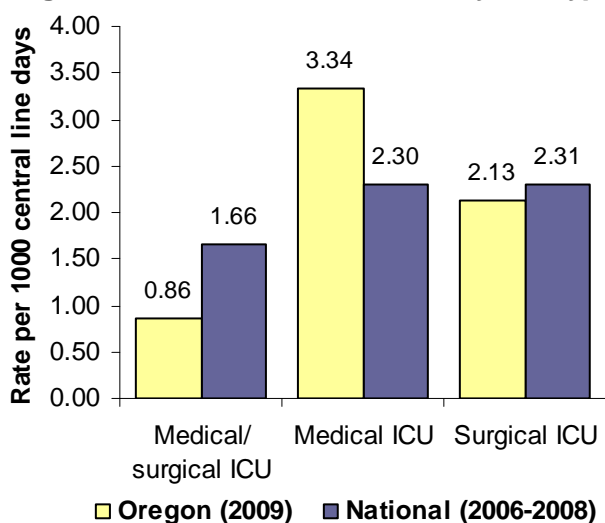
## Central-line Associated Bloodstream Infections (CLABSIs)

The 2009 data for CLABSIs are summarized below:

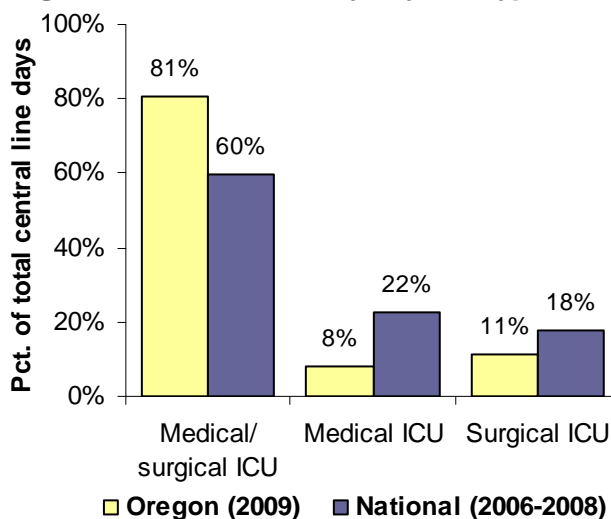
- Of Oregon’s 58 hospitals, 14 had waivers for reporting due to either not having an ICU or having very low usage of central lines.
- 44 Oregon hospitals submitted CLABSI data in 2009 and reported 75 infections and 62,382 central line days, for a rate of 1.20 infections per 1,000 central line days.
- The national rate for CLABSI infections is 1.92 infections per 1,000 central line days (based on 4,083,184 central line days and 7,833 infections).
- Of these 44 hospitals, 6 had too few observations for facility-level reporting purposes.
- Eighteen hospitals reported CLABSI rates that ranged from 0.62 to 6.21 infections per 1,000 central line days, with a median of 1.41 infections per 1,000 central line days.
- Twenty-six hospitals reported zero CLABSI infections.
- See Appendix B for CLABSI rates for individual hospitals.

In comparing infection rates by ICU type, Oregon’s medical/surgical ICU rate (0.86 infections per 1,000 central line days) is approximately half that of the national average (1.66 infections per 1,000 central line days). Figure 1 shows that of the three types of ICUs represented, the lowest CLABSI rates are associated with the medical/surgical ICUs. Figure 2 shows that the medical/surgical ICU represents the majority of the data collection from Oregon ICUs and accounts for 81% of the central line days reported for 2009. The volume of medical ICU and surgical ICU central line days represent 8% and 11% of the total volume reported, respectively.

**Figure 1: CLABSI infection rate by ICU type**



**Figure 2: Central line days by ICU type**



One explanation for the high volume of medical/surgical ICUs in Oregon may be that larger hospitals tend to have individual medical and surgical ICUs, and these larger hospitals may serve sicker patients that are more susceptible to infections. It may be that Oregon has a higher proportion of smaller hospitals with combined medical/surgical ICUs and therefore a lower rate.

Figure 1 also shows that the Oregon medical ICU infection rate is higher than the national average and the surgical ICU are similar to the national rate.

Table 1 presents the most frequent microorganisms associated with CLABSIs that occurred in Oregon in 2009. The most common microorganisms identified with CLABSI infections are coagulase negative staphylococci (27%), *Candida* species (25%), and *Staphylococcus aureus*. Of the *Staphylococcus aureus* infections listed, three are MRSA.

Microorganism	N	% (N = 75)
Coagulase negative staphylococci	20	26.7%
<i>Candida</i> sp.	19	25.3%
<i>Staphylococcus aureus</i>	13	17.3%
<i>Enterococcus</i> sp.	10	13.3%
<i>Enterobacter</i> sp.	4	5.3%
<i>Escherichia coli</i>	3	4.0%

### **Surgical Site Infections: Knee Replacements**

The 2009 data for surgical site infections from knee replacement procedures are summarized below:

- Fifty hospitals performed 7,774 knee replacement procedures in Oregon and reported 62 infections in 2008, for a rate of 0.82%.
- The national rate for knee infections is 0.89% (based on 171,183 procedures and 1,528 infections).
- Twenty-four hospitals reported knee infection rates that ranged from 0.16% to 15.88%, with a median rate of 1.4%.
- The three highest infection rates (that ranged from 3.23% to 15.88%) were reported for hospitals with 50 or fewer beds.
- Twenty-six of the hospitals reported zero knee replacement infection rates.
- See Appendix B for knee replacement infection rates per hospital.

Table 2 presents the most frequent microorganisms associated with knee replacement SSI, as recorded by hospitals in NHSN. In Oregon, the most common microorganisms associated with knee replacement SSIs were *Staphylococcus aureus* (49%), *Enterococcus* species (10%), and *Streptococcus* species (10%). Of the *Staphylococcus aureus* infections listed, six were MRSA. Therefore, of the 7,774 knee procedures conducted in Oregon in 2009, 0.08% resulted in an MRSA infection.

**Table 2: Microorganisms Associated with Knee Replacements, Oregon, 2009, as Reported April 1, 2010**

Microorganism	N	% (N = 49)
<i>Staphylococcus aureus</i>	24	49.0%
<i>Enterococcus</i> sp.	5	10.2%
<i>Streptococcus</i> sp.	5	10.2%
Coagulase negative staphylococci	4	8.2%
<i>Pseudomonas aeruginosa</i>	3	6.1%
<i>Corynebacterium species unspecified</i>	2	4.1%

### Surgical Site Infections: Coronary Artery Bypass Graft

The 2009 data for surgical site infections for coronary artery bypass graft are summarized below:

- Fourteen hospitals performed 3,080 coronary artery bypass graft procedures in Oregon and reported 62 infections, for a rate of 2.01%.
- The national rate for coronary artery bypass graft infections is 2.86% (based on 132,976 procedures and 3,802 infections).
- Thirteen hospitals reported coronary artery bypass graft infection rates that ranged from 0.29% to 6.67%, with a median rate of 2.86%. The three highest rates (that ranged from 3.7% to 6.7%) were all hospitals that performed 60 or fewer procedures during 2009. With the exception of the hospital that reported a zero infection rate (noted below), the hospitals with the three highest infection rates also have the three lowest reported procedure volumes in the state.
- One hospital reported zero coronary artery bypass infection rate. This hospital performed 22 coronary artery bypass procedures in 2009, which is the lowest volume reported by a hospital in the state.
- See Appendix B for coronary artery bypass data for individual hospitals.

In Oregon, the most common microorganisms associated with coronary artery bypass graft SSIs were *Staphylococcus aureus* (51%), coagulase negative staphylococci (11%); and *Pseudomonas aeruginosa* (11%; see Table 4). Of the *Staphylococcus aureus* infections listed, eight were MRSA. Therefore, of the 3,080 coronary artery bypass graft procedures in Oregon in 2009, 0.26% resulted in an MRSA infection.

**Table 4: Microorganisms Associated with Coronary Artery Bypass Grafts, Oregon, 2009, as Reported April 1, 2010**

Microorganism	N	% (N = 45)
<i>Staphylococcus aureus</i>	23	51.1%
Coagulase negative staphylococci	5	11.1%
<i>Pseudomonas aeruginosa</i>	5	11.1%
<i>Klebsiella pneumoniae</i>	3	6.7%
<i>Enterococcus</i> sp.	2	4.4%
<i>Escherichia coli</i>	2	4.4%

## **Surgical Care Improvement Project (SCIP) Process of Care Measurements**

This report presents SCIP process of care measurements for 47 Oregon hospitals. Of the 58 hospitals in the state, eight hospitals had too few observations to report data and three hospitals were exempt from reporting SCIP data as they did not perform major medical procedures. Appendix D presents a comparison of hospital performance on these SCIP measures.

### SCIP Measure 1: Percent of surgery patients who were given an antibiotic at the right time (within one hour) before surgery to prevent infection.

- For SCIP Measure 1, the rates ranged from 62% to 99%, with an average rate of 90%.
- Of the 47 Oregon hospitals reporting this measurement, one met the top 10% national performance goal of 99%.

### SCIP Measure 2: Percent of surgery patients who were given the right kind of antibiotic to help prevent infection.

- For SCIP Measure 2, the rates ranged from 57% to 100%, with an average of 95%.
- Of the 46 Oregon hospitals reporting this measure, 14 hospitals met the top 10% national performance goal of 99%. One hospital did not report data for this measurement.

### SCIP Measure 3: Percent of surgery patients whose preventative antibiotics were stopped at the right time (within 24 hours of surgery; 48 hours for cardiac patients).

- For SCIP Measure 3, the rates ranged from 58% to 99%, with an average of 90%.
- Of the 47 Oregon hospitals reporting, two met the top 10% national performance goal of 99%.

## DISCUSSION

In 2009, a total of 199 infection events were identified in Oregon hospitals reporting central line associated bloodstream infection and surgical site infections for coronary artery bypass grafts and knee replacements. In this first year of reporting:

- The Oregon infection rate for CLABSIs in non-specialty ICUs is 1.2 infections per 1,000 central line days, about 38% lower than the national average of 1.92 infections per 1,000 central line days. This difference may be explained by the higher volume of medical/surgical ICUs in the state that appear to have lower infection rates.
- The Oregon knee replacement SSI rate is 0.82%, which is similar to the national rate of 0.89%.
- The Oregon coronary bypass graft SSI rate is 2.01%, about 30% less than the national rate of 2.86%.
- Of the two SSIs measures, it appears that the risk for infection is higher for coronary artery bypass graft (2.01%) versus knee replacement (0.82%) procedures. This difference is expected, as we assume that in general patients that are undergoing coronary artery bypass surgery are in poorer health and more susceptible to infections than those undergoing knee replacement surgeries.

This report represents the first year of reporting for the Oregon HAI Reporting Program. As such, the information has strengths and opportunities for improvement. A key strength is the infection reporting are based on national reporting standards, and the CLABSI and SSI data use a nationally recognized infection reporting system. In addition, during the 30-day review period, two-thirds of Oregon hospitals provided corrections and/or comments on their HAI data. Most importantly, reporting has also catalyzed hospitals to improve HAI prevention practices. For example, one hospital noted that its CLABSI and CABG rates were higher than expected. Consequently, it has taken active measures, forming a patient care improvement team and changing its infection control protocols, to bring down infection rates. In addition, almost 50% of Oregon hospitals are using NHSN to track HAI data outside of state requirements for internal quality improvement and infection control measurement.

However, given these strengths, the data in this report also has limitations. This report represents the first year of reporting, and it contains a limited set of potential infection measures. In addition, since many of the Oregon hospitals are small, this results in having a small numbers of incidents, and all data with small numbers need to be interpreted with caution.

The following issues will be considered by the HAI Advisory Committee as potential opportunities to improve future reports:

1. Begin routine reviews of the NHSN data for completeness and outliers and train hospitals to create their own NHSN reports to regularly self-validate their data.
2. Continue with phased-in expansion of measurements.
3. Provide on-going training and technical assistance for hospitals to address new measurements and provide updates and refresher training for new and continuing infection control professional staff.
4. Continue to follow the debate regarding risk adjustment methodologies and data analysis methods to support the goal of the elimination of HAIs in Oregon hospitals.
5. Provide a clinical resource to support adherence to surveillance definitions to improve consistency and comparability across hospitals.
6. Evaluate means to obtain SCIP data on a timelier basis for reporting.

## CONCLUSION

The enabling legislation for the HAI Reporting Program, House Bill 2524, states:

*“Oregonians should be free from infections acquired during the delivery of health care. Action taken in this state to prevent health care acquired infections should be trustworthy, effective, transparent and reliable.”*

This first report of the HAI Reporting Program marks an important milestone in moving toward the goal of eliminating HAIs in the state. This report provides an initial picture of HAI rates in the state, and it is hoped that healthcare facilities will be more aware of their HAI rates and will work to drive them down. Another goal of this report is that consumers will play a role in reducing HAI rates. It is hoped consumers will consider HAI rates as one of the indicators of quality in a healthcare provider and will ask healthcare providers about their HAI rates and measures to eliminate HAIs in their facility. This report also supports the goal of transparency of HAI rates in the state.

The HAI Reporting Program is also an important contributor to the larger Oregon effort to reduce HAIs in the state. The Oregon Public Health Division (PHD) applied as the lead entity for a healthcare-associated infections grant through the U.S. Department of Health and Human Services, CDC, American Recovery and Reinvestment Act, Epidemiology and Laboratory Capacity for Infectious Diseases program. The award from this grant will enhance the state’s ability to coordinate and leverage activities to:

- Develop of a state HAI prevention plan and provide oversight to ensure that it is implemented.
- Use of HAI data to estimate the burden of HAIs in Oregon,
- Measure the impact of prevention programs occurring in the state, and
- Through the Patient Safety Commission, develop a multi-hospital collaborative to introduce and champion evidence-based HAI prevention strategies.

Although OHPR recognizes the achievement of this report, it also understands that the HAI Reporting Program needs to expand to provide a more comprehensive picture of HAIs in the state. As of January 2010, additional measurements were added to the HAI Reporting Program:

- Hospitals began reporting on a fourth SCIP measurement (SCIP-Inf-6) on appropriate hair removal before surgery.
- Hospital neonatal intensive care units (NICUs) began reporting on neonatal nosocomial infection rates using the Vermont Oxford Network (VON).
- Long-term care facilities began reporting urinary tract infections through CMS.
- Hospitals and long-term care facilities will complete a survey on healthcare worker rates of influenza vaccination.
- Ambulatory surgery centers will complete a survey on their practices of evidence-based patient safety.

OHPR plans to expand HAI reporting in 2011. In March 2010, the HAI Advisory Committee recommended additional surgical site infection measurements to be added to the HAI Reporting Program. OHPR has written administrative rules to add these measurements according to the Committee's recommendations and anticipates data collection on these measurements in 2011.

# **Appendix A:**

## **Abbreviations and Glossary of Terms**

## **Abbreviations**

APIC – Association for Professionals in Infection Control  
ASA – American Society of Anesthesiologists' Classification of Physical Status  
CABG – Coronary Artery Bypass Graft Surgery (includes both CBGB and CBGC)  
CBGB – Coronary Artery Bypass Graft with Both chest and donor incision  
CBGC – Coronary Artery Bypass Graft with Chest only incision  
CDC – Centers for Disease Control and Prevention  
CLABSI – Central Line Associated Bloodstream Infection  
CMS – Centers for Medicare and Medicaid Services  
FTE – Full-Time Equivalent  
HAI – Healthcare Acquired Infection  
HICPAC – Healthcare Infection Control Practices Advisory Committee  
ICU – Intensive Care Unit  
MRSA – Methicillin-Resistant *Staphylococcus aureus*  
NHSN – National Healthcare Safety Network  
NICU – Neonatal Intensive Care Unit  
OAHHS – Oregon Association of Hospitals and Health Systems  
OHPR – Office for Oregon Health Policy and Research  
PHD – Oregon Public Health Division  
SCIP – Surgical Care Improvement Project  
SIR – Standardized Infection Ratio  
SSI – Surgical Site Infection  
US HHS – US Department of Health and Human Services  
VON – Vermont Oxford Network

## Glossary of Terms

<b>Term</b>	<b>Definition</b>
ASA Score	This is a scale used by the anesthesiologist to classify the patient's physical condition prior to surgery. It uses the American Society of Anesthesiologist (ASA) Classification of Physical Status. It is one of the factors that help determine a patient's risk of possibly developing an SSI. Here is the ASA scale: Normally healthy patient Patient with mild systemic disease Patient with severe systemic disease Patient with an incapacitating systemic disease that is a constant threat to life A patient who is not expected to survive with or without the operation.
Central Line	A Central Line is a tube that is placed in to a patient's large vein, usually in the neck, chest, arm or groin. A central line is needed to give fluids, medication, withdraw blood, and for monitoring the patient's condition.
Central Line Bloodstream Infection (CLABSI)	A bloodstream infection can occur when microorganisms travel around and through a central line and then enter the blood.
Central Line Bloodstream Infection (CLABSI) Rate	To get this rate, we divide the total number of central-line associated bloodstream infections by the number of central line days. That result is then multiplied by 1,000. Lower rates are better.
Central Line Days (Device Days)	Central line days are the total number of days each patient in an ICU has an inserted central line over a given period of time. For example, if a person is in the ICU for five days and has a central line for four, that is four central line days. This represents the amount of time a person was at risk for a central line infection.
Coronary Artery Bypass Graft Surgery	Coronary artery bypass graft (CABG) surgery is a treatment for heart disease in which a vein or artery from another part of the body is used to create an alternate path for blood to flow to the heart, bypassing a blocked artery.
Donor Incision Site	Coronary Artery By-pass Donor and Chest Surgery (CBGB) is surgery with a chest incision and donor site incisions (donor sites include the patient's leg or arm) from where blood vessel is removed to create a new path for blood to flow to the heart. CBGB surgical incision site infections involving the donor incision site are reported separately from CBGB surgical chest incision site infections.
Hospital Acquired Infection (HAI)	A hospital acquired infection is an infection that occurs in a patient as a result of being in a hospital setting after having medical or surgical treatments.

Improvement Project (SCIP)	partnership of organizations interested in improving surgical care. This partnership develops process measures aimed at reducing surgical complications.
Surgical Site Infection (SSI)	A surgical site infection (SSI) is an infection that occurs after the operation in the part of the body where the surgery took place (incision). Most SSI's are limited and only involve the skin surrounding the incision; others may be deeper and more serious.
Surgical Site Infection (SSI) Rate	Surgical site infection rates per 100 operative procedures are found by dividing the number of SSIs by the number of total number of specific operative procedures within a given reporting period. The results are then multiplied by 100. These calculations are performed separately for each type of surgical procedure.
Validation	<p>Validation is a process for ensuring that the HAI data reported in Oregon are complete and accurate. Validation in Oregon will begin with CLABSI. Staff members from the Oregon Public Health Division will visit all hospitals that are required to report CLABSI and review patient and laboratory records. They will assess whether CLABSIs and central line days have been reported correctly. The purpose of these validation visits is to:</p> <ul style="list-style-type: none"> <li>Look for unreported HAIs;</li> <li>Assess the accuracy and quality of the Oregon data submitted to NHSN;</li> <li>Provide education to infection prevention and other hospital staff in order to improve reporting accuracy and quality; and</li> <li>Provide hospitals with information to help them use the data to improve and decrease HAIs.</li> </ul>
Vermont Oxford Network (VON)	Established in 1988, the Vermont Oxford Network (VON) is comprised of over 800 NICUs from around the world. VON maintains a database that includes information about the care and outcomes of high-risk newborn infants.
Wound Class	<p>This is a way of determining how clean or dirty the operation body site is at the time of the operation. Operation body sites are divided into four classes:</p> <p>Clean: An uninfected operation body site is encountered and the respiratory, digestive, genital, or uninfected urinary tracts are not entered.</p> <p>Clean-Contaminated: Operation body sites in which the respiratory, digestive, genital or urinary tracts are entered under controlled conditions and without unusual contamination.</p> <p>Contaminated: Operation body sites that have recently undergone trauma, operations with major breaks in sterile technique (e.g., open cardiac massage) or gross spillage from the gastrointestinal tract.</p> <p>Dirty or Infected: Includes old traumatic wounds with retained dead tissue and those that involve existing infection or perforated intestines.</p>

Healthcare Infection Control Practices Advisory Committee (HICPAC)	HICPAC is a federal advisory committee made up of 14 external infection control experts who provide advice and guidance to the Centers for Disease Control and Prevention (CDC) and the Secretary of the Department of Health and Human Services (HHS) regarding the practice of health care infection control, strategies for surveillance and prevention and control of health care associated infections in United States health care facilities. One of the primary functions of the committee is to issue recommendations for preventing and controlling health care associated infections in the form of guidelines, resolutions and informal communications.
Intensive Care Unit (ICU)	Intensive Care Units are hospital units that provide intensive observation and treatment for patients either dealing with, or at risk of developing life threatening problems. ICUs are described by the types of patients cared for. Many hospitals typically care for patients with both medical and surgical conditions in a combined medical/surgical ICU, while others have separate ICUs for medical, surgical and other specialty ICUs based on the patient care services provided by the hospital.
National Healthcare Safety Network (NHSN)	This is a standardized data reporting system that Oregon hospitals must use to identify and report select HAI's and enter required data on uninfected patients. NHSN is a secure, internet-based surveillance (monitoring and reporting) system. The NHSN is managed by the CDC's Division of Healthcare Quality Promotion.
NHSN Patient Safety Protocol Manual	This contains standardized definitions and data collection methods that are essential for consistent, fair reporting of hospital infection rates.
Patient Safety Commission	The Oregon Patient Safety Commission is a semi-independent government agency. It operates a voluntary serious adverse event reporting system in Oregon and provides training on patient safety topics.
Raw Rate CLABSI	Raw rate is the number of infections (the numerator) divided by the number of line days (the denominator) or the number of umbilical catheter days (denominator) then multiplied by 1000 to be able to report the number of infections per 1000 line days.
Raw Rate Surgical Procedures	Raw rate is the number of infections (the numerator) divided by the number of procedures (the denominator) then multiplied by 100 to be able to report the number of infections per 100 operative procedures. Raw rates are not adjusted to account for differences in the patient populations.
Standardized Infection Ratio (SIR)	The Standardized Infection Ratio (SIR) is a summary measure used to compare the central line associated bloodstream infection (CLABSI) experience among a group of reported locations or the Surgical Site Infection (SSI) experience among a group of reported procedures to that of a standard population. It is the observed number of infections divided by the expected number of infections.
Surgical Care	The Surgical Care Improvement Project is a national quality

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# Appendix B:

## Hospital Healthcare Acquired Infection (HAI) Data Sheets

### Using this Data—Important Information to Consider

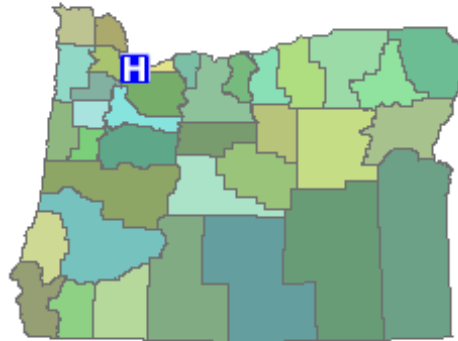
- The overall quality and safety of a hospital should not be determined by the single measure of HAI. Many factors contribute to a hospital's quality of care.
- Age, underlying illness, and severity of disease place some patients at higher risk for infection.
- Results are affected by the types of patients treated in a hospital, the variety of services provided, the intensity of surveillance efforts, and the interpretation of surveillance criteria, all of which can differ from hospital to hospital and make comparisons misleading.
- Hospitals that treat more complex treatments with greater risk for infection may have higher rates.
- Sometimes high rates are based on small numbers, so both the number and the rate should be reviewed.
- A higher rate of infection may indicate a true problem or simply better surveillance. A lower rate may reflect fewer infections, fewer high risk patients, or different levels of infection surveillance.
- Data submission was evaluated for completeness and accuracy and confirmed by hospital responses.

# Adventist Medical Center

Location: Portland  
 Ownership: Not for profit  
 Medical School Affiliation: None

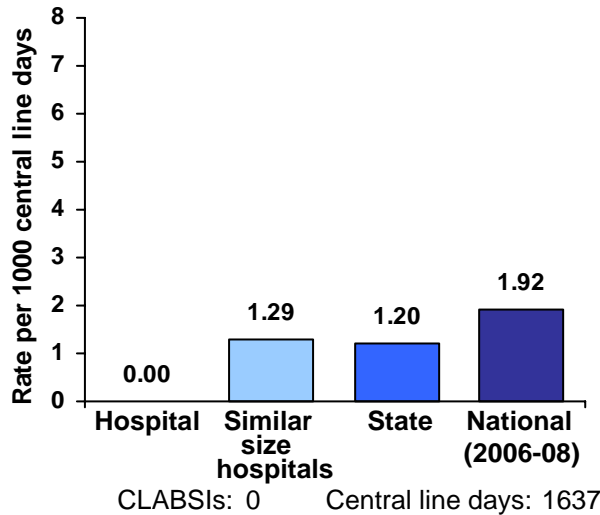
ICU Beds: 12  
 Specialty Care Beds: 0  
 Total Staffed Beds: 223

Admissions: 12,214  
 Patient Days: 46,138  
 Infection Control Professional FTE: 1

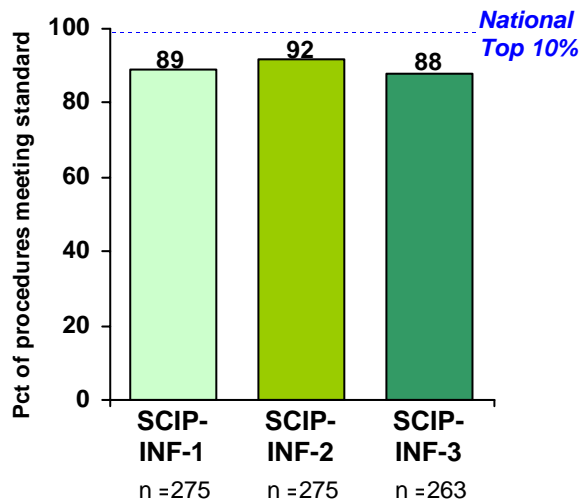


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

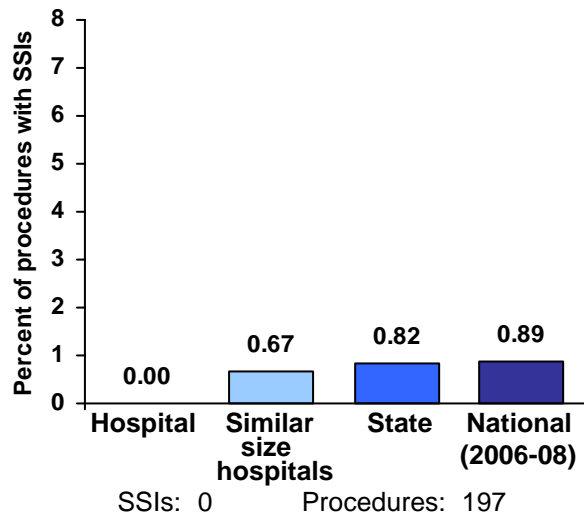


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

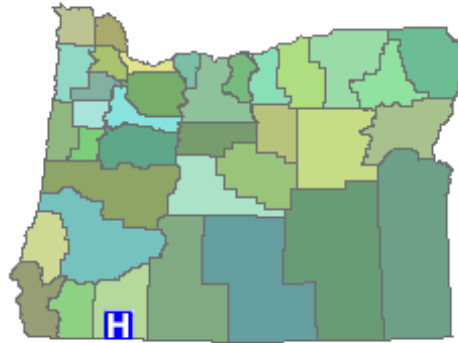


### Coronary Artery Bypass Graft, 2009

No procedures at this hospital

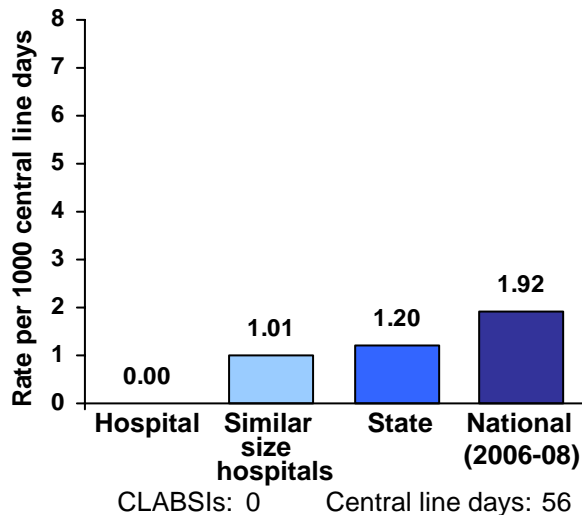
# Ashland Community Hospital

Location: Ashland  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 49  
 Admissions: 1,624  
 Patient Days: 5,826  
 Infection Control Professional FTE: 0.4

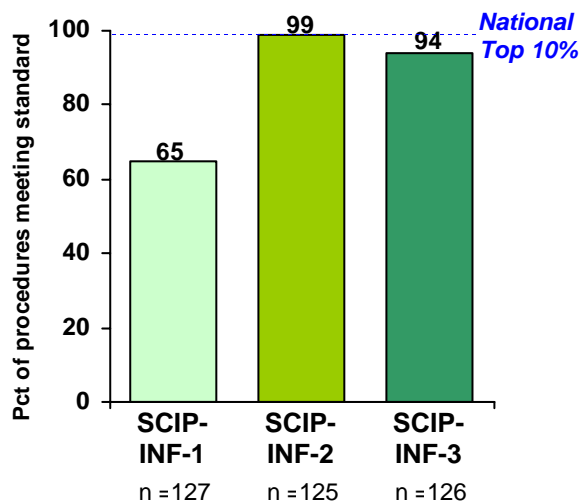


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

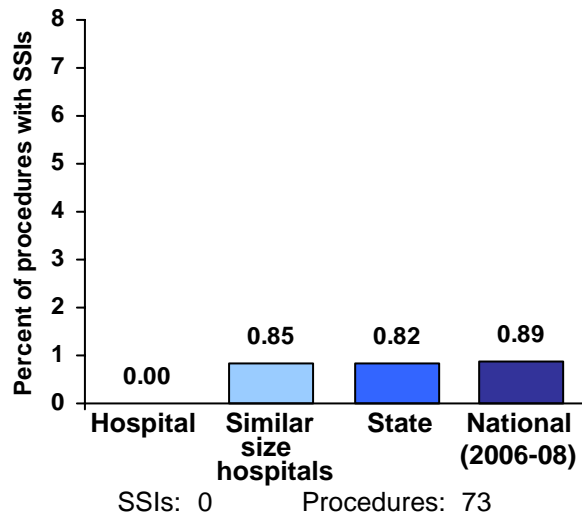


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Coronary Artery Bypass Graft, 2009

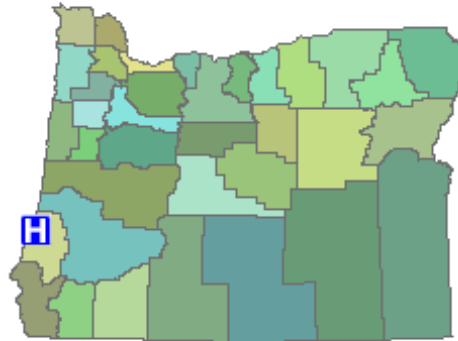
No procedures at this hospital

# Bay Area Hospital

Location: Coos Bay  
 Ownership: Not for profit  
 Medical School Affiliation: Limited

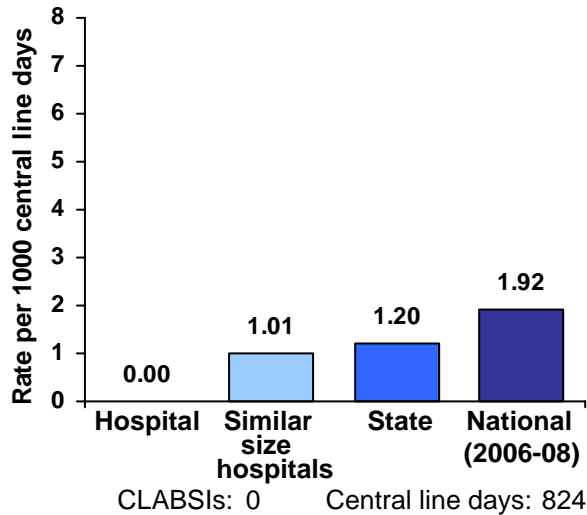
ICU Beds: 10  
 Specialty Care Beds: 0  
 Total Staffed Beds: 129

Admissions: 7,545  
 Patient Days: 27,121  
 Infection Control Professional FTE: 1

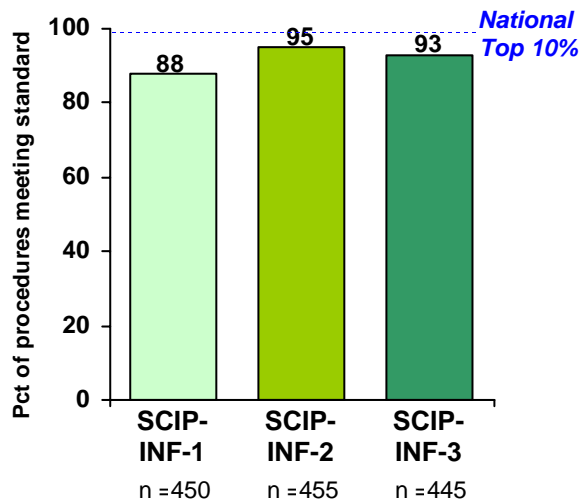


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

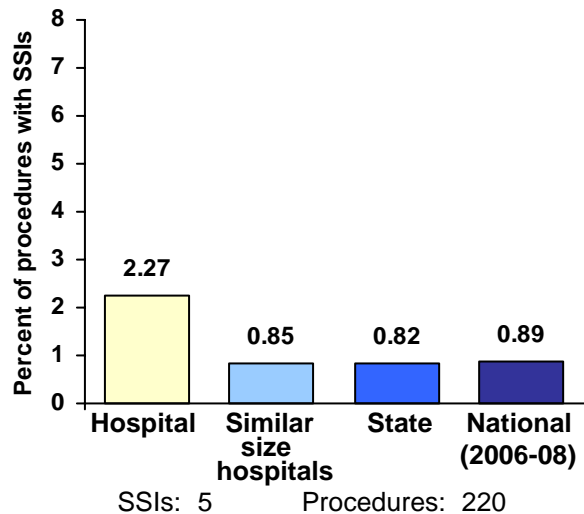


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

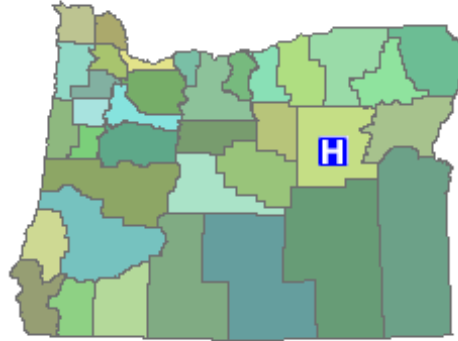


### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

## Blue Mountain Hospital

Location: John Day  
Ownership: Not for profit  
Medical School Affiliation: Limited  
ICU Beds: 3  
Specialty Care Beds: 10  
Total Staffed Beds: 16  
Admissions: 366  
Patient Days: 1,024  
Infection Control Professional FTE: 0.75



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### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*Too few observations for reporting purposes.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

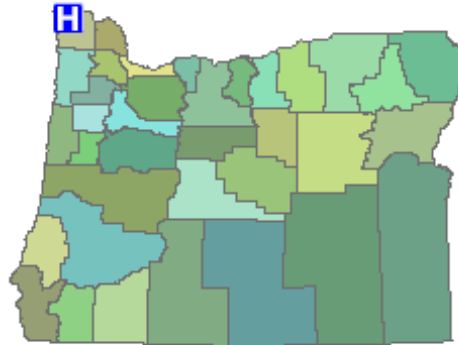
*Too few observations for reporting purposes.*

### **Surgical Site Infections (SSIs) by Procedure**

*This hospital is exempt from surgical site infection reporting.*

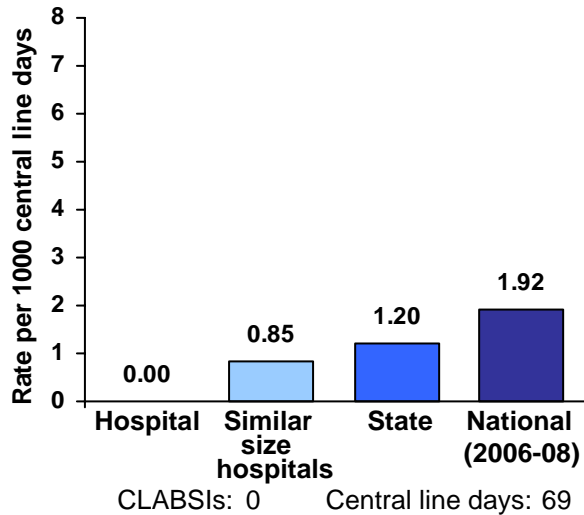
# Columbia Memorial Hospital

Location: Astoria  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 5  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 Admissions: 2,124  
 Patient Days: 5,400  
 Infection Control Professional FTE: 0.75

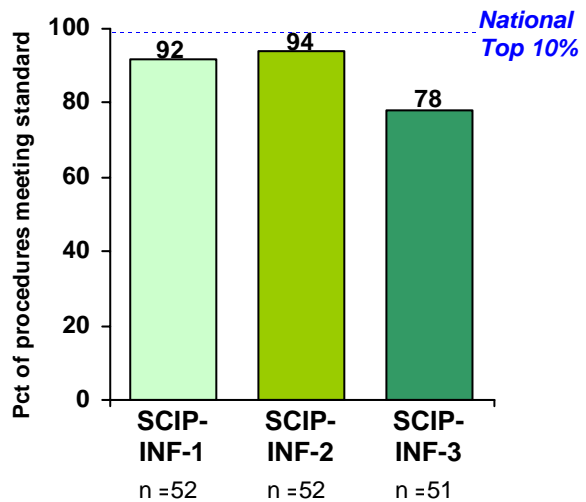


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009



## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

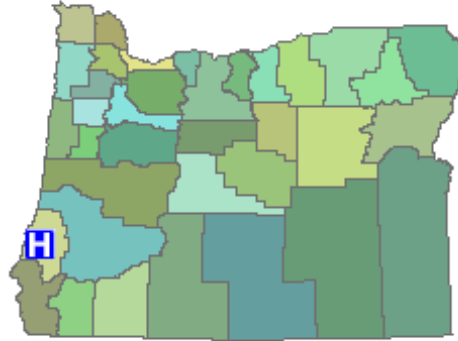
*Too few observations for reporting purposes.*

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

## Coquille Valley Hospital

Location: Coquille  
Ownership: Not for profit  
Medical School Affiliation: None  
ICU Beds: 2  
Specialty Care Beds: 0  
Total Staffed Beds: 25  
Admissions: 669  
Patient Days: 1,926  
Infection Control Professional FTE: 0.7



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### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*Too few observations for reporting purposes.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

*Too few observations for reporting purposes.*

### **Surgical Site Infections (SSIs) by Procedure**

#### **Knee Prosthesis, 2009**

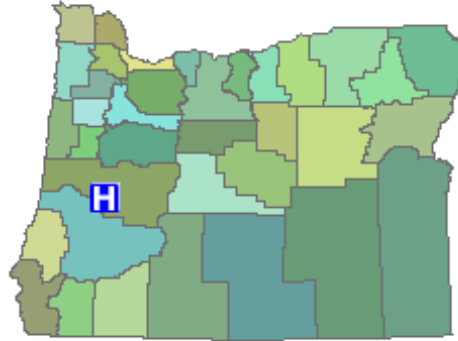
*Too few observations for reporting purposes.*

#### **Coronary Artery Bypass Graft, 2009**

*No procedures at this hospital*

## Cottage Grove Community Hospital

Location: Cottage Grove  
Ownership: Not for profit  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 11  
Admissions: 405  
Patient Days: 1,146  
Infection Control Professional FTE: 0.2



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### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*This hospital is exempt from reporting central line associated bloodstream infections.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

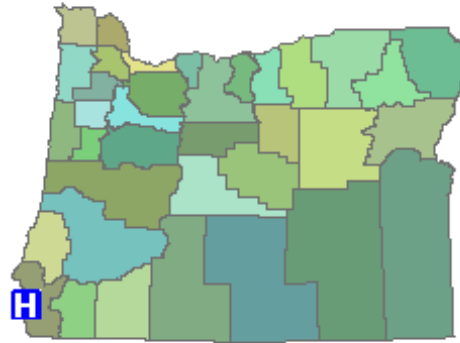
*This hospital is exempt from SCIP reporting.*

### **Surgical Site Infections (SSIs) by Procedure**

*This hospital is exempt from surgical site infection reporting.*

# Curry General Hospital

Location: Gold Beach  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 3  
 Specialty Care Beds: 0  
 Total Staffed Beds: 24  
 Admissions: 689  
 Patient Days: 2,828  
 Infection Control Professional FTE: 0.3

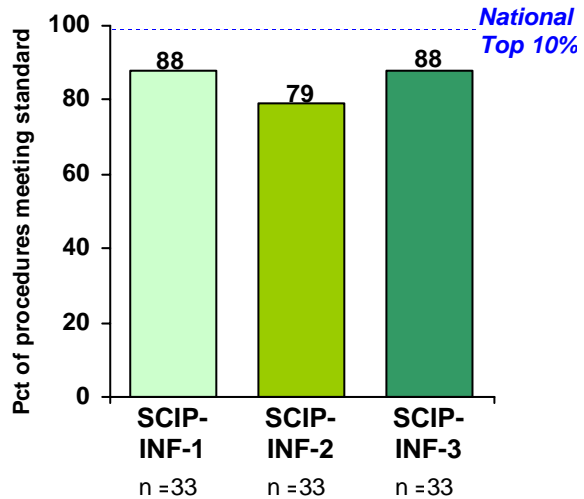


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital is exempt from reporting central line associated bloodstream infections.*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

*Too few observations for reporting purposes.*

### Coronary Artery Bypass Graft, 2009

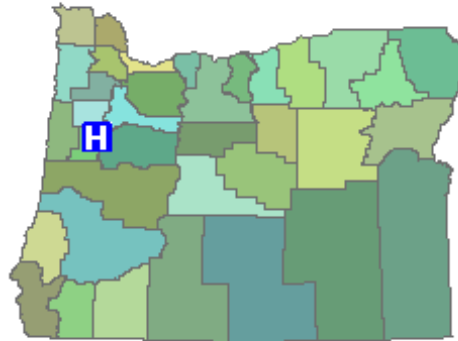
*No procedures at this hospital*

# Good Samaritan Regional Medical Center (Corvallis)

Location: Corvallis  
 Ownership: Not for profit  
 Medical School Affiliation: Limited

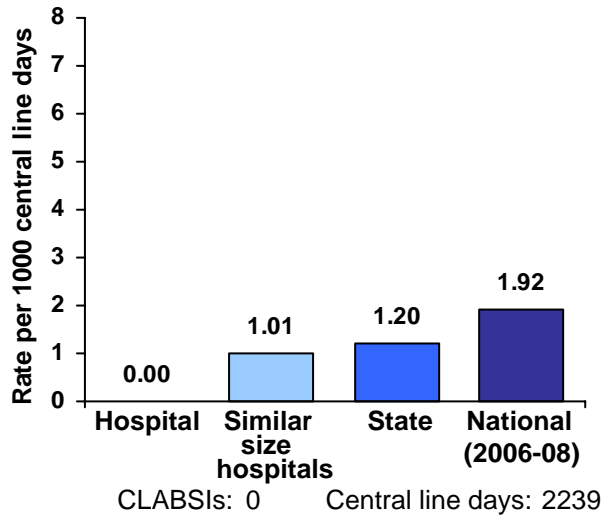
ICU Beds: 15  
 Specialty Care Beds: 0  
 Total Staffed Beds: 163

Admissions: 8,735  
 Patient Days: 37,649  
 Infection Control Professional FTE: 1

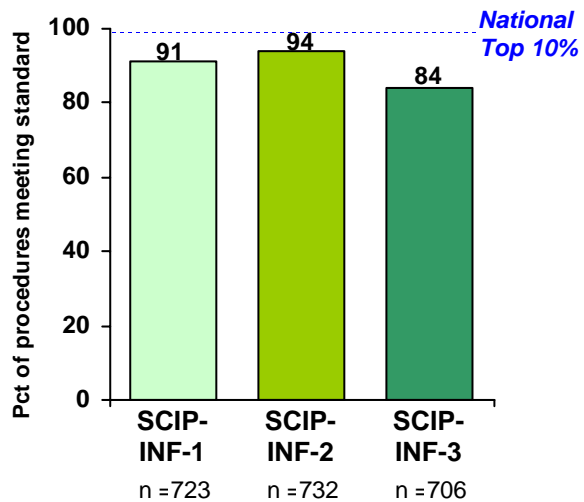


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

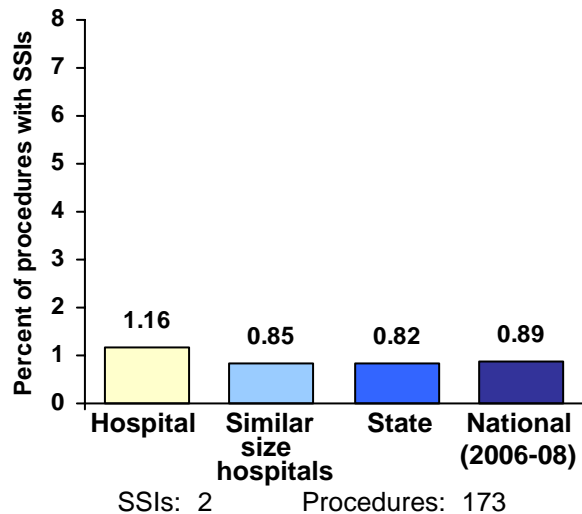


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

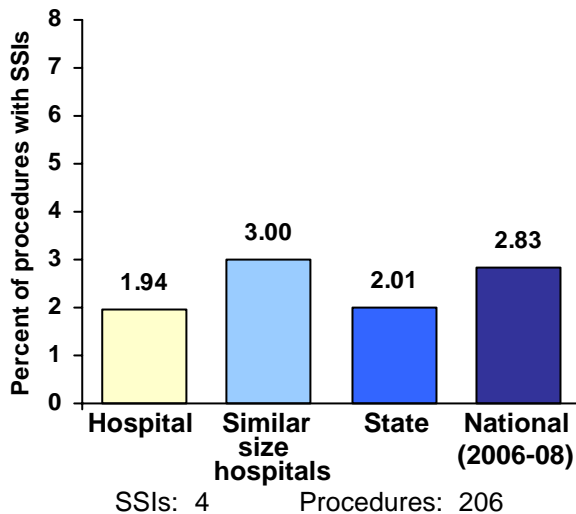


## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Coronary Artery Bypass Graft, 2009

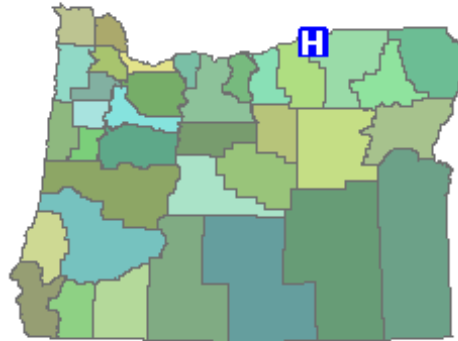


# Good Shepherd Medical Center

Location: Hermiston  
 Ownership: Not for profit  
 Medical School Affiliation: None

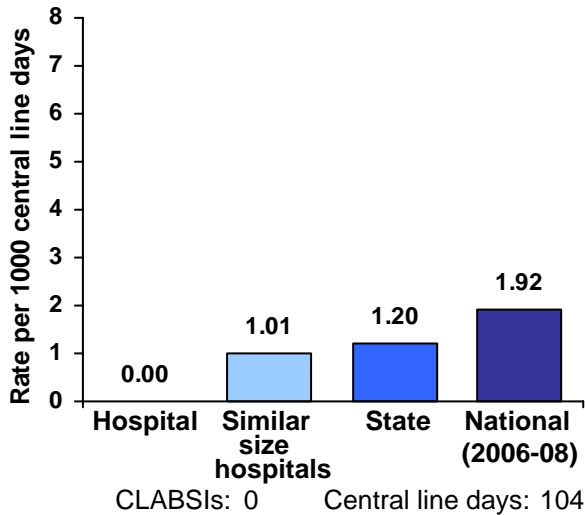
ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 32

Admissions: 2,930  
 Patient Days: 7,502  
 Infection Control Professional FTE: 1

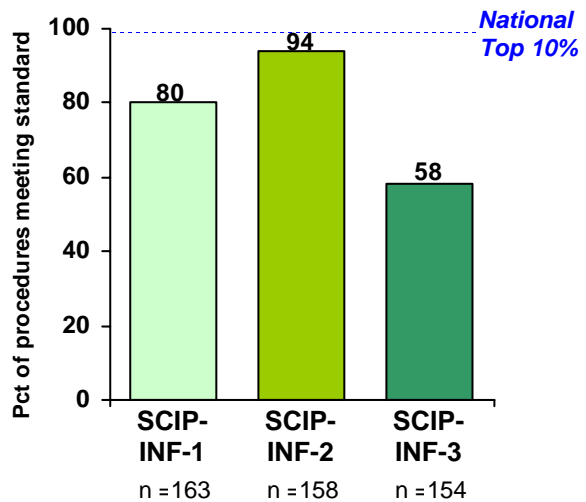


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

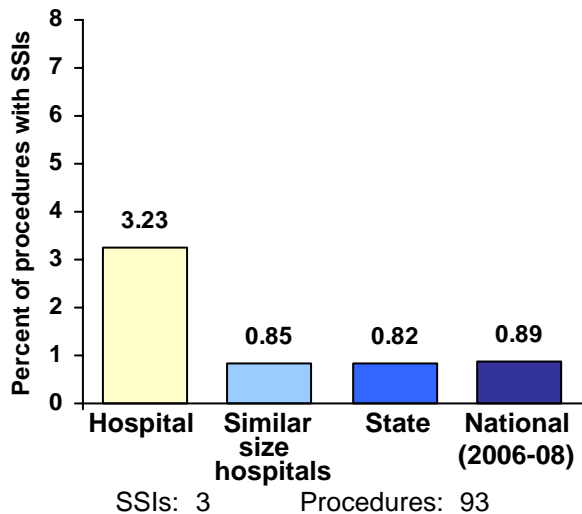


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

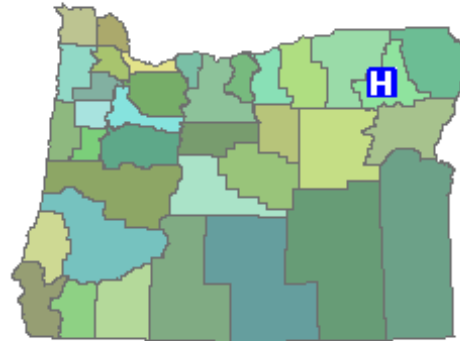


### Coronary Artery Bypass Graft, 2009

No procedures at this hospital

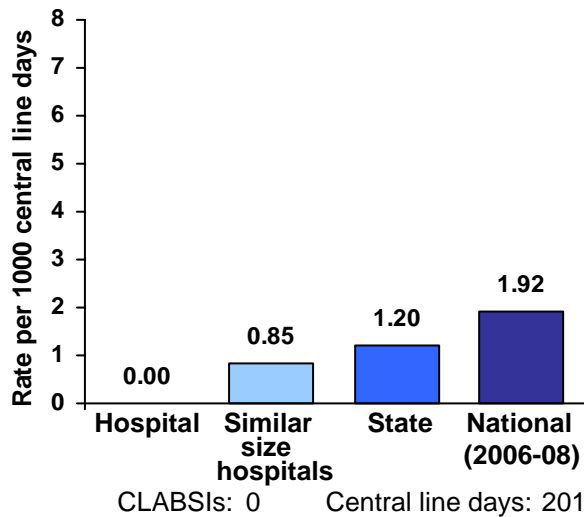
# Grande Ronde Hospital

Location: La Grande  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 Admissions: 1,681  
 Patient Days: 5,463  
 Infection Control Professional FTE: 0.4

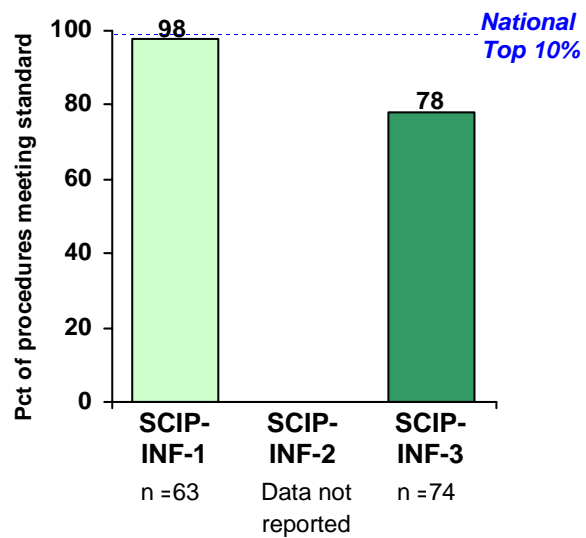


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

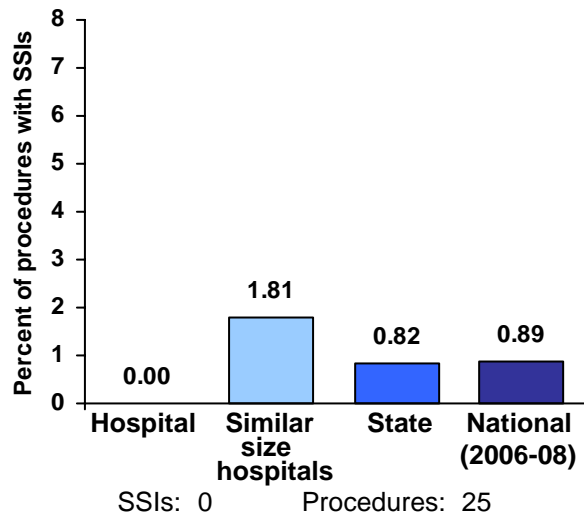


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 1/2009-12/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

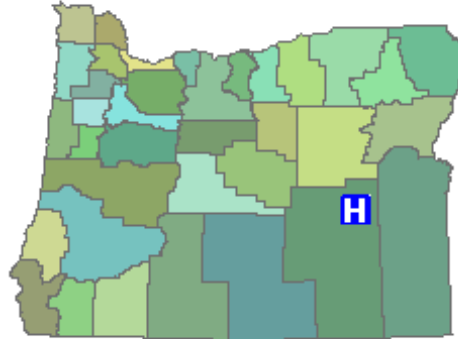


### Coronary Artery Bypass Graft, 2009

No procedures at this hospital

## Harney District Hospital

Location: Burns  
Ownership: Not for profit  
Medical School Affiliation: None  
ICU Beds: 2  
Specialty Care Beds:  
Total Staffed Beds: 25  
Admissions: 2,307  
Patient Days: 606  
Infection Control Professional FTE: 0.45



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### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*This hospital is exempt from reporting central line associated bloodstream infections.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

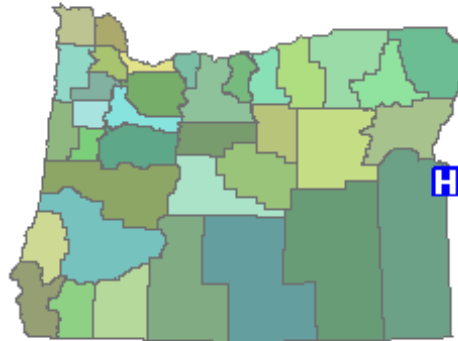
*Too few observations for reporting purposes.*

### **Surgical Site Infections (SSIs) by Procedure**

*This hospital is exempt from surgical site infection reporting.*

# Holy Rosary Medical Center

Location: Ontario  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 8  
 Specialty Care Beds: 0  
 Total Staffed Beds: 49  
 Admissions: 3,308  
 Patient Days: 9,063  
 Infection Control Professional FTE: 1.2

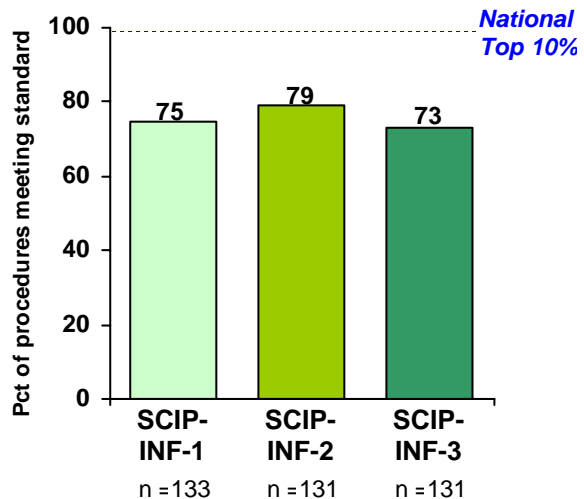


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

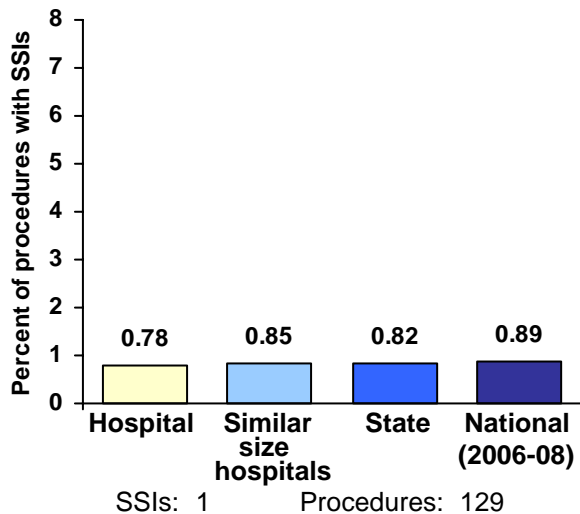
*This hospital is exempt from reporting central line associated bloodstream infections.*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Coronary Artery Bypass Graft, 2009

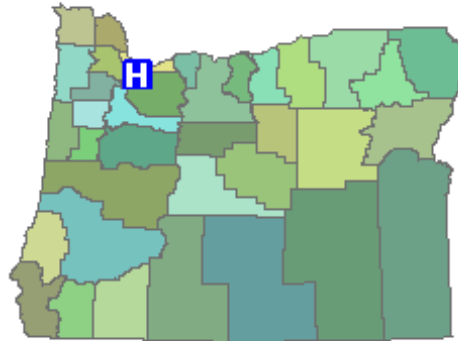
*No procedures at this hospital*

# Kaiser Sunnyside Medical Center

Location: Clackamas  
 Ownership: Not for profit  
 Medical School Affiliation: Limited

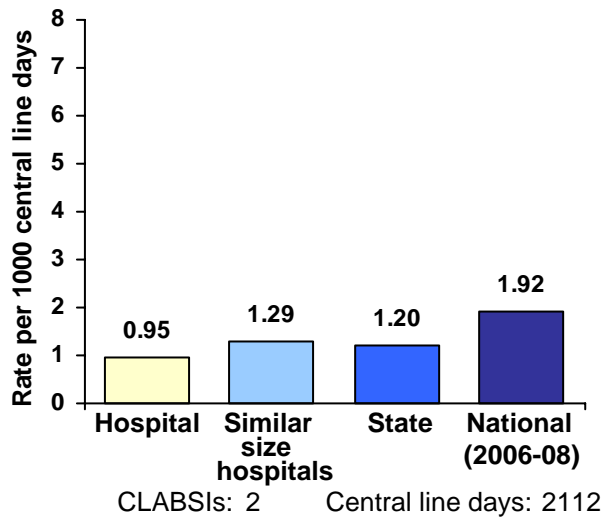
ICU Beds: 40  
 Specialty Care Beds: 15  
 Total Staffed Beds: 329

Admissions: 18,094  
 Patient Days: 66,500  
 Infection Control Professional FTE: 2

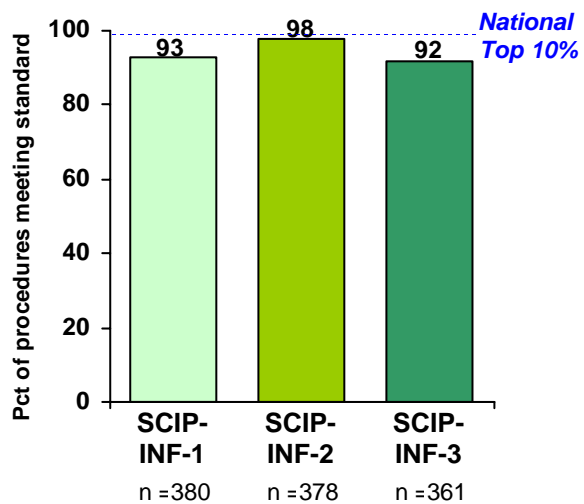


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

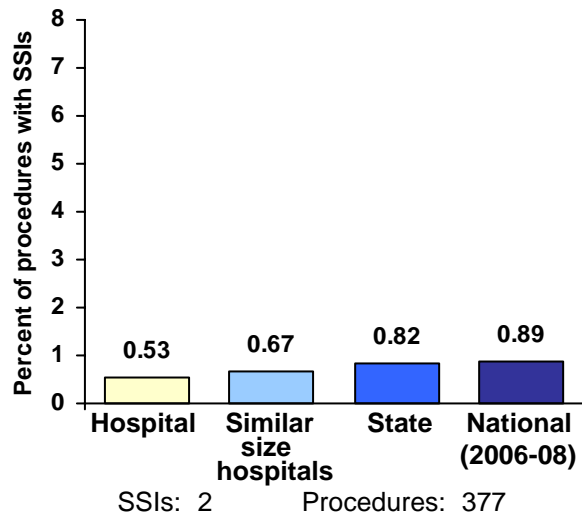


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

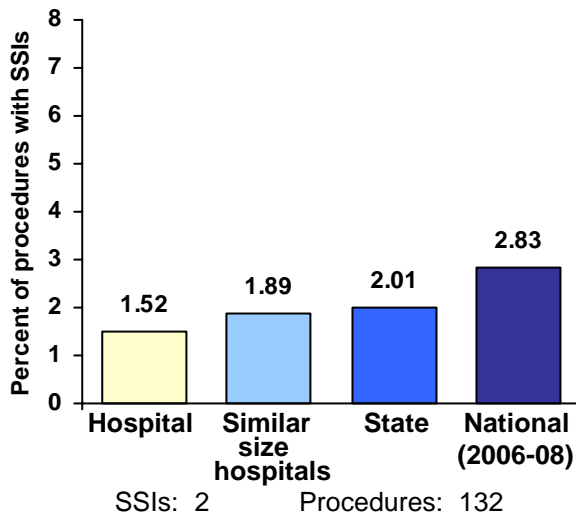


## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

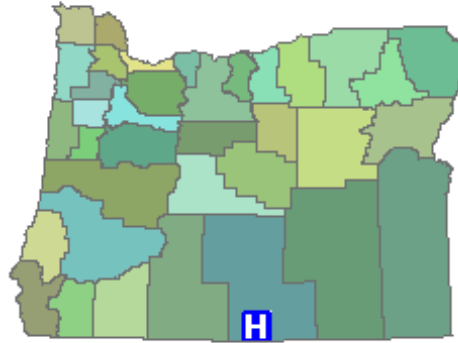


### Coronary Artery Bypass Graft, 2009



## Lake District Hospital

Location: Lakeview  
Ownership: Government  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 21  
Admissions: 443  
Patient Days: 1,383  
Infection Control Professional FTE: 0.15



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### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*This hospital is exempt from reporting central line associated bloodstream infections.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

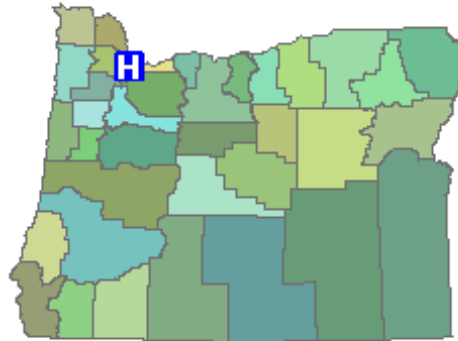
*Too few observations for reporting purposes.*

### **Surgical Site Infections (SSIs) by Procedure**

*This hospital is exempt from surgical site infection reporting.*

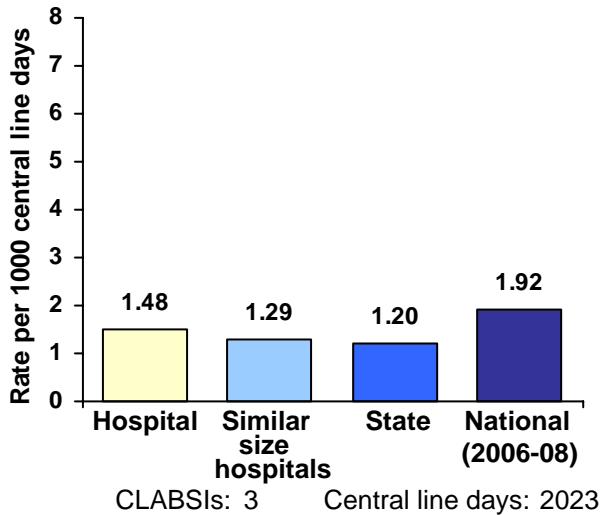
# Legacy Emanuel Hospital

Location: Portland  
 Ownership: Not for profit  
 Medical School Affiliation: Major teaching  
 ICU Beds: 123  
 Specialty Care Beds: 0  
 Total Staffed Beds: 394  
 Admissions: 19,083  
 Patient Days: 102,881  
 Infection Control Professional FTE: 2

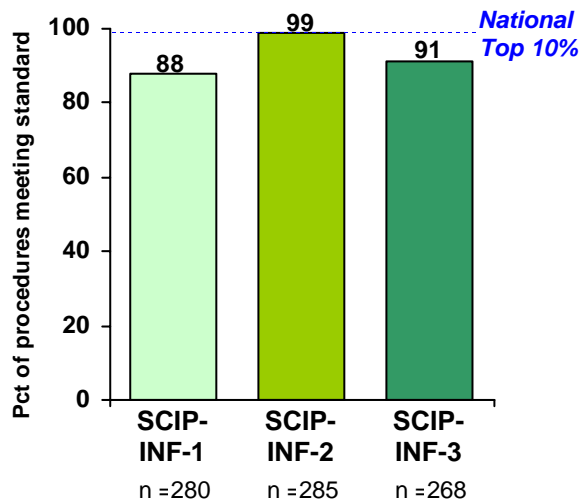


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**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

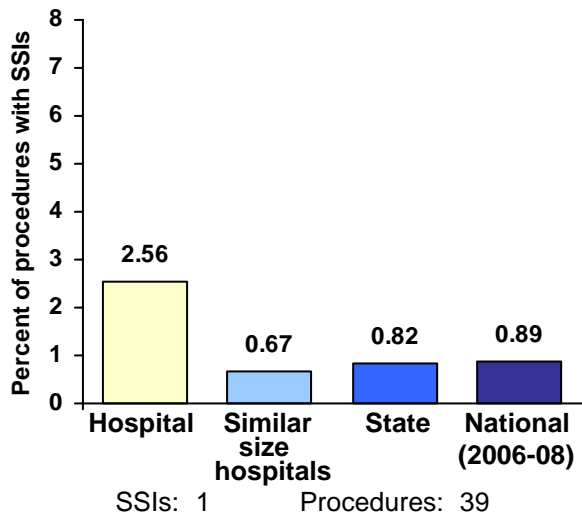


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

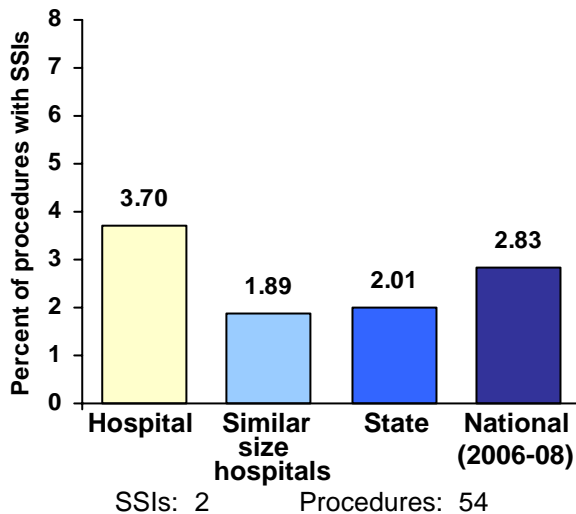


**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**

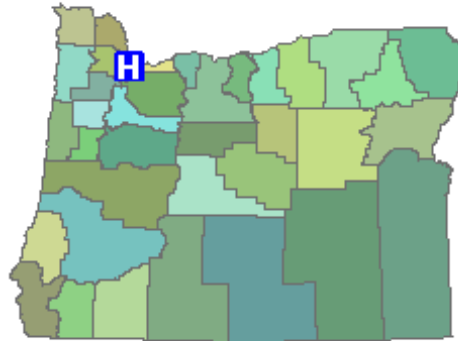


**Coronary Artery Bypass Graft, 2009**



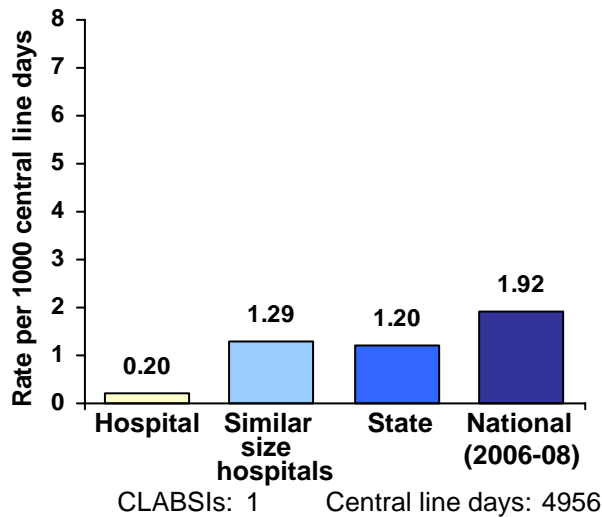
# Legacy Good Samaritan Hospital and Medical Center

Location: Portland  
 Ownership: Not for profit  
 Medical School Affiliation: Major teaching  
 ICU Beds: 28  
 Specialty Care Beds: 22  
 Total Staffed Beds: 230  
 Admissions: 14,941  
 Patient Days: 60,298  
 Infection Control Professional FTE: 1

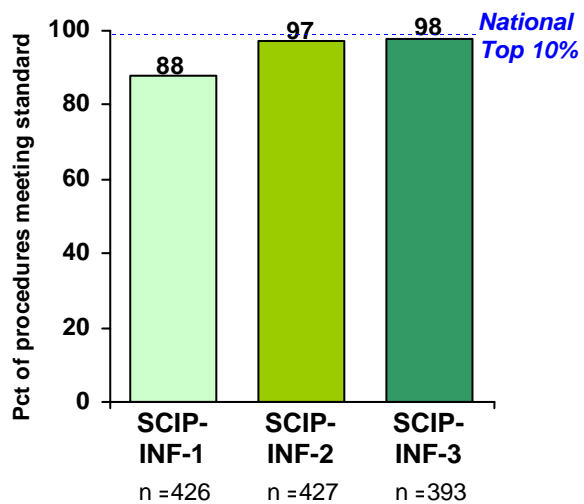


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**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

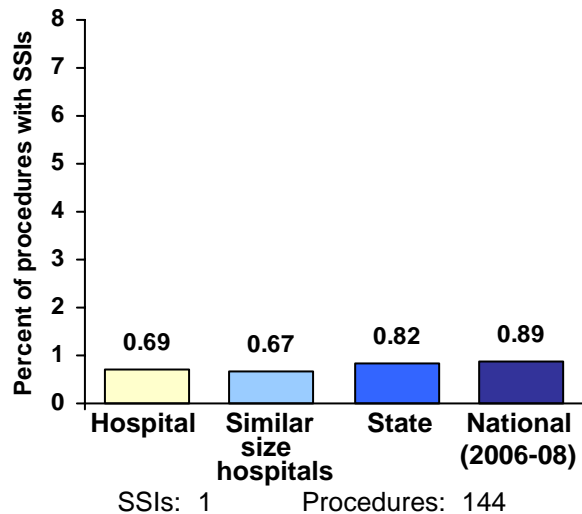


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

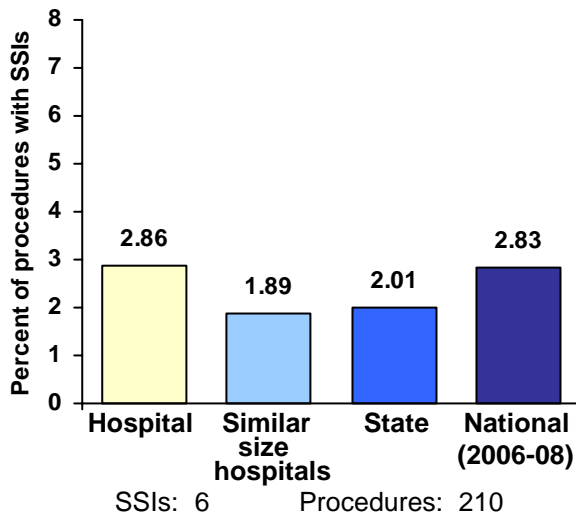


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Coronary Artery Bypass Graft, 2009**

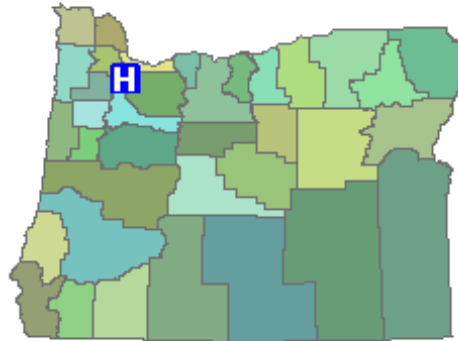


# Legacy Meridian Park Hospital

Location: Tualatin  
 Ownership: Not for profit  
 Medical School Affiliation: None

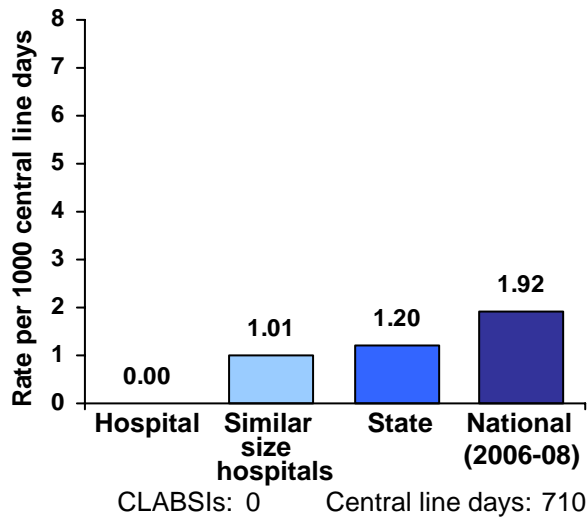
ICU Beds: 32  
 Specialty Care Beds: 0  
 Total Staffed Beds: 128

Admissions: 8,205  
 Patient Days: 29,126  
 Infection Control Professional FTE: 1

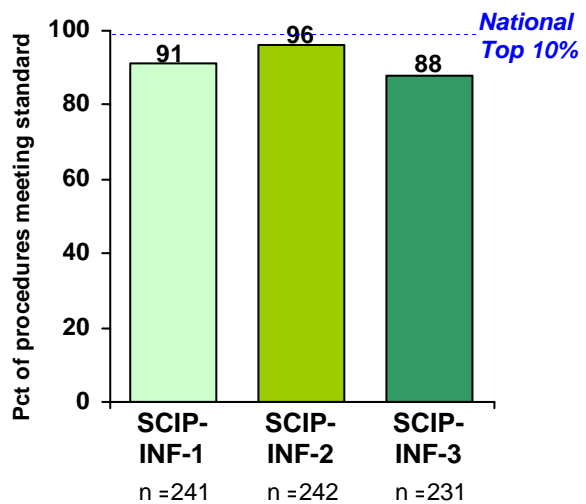


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

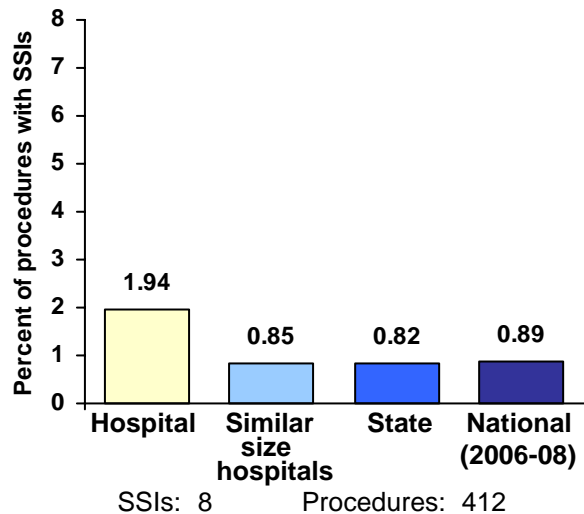


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Coronary Artery Bypass Graft, 2009

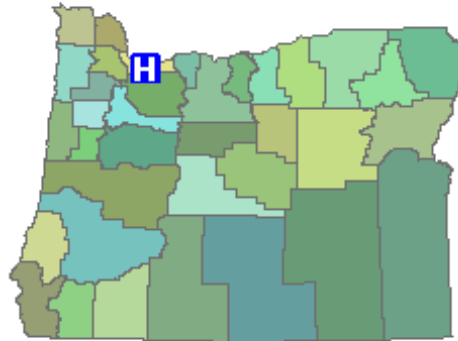
*No procedures at this hospital*

# Legacy Mt. Hood Medical Center

Location: Gresham  
 Ownership: Not for profit  
 Medical School Affiliation: None

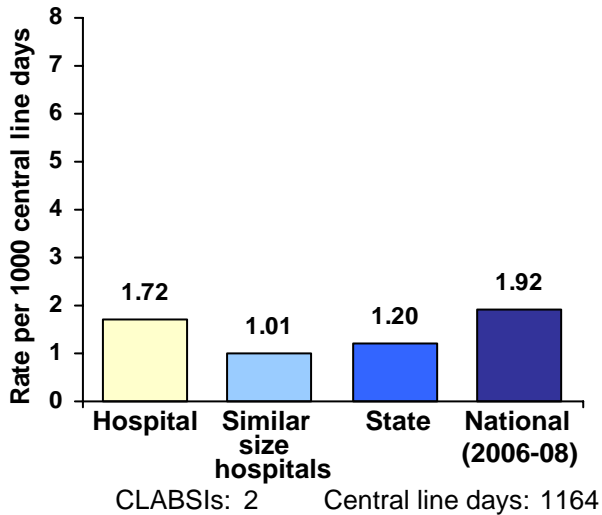
ICU Beds: 10  
 Specialty Care Beds: 0  
 Total Staffed Beds: 79

Admissions: 5,873  
 Patient Days: 19,769  
 Infection Control Professional FTE: 1

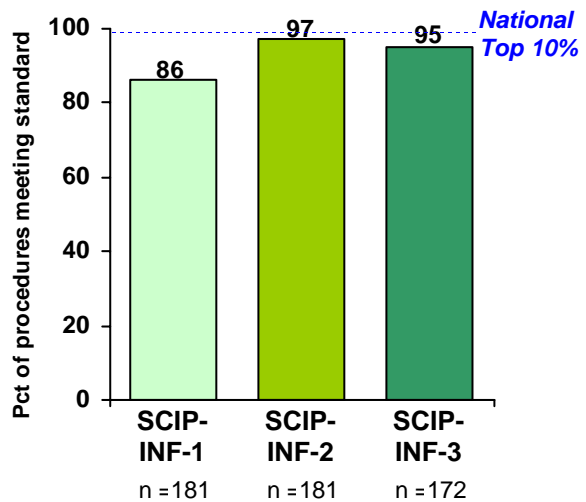


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

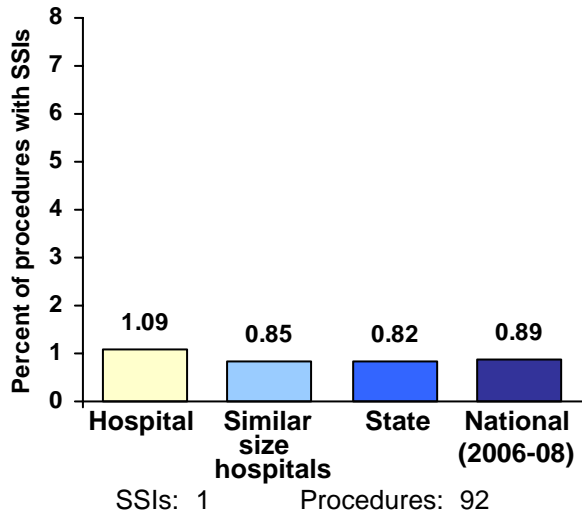


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

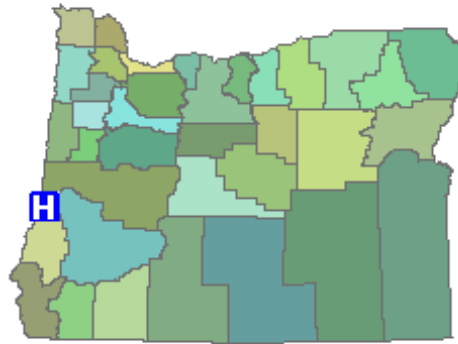


### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

## Lower Umpqua Hospital

Location: Reedsport  
Ownership: Government  
Medical School Affiliation: Limited  
ICU Beds: 2  
Specialty Care Beds: 12  
Total Staffed Beds: 24  
Admissions: 419  
Patient Days: 1,634  
Infection Control Professional FTE: 0.2



[Follow this link to view hospital comments.](#)

### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital is exempt from reporting central line associated bloodstream infections.*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

*Too few observations for reporting purposes.*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*Too few observations for reporting purposes.*

#### Coronary Artery Bypass Graft, 2009

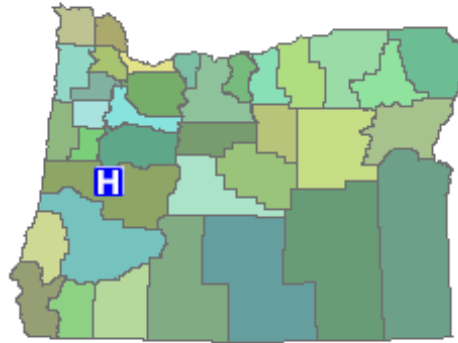
*No procedures at this hospital*

# McKenzie-Willamette Medical Center

Location: Springfield  
 Ownership: For profit  
 Medical School Affiliation: None

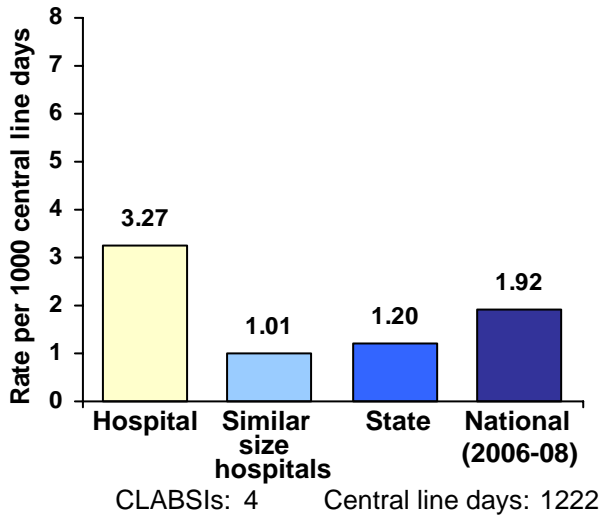
ICU Beds: 18  
 Specialty Care Beds: 0  
 Total Staffed Beds: 118

Admissions: 6,478  
 Patient Days: 21,100  
 Infection Control Professional FTE: 1

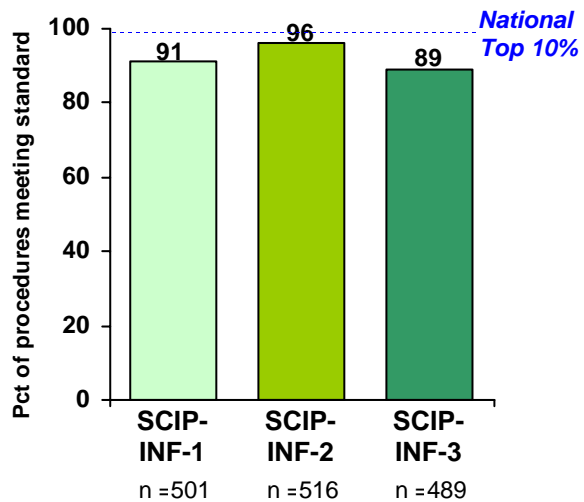


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

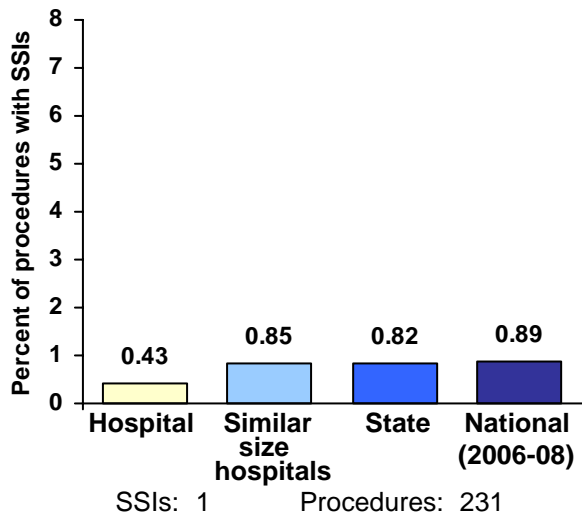


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

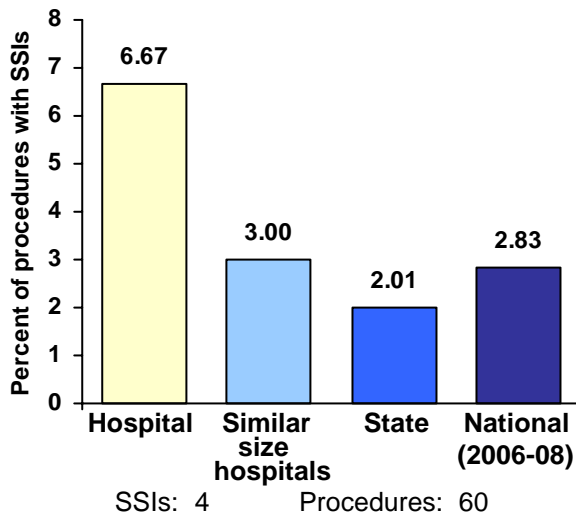


## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

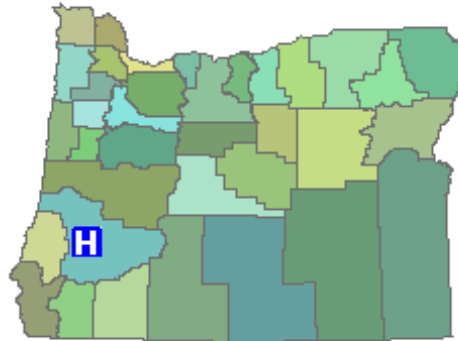


### Coronary Artery Bypass Graft, 2009



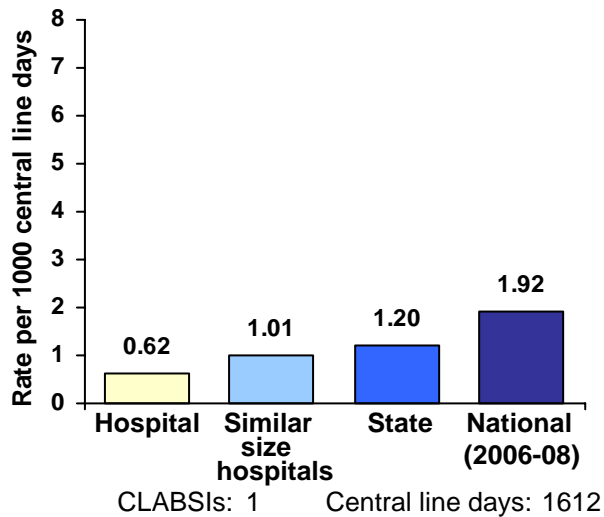
# Mercy Medical Center

Location: Roseburg  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 16  
 Specialty Care Beds: 0  
 Total Staffed Beds: 174  
 Admissions: 7,523  
 Patient Days: 29,506  
 Infection Control Professional FTE: 0.8

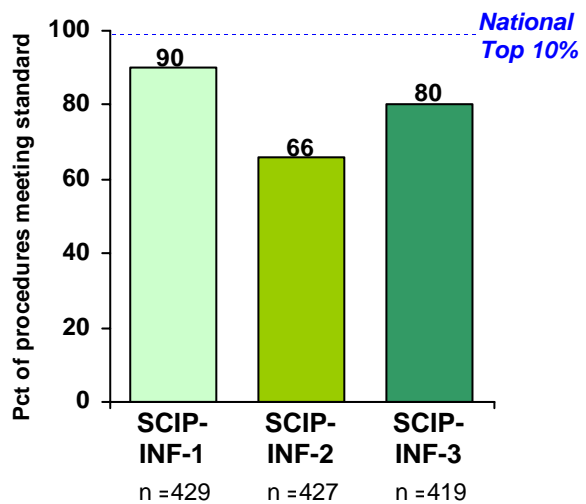


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

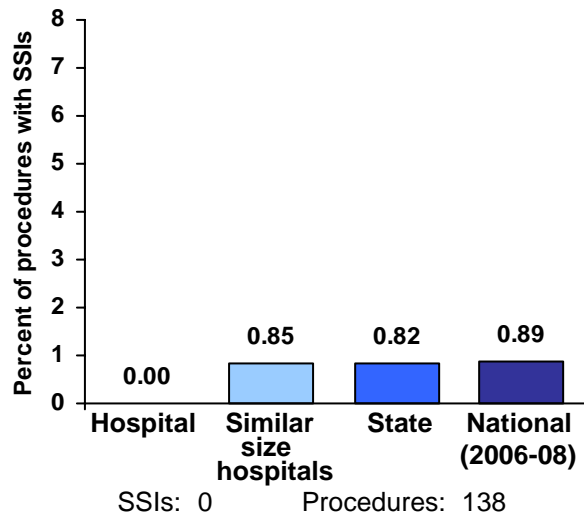


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

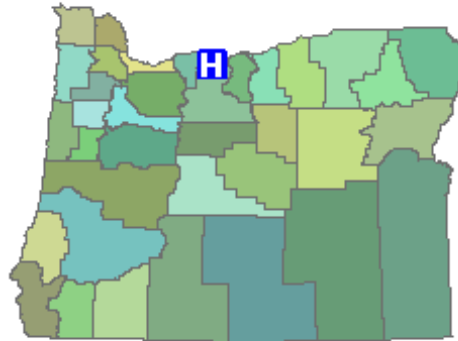


### Coronary Artery Bypass Graft, 2009

No procedures at this hospital

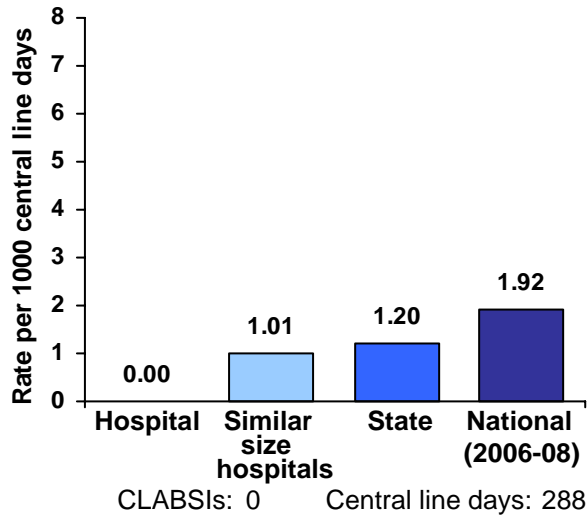
# Mid-Columbia Medical Center

Location: The Dalles  
 Ownership: Not for profit  
 Medical School Affiliation: Limited  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 49  
 Admissions: 2,275  
 Patient Days: 7,157  
 Infection Control Professional FTE: 0.25

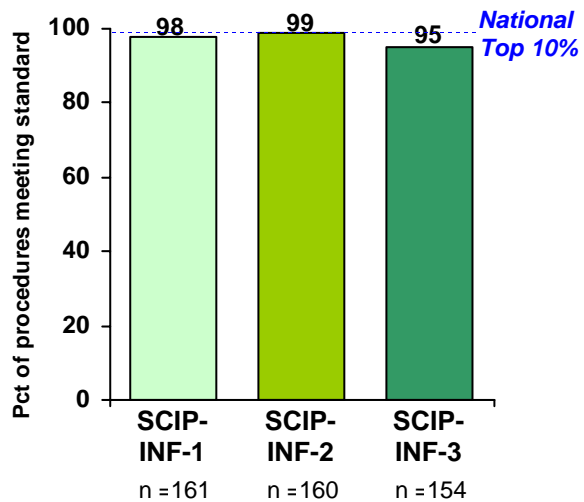


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

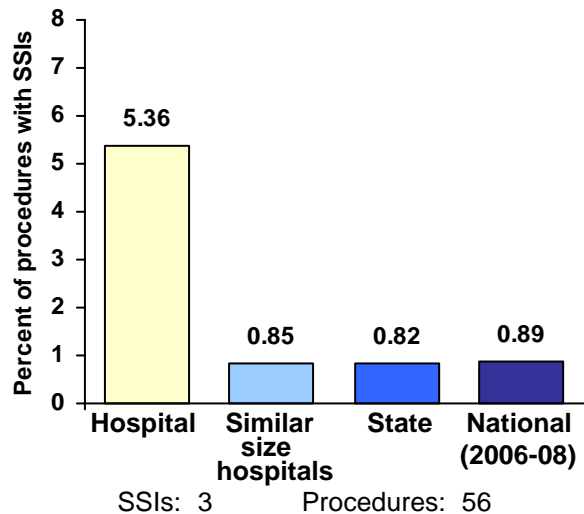


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

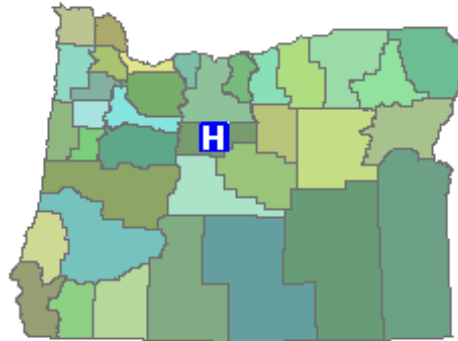


### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

# Mountain View Hospital

Location: Madras  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 2  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 Admissions: 1,189  
 Patient Days: 3,798  
 Infection Control Professional FTE: 0.5

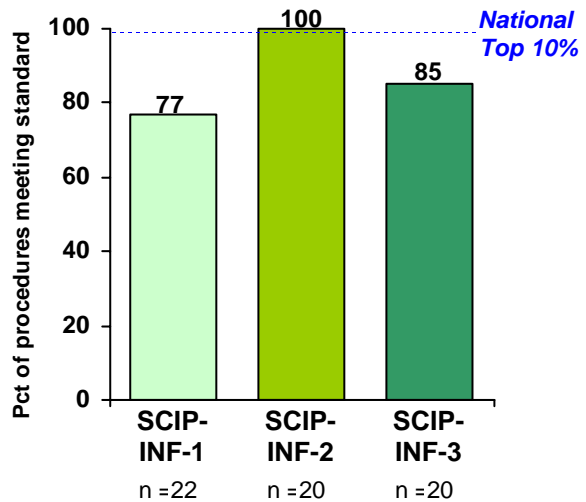


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

*Too few observations for reporting purposes.*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

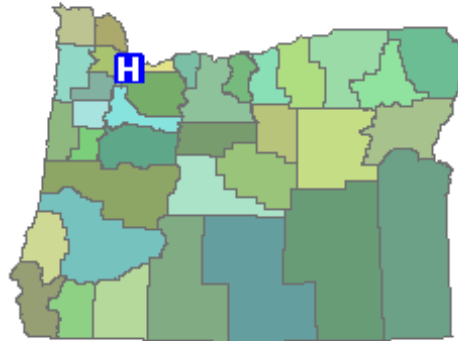
*Too few observations for reporting purposes.*

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

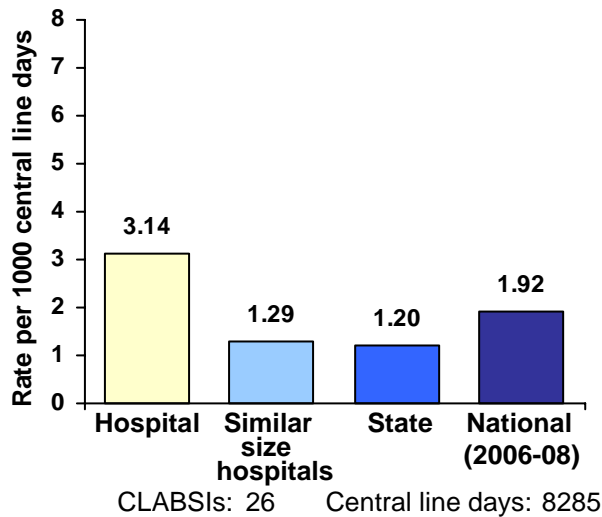
# OHSU Hospital

Location: Portland  
 Ownership: Not for profit  
 Medical School Affiliation: Major teaching  
 ICU Beds: 146  
 Specialty Care Beds: 81  
 Total Staffed Beds: 534  
 Admissions: 29,301  
 Patient Days: 154,177  
 Infection Control Professional FTE: 2

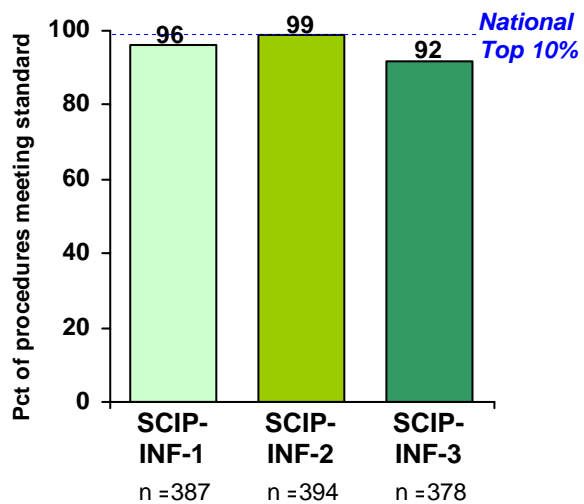


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**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

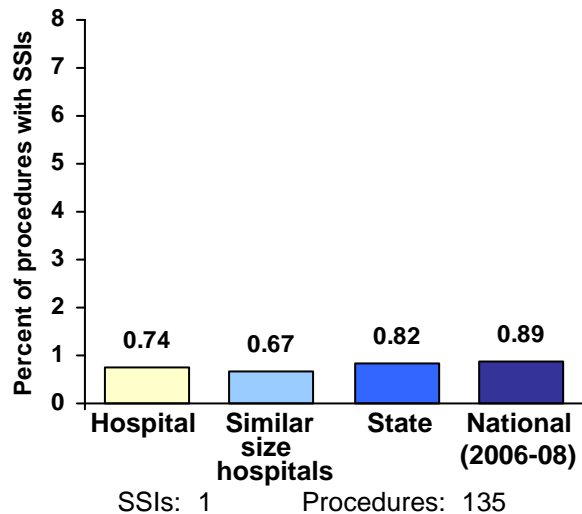


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

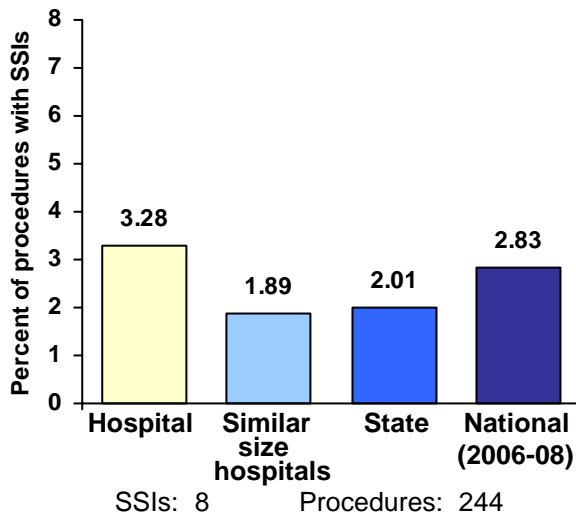


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

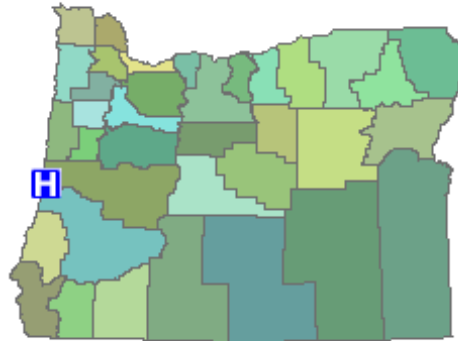


**Coronary Artery Bypass Graft, 2009**



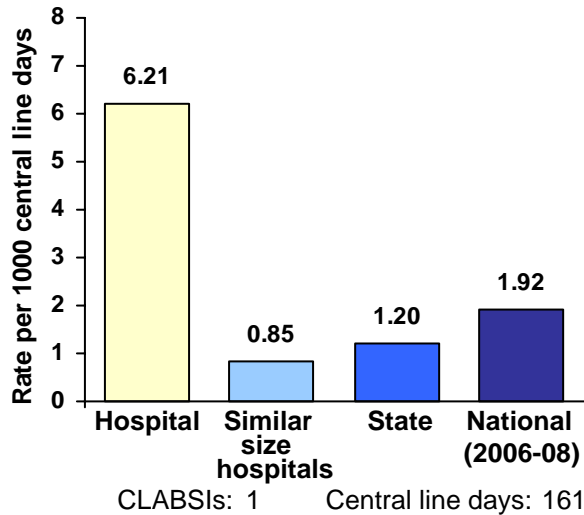
# Peace Harbor Hospital

Location: Florence  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 21  
 Admissions: 1,251  
 Patient Days: 5,096  
 Infection Control Professional FTE: 0.5

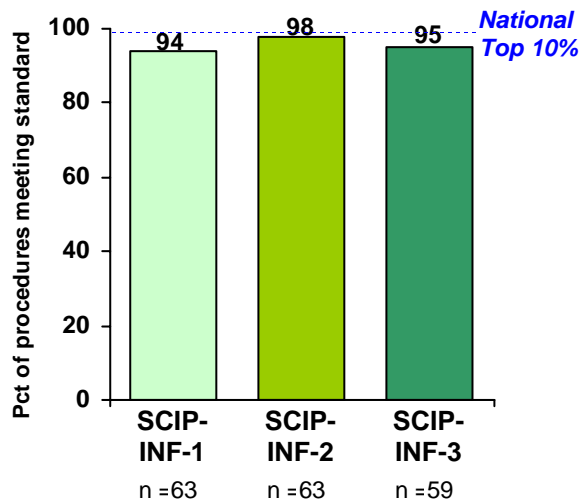


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

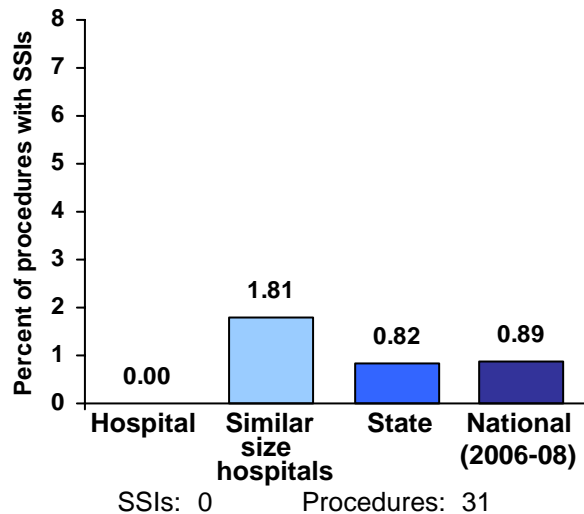


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

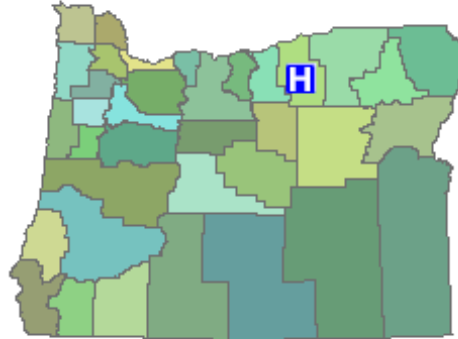


### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

## Pioneer Memorial Hospital (Heppner)

Location: Heppner  
Ownership: Government  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 20  
Admissions: 74  
Patient Days: 204  
Infection Control Professional FTE: 0.075



[Follow this link to view hospital comments.](#)

### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*This hospital is exempt from reporting central line associated bloodstream infections.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

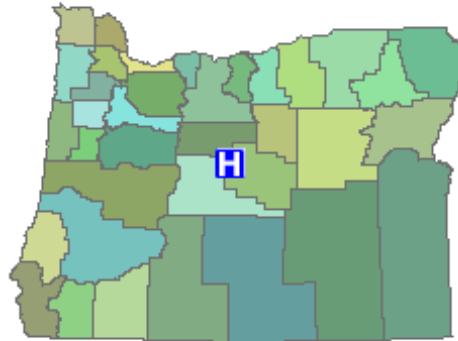
*This hospital is exempt from SCIP reporting.*

### **Surgical Site Infections (SSIs) by Procedure**

*This hospital is exempt from surgical site infection reporting.*

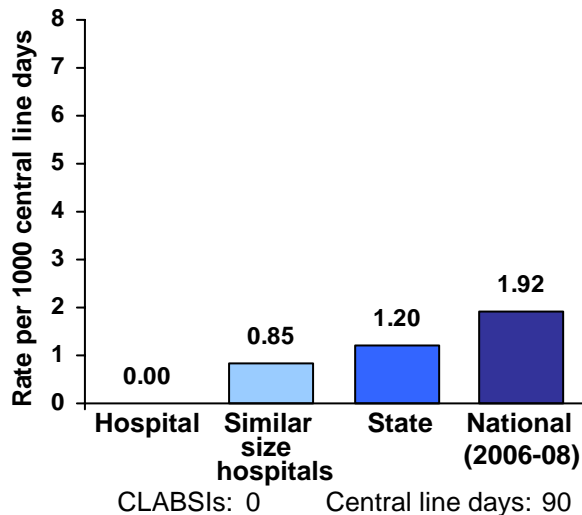
## Pioneer Memorial Hospital (Prineville)

Location: Prineville  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 1  
 Total Staffed Beds: 22  
 Admissions: 752  
 Patient Days: 2,723  
 Infection Control Professional FTE: 0.1

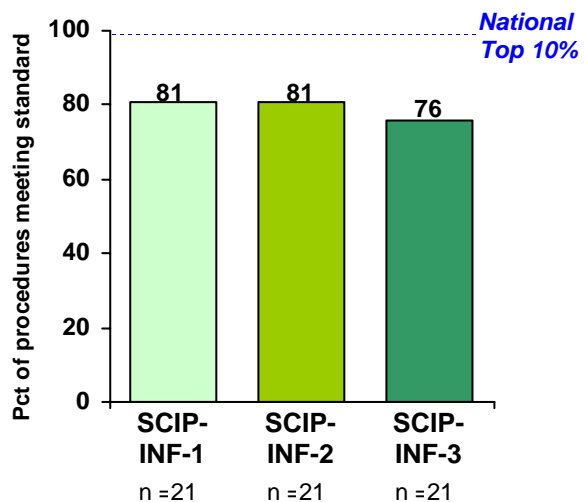


[Follow this link to view hospital comments.](#)

### Central Line Associated Bloodstream Infections (CLABSIs), 2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

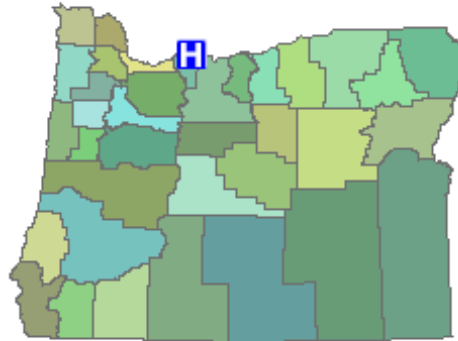
*Too few observations for reporting purposes.*

#### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

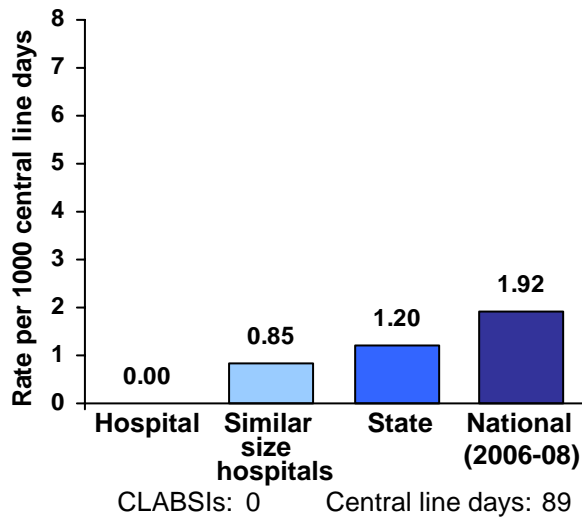
# Providence Hood River Memorial Hospital

Location: Hood River  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 Admissions: 1,699  
 Patient Days: 4,854  
 Infection Control Professional FTE: 0.6

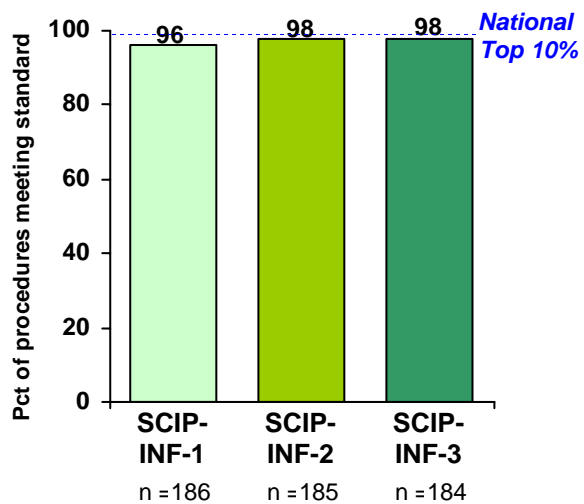


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

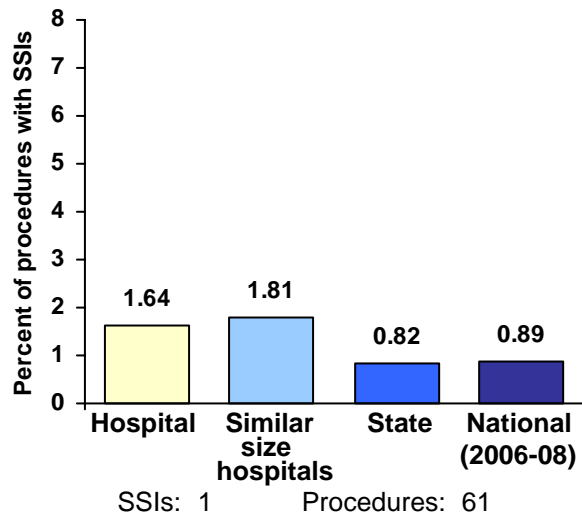


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

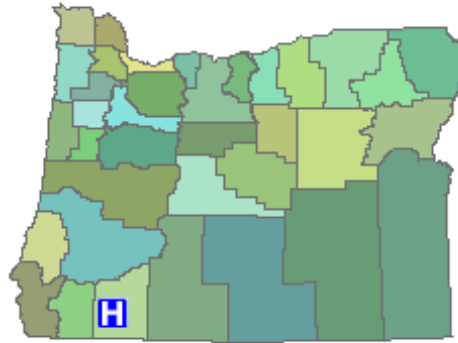


### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

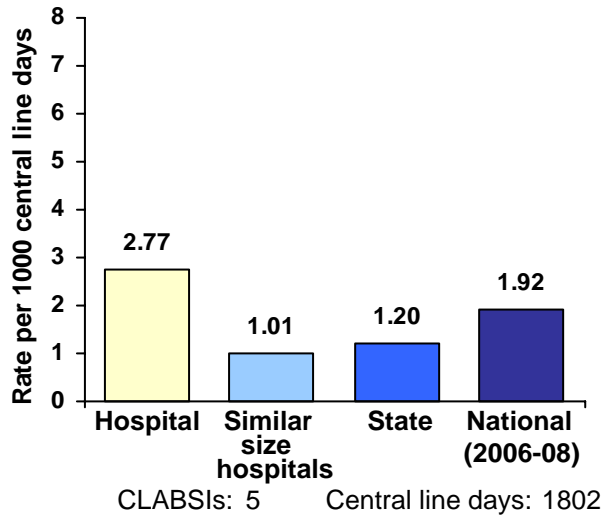
# Providence Medford Medical Center

Location: Medford  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 15  
 Specialty Care Beds: 10  
 Total Staffed Beds: 125  
 Admissions: 7,491  
 Patient Days: 21,568  
 Infection Control Professional FTE: 1.25

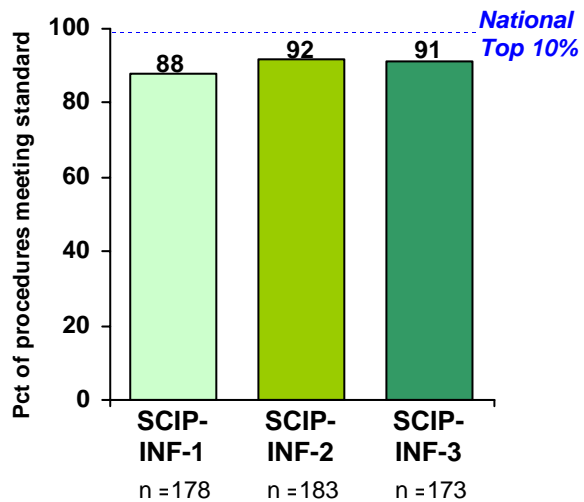


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

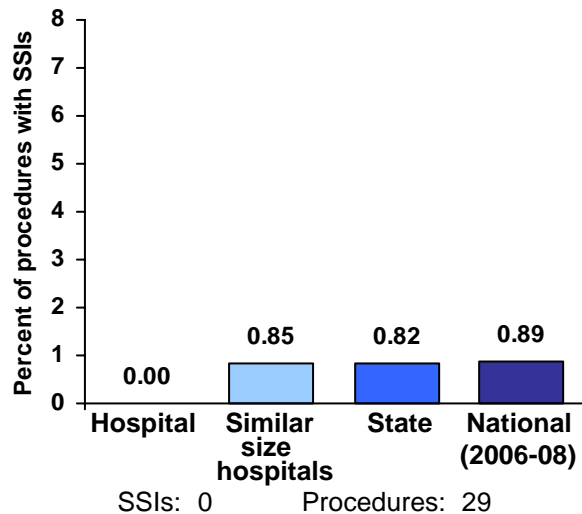


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

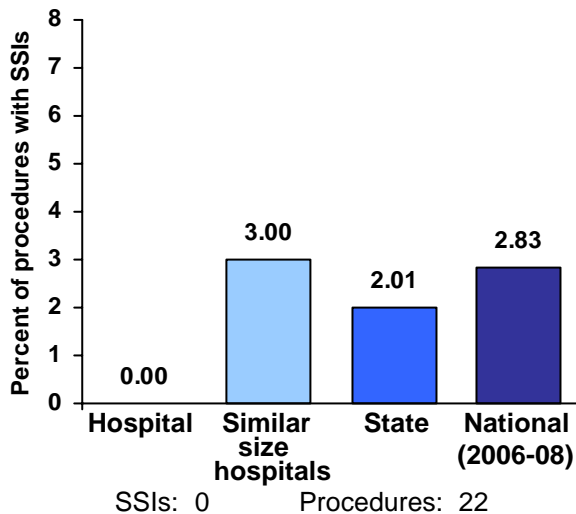


## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

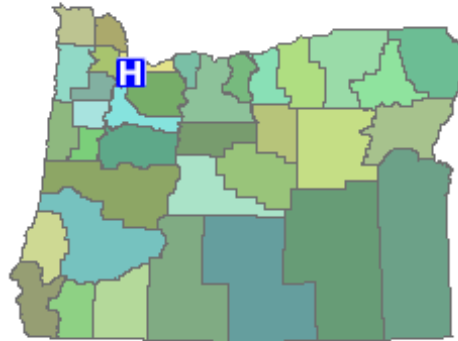


### Coronary Artery Bypass Graft, 2009



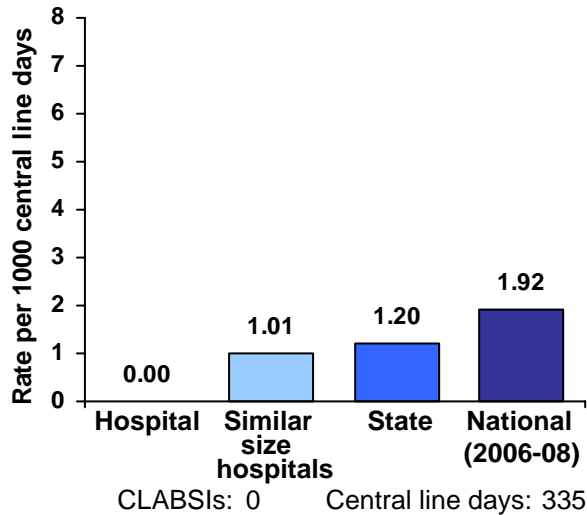
# Providence Milwaukie Hospital

Location: Milwaukie  
 Ownership: Not for profit  
 Medical School Affiliation: Graduate  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 77  
 Admissions: 2,896  
 Patient Days: 9,510  
 Infection Control Professional FTE: 1

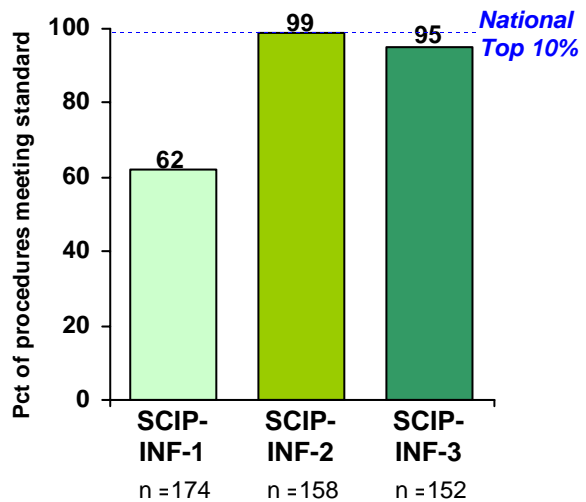


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

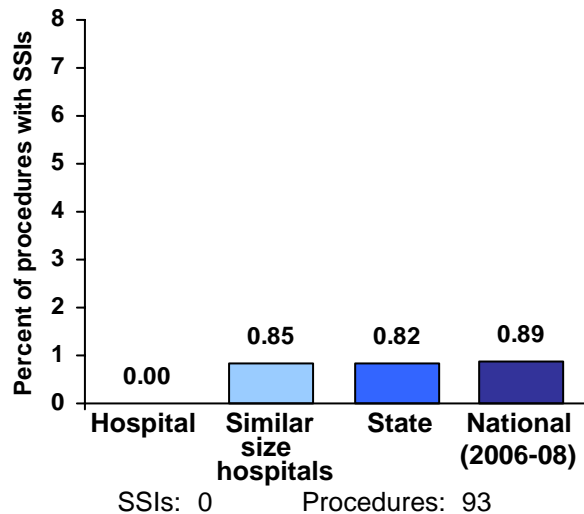


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

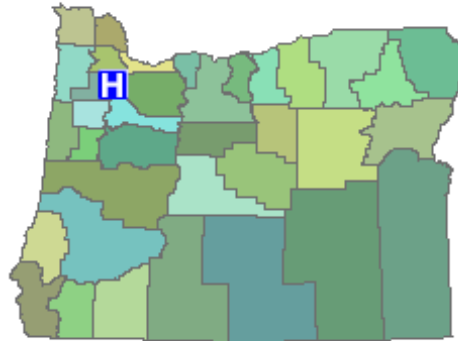


### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

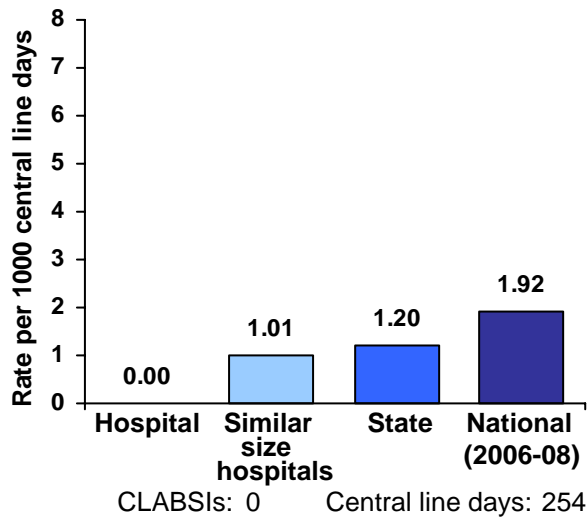
# Providence Newberg Hospital

Location: Newberg  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 40  
 Admissions: 2,113  
 Patient Days: 6,839  
 Infection Control Professional FTE: 0.5

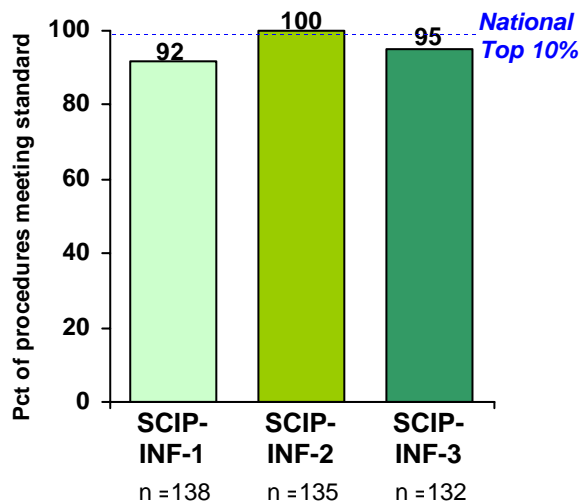


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

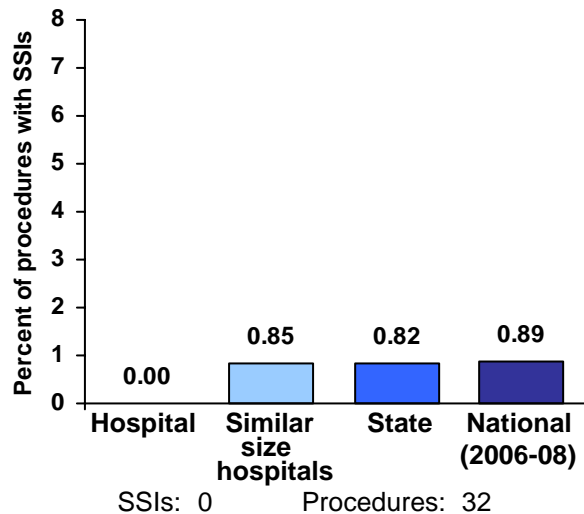


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Coronary Artery Bypass Graft, 2009

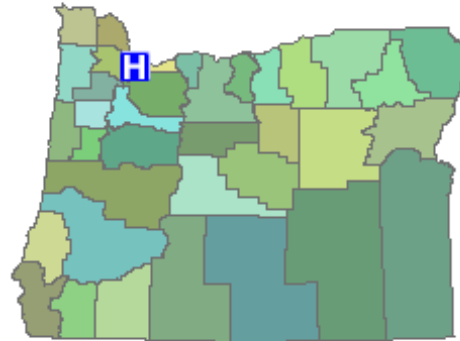
*No procedures at this hospital*

# Providence Portland Medical Center

Location: Portland  
 Ownership: Not for profit  
 Medical School Affiliation: Limited

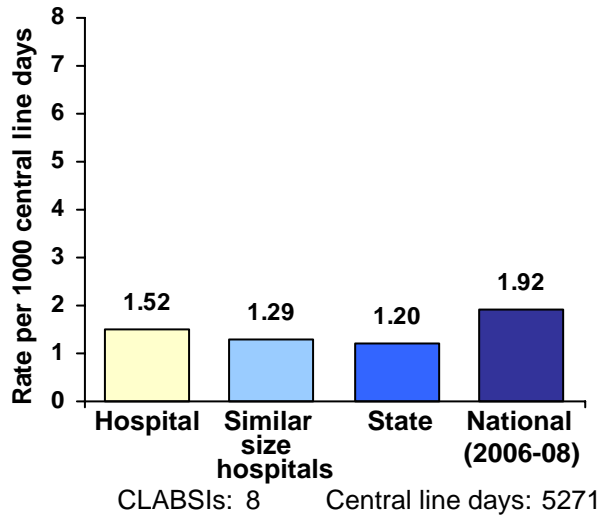
ICU Beds: 31  
 Specialty Care Beds: 46  
 Total Staffed Beds: 483

Admissions: 26,403  
 Patient Days: 105,471  
 Infection Control Professional FTE: 2

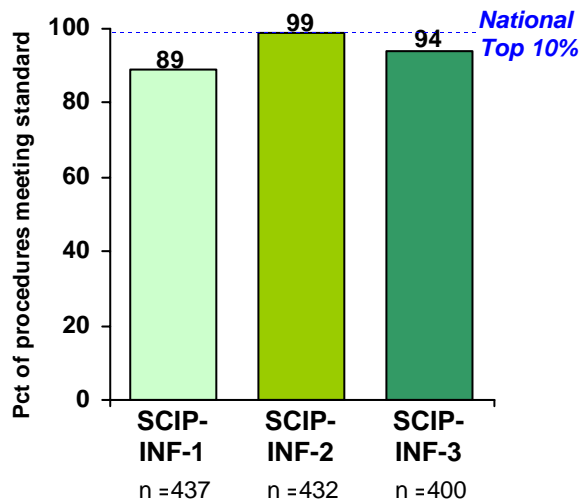


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**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

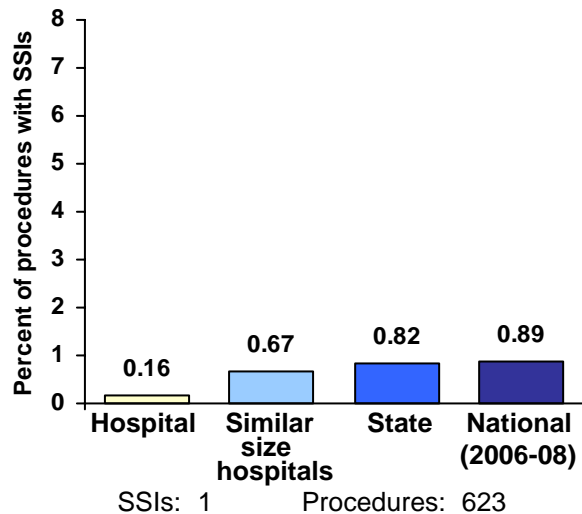


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

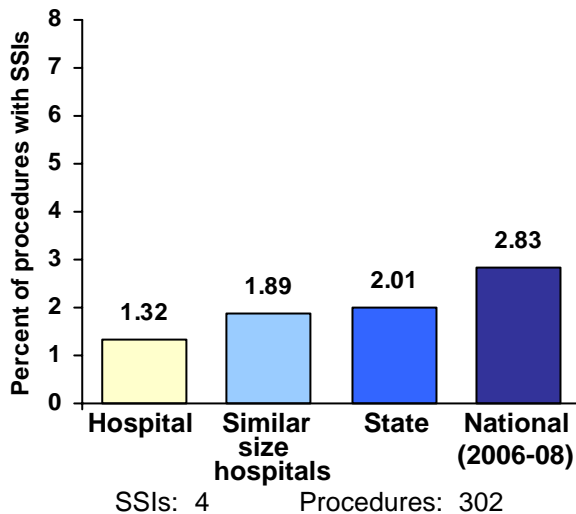


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

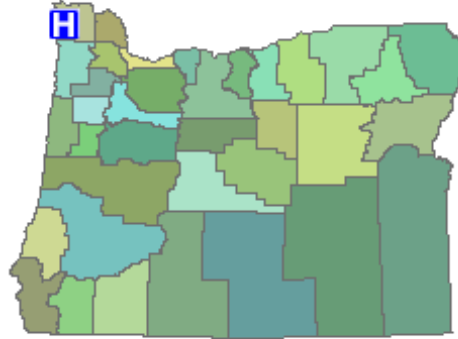


**Coronary Artery Bypass Graft, 2009**



## Providence Seaside Hospital

Location: Seaside  
Ownership: Not for profit  
Medical School Affiliation: None  
ICU Beds: 4  
Specialty Care Beds: 0  
Total Staffed Beds: 25  
Admissions: 1,024  
Patient Days: 5,531  
Infection Control Professional FTE: 0.55



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### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*Too few observations for reporting purposes.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

*Too few observations for reporting purposes.*

### **Surgical Site Infections (SSIs) by Procedure**

#### **Knee Prosthesis, 2009**

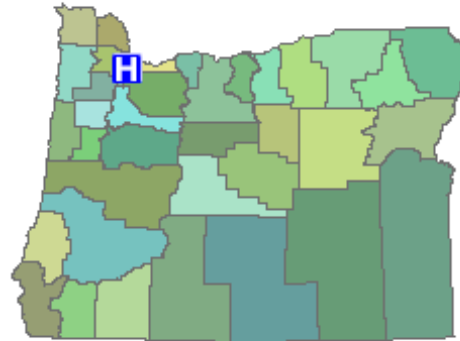
*Too few observations for reporting purposes.*

#### **Coronary Artery Bypass Graft, 2009**

*No procedures at this hospital*

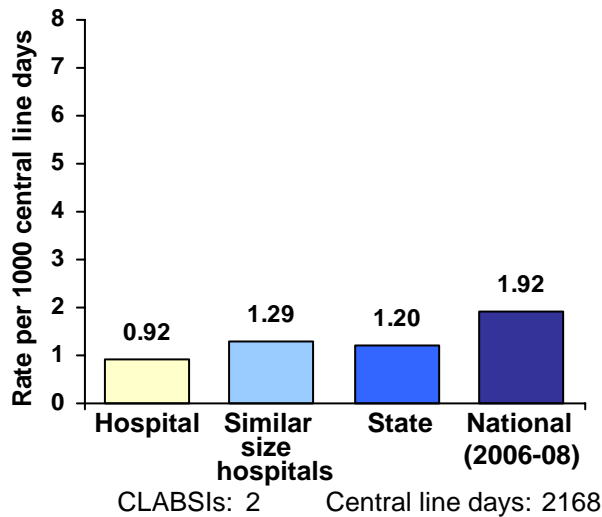
# Providence St. Vincent Medical Center

Location: Portland  
 Ownership: Not for profit  
 Medical School Affiliation: Graduate  
 ICU Beds: 86  
 Specialty Care Beds: 35  
 Total Staffed Beds: 523  
 Admissions: 36,000  
 Patient Days: 68,899  
 Infection Control Professional FTE: 2.5

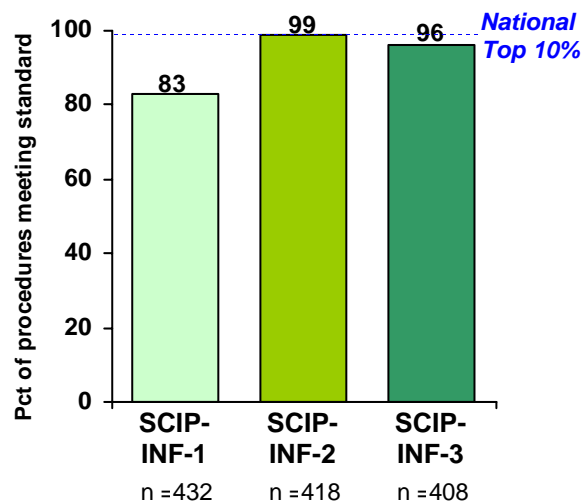


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**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

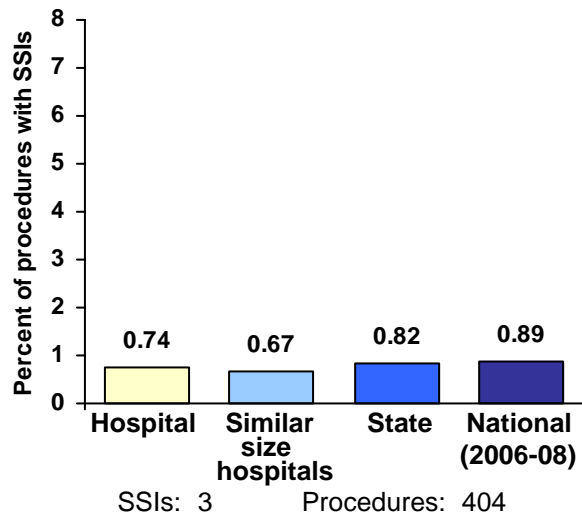


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

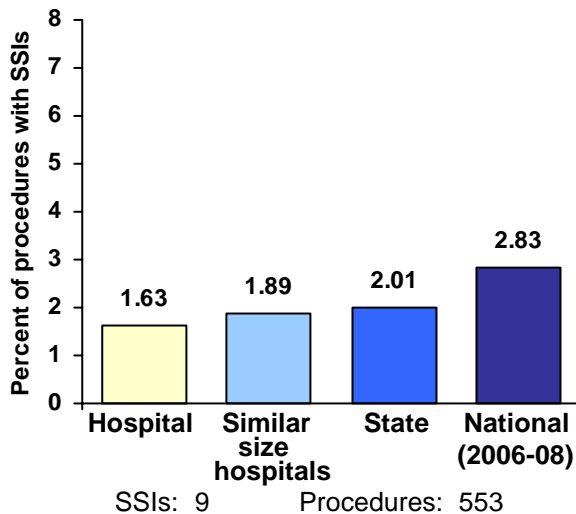


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

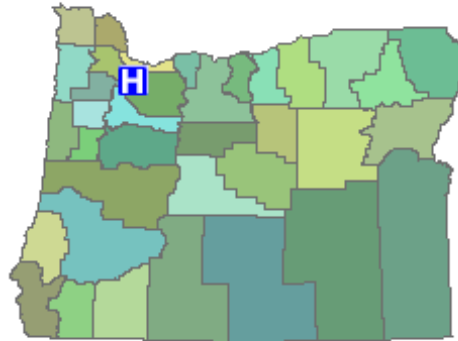


**Coronary Artery Bypass Graft, 2009**



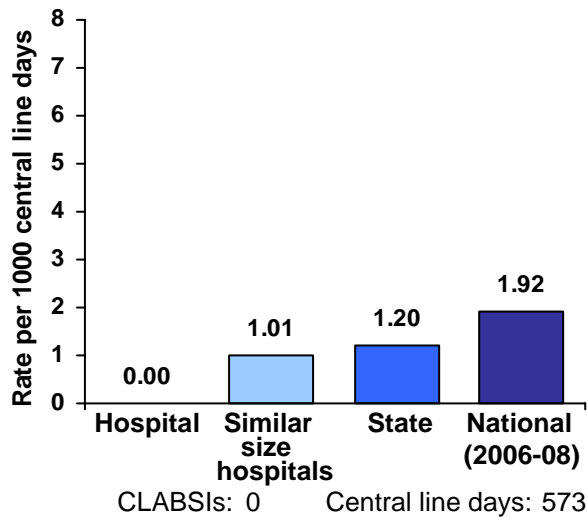
# Providence Willamette Falls Medical Center

Location: Oregon City  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 8  
 Specialty Care Beds: 0  
 Total Staffed Beds: 91  
 Admissions: 5,704  
 Patient Days: 14,596  
 Infection Control Professional FTE: 0.5

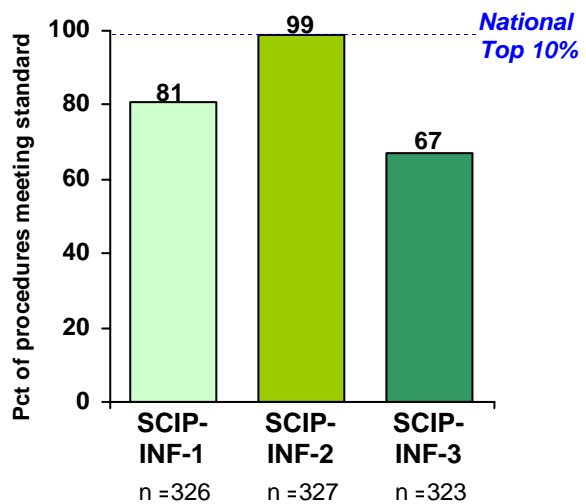


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

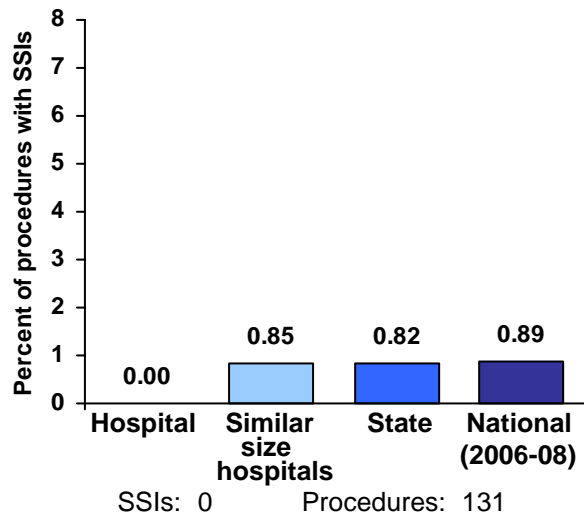


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Coronary Artery Bypass Graft, 2009

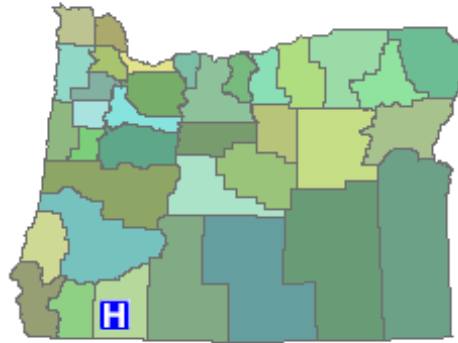
No procedures at this hospital

# Rogue Valley Medical Center

Location: Medford  
 Ownership: Not for profit  
 Medical School Affiliation: None

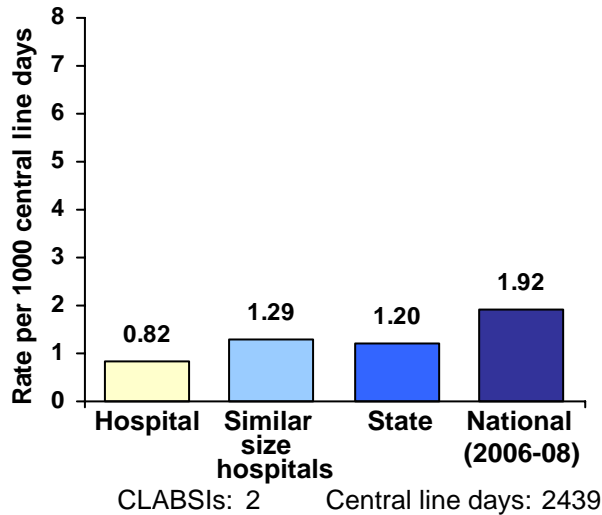
ICU Beds: 52  
 Specialty Care Beds: 19  
 Total Staffed Beds: 378

Admissions: 14,025  
 Patient Days: 60,000  
 Infection Control Professional FTE: 1

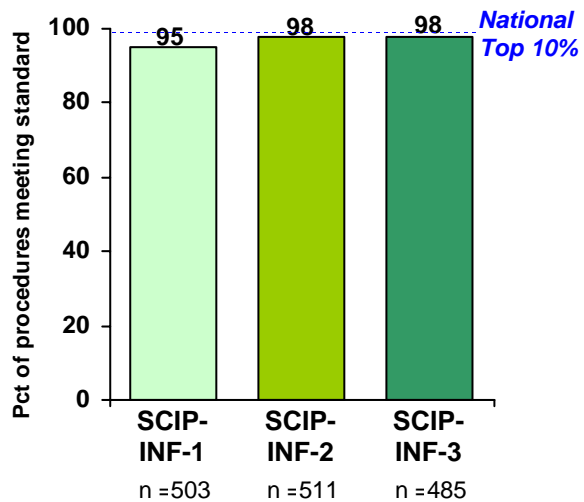


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

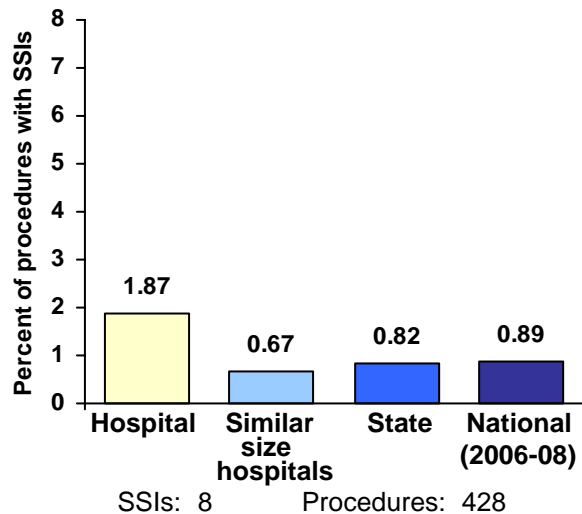


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

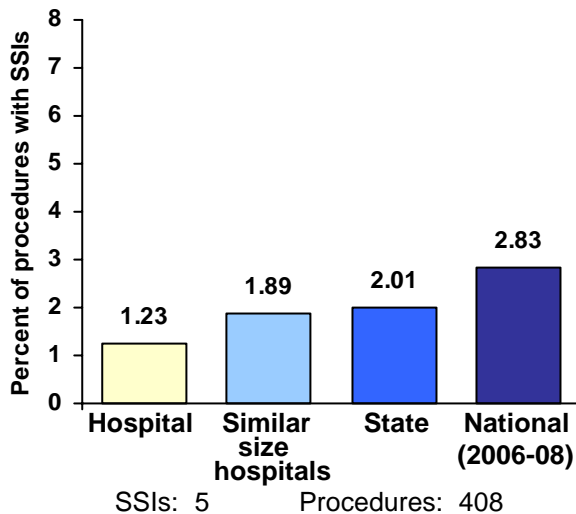


## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

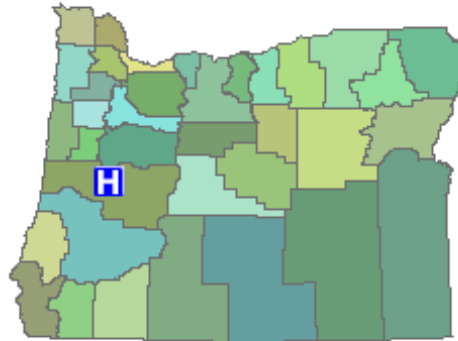


### Coronary Artery Bypass Graft, 2009



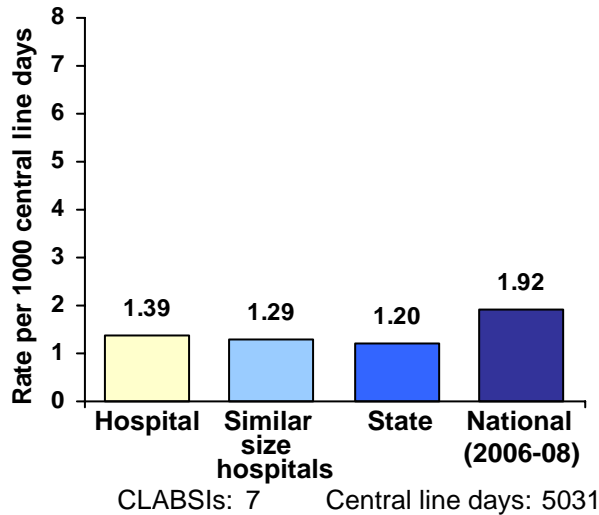
# Sacred Heart Medical Center at RiverBend

Location: Springfield  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 74  
 Specialty Care Beds: 0  
 Total Staffed Beds: 385  
 Admissions: 28,139  
 Patient Days: 109,871  
 Infection Control Professional FTE: 3.6

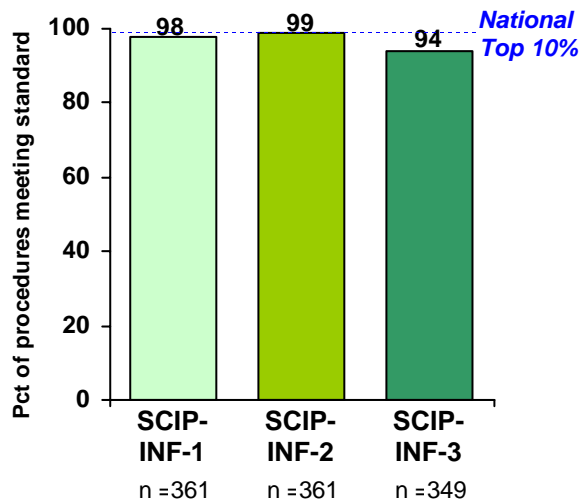


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**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

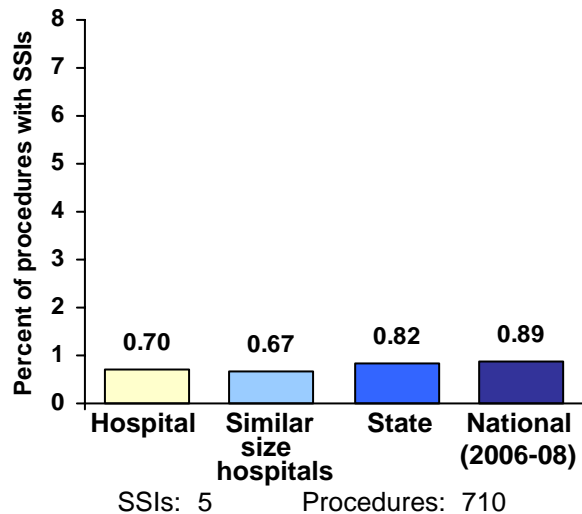


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

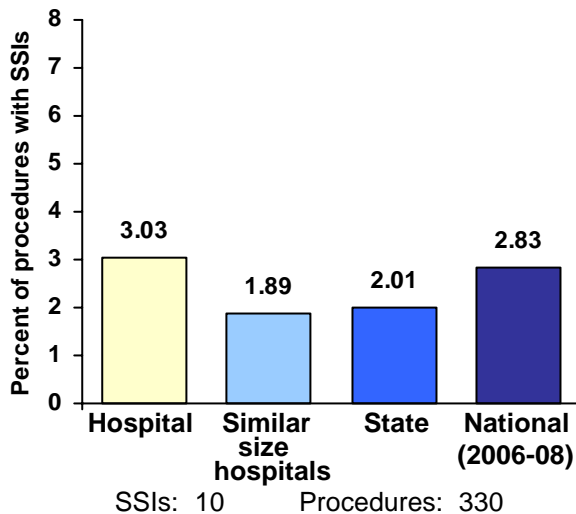


**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**

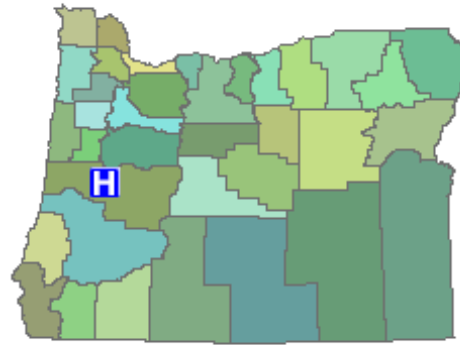


**Coronary Artery Bypass Graft, 2009**



# Sacred Heart Medical Center at University

Location: Eugene  
Ownership: Not for profit  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 104  
Admissions: 2,977  
Patient Days: 15,373  
Infection Control Professional FTE: 0.5

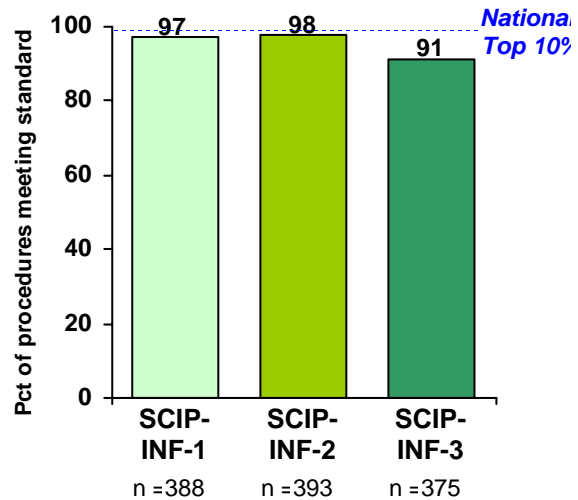


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## Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital is exempt from reporting central line associated bloodstream infections.*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

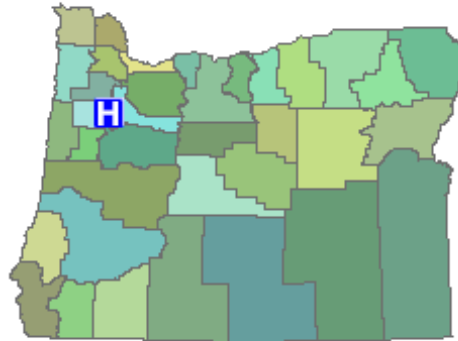
*This hospital is exempt from surgical site infection reporting.*

# Salem Hospital

Location: Salem  
 Ownership: Not for profit  
 Medical School Affiliation: None

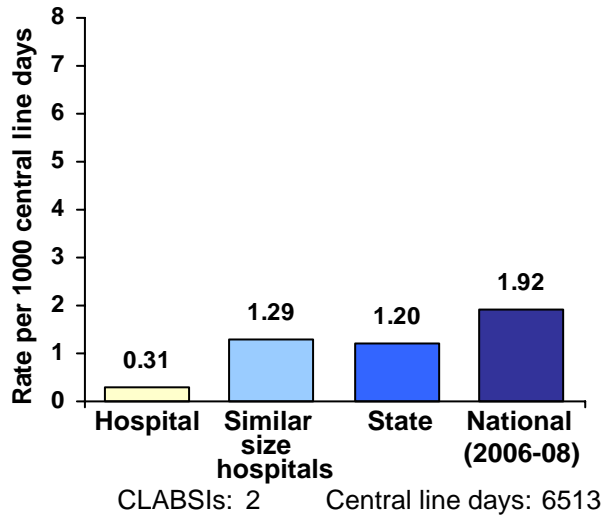
ICU Beds: 75  
 Specialty Care Beds: 117  
 Total Staffed Beds: 454

Admissions: 20,790  
 Patient Days: 104,847  
 Infection Control Professional FTE: 2

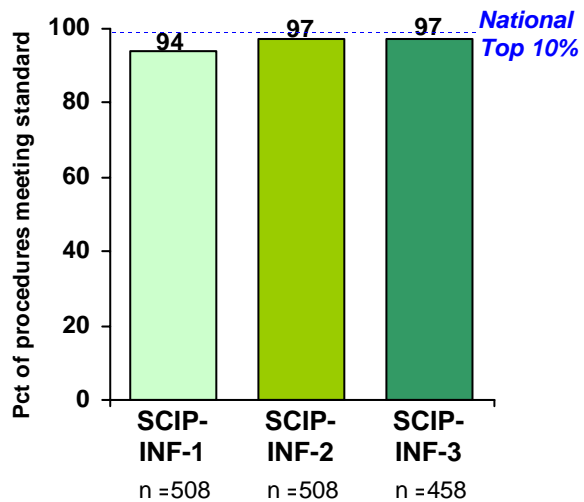


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**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

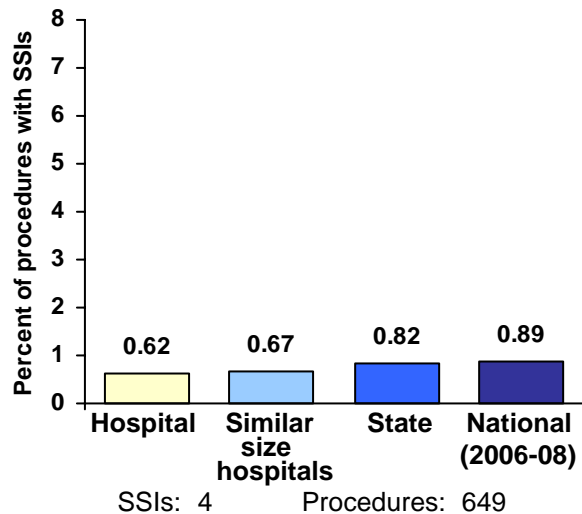


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

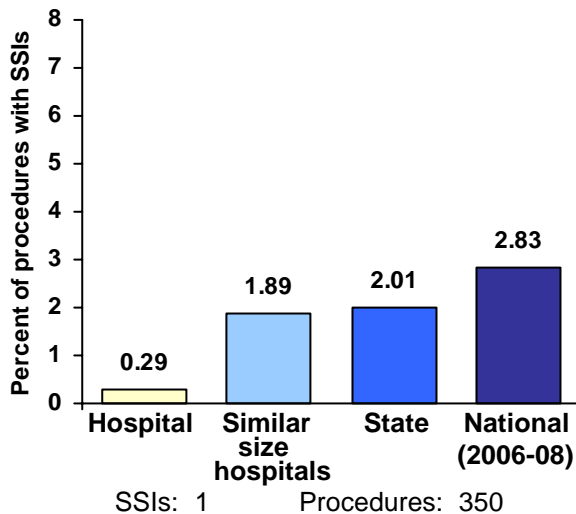


**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**

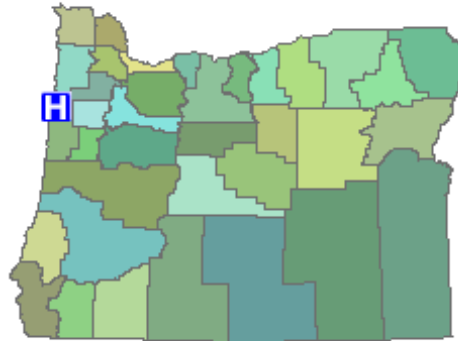


**Coronary Artery Bypass Graft, 2009**



# Samaritan North Lincoln Hospital

Location: Lincoln City  
 Ownership: Not for profit  
 Medical School Affiliation: Limited  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 Admissions: 1,779  
 Patient Days: 4,177  
 Infection Control Professional FTE: 0.5

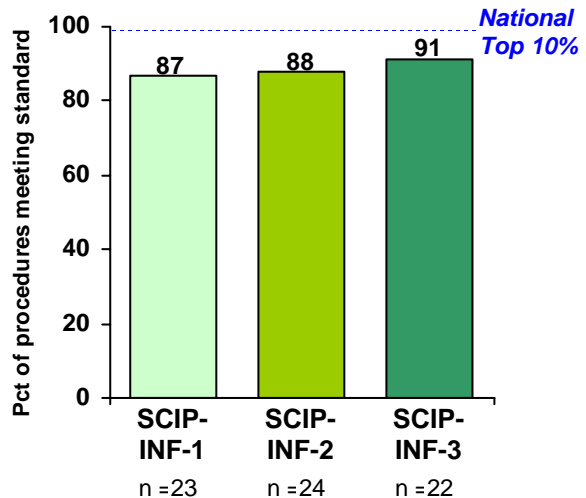


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

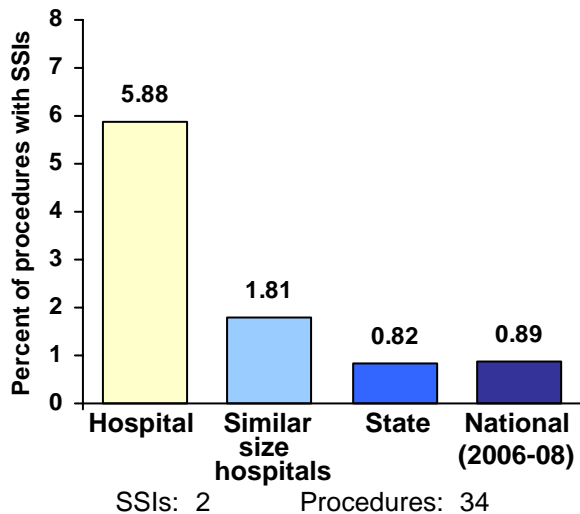
*Too few observations for reporting purposes.*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Coronary Artery Bypass Graft, 2009

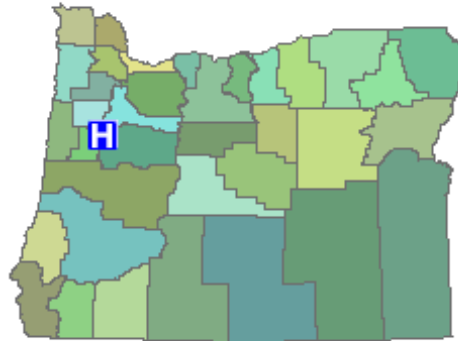
*No procedures at this hospital*

# Samaritan Albany General Hospital

Location: Albany  
 Ownership: Not for profit  
 Medical School Affiliation: Limited

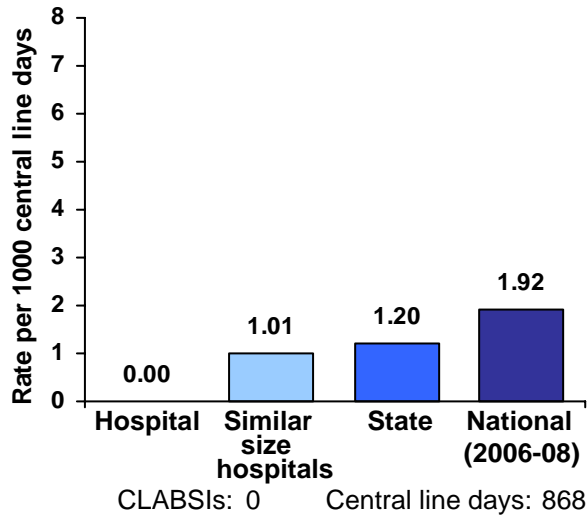
ICU Beds: 11  
 Specialty Care Beds: 0  
 Total Staffed Beds: 79

Admissions: 2,849  
 Patient Days: 10,443  
 Infection Control Professional FTE: 1

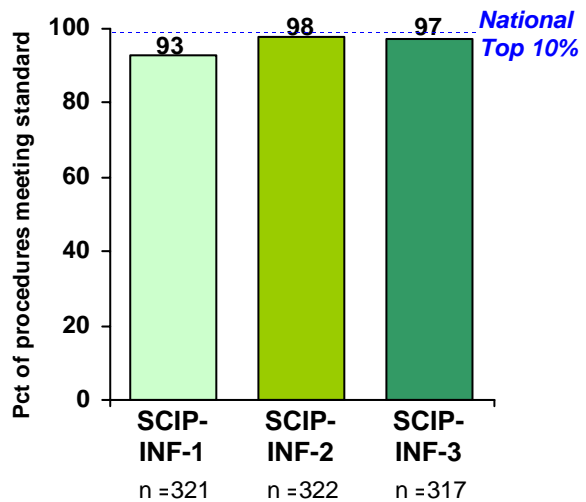


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

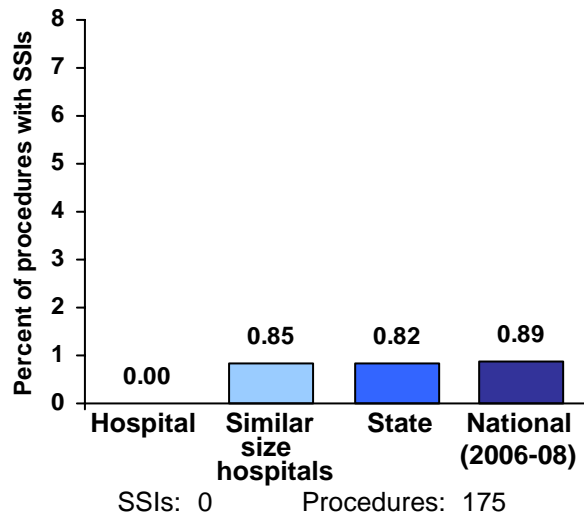


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

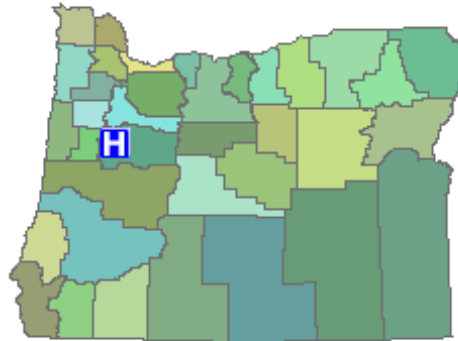


### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

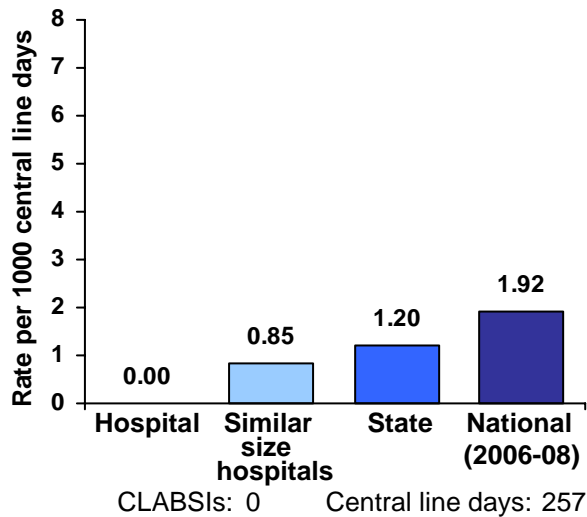
# Samaritan Lebanon Community Hospital

Location: Lebanon  
 Ownership: Not for profit  
 Medical School Affiliation: Major teaching  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 Admissions: 1,872  
 Patient Days: 5,863  
 Infection Control Professional FTE: 0.75

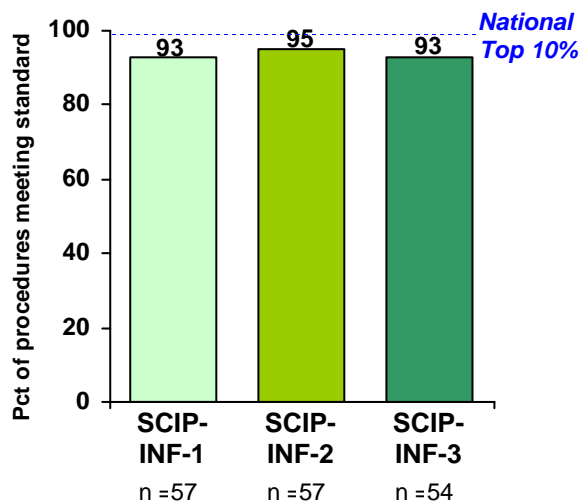


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009



## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

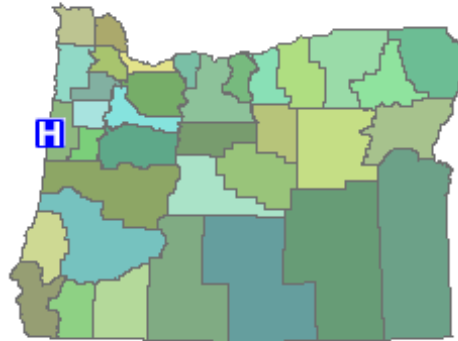
*Too few observations for reporting purposes.*

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

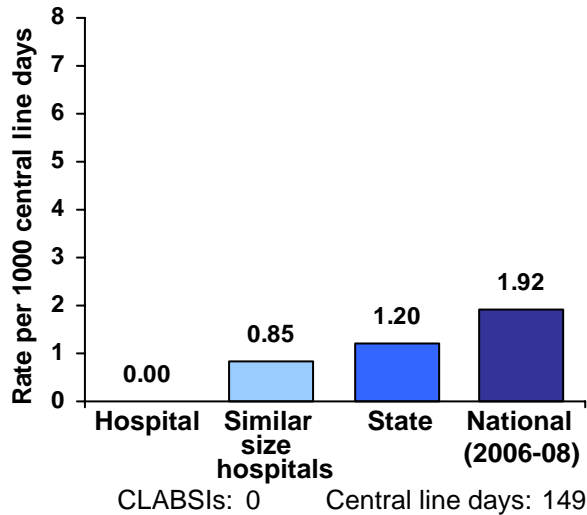
# Samaritan Pacific Communities Hospital

Location: Newport  
 Ownership: Not for profit  
 Medical School Affiliation: Limited  
 ICU Beds: 5  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 Admissions: 1,250  
 Patient Days: 3,944  
 Infection Control Professional FTE: 0.4

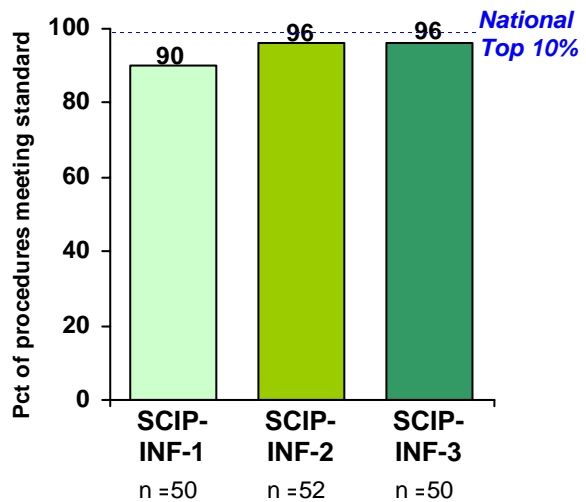


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009



## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

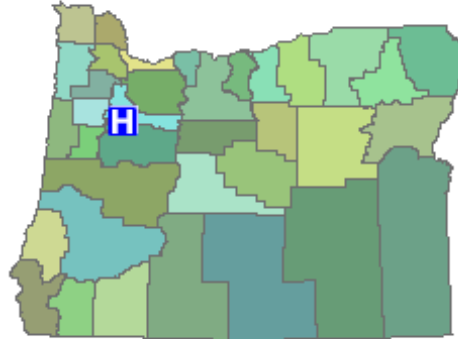
*Too few observations for reporting purposes.*

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

# Santiam Memorial Hospital

Location: Stayton  
Ownership: Not for profit  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 40  
Admissions: 1,155  
Patient Days: 3,421  
Infection Control Professional FTE: 0.625

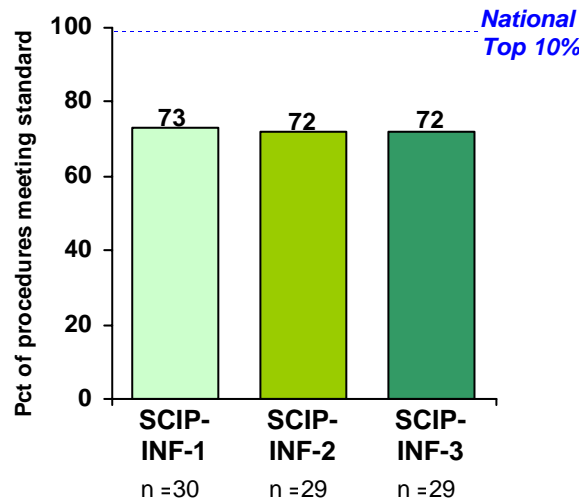


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital is exempt from reporting central line associated bloodstream infections.*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

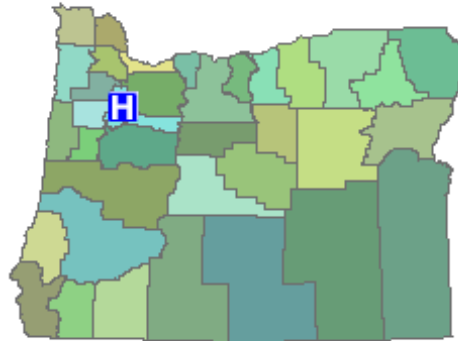
*Too few observations for reporting purposes.*

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

# Silverton Hospital

Location: Silverton  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 48  
 Admissions: 3,709  
 Patient Days: 9,598  
 Infection Control Professional FTE: 0.9

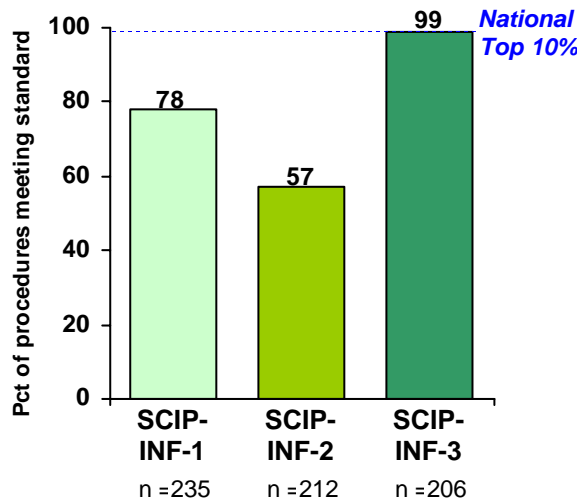


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

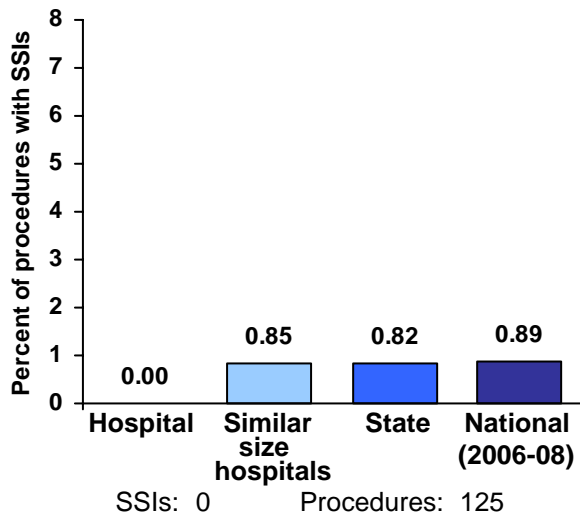
*This hospital is exempt from reporting central line associated bloodstream infections.*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

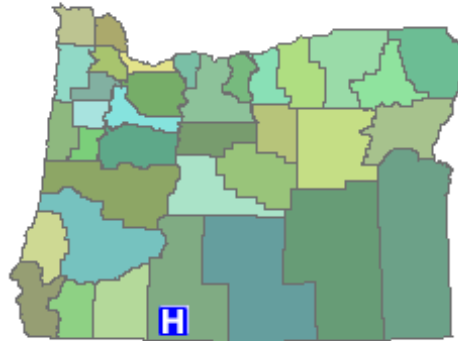


### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

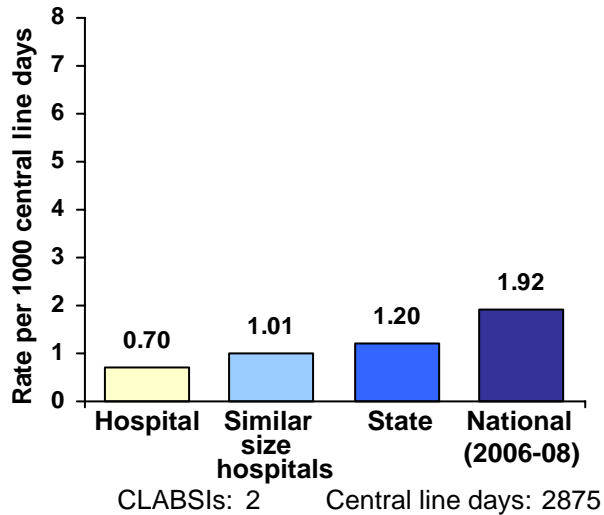
# Sky Lakes Medical Center

Location: Klamath Falls  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 10  
 Specialty Care Beds: 0  
 Total Staffed Beds: 167  
 Admissions: 5,866  
 Patient Days: 20,767  
 Infection Control Professional FTE: 0.5

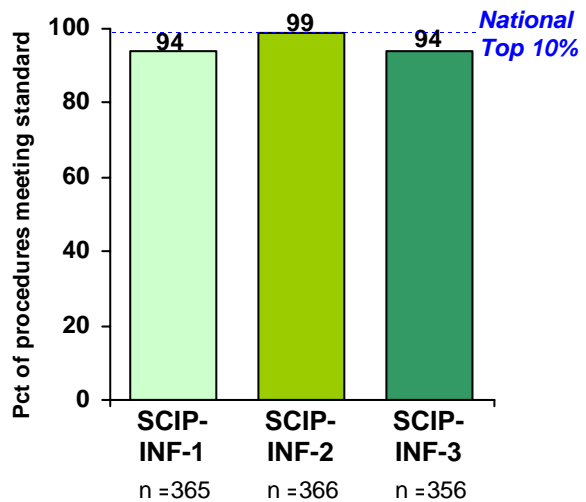


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

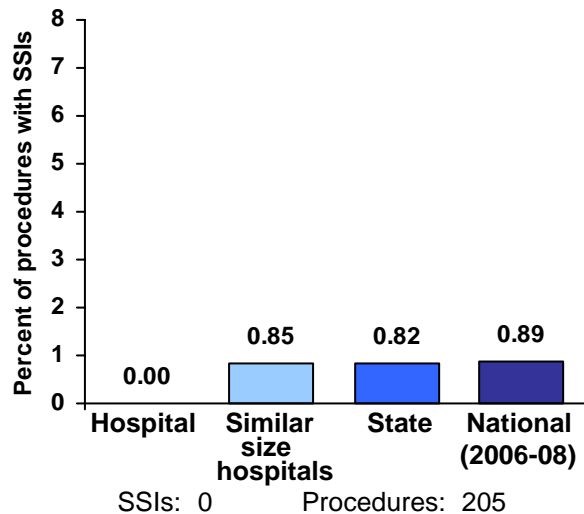


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

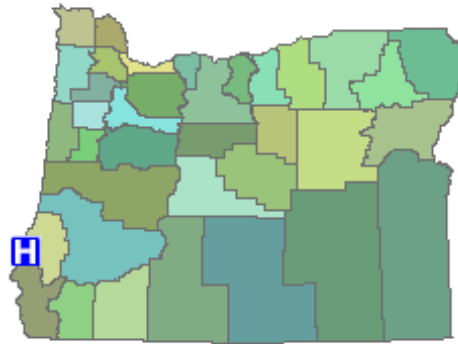


### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

## Southern Coos Hospital and Health Center

Location: Bandon  
Ownership: Government  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 19  
Admissions: 337  
Patient Days: 1,581  
Infection Control Professional FTE: 0.375



[Follow this link to view hospital comments.](#)

### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*This hospital is exempt from reporting central line associated bloodstream infections.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

*Too few observations for reporting purposes.*

### **Surgical Site Infections (SSIs) by Procedure**

#### **Knee Prosthesis, 2009**

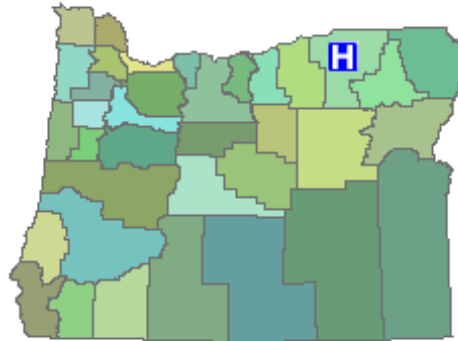
*Too few observations for reporting purposes.*

#### **Coronary Artery Bypass Graft, 2009**

*No procedures at this hospital*

# St. Anthony Hospital

Location: Pendleton  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 Admissions: 2,073  
 Patient Days: 5,711  
 Infection Control Professional FTE: 0.5

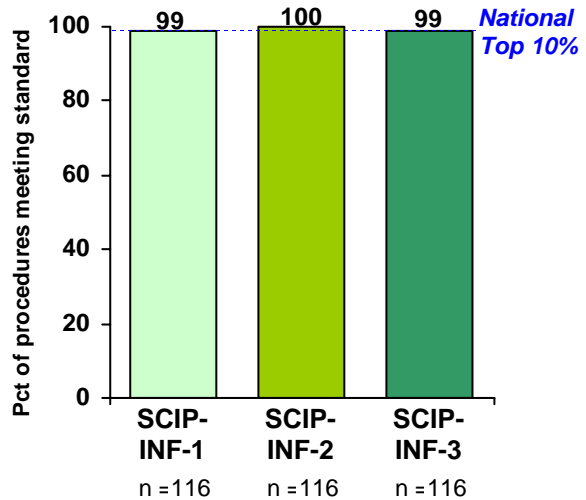


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

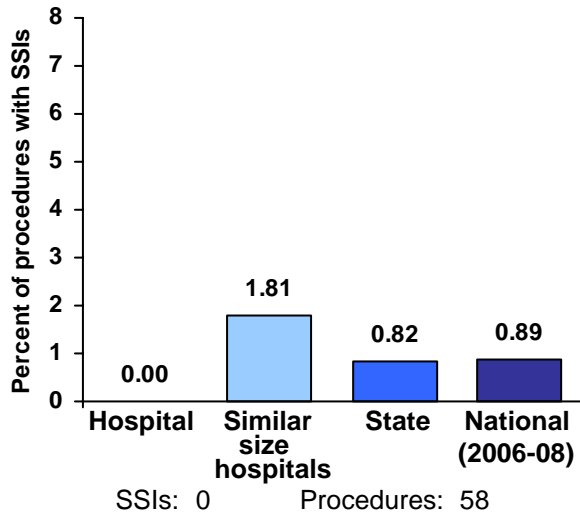
*Too few observations for reporting purposes.*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

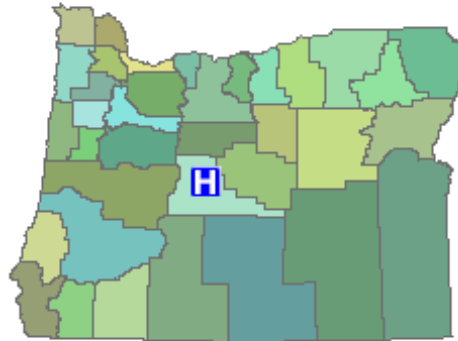


### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

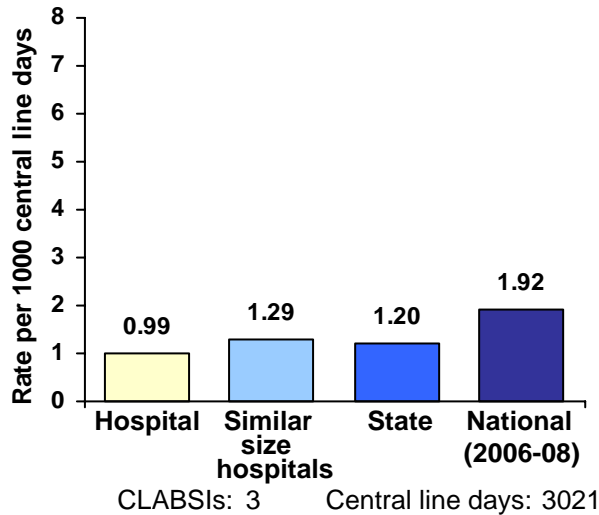
# St. Charles Medical Center (Bend)

Location: Bend  
 Ownership: Not for profit  
 Medical School Affiliation: Graduate  
 ICU Beds: 29  
 Specialty Care Beds: 0  
 Total Staffed Beds: 260  
 Admissions: 14,725  
 Patient Days: 61,367  
 Infection Control Professional FTE: 1.25

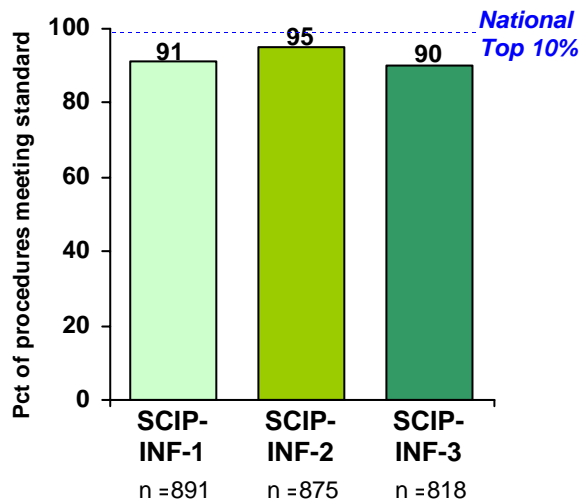


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

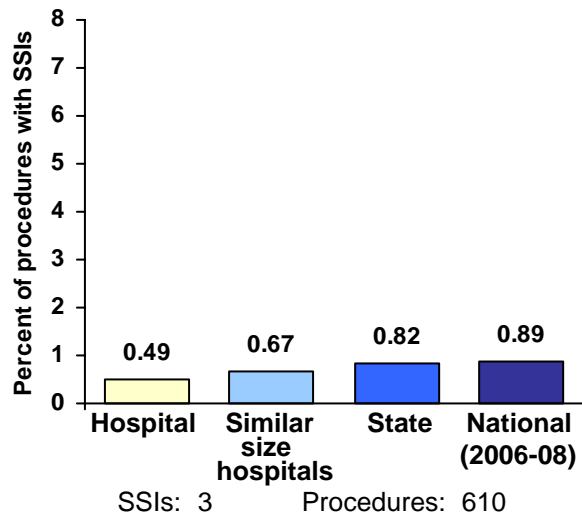


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

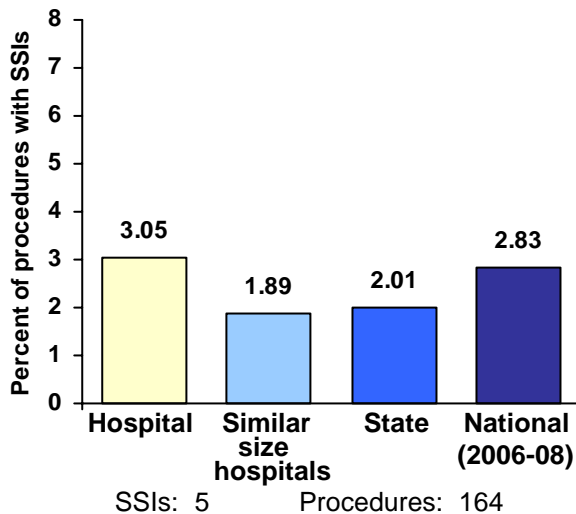


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

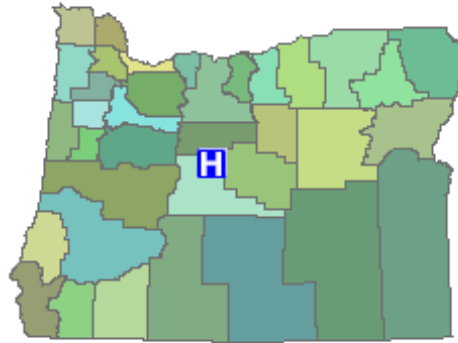


**Coronary Artery Bypass Graft, 2009**



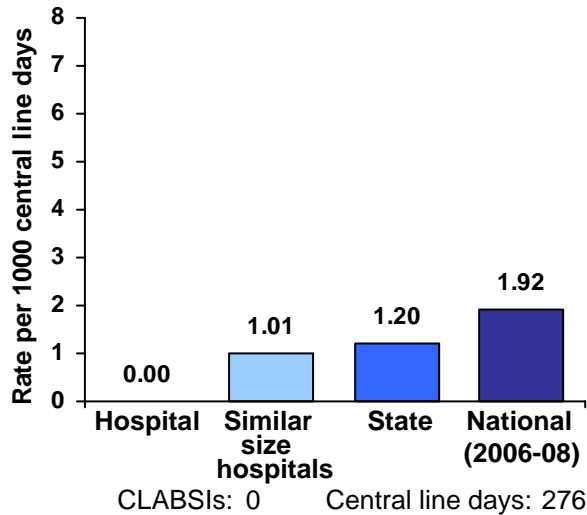
## St. Charles Medical Center (Redmond)

Location: Redmond  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 42  
 Admissions: 2,130  
 Patient Days: 6,396  
 Infection Control Professional FTE: 0.3

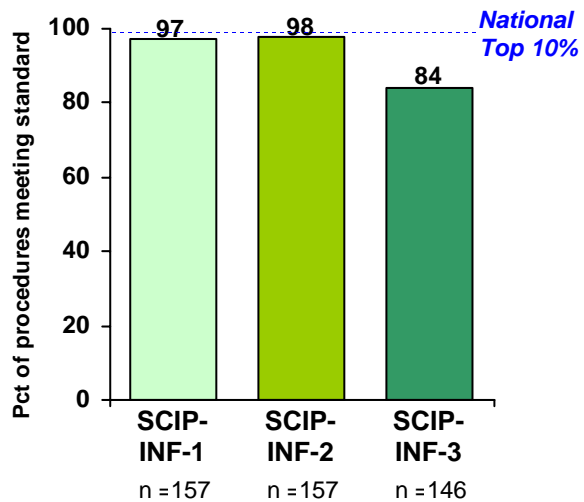


[Follow this link to view hospital comments.](#)

### Central Line Associated Bloodstream Infections (CLABSIs), 2009

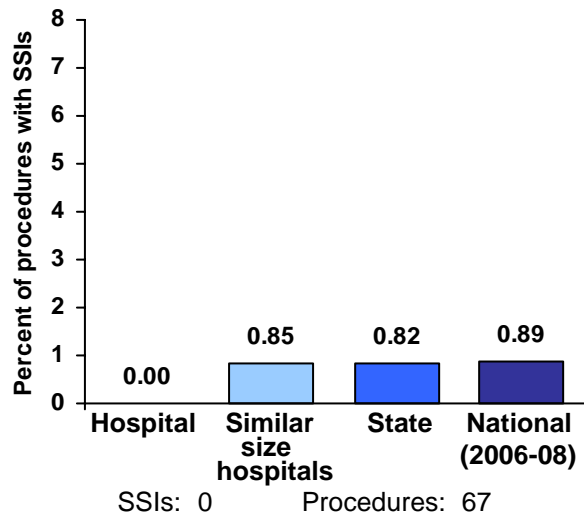


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

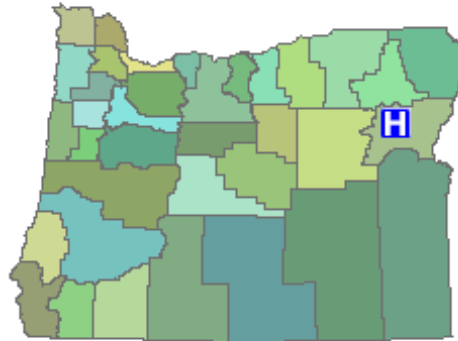


#### Coronary Artery Bypass Graft, 2009

No procedures at this hospital

## St. Elizabeth Health Services

Location: Baker City  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 2  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 Admissions: 943  
 Patient Days: 3,467  
 Infection Control Professional FTE: 0.4

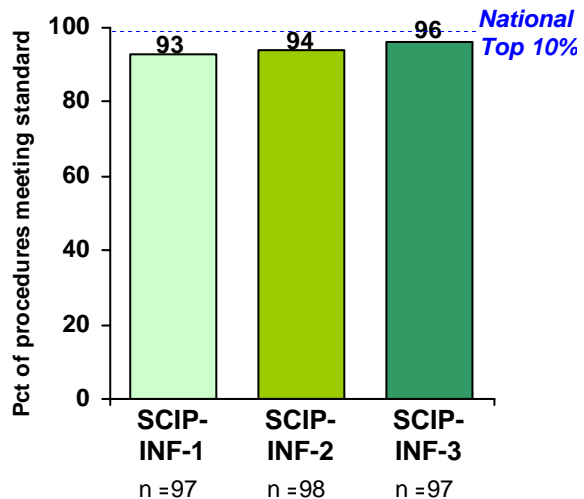


[Follow this link to view hospital comments.](#)

### Central Line Associated Bloodstream Infections (CLABSIs), 2009

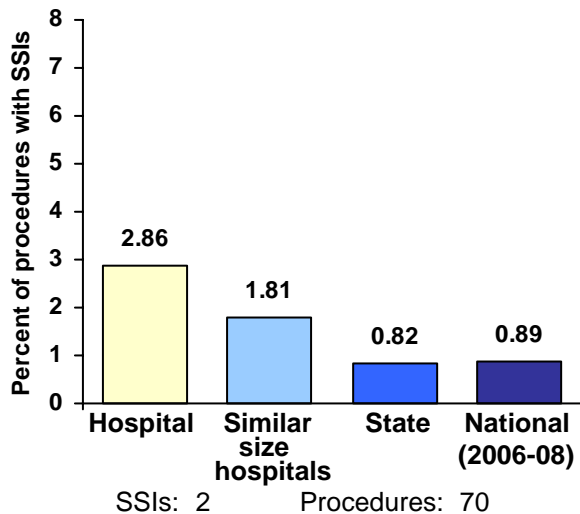
*This hospital is exempt from reporting central line associated bloodstream infections.*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009



#### Coronary Artery Bypass Graft, 2009

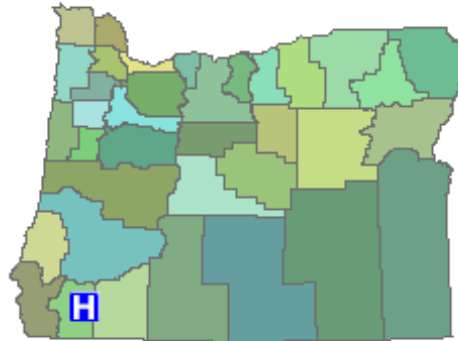
*No procedures at this hospital*

# Three Rivers Community Hospital and Health Center

Location: Grants Pass  
 Ownership: Not for profit  
 Medical School Affiliation: Limited

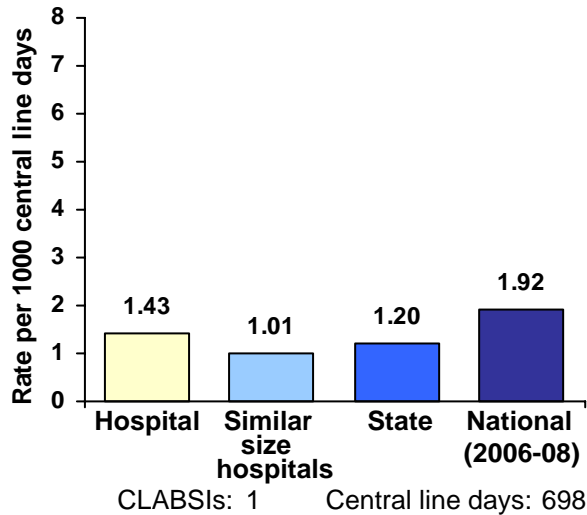
ICU Beds: 12  
 Specialty Care Beds: 0  
 Total Staffed Beds: 111

Admissions: 8,128  
 Patient Days: 23,407  
 Infection Control Professional FTE: 1

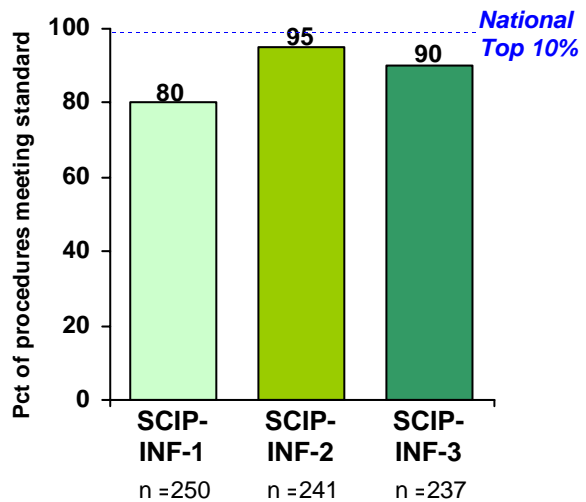


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

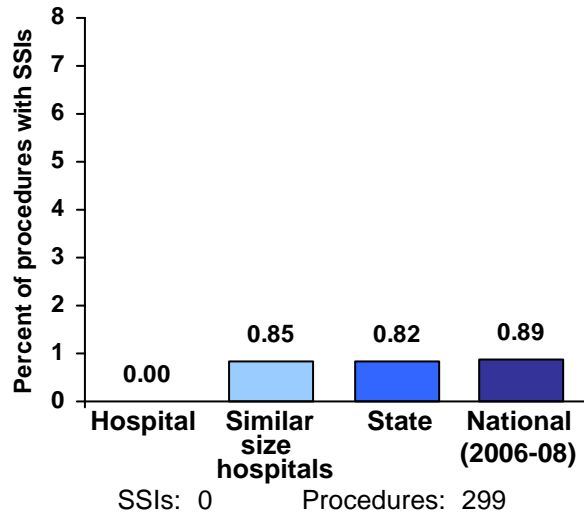


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009

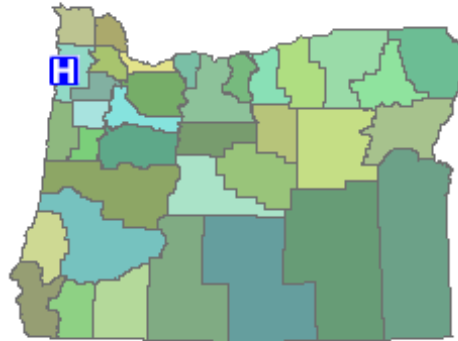


### Coronary Artery Bypass Graft, 2009

No procedures at this hospital

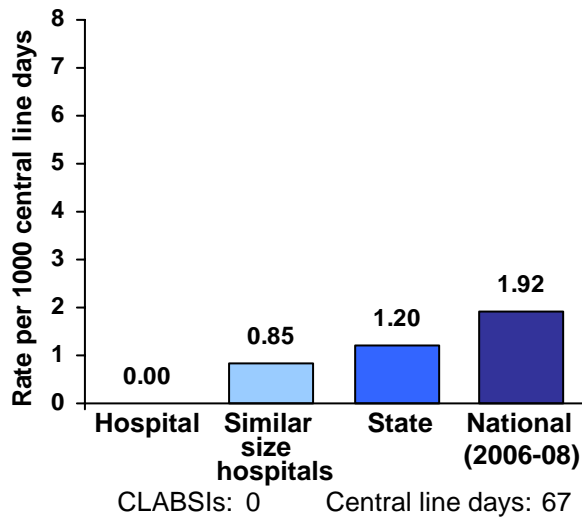
# Tillamook County General Hospital

Location: Tillamook  
 Ownership: Not for profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 Admissions: 1,333  
 Patient Days: 4,951  
 Infection Control Professional FTE: 0.6

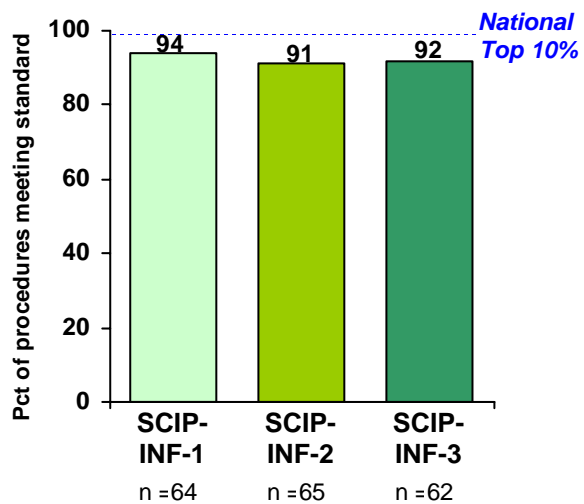


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

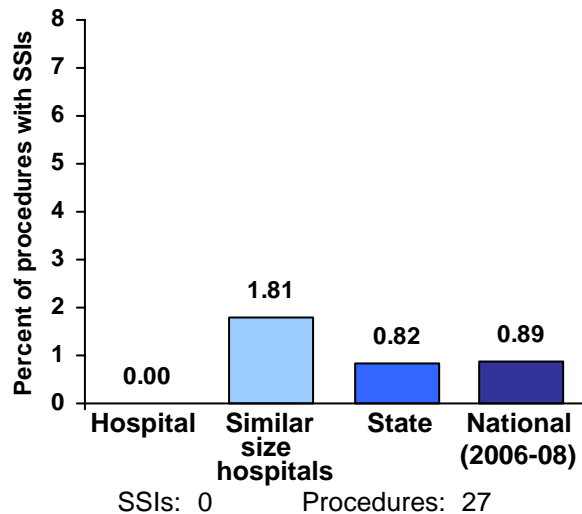


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Coronary Artery Bypass Graft, 2009

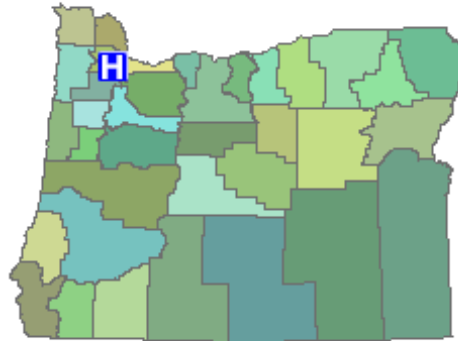
*No procedures at this hospital*

# Tuality Healthcare

Location: Hillsboro  
 Ownership: Not for profit  
 Medical School Affiliation: None

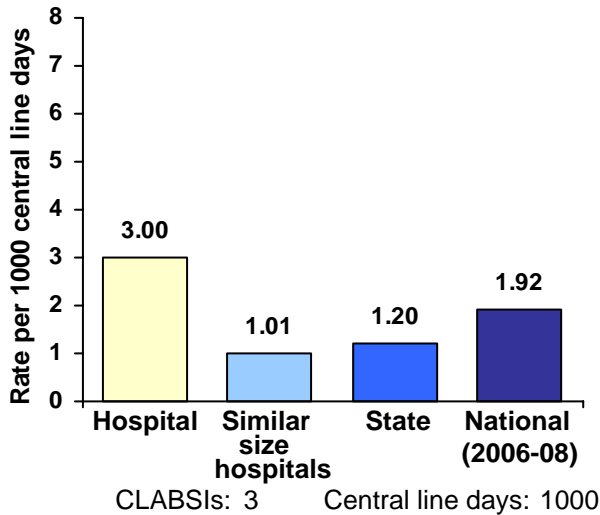
ICU Beds: 10  
 Specialty Care Beds: 6  
 Total Staffed Beds: 116

Admissions: 5,607  
 Patient Days: 24,573  
 Infection Control Professional FTE: 1

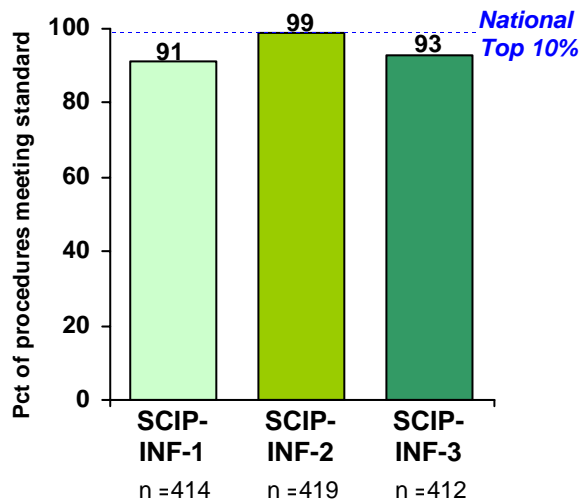


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

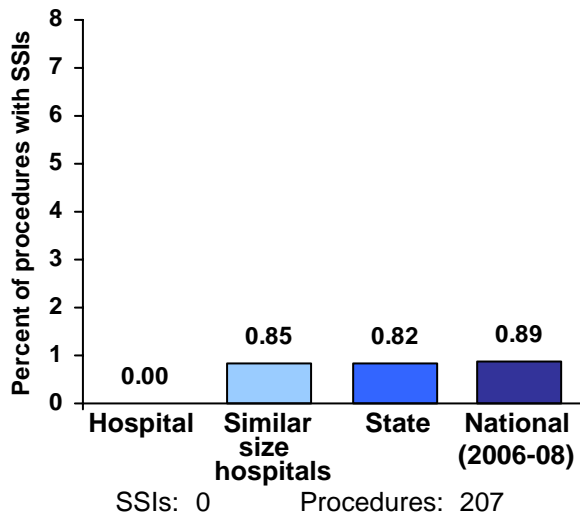


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

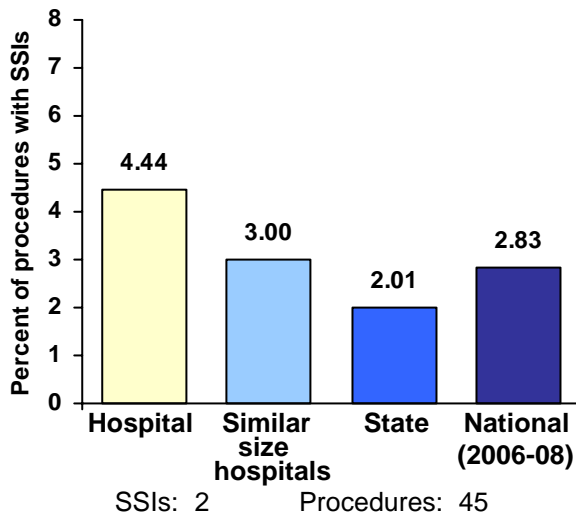


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

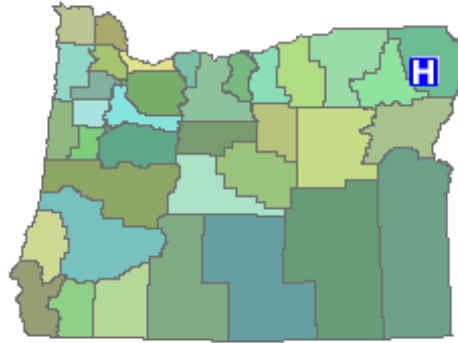


**Coronary Artery Bypass Graft, 2009**



## Wallowa Memorial Hospital

Location: Enterprise  
Ownership: Government  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 25  
Admissions: 616  
Patient Days: 2,992  
Infection Control Professional FTE: 0.4



[Follow this link to view hospital comments.](#)

### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*This hospital is exempt from reporting central line associated bloodstream infections.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

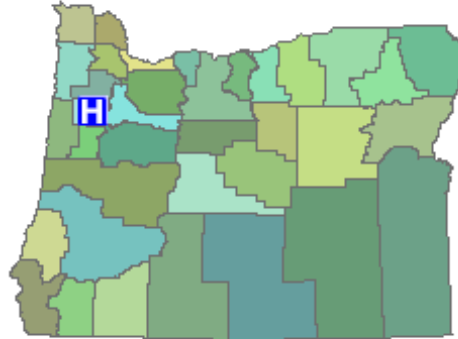
*Too few observations for reporting purposes.*

### **Surgical Site Infections (SSIs) by Procedure**

*This hospital is exempt from surgical site infection reporting.*

## West Valley Community Hospital

Location: Dallas  
Ownership: Not for profit  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 6  
Admissions: 66  
Patient Days: 163  
Infection Control Professional FTE: 0.15



[Follow this link to view hospital comments.](#)

### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*This hospital is exempt from reporting central line associated bloodstream infections.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

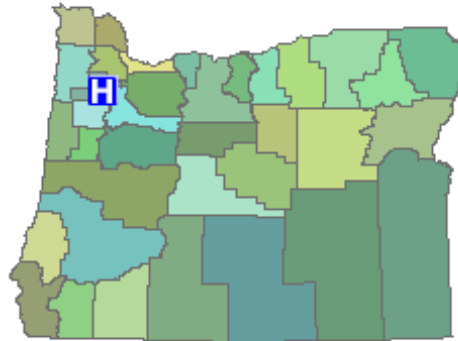
*This hospital is exempt from SCIP reporting.*

### **Surgical Site Infections (SSIs) by Procedure**

*This hospital is exempt from surgical site infection reporting.*

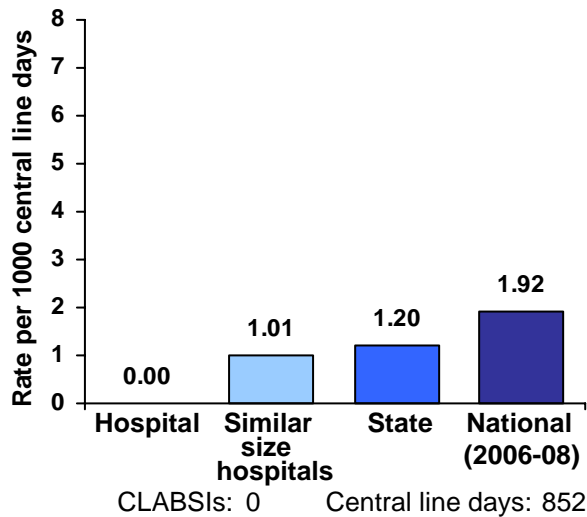
# Willamette Valley Medical Center

Location: McMinnville  
 Ownership: For profit  
 Medical School Affiliation: None  
 ICU Beds: 10  
 Specialty Care Beds: 4  
 Total Staffed Beds: 88  
 Admissions: 4,161  
 Patient Days: 15,637  
 Infection Control Professional FTE: 0.5

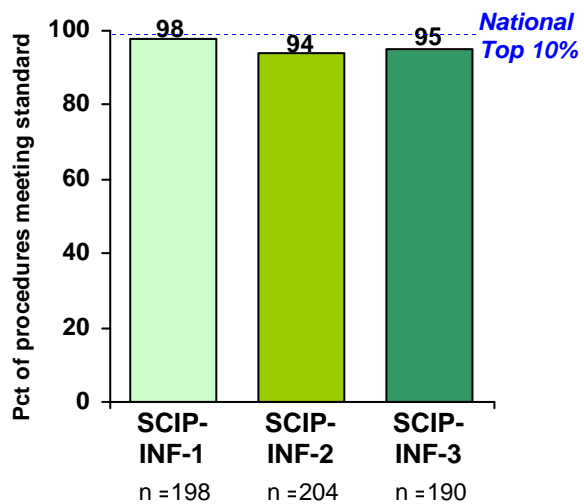


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

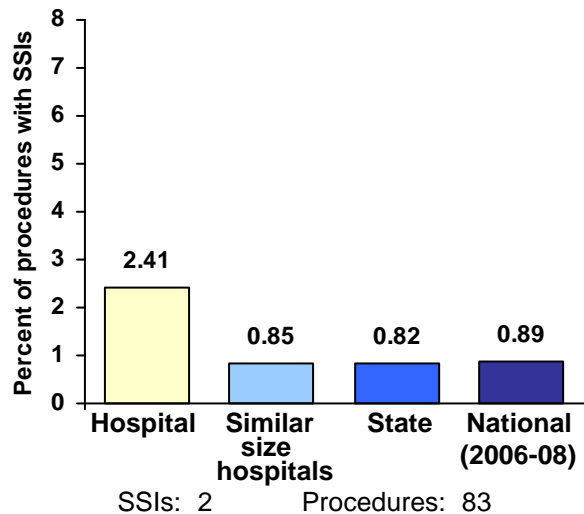


## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

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# **Appendix C:**

## **Hospital Comments on HAI Data Sheets**

## **APPENDIX C:**

### **COMMENTS FROM HOSPITALS ON HEALTHCARE ACQUIRED INFECTION (HAI) HOSPITAL-LEVEL REPORTS**

During their 30-day review of the hospital-level Healthcare Acquired Infection (HAI) reports, all hospitals were also given the opportunity to provide comments on their reports. Eight hospitals provided comments on their HAI data reports, and they are listed in alphabetical order.

- Legacy Good Samaritan Hospital and Medical Center
- McKenzie-Willamette Medical Center
- Mid Columbia Medical Center
- Oregon Health and Science University (OHSU) Hospital
- Peace Harbor Hospital
- Providence Medford Medical Center
- Sacred Heart Medical Center at Riverbend
- Sky Lakes Medical Center

If a hospital is not listed in this section, the hospital did not provide comments on its HAI report.

#### **LEGACY GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER**

LGSMC reviews all post-operative surgical site infections. Changes in practices and procedures were implemented in May, 2009, that resulted in a reduction of surgical site infections following CBGB surgeries to just one since the implementation of these changes.

#### **MCKENZIE-WILLAMETTE MEDICAL CENTER**

##### Central Line associated Bloodstream Infections:

The hospital experienced an increase in central line associated bloodstream infections in the intensive care units. A patient care improvement team was formed. We have made improvements that have resulted in a decrease in infections.

##### CABG SSIs:

A CABG improvement team implemented changes and we have had **NO** surgical site infections in coronary artery bypass graft patients since the second quarter of 2009.

#### **MID COLUMBIA MEDICAL CENTER**

Mid-Columbia Medical Center participates in the Institute for Health Improvement's focus programs to prevent central line infections, ventilator associated pneumonias and surgical site infections. We have scored in the top percentage of US hospitals for the last five years. We are in the unique position of having 100% cooperation in receiving follow up questionnaires from the physicians regarding patient outcomes. This follow-up arrangement allows us to identify post

operative problems that are cared for in the physician offices. This valuable information assists MCMC in making ongoing quality improvements.

## **OREGON HEALTH AND SCIENCE UNIVERSITY (OHSU) HOSPITAL**

1. Oregon Health and Science University (OHSU) is the state's only academic medical center. With 146 intensive care beds in 6 units (4 adult, 1 pediatric, and 1 neonatal), and providing specialty care to bone marrow and solid organ transplant patients, OHSU treats many patients with very complex health problems.
2. OHSU is making substantial investments in the prevention of health care associated infections (HAI). In 2010, three additional full-time infection control professionals were added to the two professionals already staffing the OHSU Infection Control Department. The department medical director and medical directors of the pediatric and bone marrow/solid organ transplant infection control programs are board-certified in Infectious Diseases. In 2010-2011, OHSU will participate with other Oregon hospitals in the Oregon HAI Prevention Collaborative, with the goal of eliminating preventable HAI.
3. Central Line Associated Bloodstream Infections  
Since these data were compiled, OHSU has initiated several measures designed to reduce the occurrence of central venous catheter-associated bloodstream infections:
  - Supplemental mandatory training for anyone inserting central lines
  - Checklists for best practice when inserting central lines
  - Additional education for those responsible for managing the lines
4. Coronary Artery Bypass Graft  
These data may not be adequately risk stratified (adjusted) to reflect the complexity of the OHSU patient population. For example, many OHSU patients undergoing coronary artery bypass grafting require concurrent heart valve replacement, which may increase the risk for infection.

## **PEACE HARBOR HOSPITAL**

Peace Harbor Hospital adheres to best-practice, evidenced -based protocol for establishing central lines in ICU, ED and medical surgical areas. Peace Harbor proactively tracks outcome data to validate compliance, which has confirmed only one central line infection in the past three years. Aggressive training, education and awareness programs have been implemented to reestablish our zero incident threshold.

## **PROVIDENCE MEDFORD MEDICAL CENTER**

Providence Medford Medical Center is dedicated to excellence by constantly working to improve the care we provide our patients. We have implemented many national infection prevention measures on our quest to lower infection rates to zero. During 2009, we identified an unusual, short-term occurrence of central line associated bloodstream infections. An intensive review of practices was conducted and additional infection prevention measures were put into place. Our

central line associated bloodstream infection rate dropped back down to zero and has remained at zero since.

Our Surgery Department continues to demonstrate excellence in preventing surgical site infections. Due to our continuous improvement efforts, our compliance with all three the SCIP measures exceeded 92% at the end of 2009.

## **SACRED HEART MEDICAL CENTER AT RIVERBEND**

### CLABSI:

Our infection prevention department is working with medical and nursing staff to reduce the number of infections in our facility. Efforts include improving compliance with the nationally accepted central line insertion bundle and a “scrub the hub” campaign.

### CABG

Of the ten infections reported, eight were superficial infections at the incision site. Seven of the eight were at the secondary vein harvest site and one at the primary chest incision. The other two infections (one secondary and one primary) were deep infections within the incision. We had no infections related to the heart or valves. Our infection prevention department is leading focused efforts to reduce these infections.

### Knee Prosthesis

All five infections were superficial infections at the incision site.

## **SKY LAKES MEDICAL CENTER**

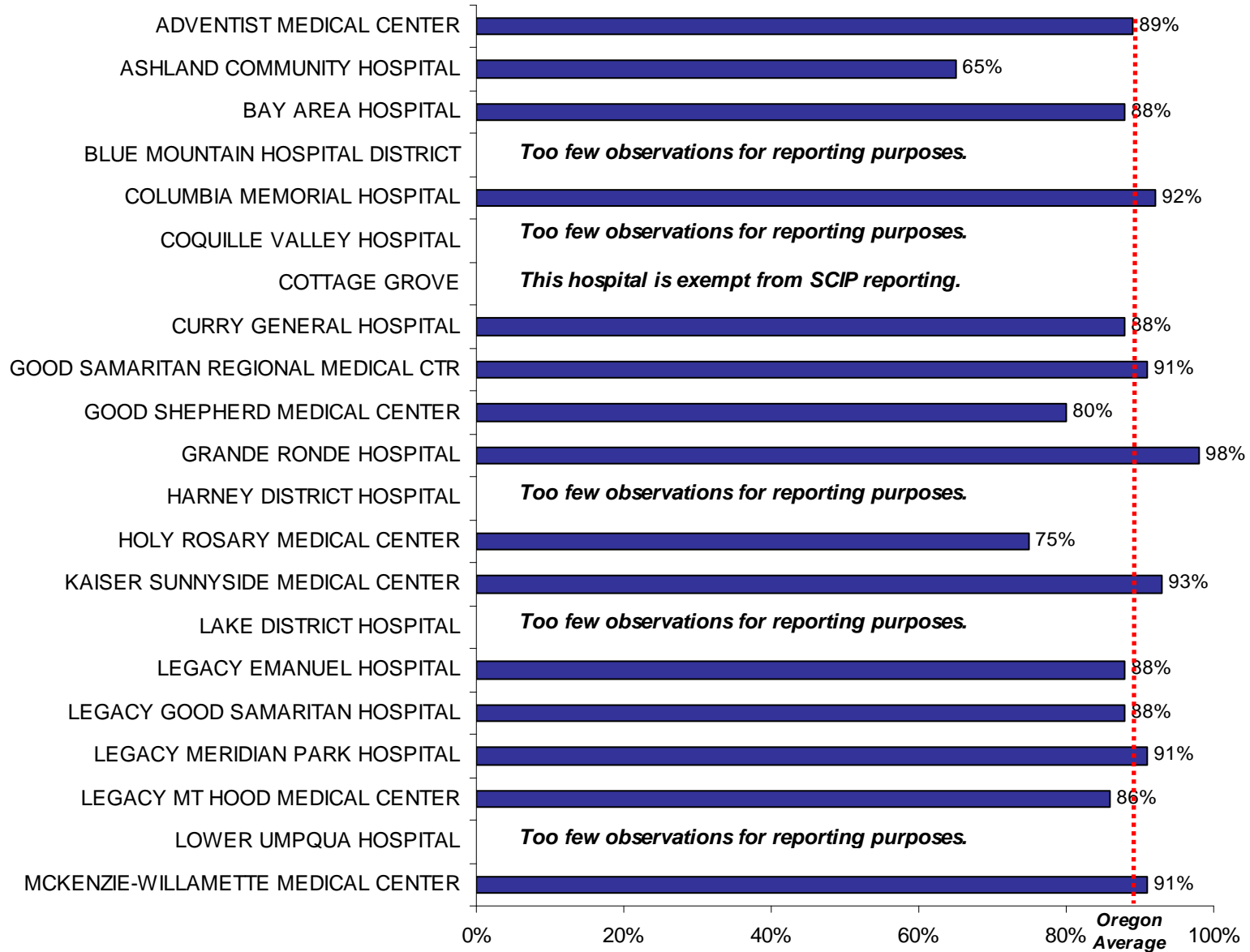
[www.skylakes.org](http://www.skylakes.org)

If a hospital is not included above, the hospital did not provide comments on its HAI report.

**Appendix D:**

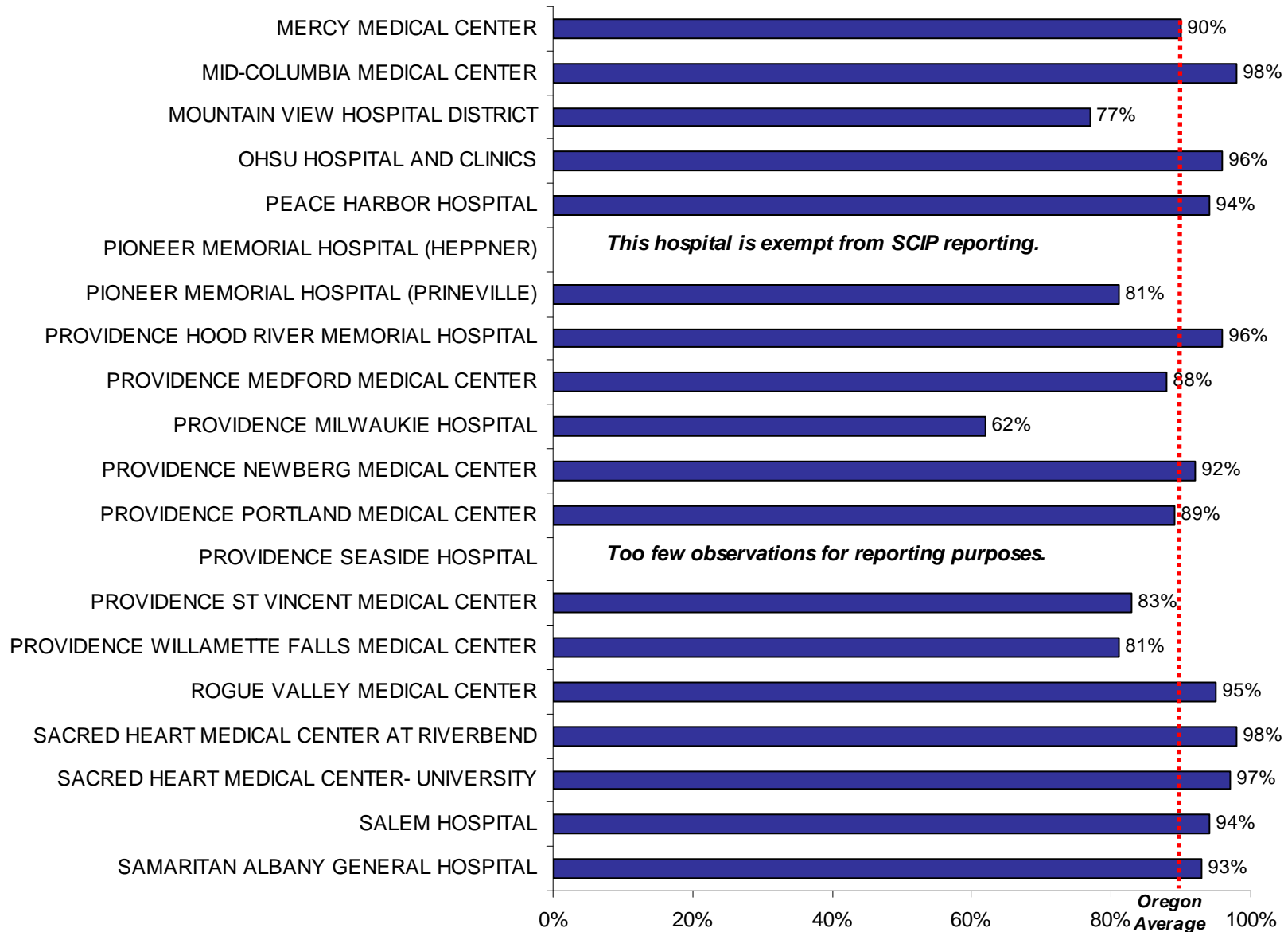
**Surgical Care Improvement Project  
(SCIP) Data**

**Surgical Care Improvement Project (SCIP) Measure 1: Percent of surgery patients who were given an antibiotic at the right time (within one hour) before surgery to prevent infection, April 2008 – March 2009\* (SCIP-1, Page 1 of 3)**



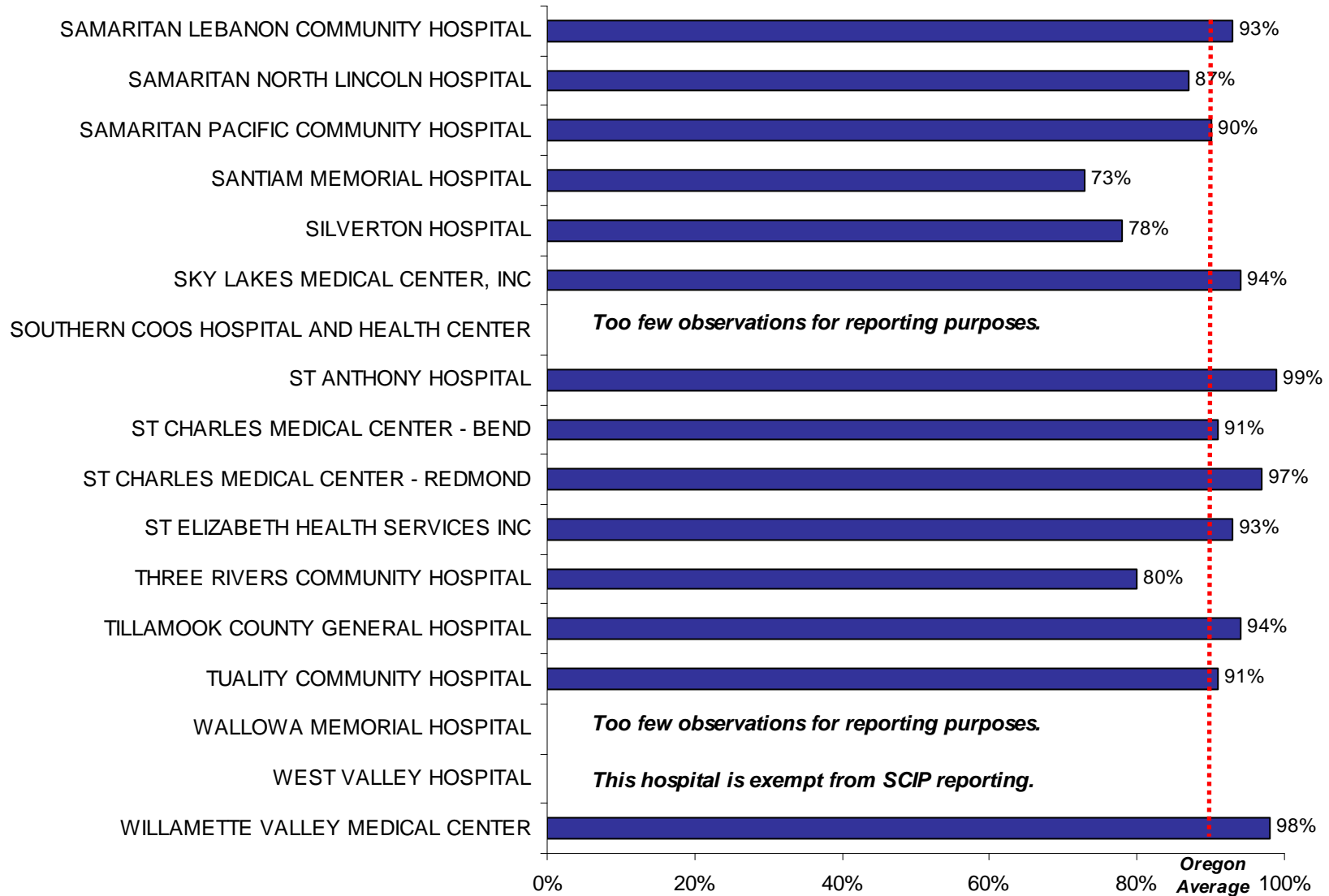
\* Grande Ronde Hospital reported data for 1/2009-12/2009 and St. Anthony Hospital reported data for 4/2009-3/2010.

**Surgical Care Improvement Project (SCIP) Measure 1: Percent of surgery patients who were given an antibiotic at the right time (within one hour) before surgery to prevent infection, April 2008 – March 2009\* (SCIP-1, Page 2 of 3)**



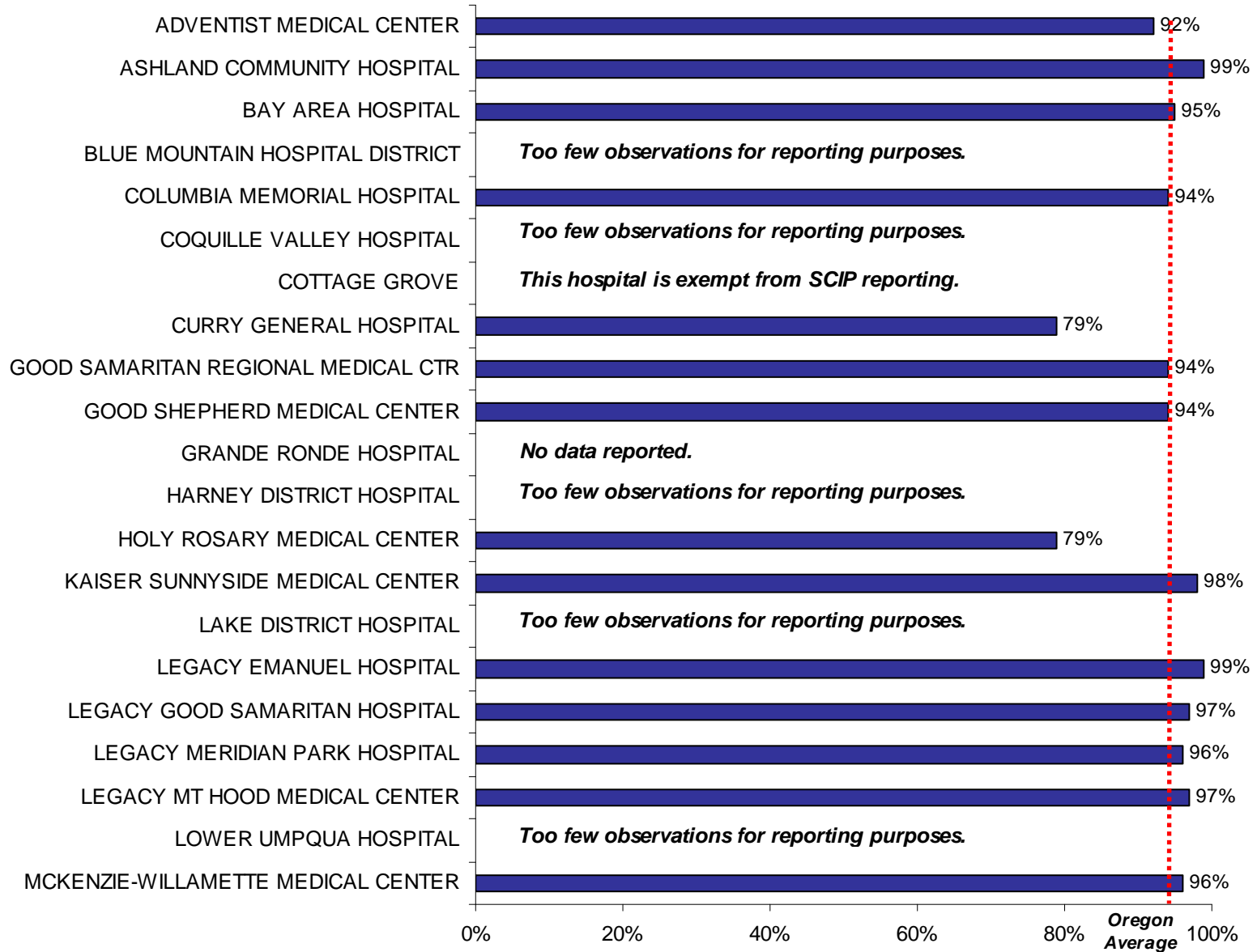
\* Grande Ronde Hospital reported data for 1/2009-12/2009 and St. Anthony Hospital reported data for 4/2009-3/2010.

**Surgical Care Improvement Project (SCIP) Measure 1: Percent of surgery patients who were given an antibiotic at the right time (within one hour) before surgery to prevent infection, April 2008 – March 2009\* (SCIP-1, Page 3 of 3)**



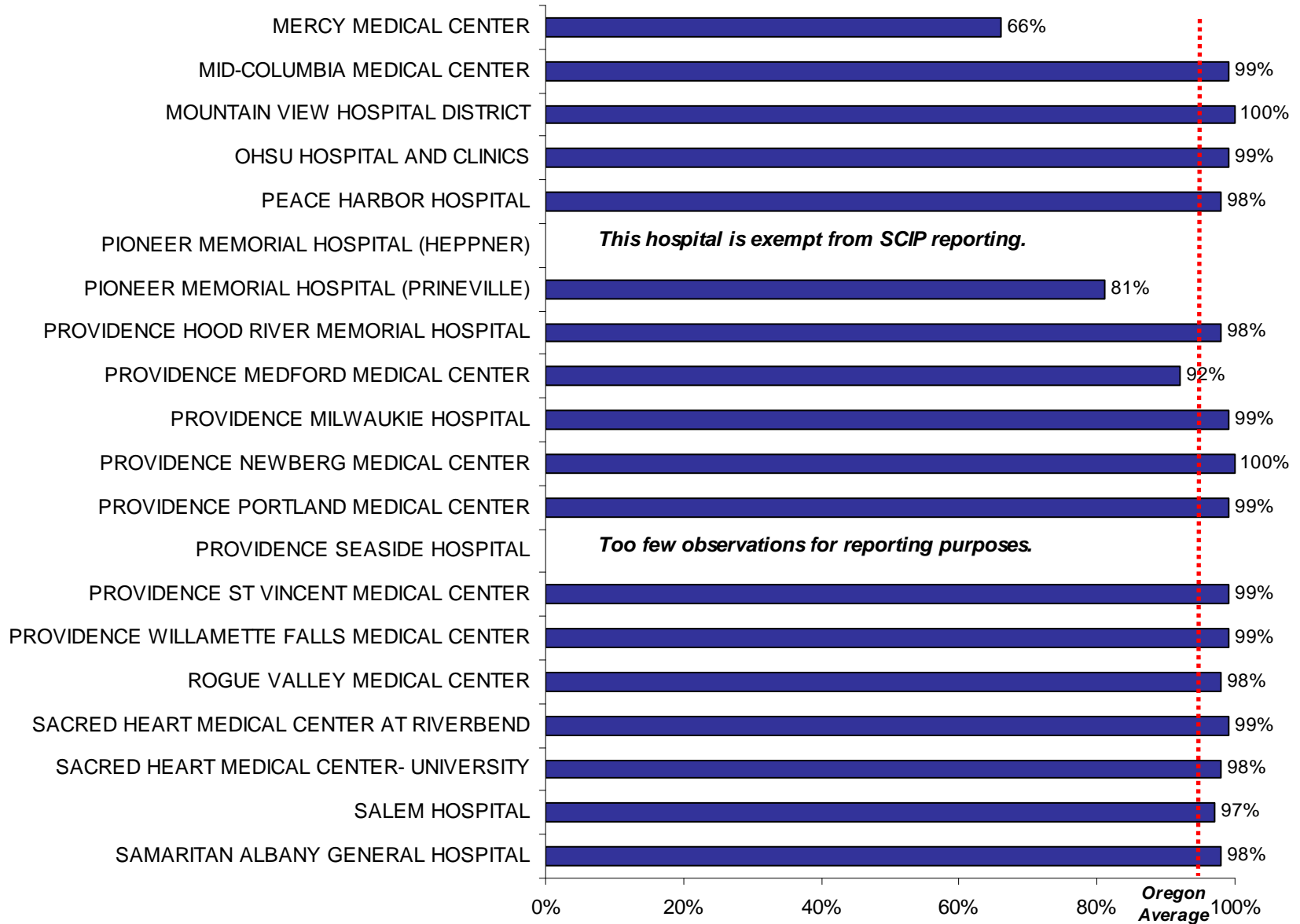
\* Grande Ronde Hospital reported data for 1/2009-12/2009 and St. Anthony Hospital reported data for 4/2009-3/2010.

**Surgical Care Improvement Project (SCIP) Measure 2: Percent of surgery patients who were given an antibiotic the right kind of antibiotic to help prevent infection, April 2008 – March 2009\* (SCIP-2, Page 1 of 3)**



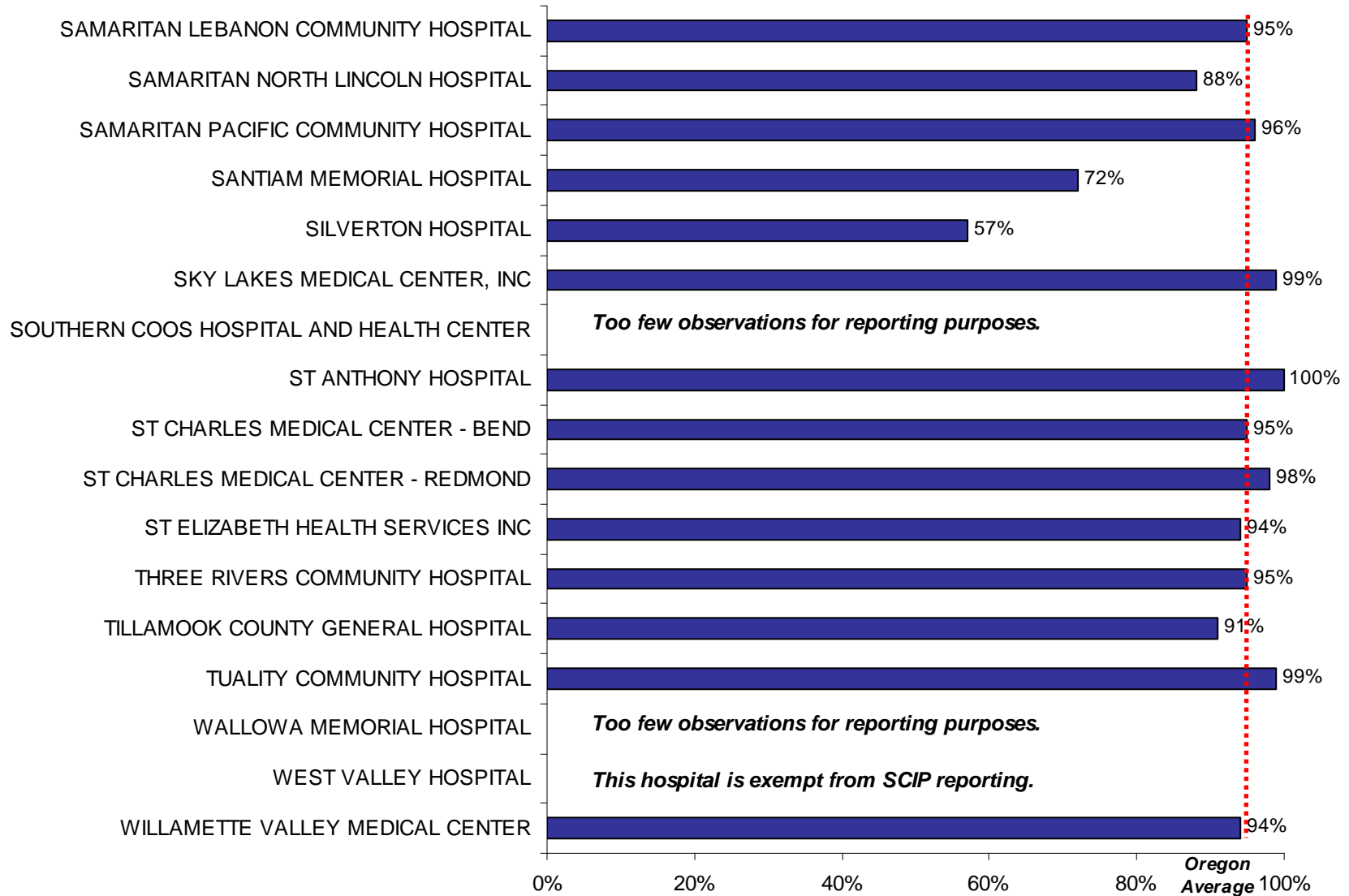
\* Grande Ronde Hospital reported data for 1/2009-12/2009 and St. Anthony Hospital reported data for 4/2009-3/2010.

**Surgical Care Improvement Project (SCIP) Measure 2: Percent of surgery patients who were given an antibiotic the right kind of antibiotic to help prevent infection, April 2008 – March 2009\* (SCIP-2, Page 2 of 3)**



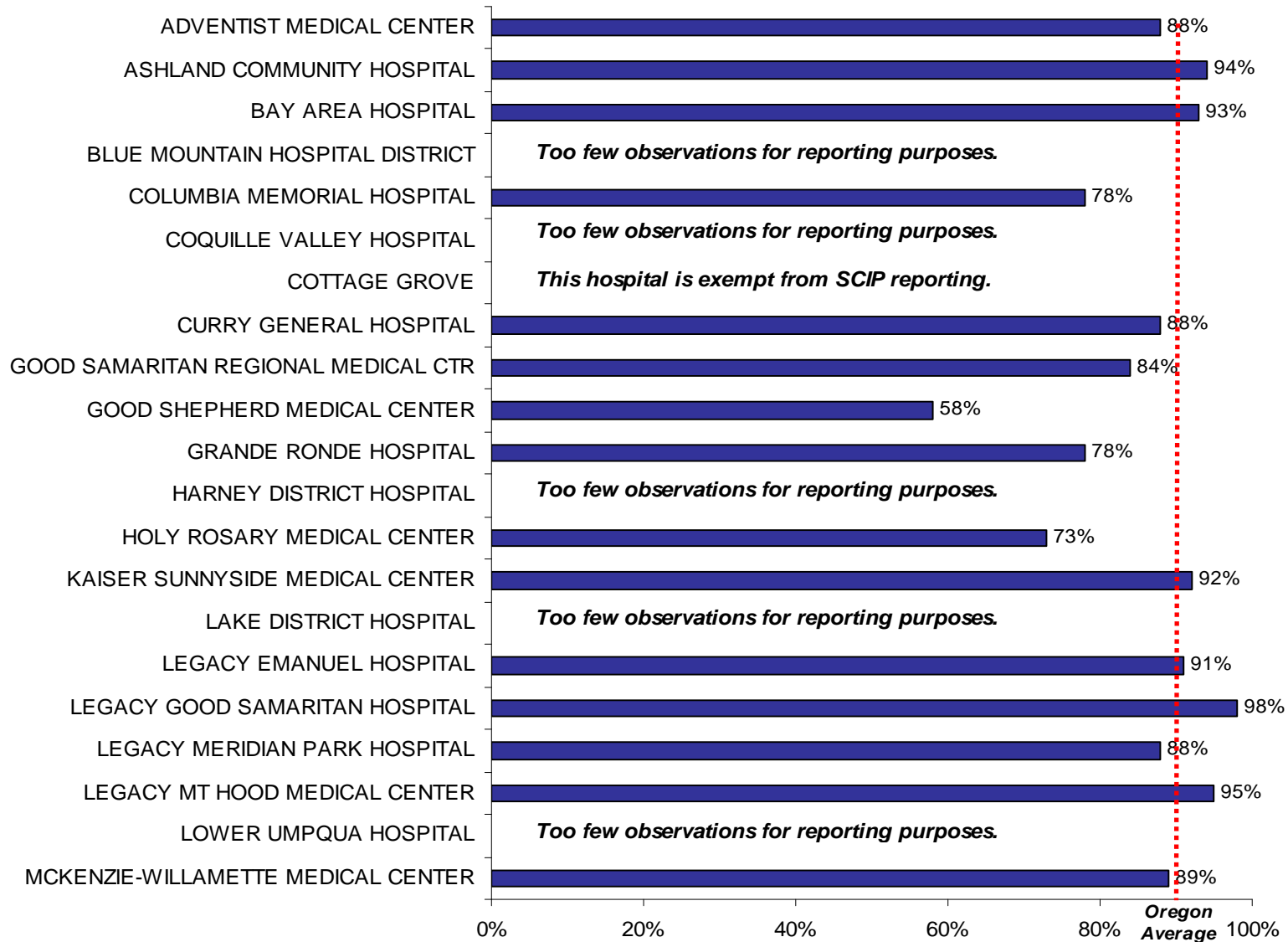
\* Grande Ronde Hospital reported data for 1/2009-12/2009 and St. Anthony Hospital reported data for 4/2009-3/2010.

**Surgical Care Improvement Project (SCIP) Measure 2: Percent of surgery patients who were given an antibiotic the right kind of antibiotic to help prevent infection, April 2008 – March 2009\* (SCIP-2, Page 3 of 3)**



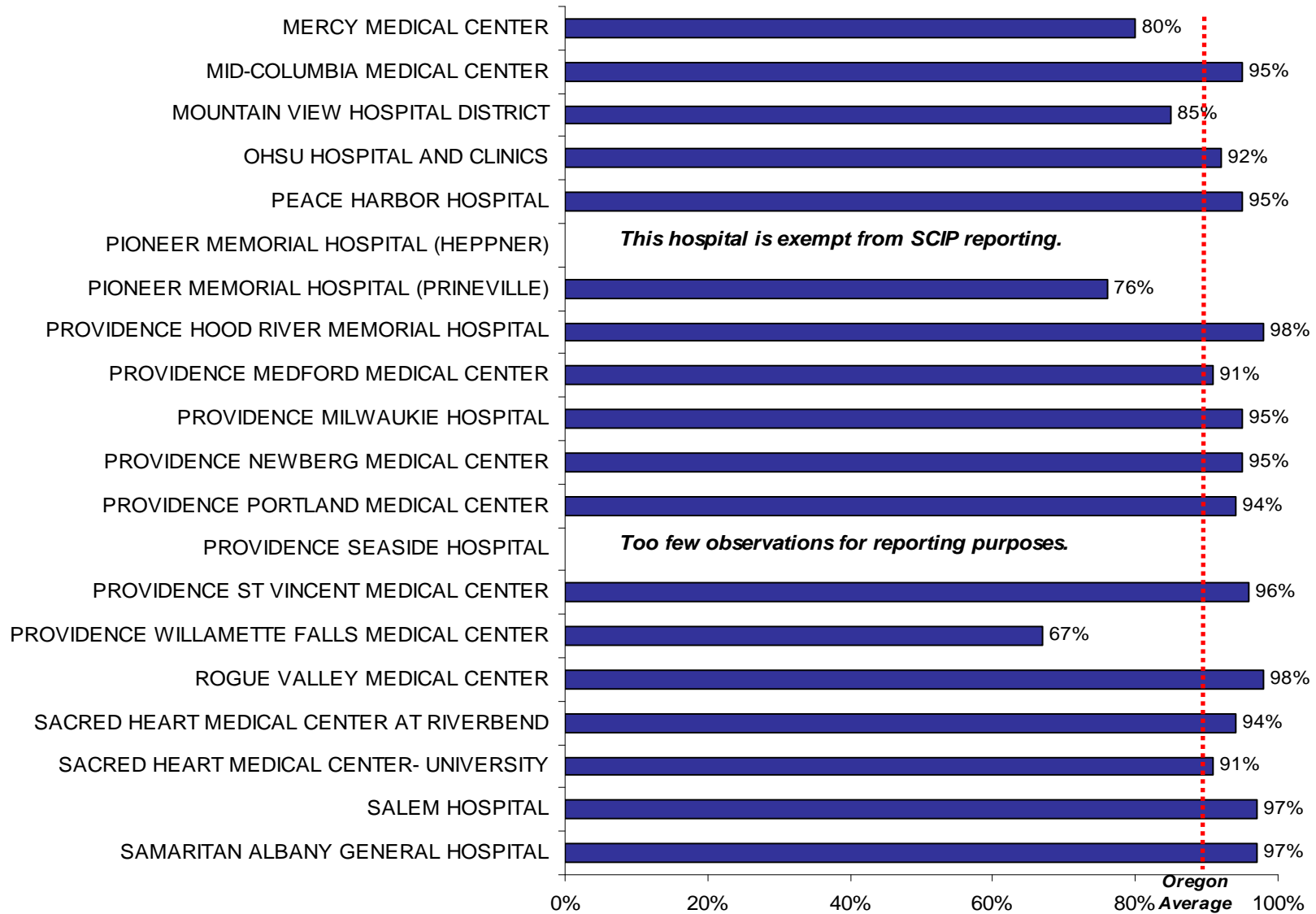
\* Grande Ronde Hospital reported data for 1/2009-12/2009 and St. Anthony Hospital reported data for 4/2009-3/2010.

**Surgical Care Improvement Project (SCIP) Measure 3: Percent of surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery; 48 hours for cardiac patients), April 2008 – March 2009\* (SCIP-3, Page 1 of 3)**



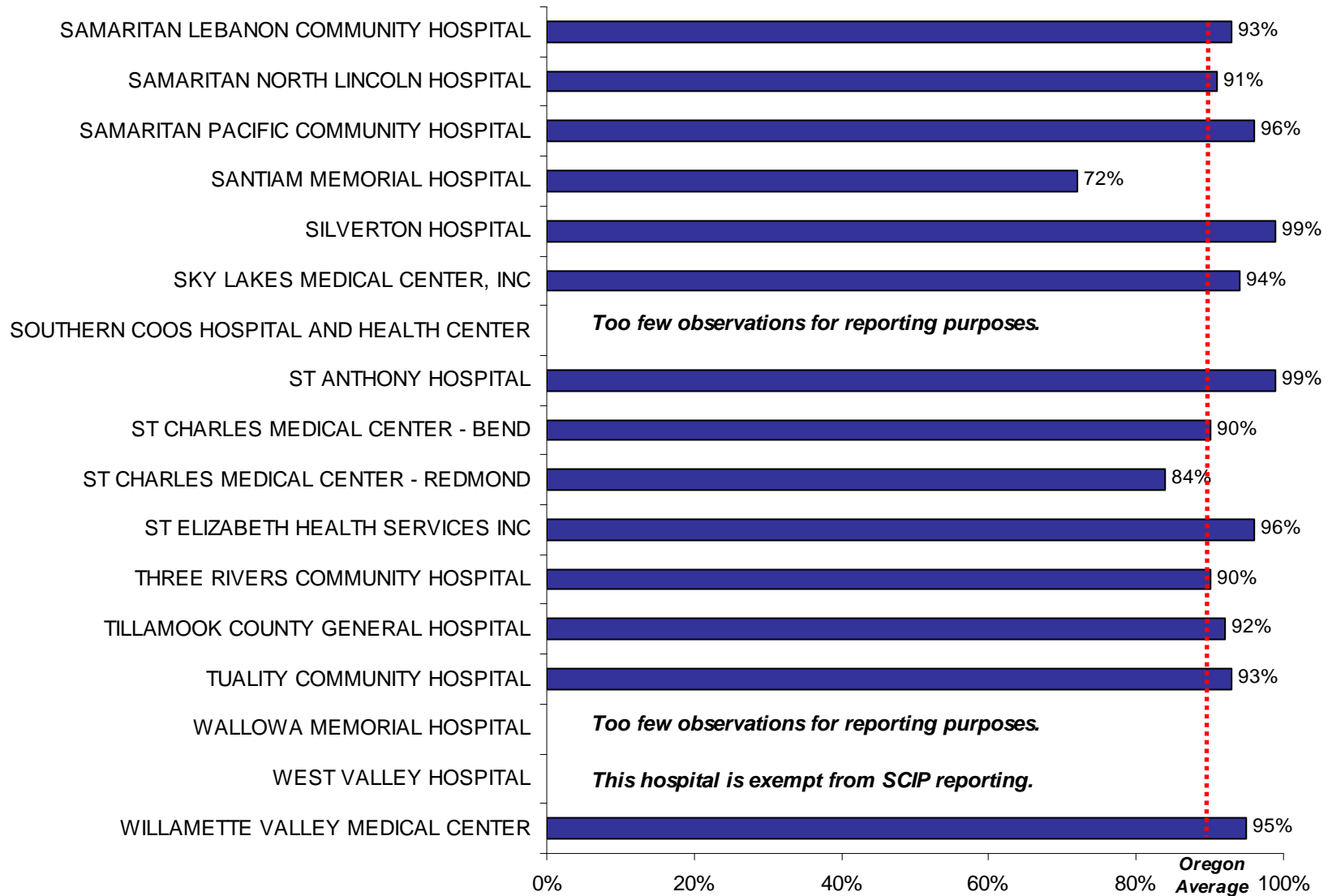
\* Grande Ronde Hospital reported data for 1/2009-12/2009 and St. Anthony Hospital reported data for 4/2009-3/2010.

**Surgical Care Improvement Project (SCIP) Measure 3: Percent of surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery; 48 hours for cardiac patients), April 2008 – March 2009\* (SCIP-3, Page 2 of 3)**



\* Grande Ronde Hospital reported data for 1/2009-12/2009 and St. Anthony Hospital reported data for 4/2009-3/2010.

**Surgical Care Improvement Project (SCIP) Measure 3: Percent of surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery; 48 hours for cardiac patients), April 2008 – March 2009\* (SCIP-3, Page 3 of 3)**



\* Grande Ronde Hospital reported data for 1/2009-12/2009 and St. Anthony Hospital reported data for 4/2009-3/2010.

**Appendix E:**

**Measurement List for  
Oregon HAI Reporting Program**

## Measurement List for Oregon HAI Reporting Program

No.	Level of Care	Outcome, Process, or Survey	Measurement	Data Collection Start Date	Data Collection Method	Data in current report or future report?
1	Hospitals	Survey	NHSN Annual Survey	January 2009	NHSN	Current report
2	Hospitals	Outcome	CLABSI in medical, surgical and medical/surgical ICUs	January 2009	NHSN	Current report
3	Hospitals	Outcome	Surgical site infection: Knee prosthesis	January 2009	NHSN	Current report
4	Hospitals	Outcome	Surgical site infection: Coronary artery bypass graft with and without donor site incision	January 2009	NHSN	Current report
5	Hospitals	Process	SCIP-Inf-1: prophylactic antibiotic received within one hour prior to surgical incision	January 2009	CMS	Current report
6	Hospitals	Process	SCIP-Inf-2: prophylactic antibiotic selection for surgical patients	January 2009	CMS	Current report
7	Hospitals	Process	SCIP-Inf-3: prophylactic antibiotics discontinued within 24 hours of surgery (48 hours for cardiac patients)	January 2009	CMS	Current report
8	Hospitals	Process	SCIP-Inf-6: surgery patients with appropriate hair removal	January 2010	CMS	Future Report
9	Hospitals	Survey	Survey on healthcare worker vaccination rates	Sep 2009-Mar 2010; data to be collected Summer 2010	Electronic and paper survey to be distributed by OHPR	Future Report
10	NICUs (in Hospitals)	Outcome	Neonatal nosocomial infection rate	January 2010	VON	Future Report
11	Long-term care facilities	Outcome	Urinary tract infection rates using MDS	January 2010	Electronic and paper survey to be distributed by OHPR	Future Report
12	Long-term care facilities	Survey	Survey on healthcare worker vaccination rates	Sep 2009-Mar 2010; data to be collected Summer 2010	Electronic and paper survey to be distributed by OHPR	Future Report
13	Ambulatory surgical centers	Survey	Survey on evidence-based elements of patient safety performance	Summer 2010	Electronic and paper survey to be distributed by OHPR	Future Report

## Measurement List for Oregon HAI Reporting Program

No.	Level of Care	Outcome, Process, or Survey	Measurement	Data Collection Start Date	Data Collection Method	Data in current report or future report?
14	Hospitals	Outcome	Surgical site infection: hip replacement	Proposed for January 2011	NHSN	Future Report
15	Hospitals	Outcome	Surgical site infection: laminectomy	Proposed for January 2011	NHSN	Future Report
16	Hospitals	Outcome	Surgical site infection: colon surgery	Proposed for January 2011	NHSN	Future Report
17	Hospitals	Outcome	Surgical site infection: abdominal hysterectomy	Proposed for January 2011	NHSN	Future Report
18	Hospitals	Outcome	Surgical site infection: spinal fusion	Proposed for January 2011	NHSN	Future Report
19	Hospitals	Process	SCIP-Inf-4: Cardiac surgery patients with controlled 6 am postoperative glucose	Proposed for January 2011	CMS	Future Report
20	Hospitals	Process	SCIP-Inf-10: Surgery patients with perioperative temperature management	Proposed for January 2011	CMS	Future Report