Executive summary 2016

Health care-associated infections in Oregon hospitals

Health care-associated infections (HAIs) can have devastating consequences for patients. The summary below shows how 2016 data from Oregon's acute care hospitals compares to: 1) national baselines and 2) 2013 national HAI reduction targets set by the U.S. Department of Health and Human Services (HHS).



CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS 13 INFECTIONS

▼ Better than 2006–08 national baseline

hospitals \(\times \) Did not meet 2013 HHS target

CLABSI in adult and pediatric ICUs*

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS 57 INFECTIONS

▼ Statistically better than 2006–08 national baseline

hospitals • Met 2013 HHS target

CLABSI in adult and pediatric wards*

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS 43 INFECTIONS

▼ Statistically better than 2006–08 national baseline

MRSA bloodstream infections (MRSA BSIs)†

HOSPITAL-ONSET MRSA BSI

57 INFECTIONS

▼ Statistically better than 2010–11 national baseline

hospitals (

✓ Met 2013 HHS target

C. difficile infections ‡

HOSPITAL-ONSET C. DIFFICILE

906 INFECTIONS

▼ Statistically better than 2010–11 national baseline

hospitals | X Did not meet 2013 HHS target

CAUTI in adult and pediatric ICUs §

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

109 INFECTIONS

▼ Statistically better than 2009 national baseline

hospitals *Met 2013 HHS target*

CAUTI in adult and pediatric wards §

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

75 INFECTIONS

V Statistically better than 2009 national baseline

hospitals [

✓ Met 2013 HHS target

*A CLABSI occurs when germs enter the blood along a tube (central line) placed in a large vein.

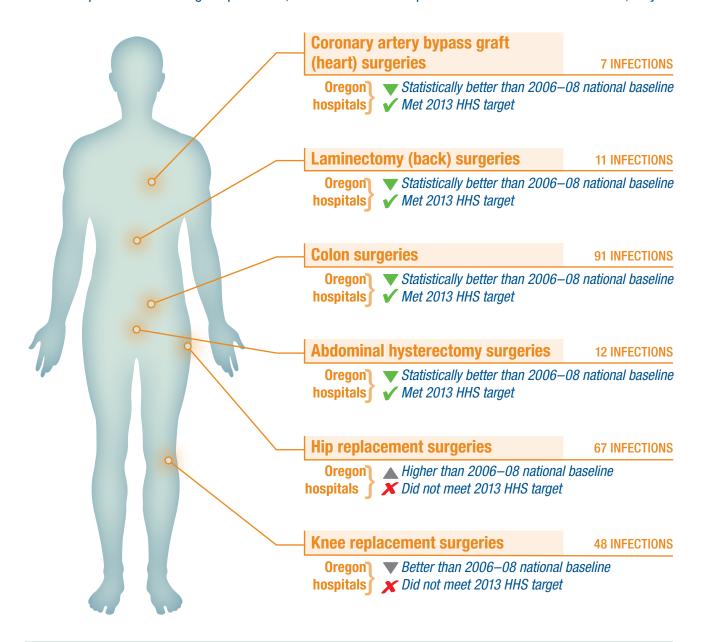
[†]A MRSA BSI is a difficult to treat infection caused by germs that enter the body through wounds or medical devices.

‡ *C. difficile* spreads to patients from unclean hands and surfaces in hospitals, leading to colon infection

§ CAUTIS occur when germs travel up a urinary catheter that was not put in correctly, not kept clean, or left in too long.

Surgical site infections (SSIs)

A surgical site infection (SSI) occurs when germs enter a surgical wound during or after surgery. The data below are for deep incisional and organ/space SSIs, which are detected upon index admission or readmission, only.



IE TAKE AWAY

In 2016, Oregon hospitals met national prevention targets for CLABSIs in adult and pediatric ICUs and wards, but were unable to do so in NICU settings. Regarding CAUTIs, Oregon hospitals performed favorably compared to national performance during the baseline measurement period as well as more recent national data. Prevention of hospital-onset *C. difficile* infections and MRSA BSIs remained stable.

Oregon hospitals performed better than hospitals nationally in terms of preventing SSIs following heart, laminectomy, colon, and hysterectomy surgeries. Oregon hospitals did not meet the HHS reduction target for SSIs following hip and knee replacement surgeries.

LEGEND

Statistically fewer infections

Fewer infections (not statistically significant)

▲ More infections (not statistically significant)

Statistically more infections

✓ Met target

X Did not meet target