

Wisconsin Hospital Association, Inc.

Contact: Mary Kay Grasmick, 608-274-1820 or 575-7516



Hospitals Begin Reporting ICU Infections *58% of reporting hospitals had zero CLABSI infections in the ICU*

MADISON (February 15, 2012) ---- For the first time, Wisconsin hospitals are sharing data that shows how well they are doing in preventing one of the most serious infections that can occur in an intensive care unit -- central line-associated blood stream infections (CLABSI). The results show that 58 percent of the hospitals that reported data had zero CLABSI infections in their ICUs during the first six months of 2011.

Of the 64 hospitals reporting data, 37 hospitals--58 percent--reported zero infections. Two hospitals performed "better than expected," and the balance performed "as expected" when compared to the national benchmark prepared by the Centers for Disease Control. The report also shows that significantly fewer patients in Wisconsin suffer from a CLABSI than in the nation.

"The performance of these hospitals demonstrates the dedication to and commitment they share in eliminating infections," according to WHA Chief Quality Officer Kelly Court. "Their focus on quality improvement is evident in the extremely low number of infections in their intensive care units, where their sickest, most vulnerable patients are being treated. Reducing infections in this unit saves lives and reduces length of stay, which in turn, reduces health care costs."

The CLABSI data is displayed on the Wisconsin Hospital Association's public reporting website, CheckPoint (WiCheckPoint.org). The data includes ICU patients who had a central line. A central line is a tube placed in a vein that is close to or that leads directly to the heart. These lines are used to deliver fluids, administer medications and to draw blood. The data was collected from January 1 – June 30, 2011. Not all hospitals have an intensive care unit.

"This significant reduction in one of the most serious health care-associated infections is testimony to the leadership of WHA and to the commitment of its member hospitals to work collaboratively and report outcomes openly for the good of their patients," according to Gwen Borlaug, Coordinator of the Hospital Acquired Infection (HAI) Prevention Program at the Wisconsin Division of Public Health. "According to the Centers for Disease Control, this success is especially noteworthy in a state with no legislative mandates requiring hospitals to report HAI rates."

Hospitals have adopted standard practices to reduce, and in many cases eliminate, these infections. These include strict attention to hand washing and preparation of the patient, use of sterile barriers when inserting these catheters and removing the catheters as soon as they are no longer needed.

Wisconsin hospitals have participated in a number of collaborative improvement initiatives that have focused on the reduction and elimination of infections. Since 2009, WHA has worked directly with 42 hospitals across the state to implement clinical and cultural changes that will lead to fewer CLABSIs. WHA will launch a new quality improvement initiative in May called "Partners for Patients" that is aimed at preventing avoidable hospital-acquired conditions (HAC) and reducing unnecessary hospital readmissions, including a continued focus on CLABSI. To date, 124 hospitals are participating.

"Wisconsin hospitals all share a common goal, and that is to provide the safest, highest quality care to their patients," Court said. "In a state that already has a national reputation for delivering high quality care, we are confident that this project is going to keep Wisconsin at the top of the list for achieving the highest levels of improvement."

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