

For Immediate Release
September 23, 2011

Contact: Tom Quinn
Marketing Director
756-3513

CRMC Scores in DOH Hospital Infection Report

In the recently released *New York State Hospital-Acquired Infections (HAI) 2010 Report*, Cortland Regional Medical Center performed exceptionally well in keeping infections low for all three areas it was rated in. The report compares New York state hospitals rates of surgical site infections, blood stream infections, and incidence of *Clostridium difficile*, using data from both 2009 and 2010. CRMC was determined to be well below, or better than, the average infection rates for hospitals in the state.

According to Maria Whitaker, CRMC Infection Preventionist, medical center staff has placed a high priority on ensuring a safer healing environment for its patients. "Infection control and prevention programs are a very important component of our ongoing performance improvement efforts. This report shows our efforts are very effective."

In the area of surgical site infections, CRMC was assessed its performance with regard to colon and hip surgeries. Only one infection associated with colon surgery was reported in 2010, while that number was zero for hip surgeries. Whitaker attributes the success in this area to staff strictly following Center for Disease Control (CDC) guidelines for infection prevention. These include thorough pre-admission screening for risk factors that may be encountered during surgery, proper timing of use of antibiotics, and a post operation phone call to patients to determine whether he or she may be exhibiting complications from surgery.

The second area in the report pertains to central line infections in the medical ICU. A central line is a long thin tube that is placed into a large vein, usually in the neck, chest, arm, or groin, and is used to give the patient fluids or medication, and monitor the patient's condition.

Only two central line infections occurred in the ICU in 2009. None occurred in 2010. Whitaker indicated that staff has really “bought into” the importance of good hand hygiene, and the other four aspects of the Institute for Healthcare Improvement “central line bundle” for preventing these infections: barrier precautions, chlorhexidine skin antisepsis, appropriate catheter site and administration system care, and no routine replacement.

The final area of the report is incidence of C.difficile. This is a bacterium that resides naturally in the bowels. Overgrowth can result from the patient taking antibiotics, or coming in contact with contaminated surfaces or items. The result is production of toxin in the bowels that can cause severe diarrhea and, in some extreme cases, death. In 2010, CRMC logged only 17 C.difficile cases out of 24,692 days. Whitaker credits enhanced infection prevention measures for patients suspected of having C.difficile. “We stress hand hygiene and education for our staff, and utilize isolation precautions when necessary.”

Whitaker points to the NYSHAI 2010 report as evidence that CRMC staff place a premium on patient safety and providing individualized care. “We closely monitor our infection rates, implement prevention and control interventions, measure the effectiveness of those interventions, and make improvements as needed. We’re committed to putting patient safety first.”

The full *New York State Hospital-Acquired Infections (HAI) 2010 Report* can be viewed at www.health.ny.gov.

##