



NORTHUMBERLAND HILLS HOSPITAL

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BACKGROUNDER – FOR IMMEDIATE RELEASE

Clostridium difficile-associated disease (CDAD) - Public reporting enhancements set to go live on nhh.ca September 26

NORTHUMBERLAND COUNTY, Wednesday, September 24, 2008 – As communicated in an NHH Backgrounder issued on Thursday, August 28, this Friday, September 26, the first province-wide, public release of *C. difficile* rates for all Ontario hospitals will occur.

NHH welcomes the increased transparency around the important issue of infection prevention and control and has taken the necessary steps to introduce the *C. difficile* information to our public website, www.nhh.ca, on Friday, September 26. *C. difficile* is the first of eight patient safety indicators to receive monthly, web-based publication across the province. A copy of the current schedule by which subsequent indicators will be brought on-line is provided later in this document.

The purpose of this second Backgrounder on the subject, also in question and answer format, is to:

- provide the latest information around the process for and purpose of the enhanced public reporting;
- share more information on *C. difficile* itself; and
- share details on the many actions that NHH is taking to minimize its spread.

What is a “quality indicator” and how have indicators been reported at NHH in the past?

Hospitals have traditionally reported performance to the public with the help of a series of indicators or snapshots of key areas. The objective is to enable the organization and its Board of Directors to monitor key areas against industry benchmarks and, where required, take steps to address necessary improvements.

At NHH, indicators are publicly reported on a quarterly basis to the Board through the Chief Operating Officer. Four areas are monitored: patient quality care and service; organizational effectiveness; organizational systems and safety; and financial effectiveness. This practice will continue.

What are the benefits of standardized reporting?

Beginning this week, NHH, together with all hospitals across the province, will publish the rate of hospital-acquired Clostridium Difficile associated disease (CDAD) at our respective facilities. Public reporting of our infection rates, using a methodology that is consistent from hospital-to-hospital, is important because it will allow us to work with a standardized approach across Ontario, establish a baseline and track our rates over time. If we see that our rates are showing a consistent increase over time, we can look internally at our hospital's processes, identify areas for improvement, and implement strategies to reduce the incidence of C. difficile in our organization.

C. difficile the first of eight quality and patient safety indicators that will be shared with the public via the web format. In future months, additional indicators will be added to the website, as set out below. The appropriate methodology for hospitals to calculate these indicators in a consistent format is now being developed.

New reporting via nhh.ca	Indicator
September 2008	<ul style="list-style-type: none">• Clostridium difficile-associated disease (C. difficile)• Average wait time for CT, MR and cataract surgery**
Dec 31, 2008	<ul style="list-style-type: none">• Methicillin-resistant staph aureus (MRSA)• Vancomycin Resistant Enterococci (VRE)• Hospital Standardized Mortality Rate (HSMR)*
April 30, 2009	<ul style="list-style-type: none">• Ventilator Associated Pneumonia• Surgical Site Infections• Hand Hygiene Compliance

** Also published on:

http://www.health.gov.on.ca/transformation/wait_times/providers/wt_pro_mn.html#

How is the C. difficile rate going to be calculated?

The C. difficile rate for all hospitals in the province will be calculated as follows:

The number of new hospital-acquired cases of C. difficile associated disease (CDAD) divided by the number of admitted patient days that month and multiplied by 1000.

Children under the age of one are excluded from the data. All other admitted patients (including alternative level of care patients, i.e. those awaiting a bed in a long-term care facility) are included.

How often will the new CDAD information be updated on your website and what period does it cover?

Monthly. On the last day of each month, beginning September 2008, all Ontario hospitals will be required to publicly report on their own websites (for NHH this will be nhh.ca) and on the ministry's own website:

- rates of new hospital-acquired CDAD cases associated with their hospital and all of its respective sites, if applicable
- the number of new hospital-acquired CDAD cases associated with the reporting facility that month.

Hospitals reporting less than 5 cases are not permitted to give the specific number but, rather, must report "less than 5 cases" to avoid inadvertently identifying specific patients. Hospitals with zero cases must also report their status.

Other indicators will be reported provincially on a monthly basis, as per the table above.

What does it mean when a hospital publishes a high rate of C. difficile? Does this mean that this hospital is unsafe?

The public reporting of C. difficile rates is not intended to serve as a measure for hospitals to compare themselves against other organizations, or for the public to use as a measure of where to seek care. Some hospitals may experience higher rates of C. difficile due to their type (i.e. acute care) and patient population (i.e. elderly).

A high number of C. difficile cases in a one-month period does not necessarily mean that a hospital is "unsafe"; a lower number of cases in a one-month period does not necessarily mean that a hospital is "safe". That is why it is vital that C. difficile rates be viewed over time, and in the context of other performance indicators.

What is CDAD or C. difficile?

C. difficile is one of the many types of bacteria that can be found in feces. C. difficile is not new. It has been a known cause of health care-associated diarrhea for about 30 years. Although it has come to be associated with health-care settings, it does not come from hospitals or long-term care homes but, rather, patients in these settings are often more susceptible. Clostridium difficile associated disease (or C. difficile) is a spore-forming bacteria that can live in the gastrointestinal tract. It lives in up to 3-5% of adults in the community without causing symptoms. Present in the environment, the bacteria may be picked up on your hands. It is considered to be the most common cause of infectious diarrhea in hospitalized patients. Spores are very hardy. They survive for long periods and are resistant to destruction by many environmental factors (eg. temperature, humidity).

How is *C. difficile* spread?

C. difficile can be picked up on the hands from exposure in the environment. It can get into the stomach once the mouth is touched or if food is handled and then swallowed.

Once in the stomach, the bacteria usually will not cause any problems unless the other bowel bacteria are disturbed—something that can happen when antibiotics are taken.

The use of antibiotics increases the chances of developing *C. difficile* diarrhea as it alters the normal level of good bacteria found in the intestines and colon. Without the presence of the normal bowel bacteria, the *C. difficile* bacteria may start to grow and produce a toxin that can damage the bowel and lead to watery diarrhea, fever and abdominal pain or tenderness.

When a person has *C. difficile*, the bacteria in their feces can contaminate surfaces such as toilets, bedpans, commode chairs, and door handles (if feces is on hands). Other healthy individuals can contaminate their hands if they touch these items. If these individuals then touch their mouths without washing their hands, they can become infected.

Good hand-washing by everyone—health-care staff, physicians, volunteers, patients and visitors—is the single-most effective way to prevent the spread of infectious diseases like *C. difficile*.

Factors that can place an individual at a heightened risk for the contraction of *C. difficile* include:

- Antibiotic use
- Bowel surgery
- Chemotherapy
- Prolonged hospitalization
- Increased age
- Serious underlying illness or debilitation

What is NHH doing to control the spread of *C. difficile*?

C. difficile is an ongoing challenge for all hospitals, both within Ontario and around the world. At any time of the year, NHH likely has patients in isolation with any one of a series of infectious diseases such as *C. difficile*. The most important concern is ensuring that processes are in place to ensure that these cases are identified and managed in such away that the risk of further infection is minimized. To that end, the following steps are in place.

- **NHH's Infection Control Committee**, comprised of a physician, staff and administrators, meets regularly to review the hospital's performance, discuss emerging trends and challenges, and ensure that a response is underway or in process that matches or improves upon recognized best practices for minimizing risk. The Provincial Infectious Disease Advisory Committee's (PIDAC) best practice document for the management of *C. difficile* is reflected in NHH's policies and procedures.

- **Education sessions for physicians and staff (ongoing)**, focused on C. difficile and the importance of good hand hygiene by everyone, including patients and visitors. Initiatives such as a new comprehensive program for support services attendants and active participation in the province-wide Just Clean Your Hands program are in place at NHH.
- **Regular and thorough cleaning** of the entire facility with recommended germicides is also essential, and NHH conducts twice-daily room cleaning for patients with C. difficile. A pilot to examine the effectiveness of alcohol-based hand-rub stations at the patient's bedside is being trialed to gauge the additional stations' effectiveness at reducing the spread of C. difficile in the pilot unit; pending the results of the pilot, which will determine the ideal placement of the hand-rub stations, the initiative will be rolled out across the hospital.

Does NHH have an outbreak currently?

No, but C. difficile is present in our hospital and we are working hard to minimize its spread. Please visit nhh.ca on Friday, September 26 for details on NHH's C. difficile number and rate for August 2008. The information will be available after 1:00 PM and updated on a monthly basis.

For more information, contact Jennifer Gillard at 905-377-7757 or jgillard@nhh.ca.

About Northumberland Hills Hospital – The Northumberland Hills Hospital (NHH) is located approximately 100 kilometres east of Toronto. The 137-bed acute care hospital delivers a broad range of services, including emergency and intensive care, medical/surgical care, complex/long-term care, rehabilitation, palliative care and obstetrical care. A variety of ambulatory care clinics are also offered at NHH. In addition to these, NHH also sponsors a Community Mental Health Centre and an Assertive Community Treatment Team. The hospital serves the catchment area of west Northumberland County. A mixed urban and rural population of approximately 60,000 residents, west Northumberland comprises the Town of Cobourg, the Municipality of Port Hope and the townships of Hamilton, Cramahe and Alnwick/Haldimand. NHH employs close to 600 people and relies on the additional support provided by physicians and volunteers. NHH is an active member of the Central East LHIN. For more information, please visit www.nhh.ca.