



# NORTHUMBERLAND HILLS HOSPITAL

*inspiring strength, dignity and compassion*

## **NEWS RELEASE – FOR IMMEDIATE RELEASE**

### **NHH remains committed to reducing healthcare-associated infections**

*Three new patient safety indicators now available on hospital website, [nhh.ca](http://nhh.ca)*

**NORTHUMBERLAND COUNTY, Thursday, April 30, 2009** – As of today, three new patient safety indicators will be available for the public on [www.nhh.ca](http://www.nhh.ca). The addition of the new on-line information is part of a province-wide initiative to increase the transparency of quality-related data for Ontario hospitals. Now joining monthly reports on the rate of occurrence of *C. difficile*, Methicillin-resistant *Staphylococcus Aureus* and Vancomycin-Resistant *Enterococcus*—the three indicators introduced on [nhh.ca](http://nhh.ca) in September and December 2008, respectively—are rates of Ventilator Associated Pneumonia (VAP), Central Line Infections (CLI) and hand hygiene compliance.

While not applicable to NHH, some hospitals in the province are also reporting regularly on their Hospital Standardized Mortality Rate (HSMR) and Surgical Site Infections (SSI). Due to its size, NHH does not qualify as an “eligible” acute care hospital for the purpose of HSMR reporting; in the case of SSI, NHH is ineligible due to the fact that the associated surgeries (hip and joint replacements) are not performed.

Said President and CEO Robert Biron: “NHH welcomes Ontario’s increased transparency around infection prevention and control. Today’s province-wide release marks the latest in a series of new patient safety indicators available to patients from hospitals. It is expected that more will be introduced as the appropriate methodology to calculate key indicators in a consistent format is developed.”

### **Ventilator Associated Pneumonia (VAP)**

VAP is defined as pneumonia that occurs in a hospital’s intensive care unit (ICU) patient over the age of 18 who has received assistance breathing with a mechanical ventilator for at least 48 hours. All hospitals with ICUs required to report into the Critical Care Information System (CCIS)—a centralized data collection system where hospitals report a variety of critical care information—must publicly report their VAP indicator data.

Eligible hospitals, including NHH, will report their VAP using the following formula: Total number of ICU cases of VAP after 48 hours of mechanical ventilation, divided by the total number of ventilator days for ICU patients 18 years and older, and multiplied by 1000.

Beginning today, NHH will publicly report the number of VAP cases by quarter. Where the number is zero, or cases total five or more, the number will be posted. If the cases are fewer than 5 (i.e. 1 to 4 cases), hospitals will report "<5 cases". Where applicable, the quarterly VAP rate (per 1000 ventilator days) will also be shared.

*From January to March 2009, the number of cases of VAP at NHH after 48 hours of mechanical ventilation is 0 cases.*

### **Central Line Infections (CLI)**

Public reporting of central line associated blood stream infection rates in the ICU will also begin today (April 30). NHH will now post quarterly rates and case counts of any central line infection (CLI) that develops in ICU patients 18 years of age or older.

Central line infections occur when a central venous catheter (or "line") is placed into a patient's vein and the line gets infected. This infection may then spread to the patient's bloodstream resulting in a bloodstream infection (BSI). Central lines are used most often in an ICU setting to administer medication, high volumes of fluid, blood and/or to help monitor the patient's condition.

For the purpose of Ontario's new public reporting, CLI cases have been defined as ICU patients only, where a blood stream infection (BSI) is considered to be associated with a central line if the line was in place during the 48-hour period before the development of the BSI.

Again, all hospitals with ICUs required to report into the Critical Care Information System (CCIS) must publicly report the CLI indicator data using the following formula: Total number of ICU related BSIs after 48 hours of central line placement, divided by the total number of central line days for ICU patients 18 years of age and older, and multiplied by 1000.

Where the number is zero (0) or where the cases total five (5) or more associated with that hospital site, the number will be posted. If the cases are few than 5 (i.e., 1 to 4 cases) the public report will state "<5 cases".

The NHH CLI results for January to March 2009 are as follows:

*Number of ICU patients (18 years of age or older) with new CLI = 0 cases*

### **Hand hygiene compliance**

Research shows that hand hygiene is the single most effective way to reduce the risk of healthcare-associated infections. NHH has a strong commitment to ensuring the overall safety and well being of patients and staff. This commitment is evidenced through NHH's ongoing participation in the Ontario Hospital Association's patient-focused *Clean Hands Protect Lives* program and a complementary program, *Just Clean Your Hands*, directed at health-care providers.

Trained observers have been conducting hand hygiene audits in hospitals (using a provincial audit tool) and recording what they see. With specific sample quotas based on hospital size, hospitals will now reporting annual compliance rates to the Ministry of Health and Long-Term Care.

For NHH, the following summarizes the first annual hand hygiene compliance report results released today, for data gathered in March 2009.

*Percent compliance for before initial patient/patient environment contact*     77%

*Percent compliance for after patient/patient environment contact*     88%

Said Robert Biron: “Hospital rates of all the indicators provide, on their own, only snapshot measures of patient safety and quality of care. Rates will obviously vary from hospital to hospital, month to month. The new information we’ve introduced today on [www.nhh.ca](http://www.nhh.ca), and the information previously introduced, is not intended as a means for hospitals to compare one organization against another, or for the public to use as a guideline of where to seek care. Rather, over time, the information gathered for all quality indicators will be combined to assist hospitals in evaluating the overall effectiveness of their infection prevention and control interventions and, most important, to make further improvements based on this information.”

For more information on quality indicators at NHH please go to the *About NHH* tab on [www.nhh.ca](http://www.nhh.ca), and select *Quality Indicators* from the left-hand navigation bar, or contact Jennifer Gillard at 905-377-7757 or [jjillard@nhh.ca](mailto:jjillard@nhh.ca).

For the latest quality indicator information from the Ministry of Health and Long-Term Care, go to: [www.ontario.ca/patientsafety](http://www.ontario.ca/patientsafety)

**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](http://www.nhh.ca).