

Passionate about Infection Protection

In keeping with Eisenhower Medical Center's five-star commitment for our patients, families and friends, we provide a culture of safety by ensuring clinical excellence and infection prevention. Eisenhower Medical Center has created and adopted protocols in each area of patient safety.

These include protocols to prevent hospital acquired infections including surgical site infections, central line associated blood stream infections, ventilator associated pneumonia, catheter associated urinary tract infections, and clostridium difficile infections.

“Eisenhower does a better job than any hospital I’ve ever been in with infection control,” says Eisenhower’s Chair of the Department of Surgery, Scott Gering, MD, Board Certified, General and Colon/Rectal Surgery, Eisenhower Medical Center. “I’ve never seen a hospital that’s been as diligent at monitoring surgical site infections or preventing them.” In fact, Eisenhower Medical Center has been recognized for its patient safety numerous times over the past decade.

Surveillance and Prevention

“At Eisenhower, we’re very active about surveillance and prevention,” says Massoud Dezfuli, DO, Board Certified in Infectious Disease. “As a result, our infection rates in colorectal, spine, hip and knee and open heart surgeries are better than the national benchmark.”

According to Nancy Thompson, RN, Infection Preventionist, the success of infection prevention at Eisenhower is the result of a well coordinated team effort throughout the hospital, which includes a hospital-wide hand washing initiative. “The Infection Prevention Team monitors staff on a daily basis,” notes Thompson. “We also encourage all employees, patients, and families to help each other and be proactive so we can have full compliance with hand hygiene.”

Thompson randomly performs swab checks on high-touch areas (keyboards, counters, telephones, bed rails, door knobs) throughout the hospital, with an emphasis on patient rooms, surgical areas, central supply and all other patient care areas. Cleaning products are also evaluated and changed periodically to prevent organisms from becoming resistant.

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Dana Francis, Director, Environmental Services, plays an active surveillance role in infection prevention. “We swab the operating rooms and patient rooms, paying special attention to high-touch points in a patient room,” says Francis. “We do random checks in freshly cleaned operating rooms and the results have been fantastic. Our goal is to be under 500 parts (organisms) per million and we consistently exceed this goal.”

“Organisms are everywhere,” explains Dr. Gering. “We want to make sure we keep the healthy bacteria alive and reduce or eliminate the ones that make us ill.”

“Our physicians and our staff want to do the right thing,” says Lynn Hart, Vice President, Quality

and Resource Management. “If we discover a problem, we look for the root of that problem, implement new procedures and educate our staff about the preferred method. When we explain the reason for initiating a change, the staff is quick to respond and to follow through. They want to do what is best for our patients.”

National Standards

Eisenhower follows the Center for Medicare and Medicaid Services core measures which are updated every six months. One of the core measures, The Surgical Care Improvement Project, implemented in 2006, encourages the use of prophylactic antibiotics for certain surgical patients. For example, patients that receive prophylactic antibiotic one hour prior to surgery have a reduced chance of infection. Discontinuing the antibiotic 24 hours after surgery prevents the build up of antibiotic resistance in the patient.

In addition, “We have an antimicrobial stewardship program that helps determine the appropriate antibiotic to be used,” says Dr. Dezfuli. “For a given type of surgery, there’s an appropriate perioperative antibiotic. We also follow national recommendations.”

Infection Rates

How Eisenhower Compares

Eisenhower reports all Hospital Acquired Infections (HAI) to the National Healthcare Safety Network (NHSN). NHSN’s latest available pooled mean for the risk category in which Eisenhower Medical Center falls is presented here with Eisenhower’s most recent data.

-NHSN benchmark for hip and knee surgery: 2.0

Eisenhower 2011 annual rate: 0.87

-NHSN benchmark for open heart surgery: 1.84

Eisenhower 2011 annual rate: 0.85

-NHSN benchmark for spine surgery: 2.3

Eisenhower 2011 annual rate: 0.37

-Central Line Associated Blood Stream Infections (CLABSI) per 1,000 patient days

NHSN Medical/Surgical benchmark: 1.0

Eisenhower 2011 annual rate: 0.58

NHSN Critical Care benchmark: 1.3

Eisenhower 2011 annual rate: 0.25

The California Department of Public Health (CDPH) Center for Health Care Quality utilizes its Healthcare Associated Infections Program to present data on a number of infections acquired in health care settings.

The following is a sampling of data from 2009/2010 (the most recent data available) that was submitted to the CDPH.

Clostridium difficile or C. diff rate per 10,000 inpatient days

Arrowhead Regional Medical Center	2.4
Eisenhower Medical Center	4.2
UC Irvine Medical Center.	5.4
Long Beach Memorial Medical Center	5.7
Cedars-Sinai.	7.5
HOAG Memorial Hospital.	7.8
UCSD, John M. and Sally B. Thornton Hospital.	7.8
Loma Linda University Medical Center.	11.8
USC University Hospital.	19.0

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