



West Virginia Health Care Authority

**Healthcare-Associated Infection
Public Reporting Program**

2014

**Patient Safety Graphs
Calendar Year 2012**

**Earl Ray Tomblin
Governor**

**James L. Pitrolo, Board Chair
West Virginia Health Care Authority**

West Virginia Health Care Authority
Healthcare-Associated Infection Public Reporting Program
2014 Patient Safety Graphs

West Virginia Health Care Authority Board

James L. Pitrolo, Jr., Chairman

Sonia D. Chambers

Marilyn G. White

Healthcare-Associated Infection Control Program Staff

Sharon Hill, Director of Clinical Analysis

Shelley Baston MBA, RNC-NIC, CPC

Muluken Aseffa, MSHI, Epidemiologist

West Virginia Healthcare-Associated Infection Control Advisory Panel

Randy Ashlock RN, BSB, BSN, CIC

Infection Preventionist, HealthSouth Rehabilitation Hospital

Dee Bixler, MD, MPH

Director, Division of Infectious Disease Epidemiology, WV Bureau for Public Health

Janet Crigler, MT(ASCP), CIC

Infection Preventionist, Fairmont General Hospital

Sonia D. Chambers

West Virginia Health Care Authority

L. Scott Dean, PhD, MBA

Senior Biostatistician, Charleston Area Medical Center Health Education and Research Institute

Dianne DeAngelis, RN, ICP, CIC

Infection Control Practitioner, West Virginia University Hospital

Brooks Gainer, II, MD, FACP, FIDSA, FSHEA

*Associate Clinical Professor, West Virginia University Section of Infectious Diseases
Infectious Disease Society of America Liaison for West Virginia*

Sharon Gaston, RN, BSN, MPH, CIC

Infection Control Practitioner, Braxton County Memorial Hospital

Loretta E. Haddy, PhD

State Epidemiologist, Office of Epidemiology and Prevention Services, WV Bureau for Public Health

Cynthia Isaacs RN, BSN, MBA

Chief Executive Officer, Cornerstone Healthcare Group, Hospital of Huntington

Rashida Khakoo, MBChB, MACP

Professor and Chief of the Section of Infectious Diseases, West Virginia University

Jim Kranz

Vice President, Professional Activities, West Virginia Hospital Association

Terrie Lee, RN, MS, MPH, CIC

Director, Infection Prevention & Employee Health, Charleston Area Medical Center

Linda Minnich, SM (AAM and ASCP), MS

Virologist, Charleston Area Medical Center

Thomas Rushton, MD, FACP, FIDSA, FSHEA

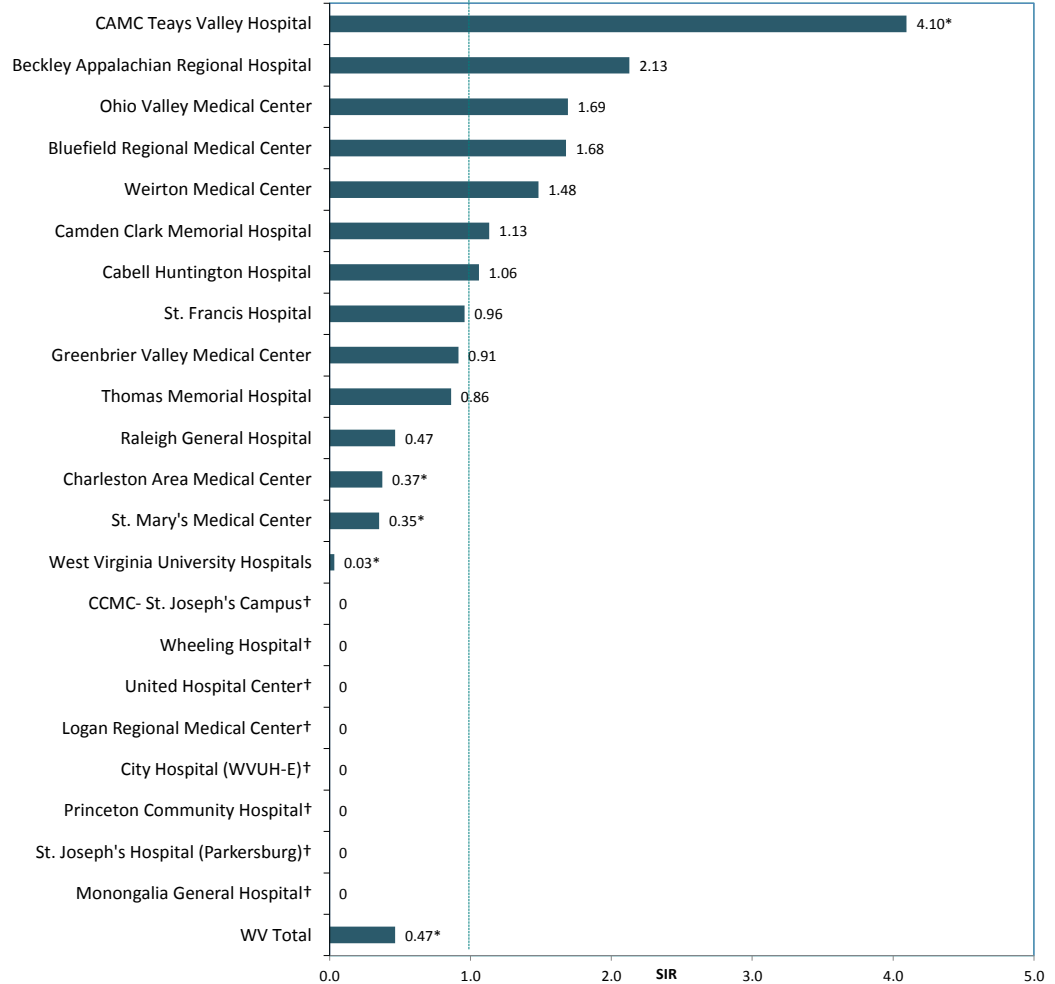
Infectious Diseases, Marshall University School of Medicine

Will Wright

Medicare/Hospital Program Manager, Office of Health Facility Licensure and Certification, WV Office of Inspector General

Figure 1

West Virginia Healthcare-Associated Infection Public Reporting
 Central Line-Associated Blood Stream Infection Standardized Infection Ratio
 For all ICUs within WV Hospitals
 Calendar Year 2012



Note: The SIR is a summary measure that compares the actual number of CLABSI reported by the hospital to the number of CLABSI that were expected to occur, based on NHSN aggregate data for 2006-2008 and adjusted for several risk factors associated with HAI incidence. A SIR greater than 1.0 indicates that more HAIs were observed than expected, accounting for difference in the types of patients; a SIR less than 1.0 indicates that fewer HAIs were observed than expected. For example, a SIR of 1.20 indicates that the hospital had 20% more CLABSIs than expected; a SIR of 0.80 indicates that the hospital had 20% fewer CLABSIs than expected. The SIR is only calculated if the number of expected CLABSIs is ≥ 1 . When the number expected is < 1 , the number of procedures performed is too low to calculate a precise SIR and comparative statistics. The following hospitals had an expected CLABSI < 1 : Davis Memorial Hospital, Fairmont General Hospital, Grafton City Hospital, Grant Memorial Hospital, Jackson General Hospital, Jefferson Memorial Hospital, Plateau Medical Center, Pleasant Valley Hospital, Potomac Valley Hospital, Preston Memorial Hospital, Reynolds Memorial Hospital, St. Joseph's Hospital of Buckhannon, Stonewall Jackson Memorial Hospital, Summersville Regional Medical Center, Welch Community Hospital, Wetzel County Hospital, Williamson Memorial Hospital

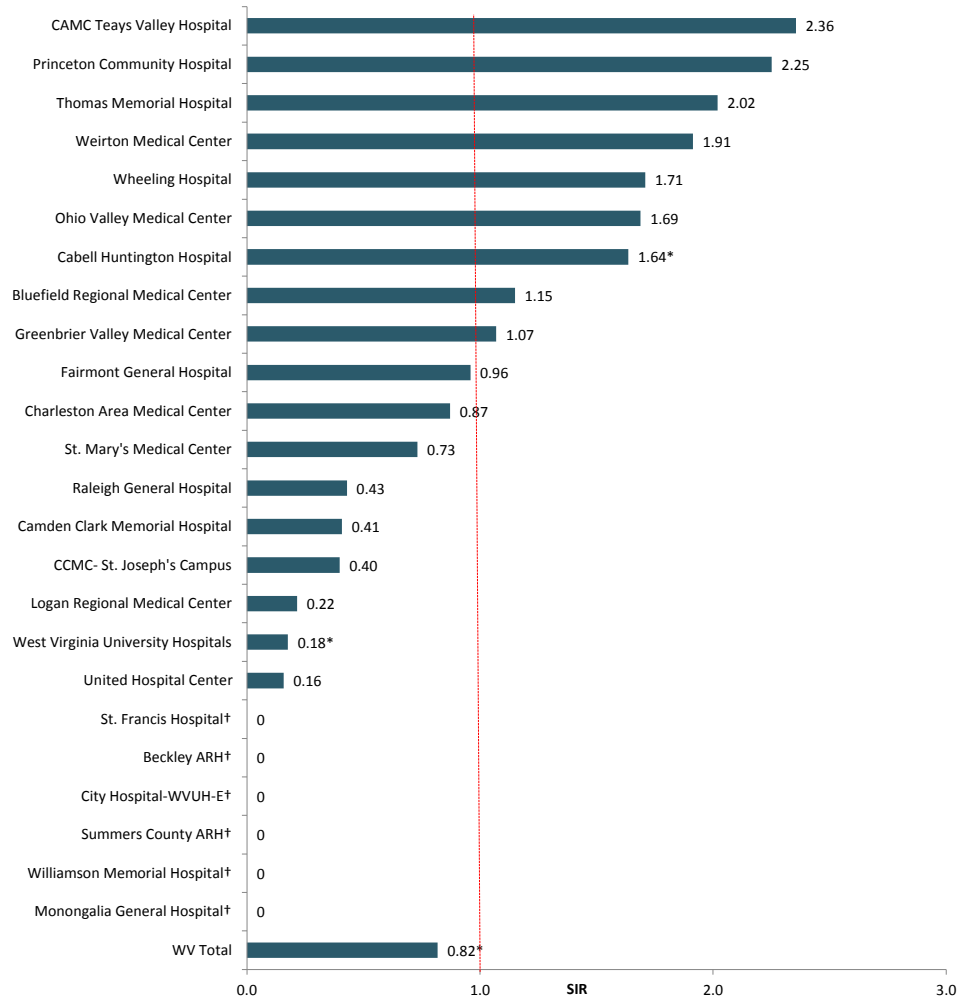
*Significance difference between hospital SIR vs. NHSN 2006-2008 average.

†Hospitals with an SIR of 0 did not report CLABSI events for the reporting period.

West Virginia Health Care Authority, August 2012

Figure 2

**West Virginia Healthcare-Associated Infection Public Reporting
Catheter Associated Urinary Tract Infection Standardized Infection Ratio
For WV Hospitals
Calendar Year 2012**



Note: The SIR is a summary measure that compares the actual number of CAUTI reported by the hospital to the number of CAUTI that were expected to occur, based on NHSN aggregate data for 2006-2008 and adjusted for several risk factors associated with HAI incidence. A SIR greater than 1.0 indicates that more HAIs were observed than expected, accounting for difference in the types of patients; a SIR less than 1.0 indicates that fewer HAIs were observed than expected. For example, a SIR of 1.20 indicates that the hospital had 20% more CAUTIs than expected; a SIR of 0.80 indicates that the hospital had 20% fewer CAUTIs than expected. The SIR is only calculated if the number of expected CAUTIs is ≥ 1 . When the number expected is < 1 , the number of procedures performed is too low to calculate a precise SIR and comparative statistics. The following hospitals had an expected CLABSI < 1 : Davis Memorial Hospital, Grafton City Hospital, Grant Memorial Hospital, Jackson General Hospital, Jefferson Memorial Hospital, Plateau Medical Center, Pleasant Valley Hospital, Potomac Valley Hospital, Preston Memorial Hospital, Reynolds Memorial Hospital, St. Joseph's Hospital of Buckhannon, Stonewall Jackson Memorial Hospital, Summersville Regional Medical Center, Welch Community Hospital, Wetzel County Hospital.

*Significance difference between hospital SIR vs. NHSN 2006-2008 average.

†Hospitals with an SIR of 0 did not report CAUTI events for the reporting period.

West Virginia Health Care Authority, August 2012

Figure 3

West Virginia Healthcare-Associated Infection Public Reporting
Surgical Site Infection Standardized Infection Ratio
For Colon Surgery & Abdominal Hysterectomy within WV Hospitals

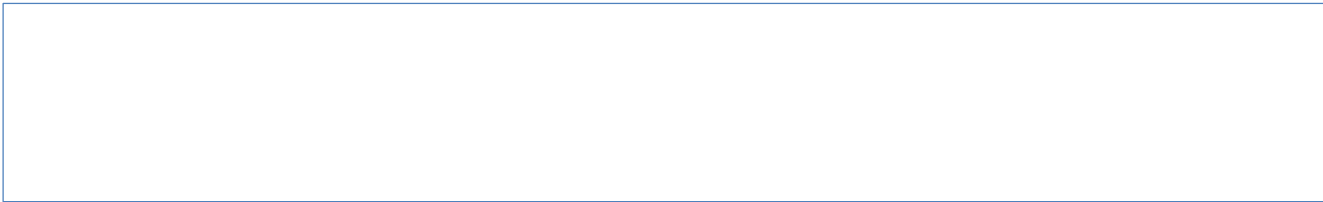
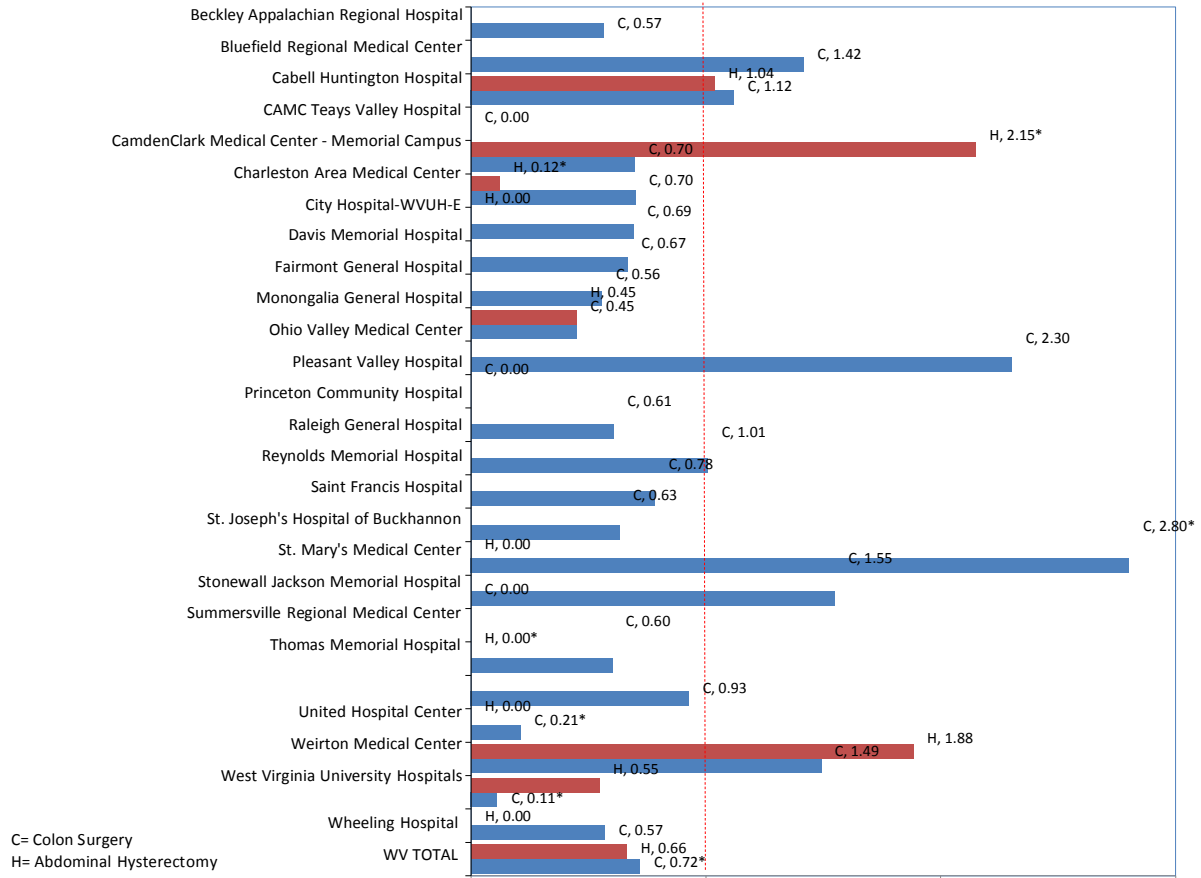
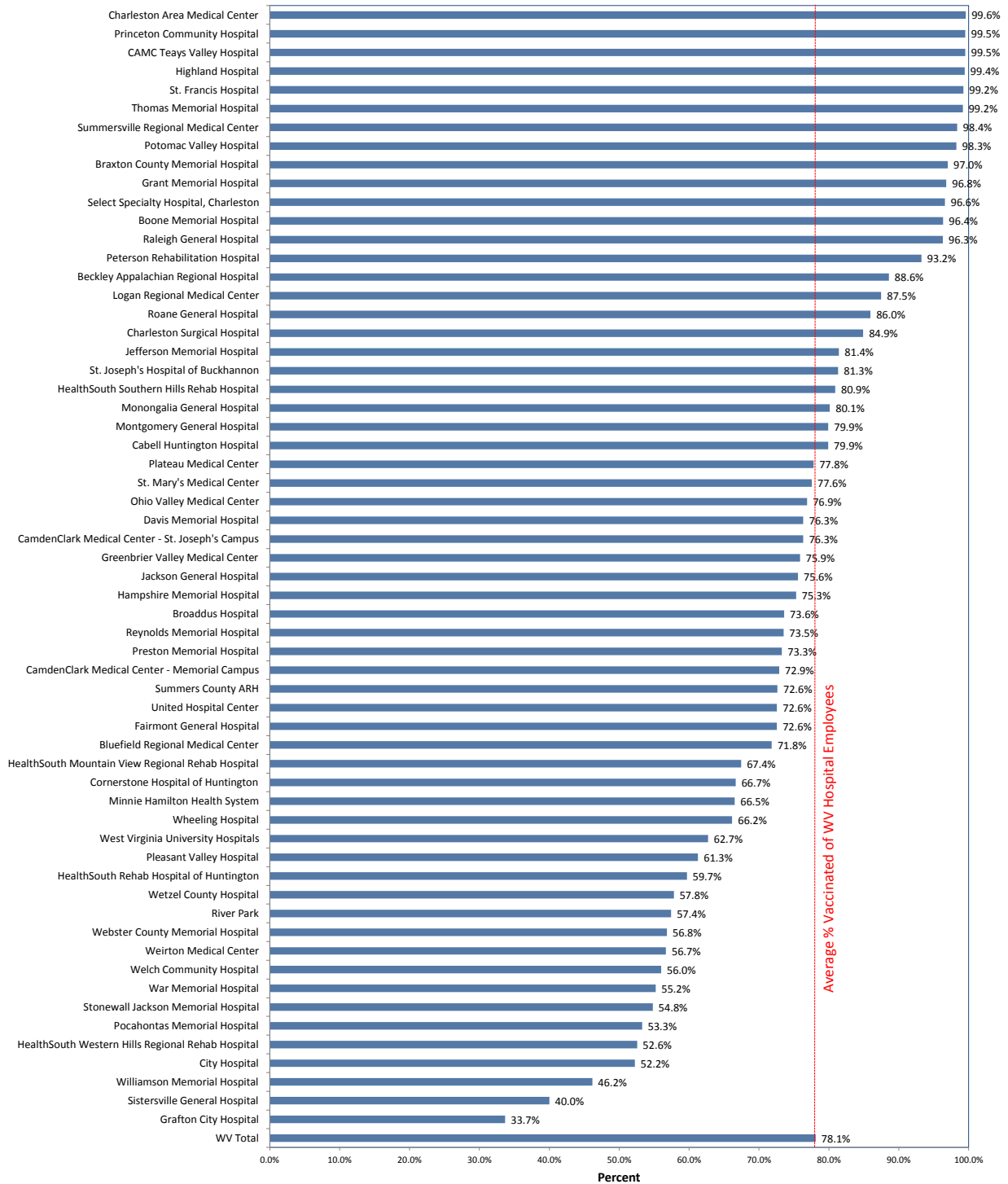


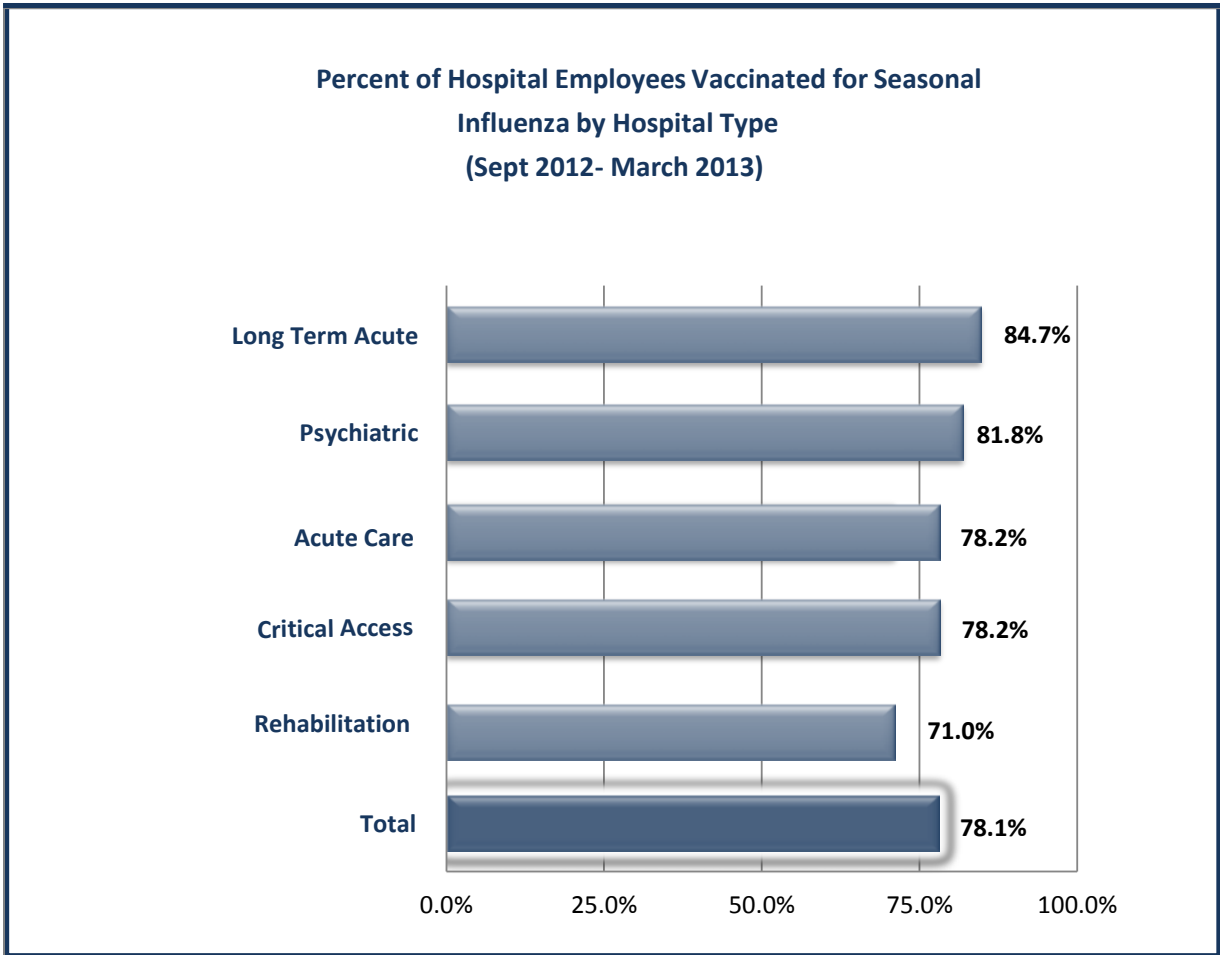
Figure 4

**West Virginia Healthcare-Associated Infection Public Reporting
Percent of Hospital Employees Vaccinated For Seasonal Influenza
September 2012 - March 2013**



Note: Results may not be directly comparable across time due to differences in data reporting methodologies. The 2010-2011 and 2011-2012 data represent vaccinations among personnel employed at any time during the influenza season, regardless of length of employment. Personnel that terminated employment prior to being vaccinated are included in the results. The 2012-2013 data was collected through and using NHSN methodologies. Therefore, the results may not represent the vaccination rate among current personnel.
West Virginia Healthcare Authority, August 2013

Figure 5



West Virginia Healthcare-Associated Infection Public Reporting Hospital Seasonal Influenza Vaccination Survey Results

West Virginia Health Care Authority • August 15, 2013

Question	Response	2012-2013
		% (# Hospitals)
1. Which personnel groups are included in your facility's annual influenza vaccination campaign? <i>(check all that apply)</i>	Full-time employees	100% (60)
	Part-time employees	100% (60)
	Non -employee physicians	82% (49)
	Non -employee advanced practice nurses	73% (44)
	Non -employee physician assistants	70% (42)
	Students and trainees	75% (45)
	Adult volunteers	77% (46)
	Other, specify: _____	30% (18)
2. Are healthcare personnel at your facility required to pay out-of-pocket costs for influenza vaccination received at your facility?	Yes	2% (1)
	No	98% (59)
2a. If yes, how much do each of the following groups need to pay for influenza vaccination?	Full-time employees	\$0.00
	Part-time employees	\$0.00
	Non -employee physicians	\$25.00
	Non -employee advanced practice nurses	\$25.00
	Non -employee physician assistants	\$25.00
	Students and trainees	\$25.00
	Adult volunteers	\$0.00
	Other, specify: _____	\$0.00
3. Which of the following methods is your facility using this influenza season to deliver vaccine to your healthcare personnel? <i>(check all that apply)</i>	Have mobile vaccination carts	73% (44)
	Provide vaccination in Occupational/Employee Health	90% (54)
	Provide vaccination in wards, clinics, cafeterias, or common areas	82% (49)
	Provide vaccination during nights and weekends	92% (55)
	Provide vaccination at any meetings or grand rounds	57% (34)
	Provide visible vaccination of any key personnel/leadership	48% (29)
	Other, specify: _____	12% (7)
	None of the above	0
4. Which of the following strategies does your facility use to promote/enhance healthcare personnel influenza vaccination at your facility? <i>(check all that apply)</i>	Send vaccination reminders by mail, e-mail, and/or pager	85% (51)
	Coordinate vaccination with other annual programs(e.g. tuberculin skin testing)	33% (20)
	Require receipt of vaccination for credentialing (if no contraindications)	7% (4)
	Require receipt of vaccination as a condition of employment	17% (10)
	Advertise vaccination with a campaign including posters, flyers, buttons, and/or fact sheets	95% (57)
	Provide education on the benefits and risks of vaccination	95% (57)
	Track unit-based vaccination rates for some or all units/departments	60% (36)
	Plan to provide feedback on vaccination rates to facility administration	83% (50)
	Provide incentives for vaccination	38% (23)
	Track vaccination on a regular basis for targeting purposes	58% (35)
	Other, specify: _____	5% (3)
No formal promotional activities are planned	0	
5. Does your facility require healthcare personnel who receive off-site influenza vaccination to provide documentation of their vaccination status?	Yes	87% (52)
	No	13% (8)
5a. If yes, what type of documentation is acceptable? <i>(check all that apply)</i>	Receipt or other proof of purchase from pharmacy or other vaccinator	69% (36)
	Insurance claim for receipt of influenza vaccination	21% (11)
	Note from person or organization that administered the vaccination	77% (40)
	Handwritten statement or e-mail from healthcare worker	33% (17)
	Signature of healthcare worker on standard facility form attesting to vaccination	54% (28)
	Other, specify: _____	8% (4)
6. What does your facility require from healthcare personnel who refuse influenza vaccination? <i>(check one)</i>	Standardized paper or electronic declination form completed by healthcare worker	77% (46)
	Reading a statement about the risks of non-vaccination (no signature required)	3% (2)
	Verbal declination of vaccination by healthcare worker	5% (3)
	Facility does not track vaccine declinations	3% (2)
	Other, specify: _____	12% (7)