

Patient Safety at Kaiser Permanente South Sacramento Medical Center

The Kaiser Permanente South Sacramento Medical Center is committed to remaining a national leader in patient safety and becoming the safest place to give and receive care.

Patient safety requires providing patient-centered care that is reliable, effective, consistent, and safe. It is an ongoing and relentless commitment to build safer systems, using performance improvement methodology thereby preventing the preventable.

We aim to achieve this by monitoring our performance on certain patient safety measures which include:

- Catheter-Associated Urinary Tract Infections (CAUTI)
- Central Line Associated Blood Stream Infections (CLABSI)
- Clostridioides Difficile Infections (CDI)
- Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Infections
- Patient Falls
- Hospital Acquired Pressure Injuries (HAPI)

This document contains information related to these patient safety measures.

For more information on this data, visit: <https://www.hospitalsafetygrade.org/> and search for this hospital.

Patient Safety at Kaiser Permanente

PREVENTING CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

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What are we measuring?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag to collect the urine. Patients with urinary catheters have a much higher chance of getting a urinary tract infection than patients who do not have a catheter. A urinary tract infection is an infection in the urinary system, which includes the bladder (stores the urine) and the kidneys (filters the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas. If germs are introduced, an infection can occur. If patients have a urinary catheter, germs can travel along the catheter and cause an infection in the bladder or kidney, in which case it is called a catheter-associated urinary tract infection (CAUTI).

What are we doing to improve?

There are many efforts underway to minimize CAUTI risk throughout the hospital, which include:

- Urinary catheters are only used when medically necessary. Alternatives to catheters are used whenever possible
- Urinary catheters are removed when it is no longer appropriate for the patient. Nurses regularly assess, document, and communicate the plan for catheter
- Healthcare workers receive electronic reminders to assess if a catheter is still medically necessary for each patient
- Only properly trained nurses and health care personnel insert and maintain catheters
- Healthcare workers use an aseptic technique when the catheter is placed
- Healthcare workers clean their hands and wear gloves before and after touching the catheter
- Patients and families are educated on best practices to reduce CAUTI

How are we performing?

The Centers for Medicare and Medicaid Services (CMS) reports CAUTI using a standardized infection ratio (SIR), which compares the total number of infections to the predicted number of infections during a selected period. The measure considers risk factors that may impact the number of infections at a facility, including facility size, the types of patients treated, and the kinds of procedures performed. SIRs below 1 indicate that the observed number of infections during the measured period was lower than would be expected, while values above 1 indicate that the observed number of infections was higher than expected.

Spring 2023 Leapfrog Safety Grade Results Data Source: Published by the Leapfrog Group

Catheter-associated urinary tract infections (CAUTI)

Hospital Standardized Infection Ratio: 0.832 (*Lower Numbers are Better*)
National Mean: 0.862

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PREVENTING CLOSTRIDIODES DIFFICILE INFECTIONS (CDI)

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What are we measuring?

Clostridioides difficile (CDI), also known as “C. diff,” is a bacterium that can cause diarrhea and inflammation of the colon (large intestine). CDI usually occurs in patients who are taking or have recently taken antibiotics. The most common symptoms of CDI include watery diarrhea, fever, loss of appetite, nausea, and stomach pain. CDI can live as spores outside the human body for a very long time and can be found on objects such as bed linens, bathroom fixtures, and medical equipment. It can also be spread more directly through contaminated shared equipment and the hands of healthcare providers.

What are we doing to improve?

To reduce the spread of C-diff, employees consistently follow guidelines set by the Centers for Disease Control:

- Patients with C-diff are placed in private rooms
- Health care providers wear gowns and gloves while providing care to patients with C-diff
- Employees wash their hands with soap and water after providing care to a patient with C-diff
- Proper cleaning of the environment and medical equipment is always done
- Appropriate testing method to identify C-diff infections is used
- Proper use of antibiotics is monitored

How are we performing?

The Centers for Medicare and Medicaid Services (CMS) reports CDI using a standardized infection ratio (SIR), which compares the total number of infections to the predicted number of infections during a selected period. The measure considers risk factors that may impact the number of infections at a facility, including facility size, the types of patients treated, and the kinds of procedures performed. SIRs below 1 indicate that the observed number of infections during the measured period was lower than would be expected, while values above 1 indicate that the observed number of infections was higher than expected.

Spring 2023 Leapfrog Safety Grade Results Data Source: Published by the Leapfrog Group

Clostridioides difficile Infections

Hospital Standardized Infection Ratio: **0.577** (Lower Numbers are Better)
National Mean: **0.489**

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PREVENTING CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)

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What are we measuring?

A “central line” is a tube placed into a patient’s large vein, usually in the neck, chest, arm, or groin. The central line is often used to draw blood or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel into a “central line” and enter the bloodstream. Patients who develop a CLABSI may become ill with fevers and chills, or the skin around the central line may become sore and red.

What are we doing to improve?

We follow best practice techniques outlined by the Centers for Disease Control and Prevention (CDC), which include proper hand hygiene, cleansing of the patient’s skin before line placement, using full barrier precautions during insertion, and early line removal. In addition, we bathe patients in the ICU with chlorhexidine daily and use special chlorhexidine sponge dressings on all central lines to reduce the risk of infection.

How are we performing?

The Centers for Medicare and Medicaid Services (CMS) reports CLABSI using a standardized infection ratio (SIR), which compares the total number of infections to the predicted number of infections during a selected period. The measure considers risk factors that may impact the number of infections at a facility, including facility size, the types of patients treated, and the kinds of procedures performed. SIRs below 1 indicate that the observed number of infections during the measured period was lower than would be expected, while values above 1 indicate that the observed number of infections was higher than expected.

Spring 2023 Leapfrog Safety Grade Results Data Source: Published by the Leapfrog Group

Central Line-Associated Bloodstream Infections in ICUs and Select Wards

Hospital Standardized Infection Ratio: *0.865 (Lower Numbers are Better)*
National Mean: *1.077*

For more information on this data, visit: <https://www.hospitalsafetygrade.org> and search for this hospital.



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PREVENTING METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) BACTEREMIA

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What are we measuring?

Staphylococcus aureus is a very common bacterium found on the skin or in the nose of about 1 out of every 3 people. Usually, this bacterium does not cause problems, but under the right circumstances, it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood (bacteremia). Methicillin-resistant staphylococcus aureus (MRSA) is a type of Staphylococcus aureus that is resistant to some of the antibiotics often used to treat these infections.

What are we doing to improve?

- Patients are screened for MRSA upon admission to the hospital or if considered high risk for infection
- Patients with active infections are placed under contact precautions
- Staff clean their hands before and after care of patients
- Staff wear gowns and gloves while providing care to patients with MRSA
- Proper cleaning of the environment and equipment is always done

How are we performing?

The Centers for Medicare and Medicaid Services (CMS) reports MRSA using a standardized infection ratio (SIR), which compares the total number of infections to the predicted number of infections during a selected period. The measure considers risk factors that may impact the number of infections at a facility, including facility size, the types of patients treated, and the kinds of procedures performed. SIRs below 1 indicate that the observed number of infections during the measured period was lower than would be expected, while values above 1 indicate that the observed number of infections was higher than expected.

Spring 2023 Leapfrog Safety Grade Results Data Source: Published by the Leapfrog Group

Methicillin-Resistant Staphylococcus Aureus Bacteremia

Hospital Standardized Infection Ratio: 1.455 (*Lower Numbers are Better*)
National Mean: 1.095

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PREVENTING PATIENT FALLS IN THE HOSPITAL

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What are we measuring?

Falls can occur in any setting. In the hospital, the risk of falling may be greater due to a different environment and a change in routine from what patients are accustomed to. Medicines, illness, surgery, and treatments could make patients feel dizzy and mildly confused. These factors could affect a patient's ability to safely get up and out of bed.

What are we doing to improve?

- Nurses follow universal fall prevention strategies to create a safe environment that reduces accidental falls for all patients
- Patients are assessed for fall risk using the Schmid Score Assessment tool
- Mobility support equipment is available to help ensure the safe transfer of patients at risk of falling
- Grab bars have been placed in bathrooms throughout the hospital to assist patients when needed
- Nurses develop toileting schedules to assist with ambulation to the bathroom – a time when many falls occur
- Nurses conduct hourly checks on patients who are at high risk for falls
- Use visual cues outside the patient's doors to alert others of fall risk.

How are we performing?

The Centers for Medicare and Medicaid Services (CMS) reports the Falls and Trauma measures as observed rates (per 1,000 discharges). CMS divides the count of observed hospital-acquired conditions identified at a hospital by the number of eligible discharges at that hospital and multiplies by 1,000.

Spring 2023 Leapfrog Safety Grade Results Data Source: Published by the Leapfrog Group

Falls and Trauma

Hospital Rate: **0.711** (Lower Numbers are Better)
National Mean: **0.437**

For more information on this data, visit: <https://www.hospitalsafetygrade.org> and search for this hospital.

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PREVENTING HOSPITAL-ACQUIRED PRESSURE INJURIES (HAPI)

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What are we measuring?

A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities, and soft tissue condition. A hospital-acquired pressure injury (HAPI) is an injury that develops 24 hours or more after hospital admission.

What are we doing to improve?

When patients are admitted to the hospital, a nurse assesses the condition of the patient's skin, detects and reports skin lesions present on admission, and incorporates appropriate interventions into their care plan (e.g., frequent turning, positioning, mobility, and a nutrition consult).

How are we performing?

The Centers for Medicare and Medicaid Services (CMS) reports the Agency for Healthcare Research and Quality Patient Safety Indicator Pressure Ulcer measure as a rate per 1,000 hospital discharges.

Spring 2023 Leapfrog Safety Grade Results Data Source: Published by the Leapfrog Group

Agency for Healthcare Research & Quality Patient Safety Indicator Pressure Ulcer

Hospital Standardized Infection Rate: 3.35 (Lower Numbers are Better)
National Ratio: 0.59

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