

# Patient Safety at Kaiser Permanente Fontana Medical Center

**The Kaiser Permanente Fontana 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)
- Chloridoids Difficile Infections (C.diff)
- Central Line Associated Blood Stream Infections (CLABSI)
- 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 (filter 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:

- Securement device to keep the tube in place
- Urinary catheters are removed when it is no longer appropriate for the patient.
- 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 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 Data Source: Published by the Leapfrog Group

**Catheter-Associated Urinary Tract Infections (CAUTI)**  
**Hospital Standardized Infection Ratio: 0.778 (Lower Numbers are Better)**  
**National Leapfrog Benchmark: 0.862**

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

# Patient Safety at Kaiser Permanente

## PREVENTING CLOSTRIDIODES DIFFICILE INFECTION (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

- Appropriate testing method to identify C-diff infections
- Patients with C-diff are placed in private rooms
- Employees wash their hands with soap and water after providing care to a patient with C-diff
- 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 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 Data Source: Published by the Leapfrog Group

**Clostridium difficile (C-diff)**  
**Hospital Standardized Infection Ratio: 0.899 (Lower Numbers are Better)**  
**National Leapfrog Benchmark: 0.489**

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

# Patient Safety at Kaiser Permanente

PREVENTING CENTER 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 practices 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 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**  
**Data Source: Published by the Leapfrog Group**

**Central Line-Associated Bloodstream Infections in ICU’s & Select Wards**  
**Hospital Standardized Infection Ratio: 0.831 (Lower Numbers are Better)**  
**National Leapfrog Benchmark: 1.077**

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

# Patient Safety at Kaiser Permanente

PREVENTING METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) BATEREMIA

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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?

Efforts are being taken to prevent the spread of MRSA. Here are the highlights:

- Patient screened for MRSA upon admission
- Use of appropriate personal protective equipment
- Patients with active infections placed under contact precautions
- Proper cleaning of environment and equipment 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 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**  
**Data Source: Published by the Leapfrog Group**

**Methicillin-Resistant Staphylococcus Aureus Bacteremia**  
**Hospital Standardized Infection Ratio: 0.473 (Lower Numbers are Better)**  
**National Leapfrog Benchmark: 1.095**

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

# Patient Safety at Kaiser Permanente

## PREVENTING PATIENT FALL IN THE HOSPITAL

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

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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?

Efforts are being taken to prevent patient falls. Here are the highlights:

- Nurses follow universal fall prevention strategies to create a safe environment that reduces accidental falls for all patients
- Mobility support equipment available to help ensure the safe transfer of patients at risk of falling
- Visual cues like wristbands and signage are utilized to bring awareness to hospital staff on safety precautions.
- Walking may be offered to prevent weakness and assistance is offered when using the restroom.

### 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 Data Source: Published by the Leapfrog Group

#### Falls and Trauma

Hospital Rate: 0.000 (*Lower Numbers are Better*)  
National Leapfrog Benchmark: 0.437

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

# Patient Safety at Kaiser Permanente

PREVENTING HOSPITAL ACQUIRED PRESSURE INJURIES (HAPI)

The **Anaheim Medical Center** is committed to remaining a national leader in patient safety and becoming the safest place to give and receive care.

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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 because 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 Data Source: Published by the Leapfrog Group

**Agency for Healthcare Research & Quality Patient Safety Indicator Pressure Ulcer**

**Hospital Standardized Infection Rate: 0.65 (Lower Numbers are Better)  
National Benchmark**

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