

Kaiser Permanente West Los Angeles Medical Center



Kaiser Permanente 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)
- Clostridioides Difficile Infections (CDI)
- Central Line Associated Blood Stream Infections (CLABSI)
- Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteria Infections
- Patient Falls and Injuries

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 do we measure?

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) uses 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.

Fall 2025 Leapfrog Safety Grade Data Source: Published by the Leapfrog Group

Catheter-Associated Urinary Tract Infections (CAUTI)
Hospital Standardized Infection Ratio: 0.680 (Lower than national benchmark is better)
National Leapfrog Benchmark: 0.521

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 do we measure?

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) uses 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.

Fall 2025 Leapfrog Safety Grade Data Source: Published by the Leapfrog Group

Clostridium difficile (C-diff)
Hospital Standardized Infection Ratio: 0.374 (Lower than national benchmark is better)
National Leapfrog Benchmark: 0.369

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

Patient Safety at Kaiser Permanente

PREVENTING CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)

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What do we measure?

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 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) uses 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.

Fall 2025 Leapfrog Safety Grade Data Source: Published by the Leapfrog Group

Central Line-Associated Bloodstream Infections in ICU & Select Wards
Hospital Standardized Infection Ratio: 0.341 (Lower than national benchmark is better)
National Leapfrog Benchmark: 0.585

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 do we measure?

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

How are we performing?

The Centers for Medicare and Medicaid Services (CMS) uses 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.

Fall 2025 Leapfrog Safety Grade Data Source: Published by the Leapfrog Group

Methicillin-Resistant Staphylococcus Aureus Bacteremia
Hospital Standardized Infection Ratio: 0.603 (Lower than national benchmark is better)
National Leapfrog Benchmark: 0.688

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

Patient Safety at Kaiser Permanente

PREVENTING PATIENT FALLS & INJURIES IN THE HOSPITAL

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What do we measure?

One common problem that patients face in the hospital is a serious injury or death resulting from a fall or other kind of trauma. Falls can happen when patients who really can't walk on their own try getting out of bed, often to go to the restroom. Patient falls increase time in the hospital, require additional care, and can result in permanent disability.

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.

Fall 2025 Leapfrog Safety Grade
Data Source: Published by the Leapfrog Group

Falls & Trauma

Hospital Standardized Infection Ratio: 0.000 (Lower than national benchmark is better)
National Leapfrog Benchmark: 0.382

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