**State HAI Plan 2015: Development**

**Device Associated Infections**

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**ACUTE CARE: Catheter Associated Urinary Tract Infection**

|  |  |  |
| --- | --- | --- |
| Maine compared to Maine |  | Maine compared to Nation |
| CAUTI | #Hospitals Reporting | 2011 | 2012 | 2013 | Trend |  | Maine2013 | Compare (SIR) |
| Federal Data**SIR** | 21 |  | **1.91** | **1.72** | 🡻 |  | **1.72** | 1.06 | Nat’l SIR2013 |
|  |  |  |  |  |  |  | 0.75 | HP20202013 |
|  |  |  |  |  |  |  | 🡻25%\* | HP20202020 |

 \*from 2015 Baseline

**Current Initiatives:**

1. Assess for facility outliers.

[Outlier: Facility that has a CAUTI SIR above national benchmark and needs to reduce 10 or more CAUTIs to reach national benchmark.]

|  |  |
| --- | --- |
|  | 2013 data |
| # Hospitals | 2 |

**Action Items:**

* Healthcentric Advisors CAUTI collaborative under development.
* External validation of CAUTI data – planned for 2015.
* Mixed Acuity Units – how to capture data.

CAUTI:

Most frequent organisms:

1. E. coli (GI) = 36

2. E. faecalis (GI) = 19

3. K. pneumoniae (GI) = 16

4. GNR (GI) = 12

**ACUTE CARE: Central Line Associated Blood Stream Infection**

|  |  |  |
| --- | --- | --- |
| Maine compared to Maine |  | Maine compared to Nation |
| CLABSI | #Hospitals Reporting | 2011 | 2012 | 2013 | Trend |  | Maine2013 | Compare (SIR) |
| Federal Data**SIR** | 21 |  | **0.93** | **0.66** | 🡻 |  | **0.66** | 0.54 | Nat’l SIR2013 |
|  |  |  |  |  |  |  | 0.50 | HP20202013 |
|  |  |  |  |  |  |  | 🡻50%\* | HP20202020 |

 \*from 2015 Baseline

**Current Initiatives:**

1. Endorse the surveillance of CLABSI at all acute care hospitals (ACH) in Maine with a state reporting mandate. [not all ACHs have ICUs]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | # Hospitals Reporting | 07/2010-06/2011 | 07/2011-06/2012 | 07/2012-06/2013 | Trend |
| ICU Rate | 20 | 1.4 | 1.7 | 1.1 | **🡻** |
| NICU Rate | 3 | 0.6 | 2.5 | 2.9 | 🡹 |

1. Endorse the use of the IHI Central Line Insertion bundle prevention measures at all ACHs with a state reporting mandate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | # Hospitals Reporting | 07/2010-06/2011 | 07/2011-06/2012 | 07/2012-06/2013 | Trend |
| ICU | 36 | 92% | 94% | 90% | **=** |
| Surgical Services | 36 | 96% | 97% | 96% | **=** |

1. Assess for facility outliers.

[Outlier: Facility that has a CLABSI SIR above national benchmark and needs to reduce 5 or more CLABSIs to reach national benchmark.]

|  |  |
| --- | --- |
|  | **2013 data** |
| # Hospitals | 1 |

1. External Validation of CLABSI data (provided by alternate funding source) for all acute IPPS hospitals with ICUs.

|  |  |
| --- | --- |
| **Metric** | **2012** |
| Error Rate | 7% |
| Device Day Error Rate – (calculation??) | 25% |

**Action Items:**

* QIN-QIO Healthcentric Advisors collaborative under development.
* Discuss reporting mandate for IHI Central Line Insertion bundle.
* Mixed Acuity Units – how to capture data.

**ACUTE CARE: Ventilator Associated Pneumonia / Ventilator Associated Event**

CLABSI:

Most frequent organisms:

1. S. aureus (skin) = 21

2. E. faecium (GI) = 6

3. P. aeruginosa (environ) = 5

|  |  |  |
| --- | --- | --- |
| Maine compared to Maine |  | Maine compared to Nation |
| VAP/VAE | #Hospitals Reporting | 2011 | 2012 | 2013 | Trend |  | Maine2013 | Compare (SIR) |
| Federal Data**SIR** | 0 |  |  |  |  |  |  |  | Nat’l SIR2013 |
|  |  |  |  |  |  |  |  | HP20202013 |
|  |  |  |  |  |  |  |  | HP20202020 |

**Current Initiatives:**

1. Endorse the use of the IHI Ventilator Associated Pneumonia bundle prevention measure with a state reporting mandate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | # Hospitals Reporting | 07/2010-06/2011 | 07/2011-06/2012 | 07/2012-06/2013 | Trend |
| ICU | 36 | 91% | 90% | 89% | **=** |

**Action Items:**

* Discontinue reporting mandate for IHI Ventilator Associated Pneumonia bundle.