NHH
Northumberland Hills Hospital

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Patient Safety Indicator Report

C. difficile Infection (CDI)

Clostridioides difficile (also known as *C. difficile* or *C. diff*) is a type of bacteria that is found in the intestinal tracts. The C. difficile bacteria produce a toxin that can cause inflammation. The affected person may experience diarrhea and other serious intestinal conditions. The use of antibiotics increases the chances of developing *C. difficile* diarrhea as it alters the normal level of good bacteria found in the intestines and colon. With disruption of the good bacteria, the C. difficile bacteria may start to grow and multiply and produce a toxin that can damage the walls of our bowel.

Cases

The number of new hospital-acquired *C. difficile* infections will be reported monthly.

Infection Rate per 1,000 Patient Days

The *C. difficile* infection rate is calculated as a rate per 1,000 patient days.

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025
Healthcare-associated *C. difficile.* Cases	1	0	1	2	0	0	0	0	0	1	0	1	2
Rate per 1,000 patient days	0.2	0	0.2	0.5	0	0	0	0	0	0.25	0	0.28	0.51%

Central Line Infections

A central venous catheter (or "line") is put into a patient's vein usually when a patient requires long- term access to medication, fluids, or nutrition intravenously (through an IV). A central line blood stream infection (CLI) can occur when bacteria and/or fungi enters the blood stream, causing a patient to become sick. The bacteria most often comes from the patient's skin but can come from a variety of places including wounds, and the environment.

Ontario hospitals are posting quarterly CLI rate and case count for infections acquired in their facility.

CLI Cases

Only central line associated blood stream infections that occur 48 hours or more after insertion and in a hospitalized ICU patient are being publicly reported.

CLI Rate per 1,000 Central Line Days

The CLI rate is the number of ICU patients (18 years and older) with a new CLI per 1,000 central line days. Central line days are the total number of days a central line was used in ICU patients who are

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18 years and older.

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025
Hospital acquired CLIs	0	0	0	0	0	0	0	1	0	0	0	0	0
Rate per central line days	0	0	0	0	0	0	0	14.3	0	0	0	0	0

Ventilator Associated Pneumonia (VAPs)

For our public reporting purposes, ventilator-associated pneumonia (VAP) is defined as a pneumonia (lung infection) occurring in patients in an intensive care unit (ICU), requiring external mechanical breathing support (a ventilator) through a breathing tube for more than 48 hours.

VAP Cases

Includes only VAPs that develop 48 hours after the patient was placed on a ventilator in ICU. Includes only ICU patients, 18 years and older, who are mechanically ventilated.

VAP Rate

The VAP Rate is the number of ICU patients (18 years and older) with a new VAP per 1,000 ventilator days. Ventilator days are the number of days spent on a ventilator for all patients in the ICU 18 years and older.

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025
Hospital acquired VAP	0	0	0	0	1	0	0	0	0	0	0	0	0
Rate per 1,000 VAP days	0	0	0	0	11%	0	0	0	0	0	0	0	0

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Hand Hygiene Compliance

Experts agree that good hand hygiene is the single most effective way to reduce the risk of healthcare- associated infections. Through auditing the practices of our healthcare providers, we are able to find out if in fact, they are cleaning their hands the right way and at the right times, in keeping with the Ontario Ministry of Health's guidelines. Using hand sanitizer is the preferred way to clean your hands, except when hands are visibly soiled, then washing hands with soap and water is the best method.

Hand Hygiene Compliance Rate

Hospitals across Ontario are required to audit and report their hand hygiene compliance rates annually on two indicators, the Before Initial Patient or Patient Environment Contact, and, After Patient or Patient Environment Contact.

Rates

Fiscal Year	Percent compliance for before initial patient/patient environment contact (%)	Percent compliance for after patient/patient environment contact (%)
April 1, 2023, to March 31 2024	96.0%	98.0%
April 1, 2022, to March 31 2023	95.0%	97.0%
April 1, 2021, to March 31 2022	98.0%	99.1%
April 1, 2020, to March 31 2021	98.0%	99.0%
April 1, 2019, to March 31 2020	97.9%	98.1%
April 1, 2018, to March 31 2019	86.1%	85.7%

MRSA Bacteremia

Staphylococcus aureus (Staph aureus, often called "Staph") is a type of bacteria that normally lives on the skin and in the nose and lower intestine and may cause a variety of different infections.

Methicillin is an antibiotic developed specifically to treat infections caused by Staph aureus. Staph aureus that have become resistant to methicillin are referred to as methicillin-resistant Staphylococcus aureus, or MRSA for short. Bacteremia is the presence of bacteria in the bloodstream and is referred to as a bloodstream infection. Risk factors for MRSA bacteremia include invasive procedures, prior treatment with antibiotics, prolonged hospital stay; or having an MRSA wound infection.

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Cases
The number of new Healthcare-associated MRSA infections will be reported on a quarterly basis.

Infection Rate per 1,000 Patient Days
The MRSA infection rate is calculated as a rate per 1,000 patient days. The total patient days represents the sum of the number of days during which services were provided to all inpatients, over one year of age, during the given time period.

Rates of New Healthcare-associated MRSA Bacteremia

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025
Healthcare-associated MRSA bacteremia	0	0	0	0	0	0	0	0	0	0	0	0	0
Rate per 1,000 patient days	0	0	0	0	0	0	0	0	0	0	0	0	0

VRE Bacteremia

VRE is the short form for Vancomycin-resistant enterococci. Enterococci are common bacteria that are normally found in the bowel, the genital tract and often found in the environment. Vancomycin is a powerful antibiotic used to treat serious infections. Vancomycin-resistant enterococci (VRE) are a type of bacteria which no longer responds to treatment with vancomycin.

Healthy people are usually not at risk of becoming infected with Vancomycin-resistant enterococci (VRE). Risk factors for getting VRE include severity of underlying illness, presence of invasive devices, prior colonization with VRE, antibiotic use and length of hospital stay.

Enterococci bacteria in the lower intestine, urine, blood, and/or skin, may cause an infection and resist Vancomycin antibiotic. Some people may carry the bacteria without having symptoms.

VRE can cause illnesses such as blood infections (bacteremia), urinary tract infections, or abscesses.

Cases
The number of new healthcare-associated VRE infections will be reported on a quarterly basis.

Infection Rate per 1,000 Patient Days
The VRE infection rate is calculated as a rate per 1,000 patient days. The total patient days represents the sum of the number of days during which services were provided to all inpatients, over one year of age, during the given time period.

Rates of New Healthcare-associated VRE Bacteremia

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025
Hospital acquired VRE. bacteremia	0	0	0	0	0	0	0	0	0	0	0	0	0
Rate per 1,000 patient days	0	0	0	0	0	0	0	0	0	0	0	0	0

Surgical Safety Checklist Compliance (SSCC)

The SSCC is a patient safety communication tool that is used by a team of operating room professionals (nurses, surgeons, anesthesiologists, and others) to discuss important details about a surgical case at three distinct stages or phases during surgery: Briefing (before the patient is put to sleep), Time Out (just before the first incision), and Debriefing (during or after surgical closure). The SSCC is used to facilitate operating room team discussion so that everyone is familiar about the case and reduces reliance on memory for certain necessary interventions.

Essentially, the checklist is about improving overall teamwork - a critical factor in producing positive clinical outcomes.

SSCC Rate

SSCC compliance indicator measures the degree to which all three phases - briefing, time out and debriefing - of the checklist were performed correctly and appropriately for each surgical patient. All three steps must be fully completed during all surgeries to achieve a rating of 100%. Compliance is reported bi-annually.

SSCC Rates

Reporting Period	Percent (%)
January 1, 2024 – June 30, 2024	100%
July 1, 2023 – December 31, 2023	100%
January 1, 2023 – June 30, 2023	100%
July 1, 2022 - December 31, 2022	100%
January 1, 2022 - June 30, 2022	100%