

Straight Talk

A weekly update from management on the issues that matter most

November 5, 2009

Dear Friends and Colleagues:

Infectious diseases have been the scourge of mankind since the beginning of time. Unfortunately, the “bugs” are getting smarter and more resilient. So we’ve got to continue to be vigilant in fighting infections. (Overall, society’s best defense against infectious diseases is the use of effective sanitation—our sewer systems.)

At NCH, we are very much on the case to prevent hospital-acquired infections and limit the spread of harmful germs. We use a multitude of “best practices” which we either create, copy and/or share with other leaders in preventing infection. Our Infection Control committee, led by RN **LeAnna Hatcher**, meets regularly to plot strategy and direct execution of these best practices.

One important focus, as simple as it sounds, is *hand-washing*. Ironically, most hospitals have found it difficult to “hard wire” hand-washing in their facilities. Our hand-washing performance is measured at the 90th percentile before and after patient contact as well as after contact with surfaces and after glove removal. Individual staff compliance with hand hygiene protocols is at the 80th percentile downtown and 90th percentile for the North campus.

These results are good, but we can improve. Consequently, we are rekindling our hand hygiene campaign to coincide with new *Precautions and Hand Hygiene Policy/Procedures*. This will emphasize the key “5 Moments” for hand hygiene—(1) before touching a patient, (2) before/after a clean/aseptic procedure, (3) after body fluid exposure, (4) after touching a patient, and (5) after touching patient surroundings. (If you’re a patient, please ask anyone caring for you to wash before and after touching.)

Beyond this renewed initiative, we are participating with a Florida Hospital Association collaborative, led by ICU Microsystem Director **Jon Kling**, to prevent central line bloodstream infections. This effort will assist very ill patients in intensive care units, who typically have intravenous lines placed into the larger blood vessels closer to the center of the body. These patients require this access for large amounts of fluids including blood transfusions, medicines to maintain blood pressure, and/or to treat other conditions such as infections. Our goal is to eliminate infections that could spread to a patient’s whole body.

Beyond infections, we are also focused now on H1N1 flu. Happily, we have had no ICU admissions at NCH nor any deaths in Collier County due to flu. On average, we have averaged fewer than 10 admissions per week with flu or complications and about 250 ER visits per week, particularly from the younger age groups.

RNs **Mark Pitts** and **Cindi Lukacs** and their able team have distributed almost 800 doses of H1N1 vaccine over the past two weeks and 1,500 doses of seasonal flu vaccine. We started by offering preventive vaccines to high-risk colleagues (pregnant, ER, ICU, Peds, etc.) and then opened limited supplies to everyone. Like the rest of the nation, we are short of the vaccine now, but should be resupplied soon.

I suspect in a couple years H1N1 will appear throughout the world, as it probably has in the past century, and our current seasonal flu will become relatively dormant. One reason for the relatively low incidence of H1N1 among over-60-year-olds is that this age group was probably exposed when they were growing up. Meanwhile, NCH continues to meet the infectious disease challenges. Thank you for all your good work and remember—wash your hands!

Respectfully,



Allen S. Weiss, M.D., President and CEO

P.S. Feel free to share *Straight Talk* and ask anyone to email me at allen.weiss@nchmd.org to be added.