

| Serious Complications Deaths for Certain Conditions Hospital-Acquired Conditions Healthcare-Associated Infections | Hospital-Acquired Conditions (HACs) <i>Lower Rates Are Better</i> | | | |
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| | AVERAGE FOR ALL REPORTING HOSPITALS IN THE U.S. | EDGEFIELD HOSPITAL | RIVER VIEW HOSPITAL | MITCHELL HOSPITAL |
| Foreign object retained after surgery | 0.084 per 1,000 surgical discharges | 0 per 1,000 surgical discharges | 0 per 1,000 surgical discharges | 0 per 1,000 surgical discharges |
| Air embolism | 0.003 per 1,000 total discharges | 0.100 per 1,000 total discharges | 0.100 per 1,000 total discharges | 0 per 1,000 total discharges |
| Blood incompatibility | 0.001 per 1,000 total discharges | 0 per 1,000 total discharges | 0.01 per 1,000 total discharges | 0 per 1,000 total discharges |
| Pressure ulcers, stages III and IV | 0.166 per 1,000 total discharges | 0.300 per 1,000 total discharges | 0.100 per 1,000 total discharges | 0 per 1,000 total discharges |
| Falls and trauma | 0.759 per 1,000 total discharges | 0.500 per 1,000 total discharges | 0.400 per 1,000 total discharges | 0.200 per 1,000 total discharges |
| Vascular catheter-associated infection | 0.290 per 1,000 total discharges | 0.200 per 1,000 total discharges | 0.200 per 1,000 total discharges | 0 per 1,000 total discharges |
| Catheter-associated urinary tract infection | 0.260 per 1,000 total discharges | 0.200 per 1,000 total discharges | 0 per 1,000 total discharges | 0.300 per 1,000 total discharges |
| Manifestations of poor glycemic control | 0.051 per 1,000 total discharges | 0 per 1,000 total discharges | 0.200 per 1,000 total discharges | 0.050 per 1,000 total discharges |

Formative Research
Focus Group Handout #4

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| <p>Blood Incompatibility (Mismatched blood types)</p> | <p>Blood incompatibility refers to the reaction that can occur when patients are given the wrong type of blood. If a patient receives blood that is not compatible with their own blood type, they can suffer a serious reaction. Symptoms may include back pain, blood in the urine, fever, and yellowing of the skin</p> <p>Hospitals can prevent blood incompatibility by following guidelines to make sure blood is properly typed and cross-matched.</p> |
| <p>Pressure ulcers, Stages III and IV (Severe pressure sores)</p> | <p>This measure refers to serious pressure sores (also known as pressure ulcers or bedsores) that develop while a patient is in the hospital. Stage III and IV pressure sores are very deep, serious sores that may even reach muscle or bone. They cause pain and serious infections, and may lead to long hospital stays and even amputation.</p> <p>Pressure sores are caused by staying in one position for a long period of time. Hospitals can prevent them (or keep them from getting worse) by turning or moving bedridden patients often and by regularly checking and caring for the patient's skin.</p> |
| <p>Falls and Trauma (Falls and injuries)</p> | <p>This refers to injuries that occur while a patient is in the hospital, including broken or dislocated bones, crushing injuries, burns, or shocks. Although some falls and injuries may occur even when hospitals provide good care, many falls in hospitals can be avoided.</p> <p>Hospital staff should determine if patients are at risk for falls by checking their medications and their balance or coordination. Hospital staff should also provide assistance to patients who are unable to move around safely on their own.</p> <p>Hospitals can also reduce the likelihood of falls by removing clutter from floor, removing improperly fitting clothing, keeping bed rails up when patients are sleeping, providing adequate staff and equipment when transferring a patient into and out of bed, and installing handrails in areas where patients need stability.</p> |

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| <p>Vascular catheter-associated infections</p> | <p>This refers to infections caused by a vascular catheter (also known as a venous catheter), which is a thin flexible plastic tube inserted into a patient's vein. Vascular catheters allow easy access to a patient's bloodstream for drawing blood or giving medications. Patients who need vascular catheters for a long period of time may have them surgically implanted.</p> <p>Long use of vascular catheters can put patients at risk for infections and serious complications. These might include skin infections at the site where the catheter was inserted and bloodstream infections.</p> <p>Hospitals can prevent vascular catheter-associated infections by choosing the best sites for inserting the catheter, using the right catheter material, keeping the site clean, and removing the catheter when it is no longer needed.</p> |
| <p>Catheter-associated urinary tract infection</p> | <p>This refers to infections in the urinary tract caused by a urinary catheter, which is a flexible plastic tube inserted into the bladder to collect urine. Patients who do not have bladder control may have urinary catheters left in place for long periods of time. As a result, urinary tract infections are the most common kind of infection that hospital patients get. Elderly patients or patients who have been very sick for long periods of time are at especially high risk.</p> <p>Hospital staff can help prevent urinary tract infections by keeping the area clean, emptying drainage bags regularly, making sure patients get enough fluids, giving antibiotics to patients who need catheters for long periods of time, and by removing urinary catheters when they are not needed.</p> |
| <p>Manifestations of poor glycemic control (Signs of uncontrolled blood sugar)</p> | <p>This measure refers to signs of poor blood sugar control in patients with diabetes, which can lead to serious complications, coma, and even death. Although high blood sugar (hyperglycemia) and low blood sugar (hypoglycemia) are common in hospitalized patients with diabetes, extreme forms of poor blood sugar control are rare, and are reasonably preventable if patients are monitored regularly.</p> |