Oconee Medical reports few infection problems

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SENECA — Oconee Medical Center continues to have very few surgical site infections, contributing to the fact that, according to a recent Centers for Disease Control and Prevention report, South Carolina was the only state among 17 reporting states to document a significant reduction in blood infections from central intravenous lines.

"This reduction (30 percent) took place from the first six months of 2009 to the last six months of the same year among continuously reporting hospitals," said Dr. Jerry Gibson, state epidemiologist and director of South Carolina Department of Health and Environmental Control's Bureau of Disease Control. "The decline is evidence that South Carolina hospitals are making progress in their efforts to eliminate hospital-acquired infections (HAIs)."

DHEC recently released its 2010 annual report for individual hospitals throughout the state, and OMC has some of the best numbers among hospitals of its size.

The facility reported no central line infections for the entire year, which included 822 days of adult critical care and 2,430 days of total inpatient care.

OMC did report a limited number of infections for various surgical procedures. However, the hospital did not have enough procedures in some risk categories to generate a finding.

Surgical patients are assigned a risk category based on whether the anesthesiologist has given the patient a physical status classification score of 3, 4 or 5; the operation is classified as contaminated or infected; or the operation lasts longer than expected. If too few procedures are done, reporting risks patient confidentiality and can skew the overall data.

OMC performed 23 abdominal hysterectomies without an infection. A total of 112 hip replacements were done in risk categories zero and one with four infections, and 274 knee replacements were done in those two categories with three infections. There were 50 colon surgeries in categories one and two with three infections.

The hospital reported to DHEC that the hospital spent 20 hours per week on infection surveillance and 38 hours per week on infection control activities other than surveillance.

Gibson said hospitals in South Carolina began reporting certain hospital-acquired infection rates to DHEC in July 2007 and individual hospital HAI rate reports have been posted every six months.

"Infections that patients get while they are being treated in hospitals and other health care facilities are a major public health problem in the United States," Gibson said. "They can be very serious and many of them are preventable. HAIs can increase both the cost and length of a hospital stay, and could even result in death."

The CDC estimates that direct medical costs for HAIs in U.S. hospitals, adjusted for 2007 prices, range from about $28 billion to $33 billion each year.

"A hospital's experience with HAIs is only one thing to consider when choosing a facility," Gibson said. "You should consider the advice of your physician and the experience of the facilities and surgeons. Any factors that are unique to you should be considered as well. Keep in mind that some patients have conditions that make them more likely to get infections. A patient's age, underlying diseases and level of illness all affect their risk for infection."

Gibson said that information on hospital-acquired infections and the "Definition of Terms" are available on the HAI website to help people understand the HAI data reports. Reports are available from the HAI home page at: http://www.scdhec.gov/hai. Click the Hospital-Acquired Infections Report for comparison reports by type of infection and for individual hospital reports, which are grouped by general bed size and listed alphabetically.

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