



Complaint Summary for Public Viewing Reports for:
PRESBYTERIAN/ST LUKE'S MEDICAL CENTER

Intake ID: CO00007895

Facility: PRESBYTERIAN/ST LUKE'S MEDICAL CENTER

Date of Complaint: 3/10/2006

Date of Investigation: 3/27/2006

Total Number of Allegations for Complaint: 1

Allegation: 1

Type: Infection Control

Findings: Unsubstantiated

Allegation Detail: The Health Facilities and Emergency Medical Services Division received a complaint on 1/10/06. The anonymous complainant alleges that the facility had numerous cases of MRSA in the NICU, Progressive NICU and Nursery.

Findings Detail: An unannounced on-site survey, authorized by the Centers for Medicare and Medicaid Services (CMS), was conducted by 4 surveyors from 3/27/06 to 3/29/06. Policies and procedures were reviewed, including minutes from staff meetings. Interviews were conducted, and patient care units were toured. The condition of infection control was surveyed.

Findings are as follows:

Interviews with Infection Control Coordinators, --- ----, were conducted on 3/28/06. It was explained that methicillin resistant staphylococcus aureus (MRSA) is a disease that is "not required as reportable by clinicians". The infection control committee conducts monthly meetings and tracks hospital wide infections. The record of events --- ---- revealed that 22 MRSA isolates were sent to the --- ---- on 1/5/06, for --- ---- testing. After literature review, the infection control committee had recommended treatment for all affected infants. Thirteen of 17 babies were treated. --- ----.

Since 2001, nasal cultures were initially obtained on all neonates that were admitted to the NICU (neonatal intensive care unit) and that routine cultures were done every 6 weeks. This was performed at no additional expense to the families, and included all internal transfers and outside transfers of babies from other facilities. When an infant tested positive, contact isolation was initiated and subsequent cultures were done every 2 weeks. A physician, --- ----, ordered Mupirocin ointment to the nares twice a day for 5 days, and it was communicated from the infection control coordinator, --- ----, that this had been effective in reducing the bioburden hazard and potential for transmission within the NICU.

On 3/29/06 a tour of the NICU's was conducted with the director of nursing --- ----, and the nurse manager --- ----. The more critically ill infants --- ---- remain in the main NICU where there were 4 separate isolation rooms. Room A was reserved for MRSA positive patients. The manager stated that a glass door had been placed between two larger

rooms within the NICU to decrease noise and to limit movement of the babies within the NICU. She explained that those infants that were stabilized were then sent to a lower level NICU which was referred to as the "graduate NICU".

The patient care areas were found to be clean and sanitary. There was readily accessible hand sanitizers conveniently located throughout the units for staff and families. It was observed that all of the 3 infants were placed on contact isolation. A registered nurse in the care of MRSA twins was found fully gowned and gloved when holding one of the infants. The nurse manager --- ---- mentioned that nursing staff was involved in educational inservices and internal audits that included "peer watch". The registered nurses were involved in much family support and teaching with parents and families being compliant with infection control standards. Infection prevention teaching and instructions were placed on covered cribs to remind visitors of the importance of good handwashing techniques. The manager, --- ----, had explained that visits are allowed in pairs of 2 persons, and only by the parents or grandparents. No children were allowed to come in the units during the high flu season during the months of October through May.

In summary, the allegation was unsubstantiated. The facility reported the MRSA concern of their patients --- ---- and sent samples for further testing and evaluation. Contact isolation measures and appropriate treatments were provided during this time frame for MRSA affected infants. The infection control committee at the facility did respond in a timely and appropriate manner. There were currently 3 infants in contact isolation for MRSA. Furthermore, it had been documented --- ---- that "no invasive disease has been identified in the --- ---- NICU-only colonization".

No deficient practice was cited.