



University of Iowa Health Care

*Presentation to
The Board of Regents, State of Iowa
February 3, 2009*

Agenda

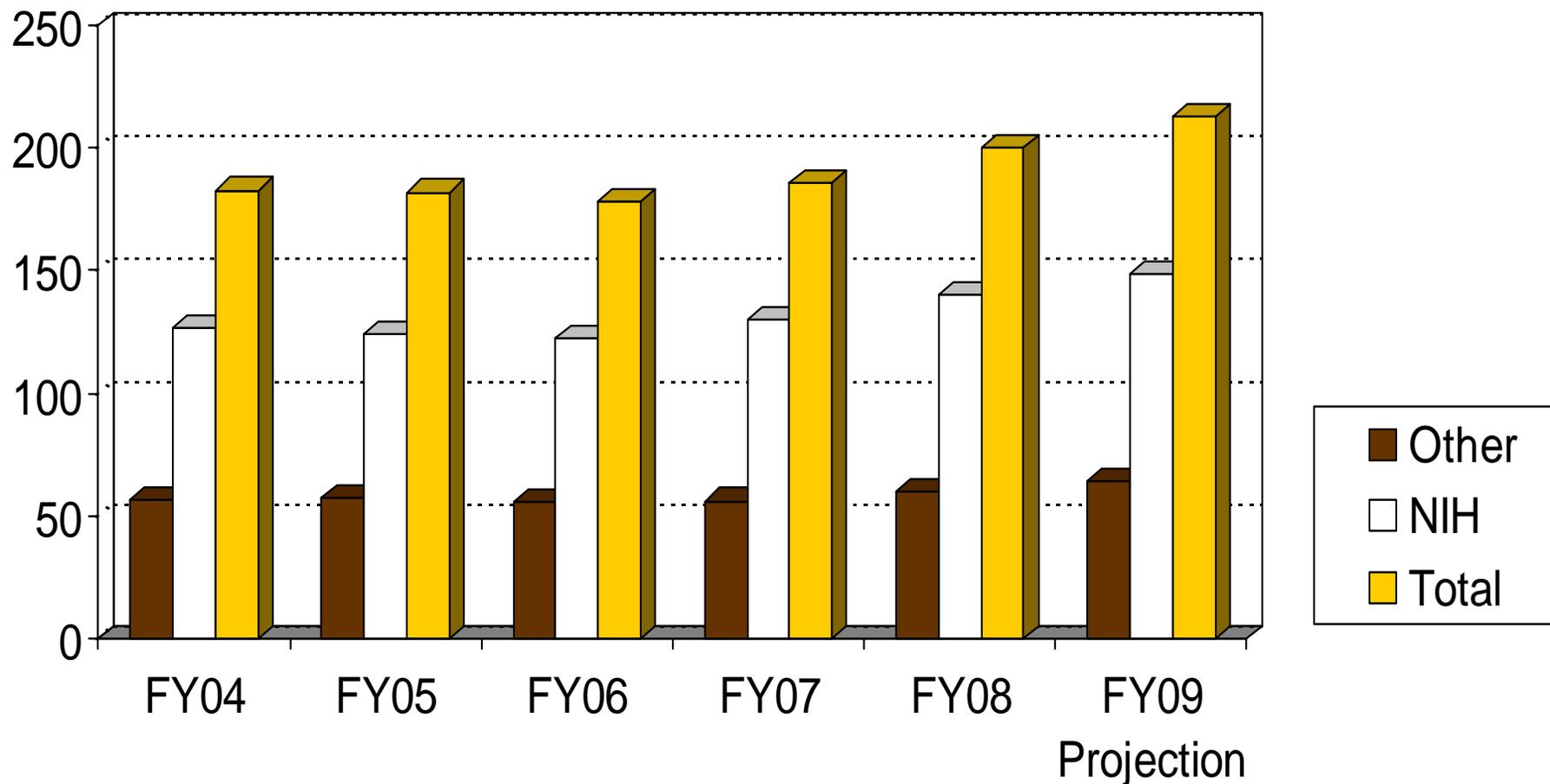
- Opening Remarks
- Carver College of Medicine Report
- UI Hospitals and Clinics Operating and Financial Performance
- Expense Moderation
- Iowa Medical Mutual Insurance Company
- Reducing Healthcare-Acquired Infections



Carver College of Medicine Report

Paul Rothman, MD
Dean, UI Carver College of Medicine

Carver College of Medicine Research Funding (Millions)



Iowa's Colleges are Reservoirs of Ideas & Energy



- ❖ Research depends on TALENT.
- ❖ The richest deposit of biomedical talent is in our network of colleges and universities: the faculty and students.
- ❖ Action Plan - Develop a strong network of collaborations with Iowa's colleges to enhance and capitalize on the unique strengths and resources of each institution.



F.U.T.U.R.E. Program

Fostering Undergraduate Talent – Uniting Research and Education

Purpose

To develop partnerships in research and education with professors from Iowa colleges that do not offer doctoral programs

Highlights

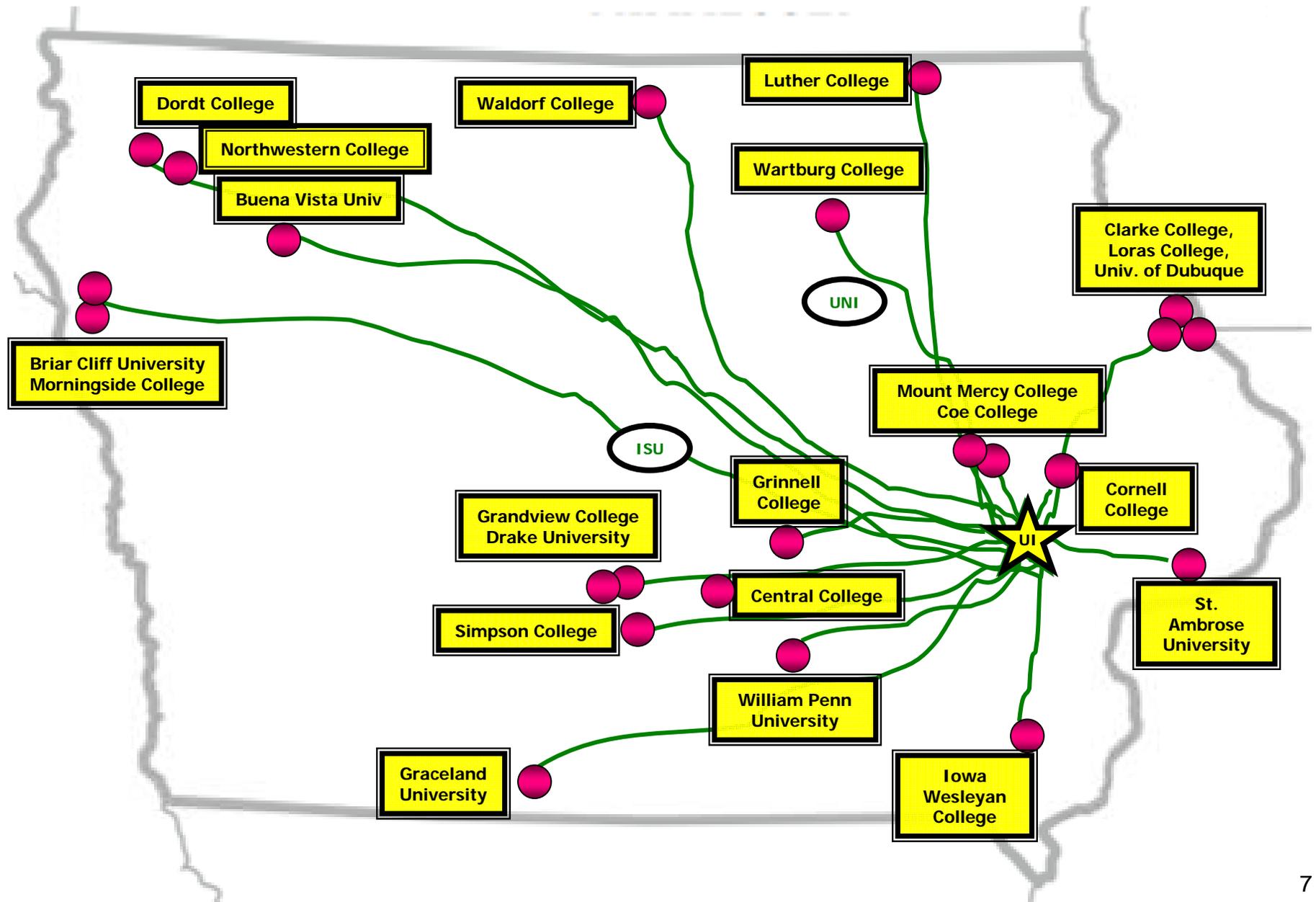
Annual fellowships for research during the summer (10 weeks) to these faculty to conduct a research project in laboratories of faculty at the UI CCOM. Faculty will bring one student with them to help with the research project.



Madeline Shea, PhD

F.U.T.U.R.E. in Biomedicine

Connecting Iowa's Colleges to the UI Carver College of Medicine



Kim Leslie Named Head of OB/GYN

- M.D. at University of Texas, Southwestern Medical School
- Fellowship in Maternal-Fetal Medicine, Georgetown
- Research Interests: Molecular biology of estrogen and progesterone receptors
- Clinical Interests: General maternal-fetal medicine, fetal echocardiography, cancer in pregnancy





Volume and Financial Performance

Ken Fisher

Associate Vice President for Finance and CFO,
UI Hospitals and Clinics

Volume Indicators

July 2008 through December 2008



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Admissions	14,696	14,939	14,636	(243)	-1.6% ○	60	0.4% ○
Patient Days	98,350	95,457	96,467	2,893	3.0% ●	1,883	2.0% ○
Length of Stay	6.69	6.39	6.59	0.30	4.7% ●	0.10	1.5% ○
Average Daily Census	534.51	518.79	524.28	15.72	3.0% ●	10.23	2.0% ○
Surgeries – Inpatient	5,495	6,470	5,623	(975)	-15.1% ●	(128)	-2.3% ○
Surgeries – Outpatient	6,414	5,789	5,633	625	10.8% ●	781	13.9% ●
Emergency Treatment Center Visits	24,028	22,252	21,668	1,776	8.0% ●	2,360	10.9% ●
Outpatient Clinic Visits	366,057	363,191	349,318	2,866	0.8% ○	16,739	4.8% ●
Case Mix	1.8345	1.7722	1.7783	0.0623	3.5%	0.0562	3.2%
Medicare Case Mix	2.0163	1.9188	1.8969	0.0975	5.1%	0.1194	6.3%

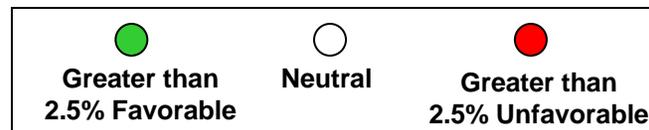
● Greater than 2.5% Favorable	○ Neutral	● Greater than 2.5% Unfavorable
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Admissions by Clinical Department

July 2008 through December 2008



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Family Medicine	625	617	586	8	1.2% ○	39	6.7% ●
General Surgery	1,564	1,591	1,598	(27)	-1.7% ○	(34)	-2.1% ○
Internal Medicine	4,411	4,459	4,356	(48)	-1.1% ○	55	1.3% ○
Neurology	756	736	717	20	2.8% ●	39	5.4% ●
Neurosurgery	1,145	1,050	1,029	95	9.0% ●	116	11.3% ●
Obstetrics/Gynecology	1,535	1,530	1,464	5	0.3% ○	71	4.9% ●
Ophthalmology	49	54	56	(5)	-9.2% ●	(7)	-12.5% ●
Orthopedics	1,210	1,241	1,176	(31)	-2.4% ○	34	2.9% ●
Otolaryngology	279	341	336	(62)	-18.2% ●	(57)	-17.0% ●
Pediatrics	1,219	1,371	1,325	(152)	-11.1% ●	(106)	-8.0% ●
Psychiatry	1,056	1,150	1,154	(94)	-8.2% ●	(98)	-8.5% ●
Thoracic – Cardio Surgery	331	249	205	82	32.7% ●	126	61.5% ●
Urology	393	471	504	(78)	-16.6% ●	(111)	-22.0% ●
Other	123	79	130	44	55.7% ●	(7)	-5.4% ●
Total	14,696	14,939	14,636	(243)	-1.6% ○	60	0.4% ○

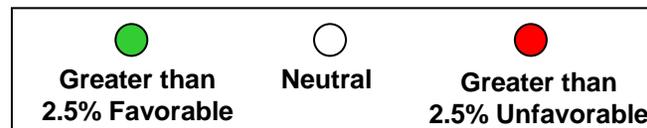


Outpatient Surgeries – by Clinical Department

July 2008 through December 2008



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	36	23	38	13	54.4% ●	(2)	-5.3% ●
Dentistry	280	183	253	97	53.4% ●	27	10.7% ●
Dermatology	23	30	23	(7)	-22.2% ●	0	0.0% ○
General Surgery	881	665	724	216	32.5% ●	157	21.7% ●
Gynecology	324	307	311	17	5.5% ●	13	4.2% ●
Internal Medicine	0	5	4	(5)	-100.0% ●	(4)	-100.0% ●
Neurosurgery	152	35	43	117	336.9% ●	109	253.5% ●
Ophthalmology	1,686	1,593	1,521	93	5.9% ●	165	10.8% ●
Orthopedics	1,419	1,374	1,339	45	3.3% ●	80	6.0% ●
Otolaryngology	949	809	830	140	17.2% ●	119	14.3% ●
Pediatrics	2	5	3	(3)	-56.2% ●	(1)	-33.3% ●
Urology w/ Procedure Ste.	662	760	544	(98)	-12.9% ●	118	21.7% ●
Total	6,414	5,789	5,633	625	10.8% ●	781	13.9% ●



Inpatient Surgeries – by Clinical Department

July 2008 through December 2008



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Cardiothoracic	507	519	440	(12)	-2.2% ○	67	15.2% ●
Dentistry	75	96	82	(21)	-21.9% ●	(7)	-8.5% ●
General Surgery	1,390	1,638	1,398	(248)	-15.1% ●	(8)	-0.6% ○
Gynecology	389	459	398	(70)	-15.3% ●	(9)	-2.3% ○
Neurosurgery	889	1,016	929	(127)	-12.5% ●	(40)	-4.3% ●
Ophthalmology	84	94	81	(10)	-10.8% ●	3	3.7% ●
Orthopedics	1,414	1,628	1,412	(214)	-13.1% ●	2	0.1% ○
Otolaryngology	380	504	442	(124)	-24.6% ●	(62)	-14.0% ●
Urology w/ Procedure Ste.	367	516	441	(149)	-28.9% ●	(74)	-16.8% ●
Total	5,495	6,470	5,623	(975)	-15.1% ●	(128)	-2.3% ○

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Emergency Treatment Center

July 2008 through December 2008



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
ETC Visits	24,028	22,252	21,668	1,776	8.0% ●	2,360	10.9% ●
ETC Admits	6,438	6,223	5,927	215	3.5% ●	511	8.6% ●
Conversion Factor	26.8%	28.0%	27.4%		-4.2% ●		-2.0% ○
ETC Admits / Total Admits	43.8%	41.7%	40.5%		5.2% ●		8.2% ●

●	○	●
Greater than 2.5% Favorable	Neutral	Greater than 2.5% Unfavorable

Clinic Visits by Clinical Department

July 2007 through December 2008



Operating Review (YTD)	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Anesthesia	7,060	8,303	8,471	(1,243)	-15.0% ●	(1,411)	-16.7% ●
CDD	3,906	3,344	3,383	562	16.8% ●	523	15.5% ●
Clinical Research	3,633	3,950	4,084	(317)	-8.0% ●	(451)	-11.0% ●
Dermatology	12,456	12,835	12,140	(379)	-3.0% ●	316	2.6% ●
ETC	24,028	22,037	21,476	1,991	9.0% ●	2,552	11.9% ●
Employee Health Clinic	8,643	8,363	8,461	280	3.4% ●	182	2.2% ○
Family Care Center	49,441	53,896	51,907	(4,455)	-8.3% ●	(2,466)	-4.8% ●
General Surgery	13,247	13,127	13,086	120	0.9% ○	161	1.2% ○
Hospital Dentistry	11,461	11,986	11,525	(525)	-4.4% ●	(64)	-0.6% ○
Internal Medicine	55,471	53,662	51,932	1,809	3.4% ●	3,539	6.8% ●
Neurology	7,894	7,771	7,848	123	1.6% ○	46	0.6% ○
Neurosurgery	4,568	4,432	4,570	136	3.1% ●	(2)	0.0% ○
Obstetrics/Gynecology	34,359	33,086	31,813	1,273	3.9% ●	2,546	8.0% ●
Ophthalmology	34,167	37,571	31,513	(3,404)	-9.1% ●	2,654	8.4% ●
Orthopedics	26,275	26,181	26,104	94	0.4% ○	171	0.7% ○
Otolaryngology	13,910	13,675	13,618	235	1.7% ○	292	2.1% ○
Pediatrics	19,094	16,996	16,698	2,098	12.3% ●	2,396	14.4% ●
Psychiatry	19,591	19,686	19,004	(95)	-0.5% ○	587	3.1% ●
Thoracic – Cardio Surgery	1,252	1,117	1,049	135	12.0% ●	203	19.4% ●
Urology	7,930	7,667	7,259	263	3.4% ●	671	9.2% ●
Other	7,671	3,506	3,377	4,165	118.8% ●	4,294	127.2% ●
Total	366,057	363,191	349,318	2,866	0.8% ○	16,739	4.8% ●



Greater than 2.5% Favorable

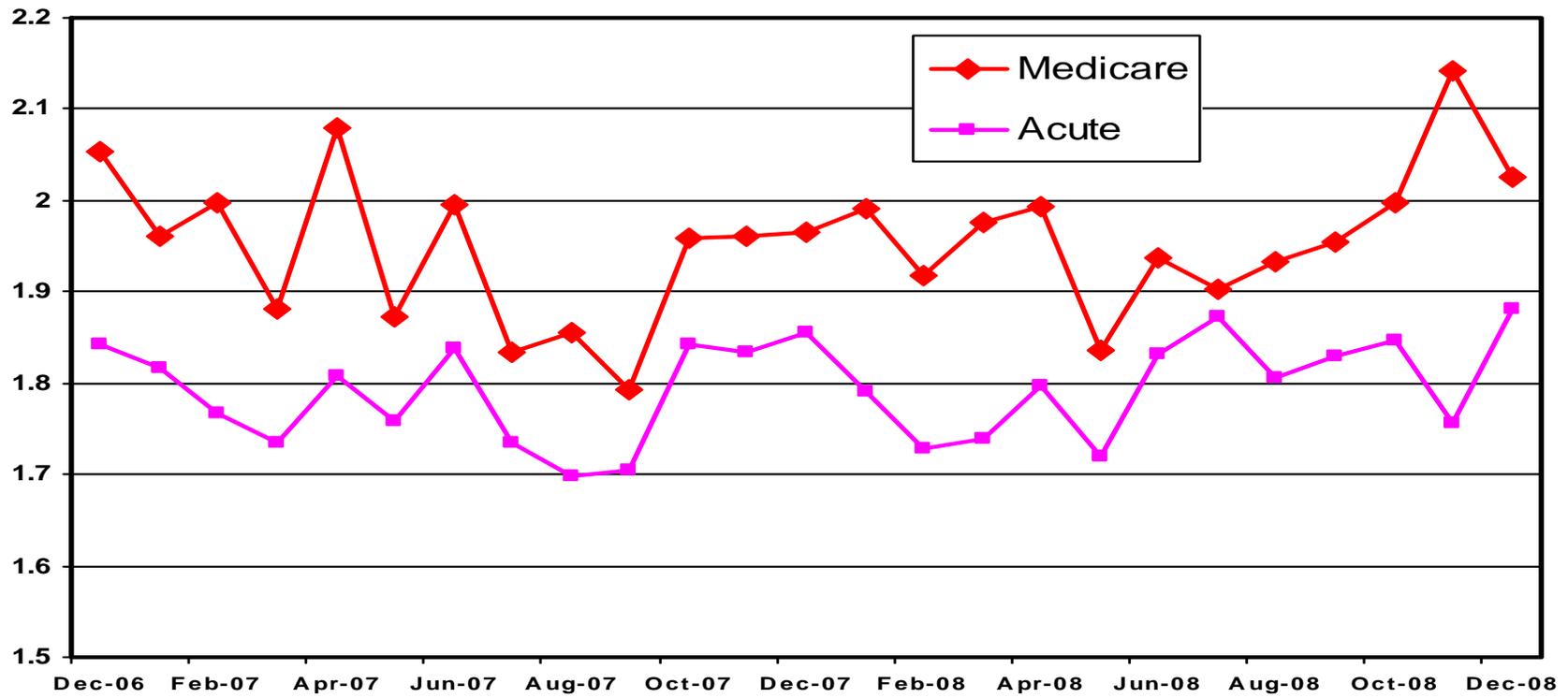


Neutral



Greater than 2.5% Unfavorable

Case Mix Index



UIHC Comparative Financial Results

Fiscal Year to Date December 2008



NET REVENUES:	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	\$444,906	\$455,565	\$405,213	(\$10,659)	-2.3%	\$39,693	9.8%
Appropriations	3,509	3,509	7,024	0	0.0%	(3,515)	-50.0%
Other Operating Revenue	22,705	21,512	21,488	1,193	5.5%	1,217	5.7%
Total Revenue	\$471,120	\$480,586	\$433,725	(\$9,466)	-2.0%	\$37,395	8.6%

EXPENSES:

Salaries and Wages	\$254,930	\$249,029	\$220,957	\$5,901	2.4%	\$33,973	15.4%
General Expenses	185,373	181,851	162,354	3,522	1.9%	23,019	14.2%
Operating Expense before Capital	\$440,303	\$430,880	\$383,311	\$9,423	2.2%	\$56,992	14.9%
Cash Flow Operating Margin	\$30,817	\$49,706	\$50,414	(\$18,889)	-38.0%	(\$19,597)	-38.9%
Capital- Depreciation and Amortization	36,768	37,892	34,033	(1,124)	-3.0%	2,735	8.0%
Total Operating Expense	\$477,071	\$468,772	\$417,344	\$8,299	1.8%	\$59,727	14.3%

Operating Income	(\$5,951)	\$11,814	\$16,381	(\$17,765)	-150.4%	(\$22,332)	-136.3%
Operating Margin %	-1.3%	2.5%	3.8%		-3.8%		-5.1%
Gain (Loss) on Investments	(8,073)	8,575	10,873	(16,648)	-194.1%	(18,946)	-174.2%
Non-Recurring Items	-	-	-	0	0.0%	0	0.0%
Net Income	(\$14,024)	\$20,389	\$27,254	(\$34,413)	-168.8%	(\$41,278)	-151.5%
Net Margin %	-3.0%	4.2%	6.1%		-7.2%		-9.1%

UIHC Comparative Financial Results

December 2008



NET REVENUES:	Actual	Budget	Prior Year	Variance to Budget	% Variance to Budget	Variance to Prior Year	% Variance to Prior Year
Patient Revenue	\$72,973	\$73,832	\$67,647	(\$859)	-1.2%	5,326	7.9%
Appropriations	585	585	1,171	0	0.0%	(585)	-50.0%
Other Operating Revenue	3,286	3,535	3,374	(249)	-7.0%	(88)	-2.6%
Total Revenue	\$76,844	\$77,952	\$72,192	(\$1,108)	-1.4%	\$4,652	6.4%

EXPENSES:

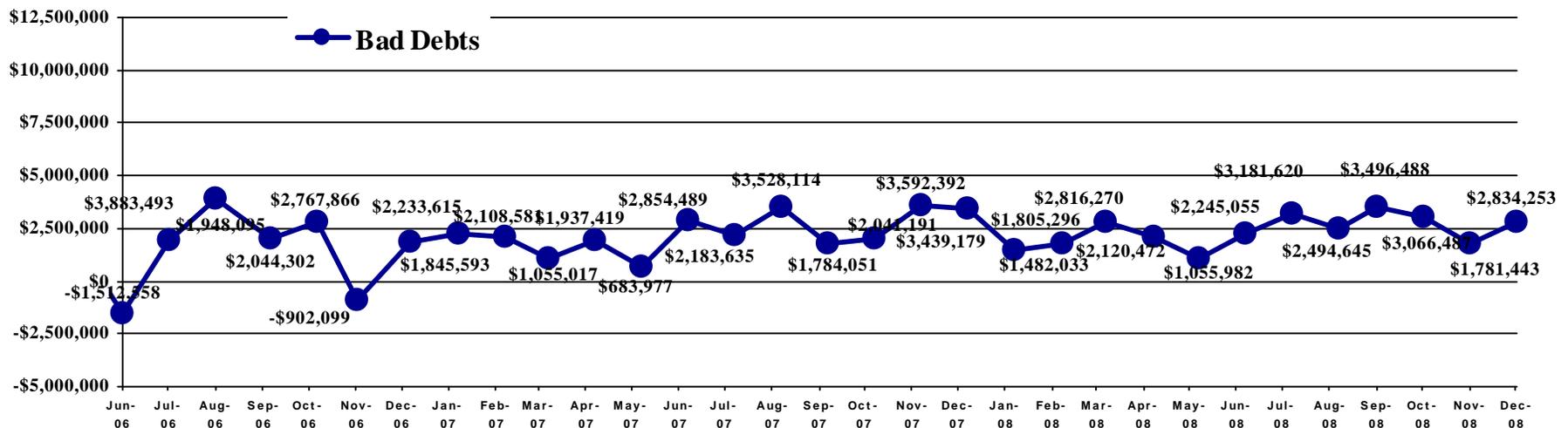
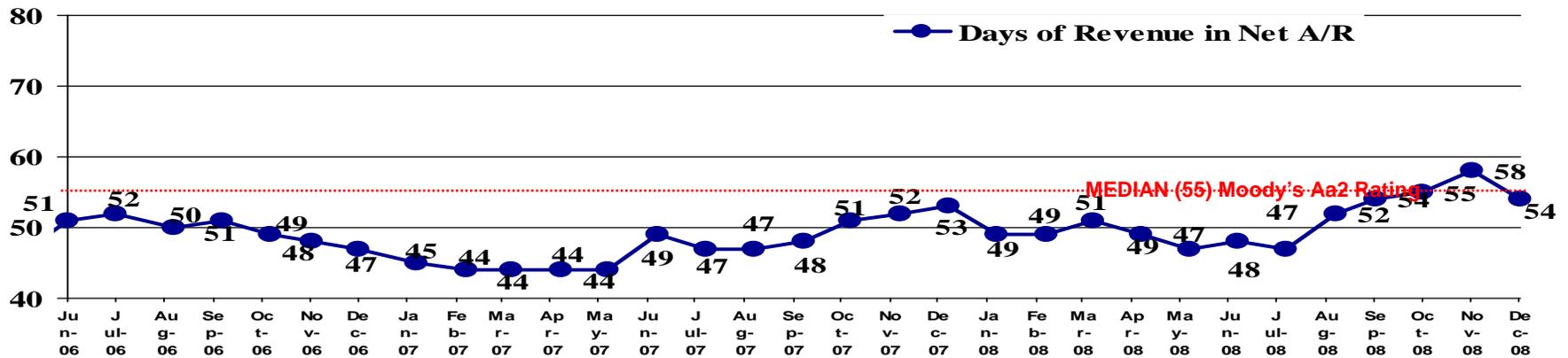
Salaries and Wages	\$41,099	\$40,622	\$37,272	\$477	1.2%	\$3,827	10.3%
General Expenses	29,199	29,576	26,503	(377)	-1.3%	2,696	10.2%
Operating Expense before Capital	\$70,298	\$70,198	\$63,775	\$100	0.1%	\$6,523	10.2%
Cash Flow Operating Margin	\$6,546	\$7,754	\$8,417	(\$1,208)	-15.6%	(\$1,871)	-22.2%
Capital- Depreciation and Amortization	6,335	6,315	5,491	20	0.3%	844	15.4%
Total Operating Expense	\$76,633	\$76,513	\$69,266	\$120	0.2%	\$7,367	10.6%

Operating Income	\$211	\$1,439	\$2,926	(\$1,228)	-85.3%	(\$2,715)	-92.8%
Operating Margin %	0.3%	1.8%	4.1%		-1.5%		-3.8%
Gain (Loss) on Investments	351	1,429	1,580	(1,078)	-75.4%	(1,229)	-77.8%
Non-Recurring Items	-	-	-	0	0.0%	0	0.0%
Net Income	\$562	\$2,868	\$4,506	(\$2,306)	-80.4%	(\$3,944)	-87.5%
Net Margin %	0.7%	3.6%	6.1%		-2.9%		-5.4%

Comparative Accounts Receivable at December 31, 2008



	June 30, 2007	June 30, 2008	December 31, 2008
Net Accounts Receivable	\$101,254,328	\$111,208,325	\$130,170,665
Net Days in AR	49	48	54





Expense Moderation

Ken Kates

Associate Vice President and CEO, UI Hospitals and Clinics

Expense Moderation Strategy

- 1) Rigorous expense management limiting budget additions and excess payroll growth – budget authority to flex based on activity
- 2) Recast the FY 09 operating budget to achieve targeted operating margin
- 3) Manage downward length of stay, especially in Internal Medicine
- 4) Fully deploy physical capacity and utilize efficiently (beds, ORs, high tech imaging)
- 5) Improve access and throughput (Bed Management Initiative)
- 6) Continued focus on supply chain opportunities - benchmarks
- 7) Link investments to performance – targeted outcomes agreed to up front with ongoing measurement
- 8) Provide support to leadership team to enhance execution of targeted initiatives (Program Management Office)
- 9) Track performance – shared throughout the enterprise (balanced scorecard)

Actual Performance – FY09 July through December



For the second consecutive month, total operating expenses have decreased from the previous month. Compared to November, expenses were down 2%. Net patient revenue was up 5% from November.

<u>Fiscal Year 2009</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
Operating Expense						
Salary/ Wage/ Benefits	\$ 41.4	\$ 43.0	\$ 44.8	\$ 43.8	\$ 42.3	\$ 41.1
Other Expenses	\$ 28.7	\$ 30.8	\$ 32.1	\$ 33.5	\$ 29.5	\$ 29.2
Total Operating Expenses	\$ 70.1	\$ 73.8	\$ 76.9	\$ 77.3	\$ 71.8	\$ 70.3
Revenue		+\$7M +10%		flat	-\$5M -7%	-\$1M -2%
Net Patient Revenue	\$ 72.1	\$ 73.3	\$ 76.0	\$ 81.1	\$ 69.4	\$ 73.0
		+\$4M +5%		+\$5M +6%	-\$12M -14%	+\$4M +5%
Operating Income	\$ 0.6	\$ (1.9)	\$ (2.5)	\$ 1.9	\$ (4.2)	\$ 0.2

(in millions)

Total Operating Expenses Declining



For the second consecutive month, total operating expenses have decreased from the previous month. Expenses per month have declined \$7 million (9%) since October.



Salary and Benefit Expenses Declining



Salary and benefit expenses continue to decline, down \$3 million compared to September. This is an 8% decrease.

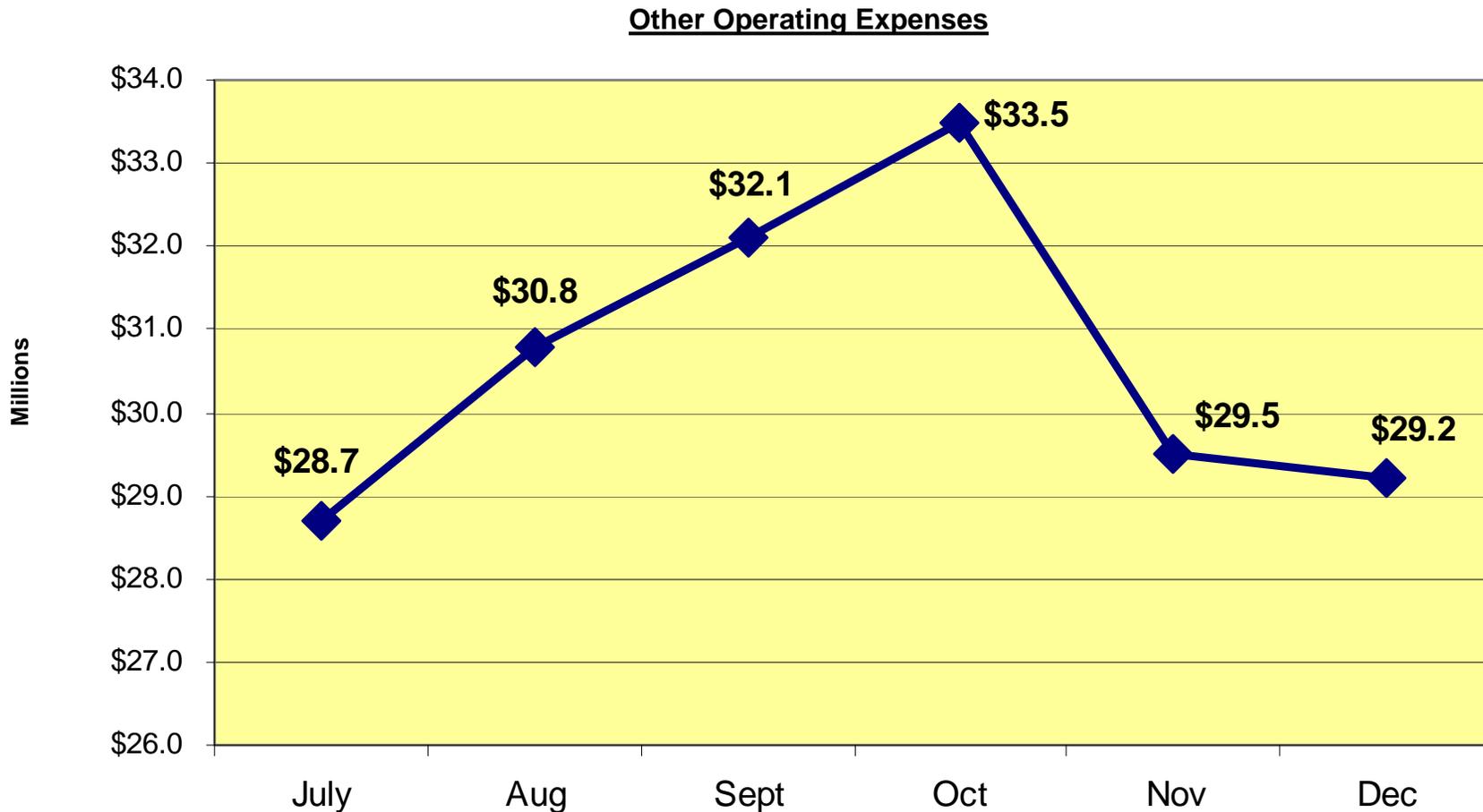
Salary and Benefit Expenses



Other Operating Expenses Declining



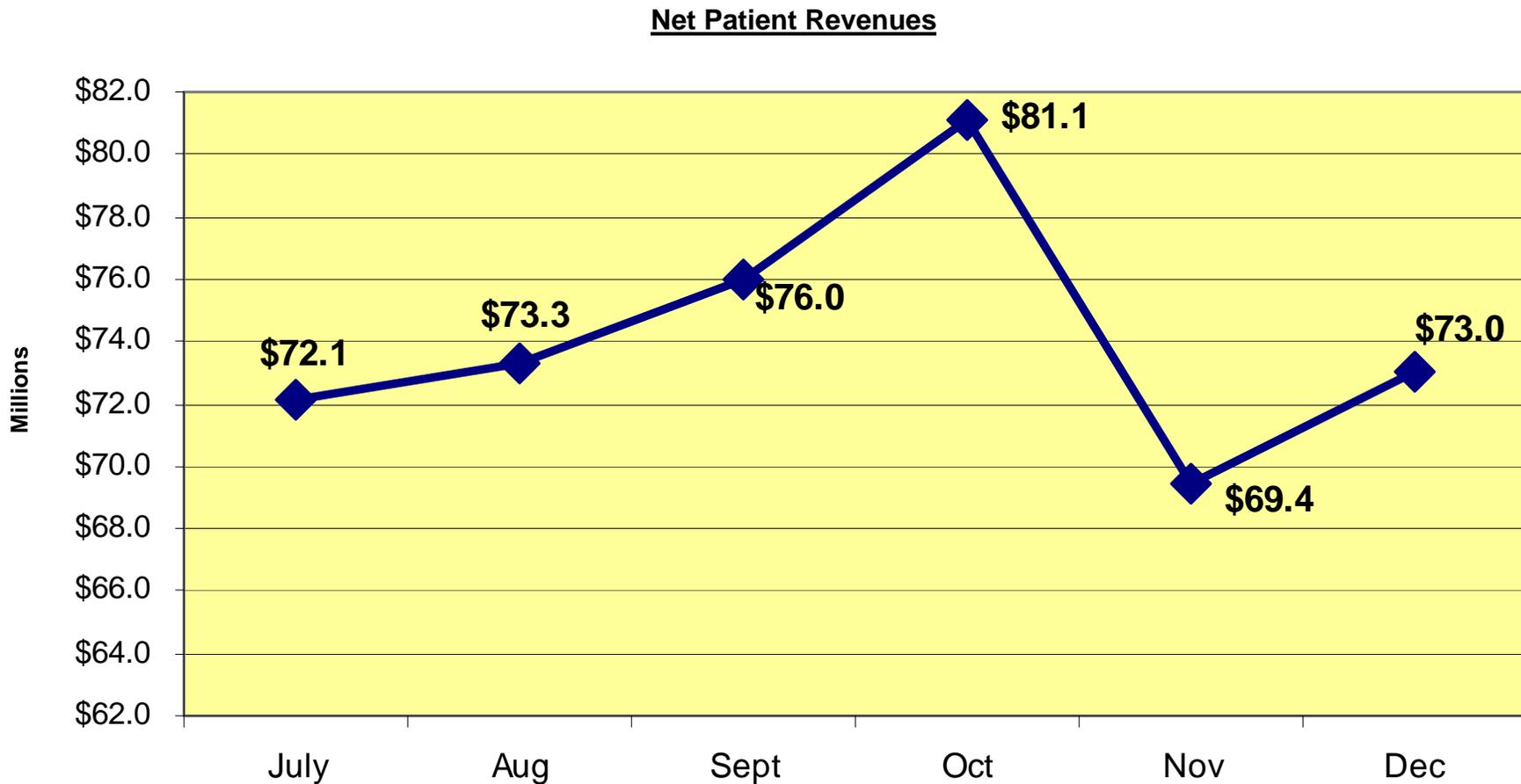
Other operating expenses continue to decline, down slightly from November. Since October, these expenses have decreased over \$4 million, or 13%.



Net Patient Revenues Through December FY09



December revenues increased compared to November, up almost \$4 million, or 5%.

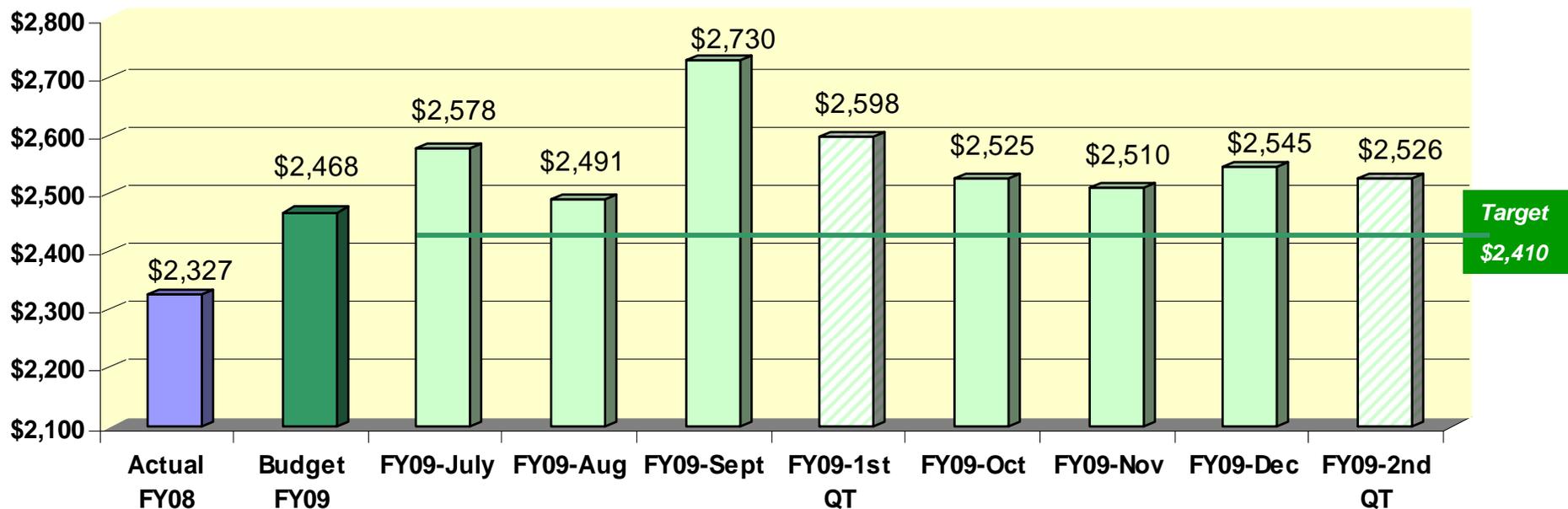


Operating Expenses Per Adjusted Patient Day



Compared to the first quarter, operating expenses per adjusted patient day have declined by 3%. However, they are still running above the target by 5%. We continue to focus on identifying and implementing additional cost savings initiatives.

Operating Expenses per Adjusted Patient Day



Cost Savings Initiatives



- The senior leadership team has been working closely with faculty and staff to identify opportunities to grow revenues and reduce operating expenses.
- Over 200 initiatives estimated to yield \$25 M in this fiscal year are being implemented.
- Opportunities continue to be explored with an additional \$2 M in savings identified over the past several weeks.
- Front line staff have provided over 160 recommendations for cost savings, revenue enhancement, or performance improvement. Forty (40) are being implemented while many others are being reviewed for their feasibility.

	100%		90%		75%	
Vacant positions	\$	11,726,289	\$	10,553,660	\$	8,794,717
Hourly positions	\$	174,617	\$	157,155	\$	130,963
Non labor	\$	9,813,090	\$	8,831,781	\$	7,359,818
Revenue	\$	1,435,630	\$	1,292,067	\$	1,076,723
Original Total	\$	23,149,626	\$	20,834,663	\$	17,362,221
Additional Savings	\$	<u>2,124,769</u>	\$	<u>1,912,292</u>	\$	<u>1,593,557</u>
Updated Total	\$	25,274,395	\$	22,746,955	\$	18,955,778



Iowa Medical Mutual Insurance Company

Paul Rothman, MD
Dean, Carver College of Medicine

Dan Fick, MD
Associate Chief Medical Officer, University of Iowa Physicians
President, Iowa Medical Mutual Insurance Company

- IMMIC is a mutual insurance company formed by University of Iowa Physicians (UIP) in 2004 as a result of St. Paul Companies phasing out its medical malpractice insurance coverage.
- Benefits of the formation of IMMIC:
 - Allows UIP to self insure
 - Allows UIP to access the reinsurance market at cheaper rates if claims become too costly in the future.



IMMIC Board Members

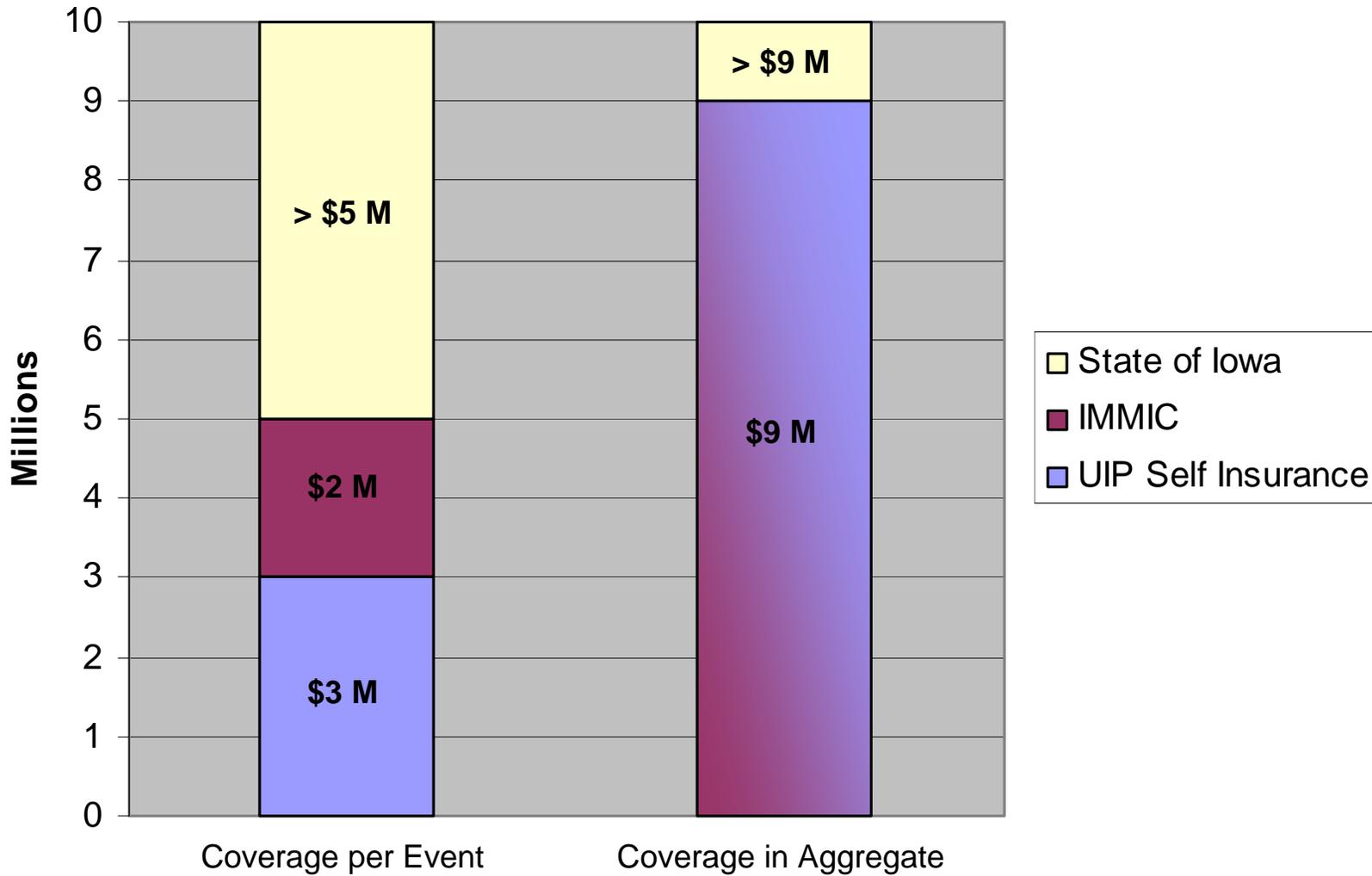
- Paul Rothman, M.D., Chairman of the Board
- Daniel S. Fick, M.D., President
- Douglas K. True
- Jean Robillard, M.D.
- John Buatti, M.D.
- Laurie L. Fajardo, M.D.
- Michael Finnegan

IMMIC Officers

- Paul Rothman, M.D., Chairman of the Board
- Daniel S. Fick, M.D., President
- Mark Hingtgen, Vice-President/Treasurer
- Gay D. Pelzer, Secretary
- Jason Haddy, Assistant to the Treasurer

- UIP is self-insured for the first \$3 M per event and \$9 M in aggregate per year
- The UIP purchases malpractice insurance from the IMMIC for individual claims that exceed \$3 M but less than \$5 M per event
- Individual claims that exceed \$5 M are covered by the State of Iowa for every dollar above the \$5 M
- Claims in aggregate for a year that exceed \$9 M are covered by the State of Iowa

Coverage per Event and Coverage in Aggregate



- IMMIC operates under a \$25 M surplus
- \$25 M surplus allows for IMMIC to underwrite \$2 M coverage per event (10:1 surplus to underwriting amount ratio)
- Members of the UIP are the shareholders of the company
- Premiums are paid by UIP to IMMIC
- At end of IMMIC fiscal year (calendar year basis), the remainder of UIP premiums unspent are returned to UIP through a dividend
- Annual IMMIC operating expenditures are below \$150,000

Premiums Earned and Dividends Paid

	<u>Premiums Earned</u>	<u>Dividends Paid</u>
2004	\$366,051	\$0
2005	\$1,403,530	\$1,376,551
2006	\$2,072,367	\$1,969,251
2007	\$2,370,913	\$2,254,251



Reducing Healthcare-Associated Infections (HAI)

Ann Williamson, RN
Associate Vice President for Nursing and Chief Nursing Officer

Doug Merrill, MD
Patient Safety Officer

- Healthcare-associated infections (HAI) (aka “nosocomial infections”) are acquired after admission to hospitals or after procedures or treatments.
- **Nationally**, 5-10% of patients admitted to acute care hospitals acquire HAIs:
 - 2 million patients/year;
 - 90,000 deaths/year;
 - Attributable annual cost: \$4.5 – \$5.7 billion.

Weinstein RA. Emerg Infect Dis 1998;4:416-420

Jarvis WR. Emerg Infect Dis 2001;7:170-173

How to decrease HAI:

- Practice **hand hygiene** (healthcare workers, patients, visitors);
- Maintain **sterile technique** during invasive procedures;
- Use **antibiotics** appropriately;
- **Vaccinate** healthcare workers

Weinstein RA. Emerg Infect Dis 1998;4:416-420

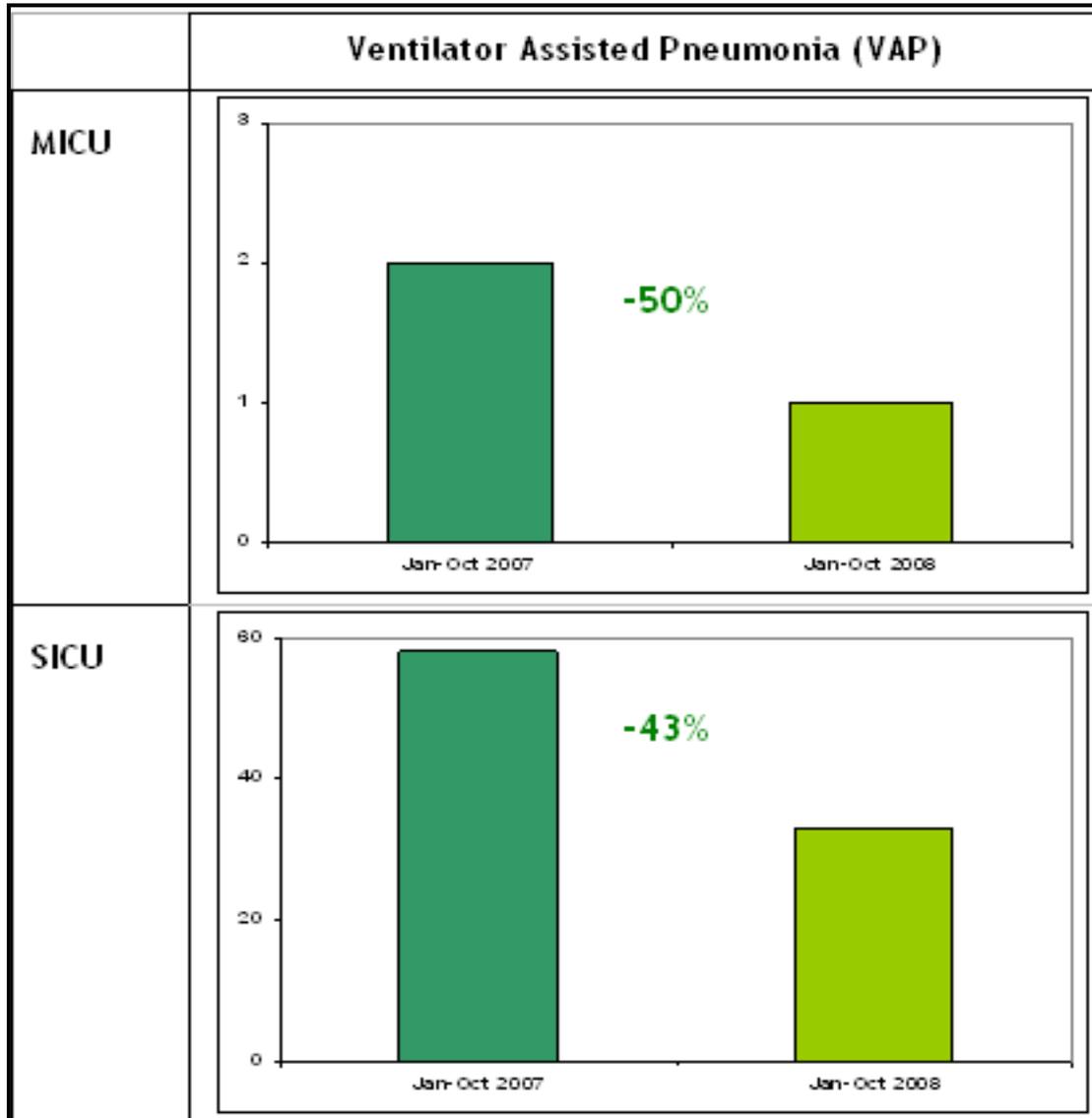
Jarvis WR. Emerg Infect Dis 2001;7:170-173

- UI Health Care is a leading force in diminishing HAI infections statewide
 - MRSA prevention initiative,
 - *C. difficile* prevention activities,
 - Influenza vaccination program.
- Infection Preventionists in hospitals throughout Iowa are trained by UI Health Care staff to identify and prevent HAI.
- UI Health Care is collaborating with IHC to facilitate voluntary reporting of HAI in Iowa.

Specific Challenges and Opportunities

- Ventilator-associated pneumonia (VAP)
- Influenza vaccination
- *Clostridium difficile*
- Hand hygiene
- Peri-operative antibiotic use

Ventilator Associated Pneumonia (VAP)



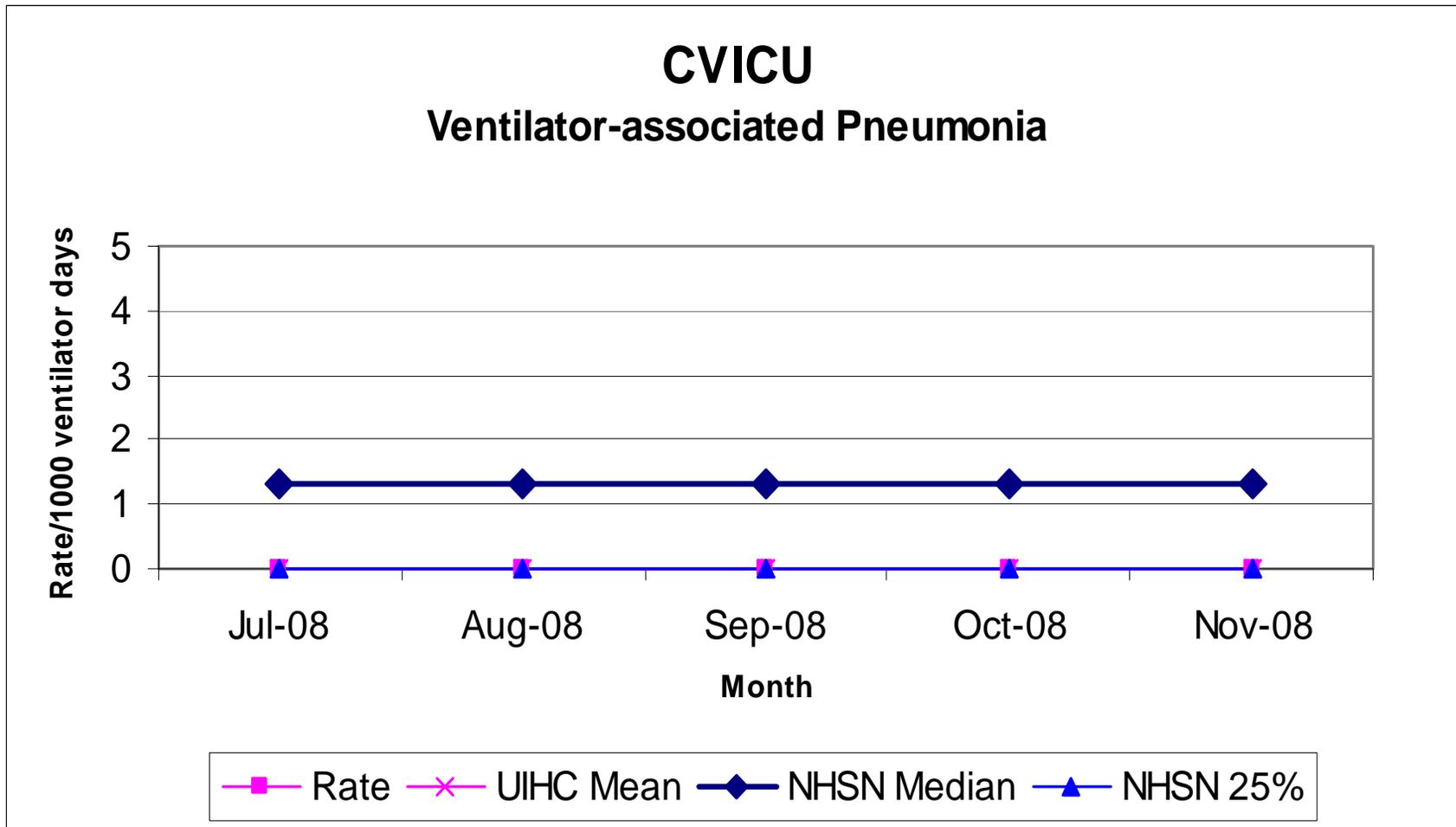
VAP rates have decreased in the SICU and MICU:

Jan-Oct, 2007

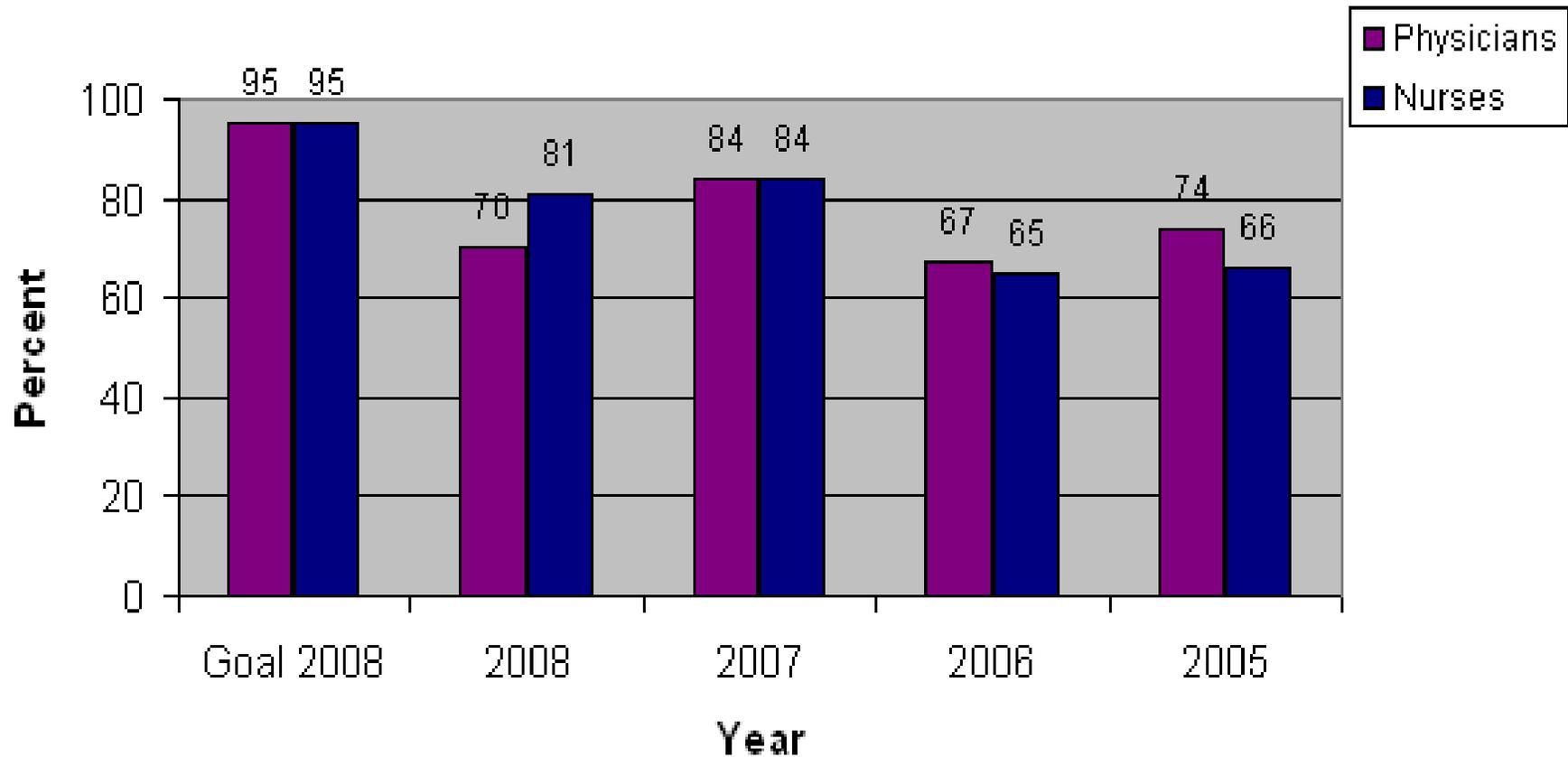
vs.

Jan-Oct, 2008

Ventilator Associated Pneumonia in the CVICU



UIHC Vaccination Rates 2005-8



*Faculty, Fellows, Residents

Clostridium difficile *Infections*

- *C. difficile* is associated with significant morbidity and mortality, both in the community and in hospitals.
- The best ways to prevent these infections are:
 - Do hand hygiene, particularly with soap and water,
 - Limit use of antimicrobial agents,
 - Clean the environment.
- The number of nosocomial *C. difficile* cases decreased in conjunction with UIHC hand hygiene initiatives.
- UIHC has helped other Iowa hospitals control *C. difficile*.

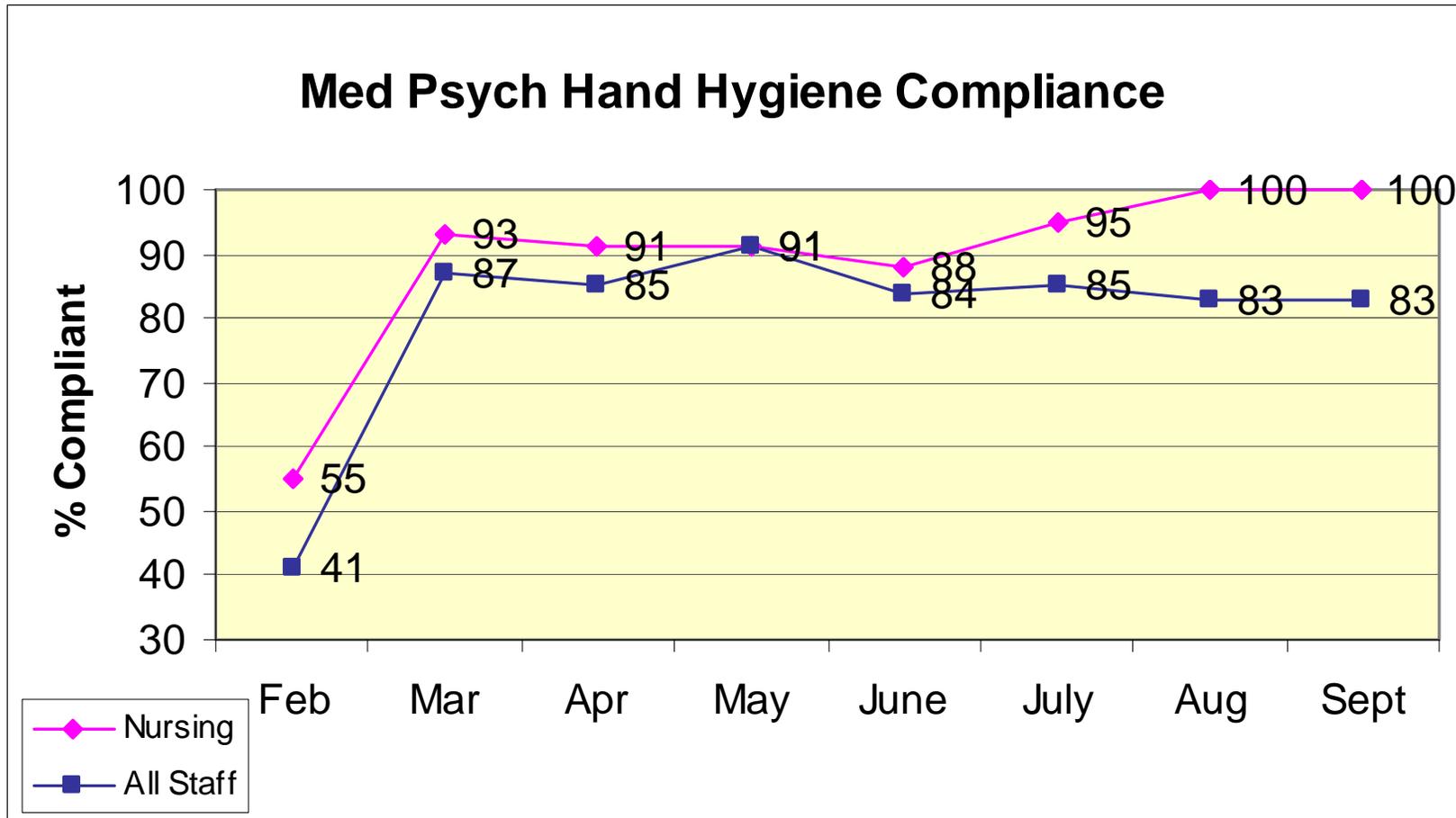
Hand Hygiene at UIHC & decreasing *C. diff* rates



- 2002 – First UIHC hospital-wide campaign.
- 2007 – Pediatric hand hygiene campaign began.
- 2008 – Hand Hygiene Task Force formed.
- 2009 – 2nd hospital-wide initiative will be launched.
- ***C. diff* infections have fallen:**

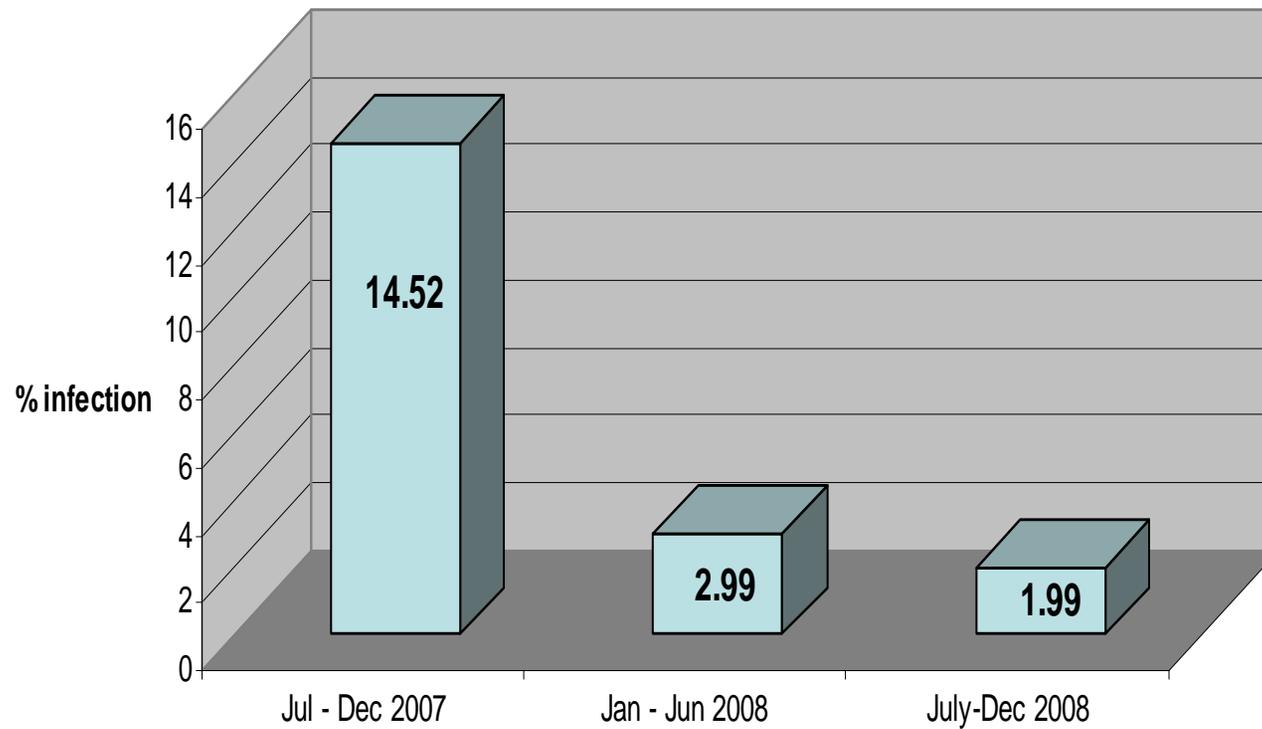
FISCAL YEAR	2003-4	2004-5	2005-6	2006-7	2007-8
NUMBER	213	177	128	148	117

Medical Psychiatry Hand Hygiene Project 2008



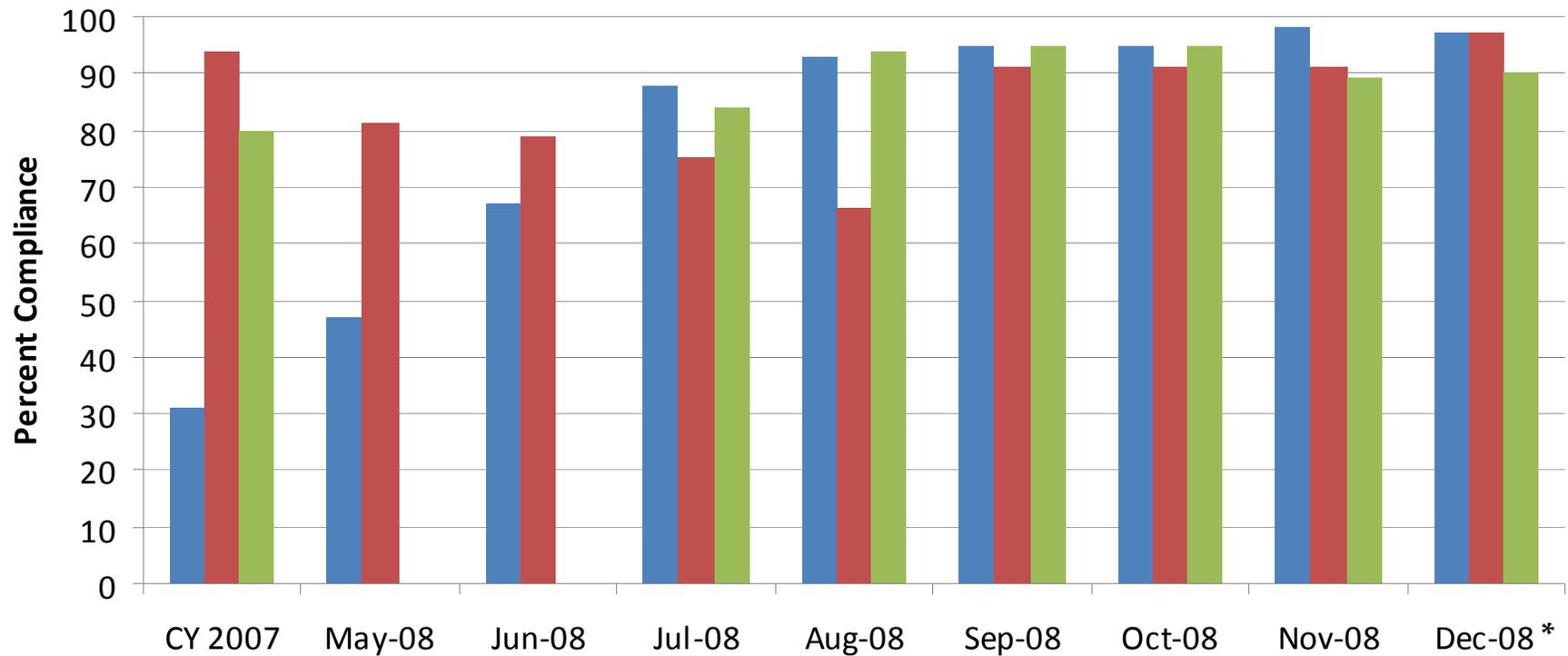
Infection Rates – Medical Psychiatry

C. difficile Infection Rate (per 1000 patient days)



- Surgical site infections rates can be decreased by:
 1. TIMING of administration of peri-operative antibiotics within one hour of incision
 2. Correct SELECTION of peri-operative antibiotics
 3. Prompt DISCONTINUATION of peri-operative antibiotics within 24 hours (48 hours for cardiac surgery)
- These three measures are monitored nationally by CMS-Medicare Surgical Care Improvement Project (SCIP).

UIHC SCIP Measures



■ Timing of Antibiotics ■ Selection of Antibiotics ■ Discontinuation of Antibiotics

*Dec 1-12 only

Overall Results

- Rates of several important HAI are stable or decreasing despite higher numbers of patient-days, higher patient acuity, and a higher incidence of some infections (e.g., MRSA) in the community.
- New initiatives will facilitate our prevention efforts further:
 - Procedure teams,
 - Hospital-wide hand hygiene program,
 - New electronic health record with improved surveillance

Questions?