



## DATA - Assorted Thoughts

Data has been on my mind lately.

Our PD coaches, Lisa Kimball, PhD and Sharon Benjamin, PhD have been stretching my imagination as we prepare for our Data Potluck on October 6, 2008. Dia has decided that we have to think about data during lunch as well - so be prepared for *Gourmet "Pie Charts"* aka Pizza! With salads for the health conscious and mints for all!

I have been reading your comments on the Data Survey - one of the most interesting has been the responses to the question about the data you would love to have.

Turns out - that many of you want to have more standardized measures. You are also eager to have a better way of knowing who has MRSA at admission and what portion of your patients with MRSA infection have Community-Onset Healthcare-Associated MRSA vs. Community Acquired MRSA.

We might be closer to having some of that than we realize - I am going to check with Dr. Jernigan and Dr. Stelling - to see if there are ways that the clinical culture data you are sharing with the CDC might be "manipulated" so you can get some of this information.

The proxy calculation we will be using "throws" out nares cultures and cultures less than 48 hours old - but the data is still there. I am not sure exactly what can be derived - but let's plan on setting aside some time on one of our Thursday calls to talk with Drs. Jernigan and Stelling.

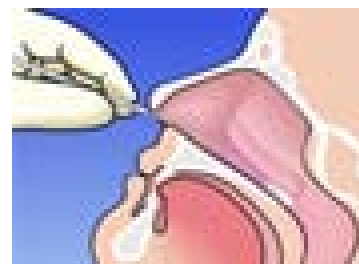
I also noticed there is a good bit of variation in how you are all doing Active Surveillance - I am wondering if there is an interest in forming a workgroup to talk about that - **we will post a sheet at the Data Potluck - and have you sign up if you are interested. If you are, we will be your executive secretaries!!**

That led me to think more about the **HIDDEN** variation in data. I was struck during our call with Dr. Peterson when he shared the hand hygiene compliance rates from some of his units. They were lower than the ones I often hear. But his numbers sounded more real to me - much more in line with my gut - and my experience. Sure enough - he was using "anthropologist" like observations generated by university students being paid to sit in patient room and observe hand hygiene.

I wonder what the staff thinks when they see hand hygiene compliance numbers that are much higher than what their instincts suggest? We struggle so much with figuring out how to measure this. I wonder what ideas they would have if we asked them - "how can we get a good solid idea of how well each of us is doing with hand washing?"

What about the swabbing itself? About a year ago - I had a nares culture. I did it myself - because my doctor cleverly gave me that option. I was not about to admit I had no idea how to do it - I just gave it my best shot.

That leads me to wonder how much variation there might be in swabbing techniques? It is probably important - if you read the attached PhD dissertation - there is a lot to know. If we are not getting to the "high yield" zone we might be missing some of our colonized patients. What would happen if you asked a group of nurses and doctors to tell you how they perform these cultures? Would they all be doing it the same way? Would their technique be "correct?" I am not sure mine was!



[www.copanusa.com/downloads/education/](http://www.copanusa.com/downloads/education/)