

# UC Patient Care WATCH

Feb./March 2008 - Alert #5  
www.UCPatientCareWatch.org

## Why have UCSF Patients Experienced Higher Than Expected Infections Due to Medical Care?

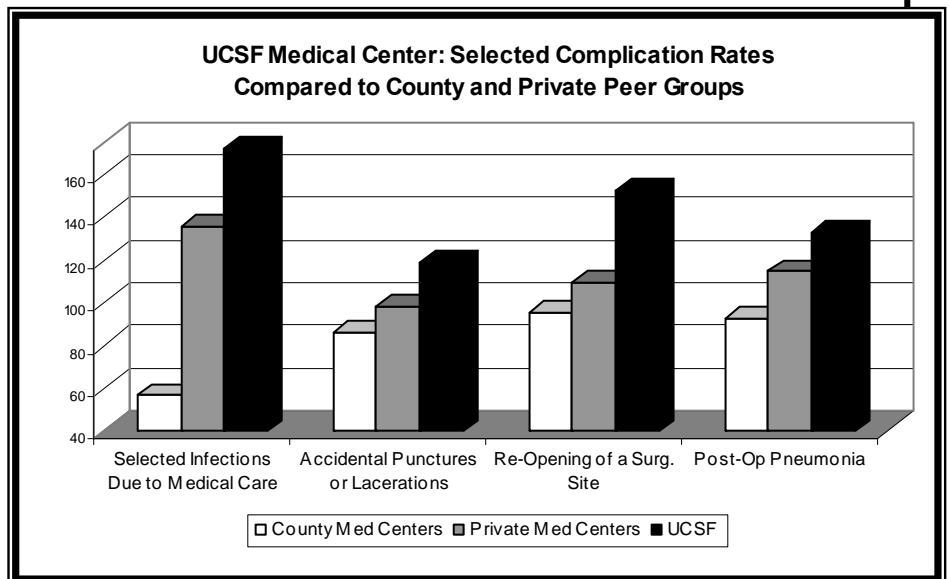
UCSF Medical Center is ranked #7 among the best hospitals in the nation by *US News and World Report*. However, an analysis of 2005 data<sup>1</sup> that UC submitted to the State indicates that while patients at UCSF had similar rates of mortality to patients at other comparable hospitals<sup>2</sup>, they had **higher overall rates of selected infections due to medical care, accidental punctures or lacerations, re-opening of a surgical site, and post-op pneumonia.**<sup>3</sup>

Not only are these kinds of complications scary to experience for patients and their families, but they are of special concern because many of them are considered

**“iatrogenic”, meaning that they arise as a result of the actions of a healthcare provider.**

Many factors may contribute to elevated iatrogenic complication rates. However, UCSF workers believe that below-market wages, a high stress environment and increasing benefit costs cause UCSF to lose experienced workers and create the need to rely on temporary staff in certain departments. We believe that all this can adversely affect the quality of patient care. We want to provide high-quality patient care. We need UC to do its part, by providing wages and working conditions that will allow us to focus on our patients.

**NEXT WEEK:** ... A closer look at UC's *US News & World Report* rankings ...



Brought to you by the 11,000 UC Patient Care Technical Employees at UC's Medical Centers represented by AFSCME Local 3299. AFSCME is currently in contract negotiations with UC. We are fighting for wages, benefits and working conditions which would close the gap with other medical centers. Please support us!

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No request to cease services or stop deliveries.

**Footnotes:** 1 - Based on an analysis of 2005 Office of Statewide Health Planning & Development (OSHPD) Inpatient Discharge Data Set commissioned by the union. UC attests under penalty of perjury that the data they submit to OSHPD is accurate and complete. Data has been risk-adjusted. 2 - To account for variations of patient mix, a peer group was defined that included 16 private medical centers and 10 county medical centers that also operate academic programs on their campuses. A list of the peer group can be found at [www.ucpatientcarewatch.org/peergroup](http://www.ucpatientcarewatch.org/peergroup). 3 - In addition to those listed above, UCSF was out-performed by one or more of its peer groups in: major complications, post-op pulmonary embolism (or DVT), intestinal infections due to clostridium difficile and post-op iatrogenic complications for cardiac, respiratory, urinary, vascular and digestive surgery. UCSF's complication rate was better than its peers for bed sores (high-risk and non-high risk) and laceration of a suture site. Rate calculated as actual /expected.