



**CENTRAL LINE INSERTION PRACTICES
ADHERENCE IN INTENSIVE CARE
UNITS IN CALIFORNIA GENERAL
ACUTE CARE HOSPITALS, JANUARY 1,
2009 THROUGH MARCH 31, 2010**

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY
HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

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**CENTRAL LINE INSERTION PRACTICES ADHERENCE IN INTENSIVE
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EXECUTIVE SUMMARY

Central lines are intravascular catheters that terminate at or close to the heart or in a major blood vessel. They are used for infusion, withdrawal of blood, or hemodynamic monitoring. Over 100,000 patients in California hospitals have a central line inserted each year. They can be used short term for patients with acute illnesses or long term for treatment of chronic conditions such as cancer. While central lines can be critical components of life-saving therapy, they can also be a source of infections. Central line-associated bloodstream infections (CLABSIs) are an important cause of serious illness and substantial increased health care costs. The most common way these infections occur in short-term catheters is the movement of skin organisms from the site where the catheter is inserted along the surface of the catheter to the catheter tip. Much of this contamination occurs at the time of insertion, so preventing CLABSIs has focused on a group or “bundle” of measures that can be taken during insertion to reduce the risk of contamination. The Centers for Disease Control and Prevention recommends a bundle of measures known as Central Line Insertion Practices (CLIP). It is estimated that more than half of CLABSIs may be preventable if hospitals adhere to CLIP. Hospitals can monitor and enforce adherence to CLIP by using a checklist.

Health and Safety Code section 1288.8(b) requires hospitals to submit to CDC’s National Healthcare Safety Network (NHSN) data on CLIP adherence for all intensive care units (ICUs). This report summarizes CLIP adherence data reported to the California Department of Public Health (CDPH) through NHSN from January 1, 2009 through March 31, 2010. California is the first state to issue a public report on CLIP adherence.

During the reporting period, 334 of the 375 licensed general acute care hospitals in California had an ICU and were therefore required to report CLIP adherence data. CLIP includes eight components: cap, mask, gown, gloves, drape, hand hygiene, appropriate skin preparation agent, and allowing the skin preparation agent to dry. Of the 334 hospitals with ICUs, 280 (84%) reported 78,896 complete CLIP observations. Adherence to CLIP occurred in 73,495 (93%) of reported central line insertions. For 5,401 central line insertions, the inserter did not adhere to CLIP. The most frequent aspect of non-adherence was not donning a cap; this occurred in 35.1% of non-adherent insertions. Attending physicians, medical residents, and other medical staff had the lowest adherence; focusing on these personnel may benefit programs to improve CLIP adherence.

These data represent a valuable baseline for CLIP adherence surveillance in California hospitals. When a patient in a California intensive care unit receives a central line, personnel adhere to the recommended practices over 90% of the time.

INTRODUCTION

Central lines are intravascular catheters that terminate at or close to the heart or in a major blood vessel. They are used for infusion, withdrawal of blood, or hemodynamic monitoring. Over 100,000 patients in California hospitals have a central line inserted each year. They can be used short term for patients with acute illnesses or long term for treatment of chronic conditions such as cancer. While central lines can be critical components of life-saving therapy, they can also be a source of infections. Central line-associated bloodstream infections (CLABSIs) are an important cause of serious illness and substantial increased health care costs. The most common way these infections occur in short-term catheters is the movement of skin organisms from the site where the catheter is inserted along the surface of the catheter to the catheter tip [1]. Much of the contamination of the insertion site occurs at the time of insertion, so preventing CLABSIs has focused on a group or “bundle” of measures that can be taken during insertion to reduce the risk of contamination.

In 2004, the Institute for Healthcare Improvement 100,000 Lives Campaign made preventing CLABSIs a central focus of campaigns to prevent health care-associated infections (HAI). The effectiveness of this approach was demonstrated in the Michigan Keystone Intensive Care Unit (ICU) Project [2]. Based on this evidence, it is estimated that more than half of all CLABSIs may be preventable through use of multiple strategies, such as educating health care workers that insert catheters, using appropriate types of catheters, choosing an appropriate insertion site, using correct technique, maintaining the central line while in place, and conducting surveillance of CLABSI rates as a performance indicator [1]. Many studies demonstrate CLABSIs reduction by implementing maximal sterile barriers, using chlorhexidine gluconate (CHG), or both [3-5]. Other studies have combined maximal sterile barriers and CHG use with other strategies such as avoiding femoral sites and conducting routine line maintenance [6]. Although few studies have examined the relationship between the central line insertion practices (CLIP) adherence discussed in this report and a reduction in CLABSIs, current recommendations provide strong evidence that combining these particular prevention strategies is logical for CLABSI prevention.

Health and Safety Code section 1288.8 (b) requires California licensed general acute care hospitals to submit to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) CLIP adherence data for ICUs. This report summarizes CLIP adherence data reported to the California Department of Public Health (CDPH) through NHSN from January 1, 2009 through March 31, 2010. California is the first state to issue a public report on CLIP adherence.

METHODS

CLIP Adherence Reporting

Beginning January 1, 2009, CDPH required hospitals to enter data into NHSN for CLIP adherence for all ICUs, including adult, pediatric, and neonatal. NHSN-required data elements on the CLIP Adherence Monitoring form included gender, date of birth; hospital

location where insertion occurred; date of insertion; whether the recorder was the inserter or the observer; occupation of the inserter; reason for insertion; central line catheter type; insertion site; and whether the inserter performed hand hygiene, used maximal sterile barriers, and used the appropriate skin preparation agent and allowed it to dry at time of first skin puncture. It also included use of an antibiotic ointment following insertion, which was not a recommended practice by CDC for prevention of CLABSIs. Therefore, the HAI Advisory Committee recommended that hospitals be allowed to report either all of the NHSN required data elements ('in-plan') or a subset of the data elements ('out-of-plan'). CDPH subsequently issued guidance to hospitals in which one element of the CLIP bundle, allowing the skin preparation agent to dry, was not specifically included in the requirements for 'out-of-plan' reporting. 'In-plan' reporting meant that forms could only be saved in NHSN if they were complete. 'Out-of-plan' reporting meant that forms could be saved in NHSN even if they were incomplete. Beginning April 1, 2010, CDPH required complete reporting of all CLIP data.

Definitions

We referred to all hospitals, including single- and multi-campus facilities, by the business name of the licensee in CDPH Licensing and Certification records, except for the licenses for University of California hospitals, which we described as licensed by the University of California. For this report, we used the term "reporting facility" for single, licensed general acute care hospitals and for campuses of a licensed general acute care hospital reporting separately from the other campuses of that license.

We defined a facility as providing ICU services if it had at least one licensed intensive care, intensive care newborn nursery, coronary care, burn, or acute respiratory care bed according to its current CDPH license and as defined in the California Code of Regulations [7].

We defined the CLIP bundle for 'in-plan' reporting as eight individual components:

CLIP Bundle Components
✓ Maximal Sterile Barriers
✓ Cap
✓ Mask
✓ Gown
✓ Gloves
✓ Drape
✓ Hand hygiene
✓ Appropriate skin preparation agent
✓ Allowing the skin preparation agent to dry (excluded in off-plan reporting).

'Maximal sterile barriers' included use of a cap, mask, gown, gloves, and drape. We defined a complete CLIP observation to be a 'yes' or 'no' response for all eight bundle components. We defined adherence as any CLIP observation in which all eight bundle components were followed, i.e., all components were 'yes.' The CLIP bundle for 'out-of-plan' reporting was the individual components listed above but excluding allowing the skin

preparation agent to dry. Therefore, we defined ‘out-of-plan’ adherence as any CLIP observation where all seven bundle components were followed, i.e., all components were ‘yes.’

The Accreditation Council for Graduate Medical Education (ACGME [8]) defines: a “resident” as any physician in an accredited graduate medical education program, including interns, residents, and fellows; a “fellow” as a physician in a program of graduate medical education (GME) accredited by the ACGME who has completed the requirements for eligibility for first board certification in the specialty. An “intern” is an individual in the first year of GME; this term is no longer used by ACGME.

Quality Assurance

In 2011, we implemented a retrospective quality assurance process to identify outliers and follow up with hospitals to determine any data collection or quality issues at the time of data entry. Because Health and Safety Code section 1288.8 does not require hospitals to include patient identifiers when reporting data, we did not have a method to verify appropriate use of skin preparation agent based on patient age. Use of povidone iodine or alcohol is appropriate for patients less than one year of age; CHG is appropriate for all other patients. We defined appropriate use of a skin preparation agent as CHG set to ‘yes’ or the CDC CLIP bundle variable set to ‘yes’ when a non-CHG skin preparation agent was also set to ‘yes’. We excluded all observations with missing bundle component data.

Analyses

The reporting period was January 1, 2009 through March 31, 2010. We calculated ‘in-plan’ adherence as the total number of complete CLIP observations with adherence (‘yes’) to all eight components divided by the total number of complete CLIP observations. Aggregate analyses included only ‘in-plan’ adherence calculations. We calculated ‘out-of-plan’ adherence as the total number of CLIP observations with adherence (‘yes’) to seven components divided by the total number of CLIP observations with complete data for seven components.

We calculated hospital-specific adherence for both ‘in-plan’ and ‘out-of-plan’ reporting as the total number of CLIP observations with 100 percent adherence divided by the total number of CLIP observations reported by each hospital. We also calculated the median hospital-specific adherence for all reporting hospitals. We compared adherence proportions between inserter and observer, i.e., the person recording the CLIP observations, occupation of inserter, reason for insertion, and insertion site.

We calculated adherence to each individual CLIP bundle component as the total number of observations with adherence to each individual component divided by the total number of observations. We used this to identify individual components that were adhered to most often during central line insertions. For hospitals with low adherence, we used individual component adherence to identify the individual component that was adhered to least often.

RESULTS

For the reporting period January 1, 2009 through March 31, 2010, California had 375 licensed general acute care hospitals representing 420 physical campuses with active acute care beds; 46 licensed hospitals had more than one campus associated with its license. During the reporting period, 334 of 375 (87.2%) licensed general acute care hospitals had an ICU and therefore met reporting requirements for CLIP adherence monitoring. Of the 334 hospitals with an ICU, 280 (83.8%) reported complete CLIP bundle data.

CLIP Bundle Adherence

Between January 1, 2009 and March 31, 2010, 284 hospitals reported 85,575 CLIP observations. Of these, 280 hospitals with ICUs reported 78,896 observations with complete CLIP bundle data; four hospitals reported all CLIP observations 'out-of-plan' with missing bundle data. There were 6,679 CLIP observations with missing bundle data that we excluded from these analyses.

Adherence to all eight components in the CLIP bundle occurred in 73,495 central line insertions (93.2%). Adherence was highest in adult ICUs (93.3%) compared with NICUs (92.6%) and pediatric ICUs (92.5%, Table 1). Adherence was slightly higher for new central line insertions (93.8%) compared with lines that were replaced because they were infected (91.9%) or for other reasons (91.0%, Table 2). Lines placed in the upper extremity had highest CLIP bundle adherence (96.3%), followed by lower extremity lines (93.4%), and umbilical lines (91.7%, Table 3). CLIP bundle adherence was 95.7% when the inserter was also the observer compared with 89.3% when the observer was another hospital staff person (Table 4). Medical students had the highest CLIP bundle adherence (98.3%), although they rarely inserted lines, followed by the intravenous (IV) team (96.1%) and the peripherally inserted central catheter (PICC) team (95.0%, Table 5). Other trainees, such as interns, residents, and fellows, were among the lowest in adherence at about 90%. All occupational groups were above 80% for CLIP bundle adherence (Table 5).

The inserter did not follow all eight components of the CLIP bundle in 5401 insertions (Table 6); inserters did not use at least one of the five maximal sterile barriers in 55.9% of these insertions. Among the individual non-adherent components, not donning a cap (35.1%) and not using an appropriate skin preparation agent (30.8%) were most frequent.

Individual Component Adherence

Adherence was well over 90% for each bundle component (Table 7). Among all complete individual CLIP components, the component adhered to most often was wearing gloves (99.5%). CHG was used as a skin preparation agent most often (91.4%), followed by povidone iodine (7.9%), and alcohol (6.2%). For individual maximal sterile barriers, gloves were used most (99.5%), followed by a gown (98.8%), a mask and a drape (98.5%), and a cap (97.6%); collectively, maximal sterile barriers were used in 96.2% of insertions.

Additional Descriptive Data

Most central lines were inserted in adult-only ICUs (83.4%), followed by NICUs (12.6%), and pediatric ICUs (4.0%). The most common reason for central line insertion was a new indication for a central line, such as for hemodynamic monitoring or administering fluids or medication; 86.9% of CLIP observations were for new central lines. Most central lines (65.6%) were PICC lines placed in an upper extremity. The inserter recorded the majority of the observations, 60.8%, meaning that the inserter also completed the CLIP Adherence Monitoring form. The IV team performed most of the central line insertions (40.8%), followed by other staff (22.2%), and attending physicians (17.0%).

Hospital-Specific CLIP Adherence

Table 8 shows CLIP adherence report status and hospital-specific CLIP adherence percentages. The median number of central lines placed by hospitals was 168 and ranged from 1 to 2602. The median adherence percentage among the 280 hospitals reporting complete bundle data was 95.0% and ranged from 0% to 100%. The top 10% of hospitals had CLIP bundle adherence of 100%; 25 hospitals composed this group. The bottom 10% of hospitals had CLIP bundle adherence of 58.9% or lower; 29 hospitals composed this group.

DISCUSSION

This report provides a baseline evaluation of CLIP adherence in California general acute care hospitals, and demonstrates that when a patient in a California ICU receives a central line, personnel adhere to the recommended measures to prevent infections over 90% of the time.

Adherence to the CLIP bundle was highest in adult-only ICUs, possibly because they use of personnel (PICC team or IV team), that exhibit higher rates of adherence. Future analyses could explore associations between rates of adherence and location, new line insertions, and insertion site.

Inserters that also recorded the central line insertion observation had higher adherence compared with an observer recording the insertion. This could be due to a self-report bias and could result in an overestimation of CLIP bundle adherence. However, inserters on PICC or IV teams may not require an independent observer due to documented consistent adherence and therefore may accurately self-report higher adherence. Medical students had the highest adherence of all personnel (based on a very small numbers of insertions), possibly because their training program includes CLIP and they are closely observed during central line insertions. Interns/residents were among the least adherent of all personnel. Residents may need more specialized infection control training CLIP. Developing and implementing a policy to train and credential these personnel groups in CLIP improves adherence and decreases CLABSI rates [9].

Among insertions with less than 100% bundle adherence, donning a cap was performed least, followed by using an appropriate skin preparation agent, and using a mask or drape.

These findings are consistent with other studies [10] and indicate that inserters may need reminders about the importance of performing all components of the bundle, especially using maximal sterile barriers. Many insertions may occur in hospitals that do not use a central line insertion kit, so the required sterile barriers (cap, mask, or drape) may not be readily available. Ensuring universal availability of insertion kits may be necessary to improve adherence in these settings.

Inserters may have appropriately used an alternative skin preparation on adults with adverse or allergic reactions to CHG. As a result, some CLIP observations may have adhered to all eight bundle components but were misclassified as non-adherent. The CLIP data set does not collect data on contraindications to CHG. Because 100% adherence is not always possible, the CLIP bundle adherence in this report may underestimate true performance in hospitals in California. Also, NHSN does not collect data on whether central lines were inserted under emergent circumstances. During an emergency insertion, the inserter may not be able to record what bundle components were followed or an observer may not actually observe the insertion. This could result in missing data and lead to an underestimation of CLIP bundle adherence.

The data presented in this report include some limitations. CDPH did not have resources to provide guidance or real-time quality assurance during this reporting period, possibly affecting accuracy or completeness of data. Future analyses will include more complete reporting as well as more timely quality assurance and control. These data represent a baseline for CLIP adherence surveillance and demonstrate that California hospitals generally achieved high degrees of adherence during the reporting period. This achievement may be attributable in part to the numerous CLABSI prevention collaborative initiatives in California. At least seven of these initiatives have focused on the use of the CLIP bundle or an equivalent, beginning with the 2004 Institute for Healthcare Improvement 100,000 Lives Campaign. The California Perinatal Quality Care Collaborative (CPQCC), in partnership with California Children's Services (CCS) of the California Department of Health Care Services, initiated a project in 2008 to reduce CLABSIs in NICUs (http://www.cpqcc.org/quality_improvement/cpqcc_ccs_healthcare_associated_infection_hai_collaborative). Future reports of CLIP adherence may reflect the continuing success of these efforts and the enhanced safety of patients in California hospitals.

In follow-up to this report, CDPH will take the following steps:

- Ensure that hospitals are reporting CLIP data in-plan only.
- Provide timely quality assurance and control measures for reporting of CLIP data.

All hospitals should review these data and take the following steps:

- Use CLIP bundle adherence as a quality improvement tool. Hospitals with low adherence should identify individual component(s) with low percentages and use targeted, evidence-based interventions to improve adherence.
- Examine the use of inserters as observers and verify the accuracy of their observations.
- Expand CLIP adherence monitoring to all patient care units where central lines are used.

- Consider linking CLIP adherence monitoring data with CLABSI surveillance data, to link prevention practices with infection outcomes.
- Ensure that they are reporting CLIP data to NHSN in-plan only.
- Use the analysis tools available in NHSN to review data and verify timeliness and accuracy.

The public and consumers should consider the following steps

- Review the information presented including the limitations and context for results.
- Ask your healthcare provider about the actions your hospital is taking to prevent CLABSIs, including monitoring CLIP adherence, and ask about CLIP adherence results.
- Ask your healthcare provider about the actions you can take to ensure your safety in the hospital, including protecting against CLABSIs.
- If you don't understand or have a question, speak up. Clear communication between you and your healthcare provider is one of the first steps you can take towards ensuring your own safety.

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Table 1. Number of CLIP observations and 100% bundle adherence by ICU type in general acute care hospitals, California, January 1, 2009 through March 31, 2010.

Hospital location of central line insertion	Number of CLIP observations, n (% of total)	Number of CLIP observations with 100% bundle adherence, n (%)
Adult-only ICU	65851 (83.5)	61421 (93.3)
NICU	9903 (12.5)	9168 (92.6)
Pediatric ICU	3142 (4.0)	2906 (92.5)

CLIP = central line insertion practices

ICU = intensive care unit

NICU = neonatal intensive care unit

Source: Central Line Insertion Practices Adherence Monitoring in Intensive Care Units in General Acute Care Hospitals in California, January 2009 through March 2010, California Department of Public Health, October 2011.

Table 2. Number of CLIP observations and 100% bundle adherence in ICUs by reason for central line insertion in general acute care hospitals, California, January 1, 2009 through March 31, 2010.

Reason for central line insertion	Number of CLIP observations, n (% of total)	Number of CLIP observations with 100% bundle adherence, n (%)
New indication for central line	68461 (86.9)	64197 (93.8)
Suspected central line-associated infection	1861 (2.4)	1711 (91.9)
Replace central line	2788 (3.5)	2538 (91.0)
Other	5638 (7.2)	4912 (87.1)
Unknown	148 (<1)	137 (92.6)

Source: Central Line Insertion Practices Adherence Monitoring in Intensive Care Units in General Acute Care Hospitals in California, January 2009 through March 2010, California Department of Public Health, October 2011.

Table 3. Number of CLIP observations and 100% bundle adherence in ICUs by site of central line insertion in general acute care hospitals, California, January 1, 2009 through March 31, 2010.

Site of central line insertion	Number of CLIP observations, n (% of total)	Number of CLIP observations with 100% bundle adherence, n (%)
Upper extremity	49778 (63.1)	47958 (96.3)
Lower extremity	1605 (2.0)	1499 (93.4)
Umbilical	4357 (5.5)	3994 (91.7)
Scalp	310 (0.4)	281 (90.7)
Jugular	10208 (12.9)	9098 (89.1)
Subclavian	6520 (8.3)	5531 (84.8)
Femoral	6089 (7.7)	5107 (83.9)
Unknown	29 (<1)	27 (93.1)

Source: Central Line Insertion Practices Adherence Monitoring in Intensive Care Units in General Acute Care Hospitals in California, January 2009 through March 2010, California Department of Public Health, October 2011.

Table 4. Number of CLIP observations and 100% bundle adherence in ICUs by recorder type in general acute care hospitals, California, January 1, 2009 through March 31, 2010.

Recorder	Number of CLIP observations, n (% of total)	Number of CLIP observations with 100% bundle adherence, n (%)
Inserter	47825 (60.8)	45744 (95.7)
Observer	30818 (39.2)	27519 (89.3)
Unknown	253 (<1)	232 (91.7)

Source: Central Line Insertion Practices Adherence Monitoring in Intensive Care Units in General Acute Care Hospitals in California, January 2009 through March 2010, California Department of Public Health, October 2011.

Table 5. Number of CLIP observations and 100% bundle adherence in ICUs by occupation of inserter in general acute care hospitals, California, January 1, 2009 through March 31, 2010.

Occupation of inserter	Number of CLIP observations, n (% of total)	Number of CLIP observations with 100% bundle adherence, n (%)
Medical student	59 (<1)	58 (98.3)
IV team	32080 (40.8)	30822 (96.1)
PICC team	930 (1.2)	883 (95.0)
Other	17481 (22.2)	16468 (94.2)
Physician assistant	598 (<1)	544 (91.0)
Fellow	1382 (1.7)	1256 (91.0)
Other medical staff	7359 (9.4)	6632 (90.1)
Intern/resident	5366 (6.8)	4803 (89.5)
Attending Physician	13362 (17.0)	11768 (88.1)
Other student	26 (<1)	22 (84.6)
Unknown	253 (<1)	239 (94.5)

Source: Central Line Insertion Practices Adherence Monitoring in Intensive Care Units in General Acute Care Hospitals in California, January 2009 through March 2010, California Department of Public Health, October 2011.

Table 6. Number of CLIP observations in ICUs by non-adherence to individual bundle components among non-adherent observations (n=5401) in general acute care hospitals, California, January 1, 2009 through March 31, 2010.

Individual CLIP bundle components	Number of CLIP observations, n (% of total)
Maximal sterile barriers	3017 (55.9)
Cap*	1898 (35.1)
Appropriate skin prep	1662 (30.8)
Mask*	1171 (21.7)
Drape*	1164 (21.6)
Skin prep dry	1110 (20.6)
Hand hygiene	1020 (18.9)
Gown*	944 (17.5)
Gloves*	383 (7.1)

* Components of maximal sterile barriers

Source: Central Line Insertion Practices Adherence Monitoring in Intensive Care Units in General Acute Care Hospitals in California, January 2009 through March 2010, California Department of Public Health, October 2011.

Table 7. Number of CLIP observations in ICUs by adherence to individual bundle components among all complete observations (n=78896) in general acute care hospitals, California, January 1, 2009 through March 31, 2010.

Individual CLIP bundle components	Number of CLIP observations, n (% of total)
Gloves*	78513 (99.5)
Gown*	77952 (98.8)
Hand hygiene	77876 (98.7)
Skin prep dry	77786 (98.6)
Mask*	77725 (98.5)
Drape*	77732 (98.5)
Appropriate skin prep**	77234 (97.9)
CHG	72122 (91.4)
Iodine	6200 (7.9)
Alcohol	4920 (6.2)
Cap*	76998 (97.6)
Maximal sterile barriers	75879 (96.2)

* Components of maximal sterile barriers

**More than one skin preparation agent may have been used.

Source: Central Line Insertion Practices Adherence Monitoring in Intensive Care Units in General Acute Care Hospitals in California, January 2009 through March 2010, California Department of Public Health, October 2011.

Table 8. CLIP adherence report status and hospital-specific CLIP adherence percentages, general acute care hospitals, California, January 1, 2009 through March 31, 2010.

Hospital Name	Report Status	In-plan			Out-of-Plan		
		No. CLIP Observations with 100% Adherence	Total No. CLIP Observations	Percent Adherence	No. CLIP Observations with 100% Adherence	Total No. CLIP Observations	Percent Adherence
ADVENTIST HEALTH SYSTEMS HANFORD COMMUNITY MEDICAL CENTER SELMA COMMUNITY HOSPITAL	Report	87	101	86.1	0	0	.
AHMC ANAHEIM REGIONAL MEDICAL CENTER	Report	219	220	99.5	0	0	.
ALAMEDA COUNTY MEDICAL CENTER FAIRMONT CAMPUS, SAN LEANDRO ALAMEDA COUNTY MEDICAL CENTER	Report	357	360	99.2	0	0	.
ALAMEDA HOSPITAL	Report	15	28	53.6	0	0	.
ALHAMBRA HOSPITAL MEDICAL CENTER	Report	106	110	96.4	0	0	.
ALTA LOS ANGELES HOSPITALS, INC.	No Report	.	.	.	.	.	.
ALVARADO HOSPITAL, LLC ALVARADO HOSPITAL CAMPUS 1, SAN DIEGO ALVARADO HOSPITAL CAMPUS 2, SAN DIEGO	Report	87	91	95.6	0	0	.
ANAHEIM GENERAL HOSPITAL	Report	13	14	92.9	0	0	.
ANTELOPE VALLEY HOSPITAL	Report	422	448	94.2	0	0	.
ARROWHEAD REGIONAL MEDICAL CENTER	Report	340	345	98.6	0	0	.
ARROYO GRANDE COMMUNITY HOSPITAL	Report	20	28	71.4	0	0	.
BAKERSFIELD HEART HOSPITAL	Report	187	187	100.0	0	0	.
BAKERSFIELD MEMORIAL HOSPITAL	Report	799	806	99.1	0	0	.
BALLARD REHABILITATION HOSPITAL	No ICU	.	.	.	.	.	.
BANNER LASSEN MEDICAL CENTER	No ICU	.	.	.	.	.	.
BARLOW RESPIRATORY HOSPITAL	No ICU	.	.	.	.	.	.
BARSTOW COMMUNITY HOSPITAL	Report	6	14	42.9	0	0	.
BARTON MEMORIAL HOSPITAL	Report	63	66	95.5	0	0	.

Table 8. CLIP adherence report status and hospital-specific CLIP adherence percentages, general acute care hospitals, California, January 1, 2009 through March 31, 2010.

Hospital Name	Report Status	In-plan			Out-of-Plan		
		No. CLIP Observations with 100% Adherence	Total No. CLIP Observations	Percent Adherence	No. CLIP Observations with 100% Adherence	Total No. CLIP Observations	Percent Adherence
BEAR VALLEY COMMUNITY HOSPITAL	No ICU	.	.	.	.	.	.
BELLFLOWER MEDICAL CENTER	Report	16	24	66.7	0	0	.
BEVERLY HOSPITAL	Report	222	224	99.1	0	0	.
BIGGS GRIDLEY MEMORIAL HOSPITAL	No Report	.	.	.	.	.	.
BROTMAN MEDICAL CENTER	Report	253	257	98.4	0	0	.
CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	Report	47	49	95.9	0	0	.
CALIFORNIA MEDICAL FACILITY	No ICU	.	.	.	.	.	.
CALIFORNIA MENS COLONY	No ICU	.	.	.	.	.	.
CALIFORNIA PACIFIC MEDICAL CENTER - ST. LUKE'S CAMPUS	Report	179	179	100.0	0	0	.
CASA COLINA HOSPITAL FOR REHABILITATIVE MEDICINE	No ICU	.	.	.	.	.	.
CATALINA ISLAND MEDICAL CENTER	No ICU	.	.	.	.	.	.
CATHOLIC HEALTHCARE WEST, BAKERSFIELD MERCY HOSPITAL MERCY SOUTHWEST HOSPITAL	No Report	.	.	.	.	.	.
CATHOLIC HEALTHCARE WEST, SANTA CRUZ DOMINICAN HOSPITAL CAMPUS 1 DOMINICAN HOSPITAL CAMPUS 2	Report	344	355	96.9	0	0	.
CEDARS-SINAI MEDICAL CENTER	Report	46	50	92.0	1215	1285	94.6
CENTINELA HOSPITAL MEDICAL CENTER	Report	977	1001	97.6	5	6	83.3
CENTRAL VALLEY GENERAL HOSPITAL	No ICU	.	.	.	.	.	.
CHAPMAN MEDICAL CENTER	Report	4	6	66.7	0	0	.
CHILDRENS HOSPITAL AND RESEARCH CENTER AT OAKLAND	Report	466	475	98.1	0	0	.
CHILDREN'S HOSPITAL AT MISSION	Report	54	56	96.4	0	0	.

Table 8. CLIP adherence report status and hospital-specific CLIP adherence percentages, general acute care hospitals, California, January 1, 2009 through March 31, 2010.

Hospital Name	Report Status	In-plan			Out-of-Plan		
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CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	Report	1031	1133	91.0	0	1	0.0
CHILDRENS HOSPITAL OF LOS ANGELES	Report	141	146	96.6	0	0	.
CHILDREN'S HOSPITAL OF ORANGE COUNTY	Report	414	423	97.9	0	0	.
CHINESE HOSPITAL	No Report	.	.	.	.	.	.
CHINO VALLEY MEDICAL CENTER	No Report	.	.	.	.	.	.
CITRUS VALLEY MEDICAL CENTER, INC. CITRUS VALLEY MEDICAL CENTER IC CAMPUS, COVINA CITRUS VALLEY MEDICAL CENTER QV CAMPUS, WEST COVINA	Report	37	41	90.2	199	271	73.4
CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL	Report	185	199	93.0	0	0	.
CLOVIS COMMUNITY MEDICAL CENTER	Report	54	102	52.9	0	0	.
COALINGA REGIONAL MEDICAL CENTER	No ICU	.	.	.	.	.	.
COAST PLAZA HOSPITAL	Report	9	11	81.8	0	0	.
COASTAL COMMUNITIES HOSPITAL	Report	4	33	12.1	0	0	.
COLLEGE HOSPITAL COSTA MESA	No ICU	.	.	.	.	.	.
COLORADO RIVER MEDICAL CENTER	No ICU	.	.	.	.	.	.
COLUSA REGIONAL MEDICAL CENTER	Report	8	8	100.0	0	0	.
COMMUNITY AND MISSION HOSPITAL OF HUNTINGTON PARK	Report	0	11	0.0	0	0	.
COMMUNITY HOSPITAL OF LONG BEACH	Report	51	51	100.0	0	0	.
COMMUNITY HOSPITAL OF SAN BERNARDINO	Report	31	62	50.0	0	0	.
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	Report	61	95	64.2	0	0	.
COMMUNITY MEMORIAL HOSPITAL - SAN BUENAVENTURA	Report	150	168	89.3	0	0	.
COMMUNITY REGIONAL MEDICAL CENTER	Report	548	795	68.9	0	0	.

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CONTRA COSTA REGIONAL MEDICAL CENTER	Report	116	130	89.2	0	0	.
CORCORAN DISTRICT HOSPITAL	No ICU
COUNTY OF VENTURA VENTURA COUNTY MEDICAL CENTER VENTURA COUNTY MEDICAL CENTER, SANTA PAULA HOSPITAL	Report	139	155	89.7	0	0	.
DAMERON HOSPITAL	Report	396	404	98.0	0	0	.
DELANO REGIONAL MEDICAL CENTER	No Report	.	.	.	.	.	.
DESERT REGIONAL MEDICAL CENTER	Report	95	131	72.5	0	0	.
DESERT VALLEY HOSPITAL	Report	55	90	61.1	0	0	.
DOCTORS HOSPITAL OF MANTECA	Report	62	74	83.8	0	0	.
DOCTORS HOSPITAL OF WEST COVINA, INC.	No Report	.	.	.	.	.	.
DOCTORS MEDICAL CENTER	Report	502	502	100.0	0	0	.
DOCTORS MEDICAL CENTER - SAN PABLO	Report	61	73	83.6	11	14	78.6
DOWNEY REGIONAL MEDICAL CENTER	Report	161	163	98.8	0	0	.
EARL & LORAIN MILLER CHILDREN'S HOSPITAL	Report	122	137	89.1	0	0	.
EAST LOS ANGELES DOCTORS HOSPITAL	Report	7	19	36.8	0	0	.
EAST VALLEY HOSPITAL MEDICAL CENTER	No Report	.	.	.	.	.	.
EASTERN PLUMAS HEALTH CARE	No ICU	.	.	.	.	.	.
EDEN MEDICAL CENTER EDEN MEDICAL CENTER SAN LEANDRO HOSPITAL	Report	311	321	96.9	0	0	.
EISENHOWER MEDICAL CENTER	Report	556	561	99.1	0	0	.
EL CAMINO HOSPITAL	Report	492	522	94.3	1	1	100.0
EL CAMINO HOSPITAL LOS GATOS	Report	30	30	100.0	0	0	.

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EL CENTRO REGIONAL MEDICAL CENTER	Report	101	111	91.0	0	0	.
EMANUEL MEDICAL CENTER INC.	Report	252	261	96.6	0	0	.
ENCINO HOSPITAL MEDICAL CENTER	Report	65	68	95.6	0	0	.
ENLOE MEDICAL CENTER ENLOE REHABILITATION CENTER ENLOE MEDICAL CENTER, COHASSET ENLOE MEDICAL CENTER, ESPLANADE	Report	318	322	98.8	0	0	.
FAIRCHILD MEDICAL CENTER	No Report	.	.	.	.	.	.
FAIRVIEW DEVELOPMENTAL CENTER	No ICU	.	.	.	.	.	.
FALLBROOK HOSPITAL DISTRICT	Report	42	47	89.4	0	0	.
FEATHER RIVER HOSPITAL	Report	238	243	97.9	0	0	.
FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	Report	0	3	0.0	15	26	57.7
FOUNTAIN VALLEY REGIONAL HOSPITAL & MED CENTER	Report	270	300	90.0	2	4	50.0
FRANK R. HOWARD MEMORIAL HOSPITAL	Report	18	19	94.7	0	0	.
FRENCH HOSPITAL MEDICAL CENTER	Report	39	43	90.7	0	0	.
FRESNO HEART AND SURGICAL HOSPITAL	Report	9	16	56.3	0	0	.
FRESNO SURGICAL HOSPITAL	No ICU	.	.	.	.	.	.
GARDEN GROVE HOSPITAL AND MEDICAL CENTER	Report	13	14	92.9	0	0	.
GARFIELD MEDICAL CENTER	Report	279	309	90.3	0	0	.
GEORGE L. MEE MEMORIAL HOSPITAL	Report	3	20	15.0	0	0	.
GLENDALE ADVENTIST MEDICAL CENTER	Report	218	251	86.9	22	30	73.3
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	Report	444	456	97.4	0	0	.
GLENN MEDICAL CENTER	No ICU

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GOLETA VALLEY COTTAGE HOSPITAL	Report	1	1	100.0	0	0	.
GOOD SAMARITAN HOSPITAL, BAKERSFIELD	No Report
GOOD SAMARITAN HOSPITAL, LOS ANGELES	Report	448	459	97.6	0	0	.
GOOD SAMARITAN HOSPITAL, LP MISSION OAKS HOSPITAL GOOD SAMARITAN HOSPITAL, SAN JOSE	Report	175	183	95.6	0	0	.
GREATER EL MONTE COMMUNITY HOSPITAL	Report	83	93	89.2	0	0	.
GROSSMONT HOSPITAL	Report	0	0	.	692	915	75.6
HAZEL HAWKINS MEMORIAL HOSPITAL	Report	46	46	100.0	0	0	.
HEALDSBURG DISTRICT HOSPITAL	No Report	.	.	.	.	.	.
HEALTHBRIDGE CHILDREN'S HOSPITAL - ORANGE	No ICU	.	.	.	.	.	.
HEALTHSOUTH BAKERSFIELD REHABILITATION HOSPITAL	No ICU	.	.	.	.	.	.
HEALTHSOUTH TUSTIN REHABILITATION HOSPITAL	No ICU	.	.	.	.	.	.
HEMET VALLEY MEDICAL CENTER	Report	190	348	54.6	0	0	.
HENRY MAYO NEWHALL MEMORIAL HOSPITAL	Report	33	40	82.5	0	1	0.0
HI-DESERT MEDICAL CENTER	Report	21	49	42.9	0	0	.
HOAG MEMORIAL HOSPITAL PRESBYTERIAN, INC.	Report	1251	1266	98.8	0	0	.
HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	Report	2	7	28.6	0	0	.
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	Report	262	268	97.8	1	4	25.0
HUNTINGTON BEACH HOSPITAL	Report	29	32	90.6	1	1	100.0
HUNTINGTON MEMORIAL HOSPITAL	Report	486	530	91.7	0	0	.
JEROLD PHELPS COMMUNITY HOSPITAL	No ICU

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JOHN C. FREMONT HEALTHCARE DISTRICT	No ICU
JOHN D KLARICH MEMORIAL HOSPITAL, CSP-CORCORAN	No ICU
JOHN F. KENNEDY MEMORIAL HOSPITAL	Report	9	34	26.5	0	0	.
JOHN MUIR MEDICAL CENTER - CONCORD CAMPUS	Report	468	483	96.9	0	0	.
JOHN MUIR MEDICAL CENTER - WALNUT CREEK CAMPUS	Report	1034	1094	94.5	0	0	.
KAISER FOUNDATION HOSPITAL - ANAHEIM	Report	258	269	95.9	0	0	.
KAISER FOUNDATION HOSPITAL - ANTIOCH	Report	140	182	76.9	0	0	.
KAISER FOUNDATION HOSPITAL - BALDWIN PARK	Report	240	308	77.9	0	0	.
KAISER FOUNDATION HOSPITAL - DOWNEY	Report	63	66	95.5	0	0	.
KAISER FOUNDATION HOSPITAL - FONTANA	Report	751	762	98.6	0	0	.
KAISER FOUNDATION HOSPITAL - FRESNO	Report	166	168	98.8	0	0	.
KAISER FOUNDATION HOSPITAL - IRVINE	Report	192	201	95.5	0	0	.
KAISER FOUNDATION HOSPITAL - MORENO VALLEY	Report	43	54	79.6	0	1	0.0
KAISER FOUNDATION HOSPITAL - PANORAMA	Report	295	330	89.4	0	0	.
KAISER FOUNDATION HOSPITAL - REDWOOD CITY	Report	103	113	91.2	0	0	.
KAISER FOUNDATION HOSPITAL - RIVERSIDE	Report	362	444	81.5	0	0	.
KAISER FOUNDATION HOSPITAL - ROSEVILLE	Report	560	573	97.7	0	2	0.0
KAISER FOUNDATION HOSPITAL - SACRAMENTO	Report	934	942	99.2	1	1	100.0
KAISER FOUNDATION HOSPITAL - SAN DIEGO	Report	599	601	99.7	2	4	50.0
KAISER FOUNDATION HOSPITAL - SAN FRANCISCO	Report	211	215	98.1	0	0	.
KAISER FOUNDATION HOSPITAL - SAN JOSE	Report	130	134	97.0	0	0	.

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KAISER FOUNDATION HOSPITAL - SAN RAFAEL	Report	164	173	94.8	0	0	.
KAISER FOUNDATION HOSPITAL - SANTA CLARA	Report	525	694	75.6	0	0	.
KAISER FOUNDATION HOSPITAL - SANTA ROSA	Report	288	289	99.7	0	0	.
KAISER FOUNDATION HOSPITAL - SOUTH BAY	Report	201	204	98.5	0	0	.
KAISER FOUNDATION HOSPITAL - SOUTH SACRAMENTO	Report	249	261	95.4	2	2	100.0
KAISER FOUNDATION HOSPITAL - SOUTH SAN FRANCISCO	Report	154	178	86.5	0	0	.
KAISER FOUNDATION HOSPITAL - SUNSET	Report	984	1010	97.4	0	1	0.0
KAISER FOUNDATION HOSPITAL - VACAVILLE	Report	43	49	87.8	0	0	.
KAISER FOUND. HOSPITAL & REHAB. CENTER - VALLEJO	Report	136	143	95.1	0	0	.
KAISER FOUNDATION HOSPITAL - WALNUT CREEK	Report	563	564	99.8	0	0	.
KAISER FOUNDATION HOSPITAL - WEST LA	Report	223	224	99.6	0	0	.
KAISER FOUNDATION HOSPITAL - WOODLAND HILLS	Report	133	136	97.8	0	0	.
KAISER FOUNDATION HOSPITALS KAISER FOUNDATION HOSPITALS - FREMONT KAISER FOUNDATION HOSPITALS - HAYWARD	Report	304	321	94.7	2	4	50.0
KAISER FOUNDATION HOSPITALS KAISER FOUNDATION HOSPITALS - MANTECA KAISER FOUNDATION HOSPITALS - MODESTO	Report	193	200	96.5	1	2	50.0
KAISER FOUNDATION HOSPITALS KAISER FOUNDATION HOSPITALS - OAKLAND KAISER FOUNDATION HOSPITALS - RICHMOND	Report	593	707	83.9	0	0	.
KAWEAH DELTA MEDICAL CENTER	Report	366	465	78.7	0	0	.
KENTFIELD REHABILITATION & SPECIALTY HOSPITAL	No ICU	.	.	.	.	.	.
KERN MEDICAL CENTER	Report	151	159	95.0	0	0	.
KERN VALLEY HEALTHCARE DISTRICT	No Report

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KINDRED HOSPITAL - BREA	No Report
KINDRED HOSPITAL - LA MIRADA	No Report
KINDRED HOSPITAL - LOS ANGELES	No Report
KINDRED HOSPITAL - ONTARIO	No Report	.	.	.	.	.	.
KINDRED HOSPITAL - SACRAMENTO	No Report	.	.	.	.	.	.
KINDRED HOSPITAL - SAN DIEGO	No Report	.	.	.	.	.	.
KINDRED HOSPITAL - SAN FRANCISCO BAY AREA	Report	20	23	87.0	0	0	.
KINDRED HOSPITAL - SAN GABRIEL VALLEY	No Report	.	.	.	.	.	.
KINDRED HOSPITAL - SANTA ANA	No Report	.	.	.	.	.	.
KINDRED HOSPITAL - WESTMINSTER	Report	6	7	85.7	0	0	.
KINGSBURG MEDICAL CENTER	No ICU	.	.	.	.	.	.
LA PALMA INTERCOMMUNITY HOSPITAL	Report	84	130	64.6	0	0	.
LAC/HARBOR-UCLA MEDICAL CENTER	Report	181	243	74.5	0	0	.
LAC/RANCHO LOS AMIGOS NATIONAL REHABILITATION CTR	Report	26	26	100.0	0	0	.
LAC+USC MEDICAL CENTER	Report	249	254	98.0	0	0	.
LAGUNA HONDA HOSPITAL & REHABILITATION CENTER	No ICU	.	.	.	.	.	.
LAKEWOOD REGIONAL MEDICAL CENTER	Report	234	235	99.6	0	0	.
LANCASTER COMMUNITY HOSPITAL	Report	235	247	95.1	0	0	.
LANTERMAN DEVELOPMENTAL CENTER	No ICU	.	.	.	.	.	.
LODI MEMORIAL HOSPITAL ASSOCIATION, INC. LODI MEMORIAL HOSPITAL LODI MEMORIAL HOSPITAL-WEST	Report	198	256	77.3	0	0	.

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LOMA LINDA UNIVERSITY MEDICAL CENTER LOMA LINDA UNIVERSITY HEART & SURGICAL HOSPITAL LOMA LINDA UNIVERSITY MEDICAL CENTER EAST HOSPITAL LOMA LINDA UNIVERSITY MEDICAL CENTER	Report	2308	2602	88.7	0	0	.
LOMPOC VALLEY MEDICAL CENTER	Report	5	8	62.5	0	0	.
LONG BEACH MEMORIAL MEDICAL CENTER	Report	174	191	91.1	1	1	100.0
LOS ALAMITOS MEDICAL CENTER	Report	186	186	100.0	0	0	.
LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	No Report	.	.	.	.	.	.
LOS ANGELES METROPOLITAN MEDICAL CENTER	Report	4	28	14.3	0	0	.
LOS ROBLES REGIONAL MEDICAL CENTER LOS ROBLES HOSPITAL & MEDICAL CENTER EAST LOS ROBLES HOSPITAL & MEDICAL CENTER	Report	117	132	88.6	0	0	.
LUCILE SALTER PACKARD CHILDREN'S HOSP AT STANFORD	Report	0	0	.	180	238	75.6
MAD RIVER COMMUNITY HOSPITAL	No Report	.	.	.	.	.	.
MADERA COMMUNITY HOSPITAL	Report	8	20	40.0	0	0	.
MAMMOTH HOSPITAL	Report	0	1	0.0	0	0	.
MARIAN MEDICAL CENTER	Report	22	41	53.7	0	0	.
MARIN GENERAL HOSPITAL	No Report	.	.	.	.	.	.
MARINA DEL REY HOSPITAL	No Report	.	.	.	.	.	.
MARK TWAIN ST. JOSEPH'S HOSPITAL (4RH)	Report	27	33	81.8	0	0	.
MARSHALL MEDICAL CENTER (1-RH)	Report	104	122	85.2	6	8	75.0
MAYERS MEMORIAL HOSPITAL	No ICU	.	.	.	.	.	.
MEMORIAL HOSPITAL LOS BANOS	Report	16	20	80.0	1	1	100.0
MEMORIAL HOSPITAL OF GARDENA	Report	121	147	82.3	0	1	0.0

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MEMORIAL MEDICAL CENTER	Report	986	1019	96.8	0	0	.
MENDOCINO COAST DISTRICT HOSPITAL	Report	23	31	74.2	0	0	.
MENIFEE VALLEY MEDICAL CENTER	Report	127	130	97.7	1	1	100.0
MENLO PARK SURGICAL HOSPITAL	No ICU	.	.	.	.	.	.
MERCY GENERAL HOSPITAL	Report	595	601	99.0	0	0	.
MERCY HOSPITAL OF FOLSOM	Report	302	306	98.7	1	2	50.0
MERCY MEDICAL CENTER MERCED - COMMUNITY CAMPUS	Report	1	1	100.0	0	0	.
MERCY MEDICAL CENTER MT. SHASTA	No Report	.	.	.	.	.	.
MERCY MEDICAL CENTER REDDING	Report	661	676	97.8	0	0	.
MERCY SAN JUAN MEDICAL CENTER	Report	995	1048	94.9	0	0	.
METHODIST HOSPITAL OF SACRAMENTO	Report	370	376	98.4	1	2	50.0
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	Report	335	369	90.8	0	0	.
MILLS-PENINSULA HEALTH SERVICES MILLS HEALTH CENTER PENINSULA MEDICAL CENTER	Report	232	248	93.5	0	0	.
MIRACLE MILE MEDICAL CENTER	No ICU	.	.	.	.	.	.
MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	No Report	.	.	.	.	.	.
MISSION HOSPITAL REGIONAL MEDICAL CENTER	Report	915	924	99.0	0	0	.
MODOC MEDICAL CENTER	No ICU	.	.	.	.	.	.
MONROVIA MEMORIAL HOSPITAL	No Report	.	.	.	.	.	.
MONTCLAIR HOSPITAL MEDICAL CENTER	Report	6	10	60.0	0	0	.
MONTEREY PARK HOSPITAL	Report	29	58	50.0	0	0	.

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MOTION PICTURE & TELEVISION HOSPITAL	No Report
MOUNTAINS COMMUNITY HOSPITAL	No ICU
NATIVIDAD MEDICAL CENTER	Report	156	167	93.4	0	0	.
NEWPORT SPECIALTY HOSPITAL	No Report	.	.	.	.	.	.
NORTHBAY MEDICAL CENTER	Report	249	260	95.8	0	0	.
NORTHBAY VACAVALLEY HOSPITAL	Report	162	165	98.2	0	0	.
NORTHERN CALIFORNIA REHABILITATION HOSPITAL	No ICU	.	.	.	.	.	.
NORTHERN INYO HOSPITAL	Report	13	18	72.2	0	0	.
NORTHRIDGE HOSPITAL MEDICAL CENTER	Report	468	476	98.3	0	0	.
NOVATO COMMUNITY HOSPITAL	Report	65	65	100.0	0	0	.
OAK VALLEY HOSPITAL DISTRICT (2-RH)	No Report	.	.	.	.	.	.
O'CONNOR HOSPITAL	Report	125	166	75.3	0	0	.
OJAI VALLEY COMMUNITY HOSPITAL	Report	0	2	0.0	0	0	.
OLYMPIA MEDICAL CENTER	No Report	.	.	.	.	.	.
ORANGE COAST MEMORIAL MEDICAL CENTER	Report	407	417	97.6	0	0	.
OROVILLE HOSPITAL	Report	180	180	100.0	0	0	.
PACIFIC ALLIANCE MEDICAL CENTER	Report	39	42	92.9	0	0	.
PACIFIC HOSPITAL OF LONG BEACH	No Report	.	.	.	.	.	.
PACIFICA HOSPITAL OF THE VALLEY	Report	5	18	27.8	0	3	0.0
PALM DRIVE HOSPITAL	Report	138	142	97.2	0	0	.
PALO VERDE HOSPITAL	Report	0	1	0.0	0	0	.

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PALOMAR MEDICAL CENTER	Report	878	892	98.4	0	0	.
PARADISE VALLEY HOSPITAL	Report	70	86	81.4	0	0	.
PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	Report	240	243	98.8	0	0	.
PATIENTS' HOSPITAL OF REDDING	No ICU	.	.	.	.	.	.
PETALUMA VALLEY HOSPITAL	Report	209	209	100.0	0	0	.
PIONEERS MEMORIAL HEALTHCARE DISTRICT	Report	52	58	89.7	0	0	.
PLACENTIA LINDA HOSPITAL	Report	92	105	87.6	0	0	.
PLUMAS DISTRICT HOSPITAL	No ICU	.	.	.	.	.	.
POMERADO HOSPITAL	Report	281	287	97.9	0	0	.
POMONA VALLEY HOSPITAL MEDICAL CENTER	Report	815	876	93.0	0	0	.
PORTERVILLE DEVELOPMENTAL CENTER	No ICU	.	.	.	.	.	.
PRESBYTERIAN INTERCOMMUNITY HOSPITAL	Report	281	285	98.6	0	0	.
PROMISE HOSP OF EAST LOS ANGELES-EAST L.A. CAMPUS	No Report	.	.	.	.	.	.
PROMISE HOSP OF EAST LOS ANGELES-SUBURBAN CAMPUS	No Report	.	.	.	.	.	.
PROMISE HOSPITAL OF SAN DIEGO	No Report	.	.	.	.	.	.
PROVIDENCE HOLY CROSS MEDICAL CENTER	Report	386	389	99.2	0	0	.
PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER SAN PEDRO	Report	240	246	97.6	0	0	.
PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER TORRANCE	Report	804	808	99.5	0	0	.
PROVIDENCE SAINT JOSEPH MEDICAL CENTER	Report	262	266	98.5	0	0	.
PROVIDENCE TARZANA MEDICAL CENTER	Report	288	299	96.3	0	0	.

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QUEEN OF THE VALLEY MEDICAL CENTER	Report	112	234	47.9	0	0	.
RADY CHILDREN'S HOSPITAL - SAN DIEGO	Report	609	640	95.2	0	0	.
RANCHO SPECIALTY HOSPITAL	Report	225	247	91.1	0	0	.
REDLANDS COMMUNITY HOSPITAL	Report	432	451	95.8	0	0	.
REDWOOD MEMORIAL HOSPITAL	Report	17	21	81.0	0	0	.
REGIONAL MEDICAL CENTER OF SAN JOSE	Report	66	88	75.0	2	2	100.0
REHABILITATION INSTITUTE AT SANTA BARBARA	No ICU	.	.	.	.	.	.
RIDGECREST REGIONAL HOSPITAL	Report	2	19	10.5	0	0	.
RIVERSIDE COMMUNITY HOSPITAL	Report	735	763	96.3	0	0	.
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	Report	795	832	95.6	0	0	.
RONALD REAGAN UCLA MEDICAL CENTER	Report	1146	1254	91.4	0	0	.
SADDLEBACK MEMORIAL MEDICAL CENTER SADDLEBACK MEMORIAL MEDICAL CENTER SADDLEBACK MEMORIAL MEDICAL CENTER, SAN CLEMENTE	Report	3	3	100.0	680	872	78.0
SAINT AGNES MEDICAL CENTER	Report	394	402	98.0	0	0	.
SAINT FRANCIS MEDICAL CENTER	Report	486	506	96.0	4	6	66.7
SAINT FRANCIS MEMORIAL HOSPITAL	Report	243	247	98.4	0	0	.
SAINT JOHN'S HEALTH CENTER	Report	504	510	98.8	0	1	0.0
SAINT LOUISE REGIONAL HOSPITAL	Report	63	69	91.3	0	0	.
SAINT VINCENT MEDICAL CENTER	Report	147	155	94.8	0	0	.
SALINAS VALLEY MEMORIAL HOSPITAL	Report	294	302	97.4	0	0	.
SAN ANTONIO COMMUNITY HOSPITAL	Report	607	624	97.3	0	0	.

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SAN DIMAS COMMUNITY HOSPITAL	No Report
SAN FRANCISCO GENERAL HOSPITAL	No Report
SAN GABRIEL VALLEY MEDICAL CENTER	Report	216	225	96.0	0	0	.
SAN GORGONIO MEMORIAL HOSPITAL	Report	11	11	100.0	0	0	.
SAN JOAQUIN COMMUNITY HOSPITAL	Report	358	374	95.7	0	0	.
SAN JOAQUIN GENERAL HOSPITAL	Report	226	331	68.3	0	0	.
SAN JOAQUIN VALLEY REHABILITATION HOSPITAL	No ICU	.	.	.	.	.	.
SAN MATEO MEDICAL CENTER	Report	43	73	58.9	0	0	.
SAN RAMON REGIONAL MEDICAL CENTER, INC. SAN RAMON REGIONAL MEDICAL CENTER SAN RAMON REGIONAL MEDICAL CENTER SOUTH BUILDING	Report	26	26	100.0	0	0	.
SANTA BARBARA COTTAGE HOSPITAL	Report	418	573	72.9	0	0	.
SANTA CLARA VALLEY MEDICAL CENTER	Report	277	302	91.7	0	0	.
SANTA MONICA - UCLA MEDICAL CENTER AND ORTHOPAEDIC HOSP	Report	543	563	96.4	2	3	66.7
SANTA ROSA MEMORIAL HOSPITAL	Report	976	977	99.9	0	0	.
SANTA YNEZ VALLEY COTTAGE HOSPITAL	No ICU	.	.	.	.	.	.
SCRIPPS GREEN HOSPITAL	Report	288	292	98.6	0	0	.
SCRIPPS HEALTH SCRIPPS MERCY HOSPITAL SCRIPPS MERCY HOSPITAL, CHULA VISTA	Report	274	352	77.8	0	0	.
SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	Report	8	12	66.7	1	1	100.0
SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	Report	541	581	93.1	0	0	.
SENECA HEALTHCARE DISTRICT	No ICU
SEQUOIA HOSPITAL	Report	74	76	97.4	0	0	.

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SETON MEDICAL CENTER SETON MEDICAL CENTER SETON MEDICAL CENTER, COASTSIDE	Report	68	71	95.8	0	0	.
SHARP CHULA VISTA MEDICAL CENTER	Report	0	0	.	0	420	0.0
SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	Report	0	0	.	0	47	0.0
SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS	No Report	.	.	.	.	.	.
SHARP MEMORIAL HOSPITAL	No Report	.	.	.	.	.	.
SHASTA REGIONAL MEDICAL CENTER	Report	294	315	93.3	0	0	.
SHERMAN OAKS HOSPITAL	Report	35	63	55.6	0	0	.
SHRINERS HOSPITALS FOR CHILDREN	No ICU	.	.	.	.	.	.
SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.	Report	264	267	98.9	0	0	.
SIERRA KINGS DISTRICT HOSPITAL	No ICU	.	.	.	.	.	.
SIERRA NEVADA MEMORIAL HOSPITAL	Report	69	69	100.0	0	0	.
SIERRA VIEW DISTRICT HOSPITAL	Report	152	174	87.4	0	0	.
SIERRA VISTA REGIONAL MEDICAL CENTER	Report	165	188	87.8	0	0	.
SILVER LAKE MEDICAL CENTER	No Report	.	.	.	.	.	.
SIMI VALLEY HOSPITAL & HEALTH CARE SERVICES	Report	15	16	93.8	0	0	.
SONOMA DEVELOPMENTAL CENTER	No ICU	.	.	.	.	.	.
SONOMA VALLEY HOSPITAL	Report	32	32	100.0	0	0	.
SONORA REGIONAL MEDICAL CENTER	Report	148	150	98.7	0	0	.
SOUTH COAST MEDICAL CENTER	No Report
SOUTHERN INYO HOSPITAL	No ICU

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ST. BERNARDINE MEDICAL CENTER	Report	245	264	92.8	0	0	.
ST. ELIZABETH COMMUNITY HOSPITAL	Report	28	30	93.3	0	0	.
ST. HELENA HOSPITAL	No Report	.	.	.	.	.	.
ST. HELENA HOSPITAL - CLEARLAKE	Report	29	30	96.7	0	1	0.0
ST. JOHN'S PLEASANT VALLEY HOSPITAL	Report	152	154	98.7	0	0	.
ST. JOHN'S REGIONAL MEDICAL CENTER	Report	199	226	88.1	4	5	80.0
ST. JOSEPH HOSPITAL, EUREKA ST. JOSEPH HOSPITAL THE GENERAL HOSPITAL	Report	151	162	93.2	0	0	.
ST. JOSEPH HOSPITAL, ORANGE	Report	58	58	100.0	0	0	.
ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	Report	705	719	98.1	0	0	.
ST. JUDE MEDICAL CENTER	Report	886	895	99.0	0	0	.
ST. MARY MEDICAL CENTER, APPLE VALLEY	Report	75	87	86.2	0	0	.
ST. MARY MEDICAL CENTER, LONG BEACH	Report	218	258	84.5	0	0	.
ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	Report	101	111	91.0	0	0	.
ST. ROSE HOSPITAL	No Report	.	.	.	.	.	.
ST. ROSE HOSPITAL	Report	96	96	100.0	0	0	.
STANFORD HOSPITAL	Report	44	47	93.6	1830	1836	99.7
STANISLAUS SURGICAL HOSPITAL	No ICU	.	.	.	.	.	.
SURPRISE VALLEY COMMUNITY HOSPITAL	No ICU	.	.	.	.	.	.
SUTTER AMADOR HOSPITAL	Report	110	115	95.7	0	0	.
SUTTER AUBURN FAITH HOSPITAL	Report	76	77	98.7	0	0	.

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SUTTER COAST HOSPITAL	Report	69	73	94.5	0	0	.
SUTTER DAVIS HOSPITAL	Report	98	102	96.1	0	0	.
SUTTER DELTA MEDICAL CENTER	Report	288	290	99.3	0	0	.
SUTTER EAST BAY HOSPITALS ALTA BATES SUMMIT MEDICAL CENTER, ALTA BATES CAMPUS ALTA BATES SUMMIT MEDICAL CENTER, HERRICK CAMPUS ALTA BATES SUMMIT MEDICAL CENTER, SUMMIT CAMPUS 1 ALTA BATES SUMMIT MEDICAL CENTER, SUMMIT CAMPUS 2	Report	1595	1675	95.2	2	2	100.0
SUTTER HEALTH SACRAMENTO SIERRA REGION SUTTER GENERAL HOSPITAL SUTTER MEMORIAL HOSPITAL	Report	678	839	80.8	0	0	.
SUTTER LAKESIDE HOSPITAL	No Report	.	.	.	.	.	.
SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ	No ICU	.	.	.	.	.	.
SUTTER MEDICAL CENTER OF SANTA ROSA	Report	28	28	100.0	0	0	.
SUTTER ROSEVILLE MEDICAL CENTER	Report	950	978	97.1	0	0	.
SUTTER SOLANO MEDICAL CENTER	Report	274	285	96.1	0	0	.
SUTTER SURGICAL HOSPITAL - NORTH VALLEY	No ICU	.	.	.	.	.	.
SUTTER TRACY COMMUNITY HOSPITAL	Report	169	196	86.2	0	0	.
SUTTER WEST BAY HOSPITALS CALIFORNIA PACIFIC MEDICAL CENTER, DAVIES CAMPUS HOSPITAL CALIFORNIA PACIFIC MEDICAL CENTER, PACIFIC CAMPUS HOSPITAL CALIFORNIA PACIFIC MEDICAL CENTER, WEST CAMPUS HOSPITAL	Report	1087	1119	97.1	0	0	.
TAHOE FOREST HOSPITAL	Report	47	47	100.0	0	0	.
TEHACHAPI HOSPITAL	No ICU
TEMPLE COMMUNITY HOSPITAL	No Report

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THE FREMONT-RIDEOUT HEALTH GROUP FREMONT MEDICAL CENTER RIDEOUT MEMORIAL HOSPITAL	Report	61	95	64.2	0	0	.
THOUSAND OAKS SURGICAL HOSPITAL	No ICU	.	.	.	.	.	.
TORRANCE MEMORIAL MEDICAL CENTER	Report	22	22	100.0	0	0	.
TRI-CITY MEDICAL CENTER	No Report	.	.	.	.	.	.
TRI-CITY REGIONAL MEDICAL CENTER	Report	69	70	98.6	0	0	.
TRINITY HOSPITAL	No ICU	.	.	.	.	.	.
TULARE DISTRICT HOSPITAL	Report	76	79	96.2	0	0	.
TWIN CITIES COMMUNITY HOSPITAL	Report	87	113	77.0	0	0	.
UHS-CORONA, INC. CORONA REGIONAL MEDICAL CENTER CAMPUS 1 CORONA REGIONAL MEDICAL CENTER CAMPUS 2	Report	192	194	99.0	33	34	97.1
UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	Report	53	54	98.1	0	0	.
UNIVERSAL HEALTH SERVICES OF RANCHO SPRINGS, INC. SOUTHWEST HEALTHCARE SYSTEMS, WILDOMAR SOUTHWEST HEALTHCARE SYSTEMS, MURRIETA	Report	22	23	95.7	0	0	.
UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	Report	1974	2053	96.2	0	0	.
UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	Report	1014	1021	99.3	453	494	91.7
UNIVERSITY OF CALIFORNIA, SAN DIEGO UNIVERSITY OF CALIFORNIA, SAN DIEGO MEDICAL CENTER UCSD-LA JOLLA, JOHN M. & SALLY B. THORNTON HOSPITAL	Report	1418	1474	96.2	1	2	50.0
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO UCSF MEDICAL CENTER UCSF MEDICAL CENTER AT MOUNT ZION	Report	621	644	96.4	4	7	57.1
USC KENNETH NORRIS JR. CANCER HOSPITAL	Report	54	85	63.5	0	0	.
USC UNIVERSITY HOSPITAL	Report	618	670	92.2	0	0	.

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VALLEY PRESBYTERIAN HOSPITAL	Report	170	183	92.9	0	0	.
VALLEYCARE MEDICAL CENTER	Report	189	217	87.1	0	0	.
VERDUGO HILLS HOSPITAL	Report	7	22	31.8	0	0	.
VIBRA HOSPITAL OF SAN DIEGO	No ICU	.	.	.	.	.	.
VICTOR VALLEY COMMUNITY HOSPITAL	Report	23	43	53.5	0	0	.
VISTA HOSPITAL OF SAN GABRIEL VALLEY	No Report	.	.	.	.	.	.
VISTA HOSPITAL OF RIVERSIDE	No Report	.	.	.	.	.	.
VISTA HOSPITAL OF SOUTH BAY	No Report	.	.	.	.	.	.
WASHINGTON HOSPITAL	No Report	.	.	.	.	.	.
WATSONVILLE COMMUNITY HOSPITAL	Report	63	100	63.0	0	0	.
WEST ANAHEIM MEDICAL CENTER	Report	3	4	75.0	0	0	.
WEST HILLS HOSPITAL & MEDICAL CENTER	Report	40	43	93.0	0	0	.
WESTERN MEDICAL CENTER ANAHEIM	Report	21	37	56.8	0	0	.
WESTERN MEDICAL CENTER SANTA ANA	No Report	.	.	.	.	.	.
WHITE MEMORIAL MEDICAL CENTER	Report	318	366	86.9	0	0	.
WHITTIER HOSPITAL MEDICAL CENTER	Report	238	239	99.6	0	0	.
WOODLAND MEMORIAL HOSPITAL	Report	156	161	96.9	0	0	.

Source: Central Line Insertion Practices Adherence Monitoring in Intensive Care Units in General Acute Care Hospitals in California, January 2009 through March 2010, California Department of Public Health, October 2011.