

# Healthcare Safety Newsletter

June 2021

## Healthcare Safety Unit

Texas Department of State Health Services

[Healthcare Safety | Home \(texas.gov\)](https://www.texas.gov)

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## Healthcare Safety Unit

Welcome to our Newsletter! HSC is part of the Texas Department of State Health Service (DSHS). We will provide you with guidance updates, resources, upcoming events, and more!

The Healthcare Safety Unit has three distinct groups:

- Healthcare-Associated Infection (HAI) Investigation
- Multidrug-Resistant Organisms (MDRO)/Antibiotic Resistance/Antibiotic Stewardship
- Data and Training

These groups are responsible for:

- preventing, detecting, investigating and responding to healthcare-associated infection outbreaks;
- enhancing infection prevention and control practices in healthcare facilities;
- supporting antibiotic use and stewardship programs in Texas;
- overseeing mandated reporting of healthcare-associated infections and preventable adverse events; and
- augmenting infection prevention training in healthcare facilities.

## Project Firstline

DSHS collaborates with the Centers for Disease Control and Prevention (CDC) to promote infection control trainings. These trainings are for all frontline workers across various healthcare settings. The online trainings are quick, easy and free. Our goal is for 5,000 healthcare workers to complete the CDC Firstline Training by May 2022. For more information on Project Firstline training, visit [DSHS HAI Resources | Project Firstline](#)

In addition, the Project Firstline Training Toolkit is available now for Infection Control trainers. For more information, click [CDC Project Firstline Facilitator Toolkit](#).



*Quick and free online training for frontline healthcare staff.*

## Antibiotic Stewardship

### **\$4.6 Billion: The Direct Healthcare Cost of Six Types of Antibiotic-resistant Infections**

The CDC, in partnership with the University of Utah, estimates the national healthcare cost associated with infections from six multidrug-resistant pathogens can be substantial at more than \$4.6 billion annually.

This is one of the largest studies to estimate the cost associated with high-priority antibiotic-resistant pathogens. Issues highlighted in the study align with data and threats in [CDC's 2019 Antibiotic Resistance Threats Report](#). This includes the impact of resistant infections in the community, including:

- putting more people at risk;
- making spread more difficult to identify and contain; and
- threatening the progress made to protect patients in healthcare.

The six pathogens frequently found in health care and listed in the 2019 AR Threats Report as causing nearly 622,400 total infections in 2017:

- Vancomycin-resistant *Enterococcus* (VRE)
- Carbapenem-resistant *Acinetobacter* species
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Carbapenem-resistant Enterobacterales (CRE)
- Extended-spectrum cephalosporin resistance in Enterobacterales suggestive of extended-spectrum  $\beta$ -lactamase (ESBL) production
- Multidrug-resistant *Pseudomonas aeruginosa*

You can find more information here: [Antibiotic Resistance Biggest Threats](#).

## Healthcare Safety News

### **CDC Infection Prevention and Control Guidance for Identifying and Managing Patients with Possible and Confirmed Ebola Virus Disease**

In February 2021, the World Health Organization (WHO) declared outbreaks of Ebola Virus Disease (EVD) in the Democratic Republic of Congo (DRC) and Guinea. The CDC has information for U.S. healthcare personnel on infection prevention and control guidance. This prevention and control guidance can help you identify and manage patients with possible and confirmed EVD.

Share this information with personnel who might conduct screening and triage activities or who are responsible for initial clinical management of patients (e.g., including Emergency Medical Services, Outpatient, and Emergency Department personnel).

#### **Triage of Patients**

Currently, the CDC recommends screening and triaging everyone entering the facility for signs and symptoms of COVID-19. They also recommend facilities:

- Ask about international travel
- Document international travel histories to alert healthcare personnel to the possibility of other communicable infections, such as
  - viral hemorrhagic fevers that need specific infection control precautions and/or treatment.
- Post information in easily visible locations in your facilities for how to contact infection control personnel and the local public health departments to report communicable diseases, including EVD.

#### **Current Infection Prevention and Control Recommendations for EVD in U.S. Healthcare Facilities**

Current CDC infection prevention and control guidance for U.S. healthcare facilities are available on the [CDC Ebola website for clinicians](#). Specific Ebola guidance and tools are available, including:

- Personal protective equipment (PPE) guidance for the management of:
  - [Clinically Stable Persons Under Investigation \(PUIs\)](#),
  - [Confirmed Ebola Patients or Clinically Unstable PUIs](#)
- A [PPE Calculator Tool](#) is available. The tool can assist you to determine the appropriate supply of PPE to have on hand to manage a PUI or patient with confirmed EVD.

A healthcare facility evaluating a PUI or treating a patient with EVD should consult with local or regional public health authorities if they are unable to meet these recommendations due to PPE shortages caused by the COVID-19 pandemic

#### **Additional Public Health Resources**

- [CDC EVD website](#)
- [World Health Organization Disease Outbreak News](#)
- [Interim Guidance for Hospital Preparedness for PUIs or With Confirmed EVD - A Framework for a Tiered Approach](#)
- [Estimated Personal Protective Equipment Needed for Healthcare Facilities](#)
- [CDC Guidelines for Clinicians - Ebola Virus Disease](#)
- [Interim Guidance for Preparing Frontline Healthcare Facilities for PUIs for EVD](#)

## Notifiable Conditions Reporting Change

### ***Candida auris* is now a Notifiable Condition in Texas**

We added *Candida auris* (*C. auris*) to the Texas Administrative Code as a notifiable condition on January 5, 2021. Per the Texas Administrative Code, we now require you to submit *C. auris* isolates to the Texas DSHS Laboratory in Austin.

- *C. auris* is an emerging multidrug-resistant fungal pathogen. It can cause invasive disease with high mortality. It is transmitted in healthcare settings. Identifying persons colonized with *C. auris* is a key step in containing the spread.
- To aid in surveillance of this deadly agent, please ship all *C. auris* isolates and any *Candida* isolates your laboratory cannot identify to the Texas DSHS laboratory.

You will find specific shipping instructions for *C. auris* on the [DSHS Website](#).

Please visit the [Texas ARLN website](#) for more information.

## Upcoming Events

Austin, Texas will host the **APIC National Conference 2020**. The conference is on June 28-30, 2021. [Registration](#) is open now.

**NAHQ NEXT 2021 Conference:** The virtual conference is on September 13-15, 2021. [Registration](#) is open now.

San Antonio, Texas will host the **ASHRM 2021 Annual Conference**. The in-person conference will be on October 10-13, 2021. A virtual conference of the top-rated sessions will be on October 25-27, 2021. You can go to [ASHRM Annual Conference](#) for more information.

Texas Society for Infection Control and Prevention (TSICP) **Summer Essentials in Infection Prevention** is on July 29-30 and the **CIC Review Course** is on October 28-29<sup>th</sup>. Go to the [TSICP Website](#) for registration details and rates.

## Healthcare Recalls, Alerts and Advisories

- [Health Advisory: Pan-Resistant \*Candida auris\* Identified in Texas](#)
- [BD Expands Voluntary Recall of ChloroPrep™ 3 mL Applicator Nationwide to Include All U.S.](#)
- [Medtronic Recalls Affinity Pixie Oxygenator and Cardiotomy/Venous Reservoir Balance Bio-surface for Possible High Levels of Endotoxins](#)
- [Joint Commission Issues New Sentinel Event Alert on optimizing smart infusion pump safety with DERS](#)
- [FDA warns that vapors from alcohol-based hand sanitizers can have side effects | FDA](#)
- [Stop New Implants of the Medtronic HVAD System – Letter to Health Care Providers | FDA](#)

## Frequently Asked Questions for Reporting

**Q: Is it still optional to report PAE as we continue to deal with the COVID-19 pandemic?**

A: Due to response activities related to the COVID-19 pandemic, we aligned with the Centers for Medicare and Medicaid Services (CMS). We did not enforce the Healthcare Safety Reporting Mandate for data reported during the time period of July 2019 – June 2020. We now expect normal reporting, starting with July 2020 data.

**Q: We have a new CEO/Administrator. How do I update the name of the CEO in TxHSN?**

A: To update information about the facility's CEO, contact [Health Care Facilities Regulation | Texas Health and Human Services](#). Also, several times a year they will provide us updated facility information, including CEO, change of ownership and new facilities. We then upload updated information into TxHSN.

**Q: Should we only rely on physician documentation to report a skin pressure injury? Or can we use nurse documentation as well?**

A: A licensed independent practitioner (physician) should document the skin assessment to meet the ICD-10 coding for CMS HACs. For PAE reporting in TxHSN, a licensed independent practitioner or wound care/ostomy nurse skin can assess and document. If there is a difference of opinion on the assessment and staging, defer to the physician assessment.

**Q: How do I update my email in TxHSN?**

A: Contact the helpdesk at [HAITexas@dshs.texas.gov](mailto:HAITexas@dshs.texas.gov) or [PAETexas@dshs.texas.gov](mailto:PAETexas@dshs.texas.gov). We will update this in TxHSN.

**Q: I noticed a superficial surgical site infection (SSI) was included in my facility Internal Data Review Report in TxHSN. Does Texas include all levels of SSI in their data?**

A: Texas uses the ALL SSI SIR Model. We created our original reporting requirements before CMS did. When CMS later created their requirements, they used a different SIR model (Complex 30-day SSI Model). Superficial infections are included in the model that Texas uses.

### Healthcare Safety Unit

Texas Department of State Health Services

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