

# Healthcare Safety Newsletter

Fall 2021

## Healthcare Safety Unit

Texas Department of State Health Services

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

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### AHA Living Learning Network

Funded by the Centers for Disease Control and Prevention (CDC), the America Hospital Association (AHA) Living Learning Network (LLN) is a virtual community designed for healthcare professionals. The network provides peer-to-peer sharing platforms – such as message boards, podcasts and virtual learning sessions to share immediate needs and successful strategies in real-time in response to COVID-19 and overall patient safety. The network also connects healthcare professional to the CDC and other subject matter experts across the nation. For more information, visit [AHA Living Learning Network \(LLN\) | Center | AHA](#)

### How Did COVID-19 Effect Healthcare-associated Infections in 2020?

Have you seen the 2020 report of National Healthcare Safety Network (NHSN) data? It shows healthcare-associated infections (HAIs) increased significantly during the first year of the COVID-19 pandemic. Central line-associated bloodstream infections (CLABSI) increased 47%; ventilator-associated infections (VAE) increased 44.8%; methicillin-resistant *Staphylococcus aureus* (MRSA) increased 33.8%; and catheter-associated urinary tract infections (CAUTI) increased 18.8%. These increases could be due in part to increased device utilization as well as the 25-31% increase of ventilator use in 2020. Interestingly, significant decreases were observed in *C. difficile* throughout 2020.

In response to the report, we encourage you to use the data as motivation. Take the time to strengthen your infection prevention programs, together we can lower these numbers. For further information please view <https://www.cdc.gov/hai/data/portal/covid-impact-hai.html>

### Upcoming Event

The Texas Department of State Health Services (DSHS) will host the Texas Annual Healthcare Safety Conference in Spring 2022. Details coming soon!

## Project Firstline – Earn CEUs

As a public health or healthcare worker, you may find yourself strapped for time and having difficulty obtaining continuing education units (CEU) to maintain licenses and credentials. CDC Project Firstline has developed online courses just for you that provide CEUs and certificates of completion on infection prevention and control.

CDC utilizes TRAIN, which is a learning management system that reaches over 2.5 million healthcare and public health workers. Videos are condensed and allow for just-in-time training lasting, on average, about three minutes. Courses completed are recorded under your user profile. As always, it is good practice to verify with your professional credentialing agency to confirm acceptance.

[Earn a certificate of completion](#) for watching *Inside Infection Control* episodes on CDC TRAIN. Launch the video from TRAIN to receive your certificate.

Earn continuing education by completing a Project Firstline module through Training and Continuing Education Online (TCEO).

- [Group One – Introduction to Infection Control and Virus Basics](#)
- [Group Two – Injection Safety](#)
- [Group Three – PPE Basics](#)
- [Group Four – Respirator Basics](#)
- [Group Five – Environmental Cleaning and Disinfection Basics](#)

<https://www.cdc.gov/infectioncontrol/projectfirstline/resources/videos.html>

## Free Training Courses!

Healthcare facilities or public health departments with the most personnel to complete one or more Project Firstline modules will be eligible to send a representative to a free course of your choosing:

- Introduction to Infection Prevention Essentials – February 10-11, 2022
- CIC Exam Study Course with Exam Scholarship – March 10-11, 2022

Just send a list of personnel who have completed one or more training modules each month and specify which course you would like to attend. Texas Department of State Health Services (DSHS) will contact you in February 2022 if you have been selected for a course. Here is a [Training Tracker Log](#) you may use if desired.

Send monthly tracking list to [HAITexas@dshs.texas.gov](mailto:HAITexas@dshs.texas.gov)



*Earn continuing education (CE)*



*Injection Safety*

**Want to get your CIC?  
We can help!**

## Health News

### Infection Control Recommendations for Healthcare Facilities: *Candida auris*

DSHS recommends that all facilities develop a policy outlining the control measures that need to be implemented if *Candida auris* is identified in their facilities. Patients with *C. auris* need to be placed in a single-patient room under Standard and Contact Precautions. You can review CDC's recommendations [here](#). In addition, the patient care equipment and environment should be cleaned and disinfected with an Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *C. auris* ([List P](#) or [List K](#))."

### Federal Requirement to Reduce *Legionella* Risk

In June 2017, the Centers for Medicare & Medicaid Services (CMS) released a [survey and certification memo](#) stating that healthcare facilities should develop and adhere to American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE)-compliant water management programs. These water management programs help reduce the risk for *Legionella* and other pathogens in their water systems. The following resources may be useful for understanding the requirement:

- Fact sheet about [Legionella growth and spread for healthcare facilities](#)
- Fact sheet about [Legionella water management program](#)
- Healthcare water management program [frequently asked questions](#)

<https://www.cdc.gov/legionella/wmp/healthcare-facilities/federal-requirement.html>

### Strategies to Mitigate Cross Contamination of Non-Critical Medical Devices

Our very own DSHS HAI epidemiologist Annie Nutt, MPH, CIC was a contributing author for [Strategies to Mitigate Cross Contamination of Non-critical Medical Devices - APIC](#), an Issue Brief for the Association for Professionals in Infection Control and Epidemiology (APIC). Learn how multi-use, portable medical devices, such as stethoscopes, lead wires, pulse oximeters, and therapy toys can be a source

of contamination and transmission of infection. More importantly, learn ways to reduce the risk of contamination and infection.

## Healthcare Recalls and Alerts

[Notes from the Field: Transmission of Pan-Resistant and Echinocandin-Resistant \*Candida auris\* in Health Care Facilities — Texas and the District of Columbia, January–April 2021 | MMWR \(cdc.gov\)](#)

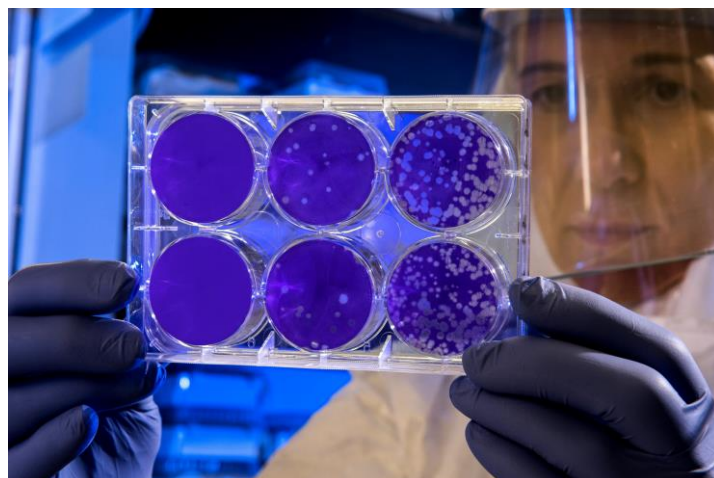
Update: [All Ultrasound Gels and Lotions Manufactured by Eco-Med Pharmaceutical, Inc. Recalled Due to Risk of Bacteria Contamination | FDA](#)

[FDA Investigating Certain Imported Medical Gloves](#) that appear to have been reprocessed, cleaned, or recycled and sold as new.

The incidence of violence-related health care worker injuries has steadily increased for at least a decade, according to data from the U.S. Bureau of Labor Statistics. [Watch now: Webinar on new, revised workplace violence prevention requirements | The Joint Commission](#)

It's estimated that one in every 100 hospitalized patients will be affected by non-ventilator hospital-acquired pneumonia (NVHAP). [Preventing Non-ventilator Hospital-acquired Pneumonia - Quick Safety Issue 61 | The Joint Commission](#)

Aromatherapy source implicated in fatal case in Georgia. [Update to Multistate Outbreak of Non-travel Associated \*Burkholderia pseudomallei\* Infections | CDC](#)



## Hand Hygiene

Did you know handwashing can prevent about 30% of diarrhea-related sicknesses and about 20% of respiratory infections? One of the most important methods to protect yourself and your patients is to perform proper hand hygiene. According to a Centers for Disease Control and Prevention's (CDC) Weekly Morbidity and Mortality Weekly Report, one in four adults do not wash their hands for the following activities: after using the bathroom; before and after preparing or eating food; and after coughing, sneezing, or blowing your nose.

Effective hand hygiene prevents the spread of germs, including COVID-19. The CDC recommends using two methods for hand hygiene, which consists of plain soap/water and alcohol-based hand-rub (ABHR).

CDC recommends the use of hand hygiene in the following situations:

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids, or contaminated surfaces
- Immediately after glove removal

Use of ABHRs are more effective in killing germs and is the best option for hand hygiene. However, there are specific guidelines for when it is recommended. When using soap/water, it is recommended that the process takes a minimum of 20 seconds. Specifically, the use of soap/water is recommended for use in the following situations:

- Hands are visibly soiled
- Before eating and after using the restroom
- After caring for a person with known diarrhea

ABHRs that contain 60-90% alcohol are the preferred method for hand hygiene in the healthcare setting. Use an

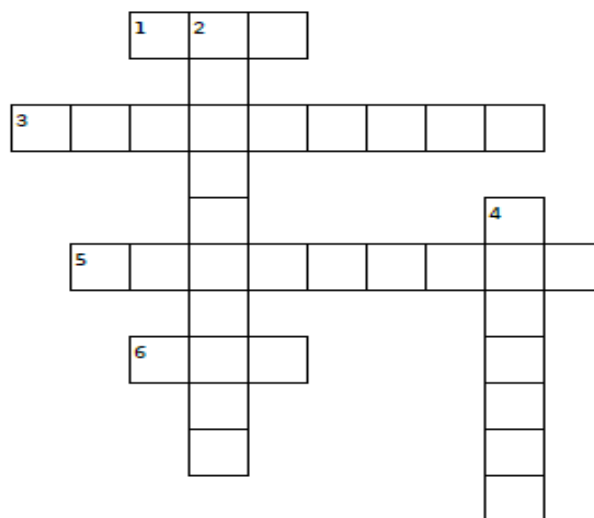
alcohol-based hand cleaner:

- Before you touch a patient
- Before aseptic technique
- After touching items in the patient's environment
- After contact with contaminated surfaces or blood, body fluids
- Immediately after removing gloves

Want to learn more? CDC offers multiple trainings, click the links for more information:

- <https://www.cdc.gov/handhygiene/providers/index.html>
- <https://www.cdc.gov/infectioncontrol/projectfirstline/training/hand-hygiene.html>

## Infection Prevention Crossword



Across:

1. A virus that had unseasonably high rates summer of 2021
3. Separates sick people with a contagious disease from people who are not sick
5. A case of this was linked to Dallas County July 2021
6. The vaccine for this disease is given annually

Down:

2. This foodborne illness has sickened over 80 people in Texas September 2021
4. This dose of the COVID-19 vaccine is newly approved

Answer key on page 5

## Texas Mandated Reporting - Frequently Asked Questions (FAQs)

**Q: I noticed a superficial surgical site infection (SSI) was included in my facility Internal Data Review Report in the Texas Healthcare Safety Network (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.

**Q: Our facility Internal Data Review Report includes a surgical site infection that was PATOS. Is this a publicly reported SSI?**

A: The Internal Data Review Report is intended to be a summary of all data reported by the facility into the National Healthcare Safety Network (NHSN). This report is not posted for the public and is only viewable by your TxHSN contacts. When we pull the SIR data that populate the publicly posted Consumer and Technical reports, PATOS will be excluded as well as any procedures that may be considered as outliers.

**Q: I found discrepancies in the Internal Data Review Report and I need to add a few missing procedures. Where do I add this data? How soon will the changes be reflected in my report?**

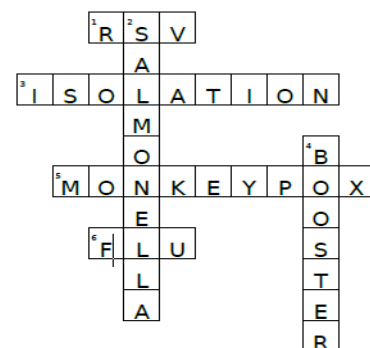
A: If you found discrepancies in your Healthcare-associated Infection (HAI) data, please make these changes in NHSN before the deadline. When DSHS pulls the final data set the day after the deadline, it will take about 2 weeks for these changes to be reflected in the TxHSN reports.

**Q: If a patient develops a pressure ulcer on the sacrum and the right heel on the same day, do I report these as the same event or two separate events?**

A: If a patient has more than one pressure injury that meets the definition, then each would be reported as a separate Preventable Adverse Event (PAE). Enter each into TxHSN as a PAE based on the date that they were first documented.

**Q: The surgeon intentionally placed vaginal packing following a gynecological procedure and ordered it to be removed the following day. The packing was not removed as ordered before the patient went home the next day. Is this event reportable as a foreign object retained after surgery?**

A: The “foreign object retained after surgery” event is intended to capture events in which an object placed during surgery is left in accidentally. If the surgeon intended to keep the vaginal packing in place for a period after surgery, it is planned and does not meet the definition of a reportable PAE.



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