

When SB 1058 Speaks,... MRSA Listens? Naww

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Objective – Answer Your Questions

- Clarify (or minimally articulate issues accompanying) MRSA testing requirements of SB 1058
- Answer other questions related to mandatory reporting

To Test or Not to Test for MRSA Within 24 hrs of Admission to GACH

- (a) The patient is scheduled for inpatient surgery and has a **documented medical condition making the patient susceptible to infection** [based on CDC findings or the recommendation of the Committee or its successor.]
- The highlighted statement was undefined by the CDC when the legislation was passed.
 - What cannot be defined cannot be enforced.
 - MRSA testing for pre-op therapeutic purposes
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MRSA Testing Take 2

- (b) Documented that the patient has been previously discharged from a general acute care hospital within 30 days prior to the current hospital admission
- Acute psych facilities not covered by legislation
 - Logistical issue to discover; answer may be found after admission H&P done
 - Question of frequent flyers
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(c) The patient will be admitted to the intensive care or burn unit

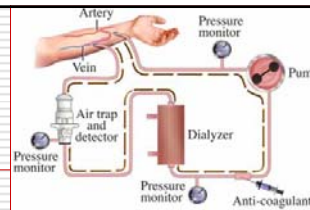
- 3 day stay in those settings actually present the highest risk of MRSA acquisition
- Can this be interpreted as inpatient transfer to the unit?
- Reimbursement for test is part of unit DRG
- What about infants born in-house and transferred directly to NICU
 - Voluntary reporting of these results to CDPH is requested
- Management of frequent flyers?



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(d) The patient receives inpt dialysis treatment

- Does not differentiate between hemodialysis or peritoneal dialysis
- What happens if the dialysis is needed after the patient has been hospitalized > 24 hours?
- Legislation does not limit testing based on risk of exposure to outpatient dialysis setting



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(e) The patient is being transferred from a skilled nursing facility

- How to manage frequent flyers
- Unintended consequence: what happens when the patient tests (+) on admission to the GACH, then the SNF or other setting refuses the patient on return?
 - See proposed SB 687 by Sen Alquist
- Bilateral communication issues



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LTC Perspective on SB 687

- SNFs must accept residents to maintain revenue
- Isolation guidelines are
 - confusing and difficult to implement in residential setting
 - PPE inadequately reimbursed
- Fear of outbreak because of the many MDRO patients they have
- SNF IPs welcome professional exchange w/ their acute care peers; little time, interest, or energy for reciprocation.
 - Consider inviting LTC colleague to hospital inservice
- More collaboration, timely communication is needed between these settings

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Issues on Management of Patients Testing Positive for MRSA

- If pt tests (+) for MRSA, the 'attending' physician shall inform the patient or representative immediately or as soon as practically possible
- Pt who tests (+) for infection shall receive oral and written instructions on how to not spread infection to others
 - Look at CA Dept of Ed website for "Living w/ MRSA" in 23 languages
 - <http://inet2.cde.ca.gov/cmd/translatedparentaldoc.aspx?docid=883-914,923-934>

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Further Clarifications

- Beginning Jan 1, 2011, a pt tested under one of the preceding rules and *who shows evidence of risk of invasive MRSA* shall be retested immediately prior to discharge (unless tested positive during that admission)
 - What does the section in blue mean?
 - What is a reasonable degree of follow-up?
- Those testing positive for infection shall receive oral and written instructions
- Enforcement by L&C will be per trace back methodology and facility adherence to their own policies and procedures.
 - No requirement to compile a list of tested patients
 - Facilities may need a list to track who will need retesting

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Healthcare-Associated *Clostridium difficile* Infection*

Definition:

- Positive result for a lab assay for *C. diff* toxin A and/or B; or
- A toxin-producing *C. diff* organism detected in the stool specimen by culture or other means

Notes:

- Test only unformed stool
- Consider testing in all in/out pt areas where care is provided to pts prior to admission or post discharge
- NICUs are excluded
- Duplicate: if pt has had a positive result within the past 2 weeks
- If using LabID, info is requested on time of collection, setting, prior adm/disch information

* Option 2: MDRO & CDAD Module, LabID event

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Definition of Secondary BSI

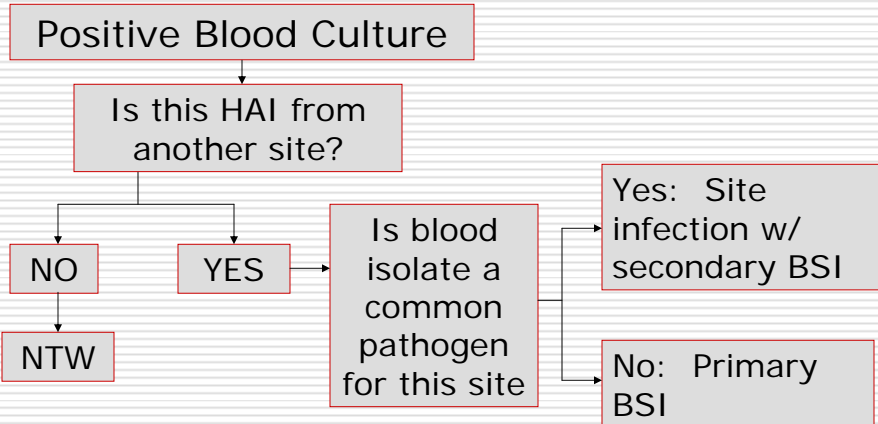
Dilemma (per CACC):

- In order for a BSI to be considered secondary, must there must be a culture from a primary site growing same organism?
 - Cultures of primary not always obtained/obtainable

Concern: uniform interpretation of definitions, both for public reporting and for reliability of NHSN reports

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NHSN Answer



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Legislated Reporting Requirements of Surgical Site Infections

- All HA SSI of deep or organ space surgical sites,
- HA SSI of
 - orthopedic surgical sites,
 - cardiac surgical sites, and
 - GI surgical sites designated as clean or clean contaminated; and
- the numbers of these designated surgeries
- Note: CDPH will not be able to risk adjust the data unless it is reported thru NHSN
 - Auto-upload of denominator data

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Summary of California Mandatory Reporting Requirements – 1/1/09

SB 739

- Jan 1, 2008
SCIP through CMS
- July 1, 2008
 - CLIP in all ICUs thru NHSN
 - No requirement to change location of surveillance
- 2008-2009 flu season:
Influenza vaccination and declination numbers for employees and healthcare personnel

SB 1058*

- All HA MRSA/VRE BSI (including primary and secondary)
 - All HA C diff infections; use of NHSN MDRO lab-id module requested
- Use of NHSN preferred:
- CLABSI facility-wide
 - SSI per your interpretation
- *includes appropriate denominator

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MRSA Reporting: Paper vs. NHSN?

- Each health facility shall quarterly report all cases of HA BSI and the number of inpatient days
- | | | |
|--------------|-------|-------------|
| HA MRSA BSIs | # inf | # inpt days |
|--------------|-------|-------------|

 - Includes all BSI – related to CL and secondary to infections at other sites
 - Reporting thru NHSN would be cumbersome and very difficult for CDPH to monitor <unless NHSN adds this to MDRO module>
- Benchmark for MRSA BSIs in CA?
 - Median and mean equal zero
 - What can be deduced from 1 data point?

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SB 739 Miscellaneous CLIP Questions*

- What happens to CLIP data entered into NHSN?
- What are repercussions of “no” responses on CLIP form?
- Will hospital “look bad” if under-use of subclavian insertion site?
- Why the heck is question about antibiotic ointment on CLIP form?



Figure 3. Full-Body Draping Used With Catheter Insertion Procedure

* Inspired by questions from APIC-Greater LA

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Heads Up: SB 158, Sec 1288.95 Educational Requirements

- NLT Jan 1, 2010**, CME specific to infection control for hospital epidemiologist or IC Chair in credentialing file
- Beginning Jan 1, 2010**, class for staff and contract MDs, NPs, PAs on methods to prevent transmission of HAI, incl MRSA, c. diff
 - No requirement for other than initial training
- By Jan 1, 2010 and annually**, all staff must be trained in
 - HH, facility specific isolation procedures, pt hygiene, environmental sanitation procedures
- Housekeeping staff must be trained **at start of employment and annually**, and observed for compliance w/ hospital sanitation procedures

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Other Big Picture Items

- Yes, NHSN definitions are to be used.
- This legislation, intended to improve patient safety, is not the sole responsibility of the IP
- Update on status of state HAI Program
- L&C will maintain a 'fire wall' between HAI Program and enforcement activities

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Shameless Advertising:

- Upcoming SHEA-sponsored IC course for ICC Chairs - Sept 10th in Berkeley, Oct _ in So Cal (TBA)
- Opportunities for civil service and grant-funded jobs w/ CDPH HAI Program, Emergency Preparedness
- CACC Advanced Practice Course October 7-10 in San Diego

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Questions



Thank you



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