

Widespread panic

What happens when “nightmare bacteria” becomes a reality? Kentucky finds out.

By Melanie Wolkoff Wachsman

It is highly resistant to antibiotics and can pass antibiotic resistance to other types of similar bacteria. It can also exist in a carrier state, where patients may not exhibit symptoms but can spread the bacteria. And it can kill as many as half who get bloodstream infections from it. It's called CRE—and it's nearly unstoppable.



“This is a problem which affects the entire healthcare system, many

different types of facilities and the community as a whole.”

— Kevin T. Kavanagh,
MD, board chairman,
Health Watch USA

According to the Centers for Disease Control and Prevention (CDC), CRE—short for carbapenem-resistant Enterobacteriaceae—is a family of more than 70 bacteria that are a normal part

of the digestive system, but it can cause infections when it gets into areas such as the bloodstream or bladder.

Most CRE infections occur in already-sick patients undergoing medical care in hospitals or long-term care facilities. Patients whose care requires devices such as ventilators, catheters, intravenous catheters or who are on long courses of antibiotics are at most risk. However, CRE can also spread to otherwise healthy people making them sick.

CRE infections are virtually untreatable.

“Collistin is the only antibiotic which has some effectiveness against CRE, but this antibiotic is seldom used because of the high rate of kidney toxicity,” said Kevin T. Kavanagh, MD, board chairman, Health Watch USA, Somerset, Ky.

The rise in CRE can be attributed to overuse in antibiotics, gaps in infection control in hospitals and long-term care facilities and from patients with CRE who are transferred between healthcare institutions.

Mandatory Reporting

The Courier-Journal reported that approximately 20 CRE cases have been treated in Louisville hospitals over the past two years. Yet, the Kentucky Department for Public Health has received

only one report of an outbreak. (The hospital or county it was in was not released.) *The Courier-Journal* also recently reported that the Kentucky Department for Public Health and Kindred Healthcare are investigating the presence of CRE in about 40 patients since July at Kindred Hospital Louisville.

Currently, neither Kentucky nor the federal government tracks individual cases. Instead, hospitals are left on their own accord to interpret “outbreaks” and must only report greater-than-expected numbers of cases.

Kavanagh is trying to change this. He has the support of State Rep. Tom Burch, D-Louisville, who recently sent a letter to Gov. Steve Beshear seeking support for mandatory reporting of CRE bacteria. Burch plans to introduce a bill on mandatory public reporting in next year's General Assembly.

“This is a problem which affects the entire healthcare system, many different types of facilities and the community as a whole,” Kavanagh said.

Some hospitals are already on-board. All KentuckyOne Health facilities, which includes the University of Louisville, Jewish Hospital & St. Mary's HealthCare and Saint Joseph Health System, already report every case of CRE.

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Staving off mental illness

Brain scans of those whose parents or siblings have schizophrenia reveal neural circuitry that is stressed by tasks their peers with no family history of the illness seem to manage with ease.

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HIPAA Final Rule

This is part three of our four-part series of updates summarizing the HIPAA Final Rules and addresses GINA definitions.

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Pay or play?

No matter your political views or personal opinions on the legislation, it is certain that numerous changes have and will continue to impact everyone from healthcare consumers and providers to small businesses.

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Obamacare's broken promises to Kentucky

Senator Mitch McConnell's editorial discusses how the costs of medical claims for Kentuckians next year would rise an average of 34 percent and how such premium increases will be devastating for middle-class families.

Read more on page 22

ABOUT THIS ISSUE

Life Sciences & Pharmaceuticals

Our May issue takes a look at the life science and pharmaceutical industries. Articles delve into topics such as ways to rethink approaches to autoimmune disorders and the benefits of using genetic information to inform diagnosis and treatment.

Understanding genetics is also the core of personalized medicine, one of the fastest-growing areas of medicine. We also explore Medicare Part D, the prescription drug benefit for seniors. Not only has the drug benefit managed to control costs, it has demonstrably improved seniors' health. It has now become a target for cuts. We tell you why.

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“Transparency is the right thing to do in matters of public health,” said Linda Hummel, director of clinical quality and patient safety, University of Louisville Hospital (ULH). Hummel said ULH had two cases of CRE over the past year.

Baptist Health Louisville also tracks cases of multidrug-resistant organisms, including CRE. “We identified a total of eight cases in 2012,” said Connie Barker, MSN, vice president, quality and clinical effectiveness for Baptist Health Louisville.

Why the Resistance?

However, some healthcare facilities are resistant to the idea of manda-

tory reporting.

“There is always a fear that reporting may cause patients not to enter a hospital,” said Kavanagh. “However, in facilities that know the source of the CRE and are taking active steps, reporting should reassure the public that the hospital is vigilant in their control efforts. Every hospital is faced with multi-resistant drug organisms. With proper control the incidence of these organisms can be decreased.”

Another argument is the cost and time mandatory reporting requires on the part of state health officials. But isn’t it more cost-effective for the patient, and

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What Healthcare Providers Can Do

1) Know if patients in your facility have CRE.

- Request immediate alerts when lab identifies CRE.
- Alert receiving facility when a patient with CRE transfers, and find out when a patient with CRE transfers into your facility.
- Ask if patients have received medical care somewhere else, including another country.

2) Protect your patients from CRE.

- Follow contact precautions and hand hygiene recommendations when treating patients with CRE.
- Dedicate rooms, staff and equipment to patients with CRE.
- Remove temporary medical devices such as catheters and ventilators from patients as soon as possible.

3) Require and strictly enforce CDC guidance for CRE detection, prevention, tracking and reporting.

- Make sure labs can accurately identify CRE and alert clinical and infection prevention staff when these germs are present.
- Know CRE trends in your facility and in the facilities around you.
- Join or start regional CRE prevention efforts, and promote wise antibiotic use.
- When transferring a patient, require staff to notify the other facility about infections, including CRE.
- Consider including CRE infections on your state’s Notifiable Diseases list.

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society to control this superbug? Kavanagh thinks so.

“The State Health Department should consider requesting an increase in their budget to offset some of these expenses by providing rapid testing facilities around the state,” he said. “In addition, they could also consider having specialized equipment such as fogging units for use in hospitals with outbreaks where the source is not known.”

Where to Begin?

The Kentucky Department for Public Health educates healthcare providers about superbug prevention. However, Kavanagh feels that’s not enough.

“Hospitals have a responsibility to suspend admissions, at least on a unit level, and notify the public if they have an outbreak of CRE and have not identified the source. The public deserves no

less,” he said.

“To be extra-vigilant we continue to implement immediate alerts when the lab identifies a CRE, alert receiving and transfer facilities when a patient has a CRE, and identify these patients at subsequent visits,” said Hummel. “In addition, we follow infection control recommendations such as the use of hand hygiene, dedicated rooms, dedicated staff if possible, dedicated equipment and require the use of gloves and gowns with these patients. Other ways we adhere to the prevention of the spread of CREs are by prescribing antibiotics wisely and the removal of temporary medical devices as soon as possible.”

Because preventing CRE from being transmitted from patient to patient is the same concept in every hospital, new infection-control measures are only needed if the means of implementing them is



CRE Facts

- About four percent of U.S. hospitals had at least one patient with a CRE infection during the first half of 2012.
- About 18 percent of long-term acute care hospitals had one.
- One type of CRE infection has been reported in medical facilities in 42 states during the last 10 years.
- CRE germs kill up to half of patients who get bloodstream infections from them.

— www.cdc.gov

not working, said Hummel. For example, Hummel continued, “if staff are not wearing gowns and gloves to enter the room of a CRE patient, then it is not the practice of donning the protective equipment that needs changed; it is the enforcement of it.”



“We are continually evaluating our environmental cleaning and looking at new disinfection technologies.”

— Connie Barker, MSN
vice president, quality
and clinical effectiveness,
Baptist Health Louisville

fection prevention and control at Saint Joseph Hospital, Lexington, part of KentuckyOne Health, said that Saint Joseph East/Saint Joseph Hospital (SJE/SJH) believes in transparency. “Transparency is the right thing to do in matters of public health,” she said. “We support the reporting of cases and continue to partner with the state’s public health department.”

CRE organisms have been a part of routine multi-drug resistant organism (MDRO) surveillance. At SJE/SJH MDRO’s are entered by microbiology and infection prevention and control departments in electronic systems so that patients can be identified and subsequently isolated for every visit.

Bottom-line: healthcare workers must stay vigilant, since superbugs threaten us all.

“This is a problem which affects the entire healthcare system, many different types of facilities and the community as a whole,” Kavanagh said.

Likewise, Baptist Health Louisville is continuing their ongoing efforts related to infection prevention including education, hand hygiene and isolation precautions. In addition they are following recommendations from the CDC and are working closely with the state public health department as cases are identified.

“We are continually evaluating our environmental cleaning and looking at new disinfection technologies,” Barker added.

Dana M. Stephens, director of in-



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For more information

CDC's 2012 CRE Toolkit provides CRE prevention guidelines for doctors and nurses, hospitals, long-term acute care hospitals, nursing homes and health departments. It gives step-by-step instructions for facilities treating patients with CRE infections and for those not yet infected by them. Visit www.cdc.gov/hai/organisms/cre/cre-toolkit.