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Kavanagh et al. Antimicrobial Resistance and Infection Control (2018) 7:113
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Antimicrobial Resistance
and Infection Control

COMMENTARY

Open Access

View point: gaps in the current guidelines for the prevention of Methicillin-resistant *Staphylococcus aureus* surgical site infections

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Abstract

The authors advocate the addition of two preventative strategies to the current United States' guidelines for the prevention of surgical site infections. It is known that *Staphylococcus aureus*, including Methicillin-resistant *Staphylococcus aureus* (MRSA), carriers are at a higher risk for the development of infections and they can easily transmit the organisms. The carriage rate of *Staph. aureus* in the general population approximates 35%. The CDC estimates the carriage rate of MRSA in the United States is approximately 2%. The first strategy is preoperative screening of surgical patients for *Staph. aureus*, including MRSA. This recommendation is based upon the growing literature which shows a benefit in both prevention of infections and guidance in preoperative antibiotic selection. The second is performing MRSA active surveillance screening on healthcare workers. The carriage rate of MRSA in healthcare workers approximates 2% and there are concerns of transmission of the pathogen to patients. MRSA decolonization of healthcare workers has been reported to approach a success rate of 90%. Healthcare workers colonized with dangerous pathogens, including MRSA, should be assigned to non-patient contact work areas. In addition, there needs to be implemented a safety net for both the worker's economic security and healthcare. Finally, a reporting system for the healthcare worker acquisition and infections with dangerous pathogens needs to be implemented. These recommendations are needed because *Staph. aureus* including MRSA is endemic in the United States. Policies regarding endemic pathogens which are to be implemented only upon the occurrence of a facility defined "outbreak" have to be questioned, since absence of infection does not mean absence of transmission. Optimizing these policies will require further research but until then we should err on the side of patient safety.

Commentary

The emergence of multi-drug resistant organisms presents new challenges for the prevention of surgical site infections (SSI). In July of 2017, the CDC issued additional guidance on preventative strategies [1]. However, there remain a number of important gaps in the prevention of spread of Methicillin-resistant *Staphylococcus aureus* (MRSA) and other multi-drug resistant drug organisms.

There is mounting evidence regarding the importance of assessing the patient's antibiotic use for improved treatment and prevention of hospital acquired infections [2]. In the future, characterizing a patient's comorbid and

pathogenic bacteria may become common place and practical from both an economic and logistical standpoint. Presently, there is readily available technology to at least screen patients and healthcare workers for dangerous pathogens.

Two additional standards should be adopted to prevent SSI: 1) Preoperative screening and decolonization for *Staph. aureus*, including MRSA in patients and 2) screening and decolonization of MRSA in healthcare workers, along with the implementation of an event reporting system and the development of protocols for financial and healthcare protection.

Screening of *Staph. aureus* to prevent surgical site infection
Staph. aureus is a common pathogen which causes post-operative infections [1]. It has been demonstrated that

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Preventable Hospital Infections

Is MDRO surveillance of healthcare staff needed?

New article on the prevention of surgical infections. Two main interventions are discussed: 1) Testing for *Staph. aureus* in all pre-operative patients. 2) Testing for MRSA carriers in healthcare workers, with decolonization if found to be positive.

Kavanagh KT, Abusaleem S, Calderon LE. View point: gaps in the current guidelines for the prevention of Methicillin-resistant *Staphylococcus aureus* surgical site infections Antimicrobial Resistance and Infection Control. Sept. 18, 2018. Free

Access: <https://aricjournal.biomedcentral.com/articles/10.1186/s13756-018-0407-0>

[Click on Picture to Enlarge](#)



Politics is protecting pathogens, not patients

The current United States government is still relying on the widely held misconception that the health-care industry is in a competitive market and will improve its quality because of market pressures.

At the same time, access to health-care quality information — essential to consumers' choice — is under attack. Read more here: <https://www.kentucky.com/opinion/op-ed/article218837460.html>



PACCARB Presentation: Kevin T. Kavanagh, MD, comments on the need for greater focusing on the control of spread of Multi-Drug Resistant Organisms. Antibiotic stewardship programs alone are not likely to reverse the epidemic and there is no certainty that new antibiotics can be developed. The Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB) - Sept. 26, 2018. YouTube Video (2 mins): <https://youtu.be/OnX-QH51JQ8>

Download Text of Public Comment: <http://www.healthwatchusa.org/HWUSA-Presentations-Community/PACCARB-WrittenComments/20180926-PACCARB-Comments-Submitted-Final.pdf>

PACCARB Policy Statement on Over-The-Counter Polymyxins in Humans and

Animals: Use of over-the-counter last resort antibiotics in humans and animals. Comments of Food Antimicrobial Concerns Trust (FACT) and Health Watch USA for the September 26, 2018 meeting of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB). <http://www.healthwatchusa.org/HWUSA-Initiatives/PDF-Downloads/20180920-Polymyxin-PACCARB.pdf>

Candida auris in Healthcare Facilities, New York, USA, 2013–2017 -- Very Deadly, and Some Forms Resistant to Treatment.

"Candida auris is an emerging yeast that causes healthcare-associated infections. Epidemiologic links indicated a large, interconnected web of affected healthcare facilities throughout New York City. Of the 51 clinical case-patients, 23 (45%) died within 90 days and isolates were resistant to fluconazole for 50 (98%)." "Colonization was frequently identified during contact investigations; environmental contamination was also common." Read More: https://wwwnc.cdc.gov/eid/article/24/10/18-0649_article

Healthcare Quality

100+ Lexington restaurants are on health depart. probation. Have you eaten at any?

We can obtain quality data on restaurants, even ones in hospitals, but we cannot see a hospital accreditation survey. 100 plus restaurants in Lexington, KY are put on probation. <https://www.kentucky.com/living/food-drink/article217921595.html>

CMS awards \$26.6 million to groups developing quality measures

The new measures address six specialties: Orthopedic surgery, pathology, radiology, mental health and substance abuse, oncology, and palliative care. <http://www.modernhealthcare.com/article/20180921/NEWS/180929964>

Governor Signs Landmark Patient's Right to Know Act by Senator Jerry Hill

"Governor Jerry Brown today signed [Senate Bill 1448](#), the Patient's Right to Know Act, which makes California the first state to require doctors who are placed on probation for serious misconduct involving patient harm to notify their clients." <https://sd13.senate.ca.gov/news/2018-09-19-governor-signs-landmark-patients-right-know-act-senator-jerry-hill>

Health Watch USA Fall Conference - October 4, 2018.



Join us for our 12th Annual Patient Safety Conference in Lexington, Kentucky, to be held at the Eastside Library.

Registration Fee: \$25, including a dinner from COSI plus snacks.

Conference Website:
www.healthconference.org

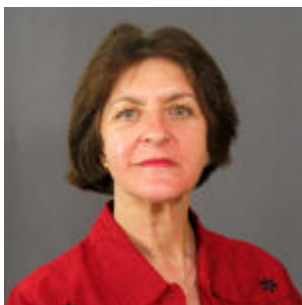
Continuing Educations:

- Social Workers: CE hours: total hours will be 6.26: Approval with Center for Professional Development and Continuing Education Lexington, KY. SP # KBSW2017071
- Occupational Therapists: 5.25.Hours of Continuing Education ha been approved.
- Nursing: Approved for 5.74 Hours through the Kentucky Nurses Association. KBN # 1-0001-12-19-07 KBN Contact Hours: 5.74

For more information, download the conference

brochure: <http://www.healthconference.org/pushbuttons/button7qq.jpg>

Keynote Speakers: [Full Agenda](#)



Christine Pontus, RN and Jonathan Rosen, MS: The intersection of Occupational Hazards for Nurses, Safe Staffing and Infection Control. In this session we will review key occupational hazards confronting Registered Nurses and detail the effect they have on the wellbeing of nurses and patients. Healthcare has a greater prevalence of occupational injury and illness than manufacturing, construction, or mining. The negative impact of inadequate RN staffing on several key patient outcomes has been documented in the peer reviewed literature. However, the impact of Healthcare Acquired Infections on Registered Nurses and healthcare

workers is not currently being tracked and research on the effectiveness of occupational control measures is sparse.



Jayne O'Donnell (Left): What I've Learned Covering Patient Safety (and the Lessons It Holds for Safety Advocates).



Joycelyn Elders, Past US Surgeon General (Right): The Importance of Patient Advocacy.



Lisa Danielpour: How Open Notes and the Patient Portal Improve Safety and Outcomes. The Personal Health Record and OpenNotes can provide essential information, transparency and tools to improve patient safety and health outcomes. We know patients and family leave office visits or hospital stays not retaining much of the information shared. Giving patients and family access to OpenNotes – full chart notes through the online patient portal – offers a holistic understanding often not covered by a visit summary. OpenNotes ensures everyone is on the same page and that the care plan is clear, even when families

and clinicians are not in agreement.

Conference Hotel: Towneplace Suites, Lexington, KY, Hamburg Shopping Center.

<http://www.healthconference.org/facility.htm>



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