



# HEALTH CARE SAFETY NEWSLETTER

FEBRUARY 2016

## Preventable Adverse Events Reporting: Vickie's Tidbits

Important Date Coming--**March 31** will be the last day that you can enter events/make corrections or confirm that you have no PAEs to report for the H2 time period (July 1-Dec 31, 2015).

### Inside this issue:

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| PAE Reporting        | 1 | Please login to TxHSN and review/update your designated contact information in your facility record. It is really important that the email addresses are correct since we send email alerts using those addresses.   |
| NHSN Training        | 2 |  |
| Spotlight on HAIs    | 3 | If you see "Cases with Open Concern" appear in your workflow box, click on it and it will take you to the record(s). If you have any questions about the concern, you can open the Concerns Tab on the Record Dashboard, or feel free to contact the PAE help desk at <a href="mailto:paetexas@dshs.state.tx.us">paetexas@dshs.state.tx.us</a> . |
| PAE Tier 3 Reporting | 4 |  |
| Spotlight on FAQs    | 5 | There is a nice ICD-10 HAC list in excel format. For more information visit: <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html</a>   |

## Patient Safety Awareness Week

March 13-19 is Patient Safety Awareness Week. The focus of this campaign is patient engagement with an emphasis on the importance of the relationship between providers, patients and their families. There are many ways to participate. One initiative is to have health care professionals wear a patient gown as a symbol of standing with patients in striving for patient safety and the reduction of harm. Snap a picture in the gown, caption it "We are all patients" and share it on social media, tag [#TexasDSHS](https://twitter.com/TexasDSHS) and/or email the picture to [Nesreen.Gusbi@dshs.state.tx.us](mailto:Nesreen.Gusbi@dshs.state.tx.us)

To learn more, visit the [npsf website](#).

## **NHSN TRAINING COURSE FEB 29 - MARCH 4**

NHSN will be hosting their annual training course February 29th—March 4th. Sessions can be viewed via live webstream. The training is free and registration is not required to view the webstream.

For more information visit [NHSN Training Course](#)

## **About the Morbidity and Mortality Weekly Report Series**

The CDC's *Morbidity and Mortality Weekly Report (MMWR)* contains data on specific diseases as reported by state and territorial health departments and reports on infectious and chronic diseases, environmental hazards, natural or human-generated disasters, occupational diseases and injuries, and intentional and unintentional injuries. Also included are reports on topics of international interest and notices of events of interest to the public health community.

For more information, visit <http://www.cdc.gov/mmwr/about.html>

## **SPOTLIGHT ON CLABSIs**

The Agency for Healthcare Research and Quality (AHRQ) offers tools to assist providers in implementing evidence-based practices and in reducing Central Line-Associated Blood Stream Infections (CLABSIs). Click on the following links to learn more about AHRQ's CLABSI resources.

[AHRQ Tools for Reducing CLABSIs](#)

[AHRQ Guidelines to Prevent CLABSIs](#)

## **SPOTLIGHT ON CAUTIs**

Identifying appropriate indications for urinary catheter insertions is an evidence-based strategy toward prevention of catheter-associated urinary tract infections (CAUTIs). Click on the following links to view the resources available about appropriate indications.

[CatheterOut.org: Indications for Indwelling Catheter Use](#)

[CDC: TAP CAUTI Toolkit Implementation Resources](#)

## HAI for PAE Reporting

Beginning **January 1, 2017**, certain surgical site infections will be required to be reported for the PAE reporting mandate. These include SSIs following a spinal procedure, shoulder procedure, elbow procedure, laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery or cardiac implantable electronic device. These SSIs are included in the list of Hospital Acquired Conditions (HACs) by CMS. More information on these can be found in the FAQs and the Definitions and Guidance Document on the PAE website [www.paetexas.org](http://www.paetexas.org). We recommend that you work with the coders at your facility to identify all applicable ICD-10 codes.

Because SSIs are reported in NHSN, the requirement to report SSIs in TxHSN (for PAE reporting) may seem duplicative and burdensome. However, none of the SSIs that are required for PAE reporting are required for NHSN reporting with the following EXCEPTION--pediatric hospitals only must report SSIs following procedures in NHSN's CARD category (includes CIED).

For questions/concerns, contact the PAE help desk at [paetexas@dshs.state.tx.us](mailto:paetexas@dshs.state.tx.us)

### The Texas *Clostridium difficile* Ribotyping Project

*Clostridium difficile* infection is the most common healthcare associated infection in the USA. The Texas Department of State Health Services and The University of Houston College of Pharmacy are collaborating on a one year project and we need your help! We are asking hospitals to submit stool specimens positive for toxigenic *C. difficile* for confirmation and ribotyping and/or to allow environmental sampling within their facility for *C. difficile*.

More information can be found on [our website](#). For questions, email Tori Ponson at [Tori.ponson@dshs.state.tx.us](mailto:Tori.ponson@dshs.state.tx.us)

## Save the Date—

2016 DSHS Healthcare Safety Conference

**“STANDING AGAINST RESISTANCE”**

August 18-19, 2016

San Antonio

# SPOTLIGHT ON FAQs:

**Q: If a patient enters a facility with a central line, is the day of access or the following day (24 hours later) considered day 1?**

A: Please reference page 4-3 of the Device-associated Module BSI:

“If the patient is admitted or transferred into a facility with an implanted central line (port) in place, and that is the patient’s only central line, day of first access in an inpatient location is considered Day 1. “Access” is defined as line placement, infusion or withdrawal through the line. Such lines continue to be eligible for CLABSI once they are accessed until they are either discontinued or the day after patient discharge (as per the Transfer Rule). Note that the “de-access” of a port does not result in the patient’s removal from CLABSI surveillance.”

**Q: If a cataract lens was dropped and left in the eye (not in the correct location and necessitating follow up with a retinal specialist), is this a reportable “Foreign Object Retained”?**

A: A “dropped lens” in this scenario actually refers to the patient’s own lens (which is a cataract) rather than the dropping of a new intraocular lens. This would NOT be considered a retained “foreign” object or a wrong site. This would be a complication of the surgery and actually the action to leave it and refer the patient to a specialist was appropriate. Therefore it would NOT be reportable.

**Q: If a patient has a fall and sustains both a hip fracture that required surgery and a subarachnoid hemorrhage that did not require surgery, can multiple PAEs on a single event be entered or should two different PAEs be entered?**

A: Only the most severe injury needs to be reported. So it likely should be reported as fall with fracture—unless the subarachnoid hemorrhage left the patient with a severe head injury and significant Interference with ADLs and quality of life that was more significant than the fracture.

