



Antimicrobial Steward Call

August 8, 2023

Tennessee Department of Health

Healthcare Associated Infections and Antimicrobial Resistance Program

TN

Welcome

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Announcements

AU Reports

- All Reports for Q2 2023 Deadline July 31, 2022
 - AU Quality Report
 - First ever Quarterly SAAR Report
- Follow up for non-reporters from small and critical access hospitals ongoing
- Stewardship Risk Score Survey Progress

SHEA Workshop

- Advancing Health Equity through Antimicrobial Stewardship
- September 6, 2023
- Loews Hotel Atlanta in Atlanta, GA (no virtual option)
- Learning Objectives
 - Describe health inequities as they relate to antimicrobial use, antimicrobial resistance and antimicrobial stewardship.
 - Define gaps and opportunities in antimicrobial stewardship equity.
 - Identify resources available and specific collaborative actions within stewardship teams as well as with other stakeholders aimed at mitigating antimicrobial prescribing inequities.
- Registration is FREE but limited
 - <https://learningce.shea-online.org/content/advancing-health-equity-through-antimicrobial-stewardship#group-tabs-node-course-default6>



US Antibiotic Awareness Week

- November 18–24, 2024
- Planned activities
 - High Prescriber Notification using Diagnostic Data
 - Normal Media Campaign
 - Op-Ed on Antibiotic Use in Animals
 - Medication Take Back Day
 - Light up the Nashville Bridge



**BE
ANTIBIOTICS
AWARE**

SMART USE, BEST CARE

Annual HRSA Webinar



NHSN AU Option: Using Data for Action in Critical Access Hospitals

Tuesday, November 14, 2023
3–4 PM ET

CS340788-A



https://cdc.zoomgov.com/webinar/register/WN_FDSZh8hdR7KzmSpMN1b1tw

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Reminder



Nationwide, approximately half of all patients admitted to a hospital will receive an antibiotic during their stay. In a ten state study of healthcare-associated infections and antibiotic use published in the Journal of the American Medical Association in 2014, Tennessee had the highest hospital antibiotic prescribing rates.¹ Minimizing unnecessary exposure to antibiotics will reduce the pressure for development of multidrug-resistant organisms with few available treatment options and substantial associated morbidity or mortality.

Because Tennessee has among the highest antibiotic prescribing rates in the United States, mandating NHSN Antibiotic Use reporting by acute care hospitals is one crucial step towards optimizing antibiotic prescribing as part of the state's mission to protect, promote and improve the health of people in Tennessee. Mandatory reporting can be a key driver of quality improvement as was demonstrated in Tennessee by a 53% reduction in central line-associated bloodstream infections over five years and a 20% reduction in catheter-associated urinary tract infections over two years.

Acute Care Hospitals with a total bed size > 100: Already Required. The process, including necessary validation, can take anywhere from **6 to 18 months**.

We understand that, due to the COVID-19 outbreak, many facilities have dedicated resources away from antibiotic use reporting. To accommodate the COVID-19 response by facilities, we have modified the following phased-in approach for mandating hospital AU reporting into the NHSN AU Option:

- Acute Care Hospitals with a total bed size of >250: **First month submitted by January 1, 2022 (Previously January 1, 2021)**
- Acute Care Hospitals with a total bed size between 100–250: **First month submitted by January 1, 2023 (Previously January 1, 2022)**
- Acute Care Hospitals with a total bed size of < 100 and Critical Access Hospitals: **First month submitted by January 1, 2024 (Previously January 1, 2023)**

Resources:

- Acute Care Hospitals with a total bed size > 100: Already Required
- Acute Care Hospitals with a total bed size of < 100 and Critical Access Hospitals: First month submitted by Jan 2024
- CMS Promoting Interoperability: AU AND AR for CY 2024

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LEAP Fellow Introduction

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Drug Diversion as an Infection Control Breach



Preventing and Detecting Bloodborne Pathogen Infections Due to Drug Diversion

Presenters: Callyn Wren, PharmD, BCIDP & Michelle Nation, MHIA, BSN, RN, CIC

Author: Christopher Evans, PharmD

Objectives

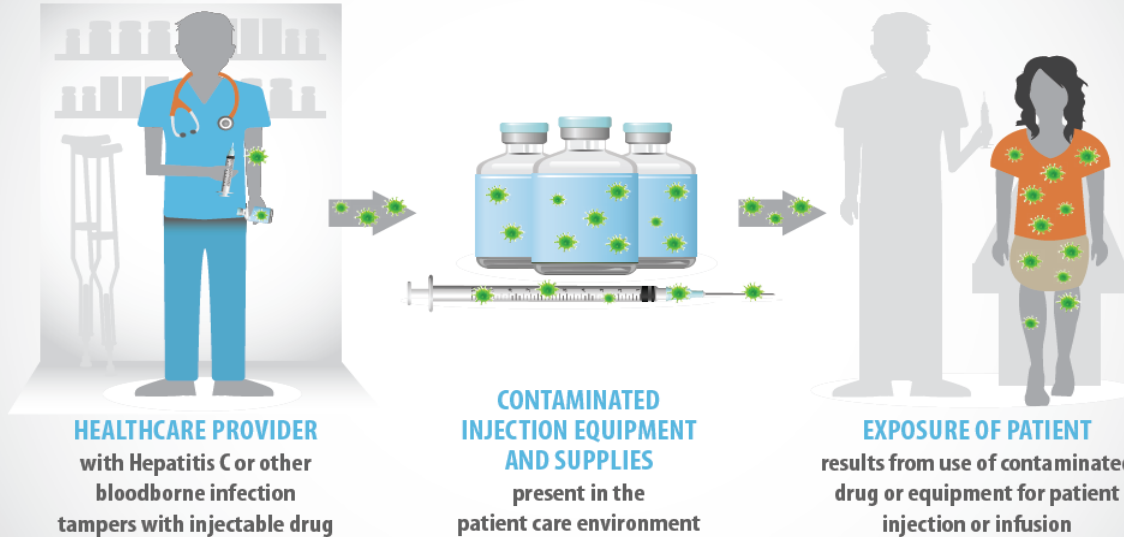
- **Review patient safety implications of drug diversion in healthcare settings**
- **Focus on tampering and substitution resulting in patient infection — both bacterial and viral bloodborne pathogen transmission**
- **Advocate for inclusion of viral bloodborne pathogen testing as a routine part of a diversion investigation**
- **Describe common recommendations of TDH injectable drug diversion investigations**



Patient Safety Implications

Drug Diversion: Infection Control Breach

DRUG DIVERSION* SPREADS INFECTION FROM HEALTHCARE PROVIDERS TO PATIENTS



*Drug diversion occurs when prescription medicines are obtained or used illegally by healthcare providers.

FOR MORE INFORMATION, VISIT [CDC.GOV/INJECTIONSAFETY/DRUGDIVERSION](https://www.cdc.gov/injectionsafety/drugdiversion)



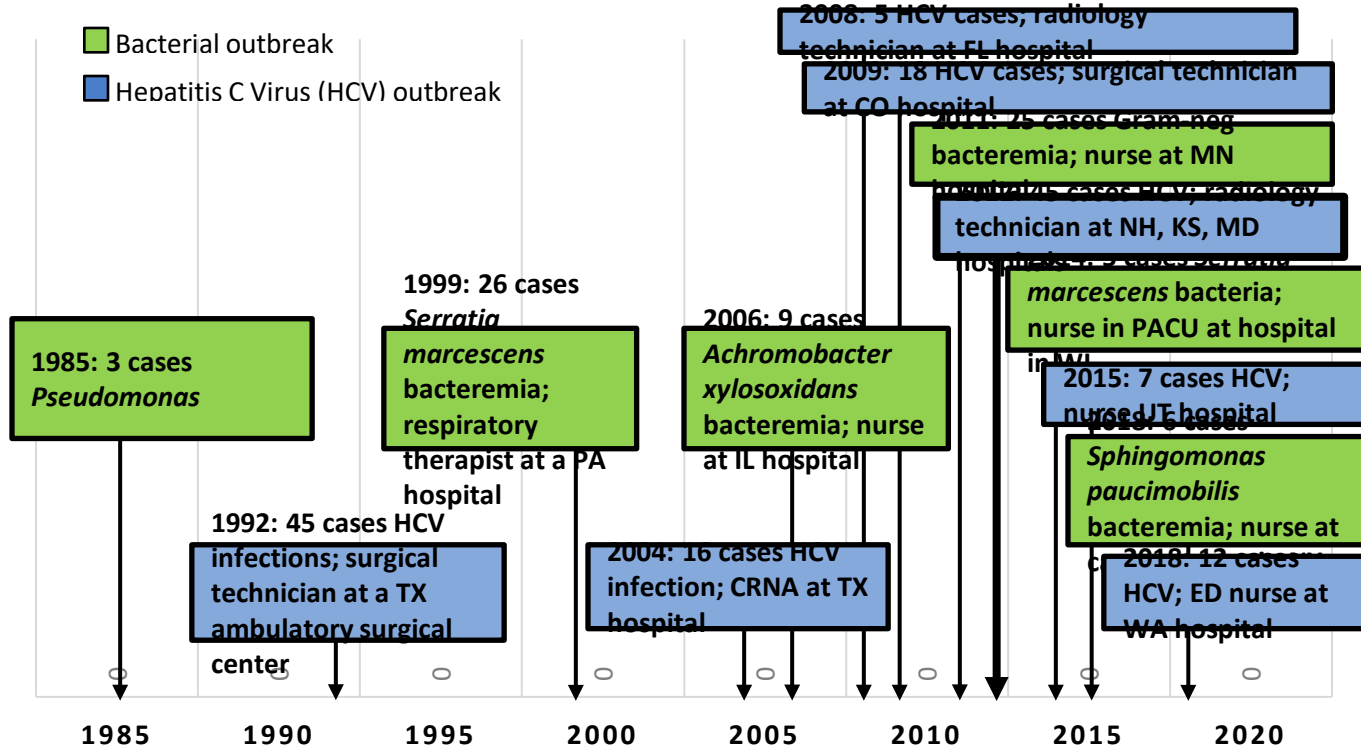
Patient Safety Implications

- Impaired providers → patient harm
- Inadequately treated pain
- Escalating narcotic doses followed by respiratory failure and death upon receipt of ordered dose
- Tampering/Substitution → patient infections (bacterial and viral bloodborne)
 - Acute onset, life-threatening bacterial bloodstream infections
 - or*
 - Delayed onset viral bloodborne pathogen infections often not linked to the healthcare exposure



Outbreaks Associated with Drug Diversion

U.S. Outbreaks Associated with Drug Diversion by Healthcare Providers, 1985-2020



2015 Newsweek Cover Story



<http://www.newsweek.com/2015/06/26/traveler-one-junkies-harrowing-journey-across-america-344125.html>

TECH & SCIENCE

WHEN DRUG ADDICTS WORK IN HOSPITALS, NO ONE IS SAFE

BY KURT EICHENWALD ON 6/18/15 AT 6:07 AM

06/26/15

COVER STORY

"it's easy to score a high and much easier still to get away with it as hospitals rarely report the crime"

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Department of
Health

Drug Diversion Across the U.S.



“Drug diversion occurs in virtually every hospital and health system in America, but many are in denial that it is happening in their own organization. HealthCareDiversion.org is the largest step toward preventing future diversion that I’ve ever seen in all my years in law enforcement and drug diversion.” - Russ Nix, Director of Drug Diversion Prevention at MedStar Health, Member of HealthcareDiversion.org’s advisory board

Some Health Workers Suffering From Addiction Steal Drugs Meant For Patients



The Mayo Clinic study found as many as 28,000 hospital patients were put at risk of contracting Hepatitis C over a 10-year period because of this kind of drug theft and tampering.

The federal government estimates one in 10 healthcare workers experience substance use disorder. There is rising concern that medical professionals are stealing powerful opioid pain medications meant for their patients.

<https://www.npr.org/2020/10/05/918279481/some-health-workers-suffering-from-addiction-steal-drugs-meant-for-patients#:~:text=October%205%2C%202020,Embed>

Tip of the Iceberg...





Diversion as an Infection Control Breach

Definition

- *Infection control breach*: when there is a failure to follow established infection control procedures that prevent the transmission of infectious organisms
- *Parenteral*: administration or occurring elsewhere in the body than the mouth and alimentary canal
- *Tampering by Theft*: removal of medication from a medication container or syringe and replacement with saline or other similarly appearing solution that may be administered to patients

Steps for Evaluating an Infection Control Breach

- **Identification**

Identify the nature of the breach, type of procedure, and biological substances involved.

- Pharmacy Audits
- Peer or Leadership Reports
 - In locations they shouldn't be
 - Excessive or long breaks
 - Changes in Appearance or Behavior
- Patient Complaints
- Bacterial or Bloodborne Pathogen Outbreaks

Steps for Evaluating an Infection Control Breach

- Identification
- **Data gathering**

Determine the time frame of the breach and number of patients who were exposed

Steps for Evaluating an Infection Control Breach

- Identification
- Data gathering
- **Notify and involve key stakeholders**
 - Pharmacy Professionals
 - Infection Control Professionals
 - Risk Management, Human Resources, and Leaders
 - Local and State Health Departments
 - Law Enforcement
 - Licensing or Other Regulatory Agencies, if appropriate

Steps for Evaluating an Infection Control Breach

- Identification
- Data gathering
- Notify and involve key stakeholders
- **Qualitative assessment of breach**
 - Category A errors: gross mistakes in infection control with identifiable risk including **TAMPERING AND SUBSTITUTION**
 - Category B errors: less likelihood of blood exposure than category A (e.g., colonoscope reprocessed for shorter time than recommended)

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- Identification
- Data gathering
- Notify and involve key stakeholders
- Qualitative assessment of breach
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 - Category B errors: less likelihood of blood exposure than category A (e.g., colonoscope reprocessed for shorter time than recommended)
- **Decision regarding patient notification and testing**
 - *Warranted in category A breaches!*



TDH Diversion Investigations

TDH Communicable Diseases Diversion Investigation

- Diversion investigation team is notified by Health-Related Boards Office of Investigations when investigating diversion of injectable products
- Determination of method of diversion (e.g., tampering/ substitution)

Step-wise Approach

Check database of known positive cases of HIV, HBV, HCV

- Limitations
 - Only positive cases
 - Recent tests
- If positive
 - Plan for patient notification and testing


Common Recommendations

- Blood-borne Pathogen testing
- “Not eligible for rehire” language
- Involvement in International Health Facility Diversion Association (IHFDA)
- Infection Prevention involvement
- FDA reporting options
- Availability of consultative resources including patient notification toolkit
- Ways to improve diversion team’s investigation
- Assistance with patient notification/BBP testing if indicated

International Health Facility Diversion Association

- www.ihfda.org


info@ihfda.org Login

 International Health Facility Diversion Association

[HOME](#) [ABOUT US](#) [ANNUAL CONFERENCE](#) [HOW TO JOIN](#)

IHFDA is...

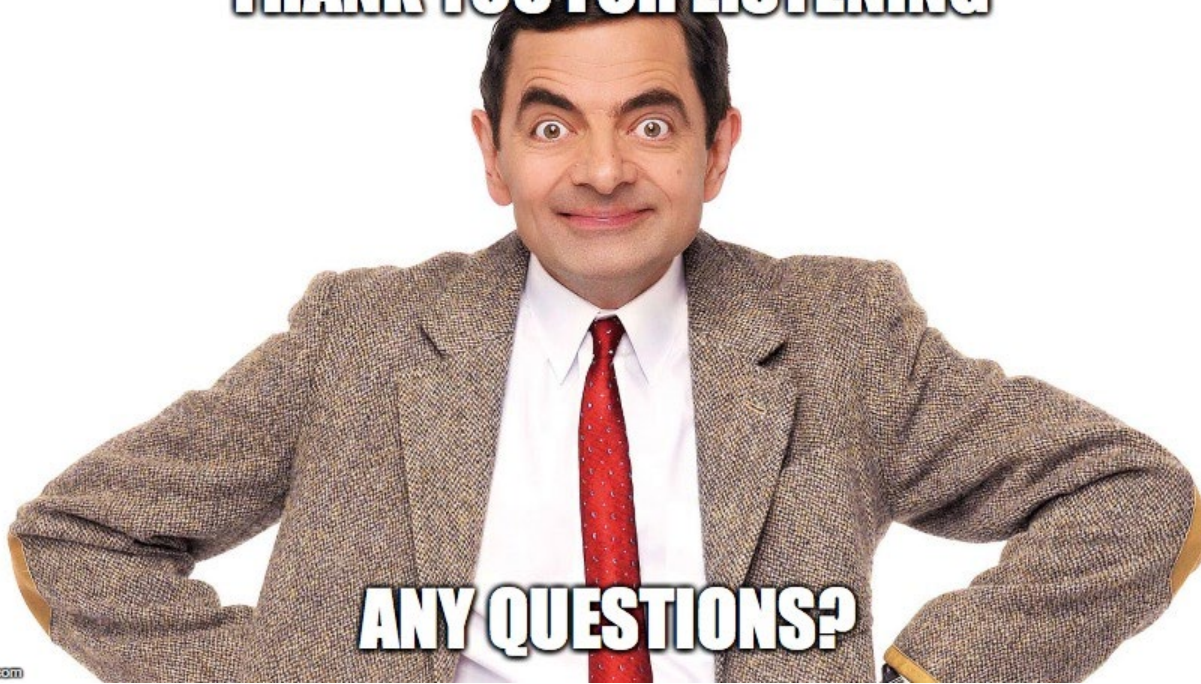
"Devoted to protecting patients, staff, and facilities from the harm associated with drug diversion by healthcare personnel through education and collaboration."



ADDICTION EXPLAINS, BUT NEVER EXCUSES

Questions

THANK YOU FOR LISTENING



imgflip.com

Resources

- CDC. (2012, Feb 27). Steps for evaluating an infection control breach. *Centers for Disease Control and Prevention*. https://www.cdc.gov/hai/outbreaks/steps_for_eval_ic_breach.html
- CDC. (2019, Nov 26). Injection safety: Drug diversion. *Centers for Disease Control and Prevention*. <https://www.cdc.gov/injectionsafety/drugdiversion/index.html>
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- CSTE.org (nd). Drug diversion toolkit. *CSTE National Office*. <https://www.cste.org/page/Drug-Diversion-Toolkit>
- Eichenwald, K. (2015, Jun 18). When drug addicts work in hospitals, no one is safe. *Newsweek Magazine.com*. <http://www.newsweek.com/2015/06/26/traveler-one-junkies-harrowing-journey-across-america-344125.html>
- HealthcareDiversion.org. (2022). Incidents. <https://healthcarediversion.org/incidents/>
- IHFDA. (nd). International Health Facility Diversion Association. <https://ihfda.org/>
- Mann, B. (2020, Oct 5). Some health workers suffering from addiction steal drugs meant for patients. *NPR.com*. <https://www.npr.org/2020/10/05/918279481/some-health-workers-suffering-from-addiction-steal-drugs-meant-for-patients>

Next Steps

- **Next Call**
 - **October 24 2pm Eastern/1pm Central Time**
 - **Delayed due to IDWeek and TDH Statewide Division Meetings**
 - **Topic: IDWeek in Review (Matt Lokant)**

- **Feedback always appreciated**
 - **Christopher.evans@tn.gov**