



# Public Health Quarterly

ESSENTIAL INFORMATION FOR OUTPATIENT SETTINGS FROM  
THE LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

## IMPORTANT UPDATES FROM PUBLIC HEALTH

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### Influenza 2017-2018 Season

LA County is experiencing very high levels of influenza. 98 flu associated deaths have been confirmed as of 1/18/18. Reports show flu A H3N2 to be the most commonly identified strain. Seasons where influenza A H3N2 predominates are typically more severe than A H1N1 or B seasons, with older populations more likely to be affected. All outpatient settings should enhance their respiratory hygiene practices in waiting areas. Surgery centers are encouraged to screen patients 1-2 days prior to surgery and to cancel or postpone elective surgeries if a patient is experiencing flu-like symptoms. For more information visit: <http://publichealth.lacounty.gov/acd/Flu.htm>

### Zika Virus Updates

- [Zika testing guidelines](#) were changed in December 2017 by the California Department of Public Health. Shared patient-provider decision making for testing is now recommended, rather than routine testing of asymptomatic pregnant women with recent (but not ongoing) exposure.
- LA County had its first documented case of sexually transmitted Zika from a male traveler to his female partner who did not travel. To date, California has only documented 8 cases of sexual transmission of Zika, 1% of all cases.
- More provider information can be found on the [LA County Health Alert](#).

## Health Services Advisory Group Knock Out Infections: ASC Infection Prevention Initiative

Health Services Advisory Group (HSAG), the Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) for California, is expanding its work in more than 300 ambulatory surgery centers (ASCs) to help eradicate surgical site infections.

Partnering with the California Department of Public Health (CDPH), Los Angeles County Department of Public Health (LACDPH), and the California Ambulatory Surgery Association (CASA), HSAG will continue working to identify, share, and encourage adoption of evidence-based best practices while providing technical assistance to impact surgical site infections in ASCs.

In addition, be sure to visit HSAG's online resource center to learn more about HSAG, this initiative, and the work that is being done at [www.hsag.com/asc](http://www.hsag.com/asc).

## Surgical Site Infections – Review of 2017 Guidelines<sup>1</sup>

Guidelines for preventing surgical site infections (SSIs) were developed in 1999. An increase in the types and numbers of surgical procedures, new technologies and increasing complicated cases has given impetus for the review of the literature again and to provide additional guidance. In 2017 the CDC released new SSI Guidelines, which provide new and updated recommendations.

The table below outlines the Category IA recommendations in both the 1999 and 2017 guidelines. As a reminder:

Category IA: A strong recommendation supported by high to moderate-quality evidence suggesting net clinical benefits or harms.

Category 1A <sup>4</sup>	1999 CORE <sup>5</sup>	2017 UPDATED/NEW RECOMMENDATIONS <sup>6</sup>
Preparation of the Patient	<ul style="list-style-type: none"> <li>A. Whenever possible, identify and treat all infections remote to the surgical site before elective operation and postpone elective operations on patients with remote site infections until it has resolved.</li> <li>B. Do not remove hair preoperatively unless the hair at or around the incision site will interfere with the operation. If hair is removed, remove immediately before the operation, preferably with electric clippers.</li> </ul>	Encourage tobacco cessation a minimum of 30 days before elective surgery
Hand Hygiene/ Forearm Antisepsis	Perform preoperative surgical hand/forearm antisepsis according to manufacturer's recommendations for the product being used.	See hand hygiene guidelines <a href="https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf">https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf</a>
Antimicrobial Prophylaxis	<ul style="list-style-type: none"> <li>A. Administer a prophylactic antimicrobial agent only when indicated, and select it based on its efficacy against the most common pathogens causing SSI for a specific operation.</li> <li>B. Administer by the intravenous route the initial dose of prophylactic antimicrobial agent, timed such that a bactericidal concentration of the drug is established in serum and tissues when the incision is made. Maintain therapeutic levels of the agent in serum and tissues throughout the operation and until, at most, a few hours after the incision is closed in the operating room.</li> <li>C. Before elective colorectal operations, in addition to "b" above, mechanically prepare the colon by use of enemas and cathartic agents. Administer non-absorbable oral antimicrobial agents in divided doses on the day before the operation.</li> <li>D. For high-risk cesarean section, administer the prophylactic antimicrobial agent immediately after the umbilical cord is clamped.</li> </ul>	<p>Administer the appropriate parenteral prophylactic antimicrobial agents before skin incision in all cesarean section procedures.</p> <p>In clean and clean-contaminated procedures, do not administer additional prophylactic antimicrobial agent doses after the surgical incision is closed in the operating room, even in the presence of a drain.</p>

Category 1A <sup>4</sup>	1999 <sup>5</sup> CORE <sup>5</sup>	2017 <sup>6</sup> UPDATED/NEW RECOMMENDATIONS <sup>6</sup>
Asepsis and Sterile Technique	Adhere to principles of asepsis when placing intravascular (IV) devices (e.g., central venous catheters), spinal or epidural anesthesia catheters, or when dispensing and administering IV drugs.	
Glycemic Control		Implement perioperative glycemic control and use blood glucose target levels less than 200 mg/dL in patients with and without diabetes.
Normothermia		Maintain perioperative normothermia.
Oxygenation		For patients with normal pulmonary function undergoing general anesthesia with endotracheal intubation, administer increased FIO <sub>2</sub> during surgery and after extubating in the immediate postoperative period. Maintain perioperative normothermia and adequate volume replacement for oxygen delivery.
Antiseptic Prophylaxis		Do intraoperative skin preparation with an alcohol-based antiseptic agent unless contraindicated.
Prosthetic Joint Arthroplasty	In clean and clean-contaminated procedures, do not administer additional prophylactic antimicrobial agent doses after the surgical incision is closed in the operating room, even in the presence of a drain.	<p>A. For patients receiving systemic corticosteroid or other immunosuppressive therapy, the following recommendation applies: “in clean and clean-contaminated procedures, do not administer additional antimicrobial prophylaxis doses after the surgical incision is closed in the operating room, even in the presence of a drain applies “</p> <p>B. In prosthetic joint arthroplasty, recommendation 1E of the guideline also applies<sup>7</sup>.</p>

## Summary

When reviewing the 2017 recommendations it should be noted that there are considerable number of unresolved issues. Surgical site infections continue to be a challenge for both the surgical and infection prevention teams. The 2017 guideline provides recommendations that are useful for the health care professionals as well as professional organizations and societies as they consider developing additional guidance and research, which the Infection Prevention staff are encouraged to participate in.

## References

1. JAMA Surg. 2017;152(8):784-791. doi:10.1001/jamasurg.2017.0904. Published online May 3, 2017. Corrected on June 21, 2017.
2. CDC Guideline for Prevention of Surgical Site Infection, 1999.
3. CDC, HICPAC Guidelines
4. Category IA: Strongly recommended for implementation and supported by well-designed experimental, clinical, or epidemiological studies.
5. CDC. Guideline for prevention of surgical site infection, 1999. [Https://www.cdc.gov/hicpac/pdf/ssiguidelines.pdf](https://www.cdc.gov/hicpac/pdf/ssiguidelines.pdf)
6. Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017. <http://jamanetwork.com/journals/jamasurgery/fullarticle/2623725>
7. 1E. In clean and clean-contaminated procedures, do not administer additional prophylactic antimicrobial agent doses after the surgical incision is closed in the operating room, even in the presence of a drain.

# Local Spotlight

This quarter we highlight the infection prevention and surveillance program at La Peer Health Systems

The Infection Prevention program at La Peer Surgery Center “aims to reduce the incidence of infections and to control sources, thereby reducing or eliminating the potential for healthcare-associated infections (HAI). It is a plan of action for preventing, identifying and managing infections and communicable diseases and immediately implementing corrective and preventative measures that result in improvement.” We approach this by making infection prevention the responsibility of each and every employee and react to any breach of sterility by taking immediate action.

Our program consists of monitoring and mitigating activities. Some of these activities include; thorough patient assessment, surgical wound classification, direct observation of decontamination and sterilization processing, monitoring of appropriate PPE, strict adherence to surgical attire in the restricted areas, proper hand hygiene, monthly rounding to monitor room turnover-medication safety-and staff adherence to policy, and follow up and investigate any reported infection.

Our strict program adherence to the monitoring activities have aided us in achieving continuously low infection rates; our average monthly rate is less than 1%. In fact, for the past 5 years, we have consistently maintained our infection rate at less than 1%. In addition, our mitigation activities have aided us in identifying any breaches in practice and allowed us to do immediate training and education with the staff involved. We use a variety of techniques to enhance interest and to aid in attention to detail. These techniques include online training, checklist monitoring, return demonstration, and in-services. We also email articles to all staff to ensure their knowledge is current and from credible sources. When we start an email thread where staff can comment or respond to an article, it encourages conversation and keeps information relevant.

Our team of staff and physicians have patient safety as their primary focus every day. We believe that Infection Prevention is paramount to patient safety. Our staff monitor each other and feel confident to speak up because we foster an environment of respect and encourage them to really own the title of patient advocate. We have adopted a phrase that all have agreed to, “excuse me doctor, I have a concern.” Being empowered to state a concern in a respectful manner has allowed our environment to be free from hesitation and thereby contributes to our successful Infection Prevention Program.

**Alison Galloway—Administrator/Director of Nursing**

## HOW PUBLIC HEALTH CAN HELP YOU

The Healthcare Outreach Unit (HOU) within the Acute Communicable Disease Control Program (ACDC) of the Department of Public Health (DPH) works with various healthcare settings including hospitals, ambulatory surgery centers, private practices, dental clinics, home health agencies, and more. Our goal is to reduce the burden of healthcare associated infections (HAIs) in Los Angeles County by improving infection prevention activities in all healthcare settings.

The Outpatient Team within the HOU is available to provide your facility with resources, audit toolkits, training materials, outbreak support and more.

## OUTPATIENT CARE TEAM

Healthcare Outreach Unit

Acute Communicable Disease Control

Los Angeles County Department of Public Health

313 N. Figueroa Street, Room 212

Los Angeles., CA 90012

Phone (213) 240-7941

Fax (213) 482-4856

[outpatient@ph.lacounty.gov](mailto:outpatient@ph.lacounty.gov)

