# Medical News

EDITED BY GINA PUGLIESE, RN, MS; MARTIN S. FAVERO, PHD

## Progress of US Hospitals in Implementing TB Control Programs

The CDC reported the results of two surveys of US hospitals conducted in 1992 and 1996 to determine the degree of implementation of the "CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* at US Hospitals." The 1992 survey included all public (city, county, Veterans' Administration), and primary medical school-affiliated US hospitals (n=632) and a 20% random sample of all private hospitals (n=444 with ⩾100 beds. In 1996, a 50% random sample of (n=136) of all 1992 respondent hospitals with >6 TB admissions were resurveyed.

Of the 1,076 hospitals surveyed in 1992, 763 (71%) of respondents returned a completed questionnaire. Among these, 536 (71%) of 755 reported having isolation rooms that met the CDC criteria for acid-fast bacilli (AFB) isolation rooms, ie, negative pressure, >6 air exchanges per hour, and air directly vented to the outside. The number of AFB isolation rooms that met the CDC criteria ranged from 0 to >60 (median, 7). The predominant form of respiratory protection was a nonfitted surgical mask. Almost all (747 [99%] of 758) respondents had some form of skin testing screening for healthcare workers.

In the 1996 resurvey, 103 (75%) of 136 respondents returned a completed questionnaire. Of these, 99 (86%) of 103 reported having rooms that met the CDC criteria for AFB isolation, and the number of such rooms ranged from 0 to 74 (median, 12). Most (84 [82%] of 103) respondents had N95 respiratory protective devices for healthcare workers. In 1996, all respondents had tuberculin skin testing (TST) programs; however, only 30 (29%) of 103 could provide TST data for 1992 to 1996.

The authors concluded that US hospitals are making significant progress in the implementation of specific recommendations for preventing transmission of *M tuberculosis.* However, management of TST data remains a challenge for hospital personnel, and continued improvement is needed to implement the CDC's TB guidelines fully.

FROM: Manangan LP, Pugliese G, Rudnick JR, Banerjee SN, Kroc K, Steingraber K, et al. Are US hospitals making significant progress in implementing guidelines for prevention of *Mycobacterium tuberculosis* transmission? Presented at the 35th Annual Meeting of the Infectious Diseases Society of America; September 13-16, 1997; San Francisco, CA. Abstract no. 331.

## Free Videotape of Satellite Conference on VRE

On September 25, 1997, the CDC broadcasted a videoconference on vancomycin-resistant enterococci, covering aspects of detection, risks, epidemiology, treatment, and control. The videotape is available free of charge.

To obtain a single copy, fax or mail a request with your name, institution or affiliation, mailing address (including zip code), telephone number, fax, e-mail address to Ronda L. Sinkowitz-Cochran, VRE Videoconference Project Lead, Hospital Infections Program/NCID, CDC, 1600 Clifton Rd, Mail Stop E-69, Atlanta, GA, 30333, or fax 404-639-6459.

## Postdischarge Surgical-Site Surveillance

Most surgical-site infections (SSIs) occur after hospital discharge, and there is no satisfactory method to identify them. Researchers from the Brigham and Women's Hospital and Harvard Pilgrim Health Care, Boston Massachusetts, recently assessed the utility of automated claims and electronic medical-record data for identifying SSIs.

The researchers followed 4,086 consecutive nonobstetrical surgical procedures, among which 96 postdischarge SSIs occurred. This data set was divided into training and test sets. Recursive partitioning was used to identify important combinations of coded diagnoses, tests, and treatments.

The sensitivity and specificity of the models varied, depending on the relative importance assigned to correctly identifying SSIs and non-SSIs. The model with sensitivity and specificity >90% identified SSIs based on combinations of surgery types, infection diagnosis codes at ambulatory visit or admission visit or hospital readmission, prescribing or dispensing of antistaphylococcal antibiotic, and the obtaining of a wound culture. All of these models performed much better than a questionnaire response from patients and surgeons.

The authors concluded that automated information routinely collected by healthcare systems can be the basis of an efficient surveillance system for postdischarge SSIs.

FROM: Sands K, Christiansen C, Livingston J, Platt R. Efficient identification of post-discharge surgical site infections from automated data sources. Presented at the 35th Annual Meeting of the Infectious Diseases Society of America; September 13-16, 1997; San Francisco, CA. Abstract no. 43.

## Shielded Pulmonary Artery Catheter Reduces Infection Risk

French scientists have reported the results of a prospective study on the effect of a new shielded thermodi-

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