The Iowa Department of Public Health (IDPH) has recently provided the following background information regarding organisms of public health importance.

**Carbapenem-resistant Enterobacteriaceae**

Carbapenem-resistant Enterobacteriaceae (CRE) are bacteria that belong to the Enterobacteriaceae family of organisms and are resistant to the carbapenem class of antibiotics. The resistance can be due to non-transmissible (porin mutation) or transmissible (plasmid) mechanisms. Transmissible mechanisms are particularly concerning as these can be shared with other bacteria and become resistant by producing a carbapenemase, an enzyme that inactivates antibiotics in the carbapenem class. This group of bacteria is also called carbapenemase-producing organisms (CPOs) and can cause infections that are difficult to treat due to the inability to utilize this broad-spectrum class of antibiotics.

- There have been 11 Carbapenemase-producing (CP) CREs reported to IDPH this year that had resistant genes.
- In 2018, 30 CP-CREs were reported to IDPH.
- Resistant mutations are associated with high mortality rates and have the ability to spread from person-to-person and organism-to-organism.
- CPOs, which include CP-CREs, can cause outbreaks in healthcare settings. For this reason, it is important to have a prevention strategy.

**Candida auris**

Candida auris is an emerging fungus that presents a serious health threat because –

- It is often multidrug-resistant, as antifungal medicines commonly used to treat Candida infections often don’t work. Some C. auris infections have been resistant to all three types of antifungal medicines (azoles, polyenes, and echinocandins).
MercyOne Des Moines Laboratory is pleased to offer screening for both C. auris and Carbapenemase-producing organisms.

C. Auris screening test is test code CYeast, test name is Yeast Screen. Specimen is axilla/groin Eswab.

CPO screening test is test code CPO SCRN, test name is Carbapenem Resistant Organism Screening Test. Specimen is a rectal dual swab.

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- C. auris has caused outbreaks in healthcare settings. For this reason, it is important to quickly identify C. auris in a hospitalized patient so special precautions can be taken to stop its spread.

- C. auris is becoming more commonly isolated. First identified in 2009, it has spread quickly and cause infections in dozens of countries worldwide.

- Since 2016 when C. auris was first reported in the United States, over 700 cases have been identified with the majority occurring in facilities in New York City, New Jersey and Chicago.

- C. auris can cause invasive infections, particularly in patients with underlying medical problems. More than one in three patients with invasive C. auris infection die.

- C. auris frequently co-occurs with CPOs. Co-colonization with C. auris and CPOs is common in critically ill patients.

The IDPH recommends that hospitals perform patient admission screening for C. auris and CPOs when one of the following criteria is met –

- Patient has a history of an overnight stay in a healthcare facility outside of the United States within the previous 12 months, OR

- Patient has a history of ambulatory surgery or hemodialysis performed outside of the United States within the previous 12 months, OR

- Patient has a history of an overnight stay in a hospital or skilled nursing facility in New York City, New Jersey or Chicago within the previous 12 months.

Patients meeting any of the three criteria listed above should be placed on contact precautions while awaiting C. auris and CPO test results.

Billing Portal for Outreach Clients

On Nov. 1, 2018, MercyOne Des Moines Laboratory implemented a new billing system for all outreach laboratory testing coming from clients. One of the enhancements provided by this system is a billing portal.

Our billing portal provides –

- Electronic access to real-time statements, prior statements and current aging activity.

- Price inquiry.

- Ability to make online payments.

We are excited to have the ability to offer paperless invoices! Please contact us for more information or to set up access to the client billing portal.

Teresa McDonough, Business Development Coordinator, tmcdonough@mercydesmoines.org

Kelsey Butterfuss, Laboratory Consultant, kbutterfuss@mercydesmoines.org
CommonSpirit Health (CSH), parent organization of medical centers MercyOne Des Moines, MercyOne West Des Moines, MercyOne Centerville and MercyOne Newton, is currently rolling out a refresh on the management of blood products within our health system.

A physician-led Blood Therapeutics Clinical Council, consisting of a multi-disciplinary team of physicians from across CommonSpirit Health, has been formed to identify and implement evidence-based guidelines for blood therapeutics including transfusion, alternatives to transfusion, evaluation and appropriate treatment of anemia and blood dyscrasias, and prevention of hospital acquired anemia.

The Blood Therapeutics Clinical Council will work toward implementation of a more restrictive transfusion strategy which has been shown to be as effective as more liberal transfusion approaches to improve patient outcomes and reduce harm. Also, this council will strongly encourage alternatives to transfusion whenever possible, such as increased use of treatments for anemia (i.e. IV iron, erythroid stimulating agents, etc.).

Guidelines put forth by this committee include appropriateness for transfusion of RBCs, Platelets, Plasma and Cryoprecipitate. RBC transfusion practices will be primarily focused through the application of detailed analytics used to compare facility to facility across CSH with the intent of reducing the number of transfusions when hemoglobin is ≥ 7.0 g/dl (cardiovascular patients when hemoglobin is ≥ 7.5 g/dl). Initially, CSH has set a RBC transfusion target of 38 percent or lower for patients meeting the hemoglobin criteria.

### Composite Score Includes:

<table>
<thead>
<tr>
<th>Category</th>
<th>CSH TARGET %</th>
<th>MERCYONE DES MOINES %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-CV transfusions ≥ 7.0 Hgb</td>
<td>38%</td>
<td>50%</td>
</tr>
<tr>
<td>CV transfusions ≥ 7.5 Hgb</td>
<td>38%</td>
<td>38%</td>
</tr>
<tr>
<td>All CV Surgery Transfusions ≥ 7.5 Hgb</td>
<td>38%</td>
<td>38%</td>
</tr>
</tbody>
</table>

The comparative date will include all inpatient RBC transfusions, and it will exclude the following –

- Patients less than 18 years of age.
- Units transfused as part of a massive transfusion protocol (defined as four or more units transfused with four hours or less between each unit).
- Burn patients (excluded by DRG).
- OB Patients (excluded by DRG).
- Transfusions for which a hemoglobin is not available or not performed within 48 hours prior to transfusion.

Implementation and actualization of the guidelines will require each hospital to form a peer committee to review transfusion practices within their respective facilities for compliance, provide education regarding appropriateness of transfusion and/or alternate therapies, and relay to those who order transfusions data specific to each hospital, service line and provider. It is through this work that we will be able to improve quality and safety for our patients, reduce cost for acquisition of blood products for the system and preserve our blood supply for those patients who have critical, immediate need.
Your chosen Laboratory

MercyOne Des Moines Laboratory is a full-service, hospital-based reference laboratory at MercyOne Des Moines Medical Center, offering testing in numerous specialties and subspecialties. Our laboratory performs testing 24 hours a day, seven days a week, and serves more than 25 communities within a 75-mile radius of Des Moines. More than 200 staff members work for MercyOne Des Moines Laboratory, including: pathologists, pathologist assistants, technologists/technicians in a multitude of specialties, and numerous support staff – who collaboratively work with Pathology Associates of Central Iowa (PACI) to provide laboratory, anatomical pathology and consultative services.

MercyOne Des Moines Laboratory is accredited by the College of American Pathologists (CAP). This accreditation is recognized by both the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission.

At MercyOne Des Moines Laboratory, our mission is to provide accurate, accessible and timely laboratory results to healthcare providers and patients.

Laboratory Patient Service Centers

MercyOne Des Moines Laboratory draw stations provide prompt, quality service at the locations listed below. For a basic blood draw, please utilize one of our three conveniently located patient service centers.

**MercyOne Des Moines Health Plaza**
411 Laurel St., Level A, Ste. 265, Des Moines
P 515-643-8924  F 515-643-8239
Mon.-Fri., 7 a.m.-5 p.m.

**MercyOne Clive Health Plaza**
1601 NW 114th St., Ste. 134, Clive
P 515-222-7500  F 515-222-7510
Mon.-Fri., 7 a.m.-5 p.m.

**MercyOne Ankeny Health Plaza**
800 E. First St., Ste. 1400, Ankeny
P 515-643-7710  F 515-643-8176
Mon.-Fri., 7 a.m.-5 p.m.