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SHEA News

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Natural Rubber Latex Reactions Follow Up Needed

As data is gathered on the definition and prevalence of allergy to natural rubber latex, some hospitals are trying to determine whether there is a current rational approach to the issue of whether patients who require alternative products in their care can be identified prospectively. Some of the questions that need to be addressed are: 1) What screening tool

do you believe is appropriate to identify patients who have had or who are at risk for systemic reactions to latex? 2) Are you using such a tool in day-to-day operations at your healthcare facilities (hospitals, surgicenters, etc.) 3) How do you manage a patient who is at risk of a systemic reaction to natural rubber latex? 4) How frequently have you felt

it appropriate to use an identification of being "at risk of systemic reaction to latex" in the day-to-day operations of your facility? Please FAX ([708] 3182332) or mail your response to these questions to Murray D. Batt, MD, Hospital Epidemiology, LGHS, 1775 Dempster, Park Ridge, IL 60068, and they will be summarized and shared in a future news page.

Health Employer Data and Information Set (HEDIS 2.0)

Employers such as Xerox currently encourage their employees to join HMOs. Xerox already has reached about 80% HMO membership for its employees. Xerox, among other large employers, requires that the health plans in which it pays for employee participation make available report card information that is specified in the HEDIS 2.0 criteria, published by the National Committee for Quality Assurance in July 1993.

HEDIS 2.0 addresses 70 questions in five sections: Quality, Access and Satisfaction, Membership and Utilization, Finance, and Descriptive Information. Quality measures address the success achieved by the health plan in

delivering childhood immunizations, cholesterol screening, mammography screening, and PAP smears. They also query rates of low and very low birthweight babies, as well as prenatal care. Additional quality measures for acute and chronic disease required by HEDIS 2.0 are asthma inpatient admission and readmission rates, rates of dilated retinal examination for diabetics in the plan, and rates of

ambulatory follow-up after hospitalization for major affective disorders.

As healthcare organization epidemiologists, we will have more opportunity to help prepare for and evaluate the efforts to obtain data such as that required by HEDIS 2.0 as national momentum builds toward managed care and external reporting of the quality of care delivered in managed care organizations.

Brief items of interest for the SHEA News or Newsletter may be sent to C. Glen Mayhall, MD, SHEA, Newsletter Editor, Division of Infectious Diseases, Route 1092; The Former Shriner's Burns Bldg, Room 2-64B; University of Texas Medical Branch; Galveston, TX 77555-1092; FAX (409) 772-6527. Copy should be typed, double-spaced, and should not exceed five pages.

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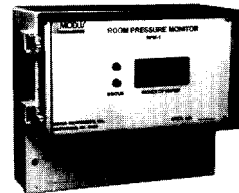


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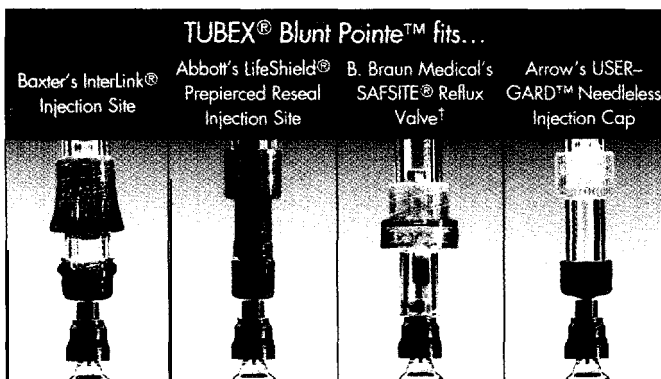
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References: 1. Data on file, Wyeth-Ayerst Laboratories. 2. Occupational Exposure to Bloodborne Pathogens; Final Rule. 56 Fed. Reg. 64175 (1991) (29 CFR 1910.1030). 3. FDA Safety Alert: Needlestick and Other Risks from Hypodermic Needles on Secondary I.V. Administration Sets — Piggyback and Intermittent I.V. Rockville, Md: Food and Drug Administration; April, 1992.

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