SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

Notes from VDH

- Two grant proposals were recently submitted to the Department of Health and Human Services:

    - One proposal was a partnership between the other Region III states (DC, DE, MD, PA, WV) to convene regional partners to address gaps in HAI surveillance and prevention. This project was funded and more details will be shared when available.

- A second proposal focused on improving surgical site infection surveillance in Virginia through enhanced information technology capacity and was unfunded.

- CDC approved VDH's revised state plan that reflects our updates and a new focus on HAI prevention in long term care facilities.

Acute Care Needs Assessment: Spotlight on IP-QI Relationship

Thanks again to all of you who participated in the needs assessment. One section of the infection prevention (IP) assessment investigated the relationship between IPs and quality improvement (QI) staff at the responding facilities. The following are some key findings from the assessment:

- IP and QI teams were noted to interact between one and four hours per week by the majority of respondents (62%). Approximately one in ten respondents (9%) said that their IP and QI teams interact more than 16 hours per week. No respondents reported that their IP and QI teams did not interact in an average week.

- Overall, the relationship between the IP and QI teams was noted to be somewhat positive or very positive (88%).

    - There was no significant association between IP-QI relationship and hospital bedsize or the number of hours of IP-QI interaction per week.

- The majority of respondents (60%) said that the IP team was somewhat or very knowledgeable about the QI team's activities.

- Compared to IP respondents housed in a stand-alone IP department, if IP respondents were housed within the QI department:

    - IPs were more likely to be knowledgeable about QI activities, although not significantly so (Odds ratio = 4.22, 95% CI 0.98-18.12).

    - IPs perceived that QIs were significantly more likely to be knowledgeable about IP activities (Odds ratio = 8.38, 95% CI 1.77-39.69).

- There was no significant association between IP knowledge about QI activities and the number of hours of IP-QI interaction per week, or hospital bedsize.

Upcoming Events:

- **July 1, 2010**: SSI pilot surveillance begins in 18 hospitals

- **July 15, 2010:** Field Epi Seminar at Hilton Richmond in Richmond, VA

Questions? Comments?

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Long Term Care Task Force Meeting

The newly assembled Long Term Care (LTC) Healthcare-Associated Infection (HAI) Task Force met May 17th, 2010 to discuss current challenges in infection prevention in the LTC setting and possible areas for improvement. Organizations with attending representatives included the Association for Professionals in Infection Control and Epidemiology - Virginia Chapter, Department of Social Services, Office of Licensure and Certification – Division of Long Term Care, Virginia Assisted Living Association, Virginia Association for Nonprofit Homes for the Aging, Virginia Department of Health, and Virginia Health Care Association. Existing barriers identified included lack of communication between healthcare facilities, difficulty designating to which location an infection may be attributed and applying current healthcare guidelines to the long term care setting, and a deficiency of educational materials. In the fall of 2010, a small group of LTC facilities will be voluntarily assembled to increase knowledge and understanding of infection prevention, develop and share best practices, and review current and future surveillance activities. It was suggested that educational materials be produced and disseminated in a variety of formats not only for LTC staff engaged in infection prevention, but also for inspectors and administrators. Next steps will include conducting a needs assessment of a sample of nursing homes and assisted living facilities and developing a training plan. With these growing partnerships, the Task Force aims to align priorities and resources to help reduce healthcare-associated infections in the LTC setting in Virginia.

SSI Pilot Training Update

On June 9th, VDH and APIC-VA led a training session for the hospitals participating in the surgical site infection (SSI) pilot surveillance project. Eighteen hospitals were randomly selected to participate in a surveillance pilot using the National Healthcare Safety Network (NHSN) for reporting; six hospitals will conduct surveillance on coronary artery bypass graft surgeries, six on hip replacement surgeries, and six on knee replacement surgeries. VDH described the timeline of the pilot and discussed how to confer rights to the data. Maggie Dudeck from CDC presented slides on SSI protocols and definitions and how to enter data into the NHSN procedure-associated module. The training participants then broke into groups by pilot procedure and discussed SSI case studies that were created by APIC-VA. The pilot officially begins on July 1, 2010 and will run through June 2011. The results of the pilot will be used to determine potential areas for public reporting.

NHSN News

- On May 27th, CDC released the First State-Specific Healthcare-Associated Infections Summary Data Report which provided national and state-specific CLABSI data. Virginia's CLABSI standardized infection ratio (SIR) for January–June 2009 was 0.83 and was statistically significant, which indicated that fewer events were observed than expected when compared to the baseline United States experience.
- CDC recently let VDH and other state health departments know that if they find a mistake in a facility's NHSN data, they contact the facility directly. If CDC recommends a change that affects your CLABSI data, please let VDH know so that we may rerun reports as necessary. Also, if the issue may be applicable to other facilities, VDH can help to share that information with other hospitals so we can all learn from each other's experiences with NHSN.
- Since 2006, APIC has partnered with NHSN and the vendor community to work towards a vendor-neutral solution enabling easy upload of already collected HAI data from already existing information technology systems. In addition to the six vendors (Cardinal Health MedMined™ Services, EpiQuest, AICE/ICPA (now BD Diagnostics), Premier Inc., TheraDoc, and Vecna) who participated in the NHSN pilot project in 2007, there may be other vendors willing to work towards that goal. Facilities are encouraged to contact their vendors directly to discuss the feasibility of data upload into NHSN.