SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

July 2010

News from the Virginia Department of Health's Healthcare-Associated Infections (HAI) Program

Volume 1, Issue 3

Edited by: Andrea Alvarez

Notes from VDH

We hope you are all having a great summer. Our SSI surveillance pilot officially began on July 1st; prior to that, several planning calls with participating facilities were held to discuss surveillance definitions and reporting timelines.

VDH HAI staff have attended several conferences recently that have had HAI breakout sessions or presentations. It was great to see some of you at the Field Epidemiology Seminar (FES) and at the national APIC conference. The FES features presentations on interesting outbreaks that have occurred in the past year; a few of this year's talks featured investigations of HAIs. Prior to the Field Epi Seminar, epidemiology breakout sessions were held at the Emergency Preparedness and Response (EP&R) Summit. An update on the VDH HAI Program was presented to the district and regional epidemiologists who attended the breakout session.

Acute Care Needs Assessment: Spotlight on Organizational Culture

Perceptions of organizational culture and infection prevention support varied significantly among the three surveyed groups for some of the statements asked.

The majority of infection preventionists (85%) noted that senior leadership at their facility was supportive of the infection prevention program. However, less than half felt that senior management understood the key tasks and activities performed by the IP team and only one-third agreed that infection prevention resources were adequate.

Administrators consistently characterized infection prevention resource capacity and culture in a more favorable light than quality improvement staff or infection preventionists. The most significant differences involved physician involvement in infection prevention (21% of IPs agreed or strongly agreed that physicians were highly involved compared with 56% of QIs and 64% of administrators), management's understanding of infection prevention activities (48% of IPs agreed or strongly agreed that management had a good understanding of the infection prevention program's key tasks and activities compared with 64% of QIs and 86% of administrators), and the facility's ability to designate additional resources to infection prevention.

Just over a quarter (28%) of IPs said that it would be somewhat likely or very likely that their facility would be able to designate time from non-infection prevention staff to be devoted to infection prevention, compared to 67% of quality improvement staff and 87% of administrators. While IPs noted financial resources to be the primary barrier that limits the facility's ability to assign additional resources to the infection prevention program, administrators ranked lack of available personnel as the primary barrier.

In this issue:

Questions? Comments?

Contact:
Deb Kalunian,
HAI Coordinator
804-864-7548

VDH Mandatory Disease Reporting Update: Invasive MRSA

In an effort to balance the response to public concern with the reality of surveillance burden, reporting of invasive methicillin-resistant *Staphylococcus aureus* (MRSA) infections (a small subset of all MRSA) to public health has been mandatory in Virginia since October of 2007. In response to a recent evaluation of the surveillance system conducted by Dana Burshell, the following recommendations and reminders may impact your infection prevention staff:

- Report only invasive MRSA infections (i.e., infections from normally sterile sites) to public health. The surveillance definitions are available at http://www.vdh.virginia.gov/epidemiology/Surveillance/MRSA/Reporting_Requirement.htm and are not necessarily the same as those used for clinical diagnosis.
- Write pertinent information on laboratory reports instead of filling out morbidity reports (Epi-1 forms) in order to reduce duplication of effort when possible. Invasive MRSA infection is the only Virginia reportable disease that solely requires reporting by laboratories and not by physicians or medical care facility directors.
- Work with your local health department communicable disease staff as necessary, realizing that minimal follow-up of individual cases is usually all that is indicated for surveillance except for cases that are important to the health department and/or facility, such as those that are part of an outbreak.

Please contact your district epidemiologist to find out more about how you can simplify and save time in reporting invasive MRSA infections in your facility.

CSTE Conference Update

At the 2010 Council of State and Territorial Epidemiologists (CSTE) Annual Conference held in early June, CDC's Division of Healthcare Quality Promotion (DHQP) conducted a full day pre-conference workshop dedicated to HAI issues. Topics included improving HAI outbreak investigations, the state and local health laboratories' role in HAI elimination, effective communication of state HAI prevention efforts, HAI collaboratives, and an afternoon of topics and updates pertaining to NHSN. States had the opportunity to share and discuss validation methodologies, surveys and needs assessments, health department websites designed for public education and use of HAI data, communication efforts, and NHSN and standardized incidence ratio (SIR) challenges. Communication, transparency, and information exchange between other states and the CDC continue to increase as these partners seek to identify the most effective ways to decrease HAIs.

In addition, two CSTE position statements involving HAIs were passed: "Healthcare Associated Infection Reporting" proposed health department access to NHSN information, development of model language for laws to protect facility-level data, and standardization of surveillance definitions and methods to ensure valid reporting. "CSTE-CDC Process for Setting National Standards for HAIs Case Criteria and Data Requirements" proposed initiation of a process to set national standards. The full text of these position statements can be found at http://www.cste.org/dnn/AnnualConference/PositionStatements/

NHSN News

NHSN has partnered with AJIC to publish a series of case studies to help you review your knowledge of NHSN definitions. The cases reflect real patient scenarios that you may encounter in your daily surveillance of HAIs. Each case will have a link to an online quiz where you can answer the questions and receive feedback. For the first case study, go to: http://www.surveymonkey.com/s/AJIC-NHSN-Case1.

The NHSN Change Control Board has announced that changes scheduled through the end of 2010 include but are not limited to:

- create alerts for missing numerators and denominators
- add ability to report zero events
- enhance confer rights features to provide the ability to withhold specific identifiers like name and SSN, as well as the ability to withhold facility identifiers

APIC-VA Chapter

2010 Annual Fall Educational Conference

Title: Bringing Light to Talent, Experience and Innovation

Dates/Times:

Pre-Conference Workshop:

October 13 – Nuts and Bolts of Infection Control – 7:30AM - 4:00PM

Educational Conference:

October 14 – 7:15AM - 5:00PM, Networking Reception 5:00PM - 6:30PM

October 15 – 8:00AM - 3:30PM

Location: Hotel Roanoke, Roanoke, Virginia

Presentations: The Real Hospital Threat: Multi-drug Resistant Gram-Negative Bacteria, Gram Positive MDROs, Emergency Management, Pandemic Flu, Employee Health Update, Dealing with Noncompliant Physicians, Role of the Environment in Disease Transmission, Current Issues and New Technologies

Breakouts: *C. difficile* and Enteric-Related Illness, Ambulatory Care, Stewardship, Infection Control in Long-Term Care

Fee: Pre-Conference - $90.00 by 9/02/10, $100.00 after (members)

$115 (non-members)

Conference - $165.00 by 9/02/10, $200.00 after (members)

$230 (non-members)

$130 Thursday only or Friday only

Register: Online - http://www.apic-va.com/Education.html

Mail/fax - Virginia Crouch, RN

Carilion Franklin Memorial Hospital

180 Floyd Avenue, Suite 305

Rocky Mount, VA 24151

Phone: 540-489-6322

Fax: 540-489-6545

Email: vlcrouch@carilionclinic.org