# SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

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

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## Notes from VDH

2011 is already off to a busy and productive start, which is necessary to reach everything on our "to-do" list. Taking our cue from the holiday season, we would like to express how grateful we are for your ongoing daily efforts, your participation in VDH HAI activities, and your input on how we can better support you. With the help of you (our acute care, long-term care, licensing agency, health department, and other organization partners), the VDH HAI team will continue exploring ways to advocate for patient, resident, and staff safety. Here's to a happy and healthy 2011 for individuals across the continuum of care!

- Andrea, Cheryl, and Dana

## Assisted Living Facility and Nursing Home Needs Assessment Results: Bloodborne Pathogen Policies and Practices

Recent transmission of hepatitis B in long-term care facilities as a result of improper blood glucose monitoring practices has demonstrated the need to assure that all facilities have infection control policies in place, are educated about prevention strategies, and implement appropriate prevention practices.

VDH identified components from the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen (BBP) regulations as proxy measures for current awareness of and compliance with proper BBP practices and included them in the assisted living facility (ALF) and nursing home (NH) infection prevention needs assessment. Results indicated a need for ongoing education, although the responding stand-alone ALFs reported more BBP-related challenges than NHs. The VDH HAI Program will provide trainings and resources for ALFs and NHs in 2011 to address these challenges and educational needs.

All ALFs and nearly all NHs (98%) were aware of the OSHA BBP Exposure Control Plan. While the majority of respondents reported appropriate BBP-related practices, areas for improvement were identified.

Compared to NHs, a lower percentage of ALFs reported meeting the following identified BBP proxy measures, including:

- Having written policies addressing glucose monitoring (82% vs. 99%)
- Providing applicable training upon employment (67% vs. 86%)
- Providing applicable training at least annually (76% vs. 93%)
- Recording employee hepatitis B immunizations or proof of immunization (73% vs. 98%)

Compared to NHs, a higher percentage of ALFs indicated the need for training on BBP-related policies (53% vs. 29%) or blood glucose monitoring practices (50% vs. 22%).

Please contact your local health department with questions and be prepared to discuss BBP prevention practices with inspectors.

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**Upcoming Events:**

January 26, 2011:
1 PM—APIC webinar on standardized infection ratios (SIRs)

January 26, 2011:
2 PM—Conference call for facilities participating in SSI surveillance pilot

**Questions? Comments?**

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## Carbapenem-resistant *Enterobacteriaceae* Survey Results

The Centers for Disease Control and Prevention (CDC) developed a survey tool for states to assess current Carbapenem-resistant *Enterobacteriaceae* (CRE) prevalence, surveillance activities, and prevention practices in acute care hospitals. In October 2010, the VDH HAI Program surveyed a convenience sample of acute care infection preventionists at the Association for Professionals in Infection Control and Epidemiology, Virginia Chapter (APIC-VA) Annual Conference using the standardized CDC tool.

Twenty infection preventionists responded to the survey. Half of responding facilities had fewer than 200 beds, 25% had 201-500 beds, and 25% had more than 500 beds. More than three-fourths of respondents (78%) agreed or strongly agreed that his/her facility considers CRE to be an epidemiologically important multidrug-resistant organism (MDRO) for which infection control practices are indicated to eliminate transmission.

Nearly half of facilities (45%, n=9) reported that one or more CRE-infected or CRE-colonized patients have been present in the facility within the past 12 months. Of these facilities, 44% indicated that CRE-infected or CRE-colonized patients are identified from clinical cultures monthly, 44% biannually, and 11% yearly. An additional four facilities indicated that CRE is identified less frequently than yearly.

In 74% of facilities (n=14), the microbiology laboratory has an established system for alerting infection prevention staff when a CRE isolate is identified. Of facilities that never or rarely (0-3 cases per quarter) identify CRE cases, only one facility has ever reviewed 6-12 months of microbiology records to detect any previously unrecognized CRE cases. No facilities have ever done a point prevalence survey for CRE in high-risk units. If a CRE case is identified, no facilities currently conduct active surveillance testing of patients with epidemiologic links to the CRE case. If a patient infected or colonized with CRE is identified, all facilities place the patient on contact precautions and in a single-patient room when possible.

These survey results indicate that CRE are present in Virginia acute care facilities but prevalence is low. Most facilities do have electronic alerts in place to identify infection prevention staff about CRE isolates and all facilities comply with recommendations to place patients with CRE infection/colonization on contact precautions.

## NHSN Notes

The next version of NHSN will not be available until March, but there are still updates to share regarding new documents and guidance.

New instructions are available on the NHSN website to help facilities identify summary data (device days, patient days, and admission counts) when distinguishing between observation patients and inpatients: http://www.cdc.gov/nhsn/PDFs/PatientDay_SumData_Guide.pdf

Beginning on January 3, 2011, facilities should use the updated Organism/Drug Antibiogram List when collecting organism and drug susceptibility data. Event forms and the NHSN application will be updated within the first quarter of 2011.

The form can be found at: http://www.cdc.gov/nhsn/PDFs/2011DrugOrgAntibiogramList.pdf

This month, you may have been prompted to submit a 2009 Patient Safety Component Facility Survey. One of the purposes of the survey is to assure that NHSN has the correct bedsize for your units and facility as a whole, which is important for state and national reporting. If you did not complete a 2009 facility survey when prompted, you will be unable to submit monthly reporting plans or any data for 2011. A facility survey for 2010 may be submitted after version 6.4 of NHSN is released (March 2011).

After entering your facility survey, please remember to submit your monthly reporting plans for 2011 and extend rights to your data if they previously ended on December 2010 so VDH can continue to see your CLABSI data.