

SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

May 2011

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

Volume 2, Issue 5

Edited by:
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Notes from VDH

On May 3rd, VDH welcomed Carol Jamerson, RN, BSN, CIC, to the HAI program as our Nurse Epidemiologist. Carol brings a wealth of infection prevention knowledge to the team, having worked at Centra Health for a number of years as an infection preventionist and most recently with the VDH/VHHA central line-associated bloodstream infection audit project as a data validation specialist.

On May 13, CDC Deputy Director Dr. Monroe visited VDH to learn more about a few state health department initiatives, including the HAI program. Our staff were able to share our approach to enhancing surveillance and providing education, while stressing our commitment to preventing infections across the continuum of care.

Lastly, we wish all of the nurses in the Commonwealth a happy belated National Nurses Week (May 6—May 12)!

Central Line-Associated Bloodstream Infection (CLABSI) Data Audit Webinar

On May 20, VDH and the Virginia Hospital & Healthcare Association (VHHA) hosted a webinar to share the results from the central line-associated bloodstream infection (CLABSI) data audit project. In all, 60 facilities participated in the webinar. Infection prevention consultant Mary Andrus described the methods and results of the project and Andrea Alvarez discussed the

purpose of the project and lessons learned. Hospitals did a phenomenal job applying the surveillance definitions and should be applauded for their success. Areas for improvement include quality assurance methods and continued education for data collectors. The webinar was archived and will be made available online in the coming weeks.

Regional Infection Prevention Collaborative for Nursing Homes

Attention Eastern Region Nursing Homes: Please join VDH and the Virginia Health Care Association (VHCA) for an opportunity to work closely with ten nursing homes in your area engaging and addressing infection prevention challenges of most interest and concern to you and the other participating facilities while helping to test and develop best practices that will be shared with your colleagues at the VDH and APIC-VA statewide training in November.

Participating facilities will receive funding for one staff member to attend the November training; however, the number of collaborative facilities may be limited, so please sign up soon. Be sure to email the coordinators (Judy Brown at VHCA, brown.hlthedspec@live.com, or Carol Jamerson at VDH, Carol.Jamerson@vdh.virginia.gov) if your facility is interested to participating in a conference call on June 9th to discuss and select the direction of this important collaborative.

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Upcoming Events:

June 1/2, 16, 29/30:
Infection prevention training for assisted living facilities and nursing homes (various locations)

June 23, 2011:
Field Epi Seminar (Richmond, VA)

Contact:

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HAI Program Coordinator
with questions or comments:
804-864-8097

Successful Strategies Infection Prevention Training Update

We are very pleased to note that the regional *Successful Strategies for Infection Prevention in Assisted Living Facilities and Nursing Homes* have been going extremely well! Our trainings in Woodbridge on May 10-11 were attended by 85 people and there were approximately 110 attendees in Hampton on May 24-25. It has been energizing to see the participants engaging with each other, asking great questions, and generating excellent discussion during the breakout sessions.

Training attendees have been sharing positive feedback with us about the infection prevention toolkit that is provided in hard copy and DVD format. The toolkit is editable so that each facility may customize the resources and tools to fit its needs. Assisted living facility (ALF) and nursing home (NH) staff are encouraged to attend the training in their region, but if no one from a facility is able to attend, please contact your local health department to obtain a copy of the toolkit.

Due to low registration thus far for the Weyers Cave training dates, we have decided to cancel one of the training days, June 15th, and open the June 16th date to

both assisted living facilities and nursing homes. While both audiences will hear the same presentations in the morning together, the rest of the day will have separate sessions by facility type for the licensing agency presentation and the afternoon breakout discussions on best practices and working with the health department on outbreak investigation and conducting surveillance.

Up to three attendees per facility may attend. We especially encourage the participation of direct care providers. To register for one of the remaining sessions [Weyers Cave—6/16 (ALF or NH); Dublin—6/29 (ALF or 6/30 (NH))]:

- Register online via TRAIN Virginia (<https://va.train.org>) - search for course ID 1026591 and click on the “Registration” tab.
- Contact the TRAIN Administrator (VA_Admin@train.org - 804-864-8233) or Dana Burshell, HAI Epidemiologist (Dana.Burshell@vdh.virginia.gov - 804-864-7550) if you need assistance.

MRSA Prevention in Veterans Affairs Hospitals

The April 14th edition of the *New England Journal of Medicine* contained an article that described the results of an MRSA prevention observational study using data from the entire national Veterans Affairs (VA) acute care hospital system. The VA operates more than 1,000 medical facilities throughout the United States. Concerns for the increase in healthcare-associated infections led to this study that assessed the effect of bundle practices on the rate of MRSA in intensive care units and non-intensive care units in the VA hospital system from October 2007

“One and Only” Campaign

The Safe Injection Practices Coalition (SIPC), a multidisciplinary partnership of healthcare-related organizations, was initially formed to promote safe injection practices in all healthcare settings in the United States. Recently, the SIPC has developed a public health education and awareness campaign for both healthcare providers and patients on the importance of safe injection

to June 2010. The MRSA bundle included universal nasal surveillance for MRSA, contact precautions for colonized or infected patients, hand hygiene, and a global institutional change for responsible infection control practices. This program of early active detection and isolation of patients (ADI) resulted in significant decreases of healthcare-associated transmission of and infections with MRSA. For more information, please visit: <http://www.nejm.org/doi/full/10.1056/NEJMoa1007474>

called the *One & Only Campaign*. This initiative stresses *one* needle, *one* syringe, *only one* time. A variety of posters and brochures are available for free by accessing through the campaign’s website (<http://oneandonlycampaign.org>) or by ordering directly through the Centers for Disease Control and Prevention (<http://www.cdc.gov/pubs/dhqp.aspx>).

VHHA Quality and Safety Action Plan

The Virginia Hospital & Healthcare Association (VHHA) Board of Directors recently approved an action plan that aims to improve health care quality and patient safety. A standardized set of outcome metrics were selected to allow for ongoing tracking and reporting of performance. The VHHA consensus quality and safety scorecard will include measures that address the following areas: healthcare-associated infections [central line-associated bloodstream infections (CLABSIs) and catheter-associated urinary tract infections]; serious reportable adverse events (wrong-site surgeries); 30-day readmission for acute myocardial infarction, heart failure, and pneumonia; 30-day mortality for the same three outcomes; and patient

satisfaction (overall value-based purchasing score and overall hospital rating from the Hospital Consumer Assessment of Healthcare Providers and Systems). Each measure has an associated target (ex. CLABSI rate of 0.71 infections per 1,000 central line days, which represents a 50% decrease from the 2010Q4 state rate of 1.42 infections per 1,000 central line days). For the first year of data, data will be aggregated on the state level and made available to the public. In subsequent years, member-specific results will become public. The action plan also promotes expansion of collaborative initiatives (such as the Comprehensive Unit-Based Safety Program) that are aimed at improving safety practices.

Tdap Recommendations for Healthcare Personnel

On April 4th, new provisional recommendations were published on the use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) and the use of postexposure antimicrobial prophylaxis in healthcare personnel (HCP).

The Advisory Committee on Immunization Practices (ACIP) revised recommendations on the use of Tdap in HCP include:

- All HCP regardless of age should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since the last tetanus and diphtheria (Td) dose.
- Tdap is not currently licensed for multiple administrations. After receipt of Tdap, HCP should receive routine booster immunization against tetanus and diphtheria according to previously published guidelines.
- Hospitals and ambulatory care facilities should provide Tdap for HCP and use approaches that maximize vaccination rates (e.g., education about the benefits of vaccination, convenient access, and the provision of Tdap at no charge).
 - ◇ **Note:** This recommendation does not apply to long-term care facilities such as nursing homes, skilled nursing facilities, or rehabilitation and convalescent care facilities. Ambulatory care settings include all outpatient and walk-in facilities.

Postexposure antimicrobial prophylaxis in healthcare personnel:

- Healthcare facilities should maximize efforts to prevent transmission of *Bordetella pertussis*. Respiratory precautions should be taken to prevent unprotected exposure to pertussis.
- Data on the need for postexposure antimicrobial prophylaxis in Tdap-vaccinated HCP are inconclusive. Some vaccinated HCP are still at risk for pertussis. Tdap may not preclude the need for postexposure antimicrobial prophylaxis.
- Postexposure antimicrobial prophylaxis is recommended for all HCP who have unprotected exposure to pertussis and are likely to expose a patient at risk for severe pertussis (e.g., hospitalized neonates and pregnant women). Other HCP should either receive postexposure antimicrobial prophylaxis or be monitored daily for 21 days after pertussis exposure and treated at the onset of signs and symptoms of pertussis.

The complete provisional recommendations can be accessed at: <http://www.cdc.gov/vaccines/recs/provisional/default.htm#acip>

Collaborative Opportunity for Nursing Homes in the Eastern Region

Please join the Virginia Department of Health (VDH) and the Virginia Health Care Association (VHCA) for an *exciting* infection prevention collaborative
June through November 2011

Objectives:

- Focus on strategies for best practices and compliance with process measures to improve resident care
- Receive training tools and guidance throughout the project
- Energize staff and improve infection surveillance and prevention practices in your facility
- Share lessons learned during a statewide training in November with VDH and APIC-VA

Benefits:

- Work with facilities in your area to identify healthcare-associated infections of interest and share best practices for infection prevention
- VDH and VHCA will coordinate, provide training tools, guidance, and consultation to all participating facilities
- Participating facilities will also receive funding for 1 staff member to attend a statewide training in November

**Interested? Contact Judy Brown at VHCA
(brown.hlthedspec@live.com) or Carol Jamerson
at VDH (Carol.Jamerson@vdh.virginia.gov)**

Timeline:

May-June—Sign up!

June 9—Virtual meet & greet; help set the direction and goals of the collaborative

July—Kick-off!

July–Oct—Collaborative project

Nov—Wrap-up, evaluate, and share!

