SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

March 2012

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

Volume 3, Issue 3

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Notes from VDH

This spring is blooming with HAI educational opportunities! The back page of this newsletter contains registration information on two upcoming **webinars (4/19 and 5/3) on the standardized infection ratio**. The first session is more basic and applicable to a variety of audiences while the second session is geared toward infection preventionists who are or will be using the SIR measure within their facility and need more detail about running reports in the National Healthcare Safety Network and interpreting the results.

We also are excited to see that traffic to our website has increased since debuting our new HAI site last month. Items from the long-term care toolkit and urinary tract infection toolkit have been downloaded most frequently. New posts since last month include the audio recordings from the inspector training (Oct 2011), UTI panel (Nov 2011), and slides from the UTI webinar in March 2012. Continue to check the site for new documents! **www.vdh.virginia.gov/epidemiology/surveillance/hai**

Urinary Tract Infection Prevention Webinar

On March 21st, VDH hosted a webinar to review the *Successful Strategies for the Prevention of Urinary Tract Infections in Long-Term Care Facilities* toolkit. Approximately 50 people attended the lunch-and-learn session in which Carol Jamerson (VDH Nurse Epidemiologist) walked participants through the toolkit's resources and discussed how the various fact sheets, surveillance forms, policy templates, and assessment tools can be used by long-term care facilities. Adriana Agnew, Director of Quality Management and Infection Preventionist at Fairfax Nursing Center shared how her facility has used and plans to use the toolkit to modify its UTI policies and prevention practices.

Judy Brown, Long-Term Care Consultant, facilitated the question and answer session and promoted an upcoming training opportunity on **August 21st** in Richmond. The Virginia Health Care Association (VHCA) will be hosting a UTI educational session featuring Dr. Palmer and Dr. Oldfield from Eastern Virginia Medical School, Dr. Mary Evans (President of the Virginia Medical Directors Association), and Edna Garcia from Riverside Lifelong Health and Aging Related Services. This full-day session will be held at the Holiday Inn Koger Center. More details to follow soon!

The toolkit was a product of last year's UTI prevention collaborative in twelve nursing homes in the Eastern region of the state and was created by VDH in partnership with VHCA.

All of the toolkit documents are available online and may be downloaded and customized for your facility:

www.vdh.virginia.gov/epidemiology/surveillance/hai/uti.htm#toolkit

The webinar slides are *now* available on the Communication and Education page of the VDH HAI website:

www.vdh.virginia.gov/epidemiology/surveillance/hai/communication.htm

In this issue:

Upcoming Events:

April 19—1-2 PM: SIR 101: Interpretation and Public Reporting (VDH webinar)

May 3—1-2:30 PM: SIR 201: Calculating the SIR in NHSN and Generating Reports (VDH webinar)

June 12-13: VHQC QualitySync Conference, Richmond

June 27: Field Epi Seminar, Richmond

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Preventing *Clostridium difficile* Infections

Clostridium difficile infection (CDI) in hospitalized patients is at an all-time high and has increased significantly in the past decade, according to a new Vital Signs report published in March by the Centers for Disease Control and Prevention (CDC). These infections occur most often in settings where antibiotics are prescribed and patients who are symptomatic are concentrated. With increased incidence of CDIs have come associated historically high mortality rates and excess health-care costs. Linked to 14,000 deaths in the United States each year, most CDIs are connected with receiving medical care, with 94% of all CDIs being related to health-care exposures and 25% having an onset in the hospital setting. Infection risk increases with age; although half of infections occur in people younger than 65, more than 90% of CDI deaths occur in people 65 and older.

While deaths related to CDIs increased 400% between 2000 and 2007, these infections can be prevented. CDI prevention programs focusing primarily on intrahospital transmission of *C. difficile* in Illinois, Massachusetts, and New York have shown success. The CDI rate among the 71 hospitals participating in the prevention programs declined 20%.

Steps clinicians can take to prevent the spread of *C. difficile* outlined in the report include:

- ◊ Prescribe antibiotics carefully and only when necessary.
- ◊ Test patients with diarrhea who are on or recently have on antibiotics for *C. difficile.*
- ◊ Place patients with CDI on contact precautions immediately.
- ◊ Inform the receiving facility if a transferred patient has CDI. *C. difficile* germs move with patients between healthcare settings and providers are not always informed of a recent CDI in new patients.
- ◊ Clean all surfaces contacted by a patient with CDI with a spore-killing disinfectant.
- ◊ Wear gloves and gowns when treating patients with CDI. Hand sanitizer does not kill *C. difficile* and hand washing may not be sufficient. A recent review article by SHEA/IDSA determined that although soap and water is superior to alcohol-based products for removing *C. difficile* spores, there is no evidence that soap and water reduce CDI or that alcohol-based products increase CDI. Preferential use of soap and water for hand hygiene over alcohol-based products is recommended only in outbreak settings.

To access the Vital Signs report, go to:
http://www.cdc.gov/vitalsigns/HAI/index.html

To read more about the rationale for hand hygiene recommendations after caring for a patient with CDI, go to:
http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/CDI_hand_hygiene_Update.pdf

Outbreak Investigations in U.S. Hospitals

A new study published in February in the *American Journal of Infection Control* cited norovirus as the leading cause of infection outbreaks in U.S. hospitals. The study surveyed infection preventionists in 822 U.S. hospitals about outbreak investigations. Four organisms were found to cause nearly 60% of the outbreaks; norovirus (18%), *Staphylococcus aureus* (17%), *Acinetobacter* spp. (14%), and *Clostridium difficile* (10%).

Norovirus was responsible for 65% of ward closures over the two-year study period. In medical/surgical unit outbreaks, the other organisms were found more commonly than norovirus, which occurred most often in behavioral health and rehabilitation/long-term care units. As mentioned in January's VDH HAI newsletter, CDC recently released an updated set of guidelines for the prevention and control of norovirus gastroenteritis outbreaks in healthcare settings (**http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm#toolkit**).

All About Antibiotic Stewardship

"On one hand, I am thrilled about the growing recognition of the importance of antimicrobial stewardship. On the other hand, truly effective stewardship means more than just an acknowledgement of its importance. Healthcare practitioners, administrators, and policymakers need real tools to put effective antimicrobial stewardship strategies into place." - Dr. Neil Fishman

CDC's Safe Healthcare Blog recently posted an article by Dr. Neil Fishman from the University of Pennsylvania introducing "Antimicrobial Stewardship: New Tools for Action" (**http://blogs.cdc.gov/safehealthcare/?p=2299**). The article highlights the April 2012 edition of the journal *Infection Control and Hospital Epidemiology* (ICHE) that contains 24 antibiotic stewardship articles.

The April 2012 edition of ***Infection Control & Hospital Epidemiology*** (ICHE) is a peer-reviewed special topic issue devoted to antimicrobial stewardship and preserving the use of antimicrobials. The free antibiotic stewardship articles available at **www.journals.uchicago.edu/iche** include:

- ◊ Policy statement (SHEA/IDSA/PIDS)
- ◊ Cost analysis study
- ◊ Audit and feedback to reduce broad-spectrum antibiotic use study
- ◊ A collaborative partnership between infection preventionists and health epidemiologists

"*The science showcased in ICHE will help all of us move from merely talking about stewardship to actually putting these strategies into action.*" - Dr. Fishman

NHSN Q&A

Q. How many facilities are currently enrolled in NHSN?

A. As of mid-January, there were 95 facilities enrolled in Virginia. Nationally, over 7,000 facilities were enrolled in NHSN as of mid-March.

- ◊ 58% Hospitals (not including categories below)
- ◊ 33% Dialysis facilities
- ◊ 4% Long-term acute care hospitals
- ◊ 3% Ambulatory surgery centers
- ◊ 1% Inpatient rehabilitation facilities
- ◊ <1% Long-term care facilities

NHSN is working very hard to address the questions and needs of all facilities to the best of their ability.

Q. Is there any more guidance available for Inpatient Rehabilitation Facilities (IRFs) regarding enrollment?

A. Yes, NHSN sent an email to the NHSN Facility Administrator with further instructions for CMS IRF units within a hospital. To identify if your unit fits this description, you need the CMS Certification Number (CCN). Licensed IRFs that are free-standing facilities or have a CCN with the last four digits between 3025-3099 would enroll in NHSN as a separate facility. If the third digit of the CCN is a "T" or "R" it is a CMS IRF unit and needs to be set up as an Inpatient Rehabilitation Ward location <u>within</u> an enrolled acute care or critical access facility type.

Q. What is the most recent update on how laparoscopic hysterectomies should be coded?

A. New guidance addressing laparoscopic hysterectomies has replaced a revision that was made in December of 2011 and is effective immediately for procedures starting in January 2012. NHSN encourages this change to be communicated directly to medical records coding professionals and it will be addressed in the publication of *Coding Clinic, First Quarter 2012*.

The final word: When assigning the correct ICD-9-CM hysterectomy procedure code, the focus should be on the surgical technique or approach used for the detachment of those structures and <u>not</u> based on the locations of where the structures were physically removed.

NHSN is asking that you work with your medical records department to identify and reclassify any abdominal hysterectomy procedures performed since January 1, 2012, using the new guidance and correct any data entered into NHSN.

Save the Date and Register

Standardized Infection Ratio Free Webinars

Two free standardized infection ratio (SIR) webinars will be provided by the Virginia Department of Health's Healthcare-Associated Infections Program.

SIR 101

When: Thursday, April 19th, 1-2PM

Topics addressed:

- SIR calculation and interpretation
- How SIR is being used nationally, on the state level, and by hospitals

Audience: infection preventionists, administrators, health department epidemiologists

Webinar registration:
http://www.anymeeting.com/PIID=EC58DA82884E

SIR 201

When: Thursday, May 3rd, 1-2:30PM

Topics addressed:

- Derivation of CLABSI and SSI SIR
- SIR data quality tips to ensure compliance with requirements
- How to generate & modify SIR reports in NHSN

Audience: infection preventionists, those interested in SIR nuts and bolts

Webinar registration:
http://www.anymeeting.com/PIID=EC58DA82884C

How to listen in via phone:

- Webinar phone number—(218) 339-2409 passcode 962-9298

Health department staff register at: https://va.train.org

Course ID #: 1032836 for VDH: SIR 101 and Course ID#: 1032906 for VDH: SIR 201

Questions or comments?

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