

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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Edited by:
Andrea Alvarez

Notes from VDH

The word must be getting out about our website because in July we had nearly 5,500 hits! Back in February, before we revamped the site, we had ~3,000 hits a month.



Recent updates to the website:

- ◇ Updated the *Clostridium difficile* page with Virginia-specific data on morbidity and cost. www.vdh.virginia.gov/epidemiology/surveillance/hai/cdiff.htm
- ◇ Added a fact sheet on *Surveillance in Healthcare Facilities* and a presentation on the standardized infection ratio from June's VHQC QualitySync conference. www.vdh.virginia.gov/epidemiology/surveillance/hai/surveillance.htm

◇ Posted the Assisted Living Facility and Nursing Home Infection Prevention Needs Assessment Final Report. This report summarizes the results of this survey of assisted living and nursing home providers in Virginia and describes the infection prevention challenges and educational needs identified in these settings.

www.vdh.virginia.gov/epidemiology/surveillance/hai/documents/pdf/ALFandNH_InfectionPreventionNeedsAssessmentReport.pdf

We look forward to seeing many of you in Fairfax in September at the Annual Educational Conference of the Virginia chapter of the Association for Professionals in Infection Control and Epidemiology (APIC-VA)!

AHRQ Training Modules for Nursing Homes

The Agency for Healthcare Research and Quality (AHRQ) recently released a set of training modules to help educate nursing home staff on key patient safety concepts to improve the safety of nursing home residents. The modules, *Improving Patient Safety in Long-Term Care Facilities*, include:

- Detecting Change in a Resident's Condition
- Communicating Change in a Resident's Condition
- Falls Prevention and Management

There is one instructor guide for all three modules and separate student workbooks for each module. Training of nursing home staff, including support for teamwork across specialties, is likely to be effective in reducing medical errors and improving patient safety and can help reduce the number of falls and fall-related injuries.

Single copies of both the instructor's guide and student workbooks are free.

For more information and to order additional copies of the modules, go to:

www.ahrq.gov/qual/ptsafetylrc/

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Upcoming Events:

Sept 19: APIC-VA Pre-Conference on Construction in Healthcare, Fairfax

Sept 20-21: APIC-VA Annual Educational Conference, Fairfax

Contact:

Andrea Alvarez,
HAI Program Coordinator
with questions /
comments:
804-864-8097

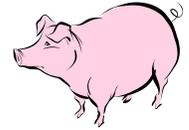
Is it Influenza Season Already?!?

Influenza season traditionally runs from early October to mid-May, but we see cases of flu in Virginia throughout the year. As we approach the beginning of flu season, here are some tips and reminders to keep your facility's staff and patients/residents healthy:

- ◇ Encourage staff, patients, residents, and visitors to practice good hygiene and respiratory etiquette as the first line of defense against the flu. Make sure supplies of tissues, paper towels, and hand sanitizer are readily available.
- ◇ Contact your local health department as soon as you suspect that an outbreak may be occurring in your facility.
- ◇ Get vaccinated for flu and encourage others to do the same! This year's vaccine consists of two types of A strains (H1N1 and H3N2) and a B strain. The H3N2 and B strains are different from those in last year's vaccine. Annual vaccination is recommended for all persons aged ≥6 months and ideally should occur *before* onset of influenza activity in the community.



- ◇ Some other states like Indiana, Ohio, and even Maryland have begun to see cases of a type of influenza A (H3N2) associated with direct or indirect exposure to swine, mostly at agricultural fairs. This flu strain is being referred to as A(H3N2v), with "v" standing for "variant". It has mostly been seen in children. If you suspect that one of your patients or residents may have had contact with pigs and is exhibiting flu-like symptoms, you should contact your local health department who will help you coordinate with the state public health laboratory (DCLS) for testing.



Tools and resources for the prevention of flu in the healthcare setting can be found on the VDH HAI website: www.vdh.virginia.gov/epidemiology/surveillance/hai/OtherInfections.htm#Flu.

The VDH Division of Immunization's website has additional information on immunization of healthcare personnel (www.vdh.virginia.gov/epidemiology/Immunization/HCPersonnel/index.htm) as well as influenza vaccination (www.vdh.virginia.gov/epidemiology/Immunization/influenza.htm).

For more information on the recommendations of the Advisory Committee on Immunization Practices (ACIP) for the 2012-2013 influenza season, go to: www.cdc.gov/mmwr/pdf/wk/mm6132.pdf.

Register for the APIC-VA Conference and Pre-Conference!

It's not too late to register for the pre-conference or annual educational conference held by the Virginia chapter of the Association for Professionals in Infection Control and Epidemiology (APIC-VA)! Topics presented will address issues across the continuum of care. Both events will be held at The Mason Inn Conference Center in Fairfax, VA. Register for either or both!

Sept 19th: Pre-Conference: *Construction in Healthcare*

(speakers: Andrew Streifel, Shari Solomon, and Greg Brison).

Emergency preparedness will also be addressed.



Sept 20-21st: Annual Educational Conference: *Navigating Troubled Waters*

Topics include carbapenem-resistant *Enterobacteriaceae* (CRE), *Clostridium difficile* infections, NHSN definitions and reports, microbiology, infection prevention in long-term care, systemic inflammatory response syndrome and acute respiratory distress syndrome, and group discussions on topics such as outbreak investigation, mental health, long-term care, and creative educational strategies.

Questions?

Need more information on speakers and registration?

<http://apic-va.com/Education.html>

Educational Session on Urinary Tract Infections

On August 21, the Virginia Health Care Association (VHCA) hosted an educational session in Richmond about the prevention, identification, and treatment of urinary tract infections in the long-term care setting.

Dr. Robert Palmer, Director of the Glennan Center for Geriatrics and Gerontology at Eastern Virginia Medical School, kicked off the day with an overview of the symptoms, pathophysiology, and epidemiology of UTIs. He also discussed the regulatory guidance for catheter use and incontinence. **Dr. Edward Oldfield, III**, Director of the Infectious Disease Division at Eastern Virginia Medical School, spoke about appropriate diagnosis and treatment of UTIs. He stressed the importance of following evidence-based medicine and NOT treating a patient with bacteria in the urine if symptoms are not present. This can lead to serious consequences including side effects (such as *Clostridium difficile* infection), increasing drug resistance, and cost.

Tracheostomy Tube Recall

On July 18th, the Food and Drug Administration (FDA) issued a Class I recall on certain lots of Shiley size 8 adult, reusable, cuffed tracheostomy tubes manufactured by Covidien. Class I recalls are the most serious type and involve situations where there is a reasonable probability that use of these products will cause serious adverse health consequences or death.

Consumers of these tracheostomy tubes have reported volume leakage and/or disconnection between the inner and outer cannulae, which were observed during mechanical ventilation of patients.

AHRQ SSI Report Published

In August, AHRQ published a report entitled *Improving the Measurement of Surgical Site Infection Risk Stratification/ Outcome Detection*. This report was commissioned in cooperation with CDC with the objective of developing techniques to improve the identification and surveillance of likely cases of surgical site infection. Data from four common procedures (hernia repair, coronary artery bypass grafts, and hip and knee arthroplasty) were used

After the first two presentations, a lively panel discussion allowed participants to ask questions about challenges that have been encountered in their facilities. **Susanne Thomas**, Staff Training and Development Manager from the VDH Office of Licensure and Certification, led an interactive session where participants investigated a UTI complaint through the lens of a surveyor and the resident's family member. She also gave some recent examples of citations related to UTIs and urinary health. **Edna Garcia**, Director of Clinical Education at Riverside Lifelong Health and Aging Related Services, spoke about best practices for UTI prevention and shared practical strategies for hydration and hygiene as well as examples of nurse-driven protocols. **Adriana Agnew**, Director of Quality Management at Fairfax Nursing Center wrapped up the day by sharing how her facility has been able to modify and adopt the prevention, surveillance, and policy resources contained in the VDH *Successful Strategies for the Prevention of UTIs in Long-Term Care* toolkit.

Customers were notified of this recall by mail and phone and instructed to return all tracheostomy tubes from the affected models and lots to the manufacturer. If a recalled tube is already in use in a patient, the manufacturer recommends replacing it as soon as clinically appropriate. If a physician advises leaving the tube in place, it is strongly encouraged that the frequency of direct patient observation be increased.

Model numbers affected by the recall are provided on the FDA website (www.fda.gov/Safety/Recalls/ucm314472.htm) with more information on the recall and instructions on how to report adverse reactions experienced with the use of this product.

in this report. A major focus of the project was to test the usefulness of computer algorithms that could alert infection preventionists to patients likely to have SSIs on the basis of retrospective analysis of electronic medical records, laboratory test results, and patient demographics.

To download the complete report, go to:
www.ahrq.gov/qual/ssi

NHSN Q&A

Q. I was using NHSN reports to run a line list of my incomplete procedures for the SSI standardized infection ratio (SIR) and I don't understand why one particular procedure was noted as being incomplete.

A. There are several reasons why your procedure could have been excluded from the SIR calculation, including:

- ◇ Missing one or more variables necessary to do risk adjustment for that procedure type
- ◇ Procedure duration is too short (<5 mins) or too long (depends on procedure)
- ◇ Procedure date is ≤ patient's date of birth
- ◇ Patient's age is ≥ 109 years
- ◇ Wound class = 'U'

The NHSN e-News: SIRs special edition newsletter does a great job explaining the different reports that display SIR data, what the data mean, and what is included or excluded in the SIR calculations.

We strongly encourage you to keep this at your fingertips!

www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf



Q. I hear that the next version of NHSN is scheduled for release in early September. What changes will I see?

A. CDC plans to release NHSN v7.0 on September 8th. There are several changes to note:

- ◇ Addition of Long-Term Care Facility (LTCF) Component. This new component contains reporting forms, protocols and instructions developed specifically for use by LTCFs (nursing homes/skilled nursing facilities) to track urinary tract infections, laboratory-identified events for multidrug-resistant organisms and *Clostridium difficile* infection, and prevention process measures (hand hygiene and gown and glove use). This release coincides with new LTC infection surveillance definitions that will be published in *Infection Control and Hospital Epidemiology* in early September.
- ◇ In preparation for the Centers for Medicare and Medicaid Services (CMS) influenza vaccination reporting requirement in 2013, the healthcare personnel (HCP) influenza vaccination module has been edited such that reporting will be available at the summary level only. Facilities will use the module to report measures for the entire influenza season for three groups of HCP: employees, licensed independent practitioners, and adult students/trainees and volunteers. The protocol, forms, and survey for the new module will be posted on the NHSN website in the near future:
www.cdc.gov/nhsn/psm/vaccination-module.html
- ◇ Critical access hospitals will now be able to designate themselves as such. If your hospital's CMS Certification Number denotes that you are a critical access facility (last four digits between 1300-1399) and you noted your facility had fewer than 26 inpatient beds on your most recent survey, the facility will automatically be changed from a general acute care facility type to a critical access facility type. If a facility meets one of the criteria, the NHSN Team will be contacting you prior to the release to determine whether to designate the facility as critical access.