



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:
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Notes from VDH

It was wonderful to see so many friendly infection preventionist faces at the VDH Field Epidemiology Seminar on April 30th. We appreciate that you were able to join us for a day of sharing lessons learned from the past year's most interesting outbreaks and case investigations. This session coincided with the Virginia Healthcare Emergency Management State Forum and VDH Public Health

VHQC Learning Event Highlights Strategies for Healthcare Innovation

On April 9-10, nearly 175 healthcare providers and participants joined VHQC, the state quality improvement organization, for QualitySync II, held in Richmond. The two-day learning event focused on *Transforming Care Through Innovation* covered a wide range of topics such as engaging patients, advancing value and improving transitions of care, and leveraging health information technology. Farzad Mostashari, MD, ScM, National Coordinator for Health IT at the U.S. Department of Health and Human Services, kicked off the event. He discussed the importance of using health information in ways that lead to improved care for patients. Also, he highlighted the role patients can play in addressing healthcare challenges. Tiffany Christensen, co-chair of Duke Healthcare's Patient Advocacy Council, discussed her own experiences as a cystic fibrosis patient and emphasized the important role that patients and patient advocates play in healthcare facilities.

During break-out sessions, participants heard from healthcare leaders and expert provider panels on a variety of topics. Speakers and interactive discussions offered participants strategies for addressing challenges within their own organizations and communities.

Preparedness Summit and was held in Richmond. Investigations from healthcare or residential facilities that were discussed included outbreaks of group A streptococcal infection (one in an assisted living facility and one in a hospital neonatal intensive care unit), hepatitis B transmission in an assisted living facility, and one hospital's response to the fungal meningitis outbreak.

On day two of the event, VHQC recognized the 2013 recipients of the Virginia Health Quality Awards. Awardees included:

- **Collaboration:** Northern Virginia Healthy Kids Coalition, Inova Health System, Fairfax
- **Excellence in Leadership:** James Abbott, MD, Medical Director, The Virginia Home, Richmond
- **Health IT Innovation:** VCU Health System, Richmond
- **Making a Difference:** Paul Frantz, MD, Medical Director of Cardiology, Carilion Clinic, Roanoke
- **Patient-Centered Care:** Mountain States Health Alliance – Virginia hospitals, Johnson City, TN
- **Population Health:** Bon Secours Virginia Medical Group, Richmond

Visit www.vhqc.org/docs/news/040113_Virginia_Health_Quality_Awards_Final.pdf to learn more about these organizations and healthcare leaders.

If you were unable to attend and wish to view the presentations from QualitySync II, please go to VHQC's online resource center at: www.vhqc.org/qio/resources#firstlink.

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Upcoming Events:

May:

Viral Hepatitis Awareness Month

June 8-10:

APIC National Conference—
Fort Lauderdale, Florida

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NHSN Errata Published:

As facilities have begun using the 2013 surveillance definitions, errors and areas needing clarification have been identified. Please see www.cdc.gov/nhsn/pdf/pscmanual/errata2013.pdf for a list of corrections, clarifications, and additions that have not yet been added to the current posted NHSN protocols.



NHSN Q&A

In our March 2013 newsletter, in the NHSN Q&A section, we responded to a question about *C. difficile* LabID Event reporting and indicated that *C. difficile* specimens collected as outpatient procedures are not reportable through NHSN if the facility is doing facility-wide inpatient LabID Event surveillance.

CLARIFICATION: A LabID Event for an inpatient location **CAN** include specimens collected during an emergency department or other outpatient clinic visit, **if collected the same calendar day as the patient admission**. The location of infection will be assigned to the admitting inpatient location. (see MDRO/CDI Module protocol—Chapter 12, page 13)

Q. What part of the NHSN protocol discusses how to determine if a bloodstream infection (BSI) is primary or secondary?

A. This determination can definitely be tricky. In the central line-associated BSI chapter (Ch 4), page 9 and Appendix I (pgs 14-17) have tips to help distinguish between primary and secondary BSIs. However, this guidance is not applicable to situations where a BSI may be secondary to a possible or probable VAP. Guidance for those situations is found in the ventilator-associated event (VAE) chapter (Ch 10) on pgs 10-11 and 46-48. Secondary BSIs are not reported for vascular (VASC) infections, clinically-defined pneumonia (PNU1), ventilator-associated conditions (VAC) or infection-related ventilator-associated complications (IVAC).

Q. I didn't have any *C. difficile* LabID Events in March. Do I have to enter summary data into NHSN for that month?

A. First of all, that's great news! However, yes, you still must enter summary data for each month. Helpful tips for CDI LabID Event reporting to comply with CMS requirements can be found here: www.cdc.gov/nhsn/PDFs/CMS/Helpful-Tips-for-CDI-Reporting.pdf

Q. I have an adult patient with two blood cultures that were collected four days apart. The first was positive for coagulase-negative staphylococcus and the second was positive for *Staphylococcus capitis*. Does this meet the laboratory component of the central line-associated bloodstream infection definition?

A. The first question to answer is do you need more than one positive blood culture for that organism? Coagulase-negative staph organisms are "common commensals" and to make sure that the finding is accurate, the NHSN definition says that a common commensal organism must be cultured from two or more blood cultures drawn on separate occasions. NHSN has a spreadsheet (www.cdc.gov/nhsn/xls/master-organism-com-commensals-lists.xlsx) with worksheets that list all organisms, top organisms, common commensals, mucosal barrier injury organisms, and uropathogens. Both coag-negative staph and *S. capitis* are common commensals. However, they were collected four days apart and NHSN also says "criterion elements must occur within a timeframe that does not exceed a gap of 1 calendar day." For example, blood draws from Monday and Tuesday would be acceptable, but Monday and Wednesday (or 4 days in your case) would be too far apart to meet this criterion. For this reason, your scenario does not meet the lab component for the CLABSI definition. Another thing to note for common commensals is that at least one bottle from each blood draw has to be reported by the lab as having grown the *same* common commensal. If the pathogen or common commensal is identified to the species level by one blood culture (e.g., *S. capitis*) and a companion culture is identified with only a descriptive name or to the genus level (e.g., coagulase-negative *Staphylococcus*), it is assumed the organisms are the same. The organism identified to the species level would be reported as the infecting organism if the other CLABSI event criteria are met. See the CLABSI protocol (Chapter 4, pg 8 and Table 2) for more information.

Virginia Hospital & Healthcare Association and North Carolina-Virginia Hospital Engagement Network Host Boot Camp Training in Comprehensive Unit-Based Safety Program Model for Improvement

Representatives from 18 Virginia hospitals attended a boot camp-style training course hosted by the Virginia Hospital & Healthcare Association (VHHA) and the North Carolina-Virginia Hospital Engagement Network (NoCVA HEN) Healthcare-Associated Infection (HAI) Prevention Learning Network in the principles of the Comprehensive Unit-Based Safety Program (CUSP) model for improvement. This model for improvement was developed by the Quality and Safety Research Group at Johns Hopkins in conjunction with the Agency for Healthcare Research and Quality. The course was taught by faculty from Virginia hospitals who successfully implemented the CUSP model in their organizations—Tracy Sansossio from Augusta Health, Gail Rudder from

Sentara CarePlex Hospital, and Terry Tilley from Carilion Roanoke Memorial Hospital. Guest speakers included Andrea Alvarez from the Virginia Department of Health, who gave an update on the status of HAI outcome measures in Virginia, and Linda Sokos from Danville Regional Medical Center, who gave an entertaining “lunch and learn” presentation on biofilm and its role in HAI prevention. The faculty introduced participants in the camp to each of the CUSP toolkit modules and provided examples of how to implement the modules in the hospital setting. The camp is one of the learning activities associated with the new HAI Prevention Learning Network of the NoCVA Hospital Engagement Network. For more information on the NoCVA HEN HAI Learning Network, please contact Jan Mangun at jmangun@vhha.com.

Avian Influenza A (H7N9) Virus Update

This message is to update you about infection prevention and reporting guidance for a new avian influenza A (H7N9) virus recently identified in humans. Since April 1, 2013, Chinese public health officials have reported an increasing number of human infections with avian influenza A (H7N9). **To date, no cases of human infection with influenza A (H7N9) have been detected in the United States.**

In an effort to increase surveillance for potential cases in the United States, we are asking for help from clinicians. **Please report to your local health district any patient with influenza-like illness (i.e., fever with cough and/or sore throat) who meets either of the following exposure criteria:**

- Patients with recent travel (within ≤ 10 days of illness onset) to countries where human cases of avian influenza A (H7N9) virus infection have recently been detected, especially if there was recent direct or close contact with animals (such as wild birds, poultry, or pigs) or where influenza A (H7N9) viruses are known to be circulating in animals. **Currently, China is the only country that has reported avian influenza A (H7N9) human cases.**
- Patients who have had recent contact with a confirmed human case of infection with avian influenza A (H7N9) virus.

Contact your local health department to report suspect cases and for assistance regarding specimen collection and submission to the state public health laboratory (DCLS). Preferred specimens include a nasopharyngeal swab utilizing a DCLS collection kit and viral transport media. Specimens will *not* be tested at DCLS unless they are approved by the health department.

Because this novel influenza virus has been shown to cause severe respiratory illness in cases identified so far, healthcare personnel caring for patients who have confirmed cases, probable cases, or cases under investigation should adhere to Standard Precautions *plus* Contact and Airborne Precautions, including required eye protection and the expanded use of respirators (i.e., for all patient-care activities), until more is known about the transmission characteristics of the virus. Complete details on this interim guidance for infection control within healthcare settings when caring for patients under investigation for avian influenza A (H7N9) virus may be found at: www.cdc.gov/flu/avianflu/h7n9-infection-control.htm.

This information is current as of May 3rd but will evolve as we learn more about the transmissibility, epidemiology, treatment and vaccine options. We will update you as additional information becomes available. You may also wish to review the CDC website at: www.cdc.gov/flu/avianflu/h7n9-virus.htm for additional details and guidance. The website includes a CDC Health Advisory issued on 4/5: “Human Infections with Novel Influenza A (H7N9) Viruses”.

CDC 2011 NHSN Annual Report Published

The Centers for Disease Control and Prevention (CDC) recently published the 2011 National Healthcare Safety Network (NHSN) Annual Report online as well as in the April 2013 issue of *American Journal of Infection Control* (AJIC). This report summarizes Device-Associated Module data collected by hospitals participating in NHSN for events occurring from January 2011 through December 2011 and reported by August 1, 2012.

This report updates previously published Device-Associated Module data from NHSN and provides contemporary comparative rates. Central line-associated infection (CLABSI) data presented include pooled means and device-utilization ratios by NHSN location type for acute care hospitals, long-term acute care hospitals, and

inpatient rehabilitation facilities. Data from specialty care areas and oncology units as well as neonatal intensive care units (NICUs) are displayed separately. Catheter-associated urinary tract infection (CAUTI) pooled means and device-utilization ratios are also presented by NHSN location type for acute care hospitals, long-term acute care hospitals, and inpatient rehabilitation facilities. Ventilator-associated pneumonia (VAP) pooled means and device-utilization ratios are displayed by NHSN location type for acute care hospitals and long-term acute care hospitals. VAP data from NICUs are also available.

To read the entire NHSN 2011 Annual Report, go to: www.cdc.gov/nhsn/PDFs/dataStat/NHSN-Report-2011-Data-Summary.pdf

The Role of the Environment in Infection Prevention

The May 2013 edition of *Infection Control and Hospital Epidemiology* is a special topic issue on the role of the environment in infection prevention. This publication is focused on the epidemiology and prevention of healthcare-associated infections (HAIs) associated with the hospital environment and includes 21 papers.

Topics covered include a review of methods to improve environmental cleaning and disinfection, a discussion of the use of no-touch methods for terminal room

disinfection, and an examination of the use of self-disinfecting surfaces to aid in the reduction of HAIs. No-touch methods have demonstrated some success in improving terminal room disinfection but are time-intensive. Self-disinfecting surfaces have the advantage of continuously decreasing the bioburden and being able to be used throughout a patient's room occupancy.

To access the issue, please go to: www.jstor.org/stable/10.1086/669885

Partnership for Prevention Award: Call for Nominations

The U.S. Department of Health and Human Services (HHS) has partnered with the Association for Professionals in Infection Control and Epidemiology (APIC) and the Society for Healthcare Epidemiology of America (SHEA) to recognize exemplary work being done in hospitals around healthcare-associated infection prevention.

The 2013 Partnership in Prevention Award will highlight the work of a hospital that achieved sustainable improvements based on the concepts of the "National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination." The award winner will be announced during International Infection Prevention Week (October 20-26, 2013).

This is an opportunity to recognize the outstanding efforts of multidisciplinary teams that have improved clinical practice and patient safety through the utilization of evidence-based guidelines, achieved and maintained superior prevention results, and advanced best practices.

Nominations are being accepted now through **July 1, 2013**.

For eligibility criteria and to apply, please visit: www.hhs.gov/ash/initiatives/hai/projects/index.html#HHS-APIC-SHEA-PIPAward.

For any questions about the award, please email the 2013 Partnership in Prevention Award Committee at: awards@apic.org.