SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

May 2013

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

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Notes from VDH

The VDH HAI Program is excited to announce that we will be having a Council of State and Territorial Epidemiologists (CSTE) Applied Epidemiology Fellow join our team this summer under the mentorship of Division of Surveillance and Investigation Medical Epidemiologist Dr. Peg Tipple and HAI Program Coordinator Andrea Alvarez. Alyssa Parr will be at VDH for two years while completing the fellowship and will be working on a variety of projects in our division. Some of you may remember Dana Burshell completed the same fellowship from 2009-2011 with the HAI Program. Alyssa has a Master of Public Health degree in epidemiology from Emory University and will be starting work in July. Welcome, Alyssa!

Universal Decolonization and Infection Prevention in the Intensive Care Setting

A recently published study in the *New England Journal of Medicine* by Huang and colleagues found that disinfecting all intensive care unit (ICU) patients was more effective and easier to implement than specifically screening ICU patients for methicillin-resistant *Staphylococcus aureus* (MRSA) before disinfection.

Researchers evaluated three MRSA prevention practices:

- Active detection and isolation of MRSA patients—a vertical intervention (i.e., focusing on reducing colonization and infection of a specific organism)
- Targeted decolonization, with active detection and isolation plus intranasal mupirocin and chlorhexidine bathing for 5 days—a combined intervention
- No detection and isolation but universal decolonization with intranasal mupirocin for 5 days and chlorhexidine bathing for the entire ICU stay—a mostly horizontal approach (i.e., addressing all potential pathogens)

The universal decolonization approach reduced bloodstream infections by up to 44% and significantly reduced the incidence of MRSA.

To access the article in its entirety, go to:
www.nejm.org/doi/full/10.1056/ NEJMoa1207290

In an accompanying editorial, infectious disease experts from Virginia Commonwealth University noted that the findings have ramifications beyond MRSA. The results of this study emphasize the utility of horizontal infection prevention strategies to control pathogens in our healthcare facilities today and to be in position to control the emerging pathogens of tomorrow as well.

Upcoming Events:

June 8-10:
APIC National Conference—Fort Lauderdale, Florida
October 9:
APIC-Virginia Pre-Conference—Richmond
October 10-11:
APIC-Virginia Annual Conference—Richmond

Contact:
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with questions / comments:
804-864-8097

NHSN Glitch:

NHSN is aware of a glitch related to **ventilator-associated event (VAE) reporting** and is currently working to resolve the issue. In the meantime, however, it may affect your ability to enter data. NHSN's new built-in quality check compares the day of admission to the day of event to determine whether or not the event meets surveillance criteria. Currently, NHSN is only looking at the *day of the month*, not the entire event date to trigger the quality check. Here's an example: you have an admission on 4/6 and an infection event on 5/7. Even though more than a month has elapsed, NHSN will give you an error message because it's seeing the **6** and **7** and thinks that you're violating the rule that says the event cannot be the day before, day of, or day after admission! Stay tuned…NHSN is working to correct this issue. Thanks to the hospital that brought this to our attention so that we can share with all of you!

*For other VAE issues, remember that the March 2013 Update to VAE Frequently Asked Questions is available as a resource here: **www.cdc.gov/nhsn/PDFs/faqs/VAE-FAQ-Update-20130320.pdf**

NHSN Updates

2012/2013 Healthcare Personnel Influenza Vaccination Data Deadline Extended

- CMS has extended the deadline for submission of season 2012/2013 Healthcare Personnel Influenza Vaccination data to **August 15, 2013**. This extension applies to all facilities participating in the Hospital Inpatient Quality Reporting (IQR) Program. Facilities can use the CDC guideline found at the following link to help ensure their data have been entered properly and are ready for transmission to CMS: **www.cdc.gov/nhsn/PDFs/CMS/Helpful-Tips-HCP-FluVaccination.pdf.**

NHSN 2013 Changes

- A list of changes to the NHSN application implemented in February 2013 can be found in the NHSN Release 7.1 notes: **www.cdc.gov/nhsn/pdfs/commup/Release-Notes-v7-1.pdf**.

- A list of changes to the 2013 NHSN Patient Safety Component Manual can be found at: **www.cdc.gov/nhsn/PDFs/Newsletters/January-2013-PSC-Updates.pdf**.

- The group analysis feature for the Long-Term Care Facility (LTCF) component is scheduled to be available in the July 7.2 release of the NHSN application. It will initially include the same analysis options that are available for facilities.

Quick Reference Guide

- The NHSN website dedicates a page to Quick Reference Guides for analysis in the Patient Safety Component. There are currently 26 guides available, with more being added as a result of users' feedback. You may wish to bookmark this page: **www.cdc.gov/nhsn/PS-Analysis-resources/reference-guides.html.**

NHSN Q&A

What is NHSN doing to prepare for the national transition to ICD-10 administrative coding?

NHSN will not transition from the use of ICD-9-CM codes to ICD-10-CM codes. Instead, NHSN will transition to CPT codes for all NHSN operative procedure categories. It is anticipated that this change will occur no later than January 2015. NHSN will distribute additional information prior to the application update.

CMS Proposed Rules for Acute Care Hospitals, Long-Term Care Hospitals, and Inpatient Rehabilitation Facilities Open for Public Comment

CMS recently published two proposed rules – one governing acute care hospitals and long-term care hospitals and one for inpatient rehabilitation facilities. These **proposed rules are currently open for PUBLIC COMMENT**. Facilities should review this information carefully, as there are several areas that address HAI reporting, validation, or the use of HAI data for payment. Below are notes intended to direct your attention to certain parts of the documents that may be of most interest to infection preventionists. Pages referenced are approximations and designed to guide readers to the appropriate general section of the document.

a) HOSPITAL INPATIENT PROSPECTIVE PAYMENT SYSTEM FOR ACUTE CARE HOSPITALS AND THE LONG-TERM CARE HOSPITAL PROSPECTIVE PAYMENT SYSTEM

http://www.regulations.gov/#!documentDetail;D=CMS-2013-0084-0002 – click PDF link on this page to download document

Comments due: **June 25, 2013, 11:59 PM**

Acute care hospitals:

- Adds HAIs (using data from NHSN) to calculation of hospital-acquired condition (HAC) score (pgs 141-150)
    1. CLABSI and CAUTI for FY2015 (use 2012-2013 data)
    2. SSI for FY2016 (2 years of data would be used)
    3. MRSA bacteremia and *C. difficile* labID events for FY2017 (2 years of data would be used)
- Expands CLABSI and CAUTI reporting to medical wards, surgical wards, and medical/surgical wards for January 2014 (pg 200)
- Adds HAIs to value-based purchasing
    1. CLABSI (in ICU), CAUTI (in adult and ped ICU), SSI (abd hysterectomy and colon surgery) to be a part of value-based purchasing for FY2016
    2. MRSA bacteremia labID SIR and *C. diff* labID SIR to be a part of value-based purchasing for FY2017
- Explains HAI measures that will be part of the FY2016 payment determination (pgs 216-217)
- Validation (pgs 217-218, 219-224, 265)
    1. Some changes to the current validation of CLABSI and CAUTI
    2. Explains the CMS methodology for validating MRSA bacteremia and *C. difficile* labID events

Long-term care hospitals:

- Revises healthcare personnel influenza vaccination reporting requirement – begin October 1, 2014 rather than January 1, 2014 (pgs 237-238)
- Adds MRSA bacteremia and *C. diff* labID event reporting for FY2017 payment determination – begin reporting January 1, 2015 (pgs 240-242, 268-269)
- Proposed timeline for submitting data (pgs 248-249)

b) INPATIENT REHABILITATION FACILITY PROSPECTIVE PAYMENT SYSTEM

http://www.regulations.gov/#!documentDetail;D=CMS-2013-0089-0002 – click PDF link on this page to download document

Comments due: **July 1, 2013, 11:59 PM**

- Propose to add reporting of influenza vaccination coverage among healthcare personnel beginning October 1, 2014 (Oct 1, 2014-Mar 31, 2015). This measure will affect the FY2016 annual increase factor. (pgs 33-34, 52)
- Catheter-associated urinary tract infection reporting requirement appears not to have changed and will continue to be a part of the IRF PPS annual increase factor.

To submit public comments electronically, prior to the deadline, hit the "Comment Now!" button on the appropriate webpage listed above.

New VDH Resources to Help Healthcare Facilities Address Carbapenem-Resistant Enterobacteriaceae

VDH posted two resources on its website for acute care and long-term care facilities regarding **carbapenem-resistant Enterobacteriaceae (CRE)**. To access these materials, go to the multidrug-resistant organism page on the HAI website and look under Tools and Resources— CRE (**www.vdh.virginia.gov/ epidemiology/surveillance/hai/ MRSAandMDRO.htm**):

1) <u>CRE: Detect and Protect (April 2013)</u> – Powerpoint presentation developed by VDH for healthcare personnel in acute care or long-term care facilities to provide an overview of CRE epidemiology, surveillance, and prevention strategies. You may want to consider sharing this presentation with your staff or Infection Control Committee to encourage conversation about CRE prevention in your healthcare facility.

2) <u>Summary Recommendations for Acute and Long-Term Care Facilities for Control of CRE (April 2013)</u> – document developed by VDH that summarizes the 2012 CDC CRE toolkit and discusses when to call the local health department.

Clostridium *difficile* Webinar CME Opportunity

Dr. Thomas Kerkering, Chief of Infectious Diseases, Carilion Clinic, and Dr. Molly O'Dell, Director, New River Health District, hosted a March webinar presentation addressing *Clostridium difficile* (*C. diff*). The presentation entitled "Invasion of *Clostridium difficile*: *C. diff* Update and Review" was targeted for physicians in acute care and long-term care settings, infection preventionists, and quality improvement personnel and is available now on demand. **Earn 1.0 CME credit for free** by listening to the recording, reviewing the presentation, and completing the post-test and evaluation included at the end of the presentation. CME credit will be available until April 2014. The webinar presentation and Q&As are posted on VHQC's website under the *C. diff* Collaborative section: **www.vhqc.org/qio/resources#firstLink**

During the one hour presentation, Drs. Kerkering and O'Dell describe the pathophysiology and changing epidemiology of *C. diff*, analyze the burden, discuss treatment, and review evidence-based prevention strategies.

Bloodstream Infection Prevention in the Dialysis Setting

According to the Centers for Disease Control and Prevention (CDC), approximately 37,000 bloodstream infections (BSIs) occur yearly among dialysis patients with central lines with an estimated cost of $23,000 per hospitalization. CDC recently published results of their 2009 Dialysis BSI Prevention Collaborative showing significant reductions (32% decrease in overall BSIs, 54% decrease in vascular access-related BSIs) in the hemodialysis patient population. Facilities participating in the collaborative reported monthly event and denominator data to the National Healthcare Safety Network, received guidance from the CDC, and implemented an evidence-based intervention package that included chlorhexidine use for catheter exit-site care, staff training and competency assessments focused on catheter care and aseptic technique, hand hygiene and vascular access care audits, and feedback of infection and adherence rates to staff.

To access CDC's dialysis infection prevention tools, see: **www.cdc.gov/dialysis/prevention-tools/index.html**.

Further information from the CDC addressing care for dialysis patients may be found by visiting: **www.cdc.gov/ dialysis**.

To access the full dialysis BSI prevention study, go to: **www.sciencedirect.com/science/article/pii/ S0272638613006677**.

Opportunities for Education and Collaboration

Open to ALL facilities:

1) CME or CNE credit available until **July 25th**: View a two-hour webinar on the Evaluation and Research on Antimicrobial Stewardship's Effect on *C. diff* (ERASE *C. diff*) Project and Toolkit and complete the pre-test and post-test. **http://w.on24.com/r.htm?e=598599&s=1&k=0D73472A0334CDE96D78C421E699B1C4.**

2) The American Hospital Association is organizing an Emergency Department (ED) Improvement Intervention to promote best practices to reduce catheter utilization and decrease overall catheter-associated urinary tract infection (CAUTI) rates. The intervention aims to expand EDs' capacity to adhere to institutional guidelines (HICPAC preferred), ensure physician and nurse engagement, and observe proper insertion technique. If your ED is interested in taking part in the ED Improvement Intervention, go to: **www.onthecuspstophai.org/on-the-cuspstop-cauti/toolkits-and-resources/emergency-department-improvement-intervention/** for more information. Contact Keesha Mwangangi at kmwangangi@aha.org to sign up for the ED Improvement Intervention.

The first event participating EDs should attend is the June 12 ED Onboarding Webinar (12-1:30 PM). This webinar will discuss the technical, engagement, and data components of the project.

Open to facilities enrolled in the North Carolina-Virginia Hospital Engagement Network (NoCVA HEN) HAI Learning Action Network:

1) Lunch & Learn Content Webinar - **June 5**

12:00PM - 1:30PM

Hysterectomy and SSI prevention

To register:

https://qcwebinar.webex.com/qcwebinar/onstage/g.php?t=a&d=668150245

2) Lunch & Learn Network Content Webinar - **July 9**

12:00PM - 1:30PM

Colon Surgery SSI Prevention

To register:

https://qcwebinar.webex.com/qcwebinar/onstage/g.php?t=a&d=667907546

More information and resources can be found on the NoCVA HEN website:

www.ncqualitycenter.org/engage-providers/hen-partnership-for-patients-overview/nocva-initiatives/preventing-healthcare-associated-infections/1877-2/

HAI Word Search

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Q X L D T U G L S J G S N O M
D Y R W Z T G F A N U T O O R
V E N G Z L Z K A R B U I B E
L N R G N U W L V P Z B T D D
Z M T R D O T E Y O J T C E K
N O I T A N I C C A V R E O H
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R H C V T L T W V X R O O D S
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Find the following words hidden in the word search:

CATHETER
HYGIENE
INFECTION
NHSN
PREVENTION
SURVEILLANCE
VACCINATION