

SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

July/August 2013

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

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Notes from VDH

Summer has been a busy time for us, and we want to update you about some projects that are in the works. We will soon be sending hospital infection preventionists an electronic survey about carbapenem-resistant Enterobacteriaceae (CRE) surveillance and prevention practices. The information from this survey will pair nicely with the results from a recent CRE survey of hospital and

private laboratories, where we learned more about our statewide lab capacity for identifying CRE and how results are communicated to infection prevention staff.

Also, in preparation for the upcoming influenza season, we will be debuting a new flu website in the coming weeks. Stay tuned for lots of new information for healthcare providers and the general public!

Hospital Electronic Medical Records Access Project

This summer/fall, the VDH Division of Surveillance and Investigation (DSI) will be undertaking a short project to evaluate the benefits and barriers to local public health departments having direct access to hospital electronic medical records. In Virginia, 16 of our 35 local health districts have access to the electronic records of one or more hospitals in their jurisdiction to assist with public health investigations.

We want to learn more from both the health departments and the hospitals about how the records were able to be shared to gather information about any security, confidentiality, or technical obstacles that may exist. For the health departments that do have access, we would like to learn how this has aided in their investigations of outbreaks and other reportable diseases/conditions.

We will also try to assess how the access could potentially benefit the hospital by saving infection preventionist time in not

having to look up information to answer health department questions. There could be efficiencies on both sides but we want to understand the barriers as well as the benefits.

We will be collecting this information from the health department and hospital stakeholders via surveys/interviews to learn about their perspectives on this issue.

After gathering and analyzing information from the local health departments, hospitals, and other states, DSI staff will write a report summarizing our findings and share with hospital leadership. The Virginia Hospital & Healthcare Association (VHHA) will be engaged in the dissemination process to ensure administrative buy-in.

If you have questions about the project or would like more information, please contact Tim Powell (Tim.Powell@vdh.virginia.gov) or Andrea Alvarez (Andrea.Alvarez@vdh.virginia.gov).

In this issue:

Notes from VDH	1
Electronic Medical Records Access Project	1
NHSN Q&A	2
Recall from Texas Compounding Pharmacy	2
Webinar/Training Opportunities	3
Outbreaks of Epidemic Keratoconjunctivitis	3
AHRQ Guide to Patient and Family Engagement	3
New Syndromic Surveillance Working Group	4
Routine Disinfection Checklist for Dialysis Facilities	4
Federal Guidelines for Managing Occupational Exposures to HIV	4

Upcoming Events:

August 23 (extended deadline):
2013Q1 data due to CMS

October 9:
APIC-Virginia Pre-Conference (CIC Review)—Richmond

October 10-11:
APIC-Virginia Annual Conference—Richmond

Contact:

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NHSN Q&A

Question: Are there any changes to the healthcare personnel influenza vaccination reporting requirements for the upcoming flu season?

Answer: Yes. Beginning with the 2013-2014 influenza season, acute care facilities participating in the CMS Inpatient Prospective Payment System Hospital Inpatient Quality Reporting Program must report summary data on flu vaccination of healthcare personnel (HCP) who physically work in the reporting facility for 1 day or more from October 1, 2013 through March 31, 2014. This is a change from last season, when summary data were reported for HCP physically working 30 days or more in the facility and it was not required to report for the entire October to March period (only Jan-Mar 31).

Question: When I try to run analyses in NHSN, I can only see some of my output options as if NHSN is cutting off the bottom half of the webpage. What is the problem?

Answer: There is a minor compatibility issue with users accessing NHSN via Internet Explorer 9. To correct this, please click on the compatibility icon within your web browser and your output options should appear normal.

Question: I heard something about changes to the NHSN Patient Safety Component protocol. Is it true that I can no longer print the NHSN Patient Safety Manual for 2013?

Answer: Yes. NHSN has recently incorporated all of the protocol clarifications formerly contained in an "errata" document directly into the NHSN protocols. Because clarifications have been added to only certain protocols, the NHSN Patient Safety Manual in its entirety has been removed from the NHSN website and is no longer available for 2013 printing. However, all protocol documents continue to be available separately under the specific facility type and infection type that a user is reporting.

Question: I'm new to NHSN and need some practice exploring data entry screens and running analysis reports before working with my facility's data. Can you help me?

Answer: NHSN has a Demo application that is available to NHSN users as well as several analysis exercises that can help you gain familiarity with the analysis of Patient Safety Component data. To sign up to use the Demo application or view the analysis exercises, go to: www.cdc.gov/nhsn/PS-Analysis-resources/index.html

Nationwide Recall of All Products For Sterile Use From Texas Compounding Pharmacy

The U.S. Food and Drug Administration (FDA) has alerted health care providers and patients of a voluntary nationwide recall of all products produced and distributed for sterile use by Specialty Compounding, LLC, in Cedar Park, Texas. This alert followed reports to the FDA of patients in Texas with *Rhodococcus equi* (*R. equi*) bloodstream infections potentially related to the company's calcium gluconate infusions. Laboratory analysis of a sample of the calcium gluconate product revealed growth of bacteria consistent with *R. equi*.

R. equi bacteria are commonly found in dry and dusty soil. Infections caused by *R. equi* are primarily seen in grazing animals (mainly horses and foal), but immunocompromised human patients can also be at risk for *R. equi* infection.

As a result of the recent reports, **all sterile use products produced and distributed by Specialty**

Compounding are being recalled. None of these products should be used by patients or administered to patients. Facilities and all healthcare providers who have received the products should immediately discontinue use, quarantine the products, and return them to Specialty Compounding. **Recalled products were not distributed directly to hospitals or physician offices in Virginia, although recalled products have been sent to patients nationwide.** Specialty Compounding is notifying its customers directly about this recall.

The FDA notes that they are working closely with CDC as well as the Texas state health officials to assess the scope of the reported contamination. For further information and link to the FDA's MedWatch Adverse Reporting Program to report adverse events, please visit: <http://www.fda.gov/Safety/Recalls/ucm364643.htm>. To read the CDC Health Advisory on this topic, go to: <http://emergency.cdc.gov/HAN/han00353.asp>.

Webinar/Training Opportunities

NHSN Healthcare Personnel (HCP) Influenza Vaccination Summary Reporting: Updated training modules and protocol available on NHSN website (www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html). Discusses changes for the 2013-2014 flu season and contains case studies that provide specific examples of how to classify HCP into the correct numerator and denominator categories. A HCP flu vaccination reporting refresher webinar on 8/20 is currently full, but a recording will be available at the website above soon afterward.

MRSA and CDI Data Submission (~90 minutes): this archived presentation reviews NHSN protocols and data entry for reporting of MRSA bacteremia and *C. difficile* LabID events. <http://engage.vevent.com/rt/nationalprovidercall~07092013>

Risk Adjustment for *C. difficile* and MRSA Event Reporting in NHSN (~60 minutes): this archived presentation reviews MRSA bacteremia and *C. difficile* LabID event data reports and analytic functions in NHSN as well as discusses how to review LabID event data to ensure what is sent to CMS is accurate. <http://engage.vevent.com/rt/nationalprovidercall~071813>

Healthcare-Associated Epidemic Keratoconjunctivitis Outbreaks

The August 16th issue of *MMWR* contains descriptions of six outbreaks of adenovirus-associated epidemic keratoconjunctivitis (EKC) that occurred in four states (FL, IL, MN, NJ) during 2008-2010. All of these outbreaks included healthcare-associated transmission (five outpatient clinics and one neonatal intensive care unit)

Hospital Inpatient Quality Reporting (HIQR) Program Basics 101 (~90 minutes): this archived presentation provides a high level overview of the Hospital IQR Program for infection preventionists and other medical staff. <http://engage.vevent.com/rt/nationalprovidercall~072413>

Your Best Shot: Training Your Staff to Give Safe Injections: this on-demand webcast provides information and resources on safe injection practices that can be incorporated into patient safety and infection prevention staff education activities in various healthcare settings. CME, CNE, and CHES credits available. <http://www.informz.net/ualbany-sph/event.asp?eid=4818>. Offered by the New York Department of Health and the School of Public Health, University at Albany. For additional resources/handouts: www.albany.edu/sph/cphce/esphctc_injection_safety_webcast.shtml

Terms and Concepts of Mechanical Ventilation: this lunch and learn network content webinar is sponsored by the North Carolina-Virginia Hospital Engagement Network on **August 20th from 12-1 PM**. Speakers will address terms and concepts of mechanical ventilation as well as ventilator-associated event (VAE) NHSN definitions. To register, go to: <https://qcwebinar.webex.com/qcwebinar/onstage/g.php?t=a&d=666946745>

and involved infection control breaches, although community transmission was also documented. The article discusses measures that should be in place for healthcare facilities that provide ophthalmologic care in order to prevent transmission of EKC. To access the article, go to: <http://www.cdc.gov/mmwr/pdf/wk/mm6232.pdf>

AHRQ Guide to Patient and Family Engagement

Lately, there has been a focus on bringing hospitals, patients, and families together as partners in healthcare. The Agency for Healthcare Research and Quality (AHRQ) published an online guide titled "Guide to Patient and Family Engagement in Hospital Safety and Quality" to help bridge communication gaps between healthcare providers and patients and families.

The four strategies covered in the guide are:

1. Working with patients and families as advisors
2. Communicating to improve quality – provides patients and families with tools upon admission to

help them interact with their healthcare team

3. Participating in nurse bedside shift reports
4. Managing tasks to prepare for hospital discharge

For each strategy, the guide includes educational tools and resources for patients and families, training materials for health professionals, and real-life examples that show how the strategies are being implemented in hospital settings.

To access the guide, please visit: www.ahrq.gov/professionals/systems/hospital/engagingfamilies/patfamilyengageguide/

VDH Seeks External Partners for New Syndromic Surveillance Working Group

The VDH Enhanced Surveillance team has updates to share with infection preventionists regarding the implementation of BioSense 2.0 in Virginia. BioSense 2.0 is a national public health syndromic surveillance tool developed by the Centers for Disease Control and Prevention (CDC). Syndromic surveillance is near real-time surveillance that utilizes the chief complaints of patients who present to emergency and urgent care settings and allows public health officials to monitor trends and investigate unusual increases in symptom presentations. Using chief complaint visit data from Virginia healthcare providers, BioSense 2.0 can be used to improve the health of a community through earlier detection of emerging public health events.

VDH will be introducing this surveillance tool to partners in the healthcare sector in the coming months for use in situational awareness. This will be the first opportunity for VDH external partners to access Virginia's syndromic surveillance data. The Enhanced Surveillance team is currently recruiting participants for a working group, to convene later this fall. The workgroup will discuss and determine a plan for appropriate data management, including the level of data aggregation and user access roles through the BioSense 2.0 tool, with the goal of achieving an optimum balance of confidentiality and information sharing. Please contact Amanda Wahnich (amanda.wahnich@vdh.virginia.gov) to learn more about BioSense 2.0 and how to participate in the working group.

Routine Disinfection Checklist for Dialysis Facilities

The CDC and the Dialysis Bloodstream Infection Prevention Collaborative have worked together to create a series of dialysis observation tools and checklists in an effort to prevent bloodstream infections among hemodialysis patients. The newest addition is the "Dialysis Station Routine Disinfection" checklist tool. The checklist is broken into two parts – preparation for disinfection, and routine disinfection, which begins after the patient has left the station. The use of the checklist has been beneficial in reducing risk of cross-contamination,

increasing patient satisfaction, and giving staff more time to finish their work thoroughly without rushing. In trials of the checklist, as staff became accustomed to the new pace, the impact of delayed patient turnover decreased and the schedule was only extended 5-10 minutes per day. Properly cleaned treatment stations are a basic patient safety expectation and dialysis stations are no exception. To read more, see the "Infection Prevention Tools" section of the CDC's Dialysis Safety website: www.cdc.gov/dialysis/prevention-tools/index.html.

New Federal Guidelines for Managing Occupational Exposures to HIV

Revised federal guidelines for managing occupational exposures to HIV were recently published in the September issue of *Infection Control and Hospital Epidemiology*.

The new guidelines emphasize the immediate use of a post-exposure prophylaxis (PEP) regimen containing three or more antiretroviral drugs after any occupational exposure to HIV. The level of risk associated with an individual exposure no longer has to be assessed to determine the appropriate number of drugs recommended for PEP.

If a newer 4th generation HIV antigen/antibody combination test is used for follow-up testing, an option to conclude HIV testing at 4 months, rather than the recommended 6 months after exposure, is provided.

Many of the revised recommendations are intended to make the PEP regimen more tolerated, thus increasing the possibility that healthcare personnel complete the full regimen.

To access the guidelines, go to: www.jstor.org/stable/10.1086/672271