

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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Notes from VDH

New HAI Website URL

The Virginia Department of Health (VDH) website has a new look! You can find our updated healthcare-associated infections page here: <http://www.vdh.virginia.gov/surveillance-and-investigation/healthcare-associated-infections-hais/>

All the information from our old pages should have been migrated to the new pages. We are in the process of verifying this and editing the new pages as necessary. If you can't find something that you're looking for, please contact Andrea.Alvarez@vdh.virginia.gov.

Field Epidemiology Seminar Recap

VDH's annual Field Epidemiology Seminar was held in Portsmouth on May 19th. This popular event hosted a variety of speakers from public health, local healthcare systems, and the Division of Consolidated Laboratory Services, covering recent outbreak investigations and other topics of interest in disease surveillance and investigation. A sample of topics included: investigations caused by rotavirus in an elementary school, risk factors for hepatitis C virus transmission in a specific health district, several notable foodborne illness outbreaks, and mosquito control related to transmission of Eastern Equine Encephalitis and West Nile Virus.

Presentations related to healthcare-associated outbreaks included a presentation about respiratory syncytial virus in a hospital step-down nursery unit and one that addressed *Clostridium difficile* (*C. difficile*) in assisted living settings. The *C. difficile* talk described an outbreak in this type of care

Burkholderia Clusters

As part of an ongoing multi-state investigation, CDC is attempting to identify hospitals that have detected clusters of *Burkholderia cepacia* cases among pediatric ICU patients (non-cystic fibrosis patients), particularly since February 1, 2016. Please contact your local health department to report clusters.

New HAI Intern

Ashley Rose, a rising 4th year biology major at UVA, is interning with us this summer.

setting and discussed the challenges and successes associated with investigating a *C. difficile* outbreak among residents living in a congregate setting not equipped with private isolation rooms and/or specialized equipment.

Trish Bair, the VDH Northwest Regional Epidemiologist, received the Grayson B. Miller award for her presentation titled "Help - I'm Drowning in Crypto! An Outbreak of Cryptosporidiosis at a Campground". This talk identified the key characteristics of a cryptosporidiosis outbreak related to water contamination in a recreational swimming pool and outlined the steps to mitigate the transmission and maintain safe recreational water for the public. Congratulations to Trish and the team that investigated this outbreak!

Special appreciation is extended to Jessica Rosner, VDH Foodborne Epidemiologist, for planning such an educational day!

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Upcoming Events:

Jun 1: Deadline for returning hospital-specific data quality report (e-mail or fax acknowledgment form to Sarah Lineberger: (fax) 804-864-8139, Sarah.Lineberger@vdh.virginia.gov)

Jun 11-13: APIC Annual Conference, Charlotte, NC, with NHSN pre-conference workshop on Jun 10

Jun 15: Healthcare personnel influenza vaccination summary data due via NHSN for [inpatient psychiatric facilities](#) (extended from 5/15/16)

Contact:

Andrea Alvarez,
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comments:
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NHSN Notes

NHSN Webinars for Virginia and Maryland Infection Preventionists

VDH, VHQC, and APIC-VA sponsored a four-part NHSN online training series from February-April 2016 entitled "Surveillance Strategies for Success". Parts 1 and 2 covered NHSN 2016 surveillance updates and how to produce and use TAP (Targeted Assessment for Prevention) reports. Parts 3 and 4 covered updates from the NHSN 2016 training in Atlanta and addressed surveillance and analysis of device-associated infections, surgical site infections, and methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile* laboratory-identified events. Webinar recordings and slide sets are available on VHQC's online community (<http://vhqc-qinqio.ning.com>) and presentations will be posted on the VDH website on the communication and education page (<http://www.vdh.virginia.gov/surveillance-and-investigation/healthcare-associated-infections-hais/communication-and-education>).

VDH NHSN Data Cleaning Reports

VDH recently sent hospital-specific data cleaning reports to infection preventionists at acute care hospitals. The purpose of the report is to ensure that the data reported by your facility are accurately represented in the 2015 hospital-specific annual public report. Hospitals were asked to review the report and make corrections in NHSN, as appropriate. **The Data Cleaning Acknowledgment Form is due back to VDH by June 1.** Please email or fax the form to Sarah Lineberger at Sarah.Lineberger@vdh.virginia.gov or fax (804) 864-8139. Future reports will be sent on a quarterly basis.

Occupational Safety and Health Administration (OSHA) Final Rule

Earlier this month, the federal agency Occupational Safety and Health Administration (OSHA) released a new final rule (effective 1/1/2017) that requires employers to electronically report to OSHA all work-related injuries and illnesses. Some of this information will then be posted to the OSHA website and released in standard, open formats to encourage employers to increase their efforts to prevent worker injuries and illnesses and enable researchers to examine these data in novel ways. Currently, employers cannot compare their injury experience with other businesses in their industry; they can only compare their experience to the industry as a

Reminder: If you have not done so, please **complete the 2015 Annual Patient Safety Facility Survey as soon as possible.** Facilities that have not yet successfully submitted a survey will not be able to create and modify monthly reporting plans in NHSN until surveys are completed.

NHSN Updates

2016 training materials, including **presentations with case studies from the 2016 annual training**, have been posted to the NHSN training webpage at: <http://www.cdc.gov/nhsn/training/index.html>

2016 NHSN **Patient Safety Component Frequently Asked Questions (FAQ)** documents have been posted to the NHSN website. They can be found under each surveillance module on the NHSN website.

NHSN released the **HAI and Present on Admission (POA) Worksheet Generator** for use in HAI surveillance. It can be used for CLABSI, CAUTI, and VAP surveillance, and can be found on each of those pages of the NHSN website under the resource tab titled Worksheet Generator and Worksheets. Please note that the Worksheet Generator will not determine if an NHSN infection criterion has been met, but will allow you to identify elements such as the 7-day Infection Window Period and 14-day Repeat Infection Timeframe.

For more information, please see the March 2016 edition of the CDC **NHSN newsletter** (volume 11, issue 1): <http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-march-2016.pdf>. This edition includes a guidance section for new users added to currently enrolled facilities in NHSN (pp. 18-19).

whole. These revisions to the requirements for recording and submitting records of workplace injuries and illnesses will significantly improve the ability to track and prevent work-related injuries and diseases.

In addition, the final rule includes language that encourages workers to report work-related injuries or illnesses to their employers and prohibit employers from retaliating against workers for making these reports.

To read more about the final rule, go to: <https://www.osha.gov/Publications/OSHA3862.pdf>

CMS Proposed Rule—Open for Public Comment

The Centers for Medicare and Medicaid Services (CMS) is inviting comments on proposed rule changes related to hospital payment and quality reporting. The proposed rule was published in the Federal Register on April 27th and **comments must be received no later than 5PM EDT on June 17, 2016.**

One proposed change to the **Hospital Inpatient Quality Reporting (IQR) Program** is to require hospitals to report their antibiotic prescribing data through the NHSN Antimicrobial Use module. Hospitals can then compare their antibiotic prescribing to national benchmarks and evaluate and improve antimicrobial prescribing as needed.

CMS is proposing the NHSN Antimicrobial Use measure to further advance national efforts combating antibiotic resistance. This measure is comprised of a discrete set of risk-adjusted summary ratios, known as Standardized Antimicrobial Administration Ratios, which summarize observed-to-predicted antibacterial use for one of 16 antibiotic agent-patient care location combinations. The specific combinations were selected based on consultation with infectious disease physicians and pharmacists. The specified categories of antibiotic agents include:

- Broad spectrum agents predominantly used for hospital-onset/multi-drug resistant bacteria;
- Broad spectrum agents predominantly used for community-acquired infection;
- Anti-MRSA agents; and
- Agents predominantly used for surgical site infection prophylaxis.

Clean Hands Count

Thursday, May 5th was World Hand Hygiene Day. CDC also launched a new “Clean Hands Count” hand hygiene campaign that urges healthcare professionals, patients, and patients’ loved ones to prevent HAIs by keeping their hands clean.

The campaign aims to:

- Improve healthcare provider adherence to CDC hand hygiene recommendations
- Address the myths and misperceptions about hand hygiene
- Empower patients to play a role in their care by asking or reminding healthcare providers to clean their hands.



The proposed rule includes previously adopted and newly proposed performance standards (e.g., SIR achievement thresholds) for the FY2019 program year. Four HAIs will continue to be part of the Hospital IQR Program measure set for the FY2019 payment determination and subsequent years. Fifteen other measures will be eliminated (mostly electronic clinical quality measures).

CMS is also seeking public comment on the possibility of future stratification of Hospital IQR Program data by race, ethnicity, sex, and disability on Hospital Compare, as well as on potential future hospital quality measures that incorporate health equity.

CMS will be publicly reporting quality data on Hospital Compare from **long-term acute care hospitals** beginning in fall 2016. Four quality measures will be reported initially (pressure ulcer, catheter-associated urinary tract infection, central line-associated bloodstream infection, and readmission measures), followed by four additional measures in 2017 (MRSA, *C. difficile*, influenza vaccination of healthcare personnel, influenza vaccination of residents).

No additional infection reporting is proposed for acute care, long-term acute care, or inpatient psychiatric hospitals. The proposed rule contains more specifics on policy updates to the Hospital Value-Based Purchasing Program, Hospital Readmissions Reduction Program, and the Hospital-Acquired Condition Reduction Program.

To view the proposed rule, go to: <https://www.federalregister.gov/articles/2016/04/27/2016-09120/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>

To check out the campaign and access its promotional materials or media/social media resources, go to: <http://www.cdc.gov/handhygiene/campaign/index.html>

To read a related article on the CDC Safe Healthcare blog that talks about hand hygiene and an innovative 10-15 minute in-service for healthcare workers called the “Finger Paint method”, go to: <https://blogs.cdc.gov/safehealthcare/2016/05/06/when-it-comes-to-hand-hygiene-whats-really-important-2/>

Campaign materials are also available to order on the CDC-INFO on Demand website: <https://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx?ProgramID=31>

Food and Drug Administration (FDA) Updates

New Webpage about Heater-Cooler Devices

FDA recently recreated a webpage (www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/CardiovascularDevices/Heater-CoolerDevices) about heater-cooler devices as a follow-up to its October 2015 safety communication regarding recommendations for healthcare providers to help mitigate potential device contamination and prevent patient infection associated with the devices. FDA continues to evaluate contamination and infection-related issues associated with these devices. The FDA is holding an Advisory Committee Meeting on June 2-3, 2016 to seek expert scientific and clinical opinion regarding device contamination, associated patient infection, and potential mitigation strategies. The Advisory Committee's opinions on these issues will assist the FDA in providing recommendations to minimize patient exposure to infection.

Antibiotic Use in Outpatient Settings

The Pew Charitable Trust recently published the first in a series of reports on antibiotic use in outpatient settings. A panel of public health and medical experts, including representatives from the CDC, analyzed current outpatient antibiotic prescribing habits in the United States, determined targets for reducing inappropriate prescribing, and identified steps needed to reach these targets. At least 30% of the outpatient antibiotic prescriptions written each year are unnecessary.

Updated Resource for Infection Prevention in Dental Settings

Recently, CDC released a new resource for dental healthcare professionals to aid in infection prevention in dental settings. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* builds upon CDC recommendations from the 2003 guidelines for infection control in dental settings, as well as other recommendations published in CDC guidance documents since 2003.

Tools included in the updated resources include:

- A summary of basic infection prevention principles and recommendations for dental settings
- A checklist to evaluate dental staff compliance with administrative and clinical practice infection prevention recommendations

Advice Restricting the Use of Fluoroquinolone Antibacterial Drugs

The FDA issued a safety announcement (<http://www.fda.gov/Drugs/DrugSafety/ucm500143.htm>) advising that the serious side effects associated with fluoroquinolone antibacterial drugs generally outweigh the benefits for patients with sinusitis, bronchitis, and uncomplicated urinary tract infections. An FDA safety review concluded that when used systemically (i.e., tablets, capsules, and injectable), fluoroquinolones are associated with potentially permanent and disabling serious side effects that can occur together. These side effects can involve the central nervous system, muscles, tendons, nerves, and joints. FDA recommends healthcare providers stop systemic fluoroquinolone treatment immediately if a patient reports serious side effects and switch to a different antibiotic to complete the patient's treatment course.

The panel set a 2020 goal of 50% reduction of inappropriate antibiotic use, or 23 million fewer prescriptions. This would require decreasing outpatient antibiotic prescribing by 15% overall. The majority of this reduction would come from eliminating unnecessary antibiotic prescribing for acute respiratory conditions. To read the report, go to: <http://www.pewtrusts.org/en/research-and-analysis/reports/2016/05/antibiotic-use-in-outpatient-settings>

- Key references and resources for each area of focus including sterilization, safe injection practices and hand hygiene in dental settings.

The recommendations stress the importance of having one person in every dental practice assigned to be the infection prevention coordinator to develop written policies based on evidence-based guidelines and address any infection prevention issues with staff.

To access the guidelines, go to: <http://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm>

