# 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

Happy International Infection Prevention Week (Oct 18-24)! The Virginia Department of Health and the Healthcare-Associated Infections Program appreciate all that you do every day to protect patients and residents in your facilities and prevent infections. We hope that you were able to take some time to celebrate yourselves and the tremendous work that you do. Thank you for the important role that you play, including educating healthcare workers and patients/ families, observing prevention practices, analyzing data and conducting surveillance, communicating with internal and external stakeholders, and stopping germs in their tracks all year long!

## CDC/CMS Reminder: Importance of Adhering to National Healthcare Safety Network Infection Definitions and Criteria

The Centers of Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) issued a joint communiqué on October 7th alerting hospital administrators and National Healthcare Safety Network (NHSN) users about the importance of adherence to NHSN infection definitions. To ensure that data are accurate to guide prevention priorities and protect patients, CDC and CMS require that **all infections that meet the specified NHSN criteria, and that CMS requires for incentive payment or public reporting purposes, be reported to NHSN**. This document reiterates that accurate and complete infection information is essential. CDC has received reports of actions that indicate a need for this clarification. The document notes while there is no evidence of a widespread problem, CDC and CMS take any deviation from NHSN protocols very seriously.

Infection preventionists are urged by the Association for Professionals in Infection Control and Epidemiology to read the full communiqué and educate individuals in their facilities of the importance to adherence.

Hospitals are required to adhere to existing protocols, definitions, and criteria to ensure that their data are comparable to other organizations. Failure to adhere to protocols could lead to revocation of NHSN enrollment and other penalties for failure to comply with CMS reporting requirements. In the communiqué, CMS reminds hospitals that intentionally reporting incorrect data or deliberately failing to report data that are required to be reported may violate applicable Medicare laws and regulations.

**Please visit http://www.cdc.gov/nhsn/pdfs/cms/nhsn-reporting-signed.pdf to read this document in entirety.** Included in the document are contacts for the CDC Division of Healthcare Quality Promotion Policy Office, NHSN, and the Office of the Inspector General (OIG), including the OIG hotline number for reporting suspected healthcare fraud and abuse.


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### Upcoming Events:

**November 15**: CMS Hospital Inpatient Quality Reporting Program reporting deadline for 2015Q2

**November 16 –22**: Get Smart About Antibiotics Week

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## NHSN Notes

Relevant NHSN updates from the latest CDC NHSN newsletter (volume 10, issue 3: **http://www.cdc.gov/nhsn/pdfs/newsletters/newsletter-sept-2015.pdf**)

- The 2015 data entered into NHSN will be used as the new national baselines for future SIRs for all facilities in the nation. Thank you for ensuring that the most accurate data are being entered from all participating facilities.
- **November 15, 2015 is the deadline for all Quarter 2 data** to be entered into NHSN for the CMS Hospital Inpatient Quality Reporting Program.
- Clarification: Secondary bloodstream infections (BSIs) do not have Repeat Infection Timeframes (RITs). Only primary BSIs that meet infection criterion have RITs, and they are specific to the type of infection identified and do not affect reporting of other types of infections.
- **Transition to ICD-10-PCS and CPT Codes for SSIs**: See email that was sent to all NHSN users on September 30. ICD-10 codes replaced ICD-9 codes on October 1, 2015; however, NSHN does not have the ability to receive these codes until the January 2016 NHSN release. When entering surgical procedure (denominator) data during this transition period, NHSN users should enter the NHSN Procedure Code but not the ICD-10 or CPT code. For more information, see the 'Supporting Materials' section here: **http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html**
- The correct date of admission is vital for accurate NHSN reporting. In NHSN, the **date of admission is defined as the date that the patient is physically admitted to an inpatient location**. NHSN has received reports that some infection control software systems may not be correctly identifying admission dates. If your facility is using electronically collected data to determine the admission date, or using infection control software to collect data and determine date of admission, it is recommended that the process be reviewed.
- A reminder that the **alternative denominator sampling method** for collecting NHSN CLABSI and CAUTI denominator data (available as of January 2015) is only an option for ICU and ward location types with an average of 75 or more device-days per month.
- **HCP influenza vaccination data** reporting requirements: Beginning with the 2015-2016 influenza season, CMS has established separate reporting requirements for outpatient renal dialysis facilities and inpatient psychiatric facilities. Acute care facilities should not include HCP working in affiliated outpatient renal dialysis or inpatient psychiatric facilities in their summary vaccination reports (regardless of whether you share a CMS Certification Number (CCN)) unless those personnel also work in other inpatient or outpatient units of the acute care facility.

## Epidemiology of Carbapenem-Resistant Enterobacteriaceae in 7 United States Communities

In the fight against multidrug-resistant organisms, researchers believe now is the best time to take action against carbapenem-resistant Enterobacteriaceae (CRE). According to a recent study published in the *Journal of the American Medical Association*, overall CRE incidence is low with some variations regionally.

The data were collected during 2012-2013 in seven states (CO, GA, MD, MN, NM, NY, OR) participating in the CDC's Emerging Infections Program. Overall annual CRE incidence was 2.93 per 100,000, which is lower compared to incidence of other healthcare-associated infections such as *C. difficile* (147.2 per 100,000) and methicillin-resistant *Staphylococcus aureus* (25.1 per 100,000). Authors found that most of the CRE cases occurred in patients who had prior hospitalizations, were discharged to long-term care, or had indwelling medical devices.

The study found some variations in CRE incidence regionally with incidences being lower than predicted in Colorado, New, Mexico and Oregon and higher than expected in Georgia, Maryland and New York. However, the authors believe that because of these low overall incidences, any interventions taken now to control CRE infections can have an effect and that surveillance data are important to that impact.

To read the full journal article, visit: **http://jama.jamanetwork.com/article.aspx?articleid=2450329** (subscription required)

## Virginia HAI Advisory Group Meeting Notes

On September 23rd, representatives from VDH and VHQC (Virginia's Quality Improvement Network/Quality Improvement Organization) convened key stakeholders at the Virginia Hospital & Healthcare Association for the quarterly meeting of Virginia's Healthcare-Associated Infections Advisory Group.

During this meeting, several topics were discussed, including changes to the VDH HAI reporting requirements and plans for sharing data on statewide trends on a regular basis. Antimicrobial stewardship efforts were also an area of focus, including discussion of a statewide survey of hospital stewardship programs and recent CDC publications (*Core Elements for Antibiotic Stewardship in Nursing Homes*, *Vital Signs: Making Health Care Safer—Stop Spread of Antibiotic Resistance*).

The communication and education subgroup identified strengthening the communication/transfer of information between acute care and long-term care settings and providing infection prevention educational opportunities to long-term care facilities to be their areas of focus for the coming year.

The VDH HAI Epidemiologist reviewed trends in central line-associated bloodstream infection data, and the group discussed factors that may be contributing to recent increases in infections.

VDH also solicited feedback on the state HAI plan, which is a requirement of all state health department HAI programs.

The next meeting is scheduled for December 16, 2015.

## APIC-VA Annual Educational Conference Recap

Earlier this month, VDH staff had the opportunity to attend this year's Association for Professionals in Infection Control and Epidemiology – Virginia chapter (APIC-VA) annual education conference in Richmond. Out of the 75 people in attendance, approximately half were from acute care hospitals while other half were from long-term care facilities, partner organizations, ambulatory care settings, or other types of healthcare facilities.

The majority of the sessions focused on infection prevention practices in different healthcare settings, such as acute care hospitals, ambulatory facilities and long-term care facilities. However, there were also other engaging sessions on understanding multidrug-resistant organisms (MDROs), conducting epidemiologic research for beginners, and one facility's approach to implementing standard precautions instead of contact precautions for patients with methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant Enterococcus. The day ended with an eye-opening talk on CDC's response to Ebola virus disease in Sierra Leone given by VDH's own Epidemic Intelligence Service Officer Dr. Brigette Gleason.

Some infection prevention highlights to share from the setting-specific breakout sessions:

- For ambulatory healthcare facilities:
  - ◊ The most common breaches in infection prevention practices in outpatient facilities involve hand hygiene noncompliance, instrument reprocessing failures and unsafe injection practices.
  - ◊ Use of a risk assessment tool based on relevant guidelines and standards can help infection control programs have better oversight.
  - ◊ To solve forthcoming issues, it is imperative to work collaboratively with partners and educate facilities.
- For long-term care facilities:
  - ◊ Knowing local microbial epidemiology can help infection preventionists better understand the cross-communication that occurs between facilities.
  - ◊ Proposed changes to Centers for Medicare and Medicaid Services regulatory requirements will mandate that facilities must have one staff member designated to be responsible for infection control activities.
  - ◊ APIC-VA has appointed a long-term care facility liaison to the APIC-VA board.

A big thank you to APIC-VA, the speakers, and the attendees for making the conference such a positive environment to share questions, comments and ideas on improving infection prevention in Virginia's healthcare facilities.

## Mid-Atlantic Renal Coalition Healthcare-Associated Infections Learning & Action Network

On October 21st in Fredericksburg, the Mid-Atlantic Renal Coalition (MARC) held its annual HAI Learning & Action Network (HAI LAN) event. Presenter Amber Paulus, BSN, RN, Quality Improvement Coordinator for MARC, reviewed current work in the infection prevention arena and evidence-based strategies to improve patient safety in dialysis facilities.

Engagement of patients and families in infection prevention was addressed and strategies shared to improve these efforts leading to better patient care and outcomes. Dialysis access care, hand hygiene practices, and teaching patients signs and symptoms of infection were among the key concepts shared with the attendees.

To learn more about MARC and their infection prevention initiative, go to: **http://www.esrdnet5.org/Learning-and-Action-Networks/Healthcare-Associated-Infections.aspx**

## Influenza Vaccination Coverage Among Healthcare Personnel, 2014-2015 Influenza Season

In the September 18th issue of *MMWR*, CDC published results from an internet survey of nearly 2,000 healthcare personnel (HCP) regarding influenza vaccination coverage during the 2014-15 influenza season.

Overall, 77.3% of the survey participants reported receiving an influenza vaccination during the 14-15 season, similar to the 75.2% coverage during the 13-14 season. By healthcare setting, vaccination coverage was highest among HCP in hospitals (90.4%) and lowest among those in the long-term care (LTC) setting (63.9%). For all types of healthcare facilities except LTC, coverage had increased since the 2010-11 season. By occupation, pharmacists reported the highest vaccination coverage (95.3%), followed by nurses (89%), while nonclinical HCP reported much lower coverage (75.2%)

In facilities where the employer required influenza vaccination, coverage was nearly universal (96%). In healthcare facilities where vaccination was neither required, promoted, nor offered on-site, influenza vaccination coverage was only 44%. Thus, providing vaccine at no cost at the workplace along with actively promoting vaccination may help increase vaccination coverage among HCP and further reduce the risk for influenza to HCP and their patients.

To view the article, go to: **http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6436a1.htm**

## VDH Clinician Letter: Respiratory Illnesses—A Seasonal Update

In October, VDH distributed a letter to the clinical community sharing updates on respiratory illnesses. The letter included information on:

- Influenza activity and the latest recommendations from the national Advisory Committee on Immunization Practices (ACIP)
- A request to continue surveillance for acute flaccid myelitis (also mentioned in last month's VDH HAI newsletter and a CDC clinical reminder from August—**http://emergency.cdc.gov/coca/reminders/2015/2015aug27.asp**)
- A request to continue to conduct surveillance to detect emerging respiratory illnesses associated with travel or animal exposures (e.g., Middle East Respiratory Syndrome and highly pathogenic avian influenza). It is important to collect a thorough and detailed exposure history on all patients who present with severe respiratory illness, including assessing travel history to areas where human cases have been identified or to areas where the diseases are known to be circulating in animals.

To view the entire letter: **http://www.vdh.state.va.us/clinicians/pdf/Respiratory_Illnesses_A_Seasonal_Update%20dt.pdf**

## Non-tuberculous Mycobacterium (NTM) Infections Associated with Heater-Cooler Devices

The CDC has identified a need for increased vigilance for NTM infections by health departments, healthcare facilities, and providers. The Food and Drug Administration (FDA) recently issued a safety alert regarding heater-cooler devices associated with NTM infections, primarily in patients undergoing cardiothoracic surgical procedures. All heater-cooler devices are included in the alert, including devices that provide heated and/or cooled water to: 1) oxygenator heat exchangers, 2) cardioplegia heat exchangers, and/or 3) warming/ cooling blankets. The most important action to protect patients is to **remove contaminated heater-coolers from operating rooms, and ensure that those in service are correctly maintained according to the manufacturers' instructions**.

NTM are slow-growing bacteria that are widespread in nature and can be found in soil and water, including tap water sources. They can cause infections in immunocompromised patients. Due to the potentially long delay between exposure to NTM and manifestation of clinical infection (up to several years), identifying infections related to the use of heater-cooler devices can be challenging. Clinical staff should **maintain heightened vigilance for possible NTM infections among patients who have undergone cardiac surgical procedures that involved the use of heater-cooler devices**.

Although the water in the circuits does not come into direct contact with the patient, there is the potential for: 1) contaminated water to enter other parts of the device; or 2) the aerosolization of bacteria from contaminated water through the device's exhaust vent into the patient environment. **Do not use tap water** to rinse, fill, refill or top-off water tanks since this may introduce NTM organisms. **Use only sterile water** or water that has been passed through a filter of less than or equal to 0.22 microns with the machines and when making ice for cooling during surgical procedures.

To view the safety alert, go to: **http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm466963.htm**

## CDC Health Advisory Update: Review Practices for Reprocessing Medical Devices

On October 2nd, the CDC issued an update (**http://emergency.cdc.gov/han/han00383.asp**) to their prior Health Advisory message (9/11/15, **http://emergency.cdc.gov/han/han00382.asp**) regarding the need to review procedures for cleaning, disinfecting, and sterilizing reusable medical devices.

- After considering feedback from vendors that perform servicing and repair of reusable medical devices, CDC is rescinding their recommendation that third-party vendors be approved or certified by the manufacturer to maintain or repair reusable medical devices. There are currently no formal standardized programs or processes through which all manufacturers certify third-party vendors.
- Healthcare facilities which hire contractors to perform device reprocessing should verify that the contractor has an appropriate training program, and that the training program includes the specific devices used by the healthcare facility.

**Proposed regulation changes for licensed assisted living facility from the Department of Social Services have been posted for comment, and include changes addressing infection prevention. The comment period is open until November 6, 2015.**

**Visit http://townhall.virginia.gov/L/comments.cfm?stageid=6377 to view all of the regulatory documentation. The justification for the modifications and the proposed text were published in the September 7, 2015 issue of the *Virginia Register of Regulation* (see pgs 174-233: http://register.dls.virginia.gov/vol32/iss01/v32i01.pdf).**