VDH HAI UPDATE

May 2010

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

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Edited by:
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Welcome Message

Thank you all for meeting with me and giving me such useful feedback on the new healthcare-associated infections (HAI) program that the Virginia Department of Health (VDH) is launching. I met with many of you, either through regional meetings or conference calls, back in February and we are using this newsletter to update you on what has happened since then. We definitely heard your comments and have done our best to factor them into our plans and address as many of your concerns as we possibly can.

We are excited about the new directions our project is heading and believe a lot of good will result from it. We thank you again for all your help in steering us in a better direction, and we look forward to working with you as we move ahead with implementing our ambitious plans. APIC-VA is a key partner in all our HAI efforts. We also appreciate the support we have from VHHA and VHQC and look forward to working more with VHCA and VANHA soon.

— Diane Woolard

Needs Assessment Update

Thank you for responding to the surveillance and training needs assessment that we distributed back in February. Seventy-six percent of acute care infection preventionists, 53% of quality improvement professionals, and 20% of administrators responded. We will be distributing the results in a variety of ways including presenting posters at local and statewide conferences and creating executive summaries and a full report for our website. If you have suggestions of other ways to use this information or disseminate the results, please let us know. Here are some highlights from the infection preventionist responses:

- 75% of respondents conduct surveillance for CLABSIs outside adult ICUs
- 92% conduct surveillance for *C. difficile* infections
- Responding facilities had an average of 1.42 IP FTEs and 1.75 FTEs who assist with infection prevention duties
- The top training needs were data management related to NHSN, outbreak investigation, and quality improvement initiatives related to infection prevention
- We heard a few themes from your comments:

  1) It is important that the public be educated about infection prevention.

  2) VDH can help to advocate to hospital administrators for a strong infection prevention program and for increased resource allocation.

  3) You are engaged in many HAI initiatives. If additional work will be expected, it should add value to what is already being conducted, and the initiatives should relate directly to what is publicly reportable.

  4) Adequate staffing is a key element to success.

In this issue:

Upcoming Events:

- **June 9, 2010**: Surgical Site Infection (SSI) pilot surveillance training
- **July 1, 2010**: SSI pilot surveillance begins in 18 hospitals

Questions? Comments?

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HAI Program Activity Update

After discussing the state HAI plans with IPs across Virginia, VDH has revised its HAI project work plan and has gotten approval within VDH and from program leaders at CDC. As you know, we received American Recovery and Reinvestment Act funds to implement a program and have to abide by the expectations of that grant. The grant requires us to enhance our HAI program capacity here at VDH, to enhance HAI surveillance in Virginia, and to sponsor two collaboratives on infection prevention in our state. Here is what we are doing in each of these areas.

VDH Capacity: We have hired Deborah Kalunian, RN, BSN to coordinate our HAI program and Andrea Alvarez, MPH, to serve as HAI epidemiologist. We have also been assigned an additional epidemiologist, Dana Burshell, MPH, to work on this project under funding from the Council of State and Territorial Epidemiologists. We are creating a part-time health educator position to help us implement many of the training projects we hope to host.

Surveillance: States that have done SSI surveillance said having a pilot period was an important way to identify and address problem areas before mandating public reporting. VDH needs your help as your input and facility experience is vital to informing future regulatory decisions. We are moving forward with pilot projects to evaluate surveillance for three surgical site infections: hip replacement, knee replacement, and coronary artery bypass graft surgery. We have selected six hospitals to conduct pilot surveillance for each of these three surgical sites (for a total of 18 pilot hospitals). Deb is contacting each selected hospital IP personally before issuing a formal invitation to participate. We will also be selecting 10 hospitals to pilot test the use of NHSN for *C. difficile* surveillance (lab event). APIC-VA and CDC have graciously offered to help us with SSI surveillance training. Incentives for participation have been built into the grant – a journal subscription and $1,500 toward a training conference for SSI surveillance and a journal subscription for *C. difficile* surveillance. IT support will also be available to assist hospitals in uploading their denominator data into NHSN. Thank you for your future hard work!

Validation: This fall/winter, we will be completing a validation of the central line-associated bloodstream infection data that have been reported through NHSN. We are still in the process of finalizing our methodology for this project, but it will involve pulling positive blood cultures from a designated time period and having trained reviewers do chart abstraction to determine if the bloodstream infections were central line-associated. These data will then be compared to what has been entered in NHSN and the results will identify gaps in the application of surveillance definitions. The data reviewers will also conduct a short interview with someone in infection prevention to learn about how denominator data are collected. In 2011, we will share the results from the validation project and provide additional training based on the lessons that are learned.

Prevention Collaboratives: We have changed our approach to this part of the project the most, based on your feedback and because so many of you are already working on the CUSP project. We plan to do one collaborative in acute care and one in long-term care. The acute care project will build upon the SSI surveillance pilot by feeding collected outcome and SCIP process measure data coupled with prevention messages to the applicable clinical unit(s) and assessing the impact of data feedback on compliance with prevention recommendations.

Long-Term Care: In nursing homes and assisted living facilities, we will focus a lot on training and toolkit development and dissemination. A collaborative will be set up in one region, where participating facilities will be asked to work together to identify ways to improve compliance with infection prevention recommendations and to conduct surveillance for *C. difficile* infections. Participants will share best practices and evaluate the use of informational materials in influencing staff behaviors.