

SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

September 2010

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

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Edited by:
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Notes from VDH

I regret to inform you that I will be leaving the VDH HAI Program on October 8th. In my time here I have had the opportunity to work with some of the most talented individuals and am proud of the work that we have been able to achieve in collaboration with our partners. As consumers and the government become more aware of HAIs and the impact they place on healthcare and the economy, I know that Virginia will become a leader in the elimination and prevention of HAIs.

Our program will continue to grow in scope and magnitude with a focus on education by working in conjunction with our various healthcare and consumer partners to plan for conferences and trainings, develop toolkits and brochures, enhance the website, and publish this newsletter. Thanks to a wonderful team for the experience; although I will not be here to be a part of future activities, I will be watching from afar with a sense of pride and accomplishment.

- Deb Kalunian, HAI Program Coordinator

Assisted Living Facility and Nursing Home Needs Assessment

Similar to the acute care needs assessment distributed in February, assisted living facilities and nursing homes around the Commonwealth were sent a survey in September via SurveyMonkey to help the VDH HAI Program understand the current infection prevention-related practices and needs in these diverse settings. The responses from the main point of contact for infection prevention-related activities from each facility will aid HAI program staff in setting priorities and constructing trainings and educational resources customized to each group. Nine pilot facilities as well as our partner organizations, including the Association for Professionals in Infection Control & Epidemiology (APIC-VA), Department of Social Services (DSS), Virginia Assisted Living Association (VALA), Virginia Association of Nonprofit Homes for the Aging (VANHA), Virginia Health Care Association (VHCA), and Virginia

Department of Health - Office of Licensure & Certification (VDH-OLC), have provided much needed guidance and suggestions to improve the applicability of the questions while communicating their concerns and ideas for this developing program. If you know of a facility that has not received the needs assessment and would like to participate, please refer them to <https://www.surveymonkey.com/s/infprevneeds> or contact us and we can send a paper copy before responses are due in October. In the future, updates and resources for assisted living and nursing facilities will be shared through a new webpage on the VDH HAI Program website, <http://www.vdh.virginia.gov/Epidemiology/Surveillance/HAI/ANRresources.htm>, which includes a current contact list of local health department epidemiologists. We look forward to working with all of our partners to help reduce facility-associated infections throughout Virginia.

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Upcoming Events:

October 12th:

Training for CLABSI validation specialists
Richmond, VA

October 13-15th:

APIC-VA pre-conference (13th) & educational conference (14th-15th);
VDH update during lunch on 10/15
Roanoke, VA

Questions? Comments?

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Surgical Site Infections (SSI) Surveillance Pilot Update

All 18 hospitals participating in the SSI surveillance pilot project completed a pre-survey to establish a baseline of the level of preparedness and beliefs regarding SSI surveillance using NHSN.

While all facilities used NHSN definitions for both the numerator and denominator of their selected pilot procedure, a smaller percentage of facilities routinely collected patient-level information for the selected procedure (67%) or had studied all of the NHSN SSI materials (61%). Only one facility currently entered SSI information into NHSN and none currently uploaded procedure data into the system, although 61% believed data upload would be possible. Additionally, only three facilities had staff members other than IPs helping to collect or enter SSI data.

Validation Project

Next month, VDH will be initiating a project to validate reported central line-associated bloodstream infection (CLABSI) data in collaboration with the Virginia Hospital & Healthcare Association (VHHA). Four data validation specialists have been hired to visit facilities to audit a sample of charts from adult ICU patients with positive blood cultures. Site visits are anticipated to occur in late fall to early winter. All hospitals who reported one or more CLABSIs from January 2010-June 2010 will be audited. Eleven additional hospitals will be randomly selected within their bedsize category, resulting in the review of 18 small (<201 beds), 11 medium (201-500 beds), and 8 large (>500 beds) hospitals. In addition to reviewing charts, validation specialists will also be

HAI Hot Topic

An increase in the incidence of carbapenem-resistant *Enterobacteriaceae* (CRE) has been observed in parts of the United States and has generated attention from the media as well as CDC and state governments. The bacteria in this family of organisms include *Escherichia coli*, *Klebsiella pneumoniae*, and *Enterobacter cloacae*, among numerous others. Guidance for prevention and control of CRE infections in acute care facilities were published in March 2009 in *MMWR*: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5810a4.htm>

Several potential barriers to surveillance were identified including not enough time or resources, the learning curve associated with data upload and use of NHSN's procedure-associated module, physicians not returning surveillance data in a timely manner nor accepting the data as being credible, post-discharge surveillance challenges, and lack of consistency between facilities. Potential benefits of the SSI surveillance pilot were the ability for IPs to impact policy development and decision-making at the state level, preparation of hospitals and IPs for future reporting requirements, provision of benchmark data that will be useful for comparisons and help support improvement initiatives, and a focus on implementing best practices for SSI prevention as well as continuously monitoring outcomes.

conducting interviews with the facility's IP(s) to discuss how denominator data are collected.

Mary Andrus, BA, RN, CIC has been hired to train the validation specialists on NHSN protocols and consult on difficult cases. Ms. Andrus is the 2010 recipient of APIC's Elaine Larson Lectureship Award that honors experts who have influenced public perception, attitudes, and awareness through their infection control and epidemiology experience. Currently, Ms. Andrus is an infection prevention consultant but previously has worked in the hospital setting as an infection preventionist and at the CDC as a nurse epidemiologist. At CDC, her duties included providing support and training for NHSN and subject matter expertise.

- All patients infected or colonized with CRE should be placed on contact precautions
- Recommended surveillance culture methodology is aimed at detecting resistance in *Klebsiella* spp. and *E. coli* only because these represent the majority of CRE encountered in the U.S.