

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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Edited by:
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Notes from VDH

It was a pleasure to interact with so many of you at the APIC Educational Conference in Roanoke and get to learn more about the “nuts and bolts” of infection prevention. Hats off to Betsy Allbee, Linda Adcock, and the APIC-VA board for planning a fabulous conference. Thanks also to all of you who attended lunch on Friday when Diane Woolard gave an overview of the Virginia Department of Health’s (VDH) HAI program and some of our upcoming projects.

On November 8th, VDH presented our SSI pilot methodology and pre-pilot survey results on a national conference call with other state health departments and CDC.

The CLABSI validation project is underway and the site visits have started! We are looking forward to learning about each facility’s data collection practices and translating lessons learned into a one-day training to be held next spring.

- Andrea Alvarez

Blood Glucose Monitoring Practices - Recent Published Alerts from CDC and FDA

The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) released alerts in late August and early October in response to an increase in the number of reported outbreaks of hepatitis B transmission associated with blood glucose monitoring. The announcement is intended to inform healthcare providers of the risks associated with using shared blood glucose monitoring equipment and reinforce current recommended practices.

Long-term care facilities, where multiple persons receive assistance with blood glucose monitoring, have been identified as settings in which sharing of reusable lancets is commonly practiced. However, these devices may also be shared in other settings such as hospitals, residential care facilities, clinics, health fairs, shelters, schools, senior centers, detention centers, and camps. Although reusable devices are readily

available, they are difficult to clean and disinfect appropriately. Therefore, they should only be used by individuals who perform self-monitoring of blood glucose and be limited only to the use of one person per device.

In summary:

- Fingerstick devices should **never** be used for more than one person.
- Auto-disabling **single-use** devices, also known as disposable lancets, should be used for assisted monitoring of blood glucose levels.

VDH has investigated several outbreaks of hepatitis in long-term care settings that have been associated with blood glucose monitoring practices. We will continue to disseminate appropriate information regarding the use of blood glucose monitoring devices to help prevent disease transmission in the future.

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Upcoming events:

December 5-11th:
National Influenza Vaccination Week

Questions? Comments?

Contact:

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Update from the Second Annual Centers for Disease Control and Prevention (CDC) Healthcare-Associated Infections Grantees' Meeting, October 18-20th, Atlanta

This three-day meeting of state and federal colleagues began with an introduction by Denise Cardo, Director of CDC's Division of Healthcare Quality and Promotion. She reiterated that HAIs are one of six CDC-identified "domestic winnable battles," and a priority of CDC Director Thomas Frieden because HAIs have large-scale impacts on health and have known, effective intervention strategies that can be applied to substantially decrease morbidity and mortality.

In discussing the larger context of HAI reporting and incentives, CDC reviewed the importance of their partnership with the Centers for Medicare and Medicaid Services (CMS), as CMS will begin paying for reporting of central line-associated bloodstream infections in 2011 and post these data on Hospital Compare. Although the new CMS rule requires the use of NHSN and will increase the number of facilities using the system, CDC plans to enhance NHSN by making technological improvements and adding infection preventionist and technical support staff. These measures will increase NHSN's capacity without further straining the system.

The newest version of NHSN (6.3) has been released with a variety of changes to improve the system:

- Standardized infection ratios (SIRs) have been added for CLABSI data and have replaced all aggregate SSI rates (for further information see NHSN's special edition newsletter from October 2010: http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf)
- Statistics calculator allows comparisons between two proportions (such as SSI rates), two SIRs, two incidence density rates (such as CLABSI rates), and an SIR to 1.0 to determine statistical significance. A SIR statistically higher than 1.0 indicates that more HAIs were observed than expected, and a SIR lower than 1.0 indicates that fewer HAIs were observed than expected.

- Importing options include the ability to import a file in CDA (Clinical Document Architecture) format from infection prevention software vendors or to import files in comma separated value (.csv) or text (.txt) file formats directly from facilities. National APIC is working with each software vendor to identify a point of contact so facilities can inquire if their vendor is able to import using CDA.

CDC communication efforts are being expanded to enhance the CDC HAI website, align HAI messaging with other organizations, and reach the clinician community. The new website will allow users to easily pull information from the CDC website directly into their presentations and newsletters and will continue to promote the Safe Healthcare blog (<http://blogs.cdc.gov/safehealthcare/>) as well as the GovDelivery email system where users can subscribe to obtain subject-specific updates directly to their email accounts. CDC is partnering with various types of organizations such as consumer groups, healthcare quality agencies, and hospital associations to improve consistency in HAI messaging. Recent publications of articles on WebMD and commentaries on Medscape have been successful in providing the clinician community with HAI education.

The last day of the HAI Grantee meeting concluded with discussions on infection prevention issues in ambulatory surgical centers and dialysis centers. Overall, there was great energy and dialogue throughout the meeting, as each participant had the opportunity to meet colleagues and exchange questions, ideas, and contact information for further collaboration. It was encouraging to see how much has been accomplished by states in the first year of the American Recovery and Reinvestment Act (ARRA) funding and it will be exciting to see what the second year brings as we continue to collaborate with our partners to implement HAI prevention projects and demonstrate results.

Virginia Facilities Prepare to Implement the CMS IPPS Rule

As introduced in our August newsletter, the Centers for Medicare and Medicaid Services (CMS) Inpatient Prospective Payment System (IPPS) new rule is scheduled for implementation in the coming months.

To decrease facility replication of efforts and encourage consistent methods of reporting, in June 2010, the Society for Healthcare Epidemiology of America (SHEA) made comments on the proposed IPPS changes. Based upon those recommendations and further consultation, CMS modified the IPPS rule and clarified how the rule is to be implemented. For example, CLABSI will now be reported to CMS by event date instead of discharge date. Facilities will be required to use the National Healthcare Safety Network (NHSN) and its standardized definitions to capture HAI information.

Virginia's acute care facilities seem to be well-prepared to accept and adapt to the new CMS IPPS requirements for a number of reasons:

- The Virginia reporting requirement that went into effect in July of 2008 ensures that all of our acute care facilities with an adult intensive care unit (ICU) already use and are familiar with NHSN and its definitions.
- Current VDH validation efforts and the dissemination of lessons learned from this project will further bolster the accuracy of our facilities'

data when they become nationally available and comparable to other facilities and states on Hospital Compare.

- Although Virginia regulation does not require reporting of CLABSI data from neonatal ICUs, which will be included in the CMS IPPS rule, CDC is planning to conduct voluntary surveys of NICUs that currently report to NHSN. Results will be used to improve NHSN methodology and better understand current use of NHSN and prevention practices in NICUs.
- Ongoing SSI surveillance activities could help prepare Virginia's facilities for the initial payment incentive for SSI reporting provided by CMS that begins in January of 2012. Virginia's current SSI pilot will help provide guidance to other facilities on how to best handle the potentially burdensome entry of procedure data. In addition, the pilot results and CMS IPPS rule may direct future proposals of Virginia's HAI regulations.

Although these new requirements add duties to your infection prevention responsibilities, we thank you for your ongoing partnership in the VDH HAI projects that may help ease and improve the transitions.

To view the full CMS IPPS rule, please visit:
<http://edocket.access.gpo.gov/2010/pdf/2010-19092.pdf>

NHSN Notes: CLABSI Reporting and Monthly Reporting Plans

As a reminder, CLABSI event and summary data are to be entered into NHSN each month and shared with VDH to be compliant with state regulations. On a quarterly basis, we download these data and analyze them to publish the facility-specific rates on our website. You may have gotten e-mails or phone calls from VDH about "missing data" from one or more months. There are several reasons why we may be unable to see your summary data if you know that they have been entered. Lately, we have noticed that a few facilities have no reporting plan for that month or accidentally left the ICU

off the monthly reporting plan. To check this, go to "Summary Data" in the left toolbar —> click on "Find" —> enter additional search criteria as desired (ex. July 2010). For each month, you should see one line for each ICU. If you do not, please add the plan. If the plan from the previous month is correct, you can copy the plan to the next month by selecting "Copy from Previous Month". If there is already a plan but it needs to be amended, simply hit "Edit" and make changes as appropriate. Contact Andrea Alvarez with questions.

Proposed Regulatory Changes for Medicaid Waivers in Nursing Homes and Assisted Living Facilities

One opportunity to actively contribute to the decisions made by our government in Virginia is to submit recommendations during the open comment period of the regulatory process.

Because the infection prevention-related activities and regulations affecting healthcare facilities are changing so rapidly, it is important to the future of infection control within our state that those with experience and a greater understanding of the issues share their opinions and suggestions. Your insightful comments can, and do, influence agency actions.

Recently, a long-term care colleague made the VDH HAI Team aware of the following proposed regulation that affects nursing homes and assisted living facilities.

Background:

All states accept funds from Medicaid waiver programs for placement within a nursing home. The proposed regulation in Virginia will extend the Medicaid Alzheimer's Assisted Living (AAL) waiver beyond nursing homes to assisted living facilities. This could expand housing options for residents with Alzheimer's by altering the staffing and activity hour requirements necessary for a facility to receive the AAL waiver.

Get Smart About Antibiotics Week

November 15th-19th was Get Smart About Antibiotics Week, a national initiative to bring attention to the increasing problem of antibiotic resistance and highlight the importance of appropriate antibiotic use in both community and healthcare settings. This year's resources targeted parents, inpatient and outpatient healthcare providers, facility administrators, and global antibiotic stewardship.

In Virginia, the Get Smart campaign is a partnership between the Medical Society of Virginia Foundation and the Virginia Department of Health. The MSVF's website has several pages dedicated to the antibiotic resistance

How to submit comments:

1. Review the proposed regulation (12VAC30-120.Wavered Services) which can be found on pages 523-533 of the Virginia Register: <http://legis.state.va.us/codecomm/Register/vol27/iss05/v27i05.pdf>.
2. Contact Steve Ankiel at the Long Term Care Division in the Department of Medical Assistance Services (DMAS) at:
(804) 317-8894 (phone)
Steve.Ankiel@dmas.virginia.gov (e-mail) or
(804) 371-4986 (fax).
Additional contact information is listed in the Virginia Register.
3. Make sure to make your submissions before the **comment period ends on January 7th, 2011**.

Thank you for continuing to be a strong infection prevention advocate for your patients, residents, staff, and community.

awareness initiative that include materials and tools free of charge that your facility may use for its antibiotic stewardship program: <http://foundation.msvf.org/Foundation/AntibioticResistance/ResourcesTools.aspx>

In conjunction with this week, CDC unveiled its new "Get Smart for Healthcare" program to focus on improving antibiotic use in hospitals and nursing homes, with the goal of expanding implementation of interventions to improve antibiotic use in these facilities. For more information, visit: <http://www.cdc.gov/getsmart/>