

SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

December 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

As the new Coordinator of the VDH HAI Program, I would like to wish you a happy and healthy holiday season. The VDH HAI Team and I would like to thank our grant partners and all the infection preventionists

around the state for working hard throughout the year to prevent healthcare-associated infections. We look forward to continued collaboration in 2011!
- Andrea Alvarez, Program Coordinator

Assisted Living Facility and Nursing Home Needs Assessment Results: Demographics

Facilities were given one month in the fall of 2010 to complete the Assisted Living Facility (ALF) and Nursing Home (NH) Needs Assessment. One hundred twenty-four facilities responded to the survey, with the majority using the online tool, SurveyMonkey, while others submitted paper copies.

For analysis, an ALF will be defined as a stand-alone assisted living facility (n=36) and a NH will be any facility that includes skilled nursing care, with or without an assisted living and/or rehabilitation component (n=88). When there are significant differences between responses from stand-alone nursing homes (n=68) and nursing home with assisted living facilities (n=20), results will be shared.

Some highlights of facility demographics include the following:

- Most facilities were for-profit (ALF=61%, NH=68%).
- More NHs were part of a chain or corporation (68%), whereas more ALFs were independently or privately owned (69%).
- The average reported current census (number of residents that were

currently living in the facility) was 67 for ALFs and 105 for NHs.

Infection prevention main point of contact:

- Only two responding facilities did not have an infection prevention main point of contact.
- In most NHs (91%), the point of contact was a registered nurse (RN); in 8% of NHs, the point of contact was a licensed practical nurse (LPN) or physician.
- In ALFs, the point of contact was most often a LPN (33%); 28% of facilities had a non-clinician, 25% had a RN, and 11% had a nursing assistant in this role.

The infection prevention needs assessment results demonstrate both similarities and differences between NHs and ALFs. Because the VDH HAI Team is now more aware of the challenges and training needs in NHs and ALFs, long-term care resources and trainings will be customized to better meet Virginia facilities' infection prevention needs.

Future editions of this newsletter will share information on other topics addressed by the needs assessment, and results will continue to direct HAI activities.

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Questions? Comments?

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Long-Term Care HAI Advisory Committee Meeting Update

The Long-Term Care HAI Advisory Committee had its second meeting via conference call on Wednesday, December 8, 2010. The VDH HAI Team was joined by members of VDH - Office of Licensure and Certification, Virginia Health Care Association, Virginia Assisted Living Association (VALA), VHQC, and representatives from assisted living facilities (ALF) and nursing homes (NH).

The VDH HAI Team reviewed facility demographics and infection prevention main point of contact training needs from the Assisted Living Facility and Nursing Home Needs Assessment. These results have been used by the VDH HAI Team to initially prioritize and direct long-term care infection prevention training proposed for May of 2011.

The VDH HAI Team introduced a draft agenda of the ALF and NH infection prevention training and incorporated the Advisory Committee's helpful feedback in the training's development as shown below.

Purpose: Build competence in implementing infection control measures and prevention practices while addressing specific ALF and NH educational gaps identified by the needs assessment.

Norovirus News

VDH has seen a recent increase in norovirus activity across the state, particularly in assisted living facilities. This increase is somewhat expected given that norovirus activity often peaks in the colder months of the year. Symptoms of norovirus typically last for 24-48 hours and may include nausea, vomiting, diarrhea, and occasionally a low grade fever.

Because norovirus is highly contagious, outbreaks are common and may occur in healthcare or residential

CDC NICU Survey

The CDC Division of Healthcare Quality Promotion will be conducting a survey of Level 2/3 and Level 3 neonatal intensive care units that report to NHSN. The purposes of the survey are to determine MRSA and CLABSI prevention and screening strategies currently in use and

Audience: ALF and NH staff (administrators, direct care staff, main point of contact for infection prevention issues), and local health department epidemiologists.

Structure: At least 5 regional two-day trainings (not on Mondays or Fridays). Both days will have morning presentations and afternoon breakout sessions. Attendees will choose to attend either Day 1: Basic or Day 2: Intermediate.

A NH prevention collaborative will begin in early 2011 with the goal to measure capacity in tracking infections and compliance with prevention measures while sharing best practices. The Advisory Committee suggested additional facilities could join the collaborative in mid-2011 to promote facility-to-facility education and sustainability.

Advisory Committee members have found the VDH HAI newsletter, "Synergy", helpful and share it within their organizations. Some facilities find it useful for in-service opportunities. The VDH HAI Team would like to hear about potential article topics that are pertinent to the long-term care community.

facilities. Outbreaks can often be brought under control by implementing measures such as isolation of affected patients/residents, increased emphasis on hand hygiene and environmental cleaning, restriction of visitors, and closure to new admissions. If your facility is experiencing a greater than expected number of cases of gastrointestinal illness and you suspect an outbreak of norovirus may be occurring, please contact your local health district to report the outbreak and collaborate to control disease spread.

to assess the understanding of NHSN reporting and definition requirements specific to NICU populations. The survey will be sent to NHSN contacts in December and will be administered electronically via SurveyMonkey. Participation is voluntary.

Spotlight on Successes

This month, we are spotlighting two facilities' infection prevention successes. If your facility has a story to share about a recent prevention project or grant, please let us know!

Congratulations to Stafford Hospital, who was featured in a November article in the Free Lance-Star (Fredericksburg, VA) for its successful infection prevention initiatives surrounding methicillin-resistant *Staphylococcus aureus* (MRSA). As of November 9, 2010, Stafford had gone 600 consecutive days without a MRSA infection. Prevention efforts have included reminders about hand washing, the use of "secret shoppers" to monitor hand washing compliance, and the publication of a running tally of MRSA-free days.

NHSN Notes

The next state-specific standardized infection ratio (SIR) report is planned for release in January 2011. This report covers CLABSI and SSI data from July-December 2010 and builds upon the first SIR report published in May 2010.

NHSN was upgraded to version 6.3.1 in mid-December. NHSN servers are now equipped with more memory and capacity.

As a reminder, all facilities enrolled in NHSN prior to October 29, 2010 must complete the revised "Agreement to Participate and Consent" form. This is required to maintain your participation in NHSN since the purposes of NHSN have changed to accommodate the needs to share information with entities such as state health departments and the Centers for Medicare and Medicaid Services (CMS).

Influenza CME Courses Available

Free continuing education opportunities about influenza are currently available through VDH and Medscape.

VDH's CME course "Influenza in Virginia, 2010-2011: What's New" can be accessed by registering with TRAINVirginia at <https://va.train.org> and searching for the course "VDH: Public Health Education for Healthcare Professionals 2010-2011" (course ID 1024797)

Congratulations also go out to VCU, who recently was awarded a grant to evaluate *Clostridium difficile* infection (CDI) in hospitalized patients. The project will:

1. Evaluate the extent to which hospital-level antibiotic and gastric acid suppressant usage patterns, infection prevention and control activities, and pharmacy policies predict CDI occurrence.
2. Develop and compare various risk adjustment approaches to identify hospitals with higher-than-expected or lower-than-expected CDI rates.
3. Identify facilitators and barriers to implementation of best practices for CDI prevention.

- On December 13, 2010, the facility administrator should have received an alert containing a link to the revised consent form when he/she logged into NHSN.
- Please print the form and obtain signatures of the primary contacts for your active NHSN components and the hospital official authorized to bind your facility to the agreement (e.g. CEO, COO, CFO)
- Fax one signed consent form per facility to the NHSN Administrator at 404-929-0131 by **February 28, 2011**.
- For more information, please refer to:
<http://www.cdc.gov/nhsn/PDFs/QA-NewFacilities.pdf>

http://www.cdc.gov/nhsn/PDFs/NHSN_ConsentAgreementQA.pdf

The Medscape CME course "Real Talk About Influenza Vaccine—Be Informed and Be Prepared" addresses influenza vaccination topics including safety profiles of this influenza season's licensed vaccine, safe administration, screening, resources available for communicating benefits and risks of vaccination, and adverse event reporting. To access this course, visit: <http://www.medscape.org/viewarticle/732969>