SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

February 2011

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

Volume 2, Issue 2

Edited by: Andrea Alvarez

Notes from VDH

The VDH HAI Team has experienced some administrative changes in the past month. We are very sorry to announce that Mary Beth White-Comstock, our nurse epidemiologist, left VDH in early February. In January, our health educator left the HAI program. We hope to fill the HAI epidemiologist position and re-recruit for the nurse epidemiologist in the near future. We are happy to welcome Kayla Diggs, a public health student at VCU, as an intern for the semester. So far, she has been involved with the analysis of the CLABSI audit data and will continue to be involved in several of our projects.

Assisted Living Facility and Nursing Home Needs Assessment Results: Tracking Infections

The assisted living facility (ALF) and nursing home (NH) infection prevention needs assessment explored how NHs (n=86) and ALFs (n=36) track, report, and share infection data in their facilities.

All nursing homes and about half of ALFs (52%) track and record infection data. Of the facilities that track data:

- In both NHs and ALFs, spreadsheets or log books (74%) are a more common means of tracking infections than electronic databases (22%).
- Nearly all NHs and approximately half of ALFs regularly create reports with infection data (95% vs. 56%).
- NHs are more likely to share their infection data with various groups in their facility than ALFs (99% vs. 75%).

Of the facilities that share data:

- Nursing staff (78%), physicians (69%), and facility owners (52%) were the most common recipients of data in both settings.
- A higher proportion of NHs share infection data with facility leadership (98% vs. 83%), and a much higher proportion of NHs share with unit managers (80% vs. 33%).

Facilities routinely collect data on the following types of infections:

- At least three-fourths of both NHs and ALFs track influenza, norovirus, skin and soft tissue infections (such as pressure ulcers), and urinary tract infections (UTIs).
- Compared to ALFs, NHs track *Clostridium difficile* infections (91% vs. 56%) and pneumonia (85% vs 56%) more often.
- While more than three-fourths of NHs track catheter-associated UTIs, MRSA, surgical site infections, and vancomycin-resistant *Enterococcus* infections, half or less than half of ALFs track the same types of infections.

Data collection and presentation templates will be available in the summer to enhance facilities' ability to track infections and communicate data to various audiences.

In this issue:

Notes from VDH	1
ALF and NH Needs Assessment Results: Tracking Infections	1
Proposed Amendments to HAI Reporting Regulations	2
Changes to Disease Reporting Regulations	2
CLABSI Audit Update	3
Data Presentation Collaborative	3
MRSA Clinical Guidelines	3
Save the Dates: ALF and NH Trainings	4

Upcoming Events:

May 20, 2011: CLABSI training (webinar)

June 23, 2011: Field Epi Seminar (Richmond, VA)

Contact:
Andrea Alvarez, HAI Program Coordinator with questions / comments: 804-864-8097

Proposed Amendments to HAI Reporting Regulations

Proposed changes to HAI reporting regulations were published on pages 1134-1142 of the January 31, 2011 edition of the *Virginia Register* (http://legis.state.va.us/codecomm/register/vol27/iss11/v27i11.pdf). Infection preventionists, quality improvement staff, and administrators were notified via e-mail and letter about these proposed changes that affect acute care hospitals.

Under the proposal, which is open for comment, three additional HAI measures would be reportable including:

(1) Central line-associated bloodstream infections in one adult inpatient medical ward and one adult inpatient surgical ward—reportable to the National Healthcare Safety Network (NHSN);
(2) Laboratory-identified *Clostridium difficile* infection events on inpatient units facility-wide—reportable to the NHSN;
(3) SCIP core measures pertaining to hip arthroplasty, knee arthroplasty, and coronary artery bypass graft procedures are to be reported quarterly to VDH. CLABSIs in adult intensive care units will remain reportable.

The content *and* quantity of comments are considered as this proposed amendment goes forward in the regulatory process. We **strongly** encourage you and anyone else in your facility potentially impacted by these proposed changes to submit comments. In order to be considered, comments must be received by the last date of the public comment period (**April 1, 2011**) and must include the name and address of the commenter.

To submit a comment, either:

1) Enter a comment online at the Virginia Regulatory Town Hall website:

   http://www.townhall.virginia.gov/L/comments.cfm?stageid=5510

2) Send a comment via mail, e-mail, or fax to:

   Diane Woolard, PhD, MPH
   Director, Division of Surveillance and Investigation
   Virginia Department of Health
   P.O. Box 2448, Suite 516E
   Richmond, VA 23218
   fax: (804) 864-8139
   e-mail: Diane.Woolard@vdh.virginia.gov

Changes to Disease Reporting Regulations

The *Regulations for Disease Reporting and Control* have been amended to bring the regulations into compliance with recent changes to the *Code of Virginia,* update language to reflect current scientific terminology, and enhance provisions to allow VDH to better detect and respond to conditions of public health concern. The final version of these amendments will be published in the February 28, 2011 edition of the *Virginia Register* (http://legis.state.va.us/codecomm/register/vol27/iss13/v27i13.pdf). These regulations will go into effect on **March 30, 2011**.

Specifically, these amendments will:

- Update language to ensure compliance with the *Code of Virginia* and current public health, medical, and scientific terminology
- Update disease reporting requirements, including reportable diseases and those required to report
- Update language regarding laboratory reporting requirements
- Update tuberculosis reporting and control requirements and definitions
- Update provisions regarding the reporting of toxic substance-related illness
- Update outbreak reporting requirements
- Update requirements related to prenatal testing for HIV infection
- Update language regarding isolation and quarantine provisions
- Update other disease reporting and control provisions necessary to protect the health of the people of the Commonwealth.

Update on CLABSI Audit Project

VDH and the Virginia Hospital & Healthcare Association (VHHA) would again like to thank the facilities that participated in the central line-associated bloodstream infection (CLABSI) audit project for their cooperation.

The VDH HAI Team has been analyzing the results of the audit interviews and has identified records where the determination of CLABSI status differed between the infection prevention staff and data validation specialist.

Overall, there was high agreement between the infection preventionists and data validation specialists. Less than 2% of the positive blood cultures reviewed (6 of 319) were found to have discrepancies in CLABSI case status. Some of these discrepancies are still in the process of being resolved. Four hospitals accounted for these 6 differences in case status.

VDH will be working with Mary Andrus to develop the content for a training to be held on **May 20, 2011**. This will most likely be a webinar rather than an in-person training because everyone has been doing such a great job applying the surveillance definitions that we do not have many areas for improvement to target for training. Additionally, the webinar format will enable multiple people from a facility to attend and minimize travel costs.

Building a Data Presentation Collaborative

Whether in an acute care hospital, ambulatory surgery center, or nursing facility, conducting surveillance and communicating results to various stakeholder groups seem to play increasingly large roles in an infection preventionist's position. Writing reports, creating graphs, and disseminating data can be time consuming and may be difficult to customize for different audiences.

While many hospitals may instruct and limit what and how data should be shared with high level committees, it seems that few hospitals are restricted in how they share data with direct care staff, whose compliance with prevention practices and knowledge about infection data may directly prevent HAIs.

The HAI Program would like to understand how direct care staff in the 18 facilities participating in the surgical site infection surveillance pilot engage with presented HAI information.

Methods: IPs will select a team or unit (e.g., surgical team, medical/surgical ICU staff) that already receives HAI data tailored to their unit. The IP and at least five staff members will be asked to complete a survey. Question topics will include perception of HAIs, awareness of HAI data, and which types of data are of interest, and how data are best communicated (e.g., rates vs. number of infections).

From this survey and examples shared by hospitals, the HAI Program will develop data presentation templates and recommendations for hospitals and healthcare facilities. In addition, the survey can be easily customized and used as a tool to help IPs evaluate data presentation practices and effectiveness within their facility.

Updated MRSA Clinical Guidelines Published

In January 2011, the Infectious Diseases Society of America (IDSA) published updated clinical guidelines for the treatment of methicillin-resistant *Staphylococcus aureus* infections in adults and children.

These evidence-based guidelines were developed for healthcare providers and help summarize management of various MRSA symptoms, treatment, dosing, monitoring, and how to address reduced susceptibility to vancomycin. They are meant to be used as a tool to help clinicians provide the best treatment for these infections. Recommended prevention practices are not included in this set of guidelines.

To access the full guidelines, please visit: http://cid.oxfordjournals.org/content/early/2011/01/04/cid.ciq146.full.pdf+html

SAVE THE DATES

Successful Strategies for Infection Prevention in Assisted Living Facilities and Nursing Homes

Two-day regional trainings sponsored by the Virginia Department of Health & the Virginia Health Care Association in partnership with APIC-VA, VALA, VANHA & VHQC

Designed for assisted living facility (ALF) and nursing home (NH) direct care providers, staff responsible for infection prevention activities, and/or facility administrators. Attendance will be limited to three (3) participants per facility. Local health department staff (epidemiologists/ communicable disease nurses) will also be invited.

Topics will include:

(1) An overview of infection prevention in the ALF/NH setting (2) Successful strategies on how to implement prevention measures (3) Collecting and using health information to track infections and (4) Outbreak identification, reporting, and management

Each attendee will choose <u>ONE</u> of two days:

Day 1: Basic infection prevention for ALFs

or

Day 2: Intermediate infection prevention for NHs

May 10 & 11	**Northern Virginia Community College**	**Woodbridge**
May 24 & 25	**Thomas Nelson Community College**	**Hampton**
June 01 & 02	**Henrico Training Center**	**Richmond**
June 15 & 16	**Blue Ridge Community College**	**Weyers Cave**
June 29 & 30	**New River Community College**	**Dublin**

Registration will be **free**. Participants will receive a toolkit of resources including slides, fact sheets, templates, and guidelines on infection prevention. Information on registration will be available in the near future.

Questions? Comments?

Contact Judy Brown, VHCA Health Education Specialist, at 804-241-9274 or brown.hlthedspec@live.com

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

VHCA Virginia Health Care Association