

# SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

March 2011

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

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## Notes from VDH

April 4-10, 2011 is National Public Health Week (NPHW). The American Public Health Association develops a national campaign to educate the public, policymakers, and practitioners about the contributions of public health and issues related to each year's theme. This year, the campaign is focusing on injury and violence prevention with the theme

*"Safety is NO accident: Live injury free."*  
Needlesticks and falls are two types of occupational injuries that may occur in healthcare facilities. We know that employee health and infection prevention work hand in hand, so thanks again for all you do to keep your facilities and staff injury-free! For more information on NPHW, visit: [www.nphw.org](http://www.nphw.org)

## Long-Term Care Advisory Committee Meeting Notes—3/8/11

The Long-Term Care (LTC) HAI Advisory Committee had its third meeting at the Virginia Health Care Association (VHCA) on March 8, 2011. The VDH HAI Team was joined by its LTC partners: VHCA, Virginia Assisted Living Association (VALA), Virginia Association of Nonprofit Homes for the Aging (VANHA), VHQC, Department of Social Services (DSS), VDH Office of Licensure and Certification (OLC), and representatives from assisted living facilities (ALFs) and nursing homes (NHs).

The VDH HAI Team updated the group on how results from the ALF and NH infection prevention needs assessment have been disseminated through monthly newsletter articles and the submission of abstracts to national infection prevention and epidemiology conferences. Committee members shared positive feedback about the use of the newsletter as a way to bring the focus to infection prevention in their facilities.

The majority of the meeting was spent updating, discussing, and making decisions about the upcoming ALF and NH infection prevention trainings. Locations and dates

have been finalized in the five regions. Committee members provided helpful guidance regarding toolkit components, afternoon training sessions, and publicity challenges. The online TRAIN registration plan was introduced, and those without a computer can contact the VDH HAI Team to register.

A separate but similar LTC infection prevention training will be available for DSS and OLC inspectors in the fall of 2011.

The Centers for Disease Control and Prevention (CDC) supported the VDH HAI Team's idea of a regional NH collaborative following the LTC trainings that will be focused on a measurable HAI outcome suggested by the Committee and chosen by the participating facilities.

All Committee members are looking forward to the LTC trainings and will continue to work with the VDH HAI Team to review materials in preparation. We hope to meet, share information, and learn from ALF, NH, and health department staff in the near future!

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### Upcoming Events:

May 20, 2011:  
CLABSI training  
(webinar)

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

### Contact:

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## Recent Publications from the Centers for Disease Control and Prevention

### *Vital Signs Report*

On March 1, the Centers for Disease Control and Prevention (CDC) released a Vital Signs report focused on central line-associated bloodstream infections (CLABSIs) in several healthcare settings. Each month, Vital Signs offers recent data and calls to action for important public health issues. This was the first time CDC reported the number of HAIs as opposed to rates or standardized infection ratios (SIRs). The report also included estimates of lives saved and excess healthcare costs due to CLABSIs.

#### Report highlights:

- 58% fewer bloodstream infections occurred in hospital ICU patients with central lines in 2009 compared to 2001. This decrease in infections saved up to 27,000 lives over this time period and approximately \$1.8 billion in medical costs.
- In 2009, there were approximately 18,000 CLABSIs in ICUs and 23,000 additional infections in other inpatient wards.
- Between 2001 and 2009, bloodstream infections from *Staphylococcus aureus* in ICU patients with central lines were reduced by 73%, more than from any other organism.
- About 80% of people receiving hemodialysis start treatment through a central line. In 2008, nearly 37,000 CLABSIs occurred in hemodialysis patients. A hemodialysis patient is 100 times more likely to get a MRSA bloodstream infection than the general population.

Major progress has been made in preventing CLABSIs in intensive care units (ICUs), saving money and patients' lives. However, too many infections remain in other settings, such as hospital wards and dialysis centers. Lessons learned from reducing CLABSIs in ICUs need to be applied to other healthcare settings and other types of HAIs. CDC emphasized the important role of partnerships and collaboratives in preventing infections and the utility of tracking infection rates to better quantify the problem in all settings. New ways need to be found to encourage broader use of proven prevention practices, develop new prevention strategies, and target pathogens that are not declining.

For the complete Vital Signs issue and graphics, web content, or other resources your facility or organization can use in its healthcare-associated infection prevention efforts, please visit: <http://www.cdc.gov/vitalsigns/>

### *New State-Specific CLABSI Report and National Standardized Infection Ratio (SIR) Report*

On March 2, CDC released its second state-specific report using CLABSI data from the National Healthcare Safety Network (<http://www.cdc.gov/HAI/pdfs/stateplans/state-specific-hai-sir-july-dec2009r.pdf>). This report included state-specific CLABSI standardized infection ratios (SIRs) for states that have a mandate to report CLABSI to the state health department. The SIR report compares data from July through December 2009 to national NHSN data from the referent period of 2006 through 2008. In addition to data from intensive care units (ICUs) and wards, which were included in the first report, this state-specific report also includes data from long-term acute care (LTAC) and specialty care locations.

In the second half of 2009 in Virginia, 151 CLABSIs were observed and the state-specific SIR was 0.80. This means that compared to the national data, Virginia facilities observed 20% fewer infections than expected. Virginia did not experience a significant change in SIR between the first half and second half of 2009, which means that CLABSI prevention success was sustained between reporting periods.

The state report was published in conjunction with the national SIR report ([http://www.cdc.gov/HAI/pdfs/stateplans/SIR-2010\\_JunDec2009.pdf](http://www.cdc.gov/HAI/pdfs/stateplans/SIR-2010_JunDec2009.pdf)), which includes CLABSI and surgical site infection (SSI) SIRs at the national level. This is the first publication to present a national-level summary of SSIs reported to NHSN using the SIR. In contrast to the national CLABSI SIR, which was almost identical between the two reporting periods (Jan-June 2009, July-Dec 2009), the national SSI SIR significantly decreased between same two reporting periods. Visit <http://www.cdc.gov/HAI/surveillance/statesummary.html> for more information.

## Call for Mini-Grant Proposals to Assist with Surgical Site Infection Surveillance

In partnership with the Virginia Hospital and Healthcare Association (VHHA), VDH is offering mini-grants to hospitals to support implementation of the National Healthcare Safety Network (NHSN) Procedure-Associated Module. The Centers for Medicare and Medicaid Services (CMS) requires this module be used for surgical site infection (SSI) surveillance following selected surgical procedures beginning January 1, 2012.

Examples of activities that may qualify for a grant are programmer support to help create an electronic file to upload surgical procedure data, surveillance staff training, purchase of relevant resource materials, or modification of internal systems to allow for more expeditious reporting.

To receive a grant, hospitals must apply using a standardized electronic application and budget form. These forms were e-mailed on March 11th to an administrator

and infection prevention contact from each acute care hospital, critical access hospital, and children's hospital in Virginia.

The award will be contingent upon the strength of the hospital's proposal and budget outline, the ability to meet all participation requirements, and the availability of funds. Awards will range from **\$2,500 - \$25,000** per hospital depending on the application's quality. Award notices will be distributed to eligible hospitals on a first-come, first-serve basis. VDH and VHHA will review applications jointly to determine which proposals are to be funded.

All applications are to be sent by **April 15** to Barbara Brown at [bbrown@vhha.com](mailto:bbrown@vhha.com). All awarded funds must be spent by **November 1, 2011**. No hard copy applications will be accepted. For more information, contact Barbara Brown via email or by phone at 804-965-5722.

### NHSN Notes

Thanks to all facilities that have completed NHSN's re-consent process. If your facility is one of the 4 that has not yet re-consented, please do so **as soon as possible**.

A number of updates and improvements are planned for NHSN v.6.4 (March/April 2011 release):

- Removed forced regeneration of datasets
- Confer rights functionality will be changed so that the group provides a template of required patient/facility information, events, procedures, locations, and dates to facilities
- Updated pathogen and drug lists in Patient Safety component

- Overall improved validation, deduplication, and data quality checks
- Enhanced analysis functions, including expansion of output, updated rate tables, and SIR time period comparisons

If your facility is participating in the CMS Reporting Program, be sure that your reporting plans include CLABSI surveillance participation for the months and locations (adult, pediatric, and level II or III neonatal ICUs) you wish to report to CMS. NHSN will **not** share CLABSI data with CMS from other patient care locations listed on the monthly reporting plan.

### New OSHA Training Video—Respiratory Protection

The Occupational Safety and Health Administration (OSHA) has produced a new training video for healthcare employers and workers that explains the proper use of respirators and the procedures to follow to assure that respirators protect workers from airborne hazards in healthcare settings. The 33-minute video explains the major components of a respiratory protection program including fit-testing, medical evaluations, training, and maintenance. The video also discusses the difference between respirators and surgical masks, features a segment

on common respiratory hazards found in healthcare settings, and demonstrates how respirator use helps protect workers from exposure to airborne chemicals. Visit OSHA's Safety and Health Topics: Respiratory Protection page (<http://www.osha.gov/SLTC/respiratoryprotection/index.html>) to learn more about respirator safety and health.

To view the video, visit: <http://www.dol.gov/dol/media/webcast/20110112-respirators/>

# TRAINING REGISTRATION

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

FREE regional trainings sponsored by the Virginia Department of Health (VDH) and the Virginia Health Care Association (VHCA) in partnership with the Association for Professionals in Infection Control and Epidemiology (APIC-VA), Virginia Assisted Living Association (VALA), Virginia Association of Nonprofit Homes for the Aging (VANHA), and VHQC

### Audience:

- ◆ Assisted living facility (ALF) and nursing home (NH) direct care providers, staff responsible for infection prevention activities, and/or facility administrators
- ◆ Local health department (LHD) staff (epidemiologists and communicable disease nurses)
- ◆ **Attendance limited to 3 participants per facility/health department** or up to 6 participants if facility has an ALF and a NH.

### Training information:

- ◆ In each region, Day 1 is designed for ALFs and Day 2 is designed for NHs. Each attendee must elect to attend Day 1 **OR** Day 2.
- ◆ Please attend the training located in your region to receive the greatest benefit networking with other local facilities and LHD.
- ◆ Each 1-day session will be from 8:30 AM to 4:15 PM. (Certificate of Attendance is available after training. No CEUs offered.)
- ◆ Training is **free!** Parking, educational materials, and resources included. Refreshments and lunch will be on your own.
- ◆ Location information and directions will be available upon registration in TRAIN (<https://va.train.org>).

**Table 1: Training and Registration Dates by Region and Intended Audience (Facility Type)**

Region	Audience	Location	Training Facility	Training Date	Register By
Northern	Day 1: ALF	Woodbridge	Northern Virginia Community College	May 10	April 10
Northern	Day 2: NH	Woodbridge	Northern Virginia Community College	May 11	April 11
Eastern	Day 1: ALF	Hampton	Thomas Nelson Community College	May 24	April 24
Eastern	Day 2: NH	Hampton	Thomas Nelson Community College	May 25	April 25
Central	Day 1: ALF	Richmond	Henrico Training Center	June 01	May 01
Central	Day 2: NH	Richmond	Henrico Training Center	June 02	May 02
Northwest	Day 1: ALF	Weyers Cave	Blue Ridge Community College	June 15	May 15
Northwest	Day 2: NH	Weyers Cave	Blue Ridge Community College	June 16	May 16
Southwest	Day 1: ALF	Dublin	New River Community College	June 29*	May 29
Southwest	Day 2: NH	Dublin	New River Community College	June 30*	May 30

\* Corrected Dublin training dates

### How to register:

- ◆ Complete the registration **ONLY** if you plan to attend the training session.
- ◆ Register through TRAIN **one month prior** to the training you will be attending.
- ◆ If you do not already have a TRAIN account, create an account by going to the TRAIN Virginia website (<https://va.train.org>) and clicking the "Create Account" button.
- ◆ Go to the "Course Search" tab at the top of the page and click on "By Course ID" in the menu bar on the left side of the screen.
- ◆ Search for course ID 1026591 and select *VDH: Successful Strategies for Infection Prevention in Assisted Living Facilities and Nursing Homes*. Click on the "Registration" tab.
- ◆ Register for the **one session** for your type of facility (ALF/NH) in your region.
- ◆ Please keep your password in order to: 1) make any changes to your registration such as a cancellation; 2) look for any updates; and 3) print out your Certificate of Attendance one day after the training.

### Need help?

- ◆ Problems creating a TRAIN account, registering for training, or have you forgotten your password?  
Contact the TRAIN administrator at **804-864-8233** or [VA\\_Admin@train.org](mailto:VA_Admin@train.org) or Dana Burshell from the VDH Healthcare-Associated Infections (HAI) Program at **804-864-7550** or [Dana.Burshell@vdh.virginia.gov](mailto:Dana.Burshell@vdh.virginia.gov).
- ◆ Your attendance is important to us! We will work with you to make sure you are registered for your preferred session.

