



SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION



July 2011

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

With six months left in the ARRA grant, we look forward to continuing to work with our partners on the UTI collaborative in nursing homes, data presentation collaborative, and the APIC-VDH training on 11/10 as well as helping hospitals prepare for the upcoming CMS surgical site infection reporting requirements.

NHSN Notes: Version 6.4.2 & CMS Reporting

In mid-July, NHSN version 6.4.2 was released. Although still unfinalized, we have heard that CMS is strongly considering **abdominal hysterectomy** and selected **colon** procedures for public surgical site infection (SSI) reporting in 2012. VDH will be sure to share any information we receive about this.

NHSN continues to customize the system to help prepare for CMS IPPS Hospital Inpatient Quality Reporting which includes:

- SIR description of NHSN calculations and interpretation (found in the October 2010 NHSN newsletter), because SSI rates will no longer be published and SIRs will be used by CMS
- Analysis Output Option and description (July 2011 NHSN newsletter) to obtain your hospital's quarterly SIRs that NHSN submits to CMS (Advanced → Summary-level Data → SIR → CLAB Data for CMS) which can be stratified by organization ID and/or by location type and allows the user to see how many months of data are included for quality assurance purposes.

Slides and audio from the CLABSI data audit webinar are now available!

[http://www.vdh.virginia.gov/
Epidemiology/Surveillance/HAI/
haireport.htm](http://www.vdh.virginia.gov/Epidemiology/Surveillance/HAI/haireport.htm)

Enjoy the rest of the summer!
- The VDH HAI Team

- How-to guides and specifications to importing SSI procedure data using a CSV file

- List of common skin contaminants/commensals for CLABSI reporting

Reminders - to be able to report to CMS:

- Complete the 2010 Facility Survey
- Enter the CMS Certification Number (CCN) in NHSN
- Update the monthly reporting plan (MRP) to include in-plan data from PICUs and NICUs (NICUs require separate identification in the MRP). Note: Because there is no checkbox to indicate if your facility does not have these ICUs, simply do not include them in your MRP.
- CMS data cannot be changed after the 15th of each month, so make any alterations prior to the 15th to ensure consistency of your data with CMS

Within the next few weeks, VDH will be introducing a new group conferring rights template for sharing CLABSI data with us. You will receive a notice and simply need to accept the new template.

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Upcoming Events:

August 24th: Last conference call of SSI surveillance pilot

Contact:

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Successful Strategies Training Evaluation

Our last regional *Successful Strategies for Infection Prevention in Assisted Living Facilities and Nursing Homes* training was held June 29-30 in Dublin and since then, VDH has been able to complete an evaluation of all nine training sessions. In all, there were approximately 450 attendees across the 9 sessions. The evaluations were overwhelmingly positive; training participants strongly agreed that the toolkit and DVD were useful resources and noted the training was valuable. Participants indicated that they planned to use the toolkit in a variety of ways including as a resource/reference for education, training, and in-services for families, residents, and staff, including from other departments like dietary services or environmental services and from other levels of care like independent living. Some respondents said they would be using the materials to update their policies and procedures and to help with goal planning. Tools mentioned as being most useful were the precaution signs, tracking tools, monitoring forms, and general list of infection prevention resources. The speakers were praised for being passionate and interactive with their presentations. The provider panels generated great discussion and information exchange. At the Weyers

Cave and Dublin trainings, the health department breakout featured a YouTube version of a skit about outbreak identification and control surrounding a norovirus situation. The video was praised for its energy and humor—thanks to Jonathan Falk, district epidemiologist from Central Shenandoah, for putting it together (and playing all the roles)!

Training attendees completed a pre-test and post-test to gauge baseline knowledge and evaluate the effectiveness of the speakers. The results revealed that there were some differences in pre-test and/or post-test performance by facility type [assisted living facility (ALF), nursing home (NH), or health department]. A higher percentage of NH and HD staff correctly answered all of the questions on the pre-test and post-test. Even after the training, <75% of ALF and NH attendees answered the outbreak question correctly and <75% of all attendees responded correctly to the question about minimum time exclusion of sick staff members.

One attendee summed up her opinion of the training: “Thank you so much! Best seminar I've attended in years! Very informative!”

National APIC Conference: An IP's Perspective

Deborah Smith, infection preventionist from Memorial Hospital of Martinsville and Henry County recently attended the National APIC Conference in Baltimore, MD from June 28-30th and shared her perspective on the presentations and the opportunity to network with fellow IP professionals.

“I am so appreciative that I was able to go to the National APIC conference with the grant money for SSI reporting. This was my first National APIC conference and I am hoping to be able to attend more. The NHSN sessions were very informative. The SSI session was very helpful and has shown me that I have a lot of work to do before January 2012. It has given me the kick start that I need to start working on the denominator data collection.

I was very impressed with the expertise, knowledge and experience of all the presenters. It makes me proud to be a small part of the Infection Prevention community.

The networking with IPs from all over the country was also wonderful. It amazes me that we all have the same questions, issues, problems and goals. When, as a lone IP in a small community hospital, I feel overwhelmed and not able to catch up with work and keep up with the ever changing world of regulations and requirements, I know that I am not alone. Dr Larson's “Evidence behind the interventions” was eye opening for me. The presentation explained why I am often confused when I try to interpret the guidelines; she actually showed the proof that there is conflicting evidence among the governing bodies.

I have accessed the CD of the conference many times since being back on the job. This is a great way to have all the information from the conference.”

Unsafe Injection Practices CME Course

A free continuing medical education (CME) course launched by the Safe Injection Practices Coalition (SIPC) is intended to raise awareness about safe injection practices and is designed for all inpatient or outpatient healthcare professionals who are responsible for delivering injections of any type. SIPC reports that “in the last decade more than 130,000 patients in the United States have been notified of potential exposure to hepatitis B, hepatitis C, and HIV due to lapses in basic infection control practices. Many of these lapses involved healthcare providers reusing syringes, resulting in contamination of medication vials or containers which

were then used on subsequent patients”. The online course is titled “Unsafe Injection Practices: Outbreaks, Incidents, and Root Causes” and can be accessed at: <http://www.medscape.org/viewarticle/745695>

As mentioned in last month’s newsletter, CDC recently released a guide to infection prevention in outpatient settings. The unsafe injection practices CME course pairs well with these guidelines, which also address injection safety. For more information on the outpatient infection prevention guidelines, please visit: <http://www.cdc.gov/HAI/pdfs/guidelines/standards-of-ambulatory-care-7-2011.pdf>

Nursing Home Deficiency Citations for Infection Control

The May 2011 edition of the American Journal of Infection Control (AJIC) featured an article summarizing a study of nursing home deficiency data from the Online Survey, Certification, and Reporting (OSCAR) data base used for Medicare and/or Medicaid certification. Infection control violations were found at 15 percent of nursing homes nationally. Low staffing levels were strongly associated with the receipt of an infection control deficiency citation known as F-tag 441. Hand hygiene and other infection control measures may not receive adequate attention in facilities with staffing shortages.

The study authors noted that infection is the leading cause of morbidity and mortality among the 1.7 million residents of U.S. nursing homes, with an estimated 1.6 million – 3.8 million infections and 388,000 deaths

annually. Nursing home residents comprise a susceptible group for the acquisition of infections and disease outbreaks occur frequently.

For further review please visit: [http://www.ajicjournal.org/article/S0196-6553\(11\)00111-8/abstract](http://www.ajicjournal.org/article/S0196-6553(11)00111-8/abstract)

The Association for Professionals in Infection Control and Epidemiology (APIC) has noted that in recent years, several states have enacted legislation pertaining to infection prevention practices in long-term care facilities. This month, Illinois passed legislation requiring the designation of an infection preventionist in all skilled nursing facilities to be responsible for developing and implementing infection control practices. The law goes into effect on January 1, 2012.

Antimicrobial Stewardship Opportunity

The University of Cincinnati and the Potomac Center for Medical Education are recruiting 26 medical facilities nationally to host an initiative entitled “Antimicrobial Stewardship in the Community Hospital: Practical Tools and Techniques for Implementation.” This CME/CE program aims to provide effective and practical tools and techniques for implementing stewardship programs in community health settings and includes a series of expert lectures presented in partnership with the Society for

Healthcare Epidemiology of America (SHEA). Hosting institutions will receive a \$500 educational grant to assist with expense.

To obtain more information or to register your facility, please read the flyer on page 4 of this month’s newsletter.

ANTIMICROBIAL STEWARDSHIP IN THE COMMUNITY HOSPITAL

PRACTICAL TOOLS & TECHNIQUES FOR IMPLEMENTATION

Be one of 26 medical institutions to host this important CME/CE program with renowned faculty in infection prevention and antimicrobial stewardship.

The University of Cincinnati, and the Potomac Center for Medical Education invite your institution to host a CME/CE program as part of a series of expert lectures presented in partnership with the Society for Healthcare Epidemiology of America (SHEA). SHEA is a leader in emphasizing the importance of antimicrobial stewardship in healthcare settings.

As a presenting partner of this series, SHEA has identified an expert faculty from across the country to share knowledge and advise community hospital practitioners and administrators on the methods and tools that work to improve antimicrobial management in the healthcare setting. This important educational program will provide health care practitioners with the information necessary to facilitate the establishment or improvement of an Antimicrobial Stewardship Program in your own institution. Participants will also be provided internet-based links to helpful tools and useful information for this endeavor.

STEERING COMMITTEE

STEVEN PARODI, MD – Chair

Chair, The Permanente Medical Group Chiefs of Infectious Disease • Kaiser Permanente • Vallejo, CA

MAUREEN BOLON, MD – Co-Chair

Associate Professor in Medicine–Infectious Disease • Northwestern University Feinberg School of Medicine • Chicago, IL

ELIZABETH S. DODDS ASHLEY, PharmD, MHS, BCPS – Co-Chair

Associate Director of Clinical Pharmacy Services • University of Rochester Medical Center • Rochester, NY

TARGET AUDIENCE—Infectious disease specialists, health-system pharmacists, hospitalists, microbiologists, infection preventionists, hospital epidemiologists, hospital administrators, pulmonologists, critical care physicians, surgeons, and emergency medicine physicians.

DESIGNATION STATEMENTS—University of Cincinnati College of Medicine designates this activity OR series of activities for a maximum of 3.0 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Potomac Center for Medical Education designates this educational activity for a maximum of 3.0 hours (0.3 CEUs) of continuing education credit (program number 0418-9999-11-003-H04-P).

This activity has been designated as a knowledge-based activity.

EDUCATIONAL OBJECTIVES—Upon completion of the activity, the participants should be better able to:

- Evaluate the principles and objectives of an antimicrobial stewardship program.
- Identify the barriers to implementing a successful stewardship program in a community hospital
- Discuss antimicrobial stewardship strategies that can be implemented effectively in a community hospital
- Integrate evidence-based practices and resources to improve antimicrobial use
- Facilitate interaction with the medical staff at the health care facility to promote acceptance of a stewardship program

ACCREDITATION STATEMENTS—The University of Cincinnati is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education to physicians.

The Potomac Center for Medical Education is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing medical education.

Hosting institutions will receive a \$500 educational grant to assist with expense. Reply quickly!

For more information, complete the format right, and send it to PCME:

1. BY FAX: 410-309-7941

2. BY EMAIL:

rcottman@potomacme.org

3. CALL US: 443-539-4599

CONTACT NAME/TITLE: _____

INSTITUTION: _____

ADDRESS: _____ ROOM: _____

PHONE: _____ EMAIL: _____

POSSIBLE DATES: _____

TIME: _____ APPROX. # OF PARTICIPANTS: _____

This activity is jointly sponsored by: The University of Cincinnati, The Potomac Center for Medical Education, and Rockpointe

This activity is co-organized with presenting partner: The Society for Healthcare Epidemiology of America (SHEA)

This activity is supported by an educational grant from: Astellas, Cubist, and Pfizer