



SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION



September 2011

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

Volume 2, Issue 9

Edited by:
Andrea Alvarez

Notes from VDH

We are excited that so many HAI training opportunities are available in the coming months and we hope you will be able to take advantage. Registration is open for the VDH/APIC conference on 11/10 through VA-TRAIN (<https://va.train.org>) - course ID 1028924.

Work on our website redesign has begun and we look forward to sharing HAI resources for healthcare professionals and consumers in an organized and user-friendly format at the completion of this project.

Regulations and Guidelines

Proposed national guidelines for organ transplantation

In response to a 3-year CDC study of more than 200 investigations of infection transmission through transplants, CDC drafted guidelines on organ transplants calling for the collection of information to help patients and doctors weigh the risks and benefits of a particular organ before transplantation. Recommendations include adding hepatitis B (HBV) and hepatitis C (HCV) to the list of screened organisms, making laboratory tests for organs more sensitive, revising donor risk factors available to clinicians, and focusing only on solid organs and vessel conduits.

Draft 2011 Public Health Service Guideline for Reducing Transmission of HIV, HBV, and HCV through Solid Organ Transplantation, Docket No. CDC-2011-0011, can be found at www.regulations.gov, and the 60-day comment period for submitting suggestions and comments ends November 21st, 2011. Also found at the docket are supporting documents for reference. After a period of public comment, the final guideline will be published and posted on the CDC website <http://www.cdc.gov/transplantsafety>.

New state regulatory amendments

The 2011 session of the General Assembly required amendments to the hospital regulations. As a result, the VDH Office of Licensure and Certification (OLC) made the following amendments to the regulations using the exempt option of the Administrative Process Act, which allows amendments to a regulation in order to conform to changes in the law:

Obstetric and newborn services general requirements (12VAC5-410-440):

- Beginning on July 1, 2012, requires hospitals providing maternity services to offer mothers of newborns a blood sample for future DNA sampling prior to discharge

Organization (12VAC5-410-200) and Policy and procedures manual (12VAC5-410-1170):

- Added language to mandate policies and procedures for hospitals and outpatient surgical hospitals on topics including infection prevention, disaster preparedness, and facility security

These regulatory amendments become effective November 1st, and the online copy of the regulation will be updated to reflect these changes.

In this issue:

Notes from VDH	1
Regulations and Guidelines	1
NHSN Q&A	2
APIC-VA Conference & Infection Prevention Week	3
State-Level Partners Meeting Summary	3
Board of Health Update	3

Upcoming Events:

Oct 9-12: Virginia Health Care Association Annual Convention, Richmond

Oct 16-22: International Infection Prevention Week

Oct 20: Infection prevention training for assisted living facilities and nursing homes, Virginia Beach

Oct 24-25: Virginia Assisted Living Association Annual Fall Conference, Richmond

Contact:

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

NHSN Q&A

Q. What do I do if I received an NHSN e-mail about not entering appropriate summary data?

A. Recently, a NHSN blast e-mail was sent to a large subset of facilities that had entered device-associated events without the appropriate summary data.

To identify events reported with 0 device days:

- Generate a new dataset to assure you are running a report on the most recent data
- Obtain “Line Listing—Events Reported with 0 Device Days” by clicking on the following buttons in sequence: Analysis —> Output Option —> Advanced —> Data Quality
- Fix any records in the line list by: 1) entering accurate summary data or 2) if accurate data unknown, removing event/location from affected monthly reporting plans, although this could make your facility non-compliant with CMS reporting requirements
- Available instructional slideset: http://www.cdc.gov/nhsn/PDFs/pscManual/Instructions_DQ.pdf
- Note: Even if your facility has no events for a month, summary data still must be reported

In version 6.5, scheduled for late October 2011, NHSN will introduce a prompted alert system to help facilities identify and address a number of data quality errors.

Q. How long will NHSN use 2006-2008 for the SIR baseline?

A. Although the NHSN system will keep the 2006-2008 baseline for at least the immediate future, as it is included in the HHS Action Plan 2013 targets, CDC will reassess the decision in the future, especially as rates change.

Q. If I am entering data from a past time period, do I use the current NHSN standards or the ones that were in effect during that past time period?

A. When entering data, even for past time periods, always use the current NHSN standards.

Q. What if a SSI associated with an implant is identified on readmission several months after the date of surgery? How do I enter this?

Create a new SSI event. The date of admission refers to the date of facility stay in which the operative procedure was performed. Remember that denominator data must be entered for all surgical procedures in your Monthly Reporting Plan, so you should already have denominator data entered for this procedure. Now you can link the event with its denominator data.

Q. Does NHSN delineate how SSI post-discharge surveillance should be conducted?

A. Because adequate scientific studies and literature do not exist to provide a gold standard method, NHSN does not currently specify how post-discharge surveillance should be conducted. However, NHSN has identified this as an important yet complex issue, and it is on the priority list of the Healthcare Infection Control Practices Advisory Committee (HICPAC), which is involved in discussions on HAI-related surveillance issues, including NHSN SSI definitions and protocols.

Q. Why do some facilities and organizations know about NHSN changes before I do?

A. Many facilities and organizations have subscribed to NHSN’s informational update emails, but you can too.

- Subscribe: <https://www.cdc.gov/emailupdates/index.html>
- Copy of sent emails are posted at: <http://www.cdc.gov/nhsn/commUp.html>

Q. How can I get my NHSN questions answered?

A. Our HAI Epidemiologist is happy to assist with any technical assistance issues, and our Nurse Epidemiologist is available for NHSN surveillance definition interpretation. In addition, NHSN responds relatively quickly to VDH’s weekly batched questions via e-mail. If you would like VDH to include your comments or questions, please contact Dana.Burshell@vdh.virginia.gov. If responses can be beneficial to a wider audience, we publish them in this newsletter.

APIC-VA Conference Summary and Infection Prevention Week

The 37th Annual Educational Conference for the Virginia Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC-VA) was held September 14-16th in Norfolk, Virginia. This year's theme, "Going Beyond the Doors of the Hospital" was reflected in the conference agenda addressing infection prevention in the community setting in addition to ambulatory care and acute care settings.

Conference sessions included information on the current evidence-based practices and regulations which impact infection prevention efforts; mechanisms to prevent the spread of emerging infectious diseases; the impact of infection prevention practices in the difficult climate of health care costs; and the role of the infection prevention professional in mandatory reporting requirements for HAIs.

APIC has more than 13,000 members across the organization, which is divided into 120 chapters. APIC's mission to improve health and patient safety by reducing risks of infection and other adverse outcomes is accomplished through education, research, collaboration, consultation, and public policy practice guidance.

October 16-22 of this year marks the 25th anniversary of National Infection Control Week, first designated by President Ronald Reagan in 1986. Later as the organization grew internationally, this became known as *International Infection Prevention Week*.

Governor Robert McDonnell has officially recognized October 16-22 as *Infection Prevention Week* in the Commonwealth of Virginia, noting the benefits of preventing HAIs and importance of diligent adherence to recommended infection prevention practices in all healthcare settings.

State-Level Partners Collaborating to Prevent HAIs— Meeting Summary

On September 15 and 16th, representatives from the VDH HAI Program, VDH Office of Licensure and Certification, Virginia Hospital & Healthcare Association and VHQC attended a conference in Dallas/Fort Worth, Texas entitled "State-Level Partners Collaborating to Eliminate Healthcare-Associated Infections." The meeting was sponsored by the Department of Health and Human Services – Office of Healthcare Quality and its agenda featured a blend of state and federal speakers addressing patient safety and HAI prevention on both the state and national levels. The purpose of the

meeting was to promote collaboration and strategic alignment of HAI prevention-related programs and resources across state-level entities like health departments, hospital associations, quality improvement organizations, consumer groups, patient safety organizations, professional organizations, and healthcare systems. Ideas and experiences were shared freely between participants and it was insightful to obtain the perspective of the patient advocates in attendance.

Board of Health Update

On September 15th, the Board of Health approved the VDH reproposal of an amendment to the state HAI reporting regulations. The language of the new regulations states: "Data reported into the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) for the Centers for Medicare and Medicaid Services Hospital Inpatient Quality

Reporting Program shall be shared, through the NHSN, with the department." Once the proposal has been uploaded to the Town Hall website, a 60-day public comment period will follow. Information on how, when, and where to comment will be disseminated when it becomes available.