



SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION



June 2012

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

Volume 3, Issue 6

Edited by:
Andrea Alvarez

Notes from VDH

Summer is finally upon us—time for sun, sand, and hopefully a few days out of the office!

June was full of meetings that addressed HAI surveillance and prevention in some way, including the annual Council of State and Territorial Epidemiologists meeting, VHQC QualitySync conference, North Carolina/Virginia (NoCVA) Hospital Engagement Network (HEN) Learning Session, VDH Field Epi Seminar, and the national APIC conference. It was wonderful to interact with so many of you and learn about new and exciting initiatives around the state and the nation.

Upcoming training opportunity:

CAUTI/VAP Learning Session
NoCVA HEN
Winston-Salem, NC

All Virginia hospitals, not just those participating in the NoCVA HEN program are invited to attend!

Free for NoCVA HEN participants
\$50 for all other attendees
July 26, 2012 9AM—5 PM

For more information, contact:
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Carbapenem-resistant Enterobacteriaceae (CRE) Toolkit

CRE are bacteria that are highly transmissible, resistant to almost all drugs, and contribute to high rates of mortality for patients who become infected. Furthermore, a recent edition of *MMWR* (June 22) recently highlighted the concern that the New Delhi metallo-beta-lactamase enzymes allow drug resistance to be transferred easily from one bacterium to another.

CDC released updated recommendations and resources detailing how states and healthcare facilities should combat CRE.

- ◇ New CRE toolkit for healthcare facilities and state health departments:
www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html.
- ◇ New CRE website for clinicians, healthcare facilities, states, patients, etc.:
www.cdc.gov/hai/organisms/cre/index.html

- ◇ Medscape Commentary for clinicians:
www.medscape.com/viewarticle/765966
- ◇ State prevention stories (MN and WI):
www.cdc.gov/hai/state-based/success_stories.html

CRE facts/prevention tips:

- ◇ Examples of Enterobacteriaceae include *Klebsiella* species and *E. coli* (bacteria that can be found in the gut normally).
- ◇ CRE infections in a healthcare setting usually occur in patients requiring medical devices and/or taking long courses of certain antibiotics.
- ◇ If a CRE infection is identified, put the patient on contact precautions and cohort patients and staff, discontinue use of medical devices such as urinary catheters as soon as no longer needed, judiciously use antibiotics, and conduct screenings as appropriate.

Upcoming Events:

July 26th: CAUTI / VAP Learning Session — NoCVA HEN, Winston-Salem, NC

Aug 21st: UTIs in Long-Term Care—Virginia Health Care Association, Richmond, VA

Contact:

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with questions / comments:
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Summary of NHSN e-News—June 2012

We highly recommend that you take the time to read NHSN e-News June edition (www.cdc.gov/nhsn/PDFs/Newsletters/NHSNewsletter-062012.pdf). In this article, we have summarized the newsletter content we think may most directly impact our readership.

NHSN v7.0 release is scheduled for August/September.

Long-Term Care Facilities (LTCFs)

- ◇ CDC and SHEA updated the previous infection surveillance definitions for LTCFs guidance by McGeer et al. (AJIC 1991). The definitions will be published in *Infection Control and Hospital Epidemiology* in early September and will be used in the new NHSN Long-Term Care Facility Component that will be launched with NHSN v7.0.
- ◇ This new component, developed for nursing homes and skilled nursing facilities, will include reporting options for UTIs, CAUTIs, laboratory identified events from MDRO and CDI, and prevention process measures (hand hygiene and gown and glove use).
- ◇ If your LTCF is currently entering data into NHSN, please read the June e-News letter in order to take the proper steps to save your entered data.

Healthcare Personnel (HCP) Flu Vaccination Module

- ◇ Reporting required by acute care hospitals in January of 2013 for the entire influenza season.
- ◇ NHSN v7.0 will transition the HCP influenza vaccination reporting from the individual level to the summary level only. Reporting will be required for 3 groups: employees, licensed independent practitioners, and adult students/trainees and volunteers. New protocol, forms, and survey will be posted on the NHSN website in mid-July 2012.
- ◇ If your facility is currently entering HCP data into NHSN, please read the June e-News letter in order to take the proper steps to save your entered data.

Critical Access Facilities

- ◇ NHSN is creating a new facility type (HOSP-CAH). If your facility has a CMS Certification Number with the last four digits between 1300-1399, your facility type may be automatically changed by NHSN or you may receive communications from NHSN.

Outpatient Dialysis Event Reporting

- ◇ If your outpatient dialysis clinic is currently entering outpatient dialysis data into NHSN, please read the June e-News letter in order to take the proper steps to transfer your entered data.
- ◇ Reminder: If currently reporting under a hospital facility type, you need to enroll as a separate AMB-HEMO.

Transition to SSI SIRs—Leaving Behind SSI Rates

- ◇ In the fall of 2010, NHSN retired the use of basic risk index-stratified SSI rates. NHSN does *not* plan to publish basic risk index-stratified rates using more current data.
- ◇ NHSN encourages facilities to use the SIR for measurement and comparison purposes. Remember that NHSN calculates the SIR for you. If you have questions about how to use NHSN reports, please contact the VDH HAI Team.

CAUTI Surveillance Amendments and Clarifications

- ◇ Clarification: Catheter day counts include standard bags and leg bags and any switching between them. Because switching bags may increase the risk for CAUTI, NHSN encourages locations where this practice is common to add a custom field to help analyze the data to determine the need for specific prevention interventions.
- ◇ Reminder: All indwelling urinary catheter days should be included in the CAUTI data and all patients with indwelling urinary catheters are eligible for CAUTIs, regardless of whether the catheter has been irrigated.
- ◇ Reminder: All references of pyuria are changed from “>= 3 WBC” to “>5 WBC/high power field of spun urine”.

NHSN Updates Reviewed at National APIC Conference

For those unable to attend the National APIC Conference, a PowerPoint presentation with NHSN updates, enhancements, and planned protocol changes is available! (www.cdc.gov/nhsn/PDFs/MemberMeetings/NHSN-Members-Meeting-APIC-2012.pdf).

Application Enhancements (coming August 2012)

- ◇ Add alert screens to home screen for clarity
- ◇ New facility type for critical access hospitals
- ◇ Implement new HCP influenza vaccination summary reporting and remove individual-level event reporting
- ◇ New device-associated denominator summary screen allowing entry from all location types
- ◇ Add SSI SIR report by surgeon
- ◇ Add new component for long-term care facilities
- ◇ CDA enabled for outpatient dialysis and LabID Summary Forms
- ◇ For additional information and 2013 enhancements, see PowerPoint link.

Protocol Changes Planned for 2013

- ◇ Adding protocol for surveillance of ventilator-associated events (VAE) in adults (≥ 18 years) in acute care hospitals, long-term acute care hospitals, and inpatient rehab facilities. Current VAP protocol will still be used for neonatal and pediatric patients ONLY.
- ◇ Proposing a new classification of BSI for a subset of patients with central lines but whose infection may not be associated with the use of a central line. Terminology: mucosal barrier injury—laboratory confirmed BSI.
- ◇ Modifying SSI definition to allow primarily closed incisions to include those with wires, drains, wicks, or others extruding through incision.
- ◇ Deleting SSI implant definition and phrasing, and replace one year follow-up period with 90-day period for certain specified procedures.
- ◇ For other changes and more details, refer to link.

Educational Opportunities: Online, In-Person, and Credits

Test your knowledge and earn CEUs!

- ◇ A series of 9 NHSN case studies was published in a June 2012 supplement issue of the *American Journal of Infection Control* (Vol. 40, No.5, Supplement 1).
- ◇ Completion of the training exercise takes 3-4 hours and 3.8 contact hours will be awarded to those passing the online test ($\geq 80\%$).
- ◇ Must complete online test by September 30, 2012.

In-person CDC training: October 2-4, 2012 in Atlanta

- ◇ Includes information on CMS reporting, definition and protocol clarification, interactive case studies, analysis, and changes in reporting for 2013.
- ◇ Course will be streamed live on the web with no limitations on number of viewers. Follow up question and answer sessions with NHSN will be scheduled after event.

NHSN Online Trainings: New website and courses!

- ◇ New website: www.cdc.gov/nhsn/training
- ◇ Reviews methodology used for data collection, defines key terms and protocol criteria, describes how to collect, report, and interprets infection and process measure data.
- ◇ Includes instructional slides, screen shots, examples, practice questions, and case studies.
- ◇ Interactive multimedia courses currently available for device-associated and procedure-associated modules within the Patient Safety Component (e.g., CLABSI, CAUTI, CLIP SSI, VAP).

Infection Prevention in Dialysis Settings —www.cdc.gov/dialysis/provider/CE/infection-prevent-outpatient-hemo.html

- ◇ New continuing education course (with credit available) offered by CDC
- ◇ 1-hour self-guided training course with presentation and audio narration

VHQC QualitySync Conference Recap

On June 12-13, infection preventionists and healthcare staff from across Virginia attended QualitySync, a quality improvement learning and action event sponsored by VHQC, the state quality improvement organization. After listening to keynote speakers and participating in breakout sessions on “Syncing Strategies: Reaching ZERO HAIs,” attendees returned to their hospitals or long-term care facilities with practical solutions for reducing healthcare-associated infections.

The HAI breakout track featured specific presentations on *Clostridium difficile* infection (CDI), CDI reporting using NHSN, calculating the Standardized Infection Ratio

(SIR) and creating reports utilizing the SIR, and surgical site infection case studies. In one of the HAI sessions, a speaker from the Massachusetts Coalition for the Prevention of Medical Errors discussed a CDI collaborative conducted in Massachusetts and the importance of teamwork and staff engagement towards reducing HAIs. To view any of the QualitySync presentations including the CDI presentation from Massachusetts, please go to www.vhqc.org/HSAspNet/QualitySync.aspx.

VHQC offers a variety of virtual and onsite learning and sharing opportunities for healthcare providers across the state. To learn more, visit www.vhqc.org.

Healthcare Provider Toolkit—Safe Injection Practices

In last month’s newsletter, we shared that the *One and Only Campaign* and the Safe Injection Practices Coalition (SIPC) created a safe injection practices toolkit for health departments. Now, a similar resource is available for healthcare providers!

The toolkit is designed to assist individuals and organizations in educating healthcare providers and patients about safe injection practices. The materials can be disseminated at staff meetings, added to employee training curricula, posted in public areas, etc.

The materials are online (www.oneandonlycampaign.org/content/healthcare-provider-toolkit) or a hard copy can be ordered free of charge.

- ◇ Print materials: posters, provider and patient brochures, pocket cards, FAQs, myths and truths, and checklists
- ◇ Multimedia materials: PowerPoint presentation, education video, Medscape CME activity and commentaries, Epocrates EssentialPoints Activity (for smartphones)
- ◇ Other: guidelines, position statements, published articles

Virginia-Focused Consumer-Friendly Flyer for Preventing *Clostridium difficile* Infections

Working with VDH, VHHA, and other associations, Virginia Health Information (VHI) has published a consumer-friendly flyer (*Dodging a “One-Two Punch”*) to help patients understand and prevent *Clostridium difficile* infections (referred to as CDI or *C. diff.*). In Virginia in 2010, over 70% of hospitalizations with a diagnosis of *C. diff.* had an onset prior to admission. VHI believes consumers will benefit from information about how a *C. diff.* infection develops, what its symptoms are, how to treat it, and most importantly, the steps to prevent it.

Similar to national trends, in Virginia between 2000 and 2010, hospitalizations for *C. diff.* as a principal diagnosis more than tripled from 9 to 29 per 100,000 people.

For hospital patients in Virginia with any diagnosis of *C. diff.* in 2009:

- ◇ Total inpatient hospital costs were over \$157 million.
- ◇ The average hospital cost was \$23,190 compared to \$8,860 for patients not diagnosed with *C. diff.*
- ◇ The average length of stay was 13.2 days compared to 4.6 days for all other hospitalized patients.

You may freely distribute the flyer to your patients and staff.

To download a printer-ready file, go to: www.vhi.org/guides_cdifff.asp

North Carolina-Virginia (NoCVA) Hospital Engagement Network (HEN) Learning Session Recap

On June 11th and 12th, the North Carolina-Virginia Hospital Engagement Network (HEN) held its first learning session in Richmond. Project participants from Virginia hospitals as well as other stakeholders met to discuss the NoCVA HEN's overall aims and begin work toward the goal of reducing hospital-acquired conditions by 40% and readmissions by 20% by the end of 2013.

The four HAI-related initiatives of the project address prevention of surgical site infections (a combined collaborative with venous thromboembolism prevention centered on safe surgical practices), central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and ventilator-associated pneumonia (VAP).

The CLABSI, CAUTI, and VAP initiatives will all focus on going "beyond the bundle" and encourage facilities to take local next steps and incorporate foundational

"horizontal" strategies [e.g., leadership and culture, standard and transmission-based precautions, and hygiene (patient, hand, and environment)] as well as "vertical" infection-specific approaches to prevent HAIs.

All Virginia hospitals, even those not participating in the NoCVA HEN program, are invited to attend a CAUTI/VAP training in Winston-Salem, NC on July 26 (see registration details on page 1 of this newsletter).

Sixteen hospitals are participating in the safe surgery collaborative, which will focus on implementing a safe surgery checklist, observing checklist use and teamwork behaviors, assessing safety culture within the facility, and performing a defect analysis when an event occurs.

The next in-person learning session is planned for January 30, 2013 and will be held in conjunction with VHHA's Patient Safety Summit (January 31—February 1).

Health and Human Services (HHS) HAI Data Summit

On May 30th and 31st, the VDH HAI Program Coordinator attended a Healthcare-Associated Infections Data Summit sponsored by the US Department of Health and Human Services (HHS). The purpose of the meeting was to bring state and federal partners together from the public and private sector to review existing data sources and discuss ways to make improvements in HAI data collection, analysis, and reporting in acute care hospitals, ambulatory surgical centers (ASC), and end-stage renal disease facilities (ESRD).

Breakout sessions were organized by care setting (acute care, ASC, or ESRD) and included small group discussions. Plenary sessions investigated several topics including:

- ◇ Electronic health records systems, standards, and use in HAI reporting
- ◇ An overview of HHS HAI reporting systems [including those used by CDC, the Centers for Medicare and Medicaid Services (CMS), and the Agency for Healthcare Research and Quality (AHRQ)]

- ◇ National and state-level validation efforts
- ◇ Enhancing the HAI data supply chain

One outstanding presentation from the data supply chain plenary session was from Marc Oliver-Wright, Director of Infection Control from a hospital system in Illinois. He spoke about how his infection prevention program has used its electronic health record to build in best practice alerts (e.g., to decrease Foley catheter utilization) and to make the MRSA screening process more efficient. His slides may be of interest to acute care IPs. If you would like the presentation, please contact Andrea Alvarez (andrea.alvarez@vdh.virginia.gov). The file is rather large but has some great lessons learned about how to harness electronic health records to allow staff to monitor for infection risks in real-time and intervene to implement prevention strategies.

The meeting also featured a poster session where the HAI Program Coordinator presented on the process gathering stakeholder input to revise Virginia's central line-associated bloodstream infection report for healthcare providers and the general public.

SAVE THE DATE

PREVENTION, IDENTIFICATION & TREATMENT of URINARY TRACT INFECTIONS in LONG TERM CARE

August 21, 2012

Holiday Inn Koger Conference Center
1021 Koger Center Boulevard
Richmond, Virginia 23235-4756
804.379.3800

This full-day program is designed for direct care providers, staff responsible for infection prevention activities, and/or facility administrators, as well as, local health department staff (epidemiologists & communicable disease nurses) and surveyors (DSS and OLC).

Topics will include:

- Overview of Urinary Tract Infections (UTIs) in Long Term Care Facilities
- Identification and Treatment of Urinary Tract Infections
- Promoting Antibiotic Stewardship
- Tools, Protocols and Best Practices for Prevention
- Regulatory perspective on prevention and treatment of UTIs.

Faculty will include:

- **Robert Palmer, MD, MPH**, John Franklin Chair of Geriatrics, Professor of Medicine and Director of the Glennan Center for Geriatrics AND Gerontology, Eastern Virginia Medical School
- **Edward C. Oldfield, III, MD**, Professor of Medicine, Microbiology and Molecular Cell Biology, Director of Infectious Disease Division, Eastern Virginia Medical School
- **Edna D. Garcia, BSN, RN-BC**, Director of Clinical Education, Riverside Lifelong Health and Aging Related Services
- **Susanne Thomas, RN**, Staff Training and Development Manager, The Office of Licensure and Certification (OLC)
- **Adriana Agnew, RN, BSN, BC**, Director Quality Management, Fairfax Nursing Center

Watch for registration information in early July at www.vhca.org

**Contact Judy Brown at brown.hlthedspec@live.com or 804.241.9274
with questions or comments.**

