

# SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

Nov/Dec 2013

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

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## Notes from VDH

Happy holidays, everyone! We send you and your loved ones best wishes for a wonderful new year!



When people congregate together, so do influenza and norovirus. Analysis of syndromic surveillance data is signaling that a sharp increase in visits for norovirus-like

gastroenteritis and norovirus outbreaks is imminent if not already occurring. At the same time, visits for influenza-like illness (ILI) are trending higher, but evidence of laboratory-confirmed influenza or outbreaks is limited. We encourage you to continue to promote influenza vaccination in your facilities and remind you to please report any disease cluster or suspected outbreak in your facility to your local health district.

## Get Smart About Antibiotics Week

November 18-24 was *Get Smart About Antibiotics Week*, an annual event organized by the Centers for Disease Control and Prevention (CDC) *Get Smart: Know When Antibiotics Work* campaign in coordination with state and organizational partners concerned with the rise of antibiotic resistance and antibiotic misuse.

During Get Smart Week, an effort is made to educate healthcare providers and the public by sharing messages and resources regarding the serious threat of antibiotic resistance and the importance of appropriate antibiotic use. These resources are available year-round (not just during Get Smart Week!) and can be accessed at [www.cdc.gov/getsmart/campaign-materials/index.html](http://www.cdc.gov/getsmart/campaign-materials/index.html).

This year, a CDC Public Health Grand Rounds session was held called "Combating Resistance: Getting Smart About Antibiotics." Experts discussed prescribing policies and practices in community and hospital settings that can help decrease rates

of antibiotic resistance and improve patient outcomes. The session was recorded and can be viewed at [www.cdc.gov/about/grand-rounds/archives/2013/November2013.htm](http://www.cdc.gov/about/grand-rounds/archives/2013/November2013.htm).

Another key message that came out during Get Smart Week this year was that tackling antibiotic resistance requires a global effort. For the past four years, the Get Smart campaign has coordinated with international partners to host their antibiotic resistance educational efforts at the same time. This year during Get Smart Week in the US, several other countries hosted similar events around the world, including the European Antibiotic Awareness Day, Australia's Antibiotic Awareness Week and Canada's Antibiotic Awareness Week. To learn more about the importance of global collaboration, review the following article published November 17, 2013 in *The Lancet*: "Antibiotic resistance—the need for global solutions" available at [www.thelancet.com/commissions/antibiotic-resistance-the-need-for-global-solutions](http://www.thelancet.com/commissions/antibiotic-resistance-the-need-for-global-solutions) (subscription required).

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## Upcoming Events:

### December 18:

Deadline for submitting comments on proposed changes to VDH HAI reporting regulations (see pg 2)

### Contact:

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## Proposed Changes to State HAI Reporting Requirements Open for Public Comment

A change is being proposed to the *Regulations for Disease Reporting and Control* to align the healthcare-associated infection (HAI) reporting requirements with current federal reporting requirements of the Centers for Medicare and Medicaid Services (CMS). The proposed amendment is open for a 30-day comment period.

The proposed regulations were published in the November 18, 2013 issue of the *Virginia Register of Regulations* (Volume 30, Issue 6, pp. 697-704) and can be accessed here: <http://register.dls.virginia.gov/details.aspx?id=4030>.

The change that is being proposed is to require acute care hospitals to share healthcare-associated infections data reported into the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) for the CMS Hospital Inpatient Quality Reporting Program with the health department. That is, authorized Virginia Department of Health staff members would receive the required data from the NHSN system with no separate or additional reporting of infections required by Virginia hospitals.

### Highlights of CDC HAI Grantees' Meeting—November 13-15

In November, members of the VDH HAI Program and the VHQC Infection Prevention Area Manager attended the Annual HAI Grantees' Meeting at the Centers for Disease Control and Prevention (CDC) in Atlanta, GA.

CDC staff shared agency and Division of Healthcare Quality Promotion (DHQP) priorities for the future. One of CDC's three strategic directions (improve collaboration between public health and healthcare) aligns with the work of infection preventionists and state HAI programs. For 2014, DHQP's top three priorities are to stop the rise of "superbugs", improve quality of care, and protect patients in all healthcare settings.

Antibiotic stewardship was a prominent theme during the meeting. Georgia, Minnesota, and Illinois shared what their state health departments have done to promote stewardship in their states. CDC indicated that the March 2014 Vital Signs report will focus on antimicrobial use and that in the future, CDC plans to

Comments regarding these proposed amendments are encouraged and will be accepted through **December 18, 2013**.

Individuals can submit comments via the Virginia Regulatory Town Hall website ([www.townhall.virginia.gov](http://www.townhall.virginia.gov)) or directly to Diane Woolard via mail, fax, or e-mail: 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](mailto:Diane.Woolard@vdh.virginia.gov). Written comments must include the name and address of the commenter.

In order to be considered, comments must be received by the last date of the public comment period. We strongly encourage any persons or organizations potentially impacted by these proposed regulatory changes to submit comments. Hospital administrators and infection preventionists were previously notified of this proposed change directly via mail or e-mail and were instructed on how to submit comments. Thank you for helping us implement meaningful changes to HAI surveillance in Virginia.

release recommendations for suggested components of an antimicrobial stewardship program to help facilities gauge where their programs are.

Data validation was also discussed during a one-day training. Meeting attendees learned how to use CDC-developed standardized tools for validating central line-associated bloodstream infections, catheter-associated urinary tract infections, surgical site infections (following colon surgeries or abdominal hysterectomies), MRSA labID events, and *Clostridium difficile* labID events.

The Tennessee Department of Health shared a series of very useful surveillance checklists. Infection preventionists who are looking for resources to help apply the current 2013 surveillance definitions are encouraged to access the tools on the Tennessee health department's website: <http://health.state.tn.us/Ceds/HAI/index.htm>—click on "Checklists for HAI definitions"

## Infection Prevention and Control Standards in Assisted Living Facilities

Authors from the CDC recently published an article in the *Journal of the American Medical Directors Association* that describes current state laws governing assisted living facilities including admissions criteria, medical oversight, medication administration, vaccination requirements, and standards for infection control training.

Of the 50 states:

- **84%** specify health-based admissions criteria to assisted living facilities;
- **60%** require licensed health care professionals to oversee medical care;
- **64%** address medication administration by assisted living facility staff;
- **54%** specify requirements for some form of initial infection control training for all staff;
- **50%** require reporting of disease outbreaks to the health department;

- **18%** specify requirements to offer or require vaccines to staff; and
- **30%** specify requirements to offer or require vaccines to residents.

Clear gaps in law/regulation exist surrounding blood glucose monitoring. "Although some states, such as Georgia, Indiana, and North Carolina, mentioned the use of fingerstick devices by staff on residents, none addressed critical infection control issues around this activity, such as policies around appropriate use of disposable single-use devices and cleaning and disinfecting of blood glucose meters."

Twelve states, including Virginia, identified approximately 1,600 outbreaks in assisted living settings from 2010 to 2013, with influenza or norovirus infections predominating.

The article is available online (subscription required) at: <http://www.jamda.com/inPress> (available online 18 Nov 2013)

## CLABSI Prevention Publications

Two recent publications address central line-associated bloodstream infection (CLABSI) prevention. The Joint Commission, Joint Commission Resources (JCR), and Joint Commission International (JCI) developed a toolkit aimed at reducing CLABSIs in the domestic and international arenas. The goal of the toolkit and its accompanying monograph is to provide the most current information and guidance on practices and technology, as well as the most appropriate tools, resources, and education, to assist health care organizations in reducing the current burden associated with CLABSIs. To access the toolkit go to: [www.jointcommission.org/topics/clabsi\\_toolkit.aspx](http://www.jointcommission.org/topics/clabsi_toolkit.aspx)

*Annals of Emergency Medicine* recently featured an article online on barriers and facilitators to adoption of central line bundles in the emergency department (ED). Barriers included high acuity, time constraints, staffing, space, ED culture, high ED volume and acuity, role ambiguity, and a lack of methods to track compliance and infection surveillance. Facilitators included champions, staff engagement, workflow redesign that includes a checklist and central line kit or cart, clear staff responsibilities, observer empowerment, and compliance and infection surveillance data. To access the article, go to: [www.sciencedirect.com/science/article/pii/S0196064413013474](http://www.sciencedirect.com/science/article/pii/S0196064413013474) (subscription required)

## Drug Regimen May Eliminate CRE Colonization

The December issue of the *American Journal of Infection Control* (AJIC) features an article summarizing results of a controlled trial using oral nonabsorbable antibiotics as a means of eradicating carbapenem-resistant Enterobacteriaceae (CRE) colonization. Researchers at a large tertiary care center in Israel followed 152 CRE-colonized patients over a 24-month period. The prospective, semi-randomized controlled trial demonstrated an overall 44% eradication rate of the CRE carrier state using treatment with oral nonabsorbable antibiotics to which CRE was susceptible

(gentamycin, colistin, or both). A 7% spontaneous eradication rate was observed in the control group. The described treatment appears to be safe and effective for CRE carriage eradication; no significant adverse effects were observed in any of the treatment regimens. The reduction of CRE carriers in healthcare facilities may reduce patient-to-patient transmission as well as the incidence of clinical infection.

To view the full text, please visit: [www.ajicjournal.org/article/S0196-6553\(13\)00889-4/fulltext](http://www.ajicjournal.org/article/S0196-6553(13)00889-4/fulltext)

## NHSN Notes

The October 2013 edition of CDC's NHSN newsletter ([www.cdc.gov/nhsn/PDFs/Newsletters/Oct-2013.pdf](http://www.cdc.gov/nhsn/PDFs/Newsletters/Oct-2013.pdf)) contains some important updates.

Highlights include:

- **New NHSN educational opportunities:** seven new self-study training courses have been reposted for the Patient Safety Component on the NHSN training website ([www.cdc.gov/nhsn/training](http://www.cdc.gov/nhsn/training)). CDC plans to sponsor a free in-person NHSN Patient Safety Component training in mid-March. Stay tuned for more details.
- **Preview of protocol changes for SSI reporting:** NHSN is broadening its definition of an operating procedure to include those procedures that were not primarily closed. Patient height, weight, and diabetes status will be reported for all procedures. The definition for procedure duration will also be slightly modified. To address concerns from facilities that may not be able to have sufficient time or resources to capture these elements in existing records systems in time to meet 2014 reporting requirements, CDC has issued interim guidance on how to enter these data. Facilities that use NHSN for SSI surveillance should have received an e-mail from NHSN on November 21st for updates on how to enter these data in 2014.
- **Alerts refresher:** Includes guidance for what to do if:
  - 1) you're not getting an alert but think you should be
  - 2) you're getting an alert you can't get rid of
  - 3) you're getting two alerts when you report the Denominators for Outpatient Dialysis form
- **Guidance on how a facility should handle days during a month in which denominator data were not collected or are missing:** See [www.cdc.gov/nhsn/PDFs/NHSNMissingDenomData\\_Sep2013.pdf](http://www.cdc.gov/nhsn/PDFs/NHSNMissingDenomData_Sep2013.pdf) for more details.
- **Update on NHSN's migration to the Secure Access Management System (SAMS):** Existing NHSN users will be migrated to SAMS when their digital certificate expired. Users will have to verify their identity prior to gaining access to SAMS. However, no software installation is required and verification happens only once, not annually. More information about SAMS, including an enrollment guide and FAQs, can be found at [www.cdc.gov/nhsn/sams/about-sams.html](http://www.cdc.gov/nhsn/sams/about-sams.html).

## CDC Winnable Battles: Progress Report

In 2010, the CDC named healthcare-associated infections and six other areas of public health challenges that are leading causes of death and disability as "winnable battles". Evidence-based strategies are available to address all of the winnable battles. CDC recently released a report updating the significant progress that has been made in all of the winnable battle areas, including HAIs.

Key HAI prevention accomplishments identified in the Winnable Battles progress report ([www.cdc.gov/winnablebattles/targets/pdf/hai-winnablebattles-progressreport.pdf](http://www.cdc.gov/winnablebattles/targets/pdf/hai-winnablebattles-progressreport.pdf)):

- Dramatic increase in the number of healthcare facilities reporting HAI data. As of August 2013, more than 12,000 health care facilities, including nearly all U.S. hospitals, participate in the National Healthcare Safety Network.
- Significant reductions in HAIs across the continuum of care, saving up to 5,000 lives and an estimated \$38 million in health care costs.
- Promotion of evidence-based interventions for HAI prevention in hospitals and other healthcare settings.
- Support of private-public health partnerships to prevent HAIs across the healthcare system and of HAI Program Coordinator positions at state health departments to facilitate HAI prevention activities.
- HAI research through the Prevention Epicenters that has identified novel strategies for HAI prevention.
- Publication of *The Report on Antibiotic Resistant Threats* in 2013, which highlighted significant threats in the healthcare setting.

Other materials specific to the HAIs and the winnable battle initiative may be found by visiting:

<http://www.cdc.gov/winnablebattles/healthcareassociatedinfections/index.html>

## Virginia Hospital & Healthcare Association Educational Events

### **Pre-Patient Safety Summit Learning Event—Working Together to Reduce HAIs**

January 29, 2014

Richmond Marriott, 500 East Broad Street, Richmond, VA 23219

Registration is *free* and can be completed online at <http://ow.ly/pssKD>. Attendance is limited, so register today to secure your place!

Presentations will address:

- Antimicrobial stewardship
- Challenges to surveillance
- Development of peer accountability through a safety coach program
- Empowerment of the community through partnership
- Physician engagement

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### **Patient Safety Summit—Personalizing Patient Safety: Across the Continuum of Care**

January 30-31, 2014

Richmond Marriott, 500 East Broad Street, Richmond, VA 23219

This two-day event will provide information and strategies to enhance patient safety, reduce the risk of error and improve effectiveness of teams in the delivery of health care. Participants will discuss methods for health care professionals to involve and collaborate with patients and families in all aspects of care across the continuum. The Commonwealth of Virginia has designated Patient Safety Day as February 2, 2014. An opportunity is provided for participants to visit the General Assembly with a focus on patient safety.

Registration is \$229 and includes Thursday breakfast, lunch, and networking reception, Friday breakfast, all sessions, materials, and breaks. The deadline to register is January 17th, but early registration is encouraged because registration is limited. To view the agenda and register online: <http://www.vhha.com/annualmembershipmeetings.html>

#### **Errata:**

In last issue's Flu Q&A article, we incorrectly noted that the high-dose flu vaccine is quadrivalent. Quadrivalent vaccines are designed to protect against four different flu viruses (two influenza A viruses and two influenza B viruses). The Fluzone high-dose vaccine is designed specifically for persons aged 65 years or older and contains four times the amount of antigen contained in regular flu shots. It is a trivalent vaccine. The Q&A correctly stated that the CDC does not prefer one formulation over the other. For more about quadrivalent vaccines, go to: <http://www.cdc.gov/flu/protect/vaccine/quadrivalent.htm>

