



# SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION



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

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## Notes from VDH

New year, new National Healthcare Safety Network (NHSN) definitions!

In the next few months, CDC will be holding more webinars and posting more training resources on the NHSN website to help facilities become more comfortable with the

## NHSN: What's New for 2013?

In the past few issues of the newsletter, we've outlined some of the highlights of changes to surveillance definitions and NHSN protocols, such as in the surgical site infection, central line-associated bloodstream infection, and key terms sections.

The latest NHSN newsletter provides a detailed overview of changes to the Patient Safety Component protocol by chapter and page. This is a \*great\* resource to print out and keep at your desk for easy access!

<http://www.cdc.gov/nhsn/PDFs/Newsletters/January-2013-PSC-Updates.pdf>

CDC's October 2-4 training entitled "Protocols, Analysis, and Reporting: Getting the Most from NHSN" provides more detail about these changes, including scenarios and case studies. The training materials are now available and have been updated from those presented in October, so please correct any hard copies of original materials with the new information or replace them with the new updated materials: <http://Events.signup4.com/NHSNTrainingResourceLinks>

new surveillance definitions and CMS reporting requirements. However, if you have questions or identify the need for additional training, we want to hear from YOU. Please contact Andrea with your thoughts or concerns and we will do our best to address them!

Data entry capability for 2013 events and summary/procedure data will not be available until after February 16, 2013 when the newest version of NHSN is released. Until then, data should be collected according to the new protocols and held on paper copies of the new forms.

Small changes have been made to all the annual facility surveys, so please be sure to enter your 2013 surveys after February 16th, but before March 31st.

For LabID event reporting of *Clostridium difficile* and methicillin-resistant *Staphylococcus aureus* bacteremia, all of your facility's inpatient locations must be mapped in NHSN.

For those of you who have not yet done this or have questions about it, the following resources are available:

- ◇ [Instructions for mapping patient care locations in NHSN:](#)

[www.cdc.gov/nhsn/PDFs/psc/MappingPatientCareLocations.pdf](http://www.cdc.gov/nhsn/PDFs/psc/MappingPatientCareLocations.pdf) - pay special attention to pgs 6-7, which outline how to create new locations, manage existing ones, and what to do if you find a location mapped inaccurately.

- ◇ [Location labels and descriptions:](#)

[www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions\\_current.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf)

## In this issue:

Notes from VDH	1
NHSN: What's New for 2013	1
NHSN Q&A	2
<i>C. diff</i> Collaborative Update	2
Recent Publications	3
NoCVA HEN Webinar Recordings	3
<i>C. diff</i> Infection in Children	4
VHQC Health Quality Awards	4
Save the Dates: Upcoming Events	5

## Upcoming Events:

### February 12 (tent):

Publication of CDC National and State-Specific Standardized Infection Ratio Report (2011 data)

### February 16:

2013 data entry capability available in NHSN

### April 30:

VDH Field Epidemiology Seminar—Richmond

## Contact:

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## NHSN Q&A

**Q.** Where can I find all the new forms and instructions for the 2013 NHSN Patient Safety Manual?

**A.** The following website has all of the forms and instructions you will need, including facility surveys, monthly reporting plans, infection events, labID events, denominators for procedures, denominators for intensive care units/other locations, and others:  
**[www.cdc.gov/nhsn/forms/Patient-Safety-forms.html](http://www.cdc.gov/nhsn/forms/Patient-Safety-forms.html)**.

**Q.** What locations should be excluded from denominator data for *Clostridium difficile* Infection (CDI) LabID Event Reporting?

**A.** Neonatal intensive care unit (NICU), specialty care nursing (SCN), and well-baby locations, including babies in the labor, delivery, recovery, and postpartum (LDRP) locations.

**Q.** How do I determine to which location to attribute a CDI LabID Event?

**A.** Location attribution is based solely on where the patient is assigned when the specimen is collected. There are no subjective decisions allowed for location attribution for LabID event reporting. The transfer rule does not apply for LabID Events.

## Virginia *C. difficile* Infection Prevention Collaborative Update

As described in previous issues of this newsletter, VHQC and the Virginia Department of Health (VDH) have joined together to share strategies for the prevention of *Clostridium difficile* (*C. diff*) infections in the acute care and long-term care settings by engaging facilities and working collaboratively to implement evidence-based prevention practices. **Make a Difference: The Virginia *C. diff* Collaborative**, is officially underway with 21 acute care facilities and 20 long-term care facilities participating.

In previous webinars, the collaborative team has discussed the epidemiology of *C. diff*, and surveillance and reporting methodologies featuring clinical and epidemiology experts in Virginia.



**Q.** When assigning a date of event using the 2013 definitions, do I use the culture collection date or the date the culture is finalized?

**A.** In 2013, the date of event is now the date the *last* element used to meet the CDC/NHSN site-specific infection criterion occurred. Previously, it was the date of first symptom or specimen collection, whichever came first. As an example, if a patient was admitted to the ICU and had a catheter placed on January 1, had a fever on January 4th, and urine that was culture positive for *E. coli* (with the catheter still in place, thus fully meeting the surveillance definition for a catheter-associated urinary tract infection), the event date would be January 4th.

For more information, consult the NHSN definitions:  
**[www.cdc.gov/nhsn/pdfs/pscmanual/17pscnosindef\\_current.pdf](http://www.cdc.gov/nhsn/pdfs/pscmanual/17pscnosindef_current.pdf)**

A webinar held on January 23rd featured a patient's personal story addressing her experience with *C. diff* infection and the impact on her and her family following the course of illness and treatment. Surveillance procedures were again reviewed for facilities that had not participated in prior webinars. Results from an assessment of baseline infection prevention practices were also shared. Next month, collaborative participants will be learning more about antibiotic stewardship initiatives in both types of healthcare settings. The group plans to work together through next summer to conduct surveillance and address ways to enhance existing *C. diff* infection prevention policies and strategies.

## Recent Publications, Guidance, and Educational Materials

### Readmissions

The January 23, 2013 issue of *JAMA* shines a spotlight on the issue of hospital readmissions:

<http://jama.jamanetwork.com/issues.aspx>

### Laboratory

The Association for Professionals in Infection Control and Epidemiology (APIC) recently released a toolkit of resources for infection preventionists and lab professionals that were developed as a result of the IP Col-lab-oration Project, a joint venture between APIC and ASM (American Society for Microbiology). These resources include reference materials on specimen collection and immunology, and an excerpt from *The Infection Preventionist's Guide to the Lab*.

<http://labproject.site.apic.org/tools-and-resources/>

### Safe Injection Practices

New resources are available from the One and Only Campaign for healthcare providers such as a bloodborne pathogens and safe patient injections training presentation, “how to do it right” animated video, materials showing proper use of injection devices to give diabetes medication, and a digital press kit:

[www.oneandonlycampaign.org/news/new-tools-help-clinicians-ensure-every-injection-safe](http://www.oneandonlycampaign.org/news/new-tools-help-clinicians-ensure-every-injection-safe)

## Webinar Recordings from North Carolina-Virginia Hospital Engagement Network (NoCVA HEN)

Three recent webinars sponsored by the North Carolina-Virginia Hospital Engagement Network (NoCVA HEN) have been archived on their website (<http://www.ncqualitycenter.org/nocva/index.lasso>) and are available free of charge:

- ◇ “Improving Health Literacy Through Teach Back” - select the “Readmissions VA” icon to access the slides, video, or transcript.

### Occupational Health

◇ The Occupational Safety and Health Administration (OSHA) launched a new webpage for clinicians. It provides information, resources and links to help clinicians evaluate occupational exposures, set up a safe outpatient office, and learn more about OSHA requirements for recordkeeping and medical records: <http://www.osha.gov/dts/oom/clinicians/index.html>

◇ APIC Healthcare Personnel Immunization Toolkit—resources and tools to help infection prevention and employee health staff implement a successful healthcare personnel immunization program: [www.apic.org/Resource\\_/TinyMceFileManager/ Practice\\_Guidance/HCW\\_Immunization\\_Toolkit\\_122012.pdf](http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/HCW_Immunization_Toolkit_122012.pdf)

### Comprehensive Unit-Based Safety Program (CUSP)

The Agency for Healthcare Research and Quality (AHRQ) released a final report and a companion guide on the national *On the CUSP: Stop BSI* project.

◇ [www.ahrq.gov/qual/clabsi-final/](http://www.ahrq.gov/qual/clabsi-final/)

◇ [www.ahrq.gov/qual/clabsi-final-companion/](http://www.ahrq.gov/qual/clabsi-final-companion/)

In addition, a progress report about neonatal CLABSI prevention, representing results from 9 participating states was also published:

<http://www.ahrq.gov/qual/clabsi-neonatal/nclabsisum.htm>

◇ “Ventilator-Associated Events: Definitions and Surveillance Methods” (featuring Shelley Magill and Cindy Gross from CDC) - select the “VAP” icon for the presentation, video, or transcript.

◇ “CLABSI Success Stories” (featuring real success stories from Virginia hospitals) - select the “CLABSI VA” icon to access these materials

## ***Clostridium difficile* Infection in Children**

A policy statement on *Clostridium difficile* infection (CDI) in the pediatric population was published in the January 2013 issue of *Pediatrics*. The purpose of this policy statement was to provide pediatricians with updated information and recommendations about *C. difficile* infections affecting pediatric patients. Recommendations include, but are not limited to:

- Testing for *C. difficile* colonization or toxin should only be performed in children with diarrhea who meet the clinical and age-related conditions outlined in the policy statement.
  - ◇ Testing of infants should be limited to those with Hirschsprung disease or other severe motility disorders or in an outbreak situation.
  - ◇ Test results in the second or third year of life are difficult to interpret; a positive result indicates possible CDI.
  - ◇ A positive test result after the third year of life indicates probable CDI.
- Test of cure is not recommended.
- For moderate disease, metronidazole is the drug of choice for initial treatment of the first episode of CDI and for the first recurrence.
- Discontinuation of antibiotics is the first step to treatment and may be sufficient in many cases. Antiperistaltic medications should be avoided.
- Oral vancomycin, with or without metronidazole, is recommended for severe disease and second recurrence.
- Glove use, hand washing, and environmental decontamination using chlorine products are key infection control measures.

Clinical practice guidelines for *C. difficile* infection in adults were published in May 2010 in *Infection Control and Hospital Epidemiology*. To access the article in *Pediatrics*, please go to: <http://pediatrics.aappublications.org/content/early/2012/12/25/peds.2012-2992.full.pdf>

## **New VHQC Awards Recognize Health Quality**

Each day, providers and organizations are leading the way to better care for their patients and improve health in their communities. Now, VHQC (the state quality improvement organization) wants to recognize your efforts and share your quality improvement ideas across the Commonwealth.

Nominations are now being accepted for the 2013 Virginia Health Quality Awards. One winner will be recognized for each of six categories:

- Collaboration
- Excellence in Leadership
- Health IT Innovation
- Making a Difference
- Patient-Centered Care
- Population Health

The deadline to submit nominations is Friday, February 15. Award winners will be announced during VHQC's QualitySync Conference, scheduled for April 9-10 in Richmond. Visit [www.vhqc.org/files/QualityAwards2.pdf](http://www.vhqc.org/files/QualityAwards2.pdf) to learn more and download a nomination form. For more information, please contact Amy Ridolphi at [aridolphi@vhqc.org](mailto:aridolphi@vhqc.org) or 804-289-5219.

*Nominate Your Organization Today!*

## **SAVE THE DATES: Upcoming Events**

VHQC QualitySync Conference—**April 9-10** (Richmond)

North Carolina-Virginia Hospital Engagement Network CUSP Boot Camp—**April 16** (site TBA)

Virginia Department of Health Field Epidemiology Seminar—**April 30** (Richmond)