



SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION



March 2013

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

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Notes from VDH

On March 13th, the VDH HAI Program held a webinar on NHSN surveillance changes for 2013. If you missed the webinar and would like to see the slides and/or view the recording, the information is available on our website:

www.vdh.virginia.gov/epidemiology/surveillance/hai/surveillance.htm#NHSN

Note that the slides on the recording don't *exactly* match the audio, so we recommend that you have the Powerpoint slides open separately and follow along.

Please let us know if you have any follow-up questions about NHSN surveillance definitions!

Updated APIC *Clostridium difficile* Infection (CDI) Prevention Guide and Recent CDI Educational Opportunity

The Association for Professionals in Infection Control and Epidemiology (APIC) recently published an updated Guide to Preventing *Clostridium difficile* Infections (CDI). This resource features up-to-date research and guidance on the prevention and treatment of CDI, including an overview of CDI, diagnosis and surveillance, prevention strategies, new and emerging technologies, environmental control, considerations for specific patient populations (e.g., pediatrics, skilled nursing facilities), and antibiotic stewardship

The CDI guide informs and supports implementation efforts with tools and examples to help apply preventive measures (e.g., tools for monitoring hand hygiene, environmental cleaning, and compliance with contact precautions).

The guide is available for free on the APIC website: <http://apic.org/Professional-Practice/Implementation-guides>

On March 20th, the New River Valley Cross-Setting Council and VHQC, in partnership with VDH, hosted a webinar entitled *Invasion of C. difficile: C. diff Updates and Review*. This education was targeted to physicians in the acute care and long-term care settings, medical directors, quality improvement personnel, and infection preventionists.

Topics included the pathophysiology and epidemiology of *C. diff*, risk factors for initial and recurrent *C. diff* infection, treatment, and evidence-based prevention strategies.

Thomas Kerkering, MD (Chief of Infectious Disease, Carilion Clinic) and Molly O'Dell, MD (Medical Director, New River Valley Health District) were the featured speakers.

A webinar recording, presentation slides, and responses to questions asked during the webinar will be available in the coming weeks at www.vhqc.org/qio. The program was approved for 1.0 AMA PRA category 1 credits for physicians and 1 hour of participation for non-physician participants.

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Upcoming Events:

April 9-10:

VHQC QualitySync—
Richmond

April 16:

NoCVA HEN CUSP Boot
Camp—Glen Allen

April 30:

VDH Field Epidemiology
Seminar—Richmond

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VHHA 2013 Patient Safety Summit Recap

The Virginia Hospital & Healthcare Association (VHHA) hosted its second annual Patient Safety Summit on January 31-February 1, 2013, along with a one-day pre-summit North Carolina-Virginia Hospital Engagement Network (NoCVA HEN) learning session on January 30th. These events drew over 400 participants and received very positive feedback. The pre-Summit NoCVA HEN learning session offered two content learning tracks—one focused on prevention of healthcare-associated infections (HAIs) and one on transitions in care. The HAI prevention track featured speakers Dr. Bill Berry with the Harvard Safe Surgery 2015 group, Dr. William Jarvis (formerly with the CDC), Dr. John Kaiser from Sentara Williamsburg who addressed leadership and culture, and Dr. Vickie Lewis who introduced concepts in human factors engineering in healthcare. The program ended with a panel of representatives from various hospitals who shared their facilities' journeys to success in achieving and sustaining improvement in each of the four HAIs that are the focus for improvement in the Partnership for Patients campaign—CLABSI, CAUTI, SSI, and VAP.

This year's Patient Safety Summit theme was "Partnering Across the Continuum" and was filled with outstanding speakers and timely topics that provided information and strategies to enhance patient safety, reduce the risk of error, and improve effectiveness of teams in the delivery of healthcare. Attendees were also provided models by which to involve and collaborate with patients and families in all aspects of care across the healthcare continuum.

The VHHA received over 100 poster submissions, of which 42 were displayed at the Summit. For anyone interested, a thumb drive with the presentations and patient safety poster abstracts is available upon request by contacting Jan Mangun (jmangun@vhha.com). One of the highlights from the Summit was the closing keynote by Brian Boyle who shared his story from the patient's perspective after sustaining traumatic injuries from a car accident that rendered him near death. Brian's story of his experience as a patient and his comeback to become an Iron Man athlete has been published in the book [Iron Heart](#).

Central Line-Associated Bloodstream Infection (CLABSI) Validation Strategies

Earlier this month, CDC released a toolkit to assist with internal and external validation of 2012 central line-associated bloodstream infection (CLABSI) data from intensive care units (www.cdc.gov/nhsn/PDFs/CLABSI/toolkit-2012/2012-CLABSI-Validation-toolkit.pdf).

This document is designed for use by infection preventionists and quality professionals at healthcare facilities that report to NHSN, state health department personnel (and/or their agents) who work with healthcare facilities to assure high-quality, actionable surveillance data to enhance patient safety, and other groups that seek to enhance NHSN data quality.

Of greatest interest and relevance to those of you conducting CLABSI surveillance in healthcare facilities are the *internal* validation tools. These tools allow healthcare facility personnel to assess whether sound surveillance methods, optimal healthcare data sources, and the highest caliber data abstraction and entry are in use when

numerator and denominator records are completed and submitted to NHSN. Investigations of surveillance practices and analysis and follow-up of aberrant or outlying results are the main methods of internal validation. Modifiable analysis tools in NHSN including line listings, charts, frequency tables, rate tables, and standardized infection ratio (SIR) tables are provided to simplify the job of exploring current NHSN data for duplicate or outlying elements. Longitudinal trends can be explored using run charts. Internal validation for CLABSI is discussed in **Chapter 2** of the toolkit.

A webinar hosted by APIC on March 27th addressed some of the external validation strategies (i.e., survey and audit processes conducted by agencies outside the reporting facility) outlined in the toolkit. For more information on this webinar, go to: <http://webinars.apic.org/session.php?id=10535>

Stay tuned for additional information from VDH about how to implement the internal validation strategies in your facility.

Vital Signs: Carbapenem-Resistant Enterobacteriaceae

In March 2013, CDC published a Vital Signs report shedding light on the issue of carbapenem-resistant Enterobacteriaceae (CRE). The report talks about the prevalence of CRE in the U.S., how CRE infections can be prevented, and what can be done by healthcare providers, patients, healthcare administrators, and the state and federal government to address the issue.

Although CRE bacteria are still not very common, their prevalence has increased from 1% to 4% in the past decade. CRE are found more frequently in some US regions such as the Northeast, but 42 states have reported having at least one patient test positive for CRE with one specific mechanism for resistance (KPC or *Klebsiella pneumoniae* carbapenemase). Almost all CRE

infections happen to patients receiving serious medical care. It is estimated that about **18%** of long-term acute care hospitals and **4%** of short stay hospitals in the US had at least one CRE infection during the first half of 2012. The Vital Signs report notes that CDC's 2012 CRE Toolkit gives healthcare providers and health departments prevention guidelines in the form of step-by-step instructions for facilities treating patients with CRE and for those facilities that have not yet identified patients with CRE.

The Vital Signs report can be found here: www.cdc.gov/vitalsigns/hai/cre. For more information on the methodology behind the CRE Vital Signs report, please see the March 8, 2013 issue of *MMWR*: www.cdc.gov/mmwr/pdf/wk/mm6209.pdf

NHSN Q&A

Q: If a hospital's neonatal intensive care unit (NICU) is licensed as a Level II/III NICU but functions as a Level I/II NICU, how should that unit be mapped in NHSN?

A: The hospital has two options...

(1) Using the 80% rule, map the location to either a level II NICU (IN:ACUTE:STEP:NURS) or level I NICU (IN:ACUTE:WARD:NURS) as appropriate, based on the level of care provided.

(2) Define the NICU as a Mixed Acuity location. Mapping it this way eliminates the unit from neonatal ICU reporting requirements associated with CLABSI reporting in NHSN, however, it does not eliminate the unit from facility-wide MRSA bacteremia LabID Event reporting requirements for participation in the CMS Inpatient Quality Reporting Program.

Q: A patient had an inpatient stay in January and was discharged. In February, during an outpatient visit, the patient had a specimen collected and it was positive for *C. diff*. The specimen from February was processed by the inpatient lab within 2 weeks from inpatient discharge in January. Do I report this as a *C. diff* LabID Event?

A: No. Specimens collected as outpatient procedures are not reportable through NHSN if the facility is doing facility-wide inpatient LabID Event surveillance (i.e., what is required by the CMS Inpatient Quality Reporting Program).

The One & Only Campaign: Insulin Pens

The Safe Injection Practices Coalition and the One & Only Campaign recently created specific materials for healthcare providers and patients as a reminder that insulin pens and similar devices for delivery of diabetes medications are meant for *one person only and should never be shared*. Further, insulin pens should only be used by persons who do NOT require assistance with insulin administration. A colorful poster and brochure emphasizing these messages can be found at the One & Only website: www.oneandonlycampaign.org/content/insulin-pen-safety



**ONE INSULIN PEN,
ONLY ONE PERSON**

2012 HAI Data Summit: Report and Presentations Now Available

On May 30-31, 2012 in Kansas City, MO, the Department of Health and Human Services (HHS) held the 2012 Healthcare-Associated Infection (HAI) Data Summit. This meeting was an opportunity for public and private sector HAI prevention partners to review existing data sources and to discuss and make recommendations that focus on efforts underway or that are envisioned as ways to add efficiencies and enhance the value of the HAI data supply chain. This supply chain originates with HAI data collection and reporting by healthcare facilities and produces outputs that are used by the facilities themselves for their own prevention purposes and for analysis, action, and public disclosure at higher geographic levels, such as the state or national level.

The agenda, key questions, presentations, and summaries for the two-day event are now available on the 2012 HAI Data Summit page (www.hhs.gov/ash/initiatives/hai/Events/hai_data_summit_presentations.html).

The two summaries available are:

- The *Health Care-Associated Infection Data Summit: Discussion Highlights* focuses on track session discussions for Ambulatory Surgical Centers (ASC), End-Stage Renal Disease (ESRD) facilities, and Acute Care Hospitals and the responses to the Key HAI Data Summit Questions.
- The *HAI Data Summit Summary* provides a more detailed account of the presentations and discussions during each of the plenary sessions, including highlights from the question and answer periods.

The HAI Data Summit also featured poster presentations, including one from the VDH HAI Program that described the process used to gather stakeholder input to revise Virginia's central line-associated bloodstream infection report for healthcare providers and the general public,

More information on the 2012 HAI Data Summit was described in the June 2012 edition of *Synergy*.

SAVE THE DATES: Upcoming Trainings/Events from Partner Organizations

VHQC QualitySync II Conference: Transforming Care Through Innovation—April 9-10 (Richmond)

- ◇ Register here: <http://www.regonline.com/builder/site/Default.aspx?EventID=1161934>
 - Registration closes on April 5th.
- ◇ Who should attend: healthcare professionals and administrators in hospitals, nursing homes, and healthcare associations, as well as community organizations, pharmacists, physicians, and practice managers.
- ◇ **\$100 + applicable service fees**

North Carolina-Virginia Hospital Engagement Network (NoCVA HEN) CUSP Boot Camp—April 16 (Glen Allen)

- ◇ Register here: <https://www.ncha.org/education/register-for-a-meeting>
- ◇ Free for participants from facilities that are members of the NoCVA HEN, \$30 for others



Field Epidemiology Seminar 2013

Tuesday, April 30th
9:30 am - 4:35 pm
(Registration begins
at 8:30 am)

QUESTIONS?

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Our seminar location
is...



1021 Koger Center Blvd.
Richmond, VA 23235

**A full day of presentations
about outbreaks and other
public health projects in Virginia**

Topics include:

**Fungal meningitis, Scombroid fish
poisoning, Group A Streptococcal
Infection, Salmonellosis...and MANY
MORE!!!**

14 presentations in all!!

**This activity has been approved for
CME credit.**

**Registration is online through
TRAINVirginia:**

Course ID is 1042282

<https://va.train.org/>

You will need to login on the **TRAIN** site. If you have not been into the site yet, it may take a few minutes to create an account. (This is a one time entry- subsequent visits will only require your login name and password.)