

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

This year marks the fifth anniversary of the publication of this newsletter. We are excited to continue to offer you the latest and greatest information in the field of infection prevention. As always, if you have ideas for topics that you would like to be covered, please let us know!

New online and in-person trainings on infection prevention topics are plentiful in the new year. Please be sure to check out page 4 and see what educational opportunities are coming up in the next few months sponsored by VDH, VHQC, NoCVA HEN, CDC, and other organizations!

Results from the Carbapenem-Resistant Enterobacteriaceae (CRE) Infection Preventionist Survey

In October 2013, the Virginia Department of Health (VDH) and the Virginia chapter of the Association for Professionals in Infection Control and Epidemiology (APIC-VA) distributed a survey to hospital infection preventionists (IPs) to better understand carbapenem-resistant Enterobacteriaceae (CRE) practices in Virginia. The survey was sent to 95 IPs at acute care, long-term acute care, critical access, military, and children's hospitals in Virginia and 46 (48%) responded. Highlights from the survey include:

- 27 respondents (59%) reported their facility has previously identified CRE infections or colonizations from patient clinical cultures. Of those facilities, most (41%, n=11) identify CRE infections/colonizations 2-10 times per year.
- The majority of facilities in the Central, Eastern, and Northern regions have identified CRE, but most facilities in the Northwest and Southwest have not.
- 40 facilities (87%) have an established system with their laboratory to alert IP staff in a timely manner when CRE is identified.
- Fifteen facilities (33%) reported previously conducting a CRE microbiology record review and five facilities (11%) have conducted a CRE point prevalence survey.
- All 46 facilities would place a CRE-infected patient on contact precautions, and 42 facilities (91%) would place a CRE-colonized patient on contact precautions.
- The length of time a CRE infected/colonized patient is kept on contact precautions varied, but most facilities would continue contact precautions indefinitely.
- 44 facilities (96%) would place a CRE-infected patient in a single-patient room if possible, and 41 (89%) would place a CRE-colonized patient in a single-patient room.
- 27 facilities (59%) indicated they always collect information on an inpatient's history of recent hospitalization in a country outside of the US, while 11 facilities (24%) said they sometimes collect that information. Five facilities (29%) noted that this question was not part of the standard admission process.
- When transferring a patient, 41 facilities (89%) reported they always communicate a patient's CRE status to the receiving facility, while only 5 facilities (11%) reported always receiving communication about a patient's CRE status when the patient is transferred to their facility.
- The results of this IP survey and the CRE laboratory survey conducted in June 2013 will be combined and disseminated to survey stakeholders this quarter.

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Upcoming Events:

February 13:
Webinar—CAUTI prevention in the ED (NoCVA HEN)

February 20:
Webinar—HAI Learning Action Network: Sustainability Summit (VHQC/IIPC NCC)

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National Healthcare Safety Network (NHSN) Notes

2014 Patient Safety Protocol Changes

- CLABSI module will require surveillance and reporting of MBI-LCBI events; neutropenia definition changed and now includes 3 calendar days before, the day of, and the 3 calendar days *after* the positive blood cultures
- VAE: In-plan pedVAP (NICU) no longer available; definitions of daily minimum Peep and daily minimum FiO₂ modified
- SSI: Several fields added: height and weight required for all procedures; diabetes status with Yes/No data entry field; incisional closure type (primary vs. non-primary); and procedure duration
- Medicare Beneficiary Number (MBN) must be entered on all NHSN event records for Medicare patients; MBN is NOT required on NHSN procedure records at this time

* Detailed information may be found at: www.cdc.gov/nhsn/PDFs/Newsletters/Newsletter-Dec2013.pdf

Influenza Updates

- Genentech experienced temporary delays in the packaging of oral suspension of oseltamivir (Tamiflu®). Those problems have been resolved and no supply issues are anticipated.
- The state public health laboratory (DCLS) may be available to assist with testing on severe cases of influenza that have a negative rapid test but a clinical presentation compatible with flu (e.g., pregnant women with severe illness), or cases with suspected vaccine failure. Submitters should indicate on the submission form the results of the rapid test and if applicable, vaccine type (mist or shot) and date administered. If you would like to request confirmatory testing on a patient meeting one of these criteria, please call your local health department.

IDSA, SHEA, and PIDS Joint Policy Statement on Flu Vaccination of Healthcare Personnel

In December 2013, the Infectious Diseases Society of America (IDSA), the Society for Healthcare Epidemiology of America (SHEA), and the Pediatric Infectious Diseases Society (PIDS) (“Societies”) released a statement in support of universal immunization of healthcare personnel (HCP) by healthcare employers (HCEs) as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

When voluntary programs fail to achieve immunization of at least 90% of HCP, the Societies support HCE policies that *require* HCP documentation of immunity or receipt of ACIP-recommended vaccinations as a

- NHSN alert – 2013 Patient Safety Annual Survey must be completed by **March 1, 2014**; facilities will not be able to create a March 2014 monthly reporting plan without completing a 2013 facility survey

In December 2013, the Centers for Medicare and Medicaid Services (CMS) released the Final Rules for two additional quality reporting programs. A complete list of HAI reporting requirements in NHSN, including the current requirements as well as the 2014 changes, can be found at the links below.

- Current CMS reporting requirements for all facilities: <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements.pdf>
- Reporting Requirements and Deadlines per CMS Current Rules: <http://www.cdc.gov/nhsn/PDFs/CMS/CMS-Reporting-Requirements-Deadlines.pdf>

condition of employment, unpaid service, or receipt of professional privileges.

For HCP who cannot be vaccinated due to medical contraindications or because of vaccine supply shortages, HCEs should consider, on a case-by-case basis, the need for administrative and/or infection control measures to minimize risk of disease transmission (e.g., wearing masks during influenza season or reassignment away from direct patient care).

The Societies also support requiring comprehensive educational efforts to inform HCP about the benefits of immunization and risks of not maintaining immunization.

New CDC Infection Prevention Website for Long-Term Care Facilities

This month, the Centers for Disease Control and Prevention debuted a new website for long-term care facilities: <http://www.cdc.gov/longtermcare>.

The site provides infection prevention guidance, tools, and information for clinical staff, administrators, residents, and health department personnel specific to long-term care settings.

Available resources address topics such as surveillance (using the CDC National Healthcare Safety Network's Long-Term Care Module), environmental cleaning and

disinfection, hand hygiene, antibiotic stewardship, and prevention of infections caused by bloodborne pathogens, *C. difficile*, norovirus, and multidrug-resistant organisms.

This website was developed as a collaborative effort between the CDC and the Advancing Excellence in America's Nursing Homes Campaign, a quality improvement initiative. This campaign targets *Clostridium difficile* prevention; more information can be viewed here: http://www.nhqualitycampaign.org/star_index.aspx?controls=infectionsexploregoal

Updated Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Post-Exposure Management

The December 13, 2013 issue of *MMWR* features the *CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Post-exposure Management*. Hepatitis B virus (HBV) continues to be recognized as an occupational risk for health-care personnel (HCP). This report expands the 2011 Advisory Committee in Immunization Practices (ACIP) recommendations for evaluating hepatitis B protection among HCP and administering post-exposure prophylaxis.

The report also addresses pre-exposure management and training to HCP designed to improve education and

reporting of blood and body fluid exposures, adherence to standard precautions, serologic testing for HBV, vaccination guidance including post-vaccination testing, in addition to, post-exposure management including management of HCP with varying levels of vaccine response and those exposed to a person with unknown hepatitis B surface antigen status.

The updated guidance report provides assistance to clinicians, infection prevention and occupational health providers, and others who provide and assess HBV protection for HCP.

Specific guidance and the complete report can be viewed here: <http://www.cdc.gov/mmwr/pdf/rr/rr6210.pdf>

MRSA and *C. difficile* Data Available on Hospital Compare

On December 12, the Centers for Medicare and Medicaid Services (CMS) published hospital-specific data on hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* laboratory-identified events on the Hospital Compare website (<http://www.medicare.gov/hospitalcompare>). These data were reported to the CDC National Healthcare Safety Network and represent only the first

quarter of 2013. The next update, which includes 2013Q2, is scheduled for April 2014. Device-associated infections and surgical site infections are also published on this publicly available website, designed to enable consumers to make informed healthcare choices and give hospital leaders and their staff comparative information to help drive improvement.

CDC 2013 HAI Prevention Status Report Published

In January, CDC published a series of state-specific prevention status reports (PSR) on the 10 CDC "winnable battles". These reports highlight the status of public health policies and practices for a variety of health topics, including healthcare-associated infections. The 2013 HAI PSR shows state-specific and national central

line-associated bloodstream infection standardized infection ratios and the state's role in leading or participating in a broad prevention collaborative addressing at least one HAI.

For more information on the 2013 HAI PSRs, go to: <http://www.cdc.gov/stltpublichealth/psr/hai/index.html>

Upcoming In-Person and Online Educational Opportunities

Webinar: CAUTI Prevention in the Emergency Department February 13, 2014 12-1 PM

This event is sponsored by the North Carolina-Virginia Hospital Engagement Network and will discuss pertinent considerations for implementing CAUTI prevention strategies in the emergency department. Available at no cost.

To register: <https://ncqualitycenter.webex.com/ncqualitycenter/onstage/g.php?t=a&d=668572399>

Webinar: HAI Learning and Action Network: Sustainability Summit February 20, 2014 1:30-3:30 PM

This webinar is a VHQC event sponsored by the Improving Individual Patient Care National Coordinating Center and will focus on sustaining Infection Prevention and Quality Improvement efforts in the clinical setting. Linda Sokos from Danville Regional Medical Center will be presenting. Available at no cost.

To register: <https://event.on24.com/eventRegistration/EventLobbyServlet?target=registration.jsp&eventid=686799&sessionid=1&key=07DD6A54DC97050CFF78BDC479CFB9F3&sourcepage=register>

Using NHSN for Accurate Reporting of HAIs (in-person training and online via live webstreaming)

March 12-14, 2014 Atlanta, GA

National Healthcare Safety Network 2014 surveillance definitions and case studies will be reviewed. More information on how to access the live webcast will be shared as it becomes available.

SAVE THE DATE: Virginia Public Health and Healthcare Preparedness Academy and VDH Field Epidemiology Seminar May 20-21, 2014 (Preparedness Academy) and May 22, 2014 (Field Epi Seminar)

Fort Magruder Hotel and Conference Center, Williamsburg, VA

The Academy is an event that brings together public health, healthcare, and emergency management professionals to provide cross-disciplinary learning opportunities in the field of public health and healthcare emergency preparedness.

Abstracts on best practices that address one of the following capabilities will be accepted now through February 14th: preparedness, recovery, emergency operations, fatality management, information sharing, medical surge, responder safety and health, volunteer coordination.

The annual Field Epidemiology Seminar showcases ~15 interesting outbreak or case investigations from the past year, including challenges, lessons learned, and discussion of innovative investigation methods.

Registration is not yet open but will be free. For more information: <http://virginiapreparednessacademy.blogspot.com>

Measuring Hand Hygiene Compliance: Challenges and Solutions (online training)

View this free webinar for more information on current methods for measuring hand hygiene compliance, pros and cons of each measurement system, and the potential impact of enhanced hand hygiene data collection on patient outcomes.

1.0 contact hour of continuing education is available.

To register: <http://www.infectioncontrolday.com/webinars/2013/10/measuring-hand-hygiene-compliance.aspx?cmpid=GOJOWEB2EM>