



SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION



April 2014

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

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Edited by:
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Notes from VDH

This month contained observances of two weeks that honor public health and laboratory professionals, two key stakeholders in the efforts to prevent healthcare-associated infections!

National Public Health Week (NPHW) occurred April 7-13 and encouraged Americans to be healthy from the start, prepare for disasters, focus on prevention, and eat well. Americans were also challenged to be the healthiest nation in one generation and learn from best practices for community health that come from around the globe. For more on NPHW: www.nphw.org

Our partners in the laboratory also celebrated in April (20-26) during **Medical Laboratory Professionals Week**. Did you know that there are more than 300,000

C. difficile Infection Control Policies in Virginia Long-Term Care Facilities

A recent study published in the *International Journal of Clinical Medicine* describes the *C. difficile*-specific infection control policies at several Virginia long-term care facilities (LTCFs). Researchers from the University of Virginia conducted interviews with six LTCFs in their region. Of the facilities interviewed, all used gloves when handling residents with active *C. difficile* infections, two had written *C. difficile*-specific infection control policies available, and no facilities restricted antibiotic use or had an antibiotic stewardship program. While all six facilities believed staff should receive education on *C. difficile* epidemiology and transmission, both infection preventionists and licensed practical nurses

medical laboratory professionals around the country who perform and interpret more than 10 billion laboratory tests in the US every year? To learn more about this week: <http://www.ascp.org/labweek>

We thank our laboratory and public health professionals in Virginia and around the country for all they do to identify and prevent infections!

And lastly, a big congratulations is extended to Dr. Anthony Baffoe-Bonnie from Carilion Clinic and Michelle Strider from Culpeper Regional Hospital for being two of 34 healthcare professionals to receive the 2014-2015 Health Research & Educational Trust Project Protect: Infection Prevention Fellowship!

(LPNs) interviewed perceived a lack of knowledge as a barrier for compliance with their facility's *C. difficile* infection control policies. The study concluded by recommending LTCFs consider developing written *C. difficile*-specific infection control policies and ensure appropriate education and communication for facility staff.

To read the full article, visit: <http://www.scirp.org/journal/PaperInformation.aspx?PaperID=44741>.

For additional information and resources on *C. difficile* in LTCFs or acute care facilities, visit the Virginia Make a Difference *C. diff* Toolkit: http://www.vhqc.org/docs/Links_toolkit.pdf.

In this issue:

Notes from VDH	1
<i>C. difficile</i> Infection Control Policies in LTC	1
NHSN Notes	2
VHHA/NoCVA HEN Science of Safety Workshops	2
LTC Antibiotic Stewardship Webinar	3
Appropriate Catheter Use in Emergency Departments	3
New Catheter-Associated Urinary Tract Infection Prevention Guidelines	3
<i>C. difficile</i> Infection in Children	4
HICPAC Surveillance Guidelines	4
Flyer: Emergency Preparedness Workshops for LTC	5
Flyer: Field Epi Seminar	6

Upcoming Events:

May 5: SAVE LIVES: Global Clean Your Hands Day. To learn more: www.who.int/gpsc/5may/en/

May 22 (Williamsburg): VDH Field Epidemiology Seminar (*free registration*). See pg 6 for more information!

June 4,5,6: Emergency preparedness workshops for LTC facilities (see pg 5)

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NHSN Notes

ICD-10-CM/PCS / CPT Codes Transition Delayed

On April 1, 2014, President Obama signed H.R. 4302 Protecting Access to Medicare Act of 2014 into law. This bill contained a clause prohibiting the transition to ICD-10-CM/PCS codes to occur prior to October 1, 2015. NHSN will delay its transition to ICD-10-CM/PCS codes until that time.

Medicare Beneficiary Number for CMS Reporting

Acute care facilities participating in the Hospital IQR program must enter the Medicare Beneficiary Number (MBN) on all event records for Medicare patients beginning **July 1, 2014**. MBN is not required to be entered on NHSN procedure records at this time.

Ambulatory Care Centers (ASCs) Enrollment

ASCs that participate in CMS's Ambulatory Surgical Center Quality Reporting (ASCQR) Program must report healthcare personnel influenza vaccination summary data via NHSN beginning with the 2014-2015 influenza season. Additional guidance and training are expected in the upcoming months; for now ASCs are encouraged to begin the NHSN enrollment process.

- ◇ If the ASC is already enrolled (to report surgical site infections), you do not need to re-enroll. Ask your NHSN facility administrator to activate the Healthcare Personnel Safety Component. Log into NHSN, navigate to Facility>Facility Info, check Healthcare Personnel Safety box and click the "Update" button.

VHHA/NoCVA HEN Science of Safety Workshops

The Virginia Hospital & Healthcare Association (VHHA) and the North Carolina/Virginia Hospital Engagement Network (NoCVA HEN) sponsored two science of safety workshops to promote the prevention of healthcare-associated infections through defects analysis and consideration of human factors science.

The workshops were held in Roanoke on April 3rd and in Williamsburg on April 15th. The featured speaker was Sarah Parker, Ph.D. from the National Center for Human Factors Science in Healthcare. Dr. Parker defined human factors as the discovery and application of information about human behavior, abilities, limitations, and other characteristics to the design of tools, machines, systems, jobs and environment. She emphasized that human error is inevitable due to cognitive limitations. Therefore, the key to reducing human error and mitigating harm is to

Congratulations Inova Fairfax!

Congratulations to the Inova Fairfax infection prevention team, ICU nurses, clinicians, and other staff for showing significant improvement in their ICU CLABSI rate (and SIR) for 2013Q4. Here are a few of their effective strategies:

Root Cause Analysis (RCA) after each infection

Caregivers get together and discuss processes around device insertion and maintenance. This helped identify a few areas with inconsistent practices (including dressing changes).

Dressing Change Teams in the ICU

Dedicated people perform dressing changes and they are required to be two-person procedures. This procedure helps to control the number of hands that access the dressing and validates staff performance level.

Changed Supplies

Changed supplies in specialty areas to improve compatibility with pulmonary artery catheters and to address the weight of certain catheters—tried multiple dressings to find one that would hold. (The RCAs helped identify those issues.)

Hand Hygiene

Increased the visibility of the problem and started work with their front-line teams to find creative solutions to improve compliance.

*Success also due to engagement from front-line staff members as well as focused attention from administration.

design better systems through forcing functions. These concepts were then illustrated with several industry and healthcare examples.

The workshops provided hands-on activities including analyzing checklists, critiquing multi-disciplinary rounds, and analyzing case studies using the CUSP model for defects analysis while applying science of safety human factors concepts to the strength of intervention strategies.

These workshops were attended by leadership, quality, nursing, and infection prevention staff from a variety of settings. Participants shared positive feedback and noted they found Dr. Parker's insight helpful, and they would be making some changes in practice as a result of their learning. Attendees appreciated the opportunity to work in small, multi-disciplinary groups and share models for improving healthcare quality, safety, and infection prevention concerns.

Webinar: HAIs and Antibiotic Stewardship in Long-Term Care Facilities

The American Health Quality Association hosted an educational webinar in March on HAIs and antibiotic stewardship in long-term care facilities. Speakers from CDC and the Massachusetts state quality improvement organization (QIO) presented on the national priorities for HAI prevention in long-term care facilities and

provided strategies and success stories on collaborative approaches used to reduce HAIs in these settings. The webinar was archived and is available for viewing at <http://www.ahqa.org/quality-improvement-organizations/clinical-discussion-webinars/video/hai-and-antibiotic-stewardship-ltc>.

Appropriate Urinary Catheter Use in Emergency Departments

Reducing the use of urinary catheters outside of the Healthcare Infection Control Practices Advisory Committee (HICPAC) guideline criteria in emergency department patients may hold promise as a reduction strategy for catheter-associated urinary tract infections (CAUTIs).

The March 2014 issue of *Academic Emergency Medicine* features an article examining urinary catheter use and appropriateness in United States emergency departments (EDs) spanning a 15 year period from 1995-2010. The study found the annual rate of urinary catheters placed in

the ED varied from 2.2 to 3.3 per 100 adult ED visits. Among admitted patients, 8.5% received urinary catheters and nearly two-thirds (65%) were potentially avoidable. Less than 2% of discharged patients received urinary catheters. Study methods included specific chart review to identify the appropriate HICPAC guideline indicators for urinary catheter use in ED patients.

To access the study abstract, please visit: <http://www.ncbi.nlm.nih.gov/pubmed/24628754> (subscription required for full access).

New Expert Guidance Highlights Efforts to Prevent Catheter-Associated Urinary Tract Infections

The May 2014 issue of *Infection Control and Hospital Epidemiology* (ICHE) published new expert guidance highlighting strategies for implementing efforts to prevent catheter-associated urinary tract infections (CAUTI) in hospitals. These recommendations are the first in a series to be published between May and August sharing updated strategies to help control and prevent the spread of healthcare-associated infections (HAIs).

A Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals: 2014 Updates was produced in collaboration between the Society for Healthcare Epidemiology of America (SHEA), the Infectious Disease Society of America (IDSA), the American Hospital Association (AHA), the Association for Professionals in Infection Control and Epidemiology (APIC), and the Joint Commission. The 2014 report updates the earlier 2008 Compendium publication.

The evidence-based strategies are written to help hospitals decrease urinary catheter use and focus on

appropriate use and care. The highlighted integrated approach to infection prevention backed by science is aimed to improve quality of care and reduce HAIs. The guidance reinforces the use of a urinary catheter only when there is a clear indication and discontinuation as soon as possible. Additionally, information is provided on basic practices for catheter use in acute care hospitals including insertion and management, healthcare personnel education, and surveillance.

The report can be accessed by visiting: <http://www.jstor.org/stable/10.1086/675718>

Additional Compendium articles in the upcoming issues of *ICHE* will include strategies to prevent *Clostridium difficile* infections, surgical site infections, methicillin-resistant *Staphylococcus aureus* (MRSA) infections, central line-associated bloodstream infections, ventilator-associated pneumonia, and improvement strategies focused on hand hygiene.

Clostridium difficile Infection Among Children Across Diverse US Geographic Locations

In a recent issue of *Pediatrics*, Wendt et al. published results from a study of 944 pediatric *Clostridium difficile* (*C. difficile*) infections from 10 different locations in the United States from 2010-2011. Researchers found that more than two-thirds (71%, n=667) of the cases were community-acquired. A subset of the community-acquired cases with clinical symptoms of *C. difficile* infection on the day of sample collection (n=84) were interviewed to describe demographic, exposure, and clinical characteristics of the cases.

Nearly three-quarters of the symptomatic community-associated cases (73%, n=61) reported antibiotic use during the 12 weeks prior to diarrhea onset, 84% (51) of which was for ear, sinus, or upper respiratory tract infection. For these types of infections, a large proportion

of antibiotic use has been found to be inappropriate, and antibiotic exposure is the single most important modifiable risk factor for *C. difficile* infection. Children aged 12 to 23 months were at highest risk for infection, but clinical presentation, disease severity, and outcomes were similar across the four age groups studied (12-23 months, 2-3 years, 4-9 years, 10-17 years). Another finding of this study was that *C. difficile* infection is not as severe in children as it is in adults. The authors concluded that prevention efforts to reduce unnecessary antibiotic use should be enhanced in pediatric outpatient healthcare settings.

To access the full text of the article in *Pediatrics* (Feb 2014), go to: <http://pediatrics.aappublications.org/content/early/2014/02/25/peds.2013-3049.full.pdf+html>

Public Reporting of Healthcare-Associated Surveillance Data: Recommendations from the Healthcare Infection Control Practices Advisory Committee

Healthcare-associated infection (HAI) measures are used by state and federal agencies as indicators of a healthcare facility's quality of patient care. Recently, HAI outcomes have been used to publicly report facility performance and determine reimbursement from the Centers of Medicare & Medicaid Services (CMS). However, inter-facility comparisons of HAI measures are problematic because of consequences for poor performance, which can lead to under-reporting of HAIs. One practice that can lead to under-reporting is the use of clinical adjudication panels or clinician veto to determine HAI occurrence, even though panel members or the vetoing clinician may not have training in National Healthcare Safety Network (NHSN) surveillance protocols or infection prevention. In light of the need for consistent reporting standards, the Healthcare Infection Control Practices Advisory Committee (HICPAC) published standards for HAI reporting. These standards include:

- ◇ Using NHSN definitions to measure HAI outcomes
- ◇ Having designated authority for the final decision on whether an event meets the surveillance definition to trained healthcare epidemiologists

- ◇ Enabling healthcare epidemiologists and infection control staff to maintain surveillance data's integrity through strict adherence to definitions regardless of ramifications
- ◇ Requiring systematic documentation of which definition criteria are met or reasons for event exclusion to maintain consistency of surveillance and providing clear and consistent assessment of the surveillance process
- ◇ Not using clinical adjudication panels or clinician veto to determine whether an event should be reported as an HAI
- ◇ Validating reported data systematically to provide consequences for variations in the use and interpretation of HAI surveillance data.

Ultimately, the HICPAC recommendations concluded that HAI definitions need to be improved to remove subjective language and universally applied, perhaps using state health departments to verify and validate the data.

To access the full text of the article in *Annals of Internal Medicine* (Nov 2013): <http://annals.org/article.aspx?articleid=1763233>

Emergency Preparedness Workshop for Extended Care Facilities June 4, 5, or 6, 2014

Who Should Attend?

Long-term care facility employees will benefit from this training, to include:

1. Administrators & Administrative Staff
2. Directors of Nursing
3. Nurses
4. CNAs
5. Facilities Managers and Staff
6. Maintenance Managers & Staff
7. Health Services Directors
8. Resident Services Directors
10. Fire/EMS
11. Emerg. Mgrs.
12. Public Health
13. Hospitals

**Be Prepared and Share
with others!**

**Includes
Certificate of
Completion**

This interactive Guided Discussion will help you make decisions about:

1. Disruption to normal operations
2. Sustained outage of critical resources
3. Unknown hazard
4. Shelter in place or evacuation decision scenarios
5. Public and internal messaging
6. Shelter in place or evacuate decision scenarios

You are invited to a training exercise focused solely on emergency preparedness for extended care facilities. This free one-day course is tailored specifically to the unique needs of an extended care facility in the event of an emergency.

This training exercise will include a 4-hour guided discussion tabletop exercise professionally facilitated, and will allow each facility to reference their current Emergency Operations Plans and consult with coworkers and other facilities to practice responding to a scenario. Each portion of the exercise covers the components of the National Preparedness Goals and application of the Incident Command System (ICS) concepts.

Dates: June 4, 5, or 6, 2014

Time: 9:00 a.m. – 4:30 p.m.

Locations:

Wednesday June 4 – Union Train Station, 103 River St., Petersburg, VA 23804

Thursday June 5 – Henrico County Public Training Center, Henrico, VA 23294

Friday June 6 – Comfort Inn, 419 N. Agnew St., Burkeville, VA 23922

Register TODAY!

Go to <https://va.train.org> and enter Course ID # 1044097. Select the date / location that works best for your schedule.

Need to create a TRAINVirginia account? [Click here!](#)

If you have registration questions, contact Donald Moore at 804-864-8238 / donald.moore@vdh.virginia.gov

Sponsored by:
Virginia Department of Health
and Virginia Hospital &
Healthcare Association



Field Epidemiology Seminar 2014

Thursday, May 22nd
9:00 am - 4:05 pm
(Registration begins
at 8:30 am)

Questions?
Contact Jessica
Watson at VDH at
804-864-8099 or
jessica.watson@vdh.
virginia.gov

Our seminar location
is...



6945 Pocahontas Tr.
Williamsburg, Virginia
23185

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

Topics include:

**Brucellosis, Cryptosporidiosis, Mumps,
Group A Streptococcal Infections,
Salmonellosis...and MANY MORE!!!
15 presentations in all!!!**

**This activity has been approved for
AMA PRA Category 1 Credit™**

**Registration is online through
TRAIN*Virginia*:**

Course ID is 1049498

<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.)

If you have an account and have forgotten your password, or you encounter any problems during the registration process, please email robert.bradley@vdh.virginia.gov or call 804-864-8233.