

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

In 2014Q2 (April-Jun), Virginia hospital adult intensive care units observed 35 central line-associated bloodstream infections and had an SIR of 0.41. Great job at continuing to prevent infections and keeping patients safe!

Thanks to those of you who were able to join us on September 24th for a webinar on carbapenem-resistant Enterobacteriaceae (CRE). During this session, our CSTE HAI Fellow, Alyssa Parr, shared the findings from surveys administered in 2013 to Virginia

White House National Strategy for Combating Drug-Resistant Bacteria

On September 18, 2014, the White House released the *National Strategy for Combating Antibiotic-Resistant Bacteria* in an effort to increase investment and coordination of federal resources to reduce antibiotic-resistant bacteria. The national strategy outlines five goals for the US government and its healthcare partners:

1. Slow the emergence of resistant bacteria and prevent the spread of resistant infections
2. Strengthen national One-Health surveillance efforts to combat resistance
3. Advance development and use of rapid and innovative diagnostic tests for identification and characterization of resistant bacteria
4. Accelerate basic and applied research and development for new antibiotics, other therapeutics, and vaccines
5. Improve international collaboration and capacities for antibiotic resistance prevention, surveillance, control, and antibiotic research and development

laboratories and hospital (acute care and long-term acute care) infection preventionists and described current CRE identification, surveillance, and prevention practices in Virginia.

To access the slides from the webinar or the full report of the survey results, go to the VDH multidrug-resistant organism page and scroll down to the section with resources about CRE: <http://www.vdh.virginia.gov/epidemiology/surveillance/hai/MRSAandMDRO.htm>

Each goal has a list of objectives and anticipated outcomes. The national strategy plans to address those organisms that were recognized as “urgent” or “serious” threats in CDC’s report *Antibiotic Resistance Threats in the United States, 2013*. It sets national targets for each of these organisms with a 2020 deadline.

To implement the national strategy, President Obama signed an executive order creating a multi-agency task force with representatives from the Departments of Health and Human Services, Agriculture, and Defense. The task force is charged with creating a National Action Plan by February 15, 2015 that details what actions the federal government must make to meet the national strategy goals. In addition, President Obama announced a contest for developing a rapid, point-of-contact diagnostic test for resistant bacteria with a \$20 million reward.

To read the national strategy, go to: http://www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf

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Upcoming Events:

October 16-17: APIC-VA Pre-Conference (CIC review) and Annual Educational Conference, Richmond
Register at: <http://www.apic-va.com/Education.html>

Contact:

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Sepsis Awareness Month

The Centers for Disease Control and Prevention (CDC) has named September as **Sepsis Awareness Month** while continuing their work to shed light on the issue of sepsis by addressing prevention efforts, early detection, and treatment.

A serious illness that can develop when the body's normal reaction to fight an infection goes amiss, sepsis can quickly become life-threatening. Early recognition of possible sepsis is critical to the prevention of serious outcomes such as organ damage and death.

According to CDC reports, sepsis affects more than one million people every year with the number of cases continuing to increase. Those at higher risk for sepsis include infants and children, the elderly, people with weakened immune systems, chronic illness, and those who suffer physical trauma or severe burns.

Serving as World Sepsis Day Ambassador, CDC's Director, Dr. Tom Frieden, notes that more education for clinicians and the public is needed about this all-too-common illness. In support of this effort, Dr. Frieden was one of the featured speakers at the First National Forum on Sepsis, sponsored by The Rory Staunton Foundation. To read more about the foundation's outreach aimed at sepsis prevention efforts, particularly in children, visit: <http://blogs.cdc.gov/safehealthcare/2014/09/04/a-mothers-account-if-we-had-known-about-sepsis>

To learn more about sepsis including fact sheets, healthcare quality improvement efforts to improve survival in sepsis, educational resources/tools, and clinical guidelines, please visit: <http://www.cdc.gov/sepsis/index.html>

Tennessee Department of Health Issues Warning About Possible Unsafe Medications from Compounding Pharmacy in Tennessee

On September 22nd, the Tennessee Department of Health issued a warning about the potential risk of using certain injectable medications produced by the Wellness Store Compounding Pharmacy in Cleveland, TN. An investigation by the Tennessee Board of Pharmacy revealed issues that could affect the safety and effectiveness of some materials produced by the pharmacy.

The injectable medications in question include steroids, vitamin B12, amino acids such as those containing adenosine, and hormones such as beta HCG.

No medical complications have been detected at this point; this warning was issued out of an abundance of caution so any patient or clinician who has received these injectable medications produced by the Wellness Store Compounding Pharmacy in Cleveland should not use those products, and, if symptoms develop, should seek appropriate attention.

Although the compounded injectable medications were small in quantity and distribution was confined to a limited area, there is potential for Virginia residents to be

affected. One of the clinics known to have received injectable medications from this compounding pharmacy after January 1, 2014 is Lynn Garden Weight Loss in Kingsport, TN, close to southwest Virginia.

If you have a patient who reports symptoms of pain, swelling, or redness at or near an injection site and reports exposure to injectable medications produced by the Wellness Store Compounding Pharmacy, please contact your local health department and instruct the patient to not discard any unused medication. The Virginia Department of Health will coordinate with the Tennessee Department of Health to assess the potential health effects associated with these medications.

To learn more about this warning and view the Tennessee Department of Health media release on this topic, go to: <http://news.tn.gov/taxonomy/term/30>.

Centers for Medicare and Medicaid Services (CMS) Fiscal Year (FY) 2015 Prospective Payment System Final Rules for Inpatient Settings

Several infection-related provisions were passed in the latest Centers for Medicare and Medicaid Services (CMS) Prospective Payment System Final Rule, affecting several types of inpatient settings and different programs (i.e., value-based purchasing, hospital-acquired condition reduction, and quality reporting). Some of the relevant changes include:

Hospital Value-Based Purchasing—for FY2017

- MRSA bacteremia and *Clostridium difficile* infection measures adopted into the program
- Four measures removed from program [including three “topped out” Surgical Care Improvement Project (SCIP) measures]

Hospital-Acquired Condition (HAC) Reduction Program

- Finalized plan to average the surgical site infection, central line-associated bloodstream infection, and catheter-associated urinary tract infection standardized infection ratio to obtain a “Domain 2” composite score that becomes 75% of the total HAC score.

Hospital Inpatient Quality Reporting Program

- Finalized the Severe Sepsis and Septic Shock: Management Bundle measure as proposed.
- Removed most of the “topped out” SCIP measures
- Clarified that beginning with the 2014-2015 flu season, facilities should collect and report a single healthcare personnel influenza vaccination count for each healthcare facility by CMS certification number instead of separately by inpatient or outpatient setting
- Finalized that National Healthcare Safety Network required and voluntarily submitted data collected by CDC will be shared with CMS.
- Modified existing validation processes—reduced the

number of charts required from 96 to 72 (18 charts per quarter—8 for clinical process-of-care measures and 10 for HAIs)

Long-Term Care Hospital Quality Reporting Program

- Added the NHSN Ventilator-Associated Event (VAE) Outcome Measure for FY2018 payment determination.

Inpatient Psychiatric Facilities Quality Reporting Program

- Added HCP Influenza Vaccination for FY2017 payment determination; data collection would begin with the 2015-16 flu season with data submitted to NHSN by May 15, 2016

Inpatient Rehabilitation Facility Quality Reporting Program

- Facility-wide inpatient hospital-onset MRSA bacteremia and *C. difficile* added to reporting requirements for FY2017 payment determination, with data collection beginning January 2015.
- IRFs must meet a data accuracy threshold of 75% and a data completion threshold of 100% for data reported to NHSN to avoid receiving a 2 percentage point reduction to their annual increase factor. The validation process for FY2017 does not yet include NHSN-reported measures.

The Association for Professionals in Infection Control and Epidemiology (APIC) published a more comprehensive overview of the regulatory changes for FY15. For more information, go to: http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/Summary_of_FY_2015_IPPS_Rule_FINAL_9_3_14.pdf

AHRQ Patient Education Materials Assessment Tool and User’s Guide

If you are responsible for developing and disseminating patient education materials, you may be interested in a recent publication from the Agency for Healthcare Research and Quality (AHRQ). The Patient Education Materials Assessment Tool and corresponding user’s guide helps assess the understandability and actionability of print and audiovisual patient educational materials.

Actionability means that consumers can identify what they can do based on the information presented.

Understandability means that consumers of varying levels of health literacy and diverse backgrounds and can process and explain the key messages. The tool helps assess the education material’s content, word choice and style, use of numbers, organization, layout and design, and use of visual aids.

The assessment tool and user’s guide are available at: <http://www.ahrq.gov/pemat>

Declines in Healthcare-Associated Infections Among Critically Ill Children in the United States, 2007-2012

A new study in *Pediatrics* describes substantial progress in reducing healthcare-associated infections in United States neonatal and pediatric settings between 2007 and 2012. Analyzing neonatal intensive care unit (NICU) and pediatric intensive care unit (PICU) data from the National Healthcare Safety Network, researchers found significant declines in central line-associated bloodstream infections (CLABSI) and ventilator-associated pneumonias (VAPs) across the country. In both settings,

CLABSIs decreased by 61%, while VAPs decreased by 76% in PICUS and 50% in NICUs. No significant changes were observed in the rates of catheter-associated urinary tract infections (CAUTIs).

To read the article (subscription required), go to: <http://pediatrics.aappublications.org/content/early/2014/09/02/peds.2014-0613.abstract>

Is your facility interested in joining the Maryland-Virginia HAI Improvement Network? VHQC is actively recruiting facilities in this new quality improvement initiative to work together to reduce HAIs. Participation is free! To enroll or learn more, contact Deb Smith at 804-289-5358 or dsmith@vhqc.org.

Infection Prevention Business Case Toolbox

Truven Health Analytics has teamed with *Infection Control Today* to provide a toolbox of items to help build a better business case for infection prevention programs. The *Business Case Toolbox* is offered at no cost and provides infection preventionists with slides, infographics, videos, and reports to view and download when building presentations for hospital administration and other stakeholders.

If interested, please visit and bookmark this site. New tools are anticipated to be added each month:

<http://toolbox.infectioncontrolday.com/Galleries/2014/08/The-Business-Case-for-HAI-Prevention.aspx?pg=7#gallery>



Stories from the Field: Reducing Catheter-Associated Urinary Tract Infections with a “No Harm Campaign”

This month, the CDC Safe Healthcare blog featured a story from the clinical lead for catheter-associated urinary tract infection (CAUTI) prevention at Dignity Health, a healthcare system with facilities in California, Arizona, and Nevada. To address the problem of CAUTI in their hospitals, a “no harm campaign” was introduced, involving sharing evidence-based practices and interventions at the bedside as well as coordinating with the entire healthcare team. Their multipronged approach addressed the management of appropriate use of indwelling urinary catheters and the need for accountability of the patient’s bedside staff members.

Recommendations shared by the blog post’s author included:

- Designate a CAUTI clinical lead
- Utilize bedside coaches
- Engage champions
- Leverage the electronic health record
- Implement nurse-driven protocols

To read the post in entirety, please go to: <http://blogs.cdc.gov/safehealthcare/2014/09/02/why-so-many-foleys/>