

SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

December 2016

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

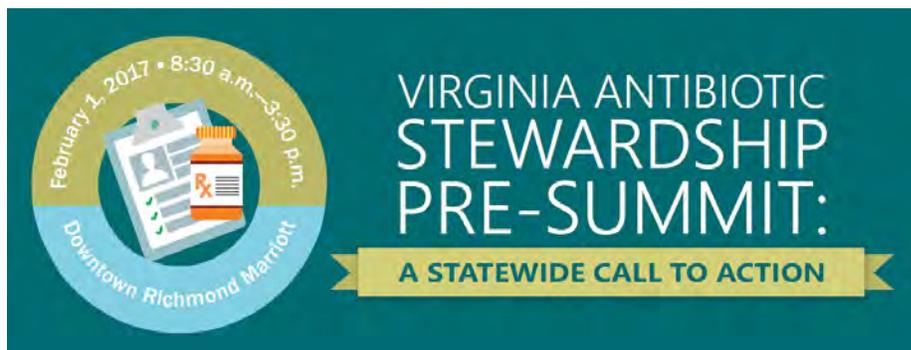
Volume 7, Issue 9

Edited by:
Sarah Lineberger

Notes from VDH

This month, we say farewell to Mefruz Haque, CDC/CSTE HAI Applied Epidemiology Fellow. Mefruz has worked on many projects with our team, including a baseline assessment of antibiotic stewardship programs, the 2015 Virginia HAI Annual Report, the hospital-specific quarterly NHSN data cleaning reports, outbreak investigations, and an evaluation of the Virginia influenza surveillance system. We thank her for her hard work, and wish her well in her future endeavors!

Register now! Virginia Antibiotic Stewardship Pre-Summit



You're invited! Save the date for a day dedicated to antibiotic stewardship in Virginia. The conference is designed for healthcare workers across the continuum of care, including hospital, outpatient, and community settings (e.g., acute care, skilled nursing, private practice, retail/community pharmacies). The event is

free, but advance registration is required.

Registration instructions:

- Click [here](#) and follow the instructions for step 1.
- Note that you will be required to create a vha.com account to complete registration.
- For details, see brochure on page 4.

2016-2017 Influenza Season Update

- The VDH Weekly Influenza Report with current flu activity is updated every Thursday for the previous week: <http://www.vdh.virginia.gov/epidemiology/influenza-flu-in-virginia/influenza-surveillance/>
- As of December 24, influenza activity in Virginia is widespread, with influenza A (H3) viruses most common this season.
- Influenza A (H3N2) predominant seasons are often associated with more severe illness, especially in young children and individuals 65 years and older.
- If you haven't already, sign-up to help track the flu: <https://flunearyou.org>

In this issue:

Notes from VDH	1
Antibiotic Stewardship Pre-Summit	1
Influenza Update	1
NHSN Notes	2
CMS Changes in LTC	2
Social Media + Stewardship	3
Stewardship in Outpatient Settings	3
AFM Reminder	3
Antibiotic Stewardship Summit Flyer	4

Upcoming Events:

January 7: Scheduled release of NHSN version 8.6

February 1: Virginia Antibiotic Stewardship Pre-Summit, Richmond

February 15: 2016Q3 data entry deadline for CMS quality reporting programs

March 1: NHSN Annual Facility Surveys Due

March 20-24: CDC-NHSN 2017 Annual In-Person Training, Atlanta

Contact:

Seth Levine
Epi Program Manager
with questions /
comments:
804-864-8141

NHSN Notes

The 2017 NHSN Patient Safety Component protocols have been posted to the NHSN website. They should be used beginning on January 1, 2017.

NHSN version 8.6 is scheduled to be deployed on January 7, 2017. The release will include:

- Implementation of the 2015 baseline for HAI SIRs in the Patient Safety Component.
- Updates to the Annual Surveys for all components (Patient Safety, Long-term Care, Dialysis, Healthcare Personnel Safety). 2016 surveys will not be available for entry until the release. Surveys are due by March 1, 2017.
- Changes to the user interface of the NHSN

CMS Finalizes Changes for Long-term Care

This fall, the U.S. Centers for Medicare & Medicaid Services (CMS) released the first comprehensive revision to long-term care conditions of participation since 1991. The revision includes an expansion of infection prevention and control conditions, including requiring facilities to develop an Infection Prevention and Control Program (IPCP) that includes an Antibiotic Stewardship Program. CMS notes this will make major changes to improve the care and safety of the nearly 1.5 million residents in the long-term care facilities that participate in Medicare and Medicaid programs. CMS reports the policies in this final rule are targeted at reducing unnecessary hospital readmissions and infections, improving the quality of care, and strengthening safety measures for residents in these facilities. These changes reflect CMS's commitment to our health system to deliver better quality care and use health care dollars in a smarter way, setting high standards for quality and safety.

Changes finalized in this rule include:

- Strengthening the rights of long-term care facility residents, including prohibiting the use of pre-dispute binding arbitration agreements.
- Ensuring that long-term care facility staff members are properly trained on caring for residents with dementia and in preventing elder abuse.
- Ensuring that long-term care facilities take into consideration the health of residents when making

application, and browser neutrality (browser support expanded beyond only Internet Explorer).

- Reminder to hold 2017 data entry until after the NHSN release (use 2017 paper data-collection forms until then). Facilities can continue to enter 2016 data.
- For more information, see the December 2016 NHSN newsletter: <https://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-dec-2016.pdf>

The CDC NHSN rebaseline webinar slides are available on the 2015 Rebaseline webpage:

<https://www.cdc.gov/nhsn/2015rebaseline/>

decisions on the kinds and levels of staffing a facility needs to properly take care of its residents.

- Ensuring that staff members have the right skill sets and competencies to provide person-centered care to residents. The care plans developed for residents will take into consideration their goals of care and preferences.
- Improving care planning, including discharge planning for all residents with involvement of the facility's interdisciplinary team and consideration of the caregiver's capacity, giving residents information they need for follow-up after discharge, and ensuring that instructions are transmitted to any receiving facilities or services.
- Allowing dietitians and therapy providers the authority to write orders in their areas of expertise when a physician delegates the responsibility and state licensing laws allow.
- Updating the long-term care facility infection prevention and control program, including requiring an infection prevention and control officer and an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.

Please visit <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-09-28.html> to learn more about the final rule.

Social Media as a Tool for Antibiotic Stewardship

Antibiotic stewardship is an important tool for improving antibiotic use and preventing bacterial resistance, an essential part of which is educating primary prescribers on optimal antibiotic use. Despite the considerable effort that goes into education, it is often difficult to get primary care providers to view the provided educational tools, leading to a need for developing innovative learning strategies.

The University of Chicago Medicine evaluated the use of social media as a means for providing stewardship education. In the study, which was published in the November issue of AJIC, researchers implemented a pre-post intervention among 39 internal medicine residents. Residents were asked to follow the facility's Facebook and Twitter page during a 6-month period. During that period, the antibiotic stewardship program posted daily trivia contests on social media that would reward both participation and timeliness. Daily contests were used as the primary means of delivering stewardship education. However, it was specified that participation was not mandatory for the residents.

A 59 question survey evaluating social media use, knowledge, attitudes and beliefs regarding antibiotic use and resistance, and awareness of the facility's antibiotic stewardship program/resources, was used as a pre and post-intervention assessment tool.

Of participating residents, 98% and 58% used Facebook and Twitter respectively. Researchers found that antibiotic knowledge increased from pre to post intervention. Additionally, the knowledge of how to use the antibiotic stewardship website increased from 70% to 94%. Social media is a valuable tool to reinforce antibiotic stewardship initiatives while encouraging the use of stewardship resources by physicians. As technology becomes more widely used in medical care, social media-based education could be even more successful than what was demonstrated in this study.

To read the full study see: [http://www.ajicjournal.org/article/S0196-6553\(16\)30688-5/abstract](http://www.ajicjournal.org/article/S0196-6553(16)30688-5/abstract)

Core Elements of Outpatient Antibiotic Stewardship

Last month, the Centers for Disease Control and Prevention (CDC) released a new document to help expand or initiate antibiotic stewardship activities in outpatient facilities. This latest document augments existing guidance for other clinical guidance. The CDC outlines four core elements: commitment, action for policy and practice, tracking and reporting, and education and expertise. Outpatient clinicians and facility leaders can commit to improving antibiotic prescribing by implementing at least one policy or practice aimed at improving antibiotic prescribing practices. Clinicians and leaders of outpatient clinics and health care systems can track antibiotic

prescribing practices and regularly report these data back. Finally, outpatient clinics and health systems leaders can provide clinicians with education aimed at improving antibiotic prescribing, and access to persons with expertise in antibiotic stewardship. Establishing effective antibiotic stewardship interventions can protect patients and improve clinical outcomes in outpatient health care settings.

For more information and checklists for clinicians, visit: <https://www.cdc.gov/getsmart/community/improving-prescribing/core-elements/core-outpatient-stewardship.html>

Reminder: Acute Flaccid Myelitis

- VDH is asking clinicians to remain vigilant in identifying and reporting suspected cases of **acute flaccid myelitis (AFM)** in all age groups.
- Recommendations for clinical management and follow-up can be found at: <http://www.cdc.gov/acute-flaccid-myelitis/downloads/acute-flaccid-myelitis.pdf>



VIRGINIA ANTIBIOTIC STEWARDSHIP PRE-SUMMIT:

A STATEWIDE CALL TO ACTION

(This event is free to attend, but advance registration is required.)

Target Audience

Because Antibiotic Stewardship is a topic that applies to nearly every setting in medicine, the suggested target audience includes representatives from the hospital setting, outpatient setting, and the community (for example, acute care facilities, skilled nursing facilities, and independent physician offices, and retail/community pharmacies).

Suggested participants from those settings include: physicians, physician assistants, nurse practitioners, nurses, pharmacists, hospital and health system chief executive officers and leaders, patient safety officers, directors of quality, clinical staff and other healthcare professionals.

Conference Objectives

1. Launch a statewide initiative to increase antibiotic stewardship awareness and to motivate changes needed to improve stewardship efforts
2. Devise strategies to reserve antibiotics for future generations and halt the spread of Multidrug-Resistant Organisms (MDROs)
3. Convene and deploy multi-disciplinary teams as a preferred strategy to advance progress to conserve antibiotic resources
4. Provide participants with access to resources from key Virginia stakeholders: VDH, VHHA, HQI and MSV

Agenda

8:30–9:00 Registration

9:00–9:15

Welcome & Introductions

9:15–10:15

Statement of the Problem
Mike Stevens, MD

Associate Professor of Internal Medicine/Division of Infectious Diseases; Associate Hospital Epidemiologist; Director, Antimicrobial Stewardship Program, VCU Health

10:15–10:30 Break

10:30–11:30

The National Call to Action

Arjun Srinivasan, MD

*Associate Director
Healthcare-Associated Infection
Prevention Programs, Centers for
Disease Control & Prevention*

11:30–12:00

VDH's "State of HAIs in Virginia"
Overview

12:00–1:00 Lunch

1:00–1:45

Voice of the Patient/Community

1:45–3:00

Panel Discussion: Antibiotic
Stewardship Reports from the
Field—Successes, Challenges,
Barriers and Opportunities

**Physician, pharmacist, and other
healthcare representatives across
the healthcare continuum*

3:00–3:30

Summary & Leaving In Action

3:30 Adjourn

Participating Sponsors | [Register Now!](#)

