SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

Nov/Dec 2015

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

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Edited by: Andrea Alvarez

Notes from VDH

Happy holidays! As winter is upon us, the health department encourages you to be prepared at home and in the workplace to stay safe during severe winter weather.

http://www.vdh.virginia.gov/news/Alerts/WinterWeather/

Hospitals: Please ensure that your facility conferred rights to VDH for the **Healthcare Personnel Safety Component** (see emails sent by Andrea Alvarez on December 4th and 14th) in accordance with the revised reporting regulations. As of January 4th, there are still **12** hospitals that have yet to confer rights. Thank you for your help!

Get Smart Week Recap

November 16-22 was *Get Smart Week*, an event organized by the Centers for Disease Control and Prevention (CDC) in coordination with state partners. The annual campaign, which coincided this year with international campaigns in Europe, Australia and Canada, raises awareness of antibiotic resistance and the importance of appropriate antibiotic prescribing.

An effort is made each year to engage stakeholders about antibiotic stewardship by sharing resources and bulletins about appropriate antibiotic use. This year's theme was "Preserving the Power of Antibiotics", and new educational resources were released each day targeting different settings and audiences including: patient and families, clinicians, global health, long-term care and farm/agricultural settings. These resources can be accessed at: **http://www.cdc.gov/getsmart/community/materials-references/index.html**

This year, Dr. Mike Stevens, Associate Hospital Epidemiologist and Director of the Virginia Commonwealth University Medical Center's Antimicrobial Stewardship Program, delivered an infectious diseases Grand Rounds at CJW Medical Center to kick-off Get Smart Week. The event, sponsored by the Stewardship Interest Group of Virginia (SIGOVA), highlighted the history of antibiotics, described how antibiotic resistance forms, and how, if not addressed, it can seriously impact the way patients are treated in the future. His presentation concluded with helpful strategies that facilities can implement to improve antibiotic prescribing.

The full recorded lecture can be viewed at: **https://hcameeting.webex.com/hcameeting/lsr.php?RCID=0c85d20e8c0c4dcaa52b407b729d995d**

To learn more about SIGOVA and their stewardship efforts in Virginia, go to: **http://www.vshp.org/sigova.html**

In this issue:

Upcoming Events:

January 7: *C. difficile* AHA/HRET HEN 2.0 Event, Richmond, VA (contact Ashlee Ewing at aewing@vhha.com with questions regarding event details)

Contact:
Andrea Alvarez,
HAI Program Coordinator
with questions / comments:
804-864-8097

NHSN Notes

The VDH HAI Program has been conducting quality assurance to ensure that facilities conferred rights to VDH for the same units that are in their NHSN Monthly Reporting Plans and that fall under the CMS (and VDH) reporting requirements. We appreciate your follow-up if we have reached out to you about this. Thank you!

- A note about copying your Monthly Reporting Plan to the following month: When using the 'Copy from Previous Month' function, please be aware that you must **click the copy button under each module** for the entire plan to copy to the following month. Make sure that the following modules are copied: Device-Associated, Procedure-Associated, Multidrug-Resistant Organism. It is also best practice to check that each unit copied over to the next month.
- Please note the **NHSN definition for a 24-Hour Observation Area**, and review your facility's observation areas to determine if they meet the following definition. If so, your facility should be reporting data for your observation unit as a separate unit under the MDRO/CDI Module (as of January 2015).
    - Area where patients are monitored for suspected or non-life threatening conditions for 24 hours or less. More than 50% of patients in this location must be outpatients who are not expected to be admitted to an inpatient unit.

We encourage you to review the NHSN manual revisions document (sent by CDC to NHSN users on December 9th) and the latest two issues of the CDC NHSN newsletter for other NHSN news and notes:

Sept 2015: **http://www.cdc.gov/nhsn/pdfs/newsletters/newsletter-sept-2015.pdf**

Dec 2015: **http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-enewsletter_dec-2015_final.pdf**

Stay tuned for a webinar in the new year to cover new NHSN changes for 2016 and other surveillance topics. More information to come after the new year from VDH, VHQC, and APIC-VA about this educational opportunity.

Changes to NHSN for 2016

- CMS Hospital Inpatient Quality Reporting Program: There are no additions to the NHSN reporting requirements for acute care hospitals in 2016. However, long-term acute care hospitals (LTCH) participating in the CMS LTCH Quality Reporting Program should begin reporting ventilator-associated events by location for all adult inpatient bedded locations on January 1, 2016.
- CDC has posted the 2016 NHSN Patient Safety Component Manual to the NHSN website. The definitions and protocols contained within the manual should be used for surveillance and data collection beginning on January 1, 2016. Changes are minimal compared to previous years.
    - The 2016 version of Chapter 15 Locations and Descriptions can be found at: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf
        - **Please review your facility's units to ensure they are mapped correctly in accordance with NHSN definitions.**
    - Updates for MDRO/CDI LabID event reporting: The following 2015 'optional' questions will change to 'required' for 2016:
        - Last physical overnight location of patient immediately prior to arrival into facility?
        - Has the patient been discharged from another facility in past 4 weeks? If yes, from where?
    - Guidance has been added to the CLABSI chapter to allow a BSI accompanied by a healthcare worker's documentation in the patient's medical record specifying the patient is suspected of self-injecting into a vascular device, or is observed to self-inject into a device, to be identified as a healthcare-associated BSI, but not a CLABSI.
    - Guidance has been added to the CLABSI chapter that if a patient has 'clear evidence' of infection associated with a non-central line site (or non-accessed central line site), the event will be identified as a healthcare-associated BSI, but not a CLABSI.

Available Resources from the American Hospital Association/Health Research & Educational Trust Hospital Engagement Network

We encourage you to check out the excellent resources provided by the American Hospital Association (AHA)/ Health Research and Educational Trust (HRET) Hospital Engagement Network (HEN) 2.0. The Virginia Hospital & Healthcare Association is partnering with AHA/HRET and 36 hospitals on HEN work, but all of the information and materials are available to *all* hospitals, *free of charge*!

Infection-specific checklists and change packages including change ideas and implementation examples from hospitals are included.

Topics covered include but are not limited to: catheter-associated urinary tract infection, central line-associated bloodstream infection, *Clostridium difficile* infection, surgical site infection, ventilator-associated event, culture of safety, readmissions, and sepsis.

Sample webpage with resources to prevent *C. difficile* infection:

To access the AHA/HRET website, please go to: **http://www.hret-hen.org/**

Virginia HAI Advisory Group Meeting Notes

On December 16th, representatives from VDH and VHQC (Virginia's Quality Improvement Network/Quality Improvement Organization) convened key stakeholders at the Virginia Hospital & Healthcare Association for the quarterly meeting of Virginia's Healthcare-Associated Infections Advisory Group.

During this meeting, the antibiotic stewardship, data review, and communication and education subgroups gave updates on their respective areas.

Mefruz Haque, Council of State and Territorial Epidemiologists/CDC Applied Epidemiology Fellow with the HAI Program at VDH, presented Virginia-specific results from a recent assessment of Virginia and Maryland hospital antibiotic stewardship programs. Aggregate results from the two states were previously disseminated to administration, infection prevention, and pharmacy contacts in November during Get Smart Week. Just over half (52%) of responding hospitals in Virginia met all 7 CDC core elements of antibiotic stewardship programs. Of note, the *Leadership Support* core element was met least frequently; 65% of responding facilities met this element by having formal written leadership support for stewardship activities and/or receiving financial or non-financial incentives for the program. All or nearly all respondents met the core elements of *Actions Supporting Optimal Antibiotic Use* and *Reporting*. A majority of respondents (88%) were very or somewhat interested in sharing their facility antibiogram with other healthcare facilities in their region. Based on the information presented, the group identified some potential areas to address with future educational efforts.

The communication and education subgroup continued to discuss ideas for providing infection prevention educational opportunities to long-term care facilities and to strengthen the communication/transfer of information between healthcare settings.

The data review subgroup shared the Mid-Atlantic Renal Coalition's approach to analyzing data from dialysis facilities, an update on VDH's recent NHSN data quality assurance efforts, two upcoming CDC publications, and an HAI data analysis and presentation standardization toolkit that VDH will be using when publishing future annual HAI reports for healthcare providers and the general public.

VDH also summarized notes from a recent HAI grantees meeting held in Atlanta at CDC and updated the group on the Ebola hospital assessment project, including plans for holding a training for assessment hospitals and treatment centers in the spring of 2016.

The next meeting is scheduled for March 2016.

Middle East Respiratory Syndrome Case Definitions Updated

In December, CDC updated the case definitions for Middle East Respiratory Syndrome-Coronavirus (MERS-CoV). The changes are summarized below and can also be found at **http://www.cdc.gov/coronavirus/mers/case-def.html**. CDC will continue to update the document as necessary to incorporate new information that increases the understanding of MERS-CoV.

Summary of Changes

- Deleted reference to the Republic of Korea. More than two incubation periods have passed since the last MERS case was reported from the Republic of Korea. Also revised the MERS Patient Under Investigation (PUI) Short Form.
- Added footnote to PUI Guidance clarifying that fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgment should be used to guide testing of patients in such situations.
- Revised document title to "Interim Patient Under Investigation (PUI) Guidance and Case Definitions for MERS" from "Case Definitions" to highlight the current clinical features and epidemiologic risks that guide testing and decisions for a patient under investigation, rather than using a more absolute case definition.

Influenza Update

So far this season, influenza activity has remained low, moving to regional activity for the first time during the week ending December 26th. The Virginia Department of Health continues to encourage influenza vaccination as the most effective way to prevent the spread of influenza.

Recently, the American Academy of Pediatrics (AAP) issued an updated vaccination policy statement: "Influenza Immunization for All Health Care Personnel: Keep It Mandatory." In the introduction, AAP states, "Mandatory influenza immunization programs for all healthcare personnel should be implemented...Mandating influenza vaccine for all HCP is ethical, just, and necessary."

In October 2010, AAP was one of the first healthcare societies to issue a policy statement supporting the adoption of mandatory influenza vaccination of HCP. Other national societies with policies for mandatory influenza vaccination of HCP include the American Hospital Association, Association for Professionals in Infection Control and Epidemiology, American Public Health Association, Infectious Diseases Society of America, and the Society for Healthcare Epidemiology.

To view the full policy statement, go to: **http://pediatrics.aappublications.org/content/early/2015/09/01/peds.2015-2922.full.pdf**

AHRQ: Hospital-Acquired Conditions Continue to Decline

The Department of Health and Human Services released an Agency for Healthcare Research and Quality (AHRQ) report in December showing that an estimated 87,000 fewer patients died in hospitals, and noted nearly $20 billion in healthcare costs savings from 2010 to 2014, as a result of reductions in hospital-acquired conditions (HACs). HACs are costly and dangerous events that occur while patients are receiving care for another condition during a hospital stay.

In the report, *Savings Lives & Saving Money: Hospital-Acquired Conditions Update*, AHQR analyzed various HACs including adverse drug events, catheter-associated urinary tract infections, surgical site infections, central line-associated bloodstream infections, pressure ulcers, among other conditions. The analysis included the incidence of avoidable HACs compared to 2010 rates, using as a baseline estimates of deaths and excess health care costs developed when the Partnership for Patients was initiated. The interim data estimates for 2014 demonstrate a sustained 17 percent decline in HACs since 2010.

AHRQ has created an assortment of resources to aid hospitals and providers in preventing HACs including elimination guides for reducing hospital associated infections, pressure ulcers, and falls.

To read the update, or for more information, please visit:

http://www.ahrq.gov/professionals/quality-patient-safety/pfp/interimhacrate2014.html

Association of Public Health Laboratories Trainings

The Association of Public Health Laboratories will be offering several webinars in 2016 that may be of interest. Please share these training opportunities with your laboratory staff.

Each webinar allows unlimited attendance at your site, access to the Web archived program for 12 months, and offers continuing education credits for all participants.

To register and receive more information about webinar pricing, go to: www.aphl.org/webinars

Date	Event Title	Speaker
February 23, 2016	Antibiotic Stewardship for Laboratorians	Richard A. Van Enk, PhD
March 8, 2016	Improving Microbiology Productivity, Quality and Turnaround Time	Dana Towle, EdD, SM(ASCP)
March 22, 2016	The Laboratories Role in the National Healthcare Safety Network	Robert L. Sautter, PhD, HCLD, ABB, CC
April 5, 2016	Creating Antibiograms Utilizing Commercial Systems	Shelley Miller, PhD, D(ABMM)
April 12, 2016	2016 CLIA Update: Top Ten CLIA Cited Deficiencies	Nancy Grove, BS, MT(ASCP); Kristine Rotzoll, BS, MT(ASCP)
April 19, 2016	Springtime and STDs: Don't Get Caught with Your Pants Down	Susanne Norris Zanto, MPH, MLS (ASCP)CM, SM(NRCM)
April 26, 2016	Emerging and Resurging Infectious Diseases 2016	Vickie S. Baselski, PhD, D (ABMM), F(AAM)
May 10, 2016	Validation, verification, and implementation of MALDI-TOF MS	Christopher Doern, PhD
May 17, 2016	Clinical Cases in Mycology: What's New in the World of Fungi	Nathan P. Wiederhold, PharmD, FCCP
June 14, 2016	Detection and Typing of Legionella for Outbreak Response	Brian H. Raphael, PhD
October 4, 2016	Diagnostic Algorithms in the ID of Microfilaria in Blood Films	Blaine A. Mathison, BS, M(ASCP)
October 11, 2016	Rapid Diagnostics: Live Streaming for Bloodstream Infections	Donna M. Wolk, MHA, PhD, D(ABMM)
October 18, 2016	Keeping Up with Name Changes in Medical Mycology	Deanna A. Sutton, PhD, MT, SM(ASCP), RM,SM(NRCM)
October 25, 2016	2016 Influenza Update	Peter A. Shult, PhD
November 1, 2016	New Drugs: Few tests. Practical Approaches to New Antimicrobials	Romney M. Humphries PhD, D(ABMM)