

SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

April 2015

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

The annual Field Epidemiology Seminar is coming up on May 20th at the Hilton Short Pump in Richmond, VA. Check out the last page this month for details on how to register!

VDH celebrated National Public Health Week from April 6-12. Since 1908, VDH has provided public health services to the residents and visitors of the Commonwealth. We hope to educate and engage our citizens

HAI Advisory Group Meeting

On March 25, representatives from VDH and VHQC (Virginia's Quality Improvement Network/Quality Improvement Organization) convened key stakeholders to form a state-wide advisory group to address healthcare-associated infections (HAIs) in the Commonwealth.

The purpose of the Advisory Group is to coordinate the efforts of key HAI stakeholder organizations and individuals to align strategies, share information and resources and produce synergies that will accelerate statewide progress in preventing HAIs. The group includes professionals with expertise in surveillance, prevention, and control of HAIs and includes representatives from VDH, VHQC, the Virginia chapter of the Association for Professionals in Infection Control and Epidemiology (APIC-VA), and the Virginia Hospital & Healthcare Association (VHHA), along with healthcare providers, pharmacists, infection preventionists, consumers and physicians.

and community partners to foster a healthier Virginia for ourselves and generations to come! VDH's goal is to become the healthiest state in the nation and we look forward to continuing to work with our partners to accomplish this.

To view a fun video on what public health is all about, check out: <https://youtu.be/DEJqMMh9kOA> (video credit: Richmond City Health District)

At the latest meeting, the Advisory Group identified *C. difficile* and catheter-associated urinary tract infections (CAUTI) as the top two infections to target for prevention in this coming year, along with a focus on antimicrobial stewardship and improving healthcare provider and patient communication and education, as well as the coordination of care that occurs between hospital, long-term care, outpatient, and other healthcare/residential settings.

The next meeting is scheduled for June 25, 2015.



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Upcoming Events:

May 8: VANHA Training for Long-Term Care, Springfield (see pg 4)

May 20: Field Epi Seminar, Richmond, VA (see pg 5)

Contact:

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HAI Program Coordinator
with questions /
comments:
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New CAUTI Prevention Tool

A new educational tool from the Association for Professionals in Infection Control and Epidemiology (APIC) is available for healthcare personnel in intensive care units caring for critically ill patients. An infographic designed to address catheter-associated urinary tract infection (CAUTI) prevention shares important information that is aimed to stop CAUTIs and the associated complications resulting in increased hospital stay, patient discomfort, excess costs, and even death.



Highlighting four areas associated with CAUTI, the infographic addresses and shares prevention strategies including:

- Raise awareness & understand the risks.
- Consider alternatives to using an indwelling catheter and measure intake and urine output.
- Rethink the “culture of culturing” urine.
- Tackle CAUTIs.

Please share this new free resource with healthcare personnel in critical care units. A downloadable PDF can be found by visiting: http://www.apic.org/Resource_/TinyMceFileManager/Topic-specific/APIC_Infographic_-_ICU_PRINT_FINAL.pdf

Through its partnership with the Health Research & Educational Trust (HRET), APIC is participating in several collaborative projects focused on reducing healthcare-associated infections (HAIs). Additional information about CAUTI prevention initiatives can be found by visiting www.onthecuspstophai.org.

National Project to Improve Care for Mechanically Ventilated Patients

Is your facility interested in collaborating on a project to improve outcomes for patients on mechanical ventilation? The Association for Healthcare Research and Quality (AHRQ) is partnering with the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality to recruit hospitals for a one-year project.

Onboarding/orientation begins in July 2015, project kickoff is in September 2015, and the project concludes in August 2016.

This project uses the Comprehensive Unit-Based Safety Program (CUSP) model and focuses on safely shortening the duration of ventilation to prevent both short-term outcomes, such as ventilator-associated pneumonia, and long-term effects, such as physical disabilities, cognitive dysfunction, and psychiatric issues.

To learn more, visit the project website (http://www.hopkinsmedicine.org/armstrong_institute/improvement_projects/mvp/index.html), where you can also register for an informational webinar on May 7, 2:00pm—3:30pm.

Antibiotic Use and Resistance Data in Meaningful Use Stage 3

The Office of the National Coordinator for Health Information Technology (ONC) recently released proposed 2015 Certification Criteria for public comment.

Hospitals would have the option to qualify for electronic health record (EHR) incentive payments for Centers for Medicare and Medicaid Services (CMS) proposed Meaningful Use Stage 3 of EHR Incentive Programs by **electronically reporting antimicrobial use and antimicrobial resistance data to CDC’s NHSN.**

As part of the National Strategy and National Action Plan for Combating Antibiotic-Resistant Bacteria, CDC, CMS, and ONC are working to strengthen national antibiotic use and resistance surveillance efforts by

creating incentives for hospital reporting of these data to NHSN.

Proposed Meaningful Use Stage 3 Criteria: <https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>

ONC Certification Criteria: <https://www.federalregister.gov/articles/2015/03/30/2015-06612/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base>

Public comments on the ONC and CMS proposed rules are due no later than 5pm on May 29th.

NHSN Notes

In April, NHSN posted updated protocols and training documents following the in-person NHSN training at CDC earlier in the year. Protocols for 2015 were refined based on user questions and feedback. We encourage you to visit the NHSN website (www.cdc.gov/nhsn) to view the trainings and review the protocols, especially if you were not able to access the trainings via webstreaming back in February.



REMINDER: May 15th is the CMS due date for the following settings, infection prevention measures, & time periods:
Acute care hospitals: 2014Q4 (Oct 1—Dec 1) for CLABSI (ICU), CAUTI (ICU), SSI (colon and abdominal hysterectomy procedures), MRSA LabID, and *C. difficile* LabID data; Oct 1—Mar 31 for healthcare personnel (HCP) influenza vaccination summary data
Inpatient rehabilitation facilities: 2014Q4 for CAUTI (all inpatient locations); Oct 1—Mar 31 for HCP flu vaccination summary data
Long-term acute care hospitals: 2014Q4 for CLABSI (all inpatient), CAUTI (all inpatient), MRSA LabID, and *C. difficile* LabID data; Oct 1—Mar 31 for HCP flu vaccination summary data

CMS Hospital Inpatient Prospective Payment System Proposed Rule FY2016

On April 30, the Centers for Medicare and Medicaid Services (CMS) released the Hospital Inpatient Prospective Payment System (IPPS) proposed rule for FY2016.

The rule includes quality reporting measures for the Hospital Inpatient Quality Reporting, Hospital Value-Based Purchasing (VBP), Hospital-Acquired Condition (HAC) Reduction, and Long-Term Care Hospital Quality Reporting Programs.

Infection-related provisions in this year's rule include a proposal to add CAUTI and CLABSI reporting from medical, surgical, and medical/surgical wards to the VBP

and HAC Reduction Programs. The rule also proposes to continue efforts to improve alignment of quality measures between IPPS and the Electronic Health Record Incentive Programs.

To read the Proposed Rule: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2016-IPPS-Proposed-Rule-Home-Page.html>

The public comment period is open until June 29 at 11:59 PM. To comment, go to: http://www.regulations.gov/#!documentDetail;D=CMS_FRDOC_0001-1691

Weekend Admissions Associated with Increased Likelihood of “Never Events”

A new study published in the *British Medical Journal* evaluated the occurrence of certain hospital-acquired conditions among patients admitted to hospitals on a weekday versus patients admitted on a weekend. The hospital-acquired conditions assessed were those that the Centers for Medicare and Medicaid Services (CMS) deems “never events”, such as foreign object left in patient after surgery, stage 3 or 4 pressure ulcers after admission, and death/disability associated with medication error. Researchers found that patients admitted on the weekend were 25% more likely to have had a hospital-acquired condition than patients admitted

on a weekday, after adjusting for potential confounders like patient age, sex, illness severity, and hospital bed size and teaching status. The researchers hypothesized that this association could be due to certain weekend characteristics such as lower staff volume, reduced availability of medical expertise, and delays in performing appropriate diagnostic tests and operative procedures. They recommend that hospitals should add resources and make efforts to reduce system and process deficiencies on the weekends.

To read the full article, go to: <http://www.bmj.com/content/350/bmj.h1460>

VANHA Training: Proactive Strategies for Infection Prevention and Survey Compliance

May 8, 2015, 10:00 a.m. - 2:30 p.m. (Registration opens at 9:30 a.m.)

Greenspring Village, Springfield, VA

Featured Speakers:

- Andrea Alvarez, MPH, Healthcare-Associated Infections/Influenza Program Coordinator, VDH
- Jennifer L. Hardesty, PharmD, FASCP, Chief Clinical Office & Corporate Compliance Officer, Remedi SeniorCare
- William Vaughan, RN, Vice President, Education and Clinical Affairs, Remedi SeniorCare

Program Overview:

In response to the potential for outbreaks of communicable diseases and antibiotic resistant organisms in long term care facilities, VANHA (soon to be LeadingAge Virginia), is offering a one-day program designed to provide long term care professionals updated information and proactive strategies for preventing infections and maintaining survey compliance. A team of experts from Remedi SeniorCare and the Virginia Department of Health/Division of Surveillance and Investigation will provide the information needed to foster infection prevention within your communities.

Presentation Take-Aways:

- Comprehensive review and understanding of core components of federal infection control requirements
- Discussion and understanding of infection control compliance failures as a means to developing improvements in survey outcomes
- Understanding of antibiotic misuse and appropriate use
- Develop enhanced understanding of risks associated with antibiotic therapy (i.e., *C. difficile*, resistance, etc)
- Identify appropriate antibiotic therapy management practices
- Recognize current standards of care regarding immunizations and outbreak detection/response
- Distinguish evolving issues in infection control and related best practices

Cost and Registration:

- VANHA members: \$85. Registration link: <https://www.vanha.org/i4a/ams/conference/conference.cfm?conferenceID=155>
- Non-members: \$95—contact Cathy McCray to register (804-965-5500)

Field Epidemiology Seminar 2015

Wednesday, May
20th
9:00 am - 4:05 pm
(Registration begins
at 8:30 am)

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

Our seminar location
is...



12042 W Broad Street
Richmond, VA
23233

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

Topics include:

**Listeriosis, Tetrodotoxin Poisoning,
Pertussis, Measles, Enterovirus D-68
Infection...and MANY MORE!!!**

15 presentations in all!!

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

Registration is online through

TRAINVirginia:

Course ID is 1055966

<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.