SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

July 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

This month, we celebrate the departure of one of our staff and welcome another! **Jordan Chapman** did a wonderful job writing newsletter articles and contributing to healthcare-associated infection (HAI) and influenza-related projects over this summer. She will be returning to the University of Virginia to continue to pursue her undergraduate studies, but we hope she'll come back to public health in the future! We welcome **Sarah Lineberger**, formerly with the VDH foodborne program at Central Office, as our HAI Epidemiologist. Sarah is learning the ropes of the National Healthcare Safety Network and will soon become your primary contact for HAI data inquiries and NHSN technical assistance (Sarah.Lineberger@vdh.virginia.gov).

We have heard from our infection preventionist colleagues that the Association for Professionals in Infection Control and Epidemiology (APIC) Annual Conference was a big hit! Stay tuned for details on a call where conference attendees will share information about what they learned!

Proposal to Amend *Regulations for Disease Reporting and Control*

On July 13, a proposed amendment to the *Regulations for Disease Reporting and Control* was published in the *Virginia Register*, in an attempt to reflect current national recommendations and allow for better detection and response for conditions of public health concern. Some of the key changes to the regulations include:

- Adding babesiosis and leptospirosis to the list of reportable conditions and removing monkeypox.
- Adding babesiosis, hepatitis-other acute viral, and leptospirosis to the list of conditions reportable by directors of laboratories; removing monkeypox and invasive methicillin-resistant *Staphylococcus aureus*.
- Updating the tests and reportable results for botulism, *Campylobacter* infection, *E. coli* infection, giardiasis, gonorrhea, hepatitis B, hepatitis C, HIV, lead, salmonellosis, shigellosis, staphylococcal infection, and *Vibrio* infection to incorporate current laboratory methods.
- Requiring labs to report all hepatitis B findings for children under two years of age and all HIV results for children less than four years.
- Deleting monkeypox as a rapidly reportable condition.
- Clarifying and using consistent language between sections; updating definitions.
- Stating that required immunizations may be obtained from physicians, registered nurses, or other licenses professionals authorized to administer immunizations.

We encourage you to read the proposed amendment carefully and share your feedback by submitting a comment. Please note that these proposed changes do not include changes to reporting of HAIs.

To view the proposed amendment, visit: **http://register.dls.virginia.gov/vol31/iss23/v31i23.pdf**

To submit a comment (ends September 11), visit: **http://townhall.virginia.gov/L/ViewStage.cfm?stageid=6770**

In this issue:

Upcoming Events:

August (TBD): conference call/webinar on lessons learned from the APIC Annual Conference

August15: 2015Q1 (Jan 1-Mar 31) data due in NHSN for CMS Hospital Inpatient Quality Reporting Program

Contact:

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

NHSN Notes

Q. I want to run an SIR report that spans multiple years (July 2014-June 2015). However, NHSN isn't aggregating it for the whole time period, and I need to show these data to administration. Help!

A. When you modify your report, leave the "group by" field blank (instead of SummaryYr, SummaryYQ, etc.). That will aggregate the data for whatever date range you specify in the "Select a Time Period" fields earlier in the query.

NHSN released the latest version of e-News on June 30th (**http://www.cdc.gov/nhsn/newsletters/index.html**).

Please review this document for updates on:

- Definition modification for symptomatic urinary tract infections (criterion 1a) - effective 4/1/2015
- Repeat infection timeframe does NOT extend across admissions
- LabID event surveillance—reminders about *C. difficile* infection test type
- CMS Quality Reporting Program resources (new checklists)
- Location FAQs
- Tips for faster help from the NHSN Help Desk

Consumer Reports, "The Rise of Superbugs"

Consumer Reports recently published the first in a series of three investigative reports regarding antibiotic resistance, informing the public about "one of the world's most serious health crises."

The article begins by giving readers reasons to care about the issue of antimicrobial resistance. First, inappropriate antibiotic use can disrupt the balance between good and harmful bacteria in the body, which can cause serious, sometimes fatal infections. Antibiotic overuse can also lead to an inability to treat these life-threatening infections.

The article notes that nearly half of all antibiotics prescribed are inappropriate or unnecessary, often as a result of doctors feeling pressured by patients to prescribe antibiotics quickly, regardless of whether or not the illness is bacterial.

After describing the basics of antimicrobial resistance, *Consumer Reports* offers some solutions to the problem. Because the resistance issue is so complex, the approach to reducing resistance must be multifaceted, involving many different groups of people (e.g., patients/consumers, healthcare providers, farmers, hospitals, etc.) *Consumer Reports* lists several ways for patients/consumers to contribute to the solution, including recognizing when antibiotics are necessary, avoiding infections entirely through proper hand hygiene and maintenance of vaccinations, and refraining from pressuring doctors into prescribing antibiotics when they are not needed.

To read the *Consumer Reports* article, visit: **http://www.consumerreports.org/cro/health/the-rise-of-superbugs/index.htm**

Providing Medical Care While Sick

Researchers at the Children's Hospital of Philadelphia recently conducted a study to understand why attending physicians and advanced practice clinicians (APCs) work while sick. The study, which was published in the *Journal of the American Medical Association Pediatrics*, consisted of a combination of closed and open-ended questions administered to 459 attending physicians and 470 APCs at the hospital.

Of the 929 physicians and APCs who received the survey, 538 (57.9%) completed it. Most (95.3%) believed that working while ill puts patients at risk, yet 83.1% reported to have worked with symptoms of illness at least once in the past year. More than half of the respondents (55.6%) answered that they would work with "acute onset of significant respiratory symptoms" and 30.0% answered that they would work with diarrhea.

Though the physicians and APCs provided many reasons for choosing to work while sick, the most common reasons included not wanting to let colleagues down (98.7%), concern that there was not enough staff to care for patients (94.9%), and not wanting to let patients down (92.5%). Many (57.0%) also identified ambiguity in determining what constitutes being too sick to work.

This study highlights the need for hospitals to provide more support to attending physicians and APCs, including creating clearly defined sick leave policies.

To read the full study, visit: **http://archpedi.jamanetwork.com/article.aspx?**

APIC Hand Hygiene Implementation Guide

The Association for Professionals in Infection Control and Epidemiology (APIC) recently published an implementation guide regarding hand hygiene programs.

The guide begins by stating that hand hygiene is the single most important measure in preventing the spread of infection. Despite this, compliance to hand hygiene programs remains low. The purpose of this guide, therefore, is to provide an overview of hand hygiene programs that can be more effectively implemented in healthcare settings. If followed, healthcare providers could not only decrease the number of healthcare-associated infections (HAIs) and occupationally-acquired infections in their facilities, but also contribute to reducing antimicrobial resistance.

To access the entire hand hygiene guide (contact information required for download), visit: **http://www.apic.org/Professional-Practice/Implementation-guides#HandHygiene**

Preventing Injuries and Exposures in Healthcare Laundry Environments

Infection Control Today recently published a digital issue titled, "Preventing Sharps Injuries & Bloodborne Pathogen Exposures in the Healthcare Laundry Environment." The issue details the occupational hazards of healthcare laundry environments in an attempt to establish a safer working environment for laundry personnel.

The digital issue examines "specific laundry operations" to highlight high-risk areas with the potential for occupational exposure to sharps and bloodborne pathogens. Identifying these opportunities for injury and exposure allows healthcare laundry environments to establish better prevention measures to create a "culture of safety" for laundry personnel.

To read the digital issue (account required), visit: **http://laundry.infectioncontroltoday.com/digital-issues/2015/06/sharps-injuries-bloodborne.aspx**

Federal Proposal to Improve Long-Term Care Facilities

On July 13, at the White House Conference on Aging, the United States Department of Health and Human Services (HHS) announced a proposal to improve patient safety and the quality of healthcare in long-term care (LTC) facilities that participate in Medicare and Medicaid programs. Though the proposal targets many different aspects of LTC facilities, a major recurring topic is infection prevention and control.

Nursing homes are particularly vulnerable to HAIs, due to the resident population and the increased risk of transmission that occurs in facilities that combine services such as medical care, housing, social activities, and dining. Because of these factors, an estimated 1.6-3.8 million HAIs occur per year in nursing homes. To reduce HAIs, increase patient safety, and improve the quality of healthcare, HHS has proposed that LTC facilities:

- Designate an Infection Prevention and Control Officer (IPCO) whose primary responsibility is infection prevention and control. The IPCO must also be specialized in infection prevention beyond his/her initial professional degree, and must participate in the facility's Quality Assessment and Assurance (QAA) committee.
- Asses their resident population and facility.
- Revise the description of their infection prevention programs to include a periodical update and review.
- Implement an antibiotic stewardship program.
- Provide education and training for infection prevention and antibiotic stewardship programs.

To read the HHS proposal, visit: **http://www.gpo.gov/fdsys/pkg/FR-2015-07-16/pdf/2015-17207.pdf**

To submit a comment (ends September 14), visit: **www.regulations.gov**, enter the ID number **CMS–3260–P** (with long dashes), and click, "Comment Now."

Study Evaluates Prevention Bundle for Effectiveness in SSI Prevention

On June 2, the *Journal of the American Medical Association* published a study in which researchers evaluated the effectiveness of an evidence-based prevention bundle in preventing *Staphylococcus aureus* surgical site infections (SSIs).

The study evaluated a total of 42,534 operations, including cardiac and orthopedic operations such as hip and knee arthroplasties, from 20 hospitals across 9 states. Prior to receiving one of these operations, patients in the intervention period were screened for *S. aureus*. Patients who tested positive for either methicillin -resistant *S. aureus* (MRSA) or methicillin-susceptible *S. aureus* (MSSA) were given mupirocin to take intranasally twice a day, asked to bathe daily with chlorhexidine-gluconate (CHG) for up to 5 days prior to their operation, and received antimicrobial prophylaxis specific to the type of *S. aureus* present (MRSA or MSSA). Patients whose screenings were negative were only asked to bathe with CHG the night before and morning of their operation.

Though bundle adherence was only 83% (39% full adherence, and 44% partial), a significant decline in the number of SSIs was found. In the pre-intervention period, 101 *S. aureus* SSIs occurred out of 28,218 operations (0.36%), compared to the intervention period, in which 29 *S. aureus* SSIs occurred out of 14,316 operations (0.20%).

To view the full study (subscription required), go to: **http://jama.jamanetwork.com/article.aspx?articleid=2300601**

2014 National Healthcare Quality and Disparities Report Released

The Agency for Healthcare Research and Quality (AHRQ) released its most recent edition of the National Healthcare Quality and Disparities Report (QDR) for the year 2014. The report begins by recognizing that the nation has made progress in improving healthcare, but that more work still needs to be done.

In the National Quality Strategy section, under Measures of Patient Safety, the QDR reports that there has been a 17% decline in the number of hospital-associated infections between 2010 and 2013. In other words, the number of HAIs has decreased from 145 to 121 per 1,000 hospital discharges. The QDR goes on to estimate that this reduction corresponds to a total of "1.3 million fewer hospital-acquired conditions, 50,000 fewer inpatient deaths, and $12 billion savings in health care costs."

The QDR further specifies that the admission of patients with central line-associated bloodstream infections rapidly improved, with "an average annual rate of change above 10% per year." For disparities trends, the QDR also notes that for four of the patient safety measures, there were no differences between black and white patients.

To read the full report, visit: **http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/2014nhqdr.pdf**

Safe Injection Practices in Oncology Settings

A new blog post, written by guest author and oncology nurse Michele E. Gaguski, was recently published on the CDC's Safe Healthcare Blog. Geared toward healthcare professionals, especially those who specialize in oncology, the post focuses on injection safety and infection control.

Gaguski reminds healthcare professionals that being aware of and adhering to safe injection and administration practices can "reduce the spread of infection, promote sterility of medications and intravenous solutions, and encourage using aseptic technique." Gaugski references the CDC's *One & Only Campaign*, a public health campaign designed to raise awareness about proper injection practices that gives examples of how oncology settings can apply some of the recommended guidelines. A fact sheet on injection safety reminders for oncology providers was recently published on the campaign's website: **www.oneandonlycampaign.org/sites/default/files/upload/pdf/OncologyFlyer.pdf**

Nurses and other healthcare professionals are reminded to emphasize "One Needle, One Syringe, One Use, One Time!"

To read the entire blog post, visit: **http://blogs.cdc.gov/safehealthcare/2015/07/16/point-on-protection-safety-first-for-oncology-health-care-professionals-and-our-patients/**