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HAI High Sign

News from the Virginia Department of Health

Healthcare-Associated Infections and Antimicrobial Resistance Program

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Upcoming events:

December 3-9	**National Handwashing Awareness Week**
December 3-9	**National Influenza Vaccination Week**

Notes from VDH

Happy Holidays from the HAI/AR Team at VDH! Thank you for all your hard work throughout the year as you strive to keep patients and residents healthy and safe.

A few highlights:

- We would like to feature the great infection prevention work being done by facilities around Virginia. This month, the HAI High Sign spotlights the Culpeper Health and Rehabilitation Center for their efforts to provide and encourage healthcare worker influenza vaccination. If you know of a facility doing innovative projects to promote antibiotic stewardship, please email us at hai@vdh.virginia.gov.
- VDH has introduced the Confidential Morbidity Report Portal, which can be used to electronically submit morbidity reports, taking the place of the Epi-1 forms. For more information, see the article below. We encourage you to take advantage of this tool developed by our VDH colleagues.
- As of this week, it seems that influenza activity in Virginia is trending upwards, so now is the perfect time to post signs about handwashing and cough etiquette, as well as share messaging that it's not too late to vaccinate!

Electronic Case Reporting Goes Live: Confidential Morbidity Report Portal

The Virginia Department of Health (VDH) is excited to introduce its web-based morbidity report (Epi-1) form, which can be accessed on the VDH website: http://www.vdh.virginia.gov/clinicians/ → click the reporting link on the left → click the red button to access the portal. The confidential, electronic form contains the same fields as the paper version, and can be used to securely report any condition on the reportable disease list. The Virginia Reportable Disease List is available on the same page as the portal. The information received in the electronic form will be processed from a central VDH location and made available to the appropriate local health department.

2017-2018 Influenza Season Update

As of December 2, influenza activity in Virginia is widespread.

- 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/
- This season, the widespread activity level has been reached a little earlier than usual, but is still within the expected timeframe for the influenza season.
- Influenza season arrives in Virginia every year and eventually reaches the

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2017-2018 Influenza Season Update (Continued from page 1)

"widespread" activity level and stays there for many weeks. This usually occurs between December and April.

- For the 2016-2017 influenza season, Virginia reached widespread activity in late December, and remained widespread for 16 consecutive weeks until the beginning of April.

Public Health Recommendations:

- The best prevention measure available is influenza vaccination. Everyone who is at least 6 months of age should get vaccinated. **It is not too late to be vaccinated.** If you have not gotten your flu shot yet, you are encouraged to go get one.
- Anyone ill with fever with cough and/or sore throat should stay home for at least 24 hours after the fever is gone (without the use of fever-reducing medicine). It is also important to always cover your cough and wash your hands regularly.
- Bed rest and drinking plenty of fluids are important for recovering from the illness. Doctors can also prescribe an antiviral medicine that can shorten the duration of illness and possibly lessen its severity.

For more information about influenza vaccination, see:

- The September 2017 edition of the HAI High Sign (page 2): http://www.vdh.virginia.gov/content/uploads/sites/13/2016/03/Sept-2017_HAI-High-Sign_8.1.pdf
- Printable CDC resources: https://www.cdc.gov/flu/resource-center/freeresources/index.htm
- A Toolkit for Long-Term Care Employers: Increasing Influenza Vaccination among Healthcare Personnel in LTC Settings https://www.cdc.gov/flu/toolkit/long-term-care/index.htm

Facility Spotlight: Vaccinating Healthcare Workers to Prevent Flu in Long-Term Care

At the Culpeper Health and Rehabilitation Center, RN Staff Development Coordinator Donna Johnson is a champion of flu vaccination for patients and personnel. Education and persistence are key components in her approach to ensuring that as many healthcare workers as possible receive their annual flu vaccine. Before the start of the flu season, Mrs. Johnson starts handing out Influenza Vaccine Information Statements (VISs) from CDC to all patients and staff. If any personnel are hesitant to receive the vaccine, she speaks with them to communicate the importance of vaccination as well as to dispel any misconceptions – multiple times if necessary. Mrs. Johnson works with the facility's weekend supervisor, Eleanor LaClaire, and the Assistant Director of Nursing, Dana Howard, to provide education and ensure that all healthcare workers are able to receive their flu vaccines for free, regardless of their shifts. Vaccination is available multiple days of the week and at times that accommodate all personnel. Everyone in the facility can receive his or her flu vaccine as part of this program, including practitioners, non-direct care staff, and volunteers who work at least 15 hours per week. Mrs. Johnson also tracks vaccinations, regardless of whether personnel receive them in the facility or elsewhere.

Another component of the Culpeper facility's flu vaccination program is antibiotic stewardship. Following vaccination against flu, some people may develop a low-grade fever, a normal part of the immune response. In order to avoid unnecessary antibiotic or other treatment for this fever, Mrs. Johnson stays in communication with practitioners so that they know when to consider vaccination as the possible cause.

VDH thanks Donna Johnson and Culpeper Health and Rehabilitation for sharing their approach to healthcare worker flu vaccination.

Recap from November 2017 Ebola Virus Disease Preparedness and Response Forum

Members from Virginia's Ebola treatment and assessment hospitals, public health and emergency preparedness programs gathered for a one-day education forum on November 7 at the University of Virginia (UVA) Medical Center. Keynote speakers included Dr. Marissa Levine, State Health Commissioner, and Dr. Costi Sifri, UVA's Hospital Epidemiologist and infectious disease specialist. The forum speakers addressed a look-back at Virginia's preparedness and response to Ebola Virus Disease (EVD) as well as ongoing response to emerging global infectious diseases. Attendees were reminded how important collaborative partnerships are for effective preparedness and response activities. Dr. Lisa Brath, Virginia Commonwealth University (VCU) Medical Center, shared highlights from VCU's Unique Pathogens Unit. The Unit is designed to serve as one of Virginia's two treatment

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Recap from November 2017 Ebola Virus Disease Preparedness and Response Forum (Continued from page 2)

centers for EVD, and is serving as a permanent care space for patients with suspected unique pathogens.

Short sessions topics were presented by subject matter experts reviewing the importance of facility infrastructure, responding to challenges, and changes and improvements to personal protective equipment (PPE) and worker safety. Ongoing discussion and updates were shared with attendees addressing medical transport, waste management, and care of the deceased.

Morris Reece, Virginia Hospital & Healthcare Association Manager of the ASPR Ebola Grant, shared an update of grant initiatives and reviewed the remaining funding period goals.

Sustaining education and sharing training resources was addressed in the final session by Beth Mehring, UVA's Emergency Services Manager. Attendees participated in a virtual tour of UVA's special pathogens unit space and previewed the associated telemedicine capabilities and expanding resources.

Dr. Laurie Forlano, State Epidemiologist with the Virginia Department of Health, summarized successes of Virginia's EVD response and reviewed areas needing follow-up action. Four themes of response were emphasized in this summary: Collaboration, Communication, Continuation, and Commitment.

Infection Control Assessment and Response (ICAR) Tools

The Centers for Disease Control and Prevention (CDC) has developed a set of tools to assess the basic elements of an infection prevention program in healthcare settings and guide performance improvement activities within healthcare facilities. The ICAR assessment tools provide a foundation to assist public health departments in identifying strengths in infection control programs, as well as gaps and opportunities for improvement. Designed to be used in conjunction with a site visit, direct observations are aimed to improve patient care and provide training and education. These tools may also be used by healthcare facilities to conduct internal quality improvement audits. ICAR tools are available for acute care, outpatient, long-term care, and hemodialysis settings. Each setting tool includes four sections:

- Facility demographics
- Infection control program and infrastructure
- Direct observation of facility practices
- Infection control guidelines and other resources

To view the ICAR tools please visit: http://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html

NHSN Notes: FAQs

Q: I ran a line listing of COLO and HYST procedures for the specified quarter, and I have a different number of COLO and/or HYST procedures than what the NHSN data cleaning report indicates. Why?

A: Some procedures may have been excluded from the surgical site infection (SSI) standardized infection ratio (SIR) calculation. VDH data cleaning reports include the Complex Admission/Readmission SSI Model (CDC) and the Complex 30-day SSI Model (CMS). These models have different inclusion criteria. In addition, there are universal exclusion criteria that apply to both models. If any factors included in the SSI SIR calculation are missing such as closure technique, ASA score, or gender, then the procedure is excluded from the denominator.

One of the factors included in the SSI SIR calculation is the body mass index (BMI), which is calculated using the patient's height and weight. To avoid skewed data, BMI outlier values are excluded from the SSI SIR calculations. Specifically, adults with less than 12, or greater than 60 kg/m², BMI are excluded from all the 2015 baseline SSI SIR reports. Some of these BMI data outliers are often due to potential data quality issues, which can be corrected. We have noticed some extreme BMI outlier values in the past few quarters for hospitals across the state.

Please remember to perform data quality checks of BMI data to confirm data entered are correct. If data entered are incorrect, please edit the procedure record(s) individually and save them. Then generate new analysis datasets to incorporate the updates into the analysis datasets. We will add a section including BMI outlier values in the quarterly data cleaning reports going forward.

Refer to the NHSN SIR Guide for the full list of exclusions, starting on page 27: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf

Run a report in NHSN to list procedures excluded from the SIR: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/line-list-procedures-excluded-sir.pdf

Q: Is a positive blood specimen meeting LCBI criteria, that is accompanied by documentation of observed or suspected patient injection into vascular access lines, within the BSI infection window period, considered a CLABSI? Continued on page 4

NHSN Notes: FAQs (Continued from page 3)

A: For NHSN reporting purposes, this will be considered an LCBI, not a CLABSI. The use of this exclusion for NHSN CLABSI reporting is intended for patients who are injecting into their vascular access lines without regard for their health and/or safety. This exclusion is very specific to "Patient Injection". Manipulating or tampering with the line (such as biting the line, picking at the dressing, sucking on the ports, etc.) do not meet the intent of the exclusion because appropriate line management (such as scrubbing the hub, dressing changes, etc.) should mitigate any risk associated with such activities. Documentation must be very specific and must include a statement that the patient "was observed injecting…" or "is suspected of injecting…" the central line. Insinuations and/or descriptions, even very detailed descriptions that do not include such a statement will not be eligible for the exclusion.

In the event that the required documentation is present during the BSI Infection Window Period (IWP) if entering such an event into NHSN, answer "No" to the risk factor field "Central line?" Device days should be included in summary denominator counts. If a subsequent positive blood specimen is collected after the BSI repeat infection timeline (RIT), it must be investigated and meet the exclusion criteria again in a new BSI IWP in order to determine that it is not associated with the central line.

For examples, refer to the article in the September CDC NHSN Newsletter: https://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-sep-2017.pdf

Refer to Chapter 4, Bloodstream Infection (BSI) Event Protocol: https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf

Data Quality Update

Thank you to all hospitals that submitted their 2017Q2 data cleaning report acknowledgment form. We hope you like the new REDCap survey for form submission. We appreciate all the work you do to collect, enter, and quality assure HAI data for your hospital. **Please remember to update the HAI Team with any IP contact changes.**

Highlights from October 2017 Long-Term Care Conference

The Virginia Chapter of the Association for Professionals in Infection Control & Epidemiology (APIC-VA), Virginia Hospital & Healthcare Association (VHHA), Health Quality Innovators (HQI), and the Virginia Department of Health (VDH) sponsored a one-day education conference in October for healthcare professionals from long-term care facilities (LTCF) in Virginia. The focus of the education included infection prevention topics related to state and federal regulations and emergency preparedness.

Highlights from speakers included:

- National Healthcare Safety Network (NHSN) and components for LTCFs
- Overview of public health surveillance in Virginia
- Antibiotic stewardship data reported by LTCFs in Virginia and components of stewardship programs
- Exploration of recent regulatory changes from Centers for Medicare & Medicaid Services related to infection prevention and emergency preparedness
- Elements of comprehensive emergency communication plans

A question and answer session addressed public health reporting and response, infection prevention and influenza vaccine among healthcare workers, challenges with emerging infections in long-term care settings, and certification/licensing surveys.

More long-term care educational opportunities are planned for 2018. Stay tuned for information on locations and dates.

Antibiotic Stewardship Basics for Multi-Disciplinary Healthcare Professionals

The Virginia Healthcare-Associated Infections Advisory Group recently released three on-demand educational modules on antibiotic stewardship. The modules are designed to introduce nurses, pharmacists, and practitioners to the basics of an appropriate antibiotic stewardship program (ASP). Successful completion of the module and posttest will enable participants to gain continuing education credits for nurse, pharmacist, or practitioner licenses.

Please pass these resources on to all who might benefit from them:

Antibiotic Stewardship Basics for Nursing
http://bit.ly/ASnursing
Instructor: Susan D. Moeslein, MSA, BSN, RN, ACM-RN, CIC

Antibiotic Stewardship Basics for Pharmacy
http://bit.ly/ASpharmacy
Instructor: Rebeccah J. Collins, Pharm D, BCPS

Antibiotic Stewardship Basics for Practitioners
http://bit.ly/ASpractitioners
Instructor: Michael Stevens, MD, MPH, FACP, FIDSA, FSHEA

2017 APIC-VA Annual Education Conference

The Virginia Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC-VA) held its annual education conference October 13 in Richmond. The conference was attended by infection prevention professionals from acute care, long-term care, and outpatient settings, as well as public health, collaborative partners in healthcare quality, and vendor support.

The one-day event featured subject matter experts addressing:

- Challenges and changes with high level disinfection
- Accrediting, regulatory, and guiding agencies
- APIC-VA Infection Preventionists sharing success stories
- Data in Virginia and the NHSN Rebaseline
- Time Management and Adult Learning Principles and Training Development
- Antimicrobial Stewardship Challenges and Updates

In addition to speaker presentations, several APIC-VA members presented posters and displays of infection prevention activities and quality improvement projects. A successful silent auction and raffle helped raise funds to continue scholarship opportunities for APIC-VA members.

A pre-conference infection prevention training, "Nuts & Bolts" was held October 12th and offered a full day of basic infection prevention education presented by APIC-VA members.

For more information about the Virginia APIC chapter please visit: http://community.apic.org/virginia/home

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