

#### SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION



August 2011

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

Volume 2, Issue 8

Edited by:
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#### Notes from VDH

Last week, we were privileged to share some of our program's accomplishments with CDC Director Dr. Frieden during his visit to the health department. He was impressed by the partnerships that had been built in our state around the issue of infection prevention and by our ability to spread our messages across the continuum of care.

We look forward to seeing many of you next month in Norfolk at the annual educational conference of APIC-VA. For more information on registration, please go to: www.apic-va.com/education.html.

- The VDH HAI Team

## **CMS** Reporting Update

On August 1st, the Centers for Medicare and Medicaid Services (CMS) posted the Inpatient Prospective Payment System (IPPS) Final Rule that demonstrates a focus on HAIs in acute care as well as a variety of other settings (see below). The VDH HAI Program looks forward to working with all of these settings to provide assistance with surveillance and prevention.

Office of the Federal Register Website: http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf (Vol. 76, Num 160)

# Reporting timeframeDueQuarter I (Jan-March)Aug I5Quarter 2 (April-June)Nov I5Quarter 3 (July-Oct)Feb I5 of next yrQuarter 4 (Nov-Dec)May I5 of next yr

# Current and Proposed CMS Requirements for IPPS as of August 1, 2011 Acute Care Hospitals

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CLABSI (adult ICU, pediatric ICU, neonatal ICU)	January 2011	
CAUTI (adult ICU, pediatric ICU)	January 2012	
SSI (colon and abdominal hysterectomy procedures)	January 2012	
Healthcare worker influenza vaccination	January 2013	
MRSA bacteremia, C. difficile LabID (facility-wide)	January 2013	
Inpatient Rehabilitation Facilities		
• CAUTI	January 2012	
Dialysis Facilities		
<ul> <li>IV antimicrobial start, positive blood culture,</li> </ul>	January 2012	proposed
signs of vascular access infection		
Long Term Care Hospitals		
CLABSI, CAUTI	October 2012	proposed
Outpatient Surgery/Ambulatory Surgery Centers		
Healthcare worker influenza vaccination	January 2013	
• SSI	January 2014	proposed

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#### **Upcoming Events:**

Sept 14-16: Annual VA-APIC Education Conference, Norfolk Sept 27: Long-Term Care Advisory Committee Meeting

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#### **NHSN Notes**

CDC staff continue to update NHSN protocols and forms, and are preparing for other changes in response to user suggestions and the CMS IPPS reporting requirements. Highlights below:

Recent changes to NHSN specific to CMS reporting

- SSI Event Protocol (Chapter 9): adds guidance to the definition of implant (page 9-6)
- To view other recent changes: <a href="http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf">http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf</a>

Future changes to NHSN that may affect CMS reporting (will be available by January 2012)

- Denominator for Procedure form (57.121):
   "Non-autologous Transplant" field will be removed
- SSI Event form (57.120): "Detected" field will be split into two choices: "Readmission to facility where procedure was performed" and "readmission to facility other than where procedure was performed"
- Both forms will have optional field for "Medicare #"

#### **NHSN** Questions and Answers

**Q**: Are **internal staples** (for example, staples used for the anastomosis of the colon) **considered an implant?** 

A: Yes, internal staples are considered implants in NHSN. New language in the SSI event protocol: "Implant: A nonhuman-derived object, material, or tissue that is permanently placed in a patient during an operative procedure and is not routinely manipulated for diagnostic or therapeutic purposes. Examples include: porcine or synthetic heart valves, mechanical heart, metal rods, mesh, sternal wires, screws, cements, internal staples, hemoclips, and other devices. Nonabsorbable sutures are excluded because Infection Preventionists may not easily identify and/or differentiate the soluble nature of suture material used."

Q: If my facility does not have a pediatric ICU and/ or a neonatal ICU, how do I designate this on the NHSN Monthly Reporting Plan to ensure my hospital is not "at risk for not receiving the annual payment update" from CMS?

**A**: Because there is no "check-off box" to say your facility does not have a PICU and/or NICU, on the NHSN Monthly Reporting Plan, simply do not include it or address it.

## Improving Transitions of Care

The Institute for Healthcare Improvement (IHI) has recently published four how-to-guides on improving transitions of care between hospitals and other healthcare settings in an effort to reduce avoidable rehospitalizations. The following transitions are addressed:

- Hospital to skilled nursing facility (SNF)
- · Hospital to home health care
- Hospital to post-acute care
- Hospital to clinical office practice

In these publications, SNF is an umbrella term that includes nursing homes, long-term care facilities, acute rehabilitation facilities, and post-acute care facilities.

These resources were developed as part of the State Action on Avoidable Rehospitalizations (STAAR) initiative and are free to download after registering on the IHI website: http://www.ihi.org/knowledge/Pages/Tools/default.aspx

## Interactive Resource for Food Service Employees

The U.S. Food and Drug Administration (FDA) has released an interactive resource focusing on employee health and personal hygiene in the food service industry. This tool is designed for use by food service establishments (including those within healthcare facilities) and retail food stores to assist in preventing the transmission of foodborne pathogens by sick employees. Included are instructions for the appropriate course of action to be taken when dealing with a sick employee, symptoms associated with the transmission of disease, and shared responsibility of the employee to report symptoms. Focus is placed on Norovirus, Hepatitis A

virus, Salmonella typhi, Shigella, and Escherichia coli (E. coli), also known as the "big 5" due to their ability to be transmitted easily to food by sick employees and their high level of infectivity. Also included in the tool are resources such as FDA Food Code, Employee Health and Personal Hygiene Handbook and other materials related to employee health and hygiene.

Further information and instructions to download the materials or order the disk may be found at::

http://www.fda.gov/Food/FoodSafety/ RetailFoodProtection/ucm266434.htm

# Influenza Vaccination Coverage Among Healthcare Personnel in the United States

The August 19<sup>th</sup> Morbidity and Mortality Weekly Report (MMWR) describes information on influenza vaccination coverage among healthcare personnel in the United States. The Advisory Committee on Immunization Practices (ACIP) recommends annual influenza vaccination for all healthcare personnel (HCP). HCP flu vaccine coverage increased slightly between the 2009-2010 season (62%) and the 2010-2011 season (64%). A recent survey conducted by the Centers for Disease Control and Prevention (CDC) found differences in vaccination coverage by provider type and healthcare setting. The vaccination rate for physicians and dentists (83%) was higher than for nurses (70%). Vaccination coverage was higher in hospitals (71%) than ambulatory or outpatient centers (62%).

Despite the safety and efficacy of influenza vaccine, HCP coverage with influenza vaccination is well below the 90% target of the U.S. Department of Health and Human Services (HHS) program for improving health for all Americans, *Healthy People 2020*. CDC's survey examined beliefs regarding influenza and vaccination among HCP. Of note, 86% of those vaccinated agreed that they were at risk for getting influenza compared to 61% of those unvaccinated. When questioned if influenza was a serious threat to their own health, 70.1% of vaccinated HCP agreed compared to only 34% of the unvaccinated HCP

survey respondents. Nearly all (89%) of HCP who received the influenza vaccine agreed that they would better protect those around them from influenza, whereas only 45% of unvaccinated HCPs agreed. Indications from the CDC survey support the need to continue programs for HCP education regarding the impact of influenza, vaccine efficacy, and need to protect patients from influenza illness.

In 2007, the Joint Commission developed a standard in response to recommendations from the CDC making the reduction of influenza transmission from healthcare professionals to patients a top priority. This included the establishment of an annual influenza vaccine program, providing access to influenza vaccinations onsite, and education of HCP about influenza, control measures, and potential impacts. In addition, vaccination coverage must be monitored and programs enhanced to increase vaccine participation.

In 2013, the Centers for Medicare and Medicaid Services (CMS) may require hospitals and ambulatory surgery centers to report HCP influenza vaccination coverage as part of the Hospital Inpatient Quality Reporting Program.

The complete MMWR report may be viewed by visiting: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6032al.htm





November 10th, 2011 9:00 AM – 4:30 PM Short Pump Hilton, Richmond, VA



The Epidemic of Infection Prevention: *Pass it On* 

# SAVE THE DATE for this FREE one-day conference!!!

## **Target Audience:**

Infection preventionists, quality improvement staff, and administrators from acute care and long-term care facilities

#### **Topics to Include**:

- View of the future with competing requirements of CDC, CMS, VDH, and public reporting
- Panel discussion collaborating for prevention
- Bridging the information gap across the continuum of care
- Breakout sessions: tracks for acute and long-term care
  - NHSN & data analysis with presentation methods
  - o SSI surveillance
  - Infection prevention in long-term care: special topics

This special educational conference is being sponsored by the Virginia Department of Health in collaboration with APIC-VA.

Mileage (**one per facility**) will be reimbursed.

A limited number of rooms have been reserved at a reduced price (\$129.00)

Hilton Richmond Hotel & Spa at Short Pump 12042 West Broad Street Richmond, VA 23233 Phone: 804-592-3620

Hilton Richmond Hotel & Spa E Brochure

Please mention Association for Professionals in Infection Control and Epidemiology when registering at the hotel

Register for conference by November 4<sup>th</sup> at <a href="https://va.train.org">https://va.train.org</a> (search by title: "The Epidemic of Infection Prevention: Pass It On" or course ID: 1028924)

Contact Jennifer Reece (JReece@vaqio.sdps.org/540-525-9202) with general questions or Dana Burshell (Dana.Burshell@vdh.virginia.gov/804-864-7550) with registration questions.