



SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION



June 2011

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

Volume 2, Issue 6

Edited by:
Andrea Alvarez

Notes from VDH

This month, we spent most of our time on the road at the regional infection prevention trainings for assisted living facilities and nursing homes as well as at state, regional, and national conferences, where we were able to interact with many of you. It is so

wonderful to learn from your experiences and to be able to share Virginia's successes with other states! We hope you have a safe and happy summer.

- The VDH HAI Team

NHSN Notes: Version 6.4

NHSN Version 6.4 was released on June 6th with an accompanying newsletter, **NHSN Version 6.4: Changes Requiring Your Attention/Action**. View the abbreviated summary below but be sure to access the newsletter and the directed links for details.

V6.4 CHANGES / ENHANCEMENTS

- Created group function conferred rights template for ease and standardization
- Added eight data quality output options located in Analysis—>Advanced
- Updated pathogen and drug lists
 - 1) expanded required susceptibility data for drugs and specified organisms
 - 2) updated event forms and data entry screens
- Accepted electronic data import capability for antimicrobial use option
- MDRO module: added two organisms and revised definitions for two organisms
- Calculations include NHSN pooled means in device-associated infection rate table and *exclude* clinical sepsis from CLABSI rates and SIRs for comparability
- Cannot export Microsoft Access files
- Enabled sorting by surgeon code or surgeon name
- Incorporated updated ICD9-CM codes
- Added fields to CLIP
- Changed definition and terminology of dialysis events
- Updated hemovigilance module

OTHER RECENT UPDATES

CMS Certification Number (CCN):

Enter or update this 6-digit number required for participation in CMS Hospital Inpatient Quality Reporting Program, as soon as possible.

Patient Safety Annual Facility Survey:

An issue with the annual facility survey has recently been resolved for facilities **without** an ambulatory surgery center (ASC). Previously, these facilities were instructed to *not* complete this survey but have since been told by NHSN that they may now enter their survey. Please note that this survey *must* be completed for 2010 and 2011 for all facilities using the patient safety module. If your facility previously entered a 2010 survey prior to the release of version 6.4, NHSN deleted the record and you will need to re-enter. Contact the VDH HAI Program if you are unsure if you still need to enter the survey.

Future: Long-term Care Module will be developed and implemented before 2012.

NHSN on the road: NHSN has been busy in June offering workshops and consulting with their partners at national conferences: national APIC (Baltimore, MD) and national CSTE (Pittsburgh, PA).

In this issue:

Notes from VDH	1
NHSN Notes	1
Introduction to the Nursing Home Collaborative	2
<i>Partnering to Heal</i> Interactive Video	2
Infection Prevention Guidelines for Outpatient Settings	2
2011 CSTE Annual Conference	3
Norovirus Guidelines and Recommendations	3
Public Health Preparedness Summit and Field Epi Seminar	4
Regional Infection Prevention Workshop	4

Upcoming Events:

July 12, 2011:
Long-Term Care
Advisory Committee
Meeting

Contact:

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

Introduction to the Nursing Home Collaborative

The VDH HAI Program has partnered with the Virginia Health Care Association (VHCA) in a prevention collaborative with a group of nursing homes in the Eastern region of Virginia. During June-November 2011, the project will focus on urinary tract infections (UTIs) and the development and implementation of successful strategies for prevention in the nursing home setting. UTIs result in high morbidity, excess healthcare costs, and decreased repayment from the Centers for Medicare and Medicaid Services (CMS). In addition, there is a lack of evidence-based strategies to decrease UTIs in the long-term care setting.

The collaborative group will provide infection prevention information to healthcare providers, residents, and families. All training tools and best practices will be shared with nursing home facilities throughout the Commonwealth of Virginia as we strive to prevent infections across the continuum of care.

Please contact Carol Jamerson, Nurse Epidemiologist, for further information on this collaborative at **Carol.Jamerson@vdh.virginia.gov**

Partnering to Heal Interactive Video

The United States Department of Health and Human Services (HHS) has announced the release of a new interactive video titled *Partnering to Heal: Teaming Up Against Healthcare-Associated Infections*. This new training program supports the goals of the Partnership for Patients initiative, aimed at improving the quality, safety, and affordability of health care. In response to the public health challenge of HAI prevention, the online video training tool is designed to allow the public to follow a fictional HAI experience through the eyes of a family member, nurse, doctor, and infection preventionist while learning ways to advocate and prevent infection.

The video training is offered online at no cost and is designed to “increase knowledge, alter attitudes, and shift the behaviors of clinicians and patients by focusing on principles of teamwork, communication, hand washing, flu vaccination, and the appropriate use of antibiotics and medical devices”.

Please see **<http://www.hhs.gov/partneringtoheal>** for the video tool.

Further information about Partnership for Patients can be found by visiting **<http://www.healthcare.gov/center/programs/partnership>**

Infection Prevention Guidelines for Outpatient Settings

Ambulatory care centers such as outpatient clinics, physician offices, urgent care centers, ambulatory surgical centers, imaging centers, behavioral health and substance abuse clinics, physical therapy and rehabilitation centers, have infection prevention challenges that have not previously been specifically addressed by guidelines or recommendations. The Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care (**<http://www.cdc.gov/HAI/pdfs/guidelines/Ambulatory-Care-04-2011.pdf>**) brings together guidance from the CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

This summary guide provides infection prevention recommendations for outpatient settings, emphasizes standard precautions as the basis for preventing transmission of infection during patient care in all healthcare settings, and provides additional links and resources for more detailed references and recommendations. Minimum expectations for safe care include dedication of resources to infection prevention, education of healthcare personnel, surveillance and reporting of healthcare-associated infections, adherence to standard precautions (including hand hygiene and personal protective equipment, injection safety, environmental cleaning, respiratory hygiene, and proper cleaning and maintenance of medical equipment).

2011 CSTE Annual Conference: June—Pittsburgh, PA

This was the second year that the Council of State and Territorial Epidemiologists' national conference had a dedicated pre-conference workshop on HAIs in addition to a wide array of panels, posters, and discussions specifically addressing HAIs in a number of facility types.

An HAI panel dedicated to long-term care issues was introduced by CDC expert, Dr. Nimalie Stone, who stressed the need to expand infection prevention beyond acute care. Georgia, Pennsylvania, and Vermont shared their needs assessments and efforts in nursing homes while Virginia's Andrea Alvarez provided our identified gaps and lessons learned from our assessment of infection prevention in nursing homes and assisted living facilities.

Norovirus Guidelines and Recommendations

Recent advances in norovirus epidemiology and infection control measures have led to updated guidelines for the management of outbreaks and prevention of disease. Two recent CDC publications address the prevention and control of norovirus.

In March 2011, an updated guideline on norovirus outbreak management and disease prevention was published in the *Morbidity and Mortality Weekly Report* (MMWR). In the United States, approximately 21 million illnesses annually are attributed to norovirus, which may be foodborne, waterborne, or transmitted person-to-person. Indirect exposure also may occur via fomites, contaminated environmental surfaces, or possibly via inhalation of aerosolized droplets from vomitus. Healthcare facilities were noted to be the most commonly reported settings of norovirus outbreaks.

Recommended prevention and control measures include: Hand hygiene

- Proper handwashing with soap and water is the most effective way to reduce contamination
- Hand sanitizers containing 70% ethanol "might serve as an effective adjunct in between proper handwashings but should not be considered a substitute for soap and water"
- During suspected or confirmed outbreaks of norovirus, use soap and water

Isolation precautions

- Ill patients/residents are recommended to be isolated until 24-48 hours after symptoms resolve
- Ill patient care staff, food workers and child-care staff should be excluded from work until 48-72 hours after symptoms resolve

NHSN workshops were attended by state HAI staff to review existing capabilities and introduce possible future additions. Virginia's Dana Burshell presented a poster on blood glucose monitoring in long-term care while sharing the recently developed toolkit with interested states.

CDC Director Dr. Tom Frieden opened the conference by framing our nation's imminent public health challenges and the focus we need to maintain. Other VDH staff members attended important public health sessions pertaining to surveillance and informatics, infectious disease, chronic disease/maternal and child health, environmental health, and occupational health.

Environmental cleaning

- Proper cleaning and sanitizing of equipment, high-traffic clinical areas, and frequently touched surfaces is an effective prevention and control measure.
- After initial cleaning of surfaces to remove visible soil, use a chlorine bleach solution with a concentration of 1,000-5,000 ppm (1:50-1:10 dilution of household bleach [5.25%]) or other Environmental Protection Agency (EPA)-approved disinfectant
- Of note, in healthcare settings, cleaning products and disinfectants should be EPA-registered and have label claims for use in health care

For expanded information please see:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6003a1.htm?s_cid=rr6003a1_w

In May 2011, the CDC released its Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings. The guideline was written by the Healthcare Infection Control Practices Advisory Committee (HICPAC) and provides recommendations in a number of categories, including patient cohorting and isolation practices; hand hygiene; patient transfer and ward closure; food handling; diagnostics; protective equipment; cleaning; staff leave; visitors; education; case finding; and communication and notification.

Please visit: <http://www.cdc.gov/hicpac/pdf/norovirus/Norovirus-Guideline-2011.pdf> to access the specific HICPAC recommendations.

Public Health Preparedness Summit and Field Epidemiology Seminar

In Richmond on June 21st and 22nd, epidemiologists, planners, district managers, and other health department personnel from around the state gathered for the annual Public Health Preparedness Summit. Regional teams participated in a four-hour exercise to evaluate the health department's response to specific public health threats and the Emergency Coordination Center's ability to coordinate response efforts. Local, regional, and state epidemiologists took part in breakout sessions that addressed topics such as the epidemiologic response to radiologic and chemical preparedness, and meningococcal disease. HAI Epidemiologist Dana Burshell, two district epidemiologists, and the Central Region epidemiologist participated in a panel on bloodborne pathogen outbreaks in long-term care facilities. Dana and Andrea (HAI Program Coordinator) also gave a presentation on HAI surveillance methods,

including an introduction to the calculation and use of the standardized infection ratio.

June 23rd was the Field Epidemiology Seminar, which featured 15 presentations about recent outbreaks or disease situations. Three HAI-related presentations were featured, including a description of *C. difficile* prevention efforts in a hospital setting (by Betsy Allbee from Carilion New River Valley Medical Center), an outbreak investigation of MRSA in a neonatal intensive care unit (by Central Region epidemiologist Angela West) and an outbreak investigation of hepatitis B transmission in an assisted living facility (by Henrico district epidemiologist Jessica Watson). Congratulations go out to Jessica for her fabulous presentation, which was awarded the Grayson B. Miller Award, named in honor of former state epidemiologist Dr. Miller.

Regional Infection Prevention "Train the Trainer" Workshop

CDC partnered with the Society for Healthcare Epidemiology of America (SHEA) to provide a regional train-the-trainer workshop for state HAI program staff and other state HAI partners in Baltimore, MD from June 2-4. Participants from Health and Human Services (HHS) Region III (DC, DE, MD, PA, VA, WV) attended. Evidence-based prevention materials were provided to attendees to use in future trainings, implementation, and surveillance efforts.

Lectures covered methods and strategies used for prevention of the six priority targets outlined in the HHS

HAI Action Plan (MRSA, *C. difficile* infection, central line-associated bloodstream infection, catheter-associated urinary tract infection, surgical site infection, and ventilator-associated pneumonia). Strategies included hand hygiene, transmission-based precautions, environmental cleaning, and antimicrobial stewardship. Surveillance and outbreak investigation methods were also reinforced.

Copies of slide sets from this training are available for use. Please contact Andrea Alvarez for more information on the agenda or to obtain slide sets on a given topic of interest.

****Note to SSI mini-grant recipients:
Funds are on their way! VHHA is in the process of mailing a check to the designated point of contact in each facility. Mailings are staggered; all checks should be received in July.**