

SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

March 2015

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

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Notes from VDH

Please SAVE THE DATE for the annual Field Epidemiology Seminar on May 20th at the Hilton Short Pump in Richmond, VA.

This is one of our favorite days each year, where speakers from public health, healthcare facilities, laboratories, and other disciplines share information and lessons learned from the most interesting case and outbreak investigations of the past year.

National Action Plan for Combating Antibiotic Resistance

On March 27, President Obama's Administration released the *National Action Plan for Combating Antibiotic-Resistant Bacteria*. The comprehensive plan identifies critical actions to be taken by federal departments and agencies to address antibiotic resistance and outlines steps for implementing the *National Strategy on Combating Antibiotic-Resistant Bacteria*. The plan addresses the policy recommendations of the President's Council of Advisors on Science and Technology (PCAST) report on *Combating Antibiotic Resistance*.

The National Action Plan is designed to guide the actions by public health, healthcare, veterinary, and agriculture partners in a collaborative effort addressing an urgent threat of antibiotic-resistant bacteria in the United States and beyond. The Centers for Disease Control and Prevention (CDC) estimates that drug-resistant bacteria cause two million illnesses and approximately 23,000 deaths each year in the United States alone.

The action plan outlines federal activities over the next five years with the following goals:

Registration is free and must be done through VA-TRAIN. An agenda is coming soon. More information can be found here: <http://virginiapreparednessacademy.blogspot.com/p/registration.html>



1. Slow the Emergence of Resistant Bacteria and Prevent the Spread of Resistant Infections
2. Strengthen National One-Health Surveillance Efforts to Combat Resistance
3. Advance Development and Use of Rapid and Innovative Diagnostic Tests for Identification and Characterization of Resistant Bacteria
4. Accelerate Basic and Applied Research and Development for New Antibiotics, Other Therapeutics, and Vaccines
5. Improve International Collaboration and Capacities for Antibiotic-resistance Prevention, Surveillance, Control, and Antibiotic Research and Development

To learn more about the National Action Plan, visit <https://www.whitehouse.gov/the-press-office/2015/03/27/fact-sheet-obama-administration-releases-national-action-plan-combat-ant>.

To learn more about CDC's Antibiotic Resistance Solutions Initiative, visit <http://www.cdc.gov/drugresistance/solutions-initiative/index.html>.

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Upcoming Events:

April 6-12: National Public Health Week

April 14: VHQC webinar on CMS Value-Based Purchasing (12-1 PM) (see pg 4)

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

May 20: Field Epi Seminar, Richmond, VA

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NHSN Notes: CDC March 2015 NHSN Newsletter

CDC recently released the March 2015 NHSN eNews newsletter (http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN-NL-March_2015.pdf). Some of the updates include:

- Reminder that CMS Quality Reporting 2014Q4 data must be entered by May 15, 2015, in addition to 2015Q1 healthcare personnel influenza vaccination summary data.
- Targeted Assessment for Prevention (TAP) reports are now available – these reports rank facilities and groups by their cumulative attributable difference (CAD). The CAD measures the number of excess infections and is useful in prioritizing and targeting areas with the greatest infection prevention need.

- Updated SSI and UTI protocols with user clarifications will be posted on the NHSN website in early April.
 - ◊ NHSN is rescinding the recent changes to the Inpatient and Outpatient OR Procedure definitions based on user feedback – see page 2 of the newsletter for more information.
 - ◊ The SSI modifications should be incorporated beginning with January 1, 2015 procedures, while the UTI modifications should be used beginning April 1, 2015.
 - ◊ There is no requirement to edit CAUTI data submitted from January – March 2015 based on these modifications.
- A Secondary Bloodstream Infection Guide will be published in April as an appendix to the BSI protocol.

2014Q4 CLABSI SIR and Hospital Prevention Star

In 2014Q4 (October to December), Virginia hospitals reported 27 central line-associated bloodstream infections from adult intensive care units, which equated to a standardized infection ratio of 0.30. This means that Virginia hospitals observed 70% fewer CLABSIs this quarter than were predicted based on the national baseline (2006-2008). Great job, hospitals!

Our CLABSI prevention star this quarter was Sentara Norfolk General Hospital (SNGH). This facility observed

zero CLABSIs and had the lowest cumulative attributable difference (-6.82). Way to go, SNGH! Runners-up with low CADs were VCU Medical Center and Inova Fairfax Hospital.



Stay tuned for next month's newsletter where we will describe some more CLABSI trends, including how Virginia performed in 2014 compared to prior years.

More Updates on Duodenoscopes and Reprocessing

In last month's newsletter, we discussed a recent outbreak of CRE in a Los Angeles area hospital that was associated with cleaning and reprocessing of duodenoscopes. Additional resources are now available for healthcare facilities to examine and enhance duodenoscope surveillance, sampling, and reprocessing protocols and procedures.

From the CDC:

- Interim duodenoscope surveillance protocol – steps to consider to assess the adequacy of reprocessing: <http://www.cdc.gov/hai/organisms/cre/cre-duodenoscope-surveillance-protocol.html>
- Interim duodenoscope sampling method – distal end and instrument channel: <http://www.cdc.gov/hai/settings/lab/lab-duodenoscope-sampling.html>

- Interim duodenoscope culture method – distal end and instrument channel: <http://www.cdc.gov/hai/settings/lab/lab-duodenoscope-culture-method.html>

From the FDA (Food and Drug Administration):

- New validated manual reprocessing instructions for Olympus model TJF-Q180V duodenoscopes to replace those provided in the original labeling. If these scopes are used in your facility, the FDA recommends training staff on the new instructions and implementing them as soon as possible: <http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm439999.htm>

CDC to Interview Infection Preventionists During Study on Access to EHRs

The CDC, along with the Association of State and Territorial Health Officials (ASTHO) and The Keystone Center, are conducting a study on state health department access to electronic health record (EHR) data during an HAI outbreak. Many of you may remember participating in a similar Virginia-specific project in 2013; the Virginia project served as a pilot study for this broader, national study.

The CDC study is evaluating the challenges of health department access to healthcare facility EHRs during the 2012 fungal meningitis outbreak, and will lead to creation

of a toolkit for facilities and health departments on best practices for information sharing during outbreaks. Phase I of the study is currently underway and includes interviews with health department staff, including state HAI coordinators, in 15 states (including Virginia). Phase II will involve interviews with staff in 150 facilities in the same 15 states, including infection preventionists and informatics directors. Consequently, some of you may be contacted for participation. To learn more about this study, please go to:

<https://www.federalregister.gov/articles/2015/02/25/2015-03805/agency-forms-undergoing-paperwork-reduction-act-review>

CDC MMWR: Hepatitis C Virus Transmission Associated with Surgical Procedures

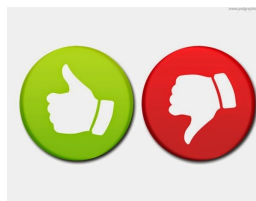
The CDC recently published a *Morbidity and Mortality Weekly Report* (MMWR) article describing two unrelated incidents of healthcare-associated hepatitis C virus (HCV) transmission linked to surgical procedures. In both situations, a single HCV case was identified following a surgical procedure, prompting public health to suspect healthcare transmission and to launch an investigation. The exact route of transmission was not able to be determined, although investigators were able to trace the strain of HCV in each of the new case-patients to chronic HCV source patients who underwent a surgical procedure around the same time. In New Jersey, HCV transmission was found to be associated with an

anesthesiologist who used the same anesthesiology cart for both the source patient and the new HCV case-patient. In Wisconsin, HCV transmission was linked to a single surgery suite where two kidneys were attached to the same perfusion machine prior to being transplanted into the source patient and the new HCV case-patient. These two cases highlight the probable role that contaminated equipment can play in HCV transmission in surgical settings, as well as the risk of transferring potentially contaminated equipment from one surgical room to another. To read the MMWR article, go to: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6407a1.htm?s_cid=mm6407a1_e

Confusion Among United States Consumer-Directed Hospital Rating Systems

A new study published in the journal *Health Affairs* examined consumer-directed hospital rating systems in the United States and found that there was little agreement among the systems. Researchers examined four hospital rating systems in the United States – U.S. News' Best Hospitals, HealthGrades' America's 100 Best Hospitals, Leapfrog's Hospital Safety Score, and Consumer Reports' Health Safety Score – to assess how the systems measure hospital performance and whether there is agreement among the systems regarding top performers in the country. They found that there was no one hospital listed as a top performer for all four rating systems, and only 10% of hospitals were listed as a top performer for one more than one rating system.

The researchers suggest that these disagreements are mostly due to the each system's rating methodology, cautioning that consumers, providers, and others may find these divergent ratings confusing. They recommended that full transparency for how the ratings are calculated is needed, as well as standardization of methodology. To read the full article, go to: <http://content.healthaffairs.org/content/34/3/423.full.pdf+html>



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: \$75 (through 4/17), \$85 after 4/17. Registration link: <https://www.vanha.org/i4a/ams/conference/conference.cfm?conferenceID=155>
- Non-members: \$95—contact Dana Parsons to register (dana@vanha.org, 804-965-5500)
- Registration closes 8 days before the event or when capacity is reached (whichever is earlier)

VHQC Webinar on the Centers for Medicare and Medicaid Services Value-Based Purchasing Program

On April 14th from 12-1 PM, you are invited to attend a webinar to discuss the Centers for Medicare and Medicaid Services (CMS) Value-Based Purchasing and Maryland Quality-Based Reimbursement Programs.

During the one-hour session, you will gain a better understanding of how the HAI measures impact these performance programs and the steps your hospital can take to improve performance and avoid payment penalties.

Speakers:

- Dianne Feeney, Associate Director, Maryland Health Services Cost Review Commission
- Sandra Gaskins, Improvement Consultant, VHQC

To register: <http://events.r20.constantcontact.com/register/event?llr=c9unghdab&oeidk=a07eaosbltdtbac5542>

Questions? Contact Rhonda Fletcher at VHQC (rfletcher@vhqc.org, 804-289-5320)