

SYNERGY: COMBINING EFFORTS FOR HAI PREVENTION

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

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Notes from VDH

This month, we are looking forward to celebrating infection prevention during International Infection Prevention Week (10/20-10/26) and at the APIC-Virginia Annual Conference (10/10-10/11). Thanks for all you do to educate, communicate, and collaborate to prevent infections every day!

School is back in session and the flu season is upon us! As mentioned in last month's newsletter, we will be debuting a new flu website in the near future. Stay tuned for lots of new information for healthcare providers and the general public!

www.vdh.virginia.gov/epidemiology/flu

CMS IPPS Final Rule: Summary of Infection-Related Provisions

On August 19th the Centers for Medicare & Medicaid Services (CMS) announced its final rule for the FY 2014 Hospital Inpatient Prospective Payment System (IPPS) regulations. Below is a brief summary of some of the changes for acute care hospitals and long-term care hospitals.

Acute Care Hospitals:

- Added HAIs (using data from NHSN) to calculation of hospital-acquired condition (HAC) score
 - ◊ CLABSI and CAUTI for FY2015
 - ◊ SSI for FY2016
 - ◊ MRSA bacteremia and *C. diff* labID events for FY2017
- Expanded CLABSI and CAUTI reporting to medical wards, surgical wards, and medical/surgical wards for January 2015, instead of original proposal for January 2014
- Added HAIs to value-based purchasing
 - ◊ CLABSI (in ICUs), CAUTI (in adult and pediatric ICUs), SSI (abdominal hysterectomy and colon surgery) to be a part of value-based purchasing for FY2016
 - ◊ MRSA bacteremia labID SIR and *C. diff* labID SIR in FY2017 were NOT adopted yet in order to give CMS time to review comments

- HAI measures that will be part of the FY2016 payment determination: CLABSI, CAUTI, SSI, MRSA bacteremia labID event, *C. diff* labID event, healthcare personnel influenza vaccination
- Validation
 - ◊ Aligned CMS validation templates to match with NHSN definitions
 - ◊ Finalized proposals for MRSA bacteremia and *C. diff* labID events validation

Long-Term Care Hospitals:

- Revised healthcare personnel influenza vaccination reporting requirement to match influenza season for FY2015—begin October 1, 2014 rather than January 1, 2015
- Added MRSA bacteremia and *C. diff* labID event reporting for FY2017

To read the full text of the final rule, please visit: www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf

For a summary of the new changes and how they relate to infection prevention, please visit APIC's website at: www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/Infection_Prevention_Issues_in_the_FY_2014_IPPS_Rule.pdf

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Upcoming Events:

- October 9:**
APIC-Virginia Pre-Conference (CIC Review)—Richmond
- October 10-11:**
APIC-Virginia Annual Conference—Richmond
- October 17:** NoCVA HEN Learning Summit—Cary, NC
- October 20-26:** International Infection Prevention Week

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NHSN News

NHSN version 7.2 was released in late August 2013.

What's new in the Patient Safety Component?

- **Default setting for generating datasets** has changed. The new default will be the three most recent full years of data. If you want to include *all* data your facility has reported, check the box next to "Include all data reported to NHSN for this component".
- **Community-onset admission prevalence rate** has been added to the *C. difficile* infection LabID event rate table.
- Algorithm for assigning the **CDI assay variable** (i.e., incident or recurrent) has been updated.
- **Patient ID field** has been added to all SSI SIR analysis datasets.
- **Rate denominator options are now expanded** when comparing two rates using the Statistics Calculator.

What's new in the Long-Term Care Facility Component?

- Several new questions have been added to the **urinary tract infection event form**. The new form is available on the LTCF Component's UTI reporting page (www.cdc.gov/nhsn/LTC/uti/index.html).

What's new in the Healthcare Personnel (HCP) Safety Component?

- The denominator for HCP influenza summary vaccination now consists of HCP who are physically present in the facility for **at least 1 working day**. Updated forms, protocol, and training materials are available at: www.cdc.gov/nhsn/acute-care-hospital/hcp-vaccination/index.html.

Also, new resources for preventing infections in dialysis patients are now available.

- 1) **Provider training video**: "Preventing Bloodstream Infections in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff". Can be used for new staff and for annual in-service training as a reminder of proper protocols.
- 2) **Provider poster**: "Put Together the Pieces to Prevent Infections in Dialysis Patients".
- 3) **Patient pocket guide**: "6 Tips to Prevent Dialysis Infections". Can be shared as part of an informational packet or reviewed with patients by clinical staff.

These materials have been mailed to each outpatient hemodialysis facility in the U.S. and are available on the CDC dialysis safety website at: www.cdc.gov/dialysis/prevention-tools/training-video.html

International Infection Prevention Week

October 20-26, 2013 marks **International Infection Prevention Week (IIPW)**. Infection preventionists around the globe are planning opportunities to spread the word about infection prevention. IIPW is a perfect time to raise awareness and remind others that **we all play a vital role** in preventing and stopping the spread of infections among our families, communities, schools, and healthcare settings, thus saving lives.

Patients play an important role in infection prevention. The Association for Professionals in Infection Control and Epidemiology (APIC) has a consumer-friendly flyer that discusses what patients can do to prevent infection in healthcare settings, what HAIs are, and what infection preventionists do. http://www.apic.org/Resource/TinyMceFileManager/IP_and_You/IPandYou_InfographicPoster_2013.pdf

Among the opportunities for healthcare professionals is a **free webinar** offered by APIC featuring Professor Didier Pittet speaking on global hand hygiene. Dr. Pittet, an international expert on this topic, is affiliated with the World Health Organization's First Global Patient Safety Challenge: *Clean Care is Safer Care*. Through this coordinated effort, partnerships are formed to reduce infections through improved hand hygiene practices.

The webinar will be held on October 22 from 11 AM to 12 PM. Further details for viewing may be found by visiting <http://webinars.apic.org/session.php?id=11505>.



Multidrug-Resistant *Bacteriodes fragilis* Associated with International Inpatient Medical Care

The August 30th issue of *MMWR* includes an article describing the second case of multidrug-resistant (MDR) *Bacteriodes fragilis* in the US, isolated from a patient who had a history of recent hospitalization in India. The *B. fragilis* group consists of species of gram-negative bacteria that are normally found in the human intestinal tract and can cause intra-abdominal infections that are typically susceptible to standard antimicrobial therapies. In the case-patient described, after several courses of routine

antibiotics failed, clinicians discovered that the patient's strain was resistant to many antibiotics, including carbapenems and metronidazole. The article draws parallels between MDR *B. fragilis* and carbapenem-resistant Enterobacteriaceae (CRE), and emphasizes the importance of recognizing patients with recent international inpatient medical care as being at risk for MDR organisms. To access the article, please visit: <http://www.cdc.gov/mmwr/pdf/wk/mm6234.pdf>.

Catheter-Associated Urinary Tract Infection Elimination Guide

On the CUSP: Stop CAUTI is a national project aimed to eliminate catheter-associated urinary tract infections (CAUTIs). The program is supported by the Agency for Healthcare Research & Quality and is being expanded nationally by the American Hospital Association's Health Research & Educational Trust (HRET).

The Comprehensive Unit-Safety Program (CUSP) is a model that empowers hospitals and healthcare systems to achieve change and make positive impacts in patient safety and quality. This approach focuses on collaboration to reduce medical errors, evidence-based interventions that promote reduction of healthcare-associated infections, and enhanced communication among healthcare staff.

HRET recently released a CAUTI elimination guide using the CUSP methods and interventions. The guide outlines

a three-step action plan to help hospitals and care settings achieve and sustain reductions in CAUTI rates by combining a safety culture with technical interventions.

1. Communicate infection reduction as an organizational priority
2. Provide implementation support
3. Celebrate success, and support sustainability and spread

To access the HRET report, please visit:

www.hpoe.org/Reports-HPOE/eliminating_catheter_associated_urinary_tract_infection.pdf

For more information about *On the CUSP: Stop CAUTI*, go to: www.onthecuspstophai.org/on-the-cuspstop-cauti/toolkits-and-resources/on-the-cusp-stop-cauti-implementation-guide/

Invasive MRSA Infections Down More Than Thirty Percent

A new study released by the CDC reported that between 2005 and 2011, invasive methicillin-resistant *Staphylococcus aureus* (MRSA) infections in the United States dropped by 31%, with the largest decrease in hospital-onset MRSA infections (54%). Invasive MRSA infections occur when MRSA is isolated from a normally sterile site such as the blood or bone, and are divided into three categories: hospital-onset, healthcare-associated community onset (HACO), and community-associated.

A major decrease was also seen in HACO infections (27%), while community-associated infections only

declined by 5%. Researchers attribute the large declines in hospital-onset and HACO infections to the local and national infection prevention initiatives in healthcare facilities, especially those efforts that targeted central line-associated bloodstream infections.

A subscription to *JAMA* is required to read the full article, but the abstract can be accessed here: <http://archinte.jamanetwork.com/article.aspx?articleid=1738718>. Additionally, a summary of the article is available at: <http://www.cidrap.umn.edu/news-perspective/2013/09/mrsa-studies-incidence-down-field-manure-may-be-risk-factor>.

Shortage of Tuberculin Skin Test Antigen Solutions: Recommendations for Patient Care and Public Health Practice

In September, CDC and VDH issued communications to healthcare providers regarding the recurrent nationwide shortage of tuberculin skin test (TST) antigen solutions and outlined recommendations for patient care and public health practice.

CDC's key recommendations:

1. Substitute an interferon gamma release assay (IGRA) blood test for a TST.
2. Substitute Aplisol for Tubersol, if available.
3. Allocate use of TST antigens to priority uses such as tuberculosis (TB) contact investigations.
4. Defer serial testing by TST for infection control in settings with a low likelihood of TB exposure.

CDC Health Update: (9/4) <http://emergency.cdc.gov/HAN/han00355.asp>

VDH's recommendations for clinicians and health departments:

1. Carefully screen individuals for their risk factors to determine if testing for TB infection is indicated.
2. For healthcare settings with an annual serial testing program, carefully evaluate current TB transmission risk and infection control policies and practices to determine if annual serial testing continues to be warranted.

FDA Issues Recall Notice of Covidien Monoject™ Prefill Flush Syringes

The Food and Drug Administration (FDA) issued a press release on August 19, 2013 notifying health care entities of a voluntary recall of certain lots of Covidien Monoject prefill flush syringes. The recall is being conducted due to the risk that a number of the syringes were filled with water but not subjected to the autoclave sterilization process. These products are labeled as either sodium chloride flush or heparin lock flush. Some of these syringes have the mismatched syringe tip cap, syringe label, filled volume and wrapper. However, for the sodium chloride flush syringes with matched tip cap, syringe label, filled volume and wrapper, there are no

3. Continue to perform baseline testing in healthcare settings and correctional facilities for new hires and for new admissions to long-term residences.
4. For facilities with risk factors that necessitate continued serial testing, defer annual serial testing by TST until supplies of TST antigens return to normal.
5. Reserve TST antigens for priority activities such as the investigation of individuals suspected to have active TB, the evaluation of those exposed to an active TB case, and children under 5 years of age who require testing.

Contact your local health district's TB Control program if you have questions about the evaluation and treatment of patients with TB diagnoses or TB-related infection control policies and practices. Local health district contact information can be found at: www.vdh.virginia.gov/LHD/index.htm. The state TB Control program (804-864-7906) can also provide assistance.

VDH Clinicians' Letter (9/11) outlining recommendations for clinicians and local health departments:

www.vdh.virginia.gov/clinicians/pdf/Clinician%20Letter-%20Shortage%20of%20Tuberculin%20skin%20test.pdf

visual cues for the clinician to identify the problematic products.

Health risks associated with the use of this product may include bloodstream infection, infections in other areas of the body, or clotting. Report adverse events or quality problems experienced with the use of this product through the FDA's MedWatch Adverse Event Reporting program at: www.fda.gov/MedWatch/report.htm.

Customers of the product were notified of the recall by letter dated August 16, 2013. For more information on this product alert, please access this link: www.fda.gov/Safety/Recalls/ucm365577.htm