January-February 2019 · Volume 10, Issue 79

HAI High Sign

News from the Virginia Department of Health
Healthcare-Associated Infections and Antimicrobial Resistance Program

In this issue:

Upcoming events:

March 21-22nd	Long Term Care Training for Infection Preventionists

Notes from VDH

Recent Updates to Virginia Reporting Requirements

On November 14, 2018, the Virginia *Regulations for Disease Reporting and Control* were updated. For a list of changes, see the letter from the State Health Commissioner, and for updated posters see the VDH website. Interpretive guidance has been posted by the HAI/AR Program and is briefly described below.

Background

In order to contain antimicrobial resistant threats, VDH must have a coordinated strategy to rapidly identify and respond to multi-drug resistant organisms. To aid in this effort, Carbapenemase-producing organisms and *Candida auris* were added to the reportable disease list and conditions reportable by directors of laboratories.

Carbapenemase-Producing Organisms

- Report all carbapenemase-producing organisms (CPO), infection or colonization, to your local health department.
- Laboratories must submit carbapenem-resistant Enterobacteriaceae and carbapenem-resistant *Pseudomonas aeruginosa* isolates to the Division of Consolidated Laboratory Services (DCLS) for further public health testing unless the laboratory is capable of conducting a comparable level of testing for carbapenemase-production as DCLS and has completed documentation with VDH. This additional testing is not available for other CPOs.
- For more information, see the interpretive guidance on the HAI/AR Program website.

Candida auris

- Report suspected or confirmed *Candida auris*, infection or colonization, to your local health department.
- Submit the following isolates to DCLS for yeast identification/confirmation using MALDI-TOF (Bruker Biotyper).
  1. All confirmed *Candida auris* and *Candida haemulonii* isolates from any specimen source.
  2. Yeast isolates from any specimen source when unable to identify species after identification is attempted per laboratory policies.
  3. Suspected *Candida auris* isolates from any specimen source. *Candida auris* can be misidentified if your laboratory uses certain yeast identification methods. See the interpretive guidance for more information.

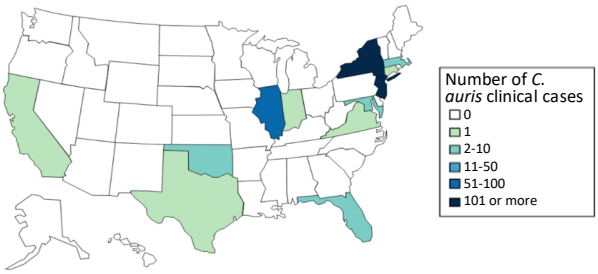
Please contact the HAI/AR Program for questions or discussion.

Candida auris

The first known *Candida auris* (*C. auris*) case in Virginia was reported in October 2018. The Virginia Department of Health worked closely with the local health district and the facility where the case was identified to screen any other individuals who may have been in contact with the index case to stop the spread of *C. auris*.

Background

C. auris is a fungus that presents a serious global health threat and has emerged in the United States. *C. auris* can cause bloodstream and other types of invasive infections, particularly in patients in hospitals and settings where patients have multiple medical problems. It is more likely to affect immunocompromised patients, patients who receive lots of antibiotics, or who have devices (for example, breathing tubes, feeding tubes, central catheters, or urinary catheters).



U.S. Map: Clinical cases of C. auris reported by state as of October 2018

Concerns

Mortality

More than 1 in 3 patients who have *C. auris* infection die within a month.

Resistance

C. auris isolates in the U.S. belonging to the South Asian clade (primarily in NY and NJ) were resistant to fluconazole (90%), amphotericin B (40%), and echinocandins (3%).

Transmittable

Healthcare workers should use standard and contact precautions for patients with *C. auris* and properly clean the environment of patients with *C. auris* every day.

Identification

Difficulties with laboratory identification and lack of awareness of this emerging *Candida* species might result in transmission and outbreaks remaining unnoticed.

Infection Prevention

The patient care environment and equipment should be cleaned with an EPA-registered disinfectant that is effective against *C. auris* (i.e., those effective against *Clostridioides difficile*) - See List K.

Great care needs to be taken when transferring patients between facilities. Receiving facilities should be made aware of *C. auris* infection or colonization and what precautions should be taken when a patient is transferred to their hospital. State or local health authorities and CDC should be consulted about the need for additional steps to prevent the spread of *C. auris*.

Colonization Screening

Who to Screen:

1. **High risk contacts for a case of *C. auris* infection or colonization**
2. **Patients with overnight stay in a healthcare facility outside the U.S. in the previous year in a country with documented *C. auris*.**

The purpose of screening is to identify asymptomatic carriers so that additional control measures can be put into place. The rationale for this testing is that clinical testing might only identify a small proportion of patients who are colonized.

The skin (specifically axilla and groin) appears to be the highest yield sites to swab to identify patients colonized with *C. auris*.

Colonization screening is available through the Antibiotic Resistant Laboratory Network at no charge to the patient or facility. Facilities should contact their local health department for more information.

Resources

For more information: https://www.cdc.gov/fungal/candida-auris/recommendations.html

U.S. Antibiotic Awareness Week Recap at VDH

In November 2018, the HAI/AR team organized a number of initiatives to bring attention to U.S. Antibiotic Awareness Week:

Social Media Campaign

- The Virginia HAI Advisory Group held a social media campaign to raise awareness to antibiotic resistance and proper antibiotic use.
- Joint social media graphics and images were used to get the message out on behalf of the Advisory Group.
- Check out VDH (@VDH), VHHA (@VirginiaHHA) and HQI (@HQInnovators) on social media to see the posts.

Nursing Education Campaign

- The Virginia HAI Advisory Group also conducted a statewide campaign to educate nurses on antimicrobial stewardship (AS).
- Nurses were asked to read a CDC/ANA White Paper on AS, answer quiz questions, and list what areas of AS they would like to learn more about and be more involved in. Learn more about the campaign and see the results here.

Outpatient Antibiotic Prescribing Report

- To investigate whether antibiotic therapy is being used to treat uncomplicated upper respiratory infections, the Virginia All-Payer Claims Database was used to assess the proportion of antibiotic prescription claims for upper respiratory infections in outpatients.
- In 2016, 21.5% of outpatient claims for acute upper respiratory infection led to an antibiotic prescription claim in Virginia. For more information on the methods and results please see the report here.

Special Edition *HAI High Sign*

- A special edition of our newsletter, the *HAI High Sign* was released ahead of U.S. Antibiotic Awareness Week.
- In addition to summarizing all of the U.S. Antibiotic Awareness Week initiatives put on by the HAI/AR team, Virginia facilities working to reduce antimicrobial resistance in their facilities were spotlighted. Read the special edition newsletter here.

State and Regional Cumulative Antibiogram

- The Virginia HAI Advisory Group analyzed data from facility-level antibiograms to create a regional and statewide antibiogram.
- The antibiogram gives an understanding of antimicrobial susceptibility and resistance among isolates in Virginia.
- Read about more about it and see the final antibiogram here.

CDC COCA Call Regarding Hepatitis A Outbreaks in Multiple States

A CDC Clinician Outreach and Communication Activity (COCA) Call regarding recommendations and guidance in response to multiple Hepatitis A outbreaks in the U.S. occurred on November 29, 2018. Since early 2017, the CDC has observed an increase in the number of community-wide hepatitis A outbreaks in multiple states. For these outbreaks, CDC recommends vaccination for persons who report drug use (injection and non-injection), persons at high risk for drug use (e.g., participating in drug substitution programs, receiving substance abuse counseling or treatment, recently or currently incarcerated), men who have sex with men, and persons experiencing homelessness. CDC also encourages vaccination in certain settings such as emergency departments and corrections facilities in outbreak-affected areas when feasible. During the COCA call, subject matter experts from CDC discussed vaccination to stop these outbreaks and current CDC recommendations for the hepatitis A vaccine.

Free continuing education (CE) is still available for those who download the webinar and complete an online evaluation and post-test by January 1, 2021. More information can be found here.

Don't Forget to Follow VDH on Social Media!

Twitter: @VDHgov

Facebook: @VDHgov
@VdhClinicalCommunity

LinkedIn: Virginia Department of Health

U.S. Antibiotic Awareness Week and Looking Forward to 2019 at Clinch Valley Health

Kristen Jessee, PharmD

The Antimicrobial Stewardship Program (ASP) at Clinch Valley Health (CVH) in Richlands, Virginia had a successful week during U.S. Antibiotic Awareness Week in November 2018. Our committee organized several events to promote stewardship practices and ultimately improve antibiotic use. Our pharmacy director provided clinical education to our hospital staff via daily emails.

Topics provided to our staff during U.S. Antibiotic Awareness Week included:

- ***Staphylococcus aureus* bacteremia management**
- **Antibiotic therapy durations for hospitalized patients**
- **Distinguishing asymptomatic bacteriuria from true urinary tract infections**

We worked closely with our marketing department on stewardship promotion including streaming videos in waiting rooms, providing patient handouts, and posting to our social media account to further reach our community. Our APPE students organized a display that was set up in our main hospital lobby that provided information on how to correctly use antibiotics and related questions. The students were present with this board throughout the week and were able to converse with many patients and guests on this subject (see picture below). One specific topic included penicillin allergies, an area we would like to focus on to better identify true penicillin allergies so that we may better treat our patients when antibiotics are indicated. This display set-up was very well received and benefited many of our patients and staff. We hope to continue this education throughout the year in our lobby and high-traffic areas to consistently promote good stewardship.

New Year Goals for 2019

Our ASP team is committed to helping educate not only our patients but especially our staff so we can provide the best quality of care. We are eager to work alongside our physicians in streamlining antibiotic prescribing and usage, specifically for vancomycin and fluoroquinolones. Our Chief Medical Officer at CVH, a very active member of our ASP Committee, recently provided a presentation entitled "Asymptomatic Bacteriuria and Urinary Tract Infections" to our stewardship team. We are working together to better identify, diagnose and ultimately prescribe antibiotics only when necessary for these indications.

At CVH, antimicrobial stewardship is a top priority in keeping our patients healthy. We are excited to keep pushing forward in the fight to prevent antimicrobial resistance to ensure a healthier community!

Infection Prevention Spotlight: Andrea Alvarez Chapman, Infection Preventionist

Congratulations to Andrea Alvarez Chapman, Infection Preventionist at Sentara Martha Jefferson Hospital, for receiving one of the 2018 Association for Professionals in Infection Control and Epidemiology (APIC) -Virginia Chapter education awards. Andrea's poster submission was recognized at the 2018 annual education conference for the best training session designed to teach infection prevention. The winning poster highlighted Andrea's education session covering aspects of infection prevention in an innovative and interactive format. The training provided by Andrea and the Nurse Residency Program Facilitator addressed concepts of personal protective equipment (PPE) and isolation precautions using a "Family Feud" style game in addition to group discussion. The target audience represented new graduates in the nurse residency program selected to receive training during the first year in their role.

Additional topics highlighted during the education session were Sentara's *Clostridioides difficile* (*C. difficile*) nurse-driven protocol and *C. difficile* prevention. Reinforcement of the importance of hand hygiene allowed opportunities to demonstrate and practice correct hand hygiene technique.

Congratulations to Andrea for this recognition and sharing innovative infection prevention education creations. Stay tuned for future spotlights from infection preventionists across the Commonwealth!

We want to hear from you! We would like to thank all facilities across Virginia for their continued efforts to reduce antimicrobial resistance. We know there are programs across Virginia doing great work to reduce antimicrobial resistance and we want to hear about it! If you would like to have your facility spotlighted in a future edition of the *HAI High Sign*, please email hai@vdh.virginia.gov.

Recent Study Published in the New England Journal of Medicine: Changes in Prevalence of Healthcare–Associated Infections in U.S. Hospitals

Background

A 2011 prevalence survey conducted by CDC and the Emerging Infections Program (EIP) showed that 1 in 25 hospital patients (4.0%) had at least one healthcare-associated infection (HAI).

Purpose and Methods

Researchers repeated the survey in 2015 to assess changes in HAI prevalence. Among the ten states with EIP sites (CA, CO, CT, GA, MD, MN, NM, NY, OR, TN), up to 25 hospitals were recruited in each site area, prioritizing hospitals that participated in the 2011 survey.

Results

A total of 12,299 patients in 199 hospitals were surveyed in 2015, as compared to 11,282 patients in 183 hospitals in 2011. Researchers found that in 2015, **healthcare-associated infections had declined to 3.2% of patients, from 4.0% in 2011** ($P<0.001$). They calculated that a **patient's risk of having an HAI was 16% lower in 2015 than in 2011** (risk ratio: 0.84; 95% confidence interval: 0.74, 0.95; $P=0.005$), after adjustment for age, presence of devices, days from admission to survey, and status of being in a large hospital. This decline was largely due to reductions in the prevalence of surgical-site and urinary tract infections.

Discussion

Although the survey did not evaluate practice changes, the researchers proposed that the reduction in the prevalence of surgical-site infections may reflect the uptake of preoperative infection prevention practices, such as the use of updated surgical prophylaxis guidelines and more effective use of prophylactic antibiotics before operations. They also observed a reduction in urinary catheter use, which may partially explain the lower prevalence of urinary tract infections.

In contrast, there was no significant reduction in the prevalence of pneumonia (the most common HAI) or *C. difficile* infection, nor in the percentage of patients with HAIs who died during their hospitalization. This suggests that more work is needed to prevent these infections and reduce mortality among patients with HAIs.

Take-away Point

The researchers conclude that collaborations among healthcare facilities, public health agencies, and other partners, bolstered by recent increases in support for programs regarding HAIs, will be critical to the continued progress toward the goal of eliminating HAIs.

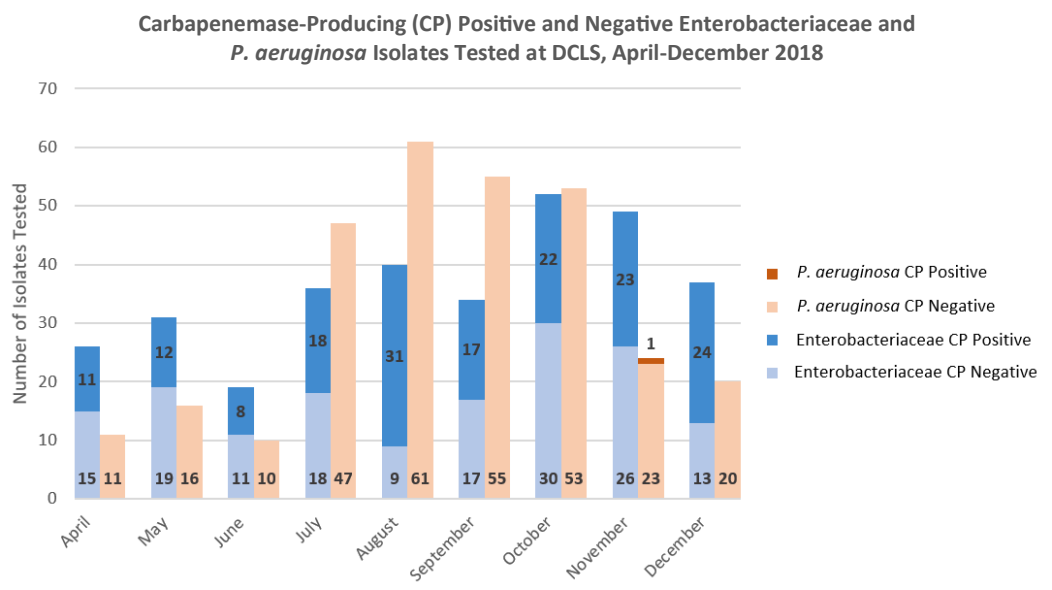
More information about the study can be found here.

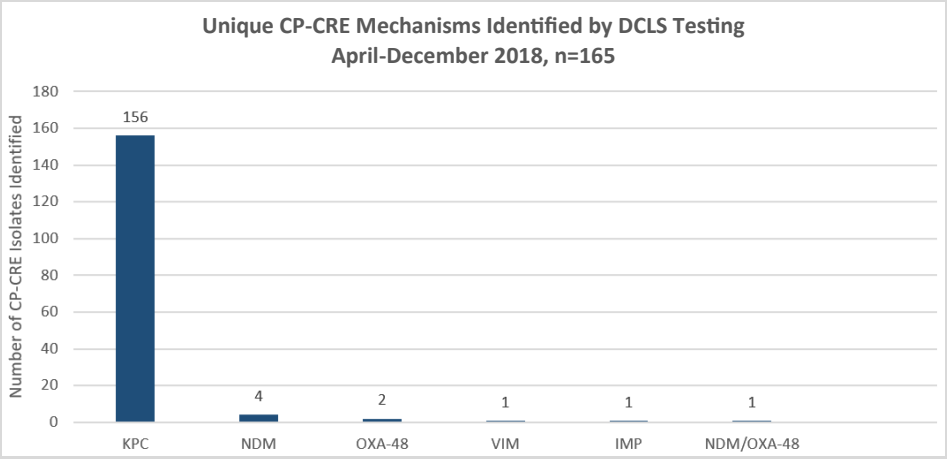
Tuberculosis and Newcomer Health Program Announcement

Latent tuberculosis infection (LTBI) became reportable on November 14, 2018. This is an important milestone in our goal to eliminate TB. For more information about LTBI and steps for reporting, please visit our website.

Additionally, we will be providing an LTBI polycom on February 15th. Further details will be posted on our website soon. Save the date and tune in!

Carbapenemase-Producing Organism Testing at the Division of Consolidated Laboratory Services





Acute Flaccid Myelitis Updates

Acute Flaccid Myelitis (AFM) made headlines in Fall 2018 due to an increase in the number of cases reported across the United States. This polio-like illness is not new, but first came to the attention of CDC in 2014 when an increase in cases was observed. Interestingly, AFM cases peak every two years, with most cases appearing during the late summer and early fall. True to the trend, 2018 saw a considerable increase in cases: 196 across the U.S., with 7 cases confirmed in Virginia.

AFM is considered an "unusual condition of public health concern" in Virginia and any suspected cases (defined as sudden onset of flaccid limb weakness) should immediately be reported to your local health department. Local health department staff can assist with submission of patient specimens for additional testing at CDC and will also collect and abstract patient medical records. The public health case investigation and surveillance case classification process for AFM is a complex process. Clinicians should not delay treatment while waiting for results of the public health case investigation.

In response to increased attention surrounding AFM and the need for additional research into the causes and best treatments for AFM, CDC has created an AFM taskforce to coordinate activities to better respond to potential cases. Virginia has also intensified its response to the increase in AFM cases by:

1) Investigating each suspect case reported to public health
2) Using enhanced surveillance to find cases, and
3) Raising awareness about AFM through communication with clinicians such as the recent AFM Clinician Letter.

Learn more about AFM and what VDH is doing about the disease here.

Virginia Universities Help Combat Antibiotic Resistance

In order to support new and innovative ways to combat growing antibiotic resistance, the CDC began to award private and academic institutions for demonstrating promising research. The Broad Agency Announcement started in 2015 and through the years has awarded more than $39 million. This year, both the University of Virginia (UVA) and Virginia Tech won awards for two projects each. The University of Virginia is studying the outcomes of patients treated for multidrug-resistant *Shigella* infections in Bangladesh. Data from the project can be used to determine antibiotic breakpoints. Additionally, UVA was awarded funding for studying factors that influence CRE colonization in plumbing and sink drains in hospital settings.

The CDC also funded Virginia Tech for two separate projects. The first studied the effectiveness of different sanitation techniques in reducing the number of antibiotic-resistant bacteria in wastewater systems, like irrigation towers and cooling towers. This study will evaluate the differences on differently treated water sources on bacterial colonization. Virginia Tech will also study disinfection methods in a hospital to kill and prevent the spread of resistant strains of bacteria.

For more information, visit the CDC website about the awards.

2018 Virginia Ebola Virus and Emerging Infectious Disease Summit Recap

VDH partnered with the Virginia Hospital and Healthcare Association to organize the 2018 Virginia Ebola Virus and Highly Infectious Disease Summit held on November 19, 2018. Winchester Medical Center hosted the event, which drew more than 150 participants, including infection preventionists, healthcare providers, emergency planning specialists, and public health experts from across the Commonwealth. The focus of this year's summit was on frontline facilities and healthcare workers, which form the critical foundation upon which assessment hospitals and treatment centers operate. Keynote speakers from NYC Health + Hospitals (New York City's public healthcare system) presented on their experience with the preparation and response for multiple persons under investigation and one confirmed case of Ebola during and following the 2014-2016 outbreak, emphasizing **communication, coordination and collaboration** as the crucial triad to success. This theme seemed to resonate throughout the day as participants heard from and interacted with frontline workers from different regions in Virginia, the state public health laboratory (DCLS), and representatives from VDH and an Ebola treatment center. Presentations were also given on other serious infectious diseases such as carbapenem-resistant Enterobacteriaceae and acute flaccid myelitis. The full agenda and presentations are available here.

Antibiotic Stewardship in Farm Animals

Food animal veterinarians play an important role in reducing antibiotic resistance in farm animals. They oversee the use of antibiotics in animals – including proper drug administration and adhering to correct withdrawal times – to try and reduce antibiotic residues found in milk and meat. They also make sure all staff are trained appropriately on antibiotic usage and record keeping, and they work with clients to test questionable animals before selling the animal. When selecting and administering an antibiotic, veterinarians exercise their best medical judgement. Find out more about the role of veterinarians in reducing antibiotic residues by reading the spring 2018 update from the State Veterinarian's Office here.

Framework for Antimicrobial Stewardship in Animal Agriculture

1. Setting realistic and clear goals and expectations
2. Coordinating actions at the local, regional, and state level
3. Improving data collection that will help focus efforts and define measurable progress towards proper antibiotic use

In addition to efforts by veterinarians, agriculture organizations have released a joint framework to address antibiotic stewardship when working with farm animals. Core elements of antibiotic stewardship have been published for various healthcare settings, but a similar framework has not been defined in the agriculture setting until now. The framework ensures that antibiotic use in livestock production is carefully and responsibly managed. This effort is a result of negotiations between major stakeholders in the food-animal supply chain that have occurred over the past two years. Read an overview of the framework, and read the framework itself.

What's New with the Flu?

Highlights of Flu Surveillance from the 2018-2019 Season from the *Weekly Influenza Activity Report:*

As of January 21, 2019:

Virginia is reporting widespread flu activity, having spent a total of 3 weeks there this season.

A total of 3.4% of emergency department and urgent care center visits have been for influenza-like illness in Virginia.

There have been no influenza-associated pediatric deaths in Virginia.

There have been 7 influenza outbreaks investigated in Virginia.

We're in the middle of the 2018-2019 flu season, and hopefully you've armed yourself with the flu vaccine! Getting the flu vaccine is the most important way to prevent infection, complications, and even death from the flu. Early CDC estimates from November 2018, reported from the National Immunization Survey-Flu, show increases in flu vaccine coverage in both children and adults compared to November of last season. Similarly, 163.8 million vaccines have been distributed from vaccine makers, compared to 155 million for all of last season. These data are promising in the effort to fight the flu, but they're just early-season estimates. There's still time to get your flu vaccine if you haven't done so already. It's not too late!

Virginia-specific data are available for all of our partners in the *Weekly Influenza Activity Report*. This report contains data on the statewide activity level, region and age-specific trends in influenza-like illness, laboratory-confirmed strain information, and flu outbreaks. We encourage the use of all of these data elements when making flu-related policy decisions. If you have any questions about this report or the flu season in general, you can contact your local health department or flu@vdh.virginia.gov.

NHSN Notes

Data Quality Update

Thank you to all the IPs who reviewed their hospital's 2018Q2 data cleaning report and submitted their acknowledgment form. We appreciate all the work you do to collect, enter, and quality assure HAI data for your hospital.

Please remember to update the HAI/AR Team with any IP contact changes.

The deadline to enter **2018Q3** data into NHSN for the CMS Quality Reporting Programs for participating acute care hospitals, long-term acute care facilities, inpatient rehabilitation facilities, and cancer hospitals is **February 15, 2019**. To ensure your data have been correctly entered into NHSN, please verify that: 1) your monthly reporting plans are complete, 2) you have entered appropriate summary and event data or checked the appropriate no events boxes, and 3) you have cleared all alerts from your NHSN facility homepage. Hospitals that have conferred rights to VDH should receive a quality assurance report during the first week of February, so please be sure to check your email and acknowledge receipt and review.

Reminder: Procedures and SSI Events Excluded from the SIR

To identify which procedures are excluded from the SIR, run the "Line Listing - Procedures Excluded from SIR", found within the Procedure-Associated Module in the Analysis section of NHSN. Instructions on how you can run this line list are available here.

It is important to note that this report is limited to procedure-level exclusions. However, if a procedure is present on the line listing but does not meet the criteria for the general exclusions, it is possible that there is an event-level exclusion. Remember that if an SSI event is excluded, the associated procedure will also be excluded. Therefore, it is important to check the procedure-level data as well as the event-level data to evaluate why certain procedures and/or SSI events are excluded from the calculation of the SIR.

In the 2018Q3 data cleaning report, we will include a list of COLO and HYST procedures excluded from the SSI SIR to make it easier for IPs to verify.

Name change – *Clostridioides difficile*

Please be aware that the CDC is in the process of incorporating the nomenclature change of *Clostridium difficile* to *Clostridioides difficile*, based on adoption by the Clinical Laboratories and Standard Institute, (CLSI) and the following publication: Lawson P. A., Citron D. M., Tyrrell K. L., Finegold S. M. (2016). Reclassification of *Clostridium difficile* as *Clostridioides difficile* (Hall and O'Toole 1935) Prevot 1938. *Anaerobe* 40, 95–99.

The NHSN is actively implementing this change and you will see the following updates in 2019:

- NHSN documents: Those dated before January 1, 2019 will retain the former organism name; those dated on or after January 1, 2019 will incorporate the new name.
- NHSN application: The NHSN application will be updated to reflect the new terminology on or after the April 2019 update. More information will follow as available.

Please note that the abbreviations CDI, CDIFF, and *C. difficile* will remain appropriate abbreviations after the change and will not be modified.

VDH reports (quarterly data cleaning reports, quarterly TAP reports, annual report) will incorporate the name change.

NHSN Notes (continued)

New SAARs Available – Antimicrobial Use and Resistance (AUR) Module

The NHSN Antimicrobial Use (AU) team updated the Standardized Antimicrobial Administration Ratios (SAARs) based on 2017 AU data. Two new locations were added, and the SAARs were renamed and recategorized. The new 2017 baseline SAARs will be available for data from January 2017 forward while the 2014 baseline SAARs will still be available for data from 2014-2018. Remember, in order to see the new SAAR reports, please generate new data sets within NHSN. All of the updated information is included in the new 2019 version of the AUR Protocol posted here.

Save the Date! 2019 NHSN Patient Safety Component Training

The 2019 NHSN Patient Safety Component annual training is scheduled to take place March 25 - 29, 2019 in Atlanta, Georgia at the CDC. Registration will open in January 2019.

Healthcare Personnel (HCP) Influenza Vaccination Reporting

The Centers for Medicare & Medicaid Services (CMS) has removed the Healthcare Personnel Influenza Vaccination Summary Measure (National Quality Forum Measure 0431) from several quality reporting programs. The following facility types are no longer required to report HCP influenza vaccination summary data through NHSN beginning with the 2018-2019 influenza season for CMS quality reporting purposes:

- Ambulatory surgery centers
- Inpatient psychiatric facilities
- Hospital outpatient departments
- Outpatient dialysis facilities

No state mandate exists for these facilities in Virginia to report HCP influenza vaccination summary data; however, these facilities are still encouraged to voluntarily report these data through NHSN.

The CDC will be hosting two webinars for acute care facilities on how to report data for the 2018-2019 influenza season, now that HCP influenza vaccination in hospital outpatient departments is no longer required. These webinars will be held on **Thursday, January 24, 2019 (12:30-1:30 PM ET)** and **Tuesday, January 29, 2019 (2:00-3:00 PM ET)**. You can register for the webinars here.

The following facility types that are subject to CMS or Health Resources & Services Administration reporting requirements must continue to report HCP influenza vaccination summary data for the 2018-2019 influenza season:

- Acute care facilities (inpatient reporting)
- Critical access hospitals
- Inpatient rehabilitation facilities
- Long-term acute care facilities
- Prospective payment system (PPS)-exempt cancer hospitals

New Quick Observation Tools for Infection Prevention

A partnership established in 2016 between the Centers for Disease Control and Prevention (CDC) and the Association for Professionals in Infection Control and Epidemiology (APIC) has resulted in the production of quick observation tools (QUOTS) to be used as infection prevention resources. This collaborative project followed lessons learned during recent U.S. and global healthcare challenges. The tools, made available as a free download during International Infection Prevention Week in October 2018, are designed to help healthcare facilities quickly identify infection prevention gaps and take corrective action steps to prevent healthcare-associated infections (HAIs).

The tools were developed and piloted at three U.S. hospitals representing diversity of healthcare facility type, size, and location. Staff teams noted that the quick observation tools sparked conversation about patient safety, promoted team building, and were easier to use than established organizational checklists. The observations focus on patient populations and common infection prevention themes and environments. In addition, the observations can be repeated over a period of time to track improvements. Based on published scientific recommendations, the goal of using the tools is to reinforce best infection prevention practices and empower all healthcare personnel to prevent infections.

Click here to download the quick observation tools and learn more about this collaborative project.

Healthcare-Associated Infections and Antimicrobial Resistance Program
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Bridge the Gap: Countdown to New Requirements for LTC Infection Preventionists

Registration Now Open

F882 of the CMS Requirements for Participation for Long-Term (LTC) Care Facilities, requires a designated, qualified, Infection Preventionist (IP) who has completed specialized education or training in infection prevention and control. The IP must be able to show qualification by education, training, experience or certification. Are you ready?

APIC Virginia, in partnership with Health Quality Innovators (HQI), the Virginia Hospital & Healthcare Association (VHHA) and the Virginia Department of Health (VDH), will hold a two-day training event, March 21-22, 2019 that qualifies for 12 Nursing CEs on completion. There is a $150 registration that includes all conference fees, continental breakfast, buffet lunch and snacks throughout the day.

We are offering a block of rooms, at a reduced rate, at the event venue: The Embassy Suites in Richmond. Please mark your calendars and make an effort

to send your designated IP. Depending on demand, a second event may be held later in 2019.

Location: Embassy Suites, 2925 Emerywood Pkwy, Richmond, VA
Time: Day 1, 10 a.m. – 5 p.m.; Day 2, 8 a.m. – 3 p.m.
Cost: $150
12 Nursing CEs available

This event is sponsored by APIC Virginia, HQI, VDH and VHHA.

Register Now: http://bit.ly/2FeAyE1

HQI
HEALTH QUALITY INNOVATORS

VDH VIRGINIA DEPARTMENT OF HEALTH

VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION
An alliance of hospitals and health delivery systems

APIC VIRGINIA

This continuing nursing education activity was approved by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. In order to receive 12 nursing contact hours, the participant must attend the entire activity, complete a post-test with a score of 70% or higher, and submit an evaluation form. There are no conflicts of interest for any individual in a position to control the content of this educational activity.

This material was prepared by Health Quality Innovators (HQI), the Medicare Quality Innovation Network-Quality Improvement Organization for Maryland and Virginia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. HQI|11SOW|20180921-135110.