

ADHS

HAI HAPPENINGS

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www.preventHAaz.org

HAI Happenings

- HAI Coordinator Update
- CDC Patient Notification Toolkit
- HAI Subcommittee Update
- ADVICE Collaborative
- What is Next?



HAI Coordinator Update

- Position description has been revised and updated.
- Updated position has been submitted to Human Resources.
- Position should be posted to www.AZStateJobs.gov in the near future.

Is a Patient Notification Toolkit Needed?

- Possible multi-county exposure to BBP through compromised dental equipment.
- Initial public health concern for community.
- Investigation initiated with notification and involvement of numerous public health partners.

How will we notify possibly affected patients?

Patient Notification Toolkit

- The CDC recently introduced a helpful toolkit to assist health departments and healthcare facilities when patient notification is needed due to an infection control lapse or disease transmission.
- This toolkit helps provide a template for consistent communication that can be completed quickly in these sensitive incidents.
- More information can be found at:
<http://www.cdc.gov/injectionsafety/pntoolkit/index.html>

Patient Notification Toolkit

- The toolkit consist of 4 sections:
 - [Section 1: Developing Documents for a Patient Notification](#)
 - Sample materials
 - Additional resources
 - What patients expect to see in a notification letter
 - Guiding principles of risk communication
 - [Section 2: Planning Media and Communication Strategies](#)
 - Tips
 - Sample materials
 - Resources

Patient Notification Toolkit

- [Section 3: Establishing Communication Resources](#)
 - Frequently asked questions resources
 - Setting up a call center
- [Section 4: Best Practices in Conducting Patient Notifications](#)
 - When to notify patients
 - Communicating with key stakeholders and partners
 - Notification events and prevention opportunities

HAI Subcommittee Updates

Antimicrobial Stewardship Subcommittee

- MDRO Fact Sheet
 - Possibly the first of a many
- Antibigram Toolkit
 - Developing Cumulative Susceptibility Reports for Your Clinicians and Ensuring Their Appropriate Interpretation and Effective Use



Multidrug-Resistant Organisms (MDRO)

What is an MDRO?

- MDRO are microorganisms resistant to multiple agents in one or more classes of antimicrobial agents.
- MDRO are highly resistant bacteria including, but not limited to: Methicillin-resistant *Staphylococcus aureus* (MRSA), carbapenem-resistant Enterobacteriaceae (CRE), Gram-negative bacilli (GNB) including *Escherichia coli*, *Klebsiella pneumoniae*, *Acinetobacter baumannii*, and *Burkholderia cepacia*.
- Resistance can occur by multiple mechanisms depending on the type of organism.



What is the clinical impact of an MDRO?

- MDRO can easily be transferred among patients.
- Many MDRO can be difficult to treat.
- Patients with MDRO are at a greater risk of developing poor health outcomes.

Who is at risk?

- Patients receiving long or repeated courses of antibiotics.
- Patients with prolonged medical care.
- Immunocompromised patients.
- Patients with in-dwelling medical devices such as urinary catheters, endotracheal tubes or central venous catheters.
- Patients who received inappropriate, excessive, or incorrectly administered antibiotics.

What is being done to identify patients with infections caused by MDRO?

- The Microbiology department performs cultures to identify organisms and susceptibilities as necessary.
- If an organism is confirmed as MDRO the patient's facility is notified.
- Patients identified with MDRO are placed under appropriate isolation precautions.
- An alert should be placed in the patient's record to indicate that appropriate isolation precautions need to be used.



- An appropriate [transfer tool](#) should be employed to communicate infections across healthcare facilities.

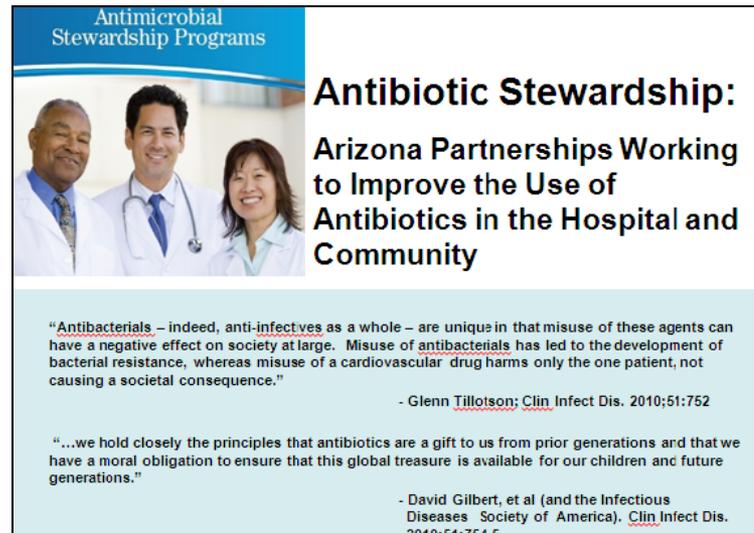
What can be done to prevent the spread of MDRO?

- Strict hand hygiene and appropriate isolation precautions are key to prevent the spread of MDRO.
- Provide patient education about MDROs.
- For more information on steps to MDRO prevention and control, check out the CDC's [Management of Multidrug-resistant Organisms in Healthcare Settings, 2006](#).

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Healthcare Associated Infection (HAI) Program
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Antimicrobial Stewardship Subcommittee

- Antibiotic Stewardship Slide Set
 - Working to Improve the Use of Antibiotics in the Hospital and Community



Antimicrobial Stewardship Programs

**Antibiotic Stewardship:
Arizona Partnerships Working
to Improve the Use of
Antibiotics in the Hospital and
Community**

"Antibacterials – indeed, anti-infectives as a whole – are unique in that misuse of these agents can have a negative effect on society at large. Misuse of antibacterials has led to the development of bacterial resistance, whereas misuse of a cardiovascular drug harms only the one patient, not causing a societal consequence."

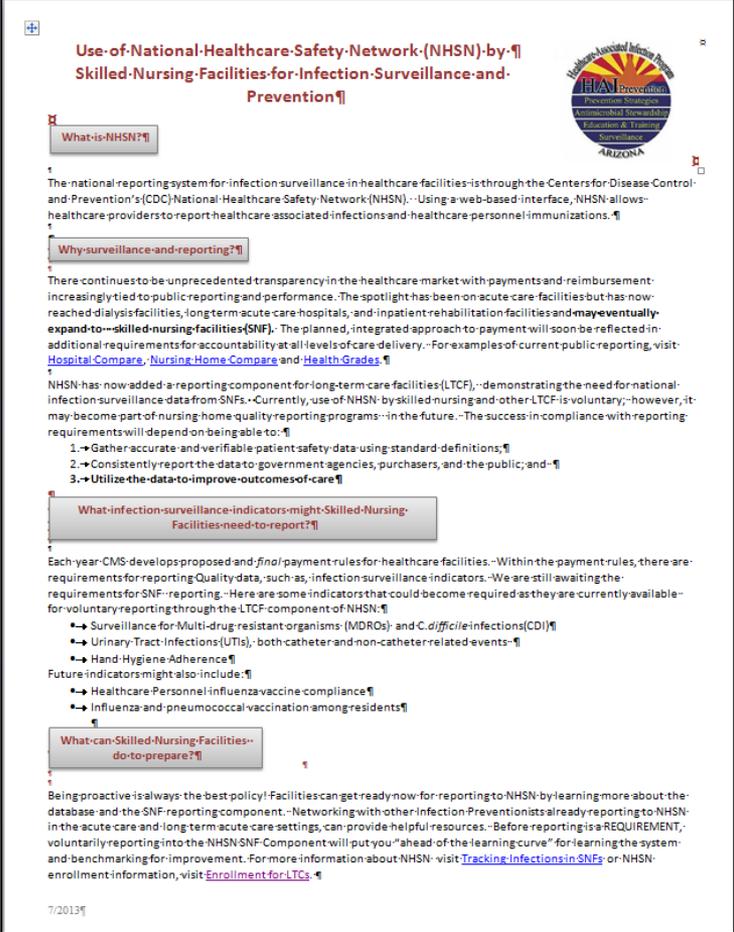
- Glenn Tillotson; *Clin Infect Dis.* 2010;51:752

"...we hold closely the principles that antibiotics are a gift to us from prior generations and that we have a moral obligation to ensure that this global treasure is available for our children and future generations."

- David Gilbert, et al (and the Infectious Diseases Society of America). *Clin Infect Dis.* 2010;51:754-5

Surveillance Subcommittee

- NHSN Fact Sheet
 - Use of National Healthcare Safety Network (NHSN) by Skilled Nursing Facilities for Infection Surveillance and Prevention



Use of National Healthcare Safety Network (NHSN) by Skilled-Nursing-Facilities-for-Infection-Surveillance-and-Prevention

What is NHSN?

The national reporting system for infection surveillance in healthcare facilities is through the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). Using a web-based interface, NHSN allows healthcare providers to report healthcare associated infections and healthcare personnel immunizations.

Why surveillance and reporting?

There continues to be unprecedented transparency in the healthcare market with payments and reimbursement increasingly tied to public reporting and performance. The spotlight has been on acute care facilities but has now reached dialysis facilities, long term acute care hospitals, and inpatient rehabilitation facilities and may eventually expand to skilled nursing facilities (SNF). The planned, integrated approach to payment will soon be reflected in additional requirements for accountability at all levels of care delivery. For examples of current public reporting, visit [Hospital Compare](#), [Nursing Home Compare](#) and [Health Grades](#).

NHSN has now added a reporting component for long-term care facilities (LTCF), demonstrating the need for national infection surveillance data from SNFs. Currently, use of NHSN by skilled nursing and other LTCF is voluntary; however, it may become part of nursing home quality reporting programs in the future. The success in compliance with reporting requirements will depend on being able to:

1. Gather accurate and verifiable patient safety data using standard definitions;
2. Consistently report the data to government agencies, purchasers, and the public; and
3. Utilize the data to improve outcomes of care.

What infection surveillance indicators might Skilled-Nursing-Facilities need to report?

Each year CMS develops proposed and final payment rules for healthcare facilities. Within the payment rules, there are requirements for reporting Quality data, such as, infection surveillance indicators. We are still awaiting the requirements for SNF reporting. Here are some indicators that could become required as they are currently available for voluntary reporting through the LTCF component of NHSN:

- Surveillance for Multi-drug resistant organisms (MDROs) and *C. difficile* infections (CDI)
- Urinary Tract Infections (UTIs), both catheter and non-catheter related events
- Hand Hygiene Adherence

Future indicators might also include:

- Healthcare Personnel influenza vaccine compliance
- Influenza and pneumococcal vaccination among residents

What can Skilled-Nursing-Facilities do to prepare?

Being proactive is always the best policy! Facilities can get ready now for reporting to NHSN by learning more about the database and the SNF reporting component. Networking with other infection preventionists already reporting to NHSN in the acute care and long term acute care settings, can provide helpful resources. Before reporting is a REQUIREMENT, voluntarily reporting into the NHSN SNF Component will put you "ahead of the learning curve" for learning the system and benchmarking for improvement. For more information about NHSN, visit [Tracking Infections in SNFs](#) or NHSN enrollment information, visit [Enrollment for LTCs](#).

7/2013

Long Term Care Work Group Subcommittee

- Post-assessment of Arizona Department of Health Services (ADHS) HAI Advisory Committee recommendations that long-term care facility staff use the [Enhanced Standard Precautions for Long-Term Care Facilities](#).

Long Term Care Work Group Subcommittee

Transfer Tool

- The goal of this tool is to aid in the communication between hospitals and skilled nursing facilities in regards to infection control.

Interfacility Infection Prevention Transfer Tool*

Name: _____

Date of transfer: _____

Was the patient in isolation on date of discharge/transfer? No known active communicable disease

Yes No

Type of precautions/isolation:

Contact Droplet Airborne

Infectious agent	Site of infection
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	
Vancomycin-resistant Enterococcus (VRE)	
<i>Clostridium difficile</i> (C. diff)	
Other active communicable disease, Specify:	

Comments:

*Surveillance of infections is key to effective infection control. Therefore having a tool that assists in communication between facilities during transition of care is essential. This tool is intended to improve patient and employee safety and to help the receiving facility know how to prepare for the patient's arrival

How to use this tool:

- This tool should be used with every patient transfer.
- Indicate the isolation status of the patient upon discharge.
- Place the tool on the very top of the patient's paperwork packet.



Prevention Strategies Subcommittee

- Recently completed first ever ADHS CAUTI Boot Camp!
 - Provide open forum
 - Attended by 5 CAH
 - Hit target audience
- Subcommittee is now focusing efforts:
 - To address other Healthcare-Associated Infections (HAI)
 - Working with other subcommittees to maximize prevention efforts and programs

Save the Date for CAUTI Boot Camp

Let's stomp out infection!

*June 12, 2013
1-2pm webinar*

*Open forum, ask the experts!
Infection Prevention, CMS, ADHS Licensing Dept*

Call-In Number: 1-805-399-1200
Participant Access Code: 759953
If you would like to follow along online, please visit: <https://azdhs.ilinc.com/join/ptmhvz>

- What is a CAUTI?
- How does CAUTI relate to you?
- Patient safety through CAUTI prevention
- Reimbursement- Facts or Fiction

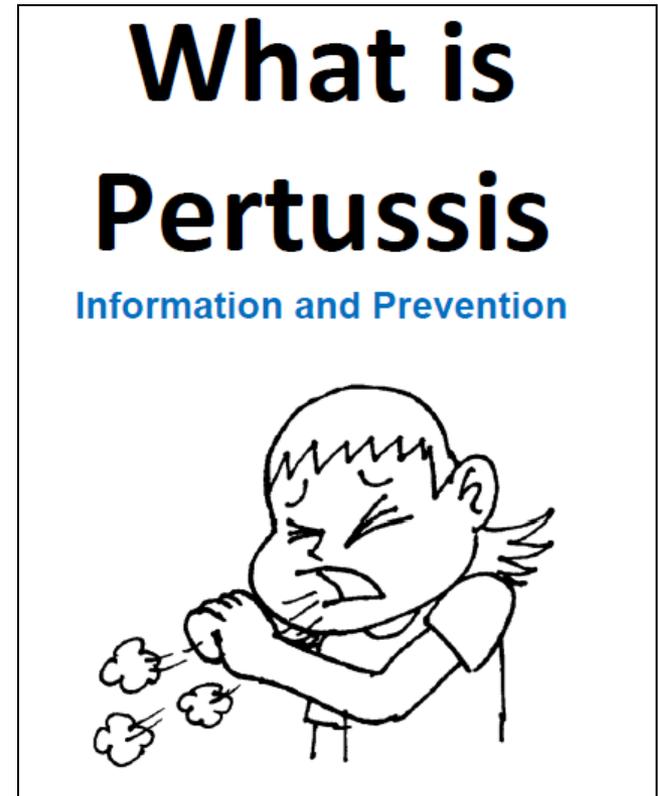
Send in your anonymous CAUTI questions so we can tailor our presentation to your needs: <https://www.surveymonkey.com/s/CAUTIFAQ>

Check out our website: www.preventhaiaz.org



Training and Education Subcommittee

- Pertussis Pamphlet
- Organizing an International Infection Prevention Week (IIPW) Poster Contest
 - Focus on the history of vaccines!



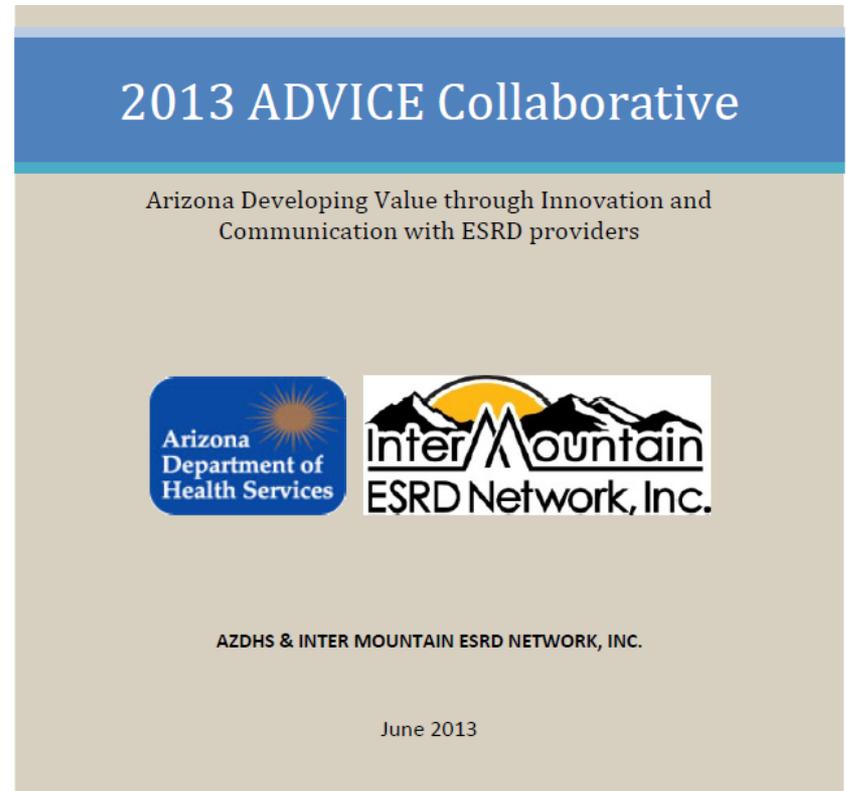
ADVICE Collaborative

- May 17th, 2013
- To build strategic partnerships with dialysis providers, ESRD networks, renal associations, public health professionals, federal partners, and other stakeholders.
- Hoped to stimulate significant improvement in infection control in dialysis care.



ADVICE Collaborative

- Participants discussed
 - current best practices
 - new ways to promote infection control
 - developed a strategic plan of future activities



<http://www.azdhs.gov/als/trainings-exercises/documents/ADVICE-report-2013.pdf>



Health and Wellness for all Arizonans

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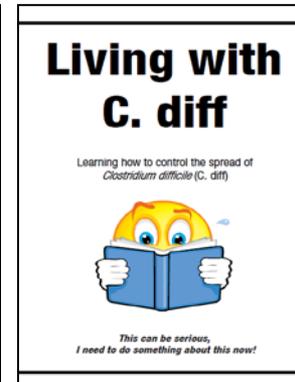
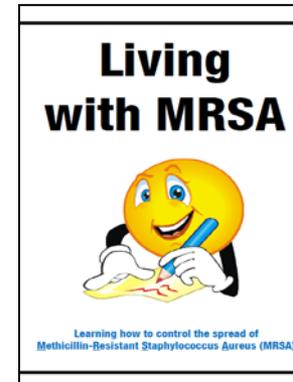
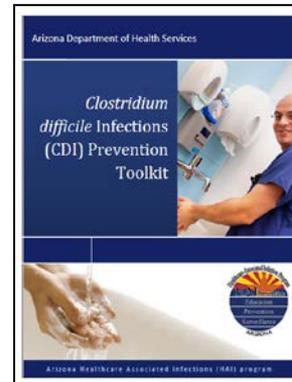
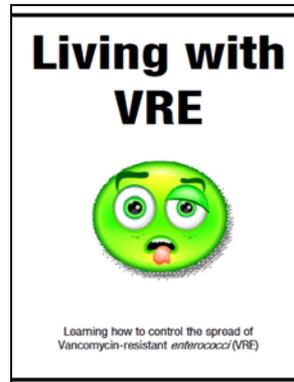
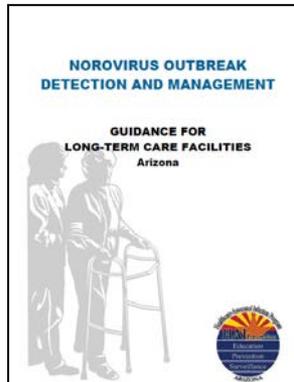
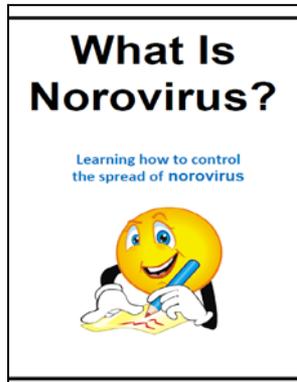
What is Next?

- ADHS ESRD Subcommittee

Thank you

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