Healthcare-associated Infections
HAI Elimination

Toward Elimination

Newsletter for State Partners in HAI Prevention

Volume 15, April 2011

Safe Injection Practices Coalition

More than 125,000 patients in the United States have been notified of potential exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), and HIV due to lapses in basic infection control practices since 1999. Many of these lapses involved healthcare providers reusing syringes, resulting in contamination of medication vials or containers which were then used on subsequent patients. The Safe Injection Practices Coalition (SIPC) is a partnership of organizations, led by the Centers for Disease Control and Prevention (CDC), which was formed in 2008 to promote safe injection practices in all U.S. healthcare settings.

The SIPC developed the *One & Only Campaign*—a public health education and awareness campaign —aimed at both healthcare providers and patients to advance and promote safe injection practices. The SIPC and SIPC's state partners – Nevada, New York, and New Jersey – are active participants in the development and evaluation of the campaign materials, and are leading efforts to effectively disseminate SIPC's materials and injection safety messaging to key target groups within their states. At this time, available materials include: posters, brochures for health care providers and patients, a safe injection practices video, and an Epocrates SmartPhone activity to help educate clinicians on safe injection practices. Additional materials in development include a CME activity for healthcare providers. All of the One & Only Campaign materials are available for use and distribution by health departments, health care providers, quality improvement organizations, and other groups who want to be involved in the campaign.

The SIPC encourages the promotion of safe injection practices in all healthcare-associated infection prevention activities. Please visit the One & Only Campaign website to view available campaign materials and to sign up for email updates when new materials are released. Please contact Rachel Kossover at gvb7@cdc.gov for more information.

Policy Corner

CDC is working with the Association of State and Territorial Health Officials (ASTHO) and state partners to develop a state policy toolkit to provide guidance on promising ways to use legal and policy interventions as tools in implementing a comprehensive HAI prevention program. The toolkit is intended to serve as a guide to state officials interested in developing, implementing, or amending HAI laws and regulations.

Your PHA will let you know as soon as the toolkit is available.

ELC/EIP Grantee Calls

CDI Infection-Specific Call:
Tuesday, April 26, 1-2 PM ET

SSI Infection-specific Call:
Monday, April 11, 1-2 PM ET

Your PHAs will send the bridge line, password, and Webinar URL information for these calls.

Save the Date

Third Annual Recovery Act HAI Grantee Meeting
Atlanta, GA

October 20-21, 2011

Stay tuned for more information.

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CDC/CSTE Applied Epidemiology Fellowship

The CDC/CSTE Applied Epidemiology Fellowship was created to strengthen the workforce in applied epidemiology at state and local health agencies. The Council of State and Territorial Epidemiologists (CSTE), in collaboration with the Centers for Disease Control and Prevention (CDC) and the Association of Schools of Public Health (ASPH), established the two-year fellowship program to give recent graduates from schools of public health advanced training for successful careers as state or local epidemiologists. Using a mentorship model, the fellowship offers graduates a high quality, applied epidemiologic experience. Fellows are matched to a state or a local health agency based on their interests and available host site positions.

States and cities currently served by CSTE HAI fellows are: Chicago, Kentucky, Michigan, Minnesota, New Hampshire, New York City, New York State, Pennsylvania, South Carolina, Tennessee, Vermont, Virginia, and Washington State.

Some fellowship projects currently underway include:

- Evaluation of Carolina's Health Electronic Surveillance System (CHESS) for MRSA blood stream infection surveillance
- Cost analysis and comparison for Michigan hospitals for HAI Infections from 2002-2008 using discharge data for MRSA and CDI infections
- Evaluation of MRSA screening practices and the comparison of MRSA incidence data at Pennsylvania acute care facilities
- Post-discharge surgical site infection surveillance in Washington State

The next host site application will open in late September 2011 with an Oct. 28, 2011 deadline. The fellowships will begin Summer 2012.

If you are interested in learning more about this program, please visit the CDC/CSTE Applied Epidemiology Fellowship website.

Regional HAI Train-the-Trainer Update

The first of ten Regional HAI Train-the-Trainer programs took place in Boston on February 24–26, 2011. We would like to thank Region 1 (Connecticut, New Hampshire, Maine, Massachusetts, Rhode Island, and Vermont) for participating in the first training. State representatives provided excellent feedback on the training and identified areas where the materials and the information provided can be strengthened for upcoming sessions. Some key points from the Boston training were:

- The regional trainings are designed to be modular. The materials can be used in total or on an as-needed basis by selecting relevant components (infection targets, environmental cleaning, or outbreak investigation) to provide focused training to facilities.
- Participants receive a set of the training materials and slides. In addition, the training materials will need to be accessible electronically for downloading, importing, and customizing, as necessary. The CDC PHAs are currently working with SHEA to make this happen. The link to the materials will be placed on the Epi-X HAI Forum as soon as they are available.
- As with ARRA funds, it will be important to demonstrate the impact of the regional trainings. To accomplish this, a section on the Epi-X HAI Forum has been set up for participants to report information on trainings conducted, target groups, lessons learned, and any need for additional materials for future trainings.

We encourage you to continue visiting the Epi-X HAI Forum for updates on the training schedule, photos of past trainings, and participant reports of training implementation.

The next regional training will be in Albany, New York, from April 28–30, 2001. We look forward to seeing Region 2 representatives there!

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HAI Coordinator Highlight

In their own words

Volume 15, April 2011–p3

We'd like to introduce you to a new section of the ARRA monthly newsletter. The HAI Coordinator Highlight features state HAI prevention efforts from the HAI Coordinator's perspective.

Illinois State HAI Coordinator – Lauren Gallagher

In my role as HAI Coordinator, I have provided one-on-one support to NHSN users over the phone; managed advisory committee and work group meetings and communications; provided support to Illinois *C. difficile* Prevention Collaborative; analyzed data from NHSN, hospital discharge dataset, and surveys; and managed all grant and sub-grants, including budgeting, contract amendments, and reporting requirements.

In addition to the above list, I would say that everything I have accomplished as the HAI Coordinator here in Illinois so far has been done with an emphasis on collaboration with our various state and federal partners. For example, along with my health department colleagues: I developed NHSN SSI training materials; written reports on MRSA and *C. difficile* infections; and have developed content for the Illinois Hospital Report Card website. I distributed a CRE survey to Illinois hospitals and received 100% response rate.

In partnering with APIC Chapters, I have organized webinars to train Illinois NHSN users in SSI surveillance that have reached 67 IPs and organized the 1st Annual Illinois Conference on HAIs that had 187 attendees. I have also given presentations at APIC chapter meetings.

I organized a conference on multidrug-resistant bacteria with local health departments and the Metropolitan Chicago Healthcare Council which involved approximately 200 attendees. I have participated in the development of an inter-facility transfer form with colleagues from local health departments, hospitals, and LTCFs. And, I have participated in an Epi-Aid investigation of discharge data coding with CDC DHQP staff.

I would be happy to share information and materials or assist others in their HAI efforts, so please feel free to call or email.

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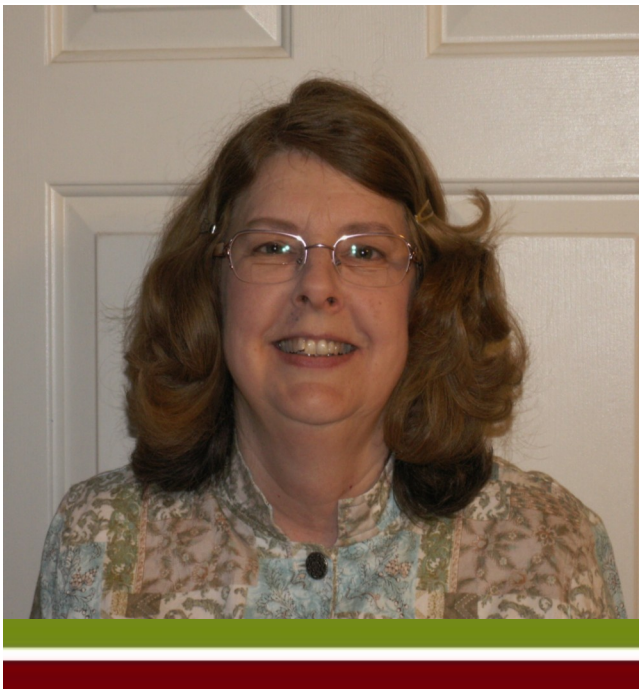
Maine State HAI Coordinator – Peg Shore



This is Peg Shore, the HAI coordinator for Maine. If I had to summarize our work, I would boil it down to this: to create trusting relationships between healthcare and public health. We are attempting to do this in a variety of ways. We have an advisory group, the Maine Infection Prevention Collaborative, that consists of an Infection Preventionist from each of the 36 acute care hospitals. My job is to help this group focus on and accomplish the HAI Prevention Plan activities. We meet monthly, and there are four subcommittees that do much of the hands-on work. To help the meetings be highly efficient, we hired a professional facilitator on a temporary basis. This facilitator will also be training several of the committee members to become facilitators for future meetings.

Sometimes it feels like the progress is very slow. That's when it helps to make a list of things that have been accomplished. Here's what we have been working on in Maine.
We hosted a two day conference on Antibiotic Stewardship that was attended by almost all hospitals. We are doing a follow-up survey to see what changes occurred in the hospitals as a result. I am actively working to find opportunities for our infection preventionists to attend an APIC course in Epi 101 or Epi 201. I am also in the process of creating an HAI outbreak protocol that is coordinated with our field epidemiologists and our central epidemiology office.

We have several validation studies in the pilot stage: one for CLABSIs and one for hand hygiene compliance. We have fired two infection preventionists who will be visiting every hospital to do external observations of hand hygiene compliance, and who will repeat the visit two months later to see if there is any change, once interventions have been introduced.

We are hosting a summit meeting in the Fall with New Hampshire and Vermont, and have set up a bimonthly conference call to share ideas and successes. We are also hoping to use the Vermont model to create clusters of long term care facilities who will attend an educational session at a local hospital. The intent is to provide long term care specific infection control information, and to network the long term care personnel with the hospital infection preventionists.

To ensure that we are producing a sustainable effort, we are planning a sustainability retreat in the fall to develop strategies to prioritize projects and address how the work will continue in the case of reduced funding.

I'd like to thank Kim Zimmerman for this opportunity to share this list of activities. Sometimes, when it feels like one is making little progress, a list like this helps to gain perspective! I also welcome anyone who has questions on any of these activities. Just call 207-287-6028. And to my HAI coordinator colleagues, best of luck with your efforts!

Texas State HAI Coordinator – Wesley Hodgson

In my role as HAI State Plan and ARRA coordinator, I coordinated the Department of State Health Services (DSHS) Statewide Healthcare-Associated Infection (HAI) Planning Meeting in October 2009 which brought together stakeholders to identify necessary components and strategies for an effective Texas Plan to report and prevent HAIs.

In the following year (October 2010), I was responsible for coordinating a second HAI Statewide Prevention Conference to discuss the latest information regarding HAI prevention in Texas (e.g., patient safety; financial, legal and reporting issues; and collaboration opportunities for intra/inter facilities) with 200+ attendees including CEOs/CFOs for urban and rural hospitals, ambulatory surgical centers, infection practitioners, public health officials, and others.

In the area of training, I have assisted with a contract with the Association of Professionals in Infection Control and Epidemiology (APIC) to conduct 15 1-day courses on the use of the National Healthcare Safety Network (NHSN) for 100 attendees per course. These trainings will increase the number of health professionals trained on the state's mandatory HAI reporting using NHSN.

I also was instrumental in the creation and management of a contract with the Texas Hospital Association Foundation to establish a multi-center evidence-based HAI prevention collaborative among acute care hospitals within the state. The focus is on the development and implementation of intervention strategies and practices to prevent: 1) surgical site infections; and 2) central line-associated primary bloodstream infections.

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HAI Coordinator Highlight

In their own words

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Louisiana State HAI Coordinator – Erica Washington

I would like to thank DHQP for the opportunity to tell about some of the work Louisiana has done with the HAI cooperative agreement. Here are some of the activities I have completed:

Training Courses Held

From July 26 – August 11, 2010, I held 5 statewide NHSN trainings for Louisiana infection preventionists for 80 infection preventionists. Materials for the trainings were taken from the NHSN website, and modules within the Patient Safety Component were as follows: device-associated, procedure-associated, and MDRO. Analysis features were also covered at the trainings.

Educational Webinars

Learnlinc educational webinars were conducted for ongoing education after the NHSN trainings. Along with presenting the slides, a live demonstration of the Network was completed. Here are the webinars that have been completed thus far and that are planned for the future:

November 2010: NHSN Data entry, Import and Customization
January 2011: Conferring Rights
February 2011: Analysis and the Standardized Infection Ratio
April 2011: Surgical Site Infections
May 2011: Infection Control Reports

Materials Developed

As supplements to the ongoing webinar educational opportunities and workshops I present, I have developed templates for importing patient, surgeries, and physician data into NHSN.

Import Surgeons Template
Patient Import Template
Patient Safety Procedure Data Template

There were also schematics made to conceptualize NHSN processes and organization:

Getting Started Scheme
CLABSI Reporting Scheme
Conferring Rights Scheme

Louisiana State HAI Coordinator – Erica Washington *(continued)*

Louisiana Legislative Study Group

I researched components for our HCR 202 Legislative Proposal, as well as organized the recommendations and extrapolated infection burden for our state with Dr. Ratard. The final report was sent to the Louisiana Legislation and is currently pending.

Communications

I developed the *In the Know* quarterly newsletter for infection preventionists. Thus far, there have been 4 editions that have been electronically distributed for 2010. The first edition for 2011 (spring) will be distributed at the end of March. The newsletters are accessible at our Healthcare-Associated Infections Resource Page.

Healthcare-Associated Infections Resource Page

After the development of the Epi-X sharing and promotion of state pages, I created a one-stop page for resources and educational materials for infection preventionists through the Louisiana Infectious Disease Epidemiology page.

We hope you enjoyed the first installment of the HAI Coordinator Highlight!