

River Region CLABSI Prevention Collaborative

The River Region Central Line-Associated Bloodstream Infection (RR-CLABSI) Prevention Collaborative launched September 2010 under the leadership of Pamela Kreyling, public health regions 4 and 5 epidemiologist. Also heading the project are disease surveillance specialists April Bernard and Farida Hussain.

14 hospitals are participating in the initiative, which takes an evidence-based approach to combating CLABSI in adult and neonatal intensive care units. The duration of the program's CLABSI focus will be one year, and there is discussion of continuing the RR-CLABSI efforts to focus on surgical site infections for year two.

Prevention collaboratives are groups of facilities that are engaged in an effort to improve an outcome, in this case to reduce HAIs. The members of the collaborative should use a common, though not necessarily identical, approach. Members also discuss progress regularly and share lessons learned in real time so that others in the group can benefit from the experience of each facility.

Contact Pamela.Kreyling@LA.gov for more information about the RR-CLABSI program.

APIC Response to JAMA Article on Quality of Public Reporting

Excerpt printed. Full text available at www.apic.org.

APIC, a champion of public HAI reporting, strongly supports validation of data which must include both internal and external review of infection data. This will help to ensure that infection rates accurately support both the comparisons among facilities, as well as informed decision making by consumers. Fortunately, funding provided by the [American Recovery and Reinvestment Act of 2009](#) is currently supporting data validation studies in several states – some of these include direct engagement of APIC. These projects will help direct future efforts to assure accuracy and comparability in state and national HAI statistics.

APIC does not support sole reliance on other sources of data, such as administrative or claims, as these are even less precise than surveillance data collected by trained infection preventionists. Under no circumstances should the recent *JAMA* study be used to support use of claims or administrative data over surveillance data.

Greater New Orleans APIC Chapter Acknowledged with IIPW Activity

Linda Polo, RN
October 27, 2010

New Orleans hasn't stopped celebrating infection prevention since the 2010 Annual Conference! We kicked off International Infection Prevention Week (IIPW) with a wonderful brunch at Commander's Palace. The day couldn't have been more beautiful with blue skies and pleasant weather. In southern traditional style the attendees began socializing and networking before the event even began. A traveling jazz band trio serenaded our group with delightful music. The chapter president started the event by sharing Governor Bobby Jindal's proclamation proclaiming the week of Oct. 17 - 23 as International Infection Prevention Week in Louisiana. Attendees included representatives from the Office of Public Health, Louisiana House Representative Thomas Willmott, members of both APIC-GNO (Greater New Orleans) and APIC River Region chapters, pharmacists, AORN members, quality managers, nursing school representative, Crystal Moohn from APIC headquarters as well as our sponsor 3M.

After dining Representative Willmott spoke on Louisiana House Concurrent Resolution 202 which is the initial steps to reporting health associated infections in our state. Representative Willmott requested our expertise on this subject. We made him aware of the challenges faced by infection preventionist (IP) in our state. Many IPs have multiple hats to wear and have difficulty allotting appropriate time to infection prevention. One of the issues identified is that there are no defined guidelines for staffing infection prevention.

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From left: 2011 GNO President Pamela Vaccaro, APIC Associate Director of Membership Crystal Moohn, 2010 GNO President Linda Polo, and Louisiana District 92 Representative Thomas Willmott



Hospitals to Join CUSP Program

Advocate
By Ted Griggs

<http://www.2theadvocate.com/news/106658718.html>

Thirteen Louisiana hospitals are taking part in a two-year pilot program designed to eliminate infections, and potentially save millions in health-care costs, associated with central lines, large tubes inserted into the large vein above the heart.

The lines allow medication to be given and blood to be withdrawn so patients don't have to be stuck repeatedly with needles. An estimated 250,000 cases of central line-associated bloodstream infections occur each year in the U.S., according to published reports.

The Louisiana Hospital Association has joined with eQHealth Solutions, a Baton Rouge health-care management firm, to help the hospitals with the Comprehensive Unit-based Safety Program. The program is designed to improve care and patient safety in hospital units by changing the culture of patient safety and practices.

Hospitals in Michigan have saved an estimated 1,200 lives and reduced costs by \$175 million annually through the use of the program and infection-elimination protocols, said John Matessino, hospital association president and chief executive officer, in a news release.

The association's vice president of quality and regulatory activities, Kenneth Alexander, said the Louisiana figures are not yet available, but the cost per infection averages \$25,000 to \$40,000.

"If you eliminate one, not only are you improving the health of that patient, you're also saving between \$25,000 to \$40,000 of health-care costs," Alexander said.

The safety program calls for Intensive Care Unit team members to take a number of steps, including washing their hands thoroughly and using specific cleansers on the site where the catheter will be inserted.

In Michigan, where the safety program was launched, more than 100 intensive-care units slashed their central line-associated infections by 60 percent in a six-month period, according to health-care officials there.

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Another concern identified pertained to healthcare associated infection definitions, especially related to ventilator-associated pneumonia.

In keeping with this year's theme of "Infection Prevention is Everyone's Business", Linda Polo, APIC-GNO president, opened a discussion on the importance of collaboration with all partners. An innovative collaborative approach between hospitals to reduce surgical site infections in a local region was shared. This prompted a discussion among others as to what was being done in their facilities to reduce surgical site infections. Jo Watkins, a clinical pharmacist, provided insight on weight based dosing of prophylactic antibiotics. Cathy Lopez, a nursing school representative, opened an additional discussion on inadequate infection prevention curriculum for both nursing and medical schools.

The day ended with sharing of ideas for International Infection Prevention Week. Celebrations included infection prevention fairs, poster presentations, word games, and hand hygiene videos. As always, collaboration is a key and we agreed to share our ideas by submitting pictures and stories of how our days went at the next APIC-GNO meeting.

The Louisiana hospitals participating in the pilot program include: Heart Hospital of Lafayette; Lane Regional Medical Center in Zachary; North Oaks Medical Center in Hammond; Ochsner Medical Center in New Orleans; Ochsner Baptist Medical Center in New Orleans; Ochsner Medical Center – Baton Rouge; Ochsner Medical Center – Kenner; Ochsner Medical Center – North Shore in Slidell; Ochsner Medical Center – West Bank in Belle Chasse; and Touro Infirmary in New Orleans. Three hospitals from LSU Health Care Services Division are also participating: LSU Bogalusa Medical Center; Earl K. Long Medical Center in Baton Rouge; and the Interim LSU Public Hospital in New Orleans.

Hospitals participating in the Centers for Medicare & Medicaid Services (CMS) Inpatient Prospective Payment System (IPPS) Hospital Inpatient Quality Reporting Program, formerly known as Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU), will soon be required to submit healthcare-associated infections (HAI) data via NHSN. Specifically, hospitals are required to report central line-associated bloodstream infection (CLABSI) events collected in accordance with the NHSN Patient Safety Component protocol for all adult and pediatric intensive care units (ICUs) and level II/III and level III neonatal intensive care units (NICUs) that occur on or after January 1, 2011, in order to receive the Fiscal Year (FY) 2013 payment. The NHSN team recommends review of the CLABSI Protocols and Facility Start-up trainings to refresh knowledge on how to report CLABSIs and adding locations and users.

Submission Timeframes for CLABSI Measure for the FY 2012 Payment Determination

CY 2011 Discharge Dates	CDC-NHSN collection and quarterly report generation time frame	Final Submission Deadline for RHQDAPU FY 2012 Payment Determination
Q1 (Jan-Mar 2011)	April 30 – August 15 th	August 15, 2011
Q2 (Apr-Jun 2011)	July 30 – November 15 th	November 15, 2011
Q3 (Jul-Sep 2011)	September 30 – Feb-15 th	February 15, 2012
Q4 (Oct-Dec 2011)	October 30 th – May 15 th	May 15, 2012

Upcoming Learnlinc Webinars!

January 21: Conferring Rights in NHSN

February 18: NHSN Analysis

March 18: Enhancing Your Infection Control Reports

*Registration for January 21st is now open.
Contact rosemarie.robertson@la.gov

Greater New Orleans

The next chapter meeting will be held on January 7th at 9:00 a.m. at Slidell Memorial Hospital. The speaker will be Dr. Deione Reed, who will be present "On the CUSP: Stop BSI Program", and the meeting will be sponsored by 3M.
Contact vaccarop@northoaks.org

River Region

The next River Region chapter meeting will be at Fezzo's in Scott, LA on January 21st.
Contact blancheleblanc@cox.net

Ark/La/Tex

Next ArLaTex APIC CH 37 meeting will be at Willis Knighton Bossier on Jan 7, 2011 at 12 noon in the Auditorium. Please come to meet and greet the 2011 Officers and network with fellow IPs.
Contact rsnyder@wkhs.com