Infectious Disease Epidemiology
LA Office of Public Health
Winter 2011 Edition

In the Know

HEALTHCARE ASSOCIATED INFECTIONS INITIATIVE

A Quarterly Newsletter for Infection Preventionists

Bookmark These Links!

- Louisiana HAI Resource Center: http://1.usa.gov/oECy09
- CMS Hospital Inpatient Quality Reporting Program: http://bit.ly/nZfzHB
- NHSN Enrollment Requirements for CMS Reporting: http://1.usa.gov/bsqx4k
- Partnership for Patients Webinar Series: http://bit.ly/IAgw0B

NHSN National Healthcare Safety Network

Learn more about this free service, training, and enrollment at www.cdc.gov/nhsn

Healthcare-associated Infections HAI Elimination

CMS and CDC target infections in dialysis

November 21, 2011 - By Gary Evans
http://hicprevent.blogs.ahcmedia.com

In the latest in a remarkable surge of infection prevention initiatives, the Centers for Medicare and Medicaid Services (CMS) is partnering with the Centers for Disease Control and Prevention to prevent healthcare associated infections in dialysis facilities.

The initiative includes a new CMS requirement for dialysis facilities to submit three months of 2012 infection and antibiotic use data to CDC's National Healthcare Safety Network (NHSN) in order to receive full Medicare payment. This is the first CMS/CDC data collaboration related to dialysis settings. However, the two agencies have been aligning patient safety efforts on multiple hospital quality measures.

In 2008 data, hemodialysis patients acquired some 37,000 central-line associated bloodstream infections (CLABSIs), the CDC reports. In addition, within the last decade there have been more than 30 outbreaks of hepatitis B and hepatitis C in non-hospital healthcare settings that include dialysis centers. The CDC is providing several new resources to dialysis facilities and patients to ensure smooth NHSN enrollment and improved quality care. These include a new dialysis safety web site including infection prevention recommendations, as well as step-by-step NHSN enrollment and training materials .

There are thousands of free standing dialysis centers in the U.S., owned primarily by the major corporate chains in the field. To a lesser degree, dialysis services are offered by or affiliated with hospitals. Hospital based IPs that fall in this category should prepare to begin reporting data, while the regulation for freestanding clinics would seem to provide a new opportunity for IP consultants.

"We have a dedicated dialysis unit so we are already looking at this new pay for reporting initiative as something we are clearly planning to comply with," says Russ Olmsted, MPH, CIC, an infection preventionist at St. Joseph Mercy Health System in Ann Arbor, MI. "We actually already have our dialysis unit enrolled in NHSN and they are reporting."

The substantial number of CLABSIs among hemodialysis patients is also a problem for hospitals, as the infections are a major cause of admissions and readmissions. A primary prevention measure is the avoidance of central lines in favor of arteriovenous fistulas for dialysis patients.

"If a [dialysis] patient develops a bloodstream infection, inevitably they are going to be admitted to a nearby hospital," Olmsted says. "The way I interpret this updated pay for reporting rule, if you didn't have a dedicated dialysis unit in your hospital it should have minimal impact in terms of needing to report this. But certainly if you have a dialysis facility within your scope of service then there is a pretty significant incentive to go ahead and begin reporting this data if you are not already."

Highlights of the End-Stage Renal Disease PPS Final Rule

November 2, 2011
http://bit.ly/v3YOBG

The CY 2012 ESRD PPS final rule updates policies and payments under the PPS bundled payment system that was implemented in CY 2011. For those dialysis facilities that elected to transition to the bundled payment system, CY 2012 is the second year of a four-year transition and their payments will be based on 50 percent of the payment rate under the composite rate and 50 percent of the payment rate under the ESRD PPS. Those dialysis facilities that did not elect to participate in the transition will have payments entirely based upon the ESRD PPS.

Payment Update: The final rule includes a mandated 0.9 percentage point productivity reduction to the CY 2012 ESRD bundled market basket update of 3.0 percent, resulting in a proposed adjusted update of 2.1 percent for CY 2012.

ESRD Quality Improvement Program: The final rule updates the ESRD Quality Improvement Program (QIP), under which payments to dialysis facilities are reduced if they do not achieve a high enough total performance score based on their performance on measures that assess the quality of dialysis care. CMS has retired one measure for 2013 and will add six new measures for 2014.

Using Antibiotics Wisely in Long Term Care Settings

November 16, 2011 - AMDA – Dedicated to Long Term Care
http://blogs.cdc.gov/safehealthcare/

Many of us have or will have loved ones in long term care facilities. These healthcare settings are critical to providing healthcare and everyday assistance to people with chronic illnesses or disabilities, who otherwise would be unable to take care of themselves. Like other healthcare settings, antibiotics are not always used correctly or wisely in long term care. We are glad that CDC is addressing and promoting the appropriate use of antibiotics to ensure the prolonged use of these important drugs and delay the rise of untreatable infections.

We believe that medical directors of long term care facilities can have enormous impact on appropriate antibiotic use. Here are some things they can do to ensure correct use of antibiotics for your loved ones:

- It is important that long term facilities have clear policies and practices to ensure that patients are not started on antibiotics when it is not necessary.
- Medical directors of facilities should assist in establishing minimum criteria for defining infections and initiating antibiotics. Consensus guidelines for LTC (e.g., McGeer, Loeb) could be used as a starting point.
- Medical directors must also be aware of increases in antibiotic resistant bacteria in their facilities to be certain that antibiotics prescribed will work for treating infections.
- In some facilities, a more intense audit of antibiotic use may be warranted to improve the appropriateness of antibiotic prescribing. This antibiotic review can be performed by the infection prevention nurse or the director of nursing service and then shared with the medial director. When a high rate of inappropriate antibiotic use is identified, medical directors should develop a plan for improvement. Plans to optimize antibiotic prescribing may include practitioner education, introduction of an antibiotic formulary, development of antibiotic prescribing guidelines, and feedback of monitored data to individual practitioners.

The medical director has a key role in helping a long term facility incorporate good antibiotic stewardship into resident care policies and procedures/guidelines. Let us know about facilities who are leading the way in this important effort.

Nominate a 2012 APIC Hero of Infection Prevention

Nominate yourself or a deserving colleague who has successfully reduced infection, raised awareness, or improved the health and wellbeing of patients, healthcare personnel, and the public for the 2012 Hero in Infection Prevention Award. 2012 Heroes will receive complimentary registration and travel to APIC's Annual Conference in San Antonio, TX and will also receive recognition in APIC's periodicals and on the website. **Heroes applications deadline has been extended to Wednesday, February 15, 2012**. Learn more about the 2012 Heroes in Infection Prevention Award.

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CMS Reporting via NHSN
Current and Proposed Requirements *(as of 11/14/2011)*

HAI Event	Facility Type	Reporting Start Date
CLABSI Adult, Pediatric, and Neonatal ICUs	IPPS Acute Care Hospitals	January 2011
CAUTI Adult and Pediatric ICUs	IPPS Acute Care Hospitals	January 2012
SSI Colon and Abdominal Hysterectomy	IPPS Acute Care Hospitals	January 2012
I.V. antimicrobial start	Dialysis Facilities	January 2012
Positive blood culture	Dialysis Facilities	January 2012
Signs of vascular access infection	Dialysis Facilities	January 2012
CLABSI	Long Term Care Hospitals *	October 2012
CAUTI	Long Term Care Hospitals *	October 2012
CAUTI	Inpatient Rehabilitation Facilities	October 2012
MRSA Bacteremia	IPPS Acute Care Hospitals	January 2013
C. difficile LabID Event	IPPS Acute Care Hospitals	January 2013
HCW Influenza Vaccination	IPPS Acute Care Hospitals	January 2013
HCW Influenza Vaccination	ASCs	October 2014
SSI *(Future Proposal)*	Outpatient Surgery/ASCs	TBD

* Long Term Care Hospitals are called **Long Term Acute Care Hospitals** in NHSN

APIC CHAPTER NEWS

Greater New Orleans (#027)
Chapter Meeting
Ochsner Baptist Harmony Room
Wednesday, January 4, 2012
9:00 a.m.

River Region (#078)
Chapter Meeting
Landry's Seafood
Friday, January 13, 2012
11:00 a.m.

Ark-La-Tex (#037)
Chapter Meeting
Christus Schumpert
Friday, January 6, 2012
11:30 a.m.