Infectious Disease Epidemiology
LA Office of Public Health
Winter 2012 Edition

HEALTHCARE ASSOCIATED INFECTIONS INITIATIVE

In the Know

A Quarterly Newsletter for Infection Preventionists

Healthcare Facility HAI Reporting to CMS via NHSN – Current and Proposed Requirements

Facility Type	HAI Event	Reporting Start Date
Acute Care Hospitals	CLABSI	January 2011
Acute Care Hospitals	CAUTI	January 2012
Acute Care Hospitals	SSI	January 2012
Dialysis Facilities	BSI	January 2012
Long Term Acute Care Hospitals	CLABSI / CAUTI	October 2012
Inpatient Rehabilitation Facilities	CAUTI	October 2012
Acute Care Hospitals	MRSA Bacteremia / *C.difficile*	January 2013
Acute Care Hospitals	HCW Influenza Vaccination	January 2013
Outpatient Surgery/ASCs	SSI *(future proposal)*	TBD

In This Issue:

When Antibiotics Lead to Deadly Diarrhea…

November 16th, 2012 8:47 am ET - DHQP
Author – Matthew Wayne MD, CMD

So, you've recently taken antibiotics and you've now developed a case of disturbing diarrhea. Should you be concerned? Maybe so…

Antibiotic-associated diarrhea refers to diarrhea that develops in a person who is taking or recently took antibiotics. One of the most serious causes of antibiotic-associated diarrhea is *Clostridium difficile (C. difficile)* infection – a major cause of acute diarrhea in long-term care facilities. Not only does *C. difficile* cause discomfort, it actually results in nearly 14,000 deaths every year—90% of these involve people aged 65 or older. People who have recently taken antibiotics are at greatest risk for *C. difficile*, which is yet another reason we need to use these medications carefully in our nursing homes and long-term care facilities.

As a patient or even a caregiver, there's a lot you can actually do to prevent *C. difficile* infections.

- First, you should only take an antibiotic when you have an infection caused by bacteria. Antibiotics don't cure all infections. They do not help with the common cold and other viruses. Consult your doctor to help determine if you need an antibiotic for an illness.
- Secondly, be sure to take only the antibiotics that have been prescribed for you and then take all of the antibiotic medicine given to you.
- It also is important to tell your physician or care givers if you or a loved one has been on antibiotics and then gets diarrhea. People who have recently received antibiotics (in the past 8-12 weeks) are at the highest risk for *C. difficile* infections.
- Physicians can also help decrease the occurrence of *C. difficile* by making sure that antibiotics are only used when necessary and for the shortest time possible.
- Physicians should try to minimize patients' exposure to proton pump inhibitors, strong stomach acid-blocking medications that reduce the body's defenses against ingested bacteria. These drugs have been associated with an increased risk of *C. difficile*.
- To help prevent the spread of *C. difficile*, healthcare facilities must follow strict infection-control guidelines. Preventive measures include: hand washing, contact precautions, thorough cleaning, and avoiding unnecessary use of antibiotics.

Remember, your doctor is your ally; and working together, you (and your loved ones) can stay as healthy as possible. To assist with this, AMDA — Dedicated to Long Term Care Medicine – has created numerous tools and resources to assist long-term care facilities with appropriate prescribing of antibiotics in their respective settings.

The HAI program allows Louisiana to create a collaborative effort to prevent healthcare associated infections. It includes development of a state plan for preventing healthcare associated infections, development of a monitoring system, and implementation of a prevention program. Visit http://www.infectiousdisease.dhh.louisiana.gov to access our Healthcare-Associated Infections Resource Center.

2012 Louisiana Statewide NHSN Trainings Queries

National Healthcare Safety Network trainings were covered in the following cities on these respective dates:

- October 22, 2012 – Metairie (Greater New Orleans area)
- October 30, 2012 – Shreveport (Northwest Louisiana)
- October 31, 2012 – Alexandria (Central Louisiana)

Training topics included the following:

- MDRO and Clostridium difficile reporting
- Missing data and alerts
- Changes to existing definitions
- HPS Component/ Influenza Vaccinations

1. Are emergency rooms used for LabID surveillance? If so, would they be included as encounters which would correspond to outpatient surveillance? Emergency rooms are considered outpatient locations. Therefore if a facility is performing LabID Event monitoring in this location (not required by CMS) they will need to report these events. Yes, the denominators will be encounters, not admissions.

2. Would a CDC training be possible for Louisiana infection preventionists to get guidance on Chapter 17 of the Patient Safety Manual on "specific sites"? Please see the information at http://www.cdc.gov/nhsn/Training/requests/index.html and follow guidance on submitting a training request.

3. Concern – determining "primary closure" for surgical incisions wouldn't be possible for large hospitals that only have 2 infection preventionists. These hospitals may need to be creative and enlist their ORs to identify those patients leaving the OR with an incision not meeting the criteria for primary closure. Facilities will need to be able to identify such patients.

4. What are the specifics that should be observed "upon direct exam"? Is it palpitations, tenderness, warmth? This question is not specific enough to answer. Please provide more information if you still want a response.

5. Is the procedure date or date of discharge used as day 1 of "duration of SSI surveillance"? The procedure date is day one.

6. Should employee health nurses report monthly on influenza vaccinations or would they be able to just enter data at the end of the flu season by April 15th considering previous data is overwritten? Is there a benefit to entering data monthly as opposed to at the end? There is an advantage to entering data monthly in that it will provide information to you on your progress towards complete vaccination. This is the preferred method, although as long as the data is entered by the cut-off date, it will be shared with CMS.

7. How are patients that are housed "for observation only" classified in LabID surveillance? Does it only relate to the duration of their stay if they are inpatient or outpatient? Patients that are housed within inpatient locations are considered inpatients for LabID purposes, regardless of

their "status" by the hospital. Please see http://www.cdc.gov/nhsn/PDFs/PatientDay_SumData_Guide.pdf

8. Are emergency department visits counted as outpatients? Would they be included in the denominator for LabID surveillance? See answer to Q #1.

9. LabID event infection surveillance – is there distinguishing between where spores are contracted between contracting in the hospital setting? I'm sorry, I do not understand this question. Are there classifications for "present on admission" infections? Definitions for "community onset" and "healthcare-facility onset" are located on page 12-8 of the NHSN manual.

10. When will the new surveillance definitions be finalized? They are finalized now and we anticipate posting to the website within the next 2 weeks.

11. Even though documentation of influenza vaccinations begins in January 2013, we should get our 6 month employee totals beginning in October 2012, correct?
The CMS rule announced a requirement for acute care hospitals to report HCP influenza vaccination summary data beginning on January 1, 2013. Subsequently, on August 1, 2012, CMS posted a Final Rule in the *Federal Register* indicating that although the required submission of HCP summary data for the Hospital IQR Program begins with the first quarter of 2013, CMS will accept voluntary submission of data from October 1, 2012. For the 2012-2013 influenza season, acute care hospitals can submit data for the entire influenza vaccination season to NHSN, and CMS will accept voluntarily submitted data for vaccinations given prior to January 1, 2013, even though submission of these particular data is not required by the CMS rule.

12. Is CDC only looking for the numbers of cases of *C. diff* and invasive MRSA? I believe this question is in reference to the CMS requirements for LabID *C. difficile* and MRSA Bloodstream Events. If that is so, then yes, those are the only types of events which must be reported through this module.

13. Does the post-discharge surveillance differentiate between the depth of the incision (superficial, deep, v. organ space)? All SSI reporting, whether as a result of inpatient surveillance or post-discharger surveillance, must include the specific type of SSI (superficial, deep, v. organ space) and all of these SSIs must be reported.

14. There were many questions about the terminology on infections in the upper layers of the skin incisions. For example, if a patient had surgery due to appendicitis/ peritonitis and the skin incision because infected after the surgery --- thought this was an organ/ space surgery, would this still be counted as a superficial incisional infection? The determining factor as to what type of SSI it is, is based on the level of the tissue involved, not the type of operative procedure involved. If only the superficial layer is involved (skin or subcutaneous tissue) it is a superficial incisional SSI. If the muscle or fascia is involved, it is a deep incisional SSI. If an organ or the space around an organ is involved, it is an organ/space SSI.

National Healthcare Safety Network Change Control Board Update

Dawn Sievert PhD, MS
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NHSN Protocol and Public Reporting Team Lead

NHSN State Users Call
November 14, 2012

National Center for Emerging and Zoonotic Infectious Diseases
DHQP/Surveillance Branch

NHSN Major Changes Coming in Release 7.1 Expected Feb 16, 2013

- **All Components:**
  - Small modifications to better clarify handling of Report No Events flags
  - Revisions to Annual Facility Surveys:
    - Number of IPs to decimal places
    - Ownership modifications
    - Remove Copy from Prior Year button (all PS surveys)
    - Expanded answers to *C. difficile* lab test type question
    - New survey for HCP Influenza Vaccination Summary – Re: Campaigns
    - Fix timing-out during survey entry (Dialysis)

NHSN Major Changes Coming in Release 7.1 Expected Feb 16, 2013

- **Patient Safety:**
  - Expansion and update to NHSN Organism Lists and will provide specific tabs for All Orgs, Top orgs, CC Orgs, and MBI Orgs.
  - Add 14 new ONC locations for use by cancer and acute care facility types (replace SCA-HONC and SCA-BMT)
  - Revisions to Dialysis Event reporting forms
  - Add "2 calendar day" rules and new definitions for healthcare-associated infection, device-associated infection, location of attribution and date of event
  - Description changes to catheter status for UTI reporting
  - Add criteria to CLABSI reporting to specify Mucosal Barrier Injury (MBI) – optional data entry in manual application in 2013 (no removal of these CLABSIs for CMS reporting in 2013). Will be available via CDA import Jan 2014
  - Add new Ventilator-Associated Event (VAE) reporting to the Device-Associated Module (includes VAC, IVAC, and possible/probable VAP). Only for adult patients ≥18 years old. VAE will use date of onset to define. Peds patients still reported using VAP until specific pediatric criteria are defined for VAE.

NHSN Major Changes Coming in Release 7.1 Expected Feb 16, 2013

- **Patient Safety (continued) - Procedure and SSI reporting changes:**
  - Prohibit Wound Class selection of "clean" for alimentary/reproductive procs
  - Remove requirement to report implant as part of SSI surveillance
  - Change definition of primary closure to include procedures where devices remain extruding through incision at end of surgery
  - Limit SSI surveillance follow-up to 30 days for all SSI types and NHSN operative procedures, except a subset specified to require a 90-day period for DI and O/S SSI including: BRST CARD, CBGB, CBGC, CRAN, FUSN, FX, HER, HPRO, KPRO, PACE, PVBY, RFUSN, VSHN
  - Use of term "Endoscope" changed to "Scope"
  - DI and O/S SSI criteria no longer to use phrase "appears to be related to the operative procedure"

NHSN Major Changes Coming in Release 7.1 Expected Feb 16, 2013

- **Patient Safety (continued) - Procedure and SSI reporting changes:**
  - NHSN Principal Operative Procedure lists revised to reflect current NHSN SSI data with ordering of procedures updated (e.g., COLO moved above SB)
  - Minor wording changes for several specific site criteria for O/S SSI and non-surgical HAI events (e.g., Radiographic to Imaging testing evidence, etc.)
  - Make required fields same for in-plan and off-plan reporting
  - Remove "Both" from procedure Setting Selection so reporting is separate
  - For Proc=BRST and Proc-REC add options to report SIS and DIS
  - For Proc=PRST remove a single ICD-9 CM code that occurs without incision
  - Expand reportable specific types of SSIs for Proc=LTP and Proc=KTP

NHSN Major Changes Coming in Release 7.1 Expected Feb 16, 2013

- **Analysis:**
  - Additional specifications in Membership Rights Line List for Group Level
  - Provide reference list for custom fields and labels (PS only this release)
  - System and user interface enhancements to allow charting of summary data
  - Annual update of Device-Associated rates
  - Change scale displayed for Device Utilization Ratio charts
  - Build SIR analysis output for MRSA Blood and CDI LabID Event data
  - Create reports for MRSA Blood and CDI LabID Event data, for LTAC and IRF data, and for HCP Influenza Vaccination Summary data reported to CMS
  - Analysis Output for Antimicrobial Use CDA reporting
  - Addition of LTC Component analysis functions
  - Add analysis for HPS Component BBF exposure rates for outpatient locations
  - Add bar, pie, and frequency tables for BV Component summary data

NHSN Major Changes Coming in Release 7.1 Expected Feb 16, 2013

- **CDA – Electronic Reporting:**
  - Enhance automated CDA send (ability to link events to procedures)
  - Enhance NHSN processing of imported CDAs (process valid and invalid CDAs without rejecting entire file)
  - Allow automated import from multiple facilities in one CDA zip file
  - Remove use of Occasion of Detection code 1515-6 for SSI reporting
  - Establish User Rights for AU option
  - Add capability to user interface to allow deletion of AU reported data

Questions?

Thank you!

NHSN Long-term Care Facility Component

- **Launched in Sept 2012**

www.cdc.gov/nhsn/ltc

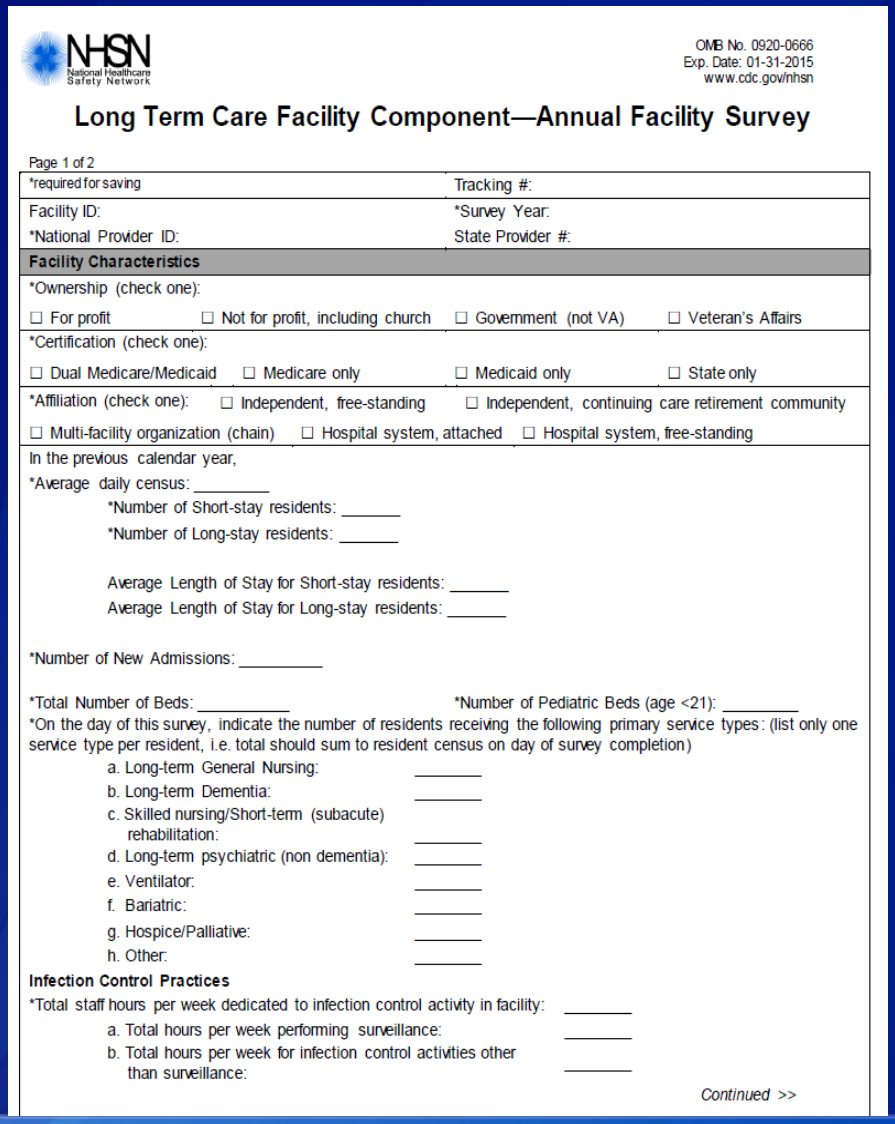
Eligible Facility Types

- Facilities eligible for enrolling in LTCF Component
  - Certified skilled nursing facilities and nursing homes
  - Intermediate/chronic care facilities for the developmentally disabled
  - Assisted living facilities and residential care facilities
    - Currently limited to Prevention Process Measures

LTCF Requirements & Reporting

- **Annual survey**
  - Captures information about facility type, resident population and services provided
- **Event reporting**
  - Captures information on resident demographics, care received, time in the facility, and recent exposure to acute care
- **Reporting requirements**
  - ≥6 months of continuous reporting per year
  - Surveillance is performed facility-wide

Annual Facility Survey



NHSN National Healthcare Safety Network

OMB No. 0920-0666
Exp. Date: 01-31-2015
www.cdc.gov/nhsn

Long Term Care Facility Component—Annual Facility Survey

Page 1 of 2

*required for saving	Tracking #:
Facility ID:	*Survey Year:
*National Provider ID:	State Provider #:

Facility Characteristics

*Ownership (check one):

☐ For profit ☐ Not for profit, including church ☐ Government (not VA) ☐ Veteran's Affairs

*Certification (check one):

☐ Dual Medicare/Medicaid ☐ Medicare only ☐ Medicaid only ☐ State only

*Affiliation (check one): ☐ Independent, free-standing ☐ Independent, continuing care retirement community

☐ Multi-facility organization (chain) ☐ Hospital system, attached ☐ Hospital system, free-standing

In the previous calendar year,

*Average daily census: _____

*Number of Short-stay residents: _____

*Number of Long-stay residents: _____

Average Length of Stay for Short-stay residents: _____

Average Length of Stay for Long-stay residents: _____

*Number of New Admissions: _____

*Total Number of Beds: _____ *Number of Pediatric Beds (age <21): _____

*On the day of this survey, indicate the number of residents receiving the following primary service types: (list only one service type per resident, i.e. total should sum to resident census on day of survey completion)

a. Long-term General Nursing: _____
b. Long-term Dementia: _____
c. Skilled nursing/Short-term (subacute) rehabilitation: _____
d. Long-term psychiatric (non dementia): _____
e. Ventilator: _____
f. Bariatric: _____
g. Hospice/Palliative: _____
h. Other: _____

Infection Control Practices

*Total staff hours per week dedicated to infection control activity in facility: _____

a. Total hours per week performing surveillance: _____
b. Total hours per week for infection control activities other than surveillance: _____

Continued >>

- Facility characteristics
  - Size, certification, affiliation
  - Resident census data by short and long stay
  - Point prevalence of resident services
  - Information about infection prevention and laboratory resources

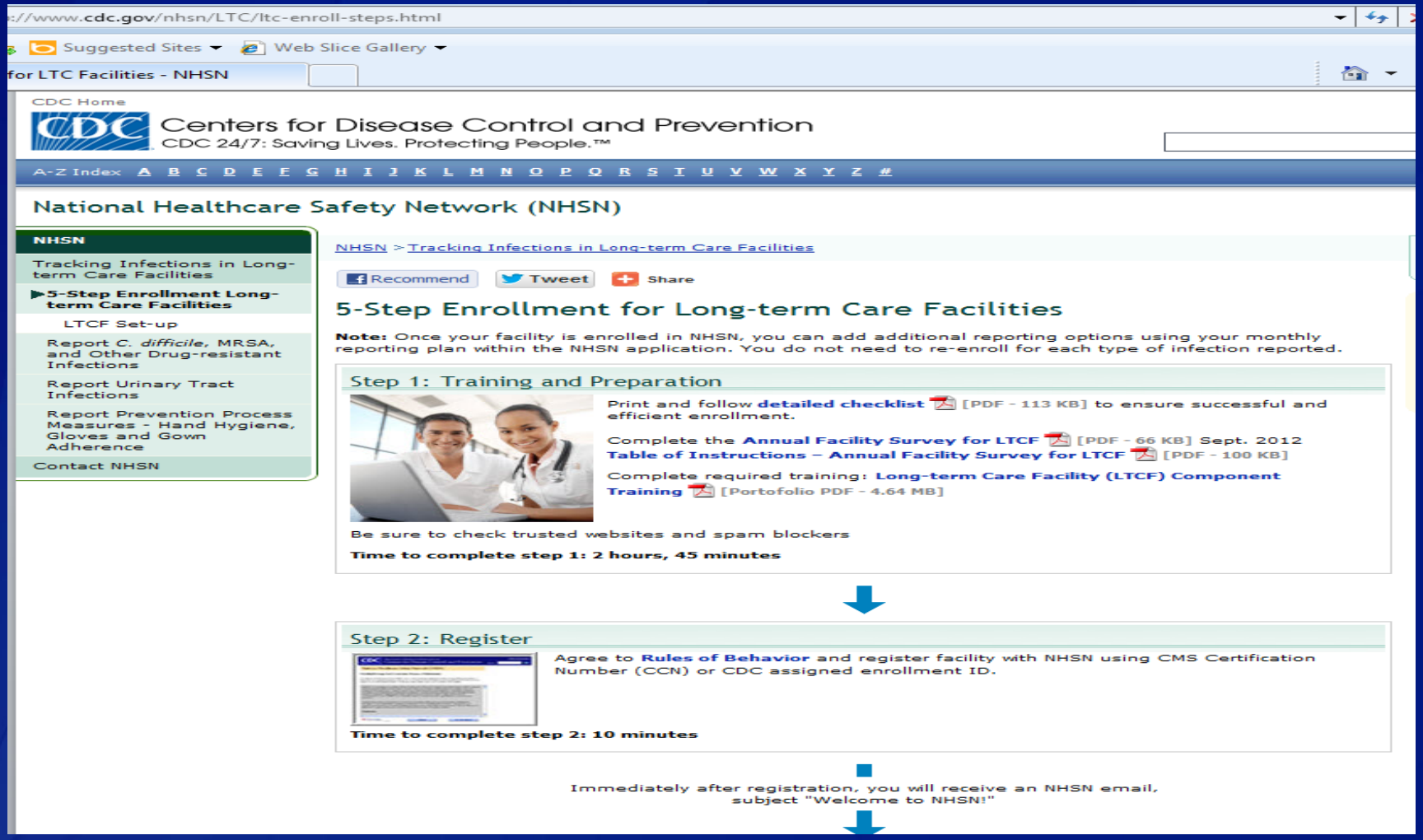
Modules & Events

- **Healthcare Associated Infection Module**
  - Urinary tract infection (UTI) events
  - Both catheter- and non catheter-associated
- **Laboratory Identified (Lab-ID) Event Module**
  - *C. difficile* infections (CDI)
  - Multidrug-resistance Organisms (MDRO)
- **Preventions Process Measures Module**
  - Hand hygiene adherence based on observations
  - Gown and glove use adherence based on observations

Standardized event definitions

- Symptomatic UTI events
  - Definitions match the updated McGeer UTI infection surveillance definitions for LTCF (*Stone et al. InfectContHospEpi. 2012. 33(10): 965-977*)
- Laboratory Identified (Lab-ID) MDRO/CDI events
  - Definitions match the Lab-ID event criteria being applied across healthcare settings (e.g., acute care, LTACH, etc.)
- Over time, these criteria and definitions can be assessed and validated for use by LTCFs
  - National benchmarks can be established with risk-adjustment based on facility/resident characteristics

Enrollment in the LTCF Component



www.cdc.gov/nhsn/ltc/ltc-enroll-steps.html

Thank you!!

Email: nstone@cdc.gov with questions/comments

For more information please contact Centers for Disease Control and Prevention

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