Healthcare Associated Infection Newsletter

MA Dept. of Public Health

July 2010

Welcome

Welcome to the first edition of the Massachusetts Department of Public Health Healthcare Associated Infection (HAI) Prevention Program Newsletter, a publication intended to provide up-to-date information on the activities undertaken by the HAI Program. We encourage your feedback, as well as your ideas, requests or suggestions for future editions.
To add names to our distribution list, please contact Nicole Johnson at: nicole.johnson@state.ma.us using subject heading: "HAI Newsletter"

Special points of Interests

- *Upcoming Events*
- *Data Cleaning Report*
- *C-difficile Collaborative*
- *Data Validation*
- *PAICAP Project*

Data Cleaning Report

In preparation for public reporting, HAI epidemiologists Shauna Onofrey and Will Lapsley are monitoring the timeliness, completeness and accuracy of the self-reported National Healthcare Safety Network (NHSN) data by distributing data cleaning reports to all acute care hospitals. Data that are missing, unusual or duplicate are identified and issues are resolved through e-mail or phone communication with infection preventionists, with modifications made as needed.

The next Data Cleaning Report will be sent through the secure e-mail delivery system, which requires a password for access. If you do not remember your password please contact the Common Help Service Desk at 866-888-2808 or CommonHelpServiceDesk@MassMail.State.MA.US
Please fill out the Data Cleaning Worksheet and Data Cleaning Report completely and accurately and don't forget to include your hospital name and NHSN facility ID number at the top of the page.

Upcoming Events:

July:
Data Cleaning Reports sent to all acute care hospitals

September:
Technical Advisory Group Meeting
September 23, 2010

Announcement of New Staff:

We are pleased to announce the addition of Nicole Johnson who will be providing administrative support to the HAI program!

Survey Data

If you have not submitted the 2009 NHSN Hospital Survey please do so as soon as possible.

We ask that you closely review the following NHSN survey categories for "teaching" category. Please note misclassification will result in inaccurate risk stratification and analysis of data.

Major: Hospital is a major component of the teaching program of a medical school, and

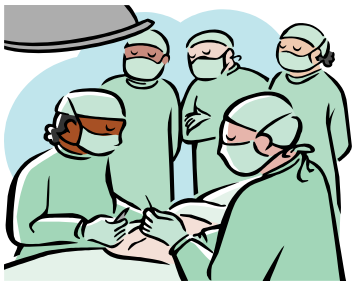
the majority of the schools medical students rotate through multiple clinical services.

Graduate: Hospital is used by a medical school for graduate training programs only (i.e., residency and/or fellowships).

Limited: Hospital is used in a medical school's teaching program to only a limited extent.

We have received a number of questions on the NHSN survey related to "number of beds set up and staffed". Bed number is the total number of beds licensed by the Massachusetts Department of Public Health, regardless of whether they are currently being used or not.

Coronary Artery Bypass Graft (CABG) Procedures



Important reporting reminders for facilities performing CBGB/CBGC[1] procedures:

- Sternal wires used during CABG procedures meet the NHSN definition for implant and all procedures must be monitored for infection for one year.
- When completing procedure details, please be sure to provide accurate information for the required fields of "Implant", "Transplant" and use of "Endoscope".

NHSN Definitions:

Implant: A nonhuman-derived object, material, or tissue that is permanently placed in a patient during an operative procedure and is not routinely manipulated for diagnostic or therapeutic purposes. Examples include: porcine or synthetic heart valves, mechanical heart, metal rods, mesh, sternal wires, screws, cements, and other devices.[2]

Transplant: Human cells, tissues, organs, or cellular-or tissue-based products that are placed into a human recipient via grafting, infusion, or transfer. Examples include: heart valves, organs, ligaments, bone, blood vessels, skin, corneas, and bone marrow cells. *Autologous* or "autograft" transplants are products that originate from the patient's own body. *Non-autologous* or "allograft" transplants are tissues or other products derived from another human body, either a donor cadaver or a live donor.[2]

Some products are a combination of human and nonhuman-derived materials, such as demineralized human bone matrix with porcine gel carrier. When placed in a patient during an operative procedure, indicate "Yes" for both the Implant and Nonautologous Transplant fields.

[1]CBGC = Coronary artery bypass graft with chest incision only

[2]http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf

CABG Procedures Cont.

Some operative procedures involve placement of both autologous and non-autologous products. For these procedures, indicate "Yes" for Non-autologous Transplant field.

Question:
For CBGB, if the patient's saphenous vein is harvested for grafting is that "Yes" for transplant?

Answer:
Yes, this meets the NHSN definition for autologous or autograft. However, the question on the "Denominator for Procedure" form on transplants specifically asks if there was a *non-autologous* transplant; the answer would be "No", since the patient's own vein is used.

Question:
According to NHSN instructions for completion of denominator data for SSI[1], if an entire operative procedure is performed using an endoscope/laparoscope the infection preventionist (IP) should report this by selecting "Yes" or "No" in the required fields. Is there a way to document use of endoscope/laparoscope for donor vessels obtained laparoscopically during CBGB procedures?

Answer:
Endoscopes should only be reported as used when the entire surgical procedure is

completed through the scope. However, the exception is for CBGB if the donor vessel was harvested using a laparoscope. In this case, the IP will report the use of an endoscope by selecting "Yes" in the required field[2].

[1] http://www.cdc.gov/nhsn/PDFs/pscManual/14_Tables_of_Instructions.pdf p. 31

[2] http://www.cdc.gov/nhsn/PDFs/pscManual/14_Tables_of_Instructions.pdf p. 32

Infection Prevention and Control Surveys

In February 2010, all acute care hospitals were notified by circular letter of the Massachusetts Department of Public Health plan to perform infection prevention and control focused surveys for all acute care hospitals.

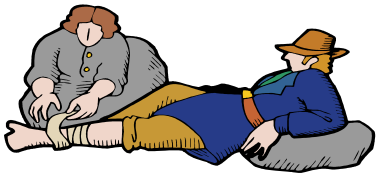
The surveys are conducted by Division of Health Care Quality IPs in accordance with Massachusetts Hospital Licensure regulations, which incorporate the Centers for Medicare and Medicaid Services (CMS) Condition of Participation for Infection Control.

All surveys will be unannounced.

The Regulations, Interpretive Guidelines and Procedures which the Department is basing its review of hospital infection prevention and control programs on are available by clicking the following links;

#10-02-528 Acute Care Hospital Survey Visits - Infection Prevention and Control - 2/4/2010 (PDF) |RTF

Regulations, Interpretive Guidelines and Procedures (PDF) | RTF



Wound Class

Recent review of abdominal and vaginal hysterectomy data indicates some NHSN users are classifying these procedures as "Clean" instead of "Clean Contaminated". To ensure the accuracy of your hospital's data, please review the following definitions and make changes in NHSN as needed. As wound class is assigned by the surgeon or surgical assistant, please share these definitions with all members of the surgical team.

Wound class is an assessment of the likelihood and degree of contamination of a surgical wound at the time of operation. The system used in NHSN is based on the American College of Surgeons wound classification schema and consists of four classes:

Clean:
An uninfected operative wound in which no inflammation is encountered and the respiratory, alimentary, genital, or uninfected urinary tracts are not entered. In addition, clean wounds are primarily closed and, if necessary, drained with closed drainage. Operative incisional wounds that follow nonpenetrating (blunt) trauma should be included in this category if they meet the criteria.

Clean-Contaminated:
Operative wounds in which the respiratory, alimentary, genital, or urinary tracts are entered under controlled conditions and without unusual contamination. Specifically, operations involving the biliary tract, appendix, vagina, and oropharynx are included in this category, provided no evidence of infection or major break in technique is encountered.

Contaminated:
Open, fresh, accidental wounds. In addition, operations with major breaks in sterile technique (e.g., open cardiac massage) or gross spillage from the gastrointestinal tract, and incisions in which acute, nonpurulent inflammation is encountered are included in this category.

Dirty or Infected:
Includes old traumatic wounds with retained devitalized tissue and those that involve existing clinical infection or perforated viscera. This definition suggests that the organisms causing postoperative infection were present in the operative field before the operation[1].

[1] http://www.cdc.gov/nhsn/PDFs/pscManual/16pscKeyTerms_current.pdf p.9

Quality Improvement Program for C-*difficile*

The Massachusetts Department of Public Health is partnering with the Massachusetts Coalition for the Prevention of Medical Errors to expand infection prevention efforts to include C. *difficile*. This initiative is part of the national effort by the Centers for Disease Control and Prevention and the US Department of Health and Human Services to prevent HAI. The program will provide participants with training, education, toolkits, and creative strategies to improve patient safety and reduce C. *difficile* infections throughout the state. Paula Griswold, Executive Director for the Coalition and Susanne Salem-Schatz, Collaborative Director will be leading this project. Thirty facilities have already registered for this exciting new initiative and we strongly encourage all to get involved! If your facility is interested in participating and committed to working on this prevention target please contact:

Paula Griswold
pgriswold@macoalition.org
or Susanne Salem-Schatz
sss@hcqi.com

We invite you to join us in this exciting initiative!

Please feel free to share any comments, questions, and/or suggestions you may have with Nicole Johnson
at:
Phone: 617-753-8084
E-mail:
nicole.johnson@state.ma.us

We're on the web!!
http://www.mass.gov/dph/dhcq
Or visit the MDPH website at
http://www.mass.gov/dph

Validation

On behalf of MDPH, JSI Research and Training Institute has designed and will soon implement a plan for validation of the NHSN HAI data in Massachusetts acute care hospitals. The program director for this initiative is Laurie Kunches, ANP, PhD. A comprehensive approach will require audit and detailed evaluation of medical records and procedures related to data collection. The objectives for validating data include:

- Determining the extent to which surveillance definitions have been reliably and consistently applied
- Evaluating current surveillance methods used to detect infections
- Assessing completeness of reporting
- Providing targeted education on the definitions, surveillance mechanisms and use of NHSN

To prepare for this important initiative a training webinar was conducted by JSI on May 12, 2010 with more than 100 participants. If you missed it, the recorded webinar is available on the JSI website:
http://videos.jsi.com/madph_hai_data_training/madph_hai_data_training.htm
Special thanks to all who participated in the pilot validation visits and those who submitted survey information on the use of electronic medical records in their facilities.
For additional information please contact: Eileen McHale via eileen.mchale@state.ma.us or 617-753-7324

Preventing Avoidable Infectious Complications by Adjusting Payment Project (PAICAP)

Researchers from Harvard Medical School and Harvard Pilgrim Health Care Institute are conducting a study to understand the impact of Medicare's policy of non-payment for preventable complications. Called PAICAP, Preventing Avoidable Infectious Complications by Adjusting Payment Project, the project is funded by the Agency for Healthcare Research and Quality (AHRQ).
Additional collaborators include the CDC's National Healthcare Safety Network, the Association for Professionals in Infection Control and Epidemiology, Inc., (APIC), the Institute for Healthcare Improvement (IHI) and the Centers for Medicare and Medicaid Services (CMS).

Confer rights to PAICAP!!

Your participation will only require 15-20 minutes to join and confer rights to the NHSN PAICAP group. Data will be presented in aggregate and facilities will NOT be identified in any publications. Participants will receive regular updates on study findings over the next four years and will play a key role in helping policymakers shape future healthcare decisions. To enroll or learn more about this project contact:
http://www.paicap.org/