

HEALTHCARE ASSOCIATED INFECTIONS INITIATIVE

In the Know

A Quarterly Newsletter for
Infection Preventionists

Learnlinc On-Demand HAI Training Webinars

- CAUT & CDI
- Conferring Rights
- Missing Data and Alerts
- Analysis and the Standardized Infection Ratio
- Data Entry, Import and Customization
- Surgical Site Infections
- Case Studies
- Workshop
- Understanding the Standardized Infection Ratio
- Ventilator-Associated Events
- CMS Rules
- Quality is Key
- NHSN Update
- CRE

Your NHSN Training Questions Answered

The Healthcare-Associated Infections Program held the fifth annual National Healthcare Safety Network trainings on the following dates: October 7 (Metairie), October 15 (Shreveport), and October 16 (Alexandria). These trainings were organized with the help of Michele Pogue, Office of Public Health Surveillance Epidemiologist for Regions 6 and 8, and Lisa Stamper, Director of Infection Control for Willis-Knighton Health System. If you missed the trainings, on demand videos are available here: <http://new.dhh.louisiana.gov/index.cfm/page/2000>. Questions were posed at the trainings and documented for follow up. Answers are listed below and were answered by a member of CDC's Division of Healthcare Quality Promotion:

1. Regarding scopes, if a procedure is coded as a laparoscopic procedure, does it matter if a hand port was used?
In 2015, the introduction of a hand into the incision will no longer exclude the "Scope" field from being answered as yes. Simply said, if the procedure is coded as "laparoscopic", answer the field "Yes".
2. Will you please give an example regarding the new verbiage on "logical pathogen" not fitting the secondary BSI definition?
Positive blood cultures will no longer be allowed to be determined secondary to another site of infection because they are considered "logical pathogen". Instead, there will need to be a matching pathogen from the infection site, or the blood culture will need to be used as an element of the infection criteria for the blood culture to be considered secondary. An example: Patient has had abdominal surgery and has increased abdominal pain (not commensurate with postoperative condition) and fever, and also has a positive blood culture and radiologic evidence of IAB. Let's say this patient has no positive intraabdominal culture. This will be considered a secondary BSI due to (2015) IAB criterion 3b. However, if the patient did not have 2 of the 2 symptoms that are required to accompany the positive blood culture to meet the IAB criterion, then the BSI may not be considered secondary to IAB, no matter what the blood pathogen is, i.e., even if clinically they are believed to be organisms associated with abdominal infections.
3. Regarding CDI, will PCR still be an acceptable test for facilities that don't perform toxin-producing tests? **Yes.**

In addition to training questions, documentation was taken from employee Influenza vaccination discussions held during the trainings. A summary is below:

- Most facilities' policies were updated either this year or last year
- Almost all facilities have Flu fairs
- Most facilities don't use Live Flu vaccine
- Most participants said their facilities have mandatory employee Flu vaccination programs
- Consequences of not getting vaccinated is you have to wear a mask
- Some facilities say they show stats on vaccination around their facilities

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 dhh.louisiana.gov/idepi to access the Healthcare-Associated Infections Resource Center.

NHSN Training Participants by Location and Participant Type

Provider Type	October 7 (Metairie)	October 15 (Shreveport)	October 16 (Alexandria)
Accreditation	1	0	0
Administrator	1	0	3
Chief Nursing Officer	2	1	0
Consultant	1	0	0
Infection Preventionist*	36	15	16
Quality Control	5	0	2
Surveillance	1	0	0
Total	47	16	21

*14 infection preventionists at the Metairie location included Employee Health as a job title; 6 infection preventionists at the Shreveport location included Employee Health as a job title; and 5 infection preventionists at the Alexandria location included Employee Health as a job title.

HAI Advisory Committee Annual Meeting

The HAI Advisory Committee met via phone conference on November 20, 2014. The agenda included Louisiana NHSN 2012 data, the CDC 2011-2012 Standardized Infection Ratio Report, Hospital Compare data, data validation, prevention priorities, and continued partnerships. Participants on the call were as follows: Kenneth Alexander (LHA), Connie DeLeo (Baton Rouge General), Dr. David Holcombe (OPH), Dr. Fred Lopez (LSUHSC), Dielda Robertson (OPH), Debra Rushing (eQHealth), and Erica Washington (OPH). We thank the advisory committee for their continued service!

HAI Advisory Committee

Kenneth Alexander, Louisiana Hospital Association
 Dr. Pierre Dejace, Tulane University
 Conni DeLeo, Baton Rouge General Medical Center
 Dr. Jimmy Guidry, LA Office of Public Health
 Lori Guillory, LA Nursing Home Association
 Dr. David Holcombe, LA Office of Public Health
 Dr. Robert Johannessen, LA Healthcare Review
 Dr. Fred Lopez, LSU Health Sciences Center
 Leah Michael, LA Office of Public Health
 Dr. Gregory Raceniak, CDC

Dr. Raoult Ratard, LA Office of Public Health
 Avis Richard-Griffin, Louisiana Office of Public Health
 Dr. Ron Ritchey, LA Healthcare Review
 Dielda Robertson, LA Office of Public Health
 Debra Rushing, eQHealth Solutions
 Dr. Takeisha Davis, LA Office of Public Health
 Dr. Tina Stefanski, LA Office of Public Health
 Theresa Sokol, LA Office of Public Health
 Erica Washington, LA Office of Public Health

Infection Control Breach Surveillance with Health Standards Section

In June 2014, the HAI Program began accepting reports of infection control breaches from the Health Standards Section of the Louisiana Department of Health and Hospitals. These reports notify IDEpi of infection control risks within different settings that are revealed after Health Standards surveys. Upon receiving notifications, our office conducts investigations to determine risks of bloodborne pathogen transmission and other hazards. To review the CMS notification that catalyzed this collaborative effort, click here: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-36.pdf>.