



# Infection Prevention and Public Health Update

## OKLAHOMA STATE DEPARTMENT OF HEALTH

### 2nd Quarter Newsletter 2010

#### 2010 NHSN TO DO LIST

- Digital Certificates:** Digital certificates expire after one year and cannot be renewed. Each year, you can apply for a new digital certificate. NHSN will notify you via email 30 days prior to your digital certificate's expiration date. That email will include instructions on how to proceed, including the website and password.  
**Once a digital certificate has expired, you will not be able to access NHSN until a new digital certificate is installed.**
- Annual Survey for 2010:** Remember to add a survey for 2010. Adding a 2010 Survey option is done under the "Group", "Confer Rights" Option. Once on that page, you will need to add a row under the Surveys and enter 2010 for the year and Facility Survey as the type of survey.
- Monthly Plans:** You must enter a plan for each 2010 calendar month before you can enter data for those months. This can be simplified by entering a plan for January 2010 and then copying that plan for the rest of the months.
- Contact:** Janice Mouser or Lloyd Richardson @ (405) 271-6576 if you need assistance with any of the above mentioned items.



### SAVE LIVES: CLEAN YOUR HANDS

The World Health Organization (WHO) has announced May 5, 2010 as the 2nd annual day to promote the global patient safety challenge of sustaining hand hygiene among healthcare workers. To learn more about this challenge or to enroll as a facility participant, please go to <http://www.who.int/gpsc/5may/en/>



## HHS HAI Targets

The Health and Human Services convened a group of scientific experts in September 2008 who were tasked with identifying potential Healthcare-Associated Infection (HAI) targets that will be addressed in a 5-year Action Plan to Prevent HAIs.

Through this process, five HAIs were selected as targets for prevention. Those are: Central Line-associated Bloodstream Infections (CLABSI), Clostridium difficile Infections (CDI), Catheter-associated Urinary Tract Infections (CAUTI), Surgical Site Infections (SSI), and Methicillin-resistant Staphylococcus aureus (MRSA) infections.

The federal government has tasked the state governments that received ARRA funding to select a minimum of two of HAI targets consistent with the targets they identified and work towards preventing these HAI infections in our hospitals.

Oklahoma law requires CLABSIs to be reported through NHSN. Reporting of MRSA is not mandated as of this date, so the OSDH is requesting hospitals in Oklahoma to voluntarily report their HAI MRSA data through the NHSN.

The Oklahoma State Department of Health (OSDH) has joined with the Oklahoma Foundation for Medical Quality (OFMQ) on their MRSA project. Currently 31 Oklahoma hospital facilities are participating and reporting MRSA data in the NHSN Surveillance Database. OSDH has requested that those 31 hospitals voluntarily confer viewing rights to the MRSA data they are currently reporting. We will be working to expand MRSA reporting to include all Oklahoma hospitals except those classified as Critical Access facilities.

## Free From Your DeskTop

Several Infection Preventionists (IPs) have mentioned that due to the economic state of the healthcare industry, some IPs are not being offered the opportunity to attend national conference or training on infection prevention. With that in mind, I want to share a free educational resource that is directed specifically towards the IPs.

I am referring to the 4th Annual Infection Control Today Virtual Conference on Professional Development. The live broadcast was February 9-10, 2010. You can access the agenda and the session slides free of charge at :

<http://www.ictconference.com/2010/>

## Hitting the Road

Janice Mouser or Lloyd Richardson will be contacting each hospital Infection Preventionist to schedule a face-to-face meeting at their facility.

One of the purposes of the meetings is to assist the IPs with any issues involving the NHSN surveillance system and reporting of HAI data. In addition, efforts will be directed toward expanding the MDRO/MRSA Collaborative.

Janice and Lloyd are available to assist the IPs with training other staff on using the NHSN surveillance system as well as providing training to the hospital administration and nurse managers on the collaborative and reporting.



## Oklahoma HAI Prevention Work Group Meeting

The HAI Prevention Work Group met on February 25, 2010 . The mission of the work group was reviewed and discussed. Click on the link to view the [mission](#) of the work group.

A major task of the group is to identify and recommend the most appropriate infection prevention actions and interventions for our healthcare-associated infection plan.

The group confirmed the selection of **CLABSI** and **MRSA** as the **two HAI prevention targets** consistent with

the Health and Human Services (HHS) priorities. This means OSDH staff will be working closer with Oklahoma hospital facilities to expand participation in the MDRO/MRSA Collaborative.

Dr. Dale Bratzler of OFMQ presented on “ Prevention of MRSA Infections and Transmission”. His presentation covered the work of OFMQ; patient safety; the work of and challenges of a collaborative; and HICPAC and the future of HAI prevention. Click the link to view a copy of Dr. [Bratzler's](#) presentation.

Gwen Harrington of INTEGRIS BMC presented on their success in reducing MRSA at the INTEGRIS facilities. The [minutes](#) of the meeting and discussion may be viewed from this document.

The next HAI Prevention Work group meeting will be held at the Oklahoma City Metro Technology Center on April 23, 2010 in the Economic Development Center from 1:30-3:00p.m.

## Performance Metrics

Now that the State HAI Prevention Work Group has selected central line bloodstream infections and the MDRO infection of MRSA as Oklahoma's targeted infections, the next step to our infection prevention plan will involve setting goals and performance outcome measures to encourage and evaluate how Oklahoma healthcare workers are doing regarding the specific infection prevention goals identified in the Oklahoma Healthcare Associated Infection Prevention Plan.

Performance measures are a crucial part of the improvement process. The HAI prevention metrics will identify what will be measured, the system that will be used to monitor and measure the results, and over what time frame the performance will be measured.





## WE WANT TO HEAR FROM YOU!

The Oklahoma State Department of Health (OSDH) will be sending out the HAI Prevention Project Assessment on behalf of the Healthcare-Associated Infection Prevention Work Group.

The HAI Prevention Work Group wants to hear from you regarding what you as an infection preventionist need in order to carry out the role and responsibilities (including reporting data to the NHSN surveillance database) of the

IP targeting infection prevention at your facility.

The needs assessment is very short and concise and should only take a few minutes of your time to complete. The needs assessment will be sent out via Survey Monkey. This is your opportunity to help the HAI Prevention Work Group and OSDH to identify ways which we might be able to redirect resources in efforts to help

resolve common issues the IPs encounter.

The needs assessment was sent out April 13, 2010. You are not asked to identify yourself in the process of participating. Please feel free to provide open and constructive feedback. We value your thoughts and views.



## Making a Difference in Infection Prevention

The role of the Infection Preventionist is ever-evolving and frankly can be overwhelming. The extent of the value of the role and program to an organization and the patients is often not recognized. The concept of infection control and prevention is not new; however with the advancing technology that healthcare workers are exposed to, often we lose sight of the very basic infection prevention and control concepts that have proven to be effective for centuries.

Florence Nightingale first recognized that well intended healthcare workers were contributing to the patients illness due to the unsanitary conditions patients were subjected to during the course of their hospital care. Her desire that no harm be suffered by the patients at the fault of the hospital and her observation of practices and conditions led her to implementing cleanliness and sanitation principles in hospitals.

Physicians, Ignaz Semmelweis and Oliver Wendell Holmes, discovered the link between the lack of hand hygiene for healthcare workers and the transmission of disease.

Joseph Lister was an English surgeon who recognized infection of surgical wounds was the result of dust and

contaminates from the air or environment. His work is credited with discovering the process of antiseptics which included the use of carbolic acid to clean the surgical room prior to surgery, sterilize surgical instruments and clean the patient's wound.

John F. Kennedy was quoted as having said: "One man can make a difference, and every man should try."

Your continued efforts to inform and educate healthcare workers and providers that the very basic, low tech interventions such as : hand hygiene, use of appropriate PPE, use of appropriate precautions, immunization programs, clean environments and sterile technique, etc., are synergistic to the high tech interventions that have become a part of the everyday healthcare practice. Through the use of very basic low tech interventions such as : hand washing, clean environments, proper use of sterile technique, we can expect to see better patient outcomes.

Keep reminding your healthcare workers and peers, that change is one thing, and progress in another. Low tech good healthcare practice cannot be replaced by high tech science.

