



Oklahoma State Department of Health

Healthcare-Associated Infections

Special Edition Newsletter

From Digitized to SAM-IFIED

Plans are underway to move the National Healthcare Safety Network (NHSN) away from the CDC's Secure Data Network (SDN) to the Secured Access Management System (SAMS). In the process, the NHSN user will be able to get away from the limitations of using a digital certificate to access the database and replace that with a password to access the database. As you can imagine, this will be no small undertaking, so the process will take place in phases beginning in the 4th quarter of 2010.

There are **3 major steps** to getting "SAM-ified". **Step 1**, involves the user receiving an invitation from the NHSN to register in the system. **Step 2**, will require you to complete a verification form and having that form notarized. **Step 3** requires you to fax the completed notarized form back to the CDC SAMS Help Desk and await your final approval. Getting Sam-ified is a one time process, so you will not have to renew or get "re -Sam-ified" each year.

The pilot phase of the SAMS project will begin in the 4th quarter of this year as both an alpha and beta pilots are tested. During this phase both internal and external testers will provide feedback and the process will be refined. Beginning in the 1st quarter of 2011, the mass migration phase from the SDN to the SAMS will begin.

Save the Date: Mark your Calendars

The Oklahoma State Department of Health will be offering a free Healthcare-Associated Infection (HAI), National Healthcare Safety Network user training opportunity. The training will be a one day training on **Thursday, November 4, 2010** at the **National Center for Employee Development Center in Norman, Oklahoma**. The OSDH has arranged to bring in two national speakers

Gloria C. Morrell, RN, MS, MSN, CIC is an Infection Preventionist (IP) with twenty-five years of experience as an IP high risk patient infection control coordinator and manager within a large urban hospital. Gloria joined CDC's Department of healthcare Quality Promotion Surveillance Branch in February 2009 as an infection prevention subject matter expert for the National healthcare safety network. Prior to working in infection prevention, Gloria had a varied clinical experience background which includes: ICU, public health, addictive disease, and hospital training and development. She has completed her master's Degree in nursing education in recent years, and is happiest teaching and talking to others about their needs related to the NHSN and infection prevention.

Mary Andrus, BA, RN, CIC, worked for six years with the national Nosocomial Infections Surveillance (NNIS) System at the Centers for Disease Control and Prevention (CDC) as it transitioned to the NHSN and has presented NHSN training to groups and individual users throughout the country. Recently Mary was a keynote speaker at the APIC 2010 Conference where she presented on Healthcare-Associated Infection (HAI) Surveillance.

This training is being offered free of charge. Further notice and details will be announced in the near future. If you have any questions regarding this training or the user group requirement, please contact Lloyd Richardson @ (405) 271-6576.



2010 APIC Conference Session: Multi-Disciplinary Detection and Response to Pandemic H1N1 Outbreak in a Newborn and Infant Critical Care Unit (NICCU)

This is a brief summary of a very interesting presentation I attended at the conference, describing an outbreak of novel H1N1 influenza that occurred early in the 2009-2010 “flu” season. A very thorough multidisciplinary investigation and intervention plan took place to effectively limit the spread.

The infection preventionist noted three neonates in the hospital’s NICCU had tested positive for influenza A via Rapid Influenza Diagnostic Testing (RIDT) on 29 June 2009. All 32 patients in the NICU were tested, and 5 more were identified, making a total of 8 influenza A RIDT positive neonates in the unit. The investigation revealed that the mothers of the first two cases had influenza-like symptoms as well.

Interventions included:

- Treatment of ill persons and administration of post-exposure prophylaxis to all 21 NICCU patients and 236 healthcare workers.
- Daily screening for influenza signs and symptoms in infants and healthcare workers.
- Review of ventilation duct schematics between the nine NICCU rooms (no shared airflow identified).
- Analysis of nursing and respiratory staffing patterns.
- NICU staff were not permitted to work in other hospital areas.
- Closing the unit to new admissions.
- Cohorting of positive and exposed infants.
- Postponing non-essential treatments
- Conducting daily meetings and updates for staff and parents
- “Just in time” N-95 trainings for aerosol-generating procedures
- Use of additional signage and hand hygiene resources
- Increased frequency of housekeeping services and re-stocking of supplies
- NICCU visitors were limited to the patient’s parents.
- Hospital visitors’ age limit was enforced (≥ 16 y/o).
- Non-clinical staff were posted at the hospital entries to perform symptom screening on visitors. Training for screeners included criticality of the situation, talking points and periodic retraining.
- A cost center was set up to pay for additional supplies (posters, hand hygiene, PPE, vaccine) and to track financial impact on hospital, (in case federal pandemic reimbursement became available).
- A survey of the NICCU staff was performed regarding exposures and observations during the incubation period of this outbreak (8 questions).

Conclusions:

This cluster was caused by ill parents who were visiting the NICCU. Everyone recovered. The survey revealed that the majority of staff members were not comfortable confronting symptomatic visitors, requesting that visitors use appropriate personal protective equipment, or reporting these issues up the chain of command. In addition to the interventions above, trainings were conducted which focused on empowering staff when dealing with family members and visitors.

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at the
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INTRODUCING DR. GRUBE

Some of you may have recently received communication from a “Dr. Grube” about your NHSN reports and wondered who he is. So, let us do a proper introduction: Steven Grube, M.D. is a CDC Epidemic Intelligence Service (EIS) Officer who is on a two-year state assignment at the Oklahoma State Department of Health. Dr. Grube received a BS degree in Microbiology at Texas A&M University, and then went straight to medical school at the University of Texas. He completed a residency in General Pediatrics and a Pediatric Infectious Diseases Fellowship at Children’s Medical Center in Dallas where his major research focus was viral respiratory diseases.

Dr. Grube’s field assignment began in August 2009 just in time for the second wave of the H1N1 influenza pandemic. Due to that fortuitous timing, much of his initial EIS work was spent coordinating the influenza hospitalizations surveillance project. Beginning in February 2010, he became active in OSDH’s Healthcare-Associated Infections (HAI) program. He is currently involved in validating HAI data reported to the National Healthcare Safety Network (NHSN) by Oklahoma hospitals during 2009 and 2010. His goal is to develop a standard process for NHSN data validation that can be implemented routinely and allow for an accurate representation of HAI incidence in Oklahoma. It is essential for OSDH to have validated HAI data and appropriate analytic methods to develop meaningful comparisons of Oklahoma HAI rates to national rates as well as comparisons between Oklahoma facilities. If you have a question for Dr. Grube, he can be contacted by email at SteveG@health.ok.gov.



NHSN ONLINE TRAINING COURSES

In efforts to improve the NHSN training process, plans are under way to change the user’s NHSN training requirements. The new and improved NHSN online training process will involve users completing brief, interactive computer based trainings that will include case studies, practical tips and knowledge checks. Each of the modules will have a short exam the user must complete before they will be able to move on with the training process. Once the user has completed the modules and exams, they will receive a documentation of completion.

The initial topics covered in the training modules are: How to enroll; Setting up a facility; Introduction to the Patient safety Module; Introduction to Device-Associated Module: CLABSI, CLIP, CAUTI, and VAP; Introduction to the Procedure-Associated Module: SSI and PPP; MDRO and CDI Module

The new online training requirements will be required for both current and new NHSN users. The individual user’s training requirements will be based on the rights they currently have or are requesting through the NHSN system. Current users will be notified via email of their individual training requirements. **Once you have been notified, you will have 60 days to complete the training requirements.**