



The Infection Prevention Broadcast:

A publication of the ADHS HAI Program

Prevention Prevails: Defeat Carbapenem-resistant Organisms!

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CDC Director Tom Frieden shared the importance of preventing carbapenem-resistant *Enterobacteriaceae* (CRE) at [a recent press briefing](#). “CRE ... pose a triple threat. First, they're resistant to all or nearly all antibiotics. Even some of our last-resort drugs. Second, they have high mortality rates. They kill up to half of people who get serious infections with them. And third, they can spread their resistance to other bacteria.” Media outlets such as The New York Times, CNN, USA Today, and dozens more quickly followed the story, creating a nation-wide frenzy to understand the drug-resistant bacteria. However, CRE can be defeated. Check out the CDC’s [CRE Prevention Toolkit](#) to learn more.

The ADHS HAI Program recently interviewed Banner Thunderbird Medical Center infection preventionist Sally Murray to learn about how she prevents CRE in her facility.

What measures do you take to prevent the spread of CRE?

We follow contact precautions outlined in our Transmission-Based Isolation Policy. We ensure that Environmental Services performs thorough cleaning following discharge of a patient and prior to additional admissions to that patient room.

What would you do if you had CRE or a similar pathogen at your facility?

I would inform staff and ensure isolation precautions are in place. I would run a report of positive CRE from the lab for the specified time frame. I would educate the staff on CRE and provide them with additional resources like the CDC site, the CRE 2012 Toolkit, and patient education from Krames.

How do you calm patients concerned about the spread of CRE?

I provide reassurance and education through staff and physicians and ensure that answers to their questions are provided specific to their concerns.



How can patients and hospital visitors help protect themselves from CRE?

Encourage the practice of hand hygiene and isolation precaution compliance. Also, implement contact guidance for family members by advising the immunocompromised, young, elderly, and persons that have any wounds to stay at home. ***Do you have any tips for new and/or seasoned infection preventionists in regards to preventing MDRO?***

I would advise awareness of facility MDRO history, ensure staff compliance with proper hand hygiene and PPE as well as targeting units where compliance is below facility targets. Additionally, ensure awareness of the current census of patients in house, tracking units’ MDRO rates for HAI and identifying areas of concern. I would have an Antimicrobial Stewardship program in place that can monitor antibiograms and identify emerging new MDRO and provide education to the staff at the facility through the Multidisciplinary team on the Antimicrobial Stewardship. I would have guidelines and policies in place for prevention of MDRO transmission. It’s also important to follow-up with other healthcare and long term care facilities post-discharge and have this information be somehow available to other hospitals through a database.



We hope to create a tool that makes infection communication easier.

Long Term Care Subcommittee:

***C. difficile* recommendations letter:** The proposed *C. difficile* testing recommendations letter was approved and sent to Long Term Care (LTC) Subcommittee chairs in early March. A *C. difficile* pre-assessment survey was sent prior to that mailing. That survey was sent by the LTC chairs to almost all skilled nursing facilities (SNF) in Arizona and received 45 responses. The results of the survey will help us to understand the reasons for which facilities test patients for *C. difficile* and will gauge their current policies. The post-assessment of the letter will be sent to facilities this June.

Transfer tool: A transfer tool sheet was created by the LTC Subcommittee last year. The committee's goals for 2013 have been revised to better market this much-needed initiative. Their goals are to pilot-test this transfer tool in a few different SNFs and acute care partnerships and then to highlight the successes they find in these communication partnerships. Ultimately, we hope to share that infection communication across the continuum of healthcare is feasible, and encourage the use of a transfer tool to improve communication on infection control.

ADHS Licensing Corner: Supporting Dialysis Facilities through the ADVICE Collaborative

ADHS is working with the ESRD 15 Network to host the ADVICE (Arizona Developing Value through Innovation and Communication with ESRD providers) Collaborative kickoff meeting on May 17th at the [Black Canyon Conference Center](#). The objective of the ADVICE Collaborative is to build strategic partnerships with dialysis providers, ESRD networks, renal associations, public health professionals, federal partners, and other stakeholders. This all-day collaborative workshop is designed to stimulate and support significant improvement in infection control during dialysis care. Participants will obtain information on current best practices, identify new ways to promote infection control, and develop a strategic plan of future activities. Sessions will be led by experts in the field of infection control with breakout sessions to encourage discussion and networking. Please register at: <http://azdhs.gov/als/trainings-exercises/>. Regardless of whether or not you can attend, it would be helpful if you could take this anonymous survey that will help us plan the agenda for May 17th: <https://www.surveymonkey.com/s/arizonadialysis>. Continuing Education Units (CEU) credits will be offered. Please contact Kathryn.McCanna@azdhs.gov with questions regarding the meeting.



**“Read,
study,
practice.”**

Education and Training

The T&E Subcommittee is assisting the Long Term Care Subcommittee with a transfer tool pilot project to improve infection communication across the healthcare continuum. The committee is currently in a research phase to collect materials already created in this area.

Infection Prevention Week:

The Training and Education Subcommittee is hosting a “History of Vaccines” poster contest to promote awareness about vaccines in healthcare.

Prevention Strategies

The Prevention Strategies Subcommittee is planning to host a call in the area of catheter-associated urinary tract infection (CAUTI) prevention on June 12th, 2013. The committee welcomes Saskia Van Rijn as the new co-chair. Saskia did her MPH in epidemiology at the University of Arizona and has a background in infectious diseases, biodefense, and preparedness. She worked at Banner Gateway prior to Phoenix Children’s Hospital. She is also on the Biosense Working Group at

ADHS. Saskia is currently working on a masters in International Security Studies at the University of Arizona.

Antimicrobial Stewardship

The Antimicrobial Stewardship Subcommittee is working on an MDRO fact sheet that has been initially reviewed by the subcommittee. They are also completing an antibiotic toolkit.

ICP Highlight: Melva Morrow, Northwest Medical Center

How long have you been working in infection control?

25 Years

Who comprises the infection control team at your facility?

ID physician, 2 ICPs, Quality Director - Our Infection Control Committee has a large membership including nursing leadership, environmental services, hospitalists, laboratory, clinical care providers such as Respiratory therapy and OR personnel. We strive for staff involvement and do a lot of team structured work.

What are the strengths of your infection control program?

Leadership involvement, physician leadership, (and) team work.

Which outcome measures do you look at to gauge the success of your infection control program?

Various infection surveillance measures and process measure that vary depending on the priorities for the year. Each year we do a risk assessment, determine our priorities and develop goals. It helps to share common goals with leadership so we are working on the same objectives. For instance, decreasing CLABSI might be a goal for both Infection prevention and ICU nursing leadership. We make a specific goal report of progress and this is widely distributed throughout the facility. We aim for a consistent message with defined goals and a strategy to get there.

How much interaction do you have with patients?

Minimal. Staff may consult us to interact with a patient as needed in order to answer questions or educate on specific issues. Utilization of Infection Prevention as a patient education resource varies from year to year.

What would you recommend for new infection preventionists to become a proficient IP?

Learn the NHSN definitions, visit other ICPs or facilities to learn about their program structure, attend educational offerings, become an APIC member, read, study and practice.



E-mail us with your infection prevention events!
haiprogram@azdhs.gov

Contact us:

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Do you have an HAI outbreak-related question? Please contact:

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News and Events

APIC Grand Canyon Meetings:

Friday, April 26th, 1:30 PM

HSAG Offices, Phoenix

Friday, May 10- Tucson- Pima County Health Department-Abrams Center.

Please contact: lcarosella@shc.org

APIC National Conference:

June 8th-10th

<http://www.apic.org/>

CAUTI Boot Camp Webinar and Call (ADHS)

Wednesday, June 12th, 2013

Call-In Number: 1-805-399-1200

Participant Access Code: 759953

Please contact HAIProgram@azdhs.gov

ADHS Arizona Developing Value through Innovation and Communication with ESRD providers (ADVICE) Collaborative:

Friday, May 17th, 2013– Phoenix– Black Canyon Conference Center

<http://azdhs.gov/als/trainings-exercises/>

Please contact: Kathryn.McCanna@azdhs.gov

HAI Resources

April 2013 CDC [NHSN Protocol Updates](#)

CDC's [CRE Toolkit](#)

NHSN [Validation Toolkit](#)

Web based training program for infection control practices with [Partnering to Heal](#)

Read about [infection prevention in outpatient setting by the CDC](#)

How-to-Guide: [A Guide for Improving Hand Hygiene Practices](#)

Helping Americans better recognize and prevent MRSA by the [National MRSA Education Initiative](#)

Learn more about the [Get Smart for Healthcare widgets](#) in promoting action and awareness for HAI topics and campaigns.

Learn more about the [WAVE campaign](#) designed to encourage family members and caregivers to educate themselves on HAIs.

[The On the CUSP Initiative:](#) Preventing CLABSI and CAUTIs

Answers to FAQs on [Surgical Site Infections \(SSI\)](#)

Answers to FAQs on [Cather-Associated Blood Stream Infections \(CLABSIs\)](#)

Answers to FAQs on [Cather-Associated Urinary Tract Infections \(CAUTI\)](#)

Answers to FAQs on [Ventilator-Associated Pneumonia \(VAP\)](#)

Answers to FAQs on [Clostridium difficile](#)

Answers to FAQs on [Methicillin-Resistant Staphylococcus Aureus \(MRSA\)](#)

Answers to FAQs on [Vancomycin-Resistant Enterococcus \(VREs\)](#)