Winter 2004

NEWS

Volume 29 - Number 5

Michigan Society for Infection Control

Promoting Healthy Communities Through Epidemiology

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REMINDER!

MSIC's NEW e-mail address!

infectioncontrol@comcast.net

Please contact, infectioncontrol@comcast.net for any MSIC questions.

President's Message

Dear MSIC Friends,

The MSIC Board was very busy in 2004. We met four times and accomplished the following: there was a review and update of our Strategic Objectives, development of formal alliances with partners with like missions, and our Society Bylaws were reviewed and submitted to a legal authority for further review. We also acted to maintain fiscal responsibility by reducing costs and evaluating conference expenses, policies for board procedures were developed and improved, in addition to significant advocating for MSIC members in the form of letters of support, comment, and testimony. Throughout the year, outstanding educational sessions were provided and excellent networking opportunities were offered. It has been a privilege and honor to serve as MSIC President in 2004. Thank you for the opportunity! I also would like to thank our very supportive board members, Russ, Linda, Ricki, Deb, Jen, Rosemary, Sue, Betty Ann, and Judy. Without their help, little would have been accomplished.

Our Fall Conference committee provided an excellent and informative educational session in "Anchors Aweigh", at the Sheraton Conference Center in Lansing. The speakers were top notch and the posters were invaluable. Please join me in thanking Joan Wideman, our ship's captain, and her capable crew of, Peter Draper, Karen Frahm, Irene Harris, Gigi Helm, Beverly Mihalko, Leigh Murphy, Doris Neumeyer, and Margaret Wood.

I am so thankful for my membership in MSIC. The benefits of membership include this wonderfully informative MSIC newsletter, the provision of educational programs with the bi-annual educational conferences, MSIC Fundamentals course, MSIC CIC review course, the opportunities for professional growth in networking, advocacy, and keeping up to date with our www.msic-online.org website. There is also opportunity for professional advancement by participating in our Society and the opportunity to become certified in Infection Control. There are endless opportunities to participate and interact with colleagues with like interests and collaborate and learn from each other. Please remember to thank those who volunteer to serve our organization and consider volunteering yourself. Your efforts will be richly rewarded!

With kindest regards,

Teri Lee Dyke

Nominations Report

We wish to congratulate and welcome the newly elected MSIC Board Members for 2005!

PRESIDENT ELECT - Russell N. Olmsted, MPH, CIC
SECRETARY - Rachelle (Ricki) Burk, BS, RN, CAN
INFORMATION TECHNOLOGY CHAIR - Terri Bethea RN
NOMINATIONS CHAIR - Lisbeth Nordstrom-Lerner
ADVOCACY CHAIR - Linda Scott

We also wish to thank all who were willing to run as candidates for the MSIC Board. We had great candidates on the slate and appreciate the commitment from all of them and their willingness to serve and contribute to MSIC's exciting future. We look forward to the coming year and continued involvement by our MSIC members.

Save the Date!

The MSIC Spring Conference 2005 is scheduled for April 14 & 15, 2005 at the Sheraton Lansing Hotel. The conference theme is the "Next Generation" and will feature topics on JCAHO Standards across the

continuum of care, vector borne illness, prevention of facility acquired pneumonia, and reporting of communicable diseases. A session that will teach people how to pull together information and make a poster presentation is also planned. Come and join us as we embark on our trek into the next generation of infection control. Check the MSIC website at http://www.msic-online.org for more details and keep an eye out for the conference brochure. It's something you won't want to miss!

MDCH Update

Michigan Recommendations on HIV, Hepatitis B and Hepatitis C-Infected Health Care Workers

In September, MDCH Division of HIV/AIDS – STD revised the Michigan Recommendations on HIV, Hepatitis B, and Hepatitis C-Infected Health Care Workers originally published in May 1992. The revision now includes recommendations on Hepatitis C-infected HCW's which were excluded from the 1992 edition due to lack of definitive information on Hepatitis C at that time. Printed copies of these recommendations can be obtained by calling 517-241- 5900 or via the State of Michigan, MDCH web site http://www.michigan.gov/documents/InfectedHCW____4_106395_7.pdf

Medical Waste Regulatory Act Revision

As announced at the General business meeting held at the Fall MSIC Conference, two MSIC members, Beverly Mihalko from Oakwood Hospital and Linda Scott from MDCH, continue to participate on the statewide Medical Waste Regulatory Act Revision Committee. This committee, under the direction of John Gohlke from the State of Michigan, Department of Environmental Quality is working to review the current regulation and propose amendments as deemed appropriate by the committee. The Department will consider the committee's recommendations when developing its agenda for the upcoming legislative session. Anticipate completion of this activity mid-2005.

Bioterrorism and Other Public Health Emergencies
Evaluation of Hospital Disaster Drills: A Module-Based Approach

As you are aware, all healthcare agencies are required to have a structure in place to respond to emergencies. These plans are routinely tested during drills. The Agency for Healthcare Research and Quality (AHRQ) developed the tool, "Evaluation of Hospital Disaster Drills: A Module-Based Approach". Each hospital that participated in the Regional Internet based Secondary Assessment was sent a complimentary copy in September 2004 by MDCH Office of Public Health Preparedness. This copy was mailed to the contact person at the participating hospitals as identified as part of the Regional initiatives – most likely safety officer, risk manager, infection control etc.

Should any facility like additional copies, they may be obtained by contacting AHRQ via their web site http://www.ahrq.gov This is an excellent document to assist facilities with these important activities.

Influenza Activity Update

We continue to focus our attention on the issues associated with Influenza activity in our state as well as the country. Each week, MDCH updates the section of the web site devoted to influenza activities. Go to http://www.michigan.gov/mdch/0,1607,7-132--82930--,00.html to get the latest information with links to sentinel surveillance activities, laboratory surveillance activities, local health department contacts, information to share with the public as well as specific information directed to health care professionals.

Michigan Head Lice Manual Update

The "Michigan Head Lice Manual", was originally published by MDCH in 1989 has been revised. In October 2003, representativesfrom MDCH and Michigan Department of Education (MDE), together with MSU, MSIC, Local Health Departments and Michigan Association of School Nurses began the revision process. A hard copy and CD ROM was distributed to all local health departments, Michigan Model Coordinators, Teen Health Centers, Intermediate School Districts, All Superintendents, All Public School Principals, All Private School Administrators, All Public School Academies, All Elementary and Secondary School Principal Association Members. In addition, a copy can be downloaded at both the MDE and MDCH web sites
http://www.michigan.gov/documents/Final_Michigan_Head_Lice_Manual_103750_7.pdf

Blast from the Past - *by Jennifer Sweeney*

As the holiday season approaches, we often find ourselves reflecting on days gone by. How many of you remember what MSIC was up to in the winter of 1975? Thanks to Candy Friedman and her impressive collection of MSIC memorabilia, we can take a walk down memory lane!

In December 1975, Sue Williams was MSIC President. Frank Cox, Scotty Connally, and Betty Brooks had just been re-elected to the MSIC Board. Planning for the Spring Conference had commenced in Crisler Arena at the University of Michigan, Ann Arbor, with topics that included how to implement an

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MSIC - Developing a knowledge network providing educational resources and promoting science-based practices in partnership with the community

infection control program at different institutions, immunological aspects of aging, in addition to specific problems relating to the urinary tract, respiratory tract and care of skin of aging patients. One of the feature articles in the newsletter, "This and That on Antiseptics and Disinfectants" by G.S. Fearnehough, discussed a foam skin antiseptic that was 50% alcohol and .23% hexachlorophene in an emollient base so it is soothing to the skin. According to the article, the foam product,

> *"…is simply applied to the hand and rubbed in, is dry in about one minute without rinsing or wiping and may be effective, yet soothing to the skin, thus encouraging it's use."*

Sound familiar? In Sue Williams' President Message she posed the question,

> *"Where is Infection Control going? Is it here to stay or is it a passing fancy?"*

Now almost thirty years later, I think it is safe to say that even though we still face many of the same issues that existed in 1975, Infection Control will be sticking around for a while.

MSIC Advocacy Update

MSIC and MIOSHA discuss respiratory protection and more…
Earlier MSIC News stories have described members' concerns with the general industry respiratory protection standard (GIRPS), noting that Michigan has a different history on the standard, and MIOSHA began enforcing the GIRPS on February 5, 2004.

Update

- ✓ MSIC's 2004 president Teri Lee Dyke, and advocacy team members Russ Olmsted and Judene Bartley met with MIOSHA staff- Gerald Dike (Compliance), Shelly Scott and Nella Davis Ray (Consultation, Education and Training) last August and to renew a more mutually collaborative rela tionship. The meeting was highly successful as discussions identified ways to better align efforts on broad educational goals.
- ✓ In terms of the GIRPS issue, MIOSHA staff made it clear that even if compliance officers are required to cite a facility related to gaps in program implementation they are not likely to levy fines when they observe good faith efforts to implement the program before survey is over.

Current status of particulate respirators for TB …
MSIC News has reported on efforts of national organizations, (e.g., Advisory Committee for the Elimination of TB or ACET to delay OSHA's enforcement of the GIRPS for TB pending a planned CDC scientific forum. The House passed Congressman Roger Wicker's amendment to the Fiscal Year 2005 Labor-HHS appropriations bill, stipulating that no federal funds shall be expended to enforce the annual fit-testing provisions of the GIRPS as it applies to tuberculosis. The Senate did not include any similar provision before adjourning prior to the November elections.

Update

- ✓ Congress adjourned without passing the Appropriations bill that includes Wicker's amendment. As Congress now reconvenes it must resolve remaining issues in a Conference committee before the end of the year. Efforts will be made to retain this amendment in the final version.
- ✓ CDC is convening a scientific forum "Respiratory Protection for Airborne Infectious Agents" to take place in Atlanta for Nov 30-Dec 1 2004. The agenda is to address evidence for selecting best respiratory protection to protect HCW from patients infected with biological agents, beyond M. tuberculosis.

Update on CMS and alcohol-based hand rubs (ABHR) News Flash!
The Centers for Medicare and Medicaid Services (CMS) have yet to act on the NFPA approved amendments to the Life Safety Code (2000 and 2002) that specifically address ABHR dispenser placement in corridors.

Update

In September 2004, APIC Public Policy committee members Jennifer Thomas and Judene Bartley sent a letter to CMS, HHS and CDC expressing concern for the delay. They noted patients' risk for acquiring infection remains, and efforts to improve compliance with hand hygiene could be dramatically affected by increased access to ABHR.

- ✓ APIC received a response from the Director of CMS Clinical Quality Standards indicating that an interim final rule WILL be published Dec 23 2004 that includes endorsement of the NFPA changes and adoption of LSC 2000 with amendments and application to hospitals and other settings.
- ✓ The rule automatically goes into effect Feb 23, 2005. MDPH would still have to adopt the CMS reg ulation before any change occurs in Michigan

Public Disclosure or Reporting of Healthcare-Associated Infections
Background on the issue of mandatory public reporting of healthcare-associated infection (HAI) was published in the fall edition of the MSIC News. As noted only 4 states have passed legislation requiring reporting. Pennsylvania and Missouri have passed legislation; Illinois and Florida remain in process of developing rules for implementation. Virginia, California and Vermont considered legislative language.

Update

- ✓ Other states considering legislative language include: VT,WI,NY,VA,WVA,KY,CO,UT,OR,WA
- ✓ Although California had passed legislation in the House and Senate, California's governor vetoed the language that had passed the House and Senate. The reasons were based on lack of validated data, and lack of resources to enforce. The Consumer's Union had promoted the CA bill. http://www.governor.ca.gov/govsite/pdf/vetoes/SB_1487_veto.pdf
- ✓ Tentative discussion has occurred in Michigan, but no draft legislation has yet been submitted and our state hospital association is fully aware and monitoring any potential legislation. At least 9 Michigan state senators/reps have made inquiries on this issue. MSIC maintains communications with MHA and would be contacted if the need arises to provide expertise on any proposed lan guage. Recommendations have been made to legislators to wait for the CDC/HIPAC guide on PR of HAI that remains under development. (See link below.)
- ✓ Evidence-based guidelines for reporting HAIs are being developed by CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC). The CDC/HICPAC latest draft is available at: http://www.cdc.gov/ncidod/hip/HICPAC/meeting.htm
- ✓ A PR-HAI consensus forum is being scheduled for February 7-8, 2005 in Atlanta. This should foster a more informed public disclosure of HAI rates, serving as an accurate representation of a healthcare facility's capability to minimize the risk of HAI and involves participation from MSIC and APIC-GD members. Monitoring of Michigan initiatives is ongoing as well, as noted earlier, so it is important to watch the MSIC and APIC-GD website as information becomes available.
- ✓ Consumer's Union has been a strong promoter of this disclosure and has proposed model legislation. Their Web site and other related sites are listed below. APIC is working with CU and suggesting changes in their 'model' legislation; changes may occur in the future. Consumers Union: http://www.consumersunion.org/campaigns/stophospitalinfections/learn.html

Michigan Health & Safety Coalition - public hearings on patient safety

At the request of Governor Jennifer Granholm, the Michigan Health and Safety Coalition (MH&HC) agreed to serve as the State Commission on Patient Safety and held three public hearings on patient safety this past November. The MH&SC is a group of 15 organizations that includes health plans and major employers as well as hospital, physician, consumer and labor organizations in the state. Its mission is to help improve health care quality and patient safety across all care settings.

The hearings sought input from the public, specific health professional organizations and other organizations that have an interest in patient safety. In addition to considering information received at the public hearings, the commission also will review information on other patient safety initiatives. This review extends to a study of the causes of medical errors occurring in the continuum of care, including health facilities and in private practices. Within one year, the commission will issue a final report containing its findings and recommendations on patient safety.

- ✓ Members of MSIC and APIC-GD provided oral and submitted written testimony as well. Russ Olmsted (MSIC Advocacy), Judene Bartley (APIC-GD Advocacy) and Tammy Lundstrom, MD (DMC) were among those providing comment. Comments are being posted on the MSIC and APIC-GD Web sites.

For more information about the Commission go to: http://www.mihealthandsafety.org/press_releases.html

Progress on the CDC/HICPAC isolation draft guideline

The presidents of MSIC and APIC-GD sent in extensive comments developed by a joint advocacy team of Judene Bartley, Tammy Lundstrom and Russ Olmsted, as well as many individual facilities in Michigan. (See MSIC and APIC-GD Web sites for letter and table of suggested changes.)

Update

- ✓ Preliminary feedback indicates that many of our suggestions were used, and the "Michigan model" for managing MRSA/VRE was closely studied in the review process.

OSHA's final version of "First Receiver" document to be released soon…

The Occupational Safety and Health Administration (OSHA) updated its Guidance for Hospital-based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances based on feedback on the posted draft. "First receivers" are hospital-based personnel involved in treating victims of releases of unknown hazardous substances remote from the hospital. The document is designed to assist in developing and implementing emergency management plans for protection of hospital-based emergency department personnel during the receipt of contaminated victims from mass casualty incidents occurring at locations other than the hospital. It covers victim decontamination, personal protective equipment, employee training, and several informational appendices.

Update

- ✓ AHA and ASHE discussed refinement of the document based on comments. OSHA has clarified that this is a "best practice" document, not a new standard and highlighted flexibility in its use. For example, small, critical access hospitals may do their own hazardous vunerability assessment (HVA) and use their findings for preparing for such an event. They need not use this document. OSHA also clarified that once the "unknown" is identified, other standards, regulations or guidelines for management of the identified agent may be implemented. Watch for additional changes.
  Download (1.9MB) go to http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospital.html

Submitted by Judene Bartley, MSIC Advocacy Committee
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Transcript of Oral Testimony for: State of Michigan Commission on Patient Safety

Date of Testimony: November 15, 2004

Location: MDCH, Baker-Olin West, Conference Rooms B&C, Lansing, MI
Provided by: Russell N. Olmsted, MPH, CIC – Member, Board of Dir., MSIC

Dear Members of the Commission on Patient Safety,

On behalf of the Michigan Society for Infection Control (MSIC), I want to thank the members of the Commission for this opportunity to discuss interventions to improve the safety and quality of patient care. The Society's President, Ms. Teri Lee Dyke, has also asked that I convey MSIC members are fully supportive of Governor Granholm's, in conjunction with Public Act 119, appointment of the Michigan Health & Safety Coalition (MHSC) to serve as the Commission for the vital issue of improving patient safety.

MSIC is a not-for-profit organization of infection control professionals (ICPs) with over 430 members that was founded in 1973. The Society's members represent a broad range of care settings including acute care, long term care, home care, behavioral health, public health, and correctional facilities with professional backgrounds of nursing, medical technology, public health, and medicine. MSIC members strive to promote, establish, and enhance the highest quality of care to reduce the potential for and the risk of infectious and noninfectious complications associated with delivery of health care. Its members accomplish this through application of epidemiology and scientific evidence to prevent infections and other risks to patient safety. The Society has a well-established history of strong collaborative relationships with the other organization representing ICPs in Michigan, the Association for Professionals in Infection Control & Epidemiology – Greater Detroit chapter (APIC-GD). Other agencies MSIC works closely with include the Michigan Department of Community Health, Michigan Occupational Safety & Health Administration, Michigan Department of Environmental Quality, Michigan Antibiotic Resistance Reduction (MARR) Coalition, Michigan Health & Hospital Association and Michigan Public Health Institute.

Why is patient safety so important? A national survey of consumers this year identified that almost one half are worried about the safety of care in healthcare facilities and 71% felt public reporting of medical errors is an effective way to improve safety. [Altman 04] As a reflection of this concern, four states have enacted legislation or regulations requiring public reporting of rates of healthcare-associated infections (HAI) by facility. All indications are that this trend may continue to gain ground and therefore Michigan should be prepared if this emerges as an issue. The Society can be instrumental in assisting with a proactive response to this issue.

Infection Prevention & Control: Proven Track Record to Enhance Patient Safety-
HAIs are too frequent and must be minimized. Across the U.S. they affect over 2 million patients, are responsible for 88,000 deaths and consume upwards of $29 billion to treat each year. [Burke JP 2003] The Institute of Medicine, in their 2003 report Priority Areas for National Action: Transforming Health Care Quality called on governmental agencies and care providers to implement evidence-based interventions that have been shown to prevent health care-associated infections (HAIs). (IOM-2003) A systematic review of this evidence by the U.S. Agency for Healthcare Research & Quality (AHRQ) found that five of eleven (>45%) identified patient safety practices with the highest rated quality of evidence relate to prevention of HAIs. In addition, eight of another twelve (> 66%) promising practices to improve patient safety relate to preventing infectious complications of care delivery. (AHRQ 2001). The efficacy of infection prevention and control has been rigorously studied and demonstrated to be one of the most cost effective methods to improve patient safety. [Haley RW 1985, Wenzel RP 1995, Tokars 2004]

MSIC Partners with Blue Cross Blue Shield of Michigan (BCBSM) to Showcase Patient Safety Success Stories –
In September MSIC, APIC-GD, and BCBSM organized an extremely successful one-day conference to showcase successful patient safety initiatives in many health care facilities in Michigan. One hundred and eight participants heard 12 oral presentations and saw 10 poster sessions. Examples of the patient safety improvements presented included:

- As part of Keystone ICU Project participation, one facility observed 15 fewer cases of ventilator-associated pneumonia with an estimated annual cost avoidance of $1.2 million/year.
- Frequency of catheter related bloodstream infection in a nine bed ICU decreased by 61% after implementing improvements in processes of care.
- Improved control of blood glucose among patients undergoing coronary artery bypass graft (CABG) surgery led to a 50% drop in frequency of surgical site infection.
- Application of a performance improvement process led to 33% reduction in near miss incidents related to standardization of response to critical clinical alarms across a 10 hospital regional healthcare system.

This is clear demonstration of the activities that are ongoing in Michigan and the Society is interested using these and others as examples to assist the Commission with its goals of collating safety initiatives and developing recommendations to share with providers, purchasers, and the citizens of Michigan.

Interventions for Improving Patient Safety: MSIC's Role –
The Society, by utilizing its' extensive network of members in almost every setting along the continuum of care is pleased to offer the Commission its support and expertise for the following improvement interventions:

- **Advocacy:** Apply a "framework for infection prevention" that is consistent with national patient safety goals outlined by the CDC, National Quality Forum, Centers for Medicare & Medicaid Services (CMS), etc., to assist the Commission's advocacy efforts.
- **Public reporting of HAIs:** Proactively assist the Commission and the State of Michigan on the value of public release of facility-specific data on HAIs and offer alternative suggestions for indicators that may be more helpful to consumers when selecting providers.
- **Surveillance:** Evaluate and assist with application of emerging information technology tools, such as data mining, that can enhance surveillance of HAIs and improve patient care and investigate feasibility of real-time decision support, e.g. computerized provider order entry (CPOE), to optimize use of immunizations and antibiotics.
- **Public Health Preparedness:** Assist with application of public health preparedness and response practices to enhance safety using technology-driven applications such as syndromic surveillance that can alert providers to natural and/or intentional releases of infectious

agents affecting the health of the community.

- **Compliance:** Explore the efficacy and practical application of improving adherence with indicators of optimal patient safety performance such as incentive-based reimbursement from purchasers.
- **Education:** Collaborate with key groups to develop education modules and assuring core competencies for direct care providers that emphasize a science-based approach to preventing HAIs.
- **Patient Safety Initiatives:** Disseminate successful strategies for building patient safety teams within facilities designed to prevent infectious and noninfectious complications of care.
- **Staffing Research:** Assist in the understanding of the correlation between staffing effectiveness and occurrence of HAIs.

The items above are only a few of the ways MSIC can assist the Commission with its assigned responsibilities. We look forwardto working with you and are submitting for the record information about the conference described and other materials cited during this testimony.

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Special Report: Successful Patient Safety Improvements Involving Prevention of Health Care-Associated Infections (HAI) Showcased - *Submitted by MSIC News Reporting Staff*

MSIC, the Association for Professionals in Infection Control – Greater Detroit (APIC-GD) chapter and Blue Cross Blue Shield of Michigan (BCBSM) convened a special conference entitled, "Enhancing Patient Safety: Successful Strategies and Interventions to Prevent Health Care-Associated Infection (HAI) in Michigan" on September 17th, 2004 at St. John Macomb Hospital in Warren, MI. Overall evaluations and comments from participants indicated this conference was an overwhelming success. Most importantly, this conference is likely a springboard for similar future offerings and got not only the attention of purchasers of health care in Michigan but also made it to prime time media.[1]

The conference was kicked off by excellent presentations by Drs. Tammy Lundstrom and Sanjay Saint on the synergy between patient safety and infection prevention/control. This was followed by an impressive feat involving three topical panels consisting of four oral presentations each plus 10 poster sessions. This was all accomplished within a time frame wherein the initial concept for the conference emerged in November 2003 with the presentation of the conference just over nine months later. Final attendance for this conference was 108 registrants.

Impressive diversity of presentations:

One thing that struck participants highlighting the unique nature of this conference was that it encompassed not only a diverse range of health care professionals in terms of their backgrounds but that the majority of presentations were by those actively involved in preventing HAIs and other adverse events associated with health care. The quality, passion, and dedication of these dedicated professionals was evident and there were several success strategies that provided ample, “take home & apply” initiatives to improve quality and safety of care. Clearly, hearing peers present their work was gratifying, empowering and brought it all to the efforts we can employ at the bedside.

Just to give you a flavor of the diversity of backgrounds and topics, a clinical pharmacist reviewed the correlation between tight control of blood glucose levels using continuous insulin infusion and prevention of surgical site infection (SSI). In other presentations an infection control professional (ICP) showcased the power of a multidisciplinary team approach to prevention of SSI, a Quality Improvement Coordinator presented novel methods to improve attention and response to critical clinical alarms, and a surgical intensive care unit nurse showed how a serendipitous break-room journal club morphed into a multidisciplinary team for prevention of ventilator-associated pneumonia (VAP).

Out of the Box Approach:

Dr. David Share - Clinical Director of the Center for Health Care Quality & Evaluative Studies, Blue Cross Blue Shield of Michigan, wanted to take an “out of the box approach.” Share had been studying the impressive quantity of scientific literature demonstrating the value of preventing HAIs but was left feeling a lot of the findings are not applied at the bedside of Healthcare Facility anywhere, Michigan. Rather than try to disseminate these studies or convene a meeting featuring experts, Share thought that a conference that drew on activities already underway by ICPs and others in Michigan would be a more powerful tool.

Strategies for Success:

Among the several strategies presented many fell into the following broad messages:

- ICPs cannot do this in a vacuum. You have to partner - very importantly - with those directly caring for the patient (e.g. physician, nurse, respiratory care, nutritionist, pharmacist, etc.) to maximize effectiveness.

- A physician and nurse champion can greatly enhance interest and adherence with infection prevention interventions, Visible support and an active role by organizational leadership is essential to accomplishing improvements in patient safety,
- Application of scientific evidence to improve care at the bedside takes energy, effort, time and commitment by those directly caring for the patient in collaboration with ICPs, quality improvement, etc., but it does, "take a team",
- Feedback of performance improvement results to direct care providers plus asking what these professionals want in terms of feedback information is an important key to success.

Award, Thanks & Acknowledgements:
We did have a Blue Ribbon Award for the best presentation as judged by the planning committee. The recipient was Dorine Berriel-Cass, RN, BSN, MA, CIC - Manager, Infection Control Services for St. John Hospital & Medical Center, Detroit, MI. Berriel-Cass and her colleagues presented on a "Multi-disciplinary approach to intra-operative glucose control." While this presentation scored the highest, all of the oral and poster sessions were of high caliber and the Planning Committee is grateful for the time and effort exhibited by all who submitted abstracts for consideration.

This conference would not have been possible without the superb coordination and leadership of Sue Lloyd and the other members of the Planning Committee, Judene Bartley, Dorine Berriel-Cass, Virginia Hosbach, Tammy Lundstrom, & Russ Olmsted. Also MSIC and APIC-GD want to express thanks and appreciation to Dr. David Share and BCBSM for their willingness to enter into a truly unique partnership for prevention. Last, but not least, APIC-GD, MSIC, and BCBSM want to recognize and thank the following companies who graciously supported breakfast, lunch, and session breaks for the attendees:

Arrow International - Manufacturer of central venous catheters and other devices to care for the critically ill
ChloraPrep®, Antiseptic Skin Prep
MedMined, developers of data mining analysis technology

1. DiConsiglio J. Combine & Conquer. Partnering to control nosocomial infections. Material Management in Health Care. October 2004; 13(No.10):32-4. Available at: http://www.matmanmag.com

Highlighting Fundamentals of Infection Control course: 2004

The annual 3-day training found 43 eager, enthusiastic (and ultimately worn out) participants, and six faculty members participating in this training endeavor. Good food, great information, and superb networking provided all attendees a solid experience. The success would not be realized without the assistance of Joyce Buerge - who corralled the sections into one hefty manual, Mary Keane – the champion of the CEU process with a 24 credit hr. outcome, and Dennis Kemp – who survived two power outages and delivered the manual production just in time. Special to thanks each of them, and to the employers who allowed the participants and faculty to spend the time and energy in this teaching/learning effort. Circle your calendar for October 26, 27, 28, 2005 for the next opportunity.

Ask Norma Flora...

Question: Dear Norma Flora – Have you implemented a respiratory hygiene program in a long-term care facility (LTCF)? An Inquiring mind in Iron Mountain…

Response:
No, at least not fully as it is described by the Centers for Disease Control and Prevention (CDC) but I appreciate this opportunity to explain. Infection control professionals agree that the principles of infection control and epidemiology are the same for all care settings but specific techniques often require interpretation and adaptation to the population being served – in this case the long-term care resident. Respiratory Hygiene/ Cough Etiquette emerged with the recognition of a new viral pathogen causing SARS in 2003. Subsequently the 2004 draft CDC Guidelines for Isolation Precautions (final, approved version anticipated in July 2005) incorporated this concept as it addresses SARS CoV and well-known viruses such as influenza. For complete details visit CDC's web at: http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm

It's my understanding that utilization of Respiratory Hygiene is activated when the possibly infected person first comes in contact with the health care setting – e.g. the physician's office, or emergency department. Here's where the consideration of application to the population/setting comes in.

There are four components:
1) Posting of **visual alerts** instructing persons with symptoms of respiratory infection, such as influenza, to inform healthcare personnel (HCP) and to practice respiratory hygiene/cough etiquette is the first component. In a LTCF, residents live in the facility and do not usually come and go thus the alerts may need to be altered. Alerts would be important however for visitors and volunteers. The nursing home is required to assure that HCP experiencing symptoms of influenza (and other transmissible diseases) are restricted from work, but the alerts can be a reminder to them as well.

2) **Respiratory hygiene/cough etiquette** is the second component and this is applicable to any setting (think your own home, and schools).
- Using tissue, cover nose and mouth when coughing, to contain respiratory droplets and contain secretions.
- Dispose after use. Your action plan should determine location of tissues with ready access to a waste container.
- Perform hand hygiene. How to accomplish? What delivery system? For whom? Where to locate "supplies". This is a year-round challenge and inclusion of residents, volunteers, and visitors is important throughout the year. Answers to some of the aforementioned ques-

tions will lead you to considering effective strategies for your affiliated facility.

3) Masking and separation of persons with respiratory symptoms is the third component and the one that Ms. Flora and the IC performance improvement team struggle with. The recommendation is to offer masks to persons who are coughing. Again do you offer masks to visitors and residents? How do we assess cough - as a single symptom in a resident with COPD, asthma, or other lung disease, smokers, or in combination with other symptoms of influenza-illness (like fever)? How long can a surgical or procedure mask be worn before its' effectiveness is compromised? Can we expect residents to wear a mask when in the common areas like activity rooms, dining rooms, or in the resident's room with a coughing visitor present? Again, more questions to consider during your decision making process.

4) The fourth component, **droplet precautions**, advises the patient be in a private room or cohorted, and advises HCP wear a mask when providing care to a patient with symptoms of a respiratory infection, especially if fever present. The logistics of droplet precautions for residents of a LTCF are much more problematic. How do you recognize a resident with symptoms and alert personnel? What about visitors?

Some other components of respiratory hygiene/cough etiquette program that I have included in my facility plan for prevention and control of influenza 2004-2005 that also include:

- **Vaccination** – influenza, monitoring of our pneumococcal vaccine year-round, education and encouraging facility personnel, residents, and volunteers to obtain influenza vaccine are vital. Consider downloading posters from the CDC, and slide set from the APIC websites.
- **Early recognition** of cases of respiratory infection and possible clusters.
- **Timely diagnosis**; especially using laboratory confirmation, will assist in prevention/control.
- **Antivirals** [treatment and chemoprophylaxis]
- **Employee Health**: enforcing employee work restrictions
- **Outbreak recognition, response, & reporting**
- **Documentation & record keeping**

There are unlimited resources available online to assist in the planning and response to respiratory infections– including http://www.cdc.gov/flu, http://www.shea-online.org, http://www.APIC.org, http://www.immunize.org, and http://www.michigan.gov to name a few. Developing and implementing a plan to respond to possible influenza-like illness is another step in reducing risk and providing a safe environment for all. A performance improvement opportunity recognized and met!

Keep the questions coming!

PS: Norma would like to thank her colleagues Ruth Anne Rye, LTC IC Consultant, and Leigh Murphy, ICP, Grand Rapids Home for Veterans for their assistance with this installment of "Ask Norma Flora"