

Fall 2011

Infection Prevention Newsletter



Reports from APIC National

This edition of the APIC Indiana Infection Prevention Newsletter will be primarily dedicated to the articles written by the APIC National Scholarship recipients.

APIC 2011 Annual Conference

By: Deborah Watkins RN, MA

Baltimore opened its arms to more than 4,300 APIC members at the annual conference on June 27, 2011 and I was fortunate enough to be a part of it all. I would like to thank you-APIC-IN for this opportunity and for the scholarship. It was a fantastic conference and I am grateful. It has been not only educational but also rejuvenat-

ing. It gave me the opportunity to meet and network with colleagues all over the world.

The opening ceremony was led by APIC 2011 President Russell Olmstead speaking on "Perspectives on the Science and its Implementation by Infection Preventionists." As he alluded to- infection control is all about the evidence. We viewed the APIC 2011 Grand Prize winning video "Hands" and everyone was in awe. It was inspirational! Dr Richard Wenzel followed focusing on the history and future of Infection Prevention. I left the opening ceremony filled with new energy and enthusiasm.

I attended many excellent sessions at the conference and wanted to share a few:

Top 10 Publications, Dr Steven Gordon, 2011 SHEA President- Great opportunity to see and hear the latest research and evidence available in Infection Prevention.

Pertussis: Whooping it Up, Dr David Weber- Dr Weber discussed the epidemiology, pathophysiology, clinical findings, diagnosis and treatment of this disease. Living in the state of IN where Pertussis is increasing this was valuable information.

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ISDH Mandatory HAI Reporting Rule

On September 14th the ISDH Executive Board adopted the "Healthcare Associated Infections Reporting Rule (410 IAC 15-4) as a final rule.

APIC Indiana and IHA let their expertise be heard and it was recognized in the final rule results. There were 54 pages of testimonies with over two dozen from Infection Preventionists across the state. APIC Chapter President Diana Korpala attended the hearing in August and presented verbal comments before the final rule passed.

The link to the Final Reporting Rule information

including all the testimony from the Hearing Officer's report is <http://www.in.gov/isdh/25239.htm>

In a nutshell, hospitals will be required to submit HAI data to NHSN system beginning in January 2012.

The following HAIs will be required reporting:

1. CLABSI in all ICU's
2. SSI for abdominal hysterectomies and colon surgeries
3. CAUTI in adult and pediatric ICU's

This all coincides with the CMS required reporting to NHSN and the data can be

conveyed to ISDH by conferring rights to them when logged into the NHSN web application for Patient Safety Component. Opportunities for NHSN training will be forthcoming this fall.



APIC 2011 Annual Conference by Deborah Watkins (cont'd from first page)

NHSN-Central Line-Associated Blood-stream Infections- This session was wonderful! The first part focused on reviewing the NHSN criteria and definition of a CLASBI. It followed with an interactive session and practice with the participants. I left with the feeling I had not only taken in the knowledge but also applied it to my practice.

C. difficile: Dr Stephen Parodi- Discussed the reasons for increasing C. difficile incidence, prevalence and mortality. Dr Parodi detailed how his hospital implemented a system-wide C. diff control protocol and its result. This was very valuable information to take back to my institution.

Ventilator-Associated Pneumonia- Current efforts to clarify and streamline definitions, Dr Shelley Magill, CDC- This session not only help me clarify definitions of the VAP but also how the CDC is working on making it much easier to refine the surveillance

Thinking Outside the Box: A creative approach to resigning your infection prevention program, Debbie Hurst RN,CIC - This was perhaps my favorite and most inspiring session!. Maybe because I am new to this profession and to hear someone speak with such passion as Deb did was inspiring. It gave me hope that I could do this back home at my hospital!

I wish I could go on and on, but realize

this is just one article. In closing, I cannot thank APIC-IN enough for this opportunity. It was like going on a sabbatical for a week. I met numerous new colleagues, gained valuable information and came back to my job ready to tackle the numerous issues we face. Thank You!

"I left with the feeling I had not only taken in the knowledge but also applied it to my practice."



My First Experience at the APIC National Conference

by Cindy Bruce

I was fortunate to have received the "First Time" Conference Scholarship this year for the APIC 2011 conference. Heading off to the conference I had high expectations; educational sessions would be interesting, meet some new people and hopefully gain some knowledge. Returning from the conference I realized that my high expectations were surpassed by leaps and bounds.

I found the educational offerings covered such diverse topics that there was definitely something useful for every conceivable practice situation!

Coming from Behavioral Health, I thought I might find interesting topics, but feared few would actually transfer to my area of practice. I was going for the "general knowledge" and hopefully education that might assist me during certification studying.

Well when I am wrong....I am wrong!

Everything from new technology, the pros and cons of new surveillance technology to novel approaches for staff education, bed bugs, vaccination compliance, and outbreak investigations were covered. I learned that all types of practice deal with basically the same challenges. I

found that approaching any issue, the challenge is to get staff to comply. Regardless of how beautifully you lay out a process or how new and innovative technology may be it fails without staff belief in the process.

The educational offerings covering bundles, CLABSI's, Vaccinations and hand hygiene, all came down to "marketing". I need to "market" the change I am asking for in a way that appeals to the "buyer" (whether it is the Executive Board or the front line staff). Prepare and present a "business case" for quality.

The poster abstracts covered every imaginable topic. It was reassuring to see that others were dealing with the same issues in their areas of practice that I was. The posters covering "Hand Hygiene" and "Environment of Care" issues were of particular interest to many of the attendee's. The APIC village where the sponsors were set up was impressive. The information they were providing on studies for decreasing infections and increasing compliance was relevant and valuable.

"I learned that all types of practice deal with basically the same challenges"

Indiana APIC had quite a contingency in attendance! Our fearless leaders presented us with sun visor type hats with "APIC INDIANA 2011 Chapter Excellence Award" proudly displayed across the front. It was quite the attention getter.

Stephanie Steel planned a wonderful dinner cruise on the harbor for the Indiana members that was the envy of many other States attendee's.

Everyone was talking about the IPAD 2 being given away at the APIC village. I am proud to report it was won by one of our own, Donna Bopp from IU Health North Hospital!

I am so grateful for the scholarship providing me the chance to experience an APIC National conference. It has given me a strong desire to attend many, many more. It also has convinced me how important these scholarships are in advancing the infection control practice of APIC members. I plan do whatever I can to help APIC Indiana raise monies for these scholarships and try to give back all this experience has given me.

What a Day It Will Be by Gail Canganelli



Arriving at the Baltimore airport I ask myself if I am dreaming. I even pinch myself and the quick short, but sharp pain convinces me that I am absolutely awake. Retrieving my baggage, renting a car, finding and checking into the hotel commands my full attention for the next couple of hours. Once I hear my room key click, see the green light appear, and open the door, the tension of traveling flows from my body and my thoughts return to the conference itself. I drop my belongings on the bed. Renewed energy compels me to grab a map and head over to the Convention Center to explore.

I am so relieved I came the night before the conference officially opens in order to register, get settled, take time finding my way around the convention center, and begin looking at the hundreds of posters APIC members made to display the research and performance improvement projects they developed and directed. As I check my schedule for the next four days and realize how grueling it is (starting at 5:00 a.m. and going until 8:30 p.m. each day), I realize infection control nurses must be the most obsessive compulsive disordered (OCD) people on the planet.

Even after the exploration the night before, the first day of the APIC 2011 Conference seems chaotic, yet extraordinary. It is the only time in my life that I think it might be better if I had Attention Deficit Hyperactive Disorder (ADHD) instead of just Attention Deficit Disorder (ADD). The conference is everything and more than I imagined. I begin my first day with excitement and determination to see and do everything. Thank goodness for the newbie session I attend right away. It gives me the scoop on how to not just survive the conference, but to do it my way. It is a surprise when I answer a question correctly (What is tonging and dredging?) and win an APIC key chain and business card holder. Not a bad start to an already amazing morning.

I soon discover that there is no way to meet my dream goal to see and do everything at the conference. I admit it is impossible and is not going to happen (at least this year). Next year I make a mental note to bring running shoes because

the first few sessions I plan to attend are full before I even make it to the room. The sessions I do make are incredible. I never do visit every vendor nor see every poster even though I start early and stay late (until the cleaning crew kicks me out), but I learn so much.

One vendor booth I didn't even notice at first as I pass by does not have flashy colors, lights, of the booths surrounding it. I notice it only after I walk past it and a nagging persuades me to turn around. As I do, I see a woman with woeful eyes that draws me to her. I am not sure what to do. I

smile and quickly glance around the booth, counter, and curtains looking for a vendor name. I see a small sign that says "MRSA Survivors". She is not giving out candy, other freebies, or chances to win prizes. What she is offering is an undeserved, hard-learned lesson that touches me deeply, brings tears to my eyes, and reinforces my nursing ethics forever. If this interaction is the only learning experience I have at the conference, it is more than worth it because there isn't anything more important anyone could teach me...ever. The events she agonizingly describes I am too embarrassed and remorseful to admit out loud that I have been guilty of myself.

She lost her son, a handsome, bright, kind, intelligent, hard working college student to a MRSA infection several years ago. She spends every spare minute working tirelessly, talking to anyone who listens of the devastation of MRSA, how it destroys lives, not only the life of the person that dies, but the lives of the families and friends left behind. Her message, dedicated to the memory of her son is that this does not have to happen, never, ever, not anywhere, not to anyone, not at anytime. She is confident that her son would not have contracted MRSA in the hospital if every healthcare provider (HCP) just cleaned their hands every single time they know they were supposed to. She wants to save any other mother from going through this grief that is suffocating her. I listened to this mother's passionate plea for my promise

to hold her message in my heart and carry it with me to every HCP I can touch:

"Every HCP knows that hand hygiene is the number one intervention to stop the spread of germs. It's easy, it's quick, it's available everywhere you look, in every hospital in America, and it works....if HCPs use it. Along with hand hygiene if HCPs took the time to properly clean and disinfect patient care equipment, there would be even less MRSA spread to unknowing, trusting patients".

I never really give her an answer to her plea, but my consent, although hesitant, is understood. As I attempt to gather my composure I am

aware that the room is now empty and silent. I offer to pray with her before I return to the conference. I asked God to bless this mother with the gift of peace that only He may give. Amen!

We embrace and I offer her a long, affirming hug from one mother to another and she prolongs the hug, firmly conveying faith to one crusader from another. She tries to smile as we share a final intense look of hope. I turn and slowly walk away contemplating if I can really make a difference. I recommit to always, no matter how inconvenient, to clean my hands at the right times.

Then suddenly it comes to me...this is where you come in...I commission you to pay it forward. I remind you to clean your hands at the right times and ask you to recommit to do it always...then you remind at least one other healthcare provider...and they remind another and another until all HCPs all clean our hands at the right times every single time. I smile as I imagine the day it actually happens, then hesitate a moment when I realize it also may put infection preventionists out of work, but smile again as I acknowledge that it is going to take HCPs all working together toward the same goal a long time before there isn't anyone else to pay it forward... but what a day that will be.



APIC Conference Follow Up by Tonya Green

In June, I was granted an APIC Indiana scholarship to go to the Annual Conference. This was my first experience at the APIC conference and I was very impressed with the level of expertise and collaboration for patient infection prevention across the nation. From the conference I hoped to gain insight on how to initiate infection prevention projects that are unique to those related to my every day surveillance. I was also looking for guidance on the steps I would need to take for my facility to lower its rates of Healthcare Associated Infections (HAI).

What I realized after attending the conference was how integrated my role as an infection preventionist is with staff development and process improvement. Every facility has a different population; knowing your facility's opportunities for improvement is necessary to begin the process when attempting to "fix" problems. Treatment for different issues can be horizontal and vertical. I realize that several different modes exist to prevent infections and control the risk of health care associated infections. Familiarizing yourself with your facility's resources must be done prior to developing a plan. Mapping out the current process helps identify where the gaps are and assists you with finding the best solutions using the resources you have available.

I was very motivated to use basic processes to look systematically at our current opportunities for improvement. The steps

were well explained and easy to apply to my facility.



One of the most motivating presenters was Dr. Steven Parodi from the Kaiser Permanente System in California. His comprehensive explanation of the control of C. difficile in his multi-hospital organization was intriguing. At IU Health, our system wide team has been working on providing the assurance that best practices are being used throughout our Indiana sister hospitals. As a group we share best practices and strive for the most effective treatments to prevent the spread of C. difficile.

Dr. Parodi was amazing as he answered each question I had asked of my co-workers. He introduced the standardized cleaning process across facilities; he discussed how to successfully implement an antibiotic stewardship within a facility; and he demonstrated how to display the cost benefit to an organization. Dr. Parodi also addressed the vital resource needs of an environmental services department, from staffing to supplies, and how to ensure they are equipped with appropriate tools to control the risk of spreading disease in the environment. I shared the highlights of this conference with my co-workers, in-

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fectious disease consultants and our clinical nurse specialists.

The materials presented by Dr. Parodi were useful in analyzing my facility's current process and for assisting me in how to identify the direction I needed to go in controlling the spread of C. difficile.

There were many other noteworthy speakers, yet Dr. Parodi's presentation related more to my own special interests which drew me to infection prevention in 2010.

I would like to thank the APIC Indiana Chapter for sponsoring my attendance at this conference which allowed me to network with other infection preventionists and to hear best practices from leaders at the national level. The experience I had at the conference was invaluable to the start of my career as an infection preventionist.



Indiana APIC Fall Conference

Don't miss out on the opportunity to get great education, meet with vendors and network with other Infection Preventionists on October 14th at the Hilton North in Indianapolis. Brochures are available on the APIC chapter website.

Hope to see everyone there and don't forget to bring your checkbooks or cash (sorry no debit/credit cards) for the scholarship fundraiser silent auction. There will be lots of themed baskets etc. to bid on. A great chance for some early Christmas shopping!



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