

# Voices of CHICA


## September 2011 Edition

**Voices of CHICA**  
*Community and Hospital Infection Control Association, Canada*

September 27, 2011

Hosted by Paul Webber  
paul@webbertraining.com

2011 TELECLASS EDUCATION TEN YEARS ANNIVERSARY

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**Agenda**


**Board Update**  
Donna Wiens, President of CHICA-Canada

**Update on 2012 Conference**  
Anne Bialachowski, Conference Chair


**Update on 2012 Bi-Annual Virox Day on Cleaning, Disinfection & Sterilization**  
Alexis Silverman & Nicole Kenny, Co-Chairs

**CHICA's Newest Chapter**  
Mandy Deeves


**Infection Prevention and Control in Brazil**  
Special Guest, Dr. Alexandre Marra  
Hospital Israelita Albert Einstein  
Sao Paulo, Brazil

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**CHICA Board Update**




**Donna Wiens**  
2011 President

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**Goal 1: Raise the profile of CHICA-Canada and its activities**

- Monthly E-newsletter
- Informational e-broadcasts to members
- Canadian Journal of Infection Control
- Chapter Presidents and Chapter Finance Directors teleconferences
- Voices of CHICA teleclasses
- Exhibit at other conferences
- Associate status with Canadian Nurses Association

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**Goal 2: Enhance the mix of products and services**

- Member and Source guide
- Maintain Canadian and International Conferences & job postings on website.
- Partner with other product vendors to provide educational resources for members
- Additions to Audit Toolkit
- Website renewal and expansion
- CHICA Chat discussion board

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**Goal 3: Expand the association's education initiatives**

- Distance Education Course (2011-2012 session full with a waiting list)
  - ICPs hired as instructors, facilitators and course coordinators
- Endorsement of Basic IP&C curriculum at other institutions
- Chapter education events
- Road shows and webinars
- 2012 Conference and plans for future locations
- Conference Scholarships
- Routine Practices E-Learning Tool
- APIC/CBIC/CHICA collaboration on ICP core competency document

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**Goal 4: Expand and develop the membership base**

- 1700+ members and rising, growing corporate membership and focussed recruitment
- 22 chapters
- 10 interest groups
- Board member visits to chapters
- Member Recognition initiatives:
  - Champions of Infection Prevention and Control
  - CIC Chapter Achievement Award & member CIC recognition
  - Awards of Merit
  - Honourary Membership
  - Editorial Award
  - Recognition of Distance Education Graduates
  - Volunteer Recognition Certificates

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**Goal 5: Provide national & international leadership**

- Public Health Agency of Canada (*consultation meetings on guidelines, timelines, PHAC strategic plan; CNISP*)
- Accreditation Canada/Canadian Standards Association (*advisory committees and conference planning committees*)
- Canadian Patient Safety Institute
- Operating Room Nurses of Canada
- First Nations and Inuit Health Branch
- Corrections Canada
- Antibiotic Awareness Day – partnership with NCCID
- AMR Consultations
- CBIC – Board of Directors liaison; Strategic Plan 2011
- APIC – Collaborating on committees; IIPW Supporting Partner
- IFIC – Consultation on various matters; presentation at IFIC conference
- IPS – CHICA rep at IPS conference; presentations
- Other – NACI, CCIAP, CFID, Public Health in 21<sup>st</sup> Century, NPSR

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**Initiatives in the Wings**

- Revitalization of the ESBL toolkit - 2011
- Revitalization of Emergencies/Disasters toolkit – 2012
- Board Policy and Procedure Manual revision - 2011
- Chapter organizational manual – 2011/2012
- Mechanism to recognize member-developed educational tools – 2011/2012
- Development of a standardized IPAC orientation package – under discussion
- National ICP mentorship program – under discussion
- IPAC program audit tool development – under discussion

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**Update on 2012 Conference**





**Anne Bialachowski**  
Conference Chair

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**CHICA 2012**

Dates-June 16-21st  
Host City- Saskatoon, Saskatchewan  
Host Chapter-SASKPIC  
Theme-Growing for the Future





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**CHICA 2012**


- Novice and Advanced Practitioner Day
- Workshops
  - Long-term Care
  - Paediatrics
  - Cleaning, Disinfection and Sterilization




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**CHICA 2012**


- Keynote  
What Do Executives need to Make Infection Prevention and Control a Priority?  
APIC Executive Champion Award Winner
- Closing  
Story Telling and Infection Prevention




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**CHICA 2012**

Virox Scholarships  
3<sup>rd</sup> Annual Breakfast of Champions





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**CHICA 2012**


- Special Event  
A Walk Through Time  
Saskatoon Western Development Museum  
BBQ Dinner  
Dancing

See You in 2012




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**Update on 2012 Bi-Annual Virox Day  
on Cleaning, Disinfection & Sterilization**




**Alexis Silverman & Nicole Kenny**  
Co-Chairs

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**Topics**

1. Green and Clean – is the concept mutually exclusive?  
Dr. Angela Griffiths - Confirmed
2. The role fo the Environment in Infection Transmission  
Dr. Syed Sattar - Confirmed
3. Environmental Services Quality Assurance Programs  
Mark Heller, Former VP Environmental Services,  
Alberta Health - Confirmed
7. Alternative Disinfection Technologies  
Dr. Dick Zoutman - Confirmed

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### Topics

5. Antimicrobial Stuff: Coatings, Surfaces and Soaps  
*Speaker required! Can you help?*
6. Prions, Spores and Parasites. Oh My! Bugs that Challenge Disinfection and Sterilization  
Waiting confirmation
7. Biofilms  
Waiting Confirmation


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### Questions? Speaker Suggestions?

Please contact:

Nicole Kenny: [nkenny@virox.com](mailto:nkenny@virox.com)


Alexis Silverman:  
[alexis.silverman@peelregion.ca](mailto:alexis.silverman@peelregion.ca)

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## CHICA's 22<sup>nd</sup> Chapter




**Mandy Deeves**  
CHICA Simcoe Muskoka

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## Infection Control and Prevention in Brazil

Dr. Alexandre R. Marra  
Hospital Israelita Albert Einstein  
Sao Paulo, Brazil

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Annals of Internal Medicine

ARTICLE

### Device-Associated Nosocomial Infections in 55 Intensive Care Units of 8 Developing Countries

Victor D. Rosenthal, MD, Dennis C. Anli, MD, Renaldo Saloman, MD, Carlos Álvarez-Moreno, MD, Yatin Mehta, MD, Francisco Higuera, MD, Luis E. Cuevas, MD, Ozay Akan Arkan, MD, Redouane Abouqal, MD, and Hakan Leblebicioglu, MD, for the International Nosocomial Infection Control Consortium\*

**Background:** Health care-associated infections from invasive medical devices in the intensive care unit (ICU) are a major threat to patient safety. Most published studies of ICU-acquired infections have come from industrialized western countries. In a Centers for Disease Control and Prevention (CDC) National Nosocomial Infection Surveillance (NNIS) System report, the US pooled mean rates of central venous catheter (CVC)-related bloodstream infections, ventilator-associated pneumonia, and catheter-associated urinary tract infections were 4.0 per 1000 CVC days, 5.1 per 1000 mechanical ventilator days, and 3.9 per Foley catheter days, respectively.

**Objective:** To ascertain the incidence of device-associated infections in the ICUs of developing countries.

**Design:** Multicenter, prospective cohort surveillance of device-associated infection by using the CDC NNIS System definitions.

**Setting:** 55 ICUs of 46 hospitals in Argentina, Brazil, Colombia, India, Mexico, Morocco, Peru, and Turkey that are members of the International Nosocomial Infection Control Consortium (INICC).

**Measurements:** Rates of device-associated infection per 100 patients and per 1000 device days.

**Results:** During 2002–2005, 21 069 patients who were hospitalized in ICUs for an aggregate 137 740 days acquired 3099 device-associated infections for an overall rate of 14.7% or 22.5 infections per 1000 ICU days. Ventilator-associated pneumonia posed the

greatest risk (41% of all device-associated infections or 24.1 cases [range, 10.0 to 52.7 cases] per 1000 ventilator days), followed by CVC-related bloodstream infections (30% of all device-associated infections or 12.5 cases [range, 7.8 to 18.5 cases] per 1000 catheter days) and catheter-associated urinary tract infections (29% of all device-associated infections or 8.9 cases [range, 1.7 to 12.8 cases] per 1000 catheter days). Notably, 84% of *Staphylococcus aureus* infections were caused by methicillin-resistant strains, 51% of Enterobacteriaceae isolates were resistant to cephalosporins, and 59% of *Pseudomonas aeruginosa* isolates were resistant to fluoroquinolones. The crude mortality rate for patients with device-associated infections ranged from 35.2% (for CVC-associated bloodstream infection) to 44.9% (for ventilator-associated pneumonia).

**Limitations:** These initial data are not adequate to represent any entire country, and likely variations in the efficiency of surveillance and institutional resources may have affected the rates that were detected.

**Conclusions:** Device-associated infections in the ICUs of these developing countries pose greater threats to patient safety than in U.S. ICUs. Active infection control programs that perform surveillance of infection and implement guidelines for prevention can improve patient safety and must become a priority in every country.

Ann Intern Med. 2006;145:940-951.  
For author affiliations, see end of text.  
\*For a list of members of the International Nosocomial Infection Control Consortium, see the Appendix.

Annals of Internal Medicine

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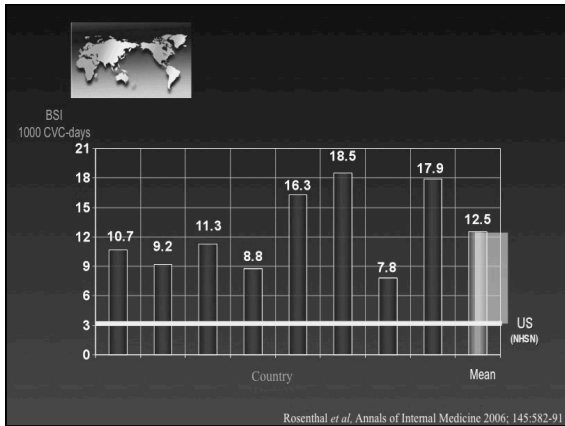
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**Beginners need tutorial**

- Problems:
- Presence
- Distance
- Burden

Several sources and guidelines

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**National experience on E-learning and infection control**

- 2 courses: 5 Modules (20 days/each)
  - 2004: 182 students
  - 2006: 433 students
- 3 Midia (exclusive phone line for orientation)
  - Internet ([www.iras.org.br](http://www.iras.org.br))
  - Books
  - CD
- 5 tutors: MDs and ICNs
- Free
- Students: selected by local sanitary authority

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Agência Nacional de Vigilância Sanitária

Infeção relacionada à ASSISTÊNCIA À SAÚDE

MÓDULO 1: Implantação e Criação de um Programa de Prevenção e Controle de Infecção Hospitalar

MÓDULO 2: Vigilância Epidemiológica das Infecções Hospitalares

MÓDULO 3: Investigação e Controle de Surto de Infecção Hospitalar

MÓDULO 4: Prevenção de Infecções em Unidades de Terapia Intensiva

MÓDULO 5: Plano Recrutamento e Proteção de Profissionais de Assistência

Agência Nacional de Vigilância Sanitária

Infeção relacionada à ASSISTÊNCIA À SAÚDE

**CD-ROM**

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[www.iras.org.br](http://www.iras.org.br)

Agência Nacional de Vigilância Sanitária

Infeção relacionada à ASSISTÊNCIA À SAÚDE

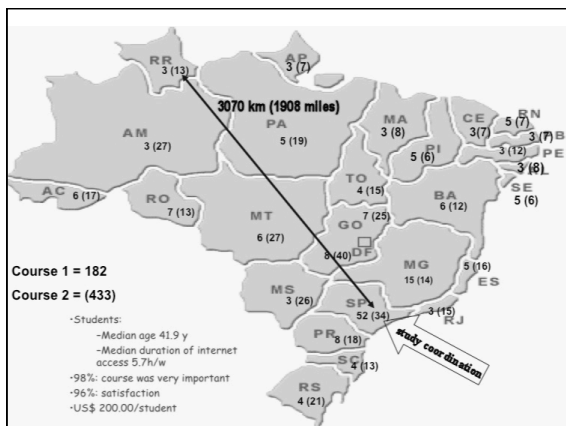
home equipe links **faq** curso ajuda

As Infecções relacionadas à Assistência à Saúde (IRAS), principalmente as adquiridas no ambiente hospitalar, estão entre as principais causas de morbidade e de mortalidade e, conseqüentemente, de elevação de custo para o tratamento do doente. Parte considerável das infecções hospitalares pode ser evitada com a aplicação de medidas de prevenção baseadas em conhecimento técnico adequado e apoio administrativo.

Apesar da legislação vigente - que determina que todos os hospitais possuam Programas de Controle de Infecção Hospitalar - tem sido observado nos hospitais brasileiros, principalmente longe dos grandes centros, o descumprimento destas normas.

Hoje cenário, os profissionais que atuam nos **Serviços de Vigilância Sanitária**, tanto estaduais como municipais, têm papel fundamental no apoio técnico e na promoção dos serviços locais de prevenção e controle de IRAS, além da ação fiscalizadora. Para isso, esses profissionais precisam

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## Microbiology

- Basic clinical microbiology has not been recognized as a priority by government agencies
- Lack of trained laboratory personnel
- The importance of integrating epidemiology and microbiology

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### Some reasons for conducting antimicrobial susceptibility surveillance

- To determine the level of resistance in a particular geographical region
- To improve the quality of empirical antimicrobial therapy
- To educate all those involved in use of antimicrobials
- To direct IC efforts in prevention of the spread resistant organisms
- To monitor changes in resistance patterns

Masterton RG, J Antim Chem 2000, 46: 53-8

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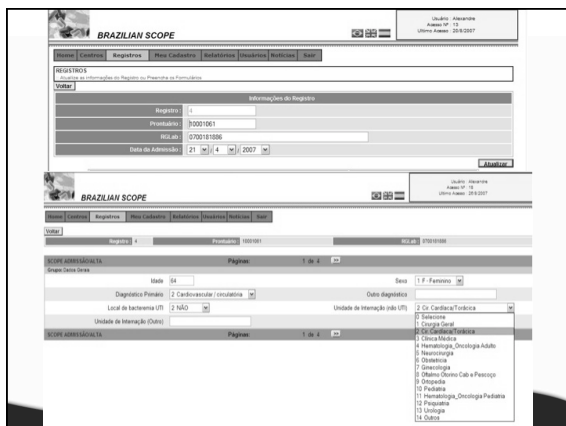
### Program Brazilian SCOPE (2007-2010)

UNIFESP

- Clinical data prospectively collected using standardized case-report form.
- Inclusion criteria: HA-BSI.

- 1 - Hospital São Paulo
- 2 - Hospital do Rim e Hipertensão
- 3 - Hospital de Diadema
- 4 - Instituto de Oncologia Pediátrica
- 5 - Hospital Nove de Julho
- 6 - Hospital Israelita Albert Einstein
- 7 - Santa Casa de Porto Alegre
- 8 - Hospital do Coração de Natal
- 9 - Hospital Universitário Walter Cantídio
- 10 - Santa Casa do Pará
- 11 - Hospital da Unimed de Natal
- 12 - Hospital das Clínicas de Goiânia
- 13 - Hospital de Base de Brasília
- 14 - Hospital Conceição de Porto Alegre
- 15 - Hospital Espanhol de Salvador
- 16 - Hospital Estadual Universitário do Triângulo Mineiro

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### SCOPE Study Brazil Results

- 2.8-year study (12 June 2007 - 31 March 2010)
- 2,563 infections (95% monoclonal infections)
- 16 participating hospitals
  - 13.3% pediatric patients ( $\leq 16$  years)
  - Mean age  $50.6 \pm 24.8$  years (0 to 97 years)
  - 56.1% male
  - 49.0% ICU setting

Marra AR et al. J Clin Microbiol 2011;49:1866-71

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## Characteristics of the 2,563 patients with BSIs among 16 Brazilian hospitals

| Patient Demographics         | No. (%) of BSIs | Patient Demographics                             | No. (%) of BSIs |
|------------------------------|-----------------|--|-----------------|
| <b>Organisms (N=2,447)</b>   |                 |  |                 |
| Gram-negative                | 1432 (58.5%)    | <b>Potential risk factors</b>                    |                 |
| Gram-positive                | 867 (35.4%)     | Central venous catheter                          | 1,803 (70.3%)   |
| Fungi                        | 148 (6.1%)      | Urinary catheter                                 | 1,051 (41.0%)   |
| <b>Underlying conditions</b> |                 |  |                 |
| Malignancy                   | 622 (24.3%)     | Ventilator                                       | 866 (33.8%)     |
| Neurologic                   | 309 (12.1%)     | Dialysis   | 256 (10.0%)     |
| Cardiovascular               | 292 (11.4%)     | Parenteral nutrition                             | 143 (5.6%)      |
| Gastroenterology             | 251 (9.8%)      | <b>Crude mortality</b> <b>1,024 (40.0%)</b>      |                 |
| Respiratory                  | 230 (9.0%)      | Marra AR et al. J Clin Microbiol 2011;49:1866-71 |                 |
| Renal                        | 220 (8.6%)      | Voices of CHICA                                  |                 |

## Distribution of pathogens most commonly isolated from monomicrobial nosocomial bloodstream infections (nBSIs) and associated crude mortality rates for all patients in intensive care units (ICU), and patients in non-ICU wards

| Pathogen                      | Percentage of BSI (rank) |               |                   | Crude mortality, % |             |                 |
|-------------------------------|--------------------------|---------------|-------------------|--------------------|-------------|-----------------|
|                               | Total (n=2,447)          | ICU (n=1,196) | Non-ICU (n=1,251) | Total (n=971)      | ICU (n=656) | Non-ICU (n=315) |
| <i>Staphylococcus aureus</i>  | 15.4                     | 12.8          | 17.9              | 31.0               | 48.2        | 24.0            |
| CoNS                          | 13.8                     | 16.6          | 11.2              | 32.0               | 46.5        | 23.2            |
| <i>Klebsiella</i> species     | 13.2                     | 11.8          | 14.5              | 34.7               | 55.2        | 24.8            |
| <i>Acinetobacter</i> species  | 12.5                     | 15.2          | 10.0              | 42.1               | 65.5        | 39.6            |
| <i>Pseudomonas aeruginosa</i> | 8.9                      | 10.0          | 7.9               | 48.9               | 61.5        | 39.0            |
| <i>Enterobacter</i> species   | 6.1                      | 5.8           | 6.4               | 30.2               | 61.4        | 17.1            |
| <i>Candida</i> species        | 5.6                      | 7.4           | 3.9               | 68.6               | 85.9        | 53.4            |
| <i>Enterococcus</i> species   | 4.5                      | 5.5           | 3.6               | 49.5               | 64.2        | 36.2            |
| <i>Serratia</i> species       | 3.5                      | 3.2           | 3.8               | 40.0               | 60.0        | 29.1            |
| <i>Proteus</i> species        | 1.6                      | 1.8           | 1.6               | 44.7               | 61.1        | 30.0            |

a p<0.05 for patients in ICU vs. patients in non-ICU wards

Marra AR et al. J Clin Microbiol 2011;49:1866-71  
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## Rates of antimicrobial resistance among gram-negative organisms most frequently isolated from patients with nosocomial bloodstream infection

| Antimicrobial drug | <i>Klebsiella pneumoniae</i> |             | <i>Acinetobacter baumannii</i> |             | <i>Pseudomonas aeruginosa</i> |             |
|--------------------|------------------------------|-------------|--------------------------------|-------------|-------------------------------|-------------|
|                    | No. of isolates              | % resistant | No. of isolates                | % resistant | No. of isolates               | % resistant |
| Amp-Sul            | 178                          | 54.5        | 265                            | 34.7        | ND                            | -           |
| Pip-Tazo           | 281                          | 33.5        | 148                            | 75.7        | 174                           | 33.9        |
| Cefazolin          | 261                          | 53.3        | ND                             | -           | ND                            | -           |
| Ceftriaxone        | 202                          | 55.4        | ND                             | -           | ND                            | -           |
| Ceftazidime        | 237                          | 54.4        | 293                            | 70.0        | 205                           | 36.6        |
| Cefepime           | 307                          | 50.2        | 291                            | 77.7        | 205                           | 42.9        |
| Imipenem           | 297                          | 0.3         | 290                            | 55.9        | 212                           | 36.8        |
| Meropenem          | 225                          | 1.3         | 289                            | 56.4        | 201                           | 35.8        |
| Ciprofloxacin      | 282                          | 36.2        | 278                            | 73.4        | 193                           | 45.6        |
| Gentamicin         | 290                          | 30.7        | 272                            | 51.8        | 184                           | 45.7        |

ND=Not done; Amp-Sul=ampicillin-sulbactam; Pip-Tazo=Piperacillin-tazobactam

Marra AR et al. J Clin Microbiol 2011;49:1866-71  
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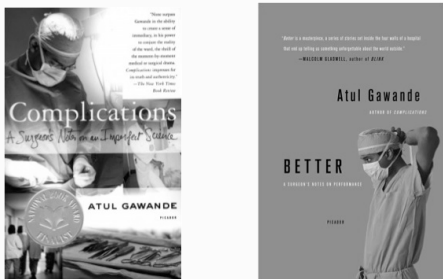
## Distribution of *Candida* species most commonly isolated from monomicrobial nosocomial bloodstream infections (nBSIs) and associated crude mortality rates

| Fungus                        | N (%)           | Mortality N (%)  |
|-------------------------------|-----------------|------------------|
| <i>Candida albicans</i>       | 47 (34.3)       | 33 (70.2)        |
| <i>Candida parapsilosis</i>   | 33 (24.1)       | 17 (51.5)        |
| <i>Candida tropicalis</i>     | 21 (15.3)       | 17 (81.0)        |
| <i>Candida species</i>        | 15 (10.9)       | 11 (73.3)        |
| <i>Candida glabrata</i>       | 14 (10.2)       | 11 (78.6)        |
| <i>Candida krusei</i>         | 2 (1.5)         | 2 (100.0)        |
| <i>Candida pelliculosa</i>    | 2 (1.5)         | 2 (100.0)        |
| <i>Candida lusitanae</i>      | 1 (0.7)         | 1 (100.0)        |
| <i>Candida famata</i>         | 1 (0.7)         | -                |
| <i>Candida guilliermondii</i> | 1 (0.7)         | -                |
| <b>TOTAL</b>                  | <b>137(100)</b> | <b>94 (68.6)</b> |

65.7% non-*albicans*

Marra AR et al. J Clin Microbiol 2011;49:1866-71  
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## Positive deviance



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## The origin of Positive Deviance

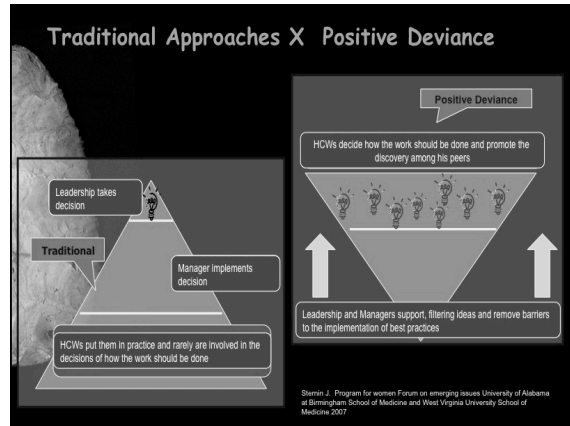


In every community or organization there are certain individuals or groups whose uncommon practices/behaviors enable them to find better solutions to problems than their neighbors or colleagues who have access to the same resources.

**Only those behaviors/strategies that are accessible to all are maintained, any other are discharged.**

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**Positive deviance: A new strategy for improving hand hygiene compliance**

- 2 (20 bed each) step-down units (E & W): 9 mo period (3 phases)
  - 1st: Pre-intervention: counted hand hygiene episodes (electronic counters)
  - 2nd: implemented PD strategy in E unit
  - 3rd: PD applied in both units
- HAIs surveillance: performed by trained ICNs

Marra et al. ICHE 2010, 31:12-20

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**Positive deviance Approach**

- Meeting of all HCWs (2x/mo).
- Opportunities to express their feelings about hand hygiene.
- Needs to improve (changing experiences).
- Monthly HAI rates were shown to HCW.
- Identified "positive deviants\*" HCWs. They identified others and so forth... (\*Are those who wanted to change and develop new ideas for improving hand hygiene and who stimulated other HCWs).

Marra et al. ICHE 2010, 31:12-20

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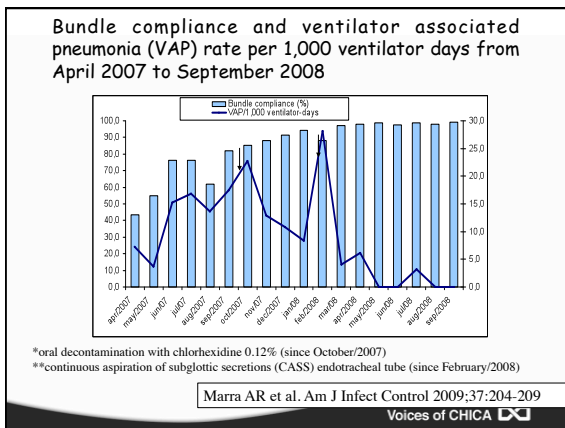
| Results  |                       |                  |       |
|--|-----------------------|------------------|-------|
| Study outcomes from July to September 2008 - Positive Deviance |                       |                  |       |
|  | Intervention unit (E) | Control Unit (W) | P     |
| <b>Hand hygiene</b>  |                       |                  |       |
| Alcohol gel aliquots dispensed (total)                         | 109,683               | 62,178           | -     |
| Alcohol gel aliquots dispensed per room (mean±SD)              | 136.41±42.37          | 68.14±33.61      | <0.01 |
| Alcohol gel used (L/1,000 patient days) (mean±SD)              | 83.2±3.02             | 42.03±4.55       | <0.01 |
| Chlorhexidine used (L/1,000 patient days) (mean±SD)            | 21.2±11.30            | 16.7±6.07        | 0.57  |
| <b>Healthcare associated infections (HAIs)</b>                 |                       |                  |       |
| Bloodstream infection/1,000 catheter days                      | 1.5                   | 0                | -     |
| Urinary tract infection/1,000 catheter days                    | 15.5                  | 25.8             | -     |
| Pneumonia/1,000 tracheostomy days                              | 0                     | 1.8              | -     |
| Incidense density of HAIs/1,000 patient days                   | 6.5                   | 12.7             | 0.04  |

## Bundles / Checklist

- Broad "bundles" / checklist
  - Pts have many needs, not only IC
  - Developing areas might need different bundles




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## Conclusions

- Nationwide surveillance studies are important
- High prevalence of Gram-negative x Gram-positive bacteria / high rates of antibiotic resistance
- High prevalence of non-albicans Candida
- Infection control policies are necessary
- The culture of accountability and the positive deviance must ever exist

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