Passing the Gavel...

From Immediate Past President, Diana Korpal RN, CIC

It’s hard to believe the year is over. I have been so proud to serve as your president this past 12 months. What a dynamic and totally engaged group of people surrounded and supported me... and look at some of the things we have accomplished! Of major importance is our close alliance with our Indiana State Health Department and Indiana Hospital Association partners in crafting a relatively good HAI reporting rule. Even with the increased work load, having to add “yet another thing” to our proverbial plates, being confused and just downright frustrated through the process, it’s not all bad news. This reporting process has resulted in many administrators finally, finally recognizing the importance of Infection Prevention as a part of quality patient care. I know of at least one IP who is getting her hours increased; another has almost convinced her facility to purchase a data mining system, and another was able to add a full time IP to her staff. Woo-hoo! Another upside is the strengthened relationship our chapter has with the ISDH and the IHA, which will continue as the rule moves forward. This is exciting!

And how about those blue visors! Did you see how many pictures there were in some of the APIC national information? We proudly celebrated winning a Chapter Excellence Award for Education, Communication and Information Resources. Of note is the impressive amount of scholarship monies that was used to send our IPs to the national APIC conference in Baltimore. This past year four IPs had almost all of their conference expenses paid by chapter scholarship monies. I don’t know of any other APIC chapter who can duplicate this! All four members wrote articles about the value of the conference, particularly for the “first timers”. We are very fortunate to have dedicated members who work so hard to support our chapter members through fundraising and program dollars. Take a minute to give thanks and appreciation to the Program and Scholarship committees for their hard work and dedication. That’s where the dollars come from, folks. If you want to investigate applying for a scholarship, check with your regional director on how to do this -- or find information on our web site, www.APICIN.org. Even if you’re not interested in applying, we still encourage you to bring your checkbooks (stop at the ATM and bring good old cash) with you to the April meeting and be a part of our scholarship fundraisers!

......and speaking of the web site. It is getting a major facelift! The board approved preliminary changes at the transitional meeting in January and will see the final version just prior to the spring conference. We are updating the site with a whole new look, new resources, more information and links.... the changes are very exciting! We will keep you all posted when it is ready for unveiling.

So much has happened this past year I can’t put it all into this one short article. I hope you all are attending your regional meetings to get more detailed updates about the changes and improvements that are continually happening through the work of the regional directors and the APIC-Indiana chapter board of directors. I am so blessed to have worked with this outstanding volunteer group of men and women who take extra time to elevate the practice of Infection Prevention through their work on the board. The changes and improvements are communicated through your regional directors, so if you are not a “regular” at your regional meetings, I truly hope you will make it a goal to increase your attendance. It’s not just finding out what’s going on – it’s strengthening friendships and peer networking. So many times I hear new IPs speak of how grateful they were to find out they were NOT ALONE! It’s by working together that we can continue our history as an excellent and (I think one of the most) active and energetic chapters of the entire Association of Professionals in Infection Prevention and Epidemiology.

I will miss the gavel, but it has now been passed on to 2012 president Stephanie Steele. I know you will give Stephanie the same wonderful support you all have shown me this past year. It has been my privilege and honor to serve as your president this past year. I thank you all for your friendship and service to our profession. I am very proud to be part of Chapter 076.
Greetings! From Stephanie Steele, 2012 Chapter President

Our winter has been very mild, and I wanted you to know that as your president, I too will be mild. I have no major platform messages or designs. I know we must maintain what APIC-Indiana has already accomplished, so we will need all hands on deck to accomplish this. For major issues that relate to reporting, accrediting, standards and rules we will develop sub-committees of members who are already well-versed in these issues to keep APIC Indiana member’s best interests in the forefront.

My bucket list includes working with the Scholarship Fundraising Committee to garner funds for more scholarships – thanks to Janene for staying on, Gail for chairing and Region 5 members for serving during the upcoming year. Recruiting members to run for state office is important; we will find ways to make this opportunity more enticing to the member and worthwhile to their agency. After serving as a state officer, getting involved at the national level is also an amazing experience. Members really are not aware of how far out in front of things they can be if they actually get involved serving on committees and boards of APIC – it puts you in touch with the ‘movers and shakers’ of infection prevention all across the state, the nation, the world.

This bucket list includes working with Diana to improve our APIC-Indiana website, encouraging members to reach out to non-acute care settings to get them onboard with APIC and to get to as many Region meetings as possible – so an invitation with date/time/location would is needed.
I want to encourage everyone to save the date of the next APIC-Indiana educational conference – Friday, April 13th at the Hilton North, Indianapolis. Our Program Committee operates at a national level when they develop our conferences; our conferences are the envy all across the national APIC membership. Do not forget that there are scholarships available for attending our own state conferences.

Thank you in advance for your patience as I feel my way through this next year – let us make it a great year for APIC-Indiana!!!

Indiana APIC Membership Update From Ann Carmien

At the end of 2011, we had a total of 232 APIC Indiana Members. We had 35 new members join from a variety of infection prevention positions. 9 were ambulatory care, 9 acute care, 6 vendors, 3 long term care, 1 behavioral health and 4 unknown. Welcome, and I hope you have all received your welcome email from me and your contact from your Region Director. We try to keep our new members up to date as much as possible, so that you can become involved and receive benefits from being a member.

One important thing that each member should do is to check your contact information on the APIC website each time you update your membership. You can do this by logging in to www.apic.org and clicking on "My APIC". The email address and other demographics that are on the APIC website is the contact information that we will have for you. If it is not correct, you will not receive emails from APIC or APIC Indiana. You can edit your information yourself. Each time I send out an email for APIC Indiana, I download an updated list from APIC, so I cannot make substitutions on your email addresses each time. Thank you for understanding.

(Standardized Infection Ratio Simplified)

Check out the great article from Laurie Fish on understanding the Standardized Infection Ratio that is now being used in NHSN and reported publicly on the Quality Net website.

(See pg 4)
Don’t Miss the Indiana APIC Spring Conference!
April 13th
Hilton Indianapolis North

“IT’S US AGAINST THE BUGS!”

The Spring Conference brochure has been sent out and is available online. This spring’s conference has a lot to offer to help you gear up “Against the Bugs” and find out what is current and going on in our organization at large.

APIC National’s CEO Kristina Crist will be one of our speakers and will share with us the “State of APIC and Future Vision”. Additionally hear the latest about antibiotic resistant organisms, antibiotic stewardship and isolation practices from a panel of experts. And then what better way to wrap up the day than with a little humor for good health.

As always we welcome and thank the many vendors who will be there to present their products and services to members.

Members working in Long Term Care can apply for the Diana Korpal Scholarship and receive a free registration to either a Spring or Fall State Conference.

Last year APIC IN gave scholarships for 4 APIC IN members to attend the International Conference. That money is raised each year with several different activities, one being the annual fall conference Silent Auction. So that we can continue to help our members with future scholarships, the APIC IN board decided that for 2012 we will have two Silent Auctions, one at each conference. Regions please gather together your goodies for baskets and members come ready for some fun.

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NHSN Reporting—Free Webinars

Most members (at least those in acute care settings, but soon this will include LTAC, Dialysis and Ambulatory Surgery) are now required to report specific data into NHSN.

For some this has been and can be quite daunting. Remember you are not alone in this project! There have been free webinars through Health Care Excel for Indiana and Kentucky facilities. There have been two so far and more still coming. If you are not getting the invitation to these email Amy Tooley to make sure you are on the mailing list (atooley@inqio.sdps.org).

Additionally there are workshops offered daily at the APIC National Conference for NHSN. These were offered last year and were very beneficial and are back by popular demand. They are interactive training sessions to help you make sure you are submitting data correctly.

Remember hospitals in Indiana you are not only required to report on a national level, but also on a state level. Have you made sure you have conferred group user rights to the state?

Here is a list of what you should be submitting:

- CLABSI in all ICU’s beginning in 2011
- CAUTI in Adult & Pediatric ICU’s beginning in 2012
- SSI for Colon and Abdominal Hysterectomy Surgeries beginning in 2012

Be sure to read all newsletters from NHSN there is valuable and timely information related to reporting in these. Most recently there has been a change/clarification in the definitions of abdominal hysterectomy.
**Standardized Infection Ratio Simplified**

**What is a Standardized Infection Ratio?**

A summary measure used to compare the HAI experience among one or more groups of patients to that of a standard population.

- Groups can be a unit, hospital or state that all data in the groups is aggregated into the summary measure that can then be compared to the standard population.

- The standard population is the 2006-2008 NHSN pooled mean rates.

**How is the standard calculated?**

- **Observed number of infections**
  - Expected number of infections
    - \( O = \) the number of infections in your hospital
    - \( E = \) estimated from national infection rates

**How is the “expected” calculated?**

The national rate of CLABSI/1000 CLDs in an academic medical/surgical ICU is 2.1

<table>
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<tr>
<th>Org id</th>
<th>Location</th>
<th>Summary Yr/Half</th>
<th>Months</th>
<th>Inf count</th>
<th>Number expected</th>
<th>Central line days</th>
<th>SIR</th>
<th>SIR P Value</th>
<th>95% Confidence Interval</th>
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<td>ICU</td>
<td>2009H1</td>
<td>3</td>
<td>2</td>
<td>1.785</td>
<td>850</td>
<td>1.12</td>
<td>0.5327</td>
<td>0.199-3.527</td>
</tr>
</tbody>
</table>

The E for ICU = \((2.1 \times 1000) \times 850 = 1.75\)

SIR = \(\frac{2}{1.785} = 1.12\)

**How do you interpret the SIR?**

- **1= Expected**
- **Greater than 1= Higher than expected**
- **Lower than 1= Lower than expected**

**How do you know if you are significantly greater than 1?**

Using the p value in the above table it would not be significant since the p value is **greater than 0.05**.

Looking at the confidence interval it is also not significant because the interval **overlaps 1**.

**How do I know if my rates are different than the national average?**

- If the p value is less than .05 your rates are different than the national average
- If the confidence interval does not overlap 1 you are different than the national average

**What if I run my data and a SIR is not calculated?**

If your expected is less than 1, a SIR will not be calculated. You can try to extend the period of analysis to see if this will generate a SIR result.
Standardized Infection Ratio Simplified

What are advantages of using the SIR?

⇒ Risk adjusts the data
⇒ A better method when events are rare

What are the weaknesses?

⇒ SIR was not designed to compare between institutions but to compare your rates to a national average

What are the risk factors used for risk adjustment?

Surgical Site Infection

⇒ The expected number is calculated using a logistics regression model and patient level data, not just national rates. This allows for better risk prediction since patient level data is included.
⇒ Allows for procedure specific risk
⇒ Risk Factors
  * Age
  * ASA
  * Duration of operation
  * Medical school affiliation

CLABSI

⇒ The method is not as sophisticated as SSI since it does not take into account individual patient risk.
⇒ Risk Factors
  * Severity of illness
  * Patient population (unit)
  * Number of center lines

Below is a link to an article by the Florida State Health Department that provides a more in depth explanation using examples that may add further insight.

http://www.doh.state.fl.us/disease_ctrl/epi/HAI/SIR.pdf

Sources:
Florida State Health Department
Anthony Harris, MD, MPH, National APIC Presentation