HEALTHCARE ASSOCIATED INFECTIONS – STATE, COUNTY, AND FACILITY PERSPECTIVES

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Outline

- Infection Prevention and Control Advisory Committee
- ADHS HAI Program
- Outbreak Reporting
- HAI Reporting
INFECTION PREVENTION AND CONTROL ADVISORY COMMITTEE

BACKGROUND AND RECOMMENDATIONS
Infection Prevention and Control Advisory Committee

- Senate Bill 1356
- Established a multidisciplinary committee
- Tasked with recommending:
  - Best practices for preventing and controlling healthcare and community acquired infections
  - Components of community infection prevention education campaign
  - Determining if additional infection reporting is necessary to improve patient safety and health outcomes
- By December 31, 2009
Committee Activities

- Reviewed guidelines on healthcare associated infection (HAI) prevention from professional associations and government agencies
- Reviewed federal and state legislation regarding HAI reporting in over 20 states and current legislative activity in Arizona
- Talked with national and state HAI experts in other states
- Reviewed available tools for community HAI education programs
ADHS to establish a voluntary, ongoing, state-wide multi-disciplinary advisory committee on infection prevention and control

Healthcare facilities support robust infection prevention and control performance improvement programs based on evidence-based practices

Public and provider education campaigns about vaccine preventable diseases, vaccines, & antibiotic use in both community and healthcare settings

No additional HAI or community infection reporting
In September 2009, Arizona received ARRA funds to support development of an HAI program

- Requirement for state HAI plan creation
  - Development and enhancement of HAI program infrastructure
  - Surveillance, detection, reporting, and response
  - Prevention
  - Evaluation, oversight, and communication
HAI Advisory Committee

Representatives from:
- state and local health departments
- acute care hospitals – IPs, ID doctors and pharmacists, environmental services
- long term care and assisted living
- hospice and home health
- dialysis centers
- ambulatory surgery centers
- Arizona Rural Health Office
- Association for Professionals in Infection Control and Epidemiology (APIC)
- Health Services Advisory Group (HSAG)
- Arizona Hospital and Healthcare Association (AzHHA)
- Arizona Health Care Association (AHCA)
- Aging Services of Arizona
- Arizona Ambulatory Surgery Center Association
- Arizona Infectious Disease Society (ARIDS)
- Blue Cross Blue Shield
HAI Advisory Committee - Subcommittees

- **Prevention Strategies**
  - Evaluate current prevention strategies utilized by Arizona healthcare facilities
  - Create a toolkit that synthesizes HAI prevention evidence for facilities across the healthcare continuum

- **Provider Education**
  - Develop an educational series to educate healthcare providers about appropriate antibiotic use
  - Compile a panel of experts to provide information, best practices for stewardship, and technical assistance to healthcare facilities
- **Public Education**
  - Create a public education campaign to roll out during International Infection Prevention week (October 17th-23rd)

- **Surveillance**
  - Improve knowledge base of HAI surveillance activities across the healthcare continuum
  - Encourage and support voluntary use of CDC’s National Healthcare Safety Network (NHSN)
www.azdhs.gov/phs/oids/hai

- General information for the public
- Prevention recommendations for healthcare providers
- Resources for HAI surveillance and outbreak investigation
- Links to hospital performance data
- State HAI plan and progress reports
NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

FIRST STATE SPECIFIC HAI SUMMARY REPORT
NHSN State Summary Report

- CDC’s first report of state-specific NHSN data – January-June 2009
- CLABSIs only – future reports will present other HAIs
- Only includes states with mandatory CLABSI reporting to NHSN (N=18) – Arizona not included
- Presents the SIR (standardized infection ratio) as a summary statistic
  - Compares observed number of HAI events with the baseline national experience of facilities within the same risk category (based on patient location)
  - Referent period – January 2006-December 2008
- Report shows an 18% CLABSI decrease
OUTBREAK REPORTING

BENEFITS AND BARRIERS
Determination of an Outbreak

- First Step in Outbreak Investigation is determining existence of an outbreak
- Can be as simple as 1 case of a communicable disease, unusual organism or situation over and above what is normally seen
- Second step in process is contacting internal experts/resources to help define a case, develop initial action steps and to decide on notification of county and state to seek assistance and guidance with the issue
Reporting Requirements

- Reportable HAIs by healthcare providers & facilities
- Diseases listed by organism – not necessarily HA
  - Vancomycin resistant (or intermediate) *S. aureus*
  - Vancomycin resistant *S. epidermidis*
  - Vaccine preventable diseases
  - Zoonotic diseases
  - Bacterial GI diseases
  - Outbreaks of nausea, vomiting, or diarrhea
  - Emerging or exotic disease
Barriers to Reporting

- Lack of knowledge about need to report, or who to report to
- Lack of identification of an outbreak
- Concern that reporting may “bring in the state”
- Consideration for reporting may get lost in the process of internal steps for outbreak control and may be an “after thought” far into the process
- Thinking that someone else is responsible to report (i.e. lab)
Benefits of Reporting

- Additional expert guidance and resources to help determine appropriate action steps and stop outbreak
- Investigation assistance
- Helps to link occurrence to other similar situations that may exist, allowing for identification of extensiveness of an outbreak (Public Health benefit)
- Public Relations asset/minimize scrutiny of those who may ask why you didn’t report
Process for Reporting Outbreaks in Arizona

- If outbreak has been determined, or in some cases, is suspected, reach organizational decision to report
- Contact your county health department
- County works with ADHS-PI and the organization to guide action planning and investigation
- County and ADHS-EPI work with ADHS Licensure if necessary to assure facility compliance
- Collaborative process to provide best outcome for patients and public health
What is the County’s role?

- Work with IPs to ensure all relevant information collected on which to base decisions
- Serve as “fresh ears” to assist with case identification, surveillance and/or finding source
- Recommend additional resources/personnel request
  - PFGE testing from Arizona State Laboratory
  - Additional personnel to assist with investigation
  - State may call CDC Epi-Aid
- Serve as liaison with ADHS epidemiology
What is a CDC Epi-Aid?

- If additional resources are necessary, CDC Epidemiology assistance can be requested by the facility through ADHS
- A team of epidemiologists and sometimes laboratorians are deployed to your facility
  - Work with facility staff to perform a thorough investigation, usually including case-control or cohort studies
  - KEEP A LOW PROFILE
  - Often collect environmental samples - sent to CDC for testing
  - Stay days to months working 7 days/week – avg. 2 weeks
  - Provide a detailed report of investigation, findings, and recommendations
Examples of Outbreak Reporting

- **Legionella Experience- Possible or Known HAI**
  - Legionella case identified

- **Device associated Outbreak/Pseudo-Outbreak**

- **Public Health determines existence of a geographical outbreak (Measles, Pertussis)**
Examples of CDC Epi-Aids in Arizona

- MDR-Acinetobacter outbreak associated with contaminated portable X-ray machine
- Pseudo-outbreak of Legionella associated with contaminated bronchoscope
- Outbreak of Aspergillus possibly associated with new facility construction
Hospital Associated Infections (HAI) Reporting

NHSN

NATIONAL HEALTHCARE SAFETY NETWORK
What is NHSN?

- CDC database for adverse events and HAI reporting
- Formerly known as NNIS
- Module based system capable of accepting HAI case information related to procedures, devices, MDROs, Antimicrobial Use, Personnel/Immunization data
- National benchmarks
- Database used by 19 + states for mandatory reporting
- Standardized HAI definitions
Benefits of NHSN Reporting

- Increase numbers of submissions/submitters creates better benchmarking data
- Opportunity to refine definitions and modules
- Step toward increase transparency of data
- CMS/NHSN Proposed IPPS Rule: Value Based Purchasing/Pay for Performance
Barriers to NHSN

- Resources needed to begin and maintain
- IT component
- Interfaces needed to avoid manual submission of data
- Question by some of whether submitting to NHSN improves care
CMS IPPS- P4P will bring NHSN to us!

Not a matter of IF, but rather WHEN

If an organization has not already investigated NHSN and resources at facility available to help IPs participate, you need to do so now

If you have further questions and want a local contact, let us know. Az NHSN facilities are willing to help