

ADHS Healthcare-Associated Infections (HAI) Advisory Committee Meeting

February 13, 2015



WWW.preventHAaz.gov



Health and Wellness for all Arizonans

- **Call-in information:**
 - Dial-in number: 1-559-726-1300
 - Using participant access code: 246013#
- **If you would like to follow along via iLinc, please visit:**
 - <https://azdhs.ilinc.com/join/fbfmscw>
 - or
 - <https://azdhs.ilinc.com/public/elivar>
- **Meeting materials available at:**
 - <http://azdhs.gov/phs/oids/hai/advisory-committee/subcommittee-agendas-documents.php>

Agenda

- Call to Order
- Welcome and Introductions
- Domestic Ebola Grant Opportunities
 - Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)
 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
- Review and approval of September 11, 2014 meeting minutes
- HAI Advisory Committee Subcommittee Updates
 - Strategies for Training, Education, and Prevention (STEP)
 - Long-Term Care
 - ESRD
 - Antimicrobial Stewardship
 - Surveillance
- HAI Health Education Checklist (HEC)
- Measles Update
- Measles Surveillance Toolkit for Healthcare Settings
- Infectious Disease Certification Program
- ADVICE Collaborative III
 - Striving for Excellence
- 2015 Arizona Long-Term Care Infection Prevention and Control Collaborative
- Call to the Public

Call to Order: Welcome and Introductions



Domestic Ebola Grant Opportunities

- Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)

Domestic Ebola Grant Opportunities

- Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
 - Why?
 - The current Ebola outbreak response efforts have highlighted vulnerabilities in infection control practices
 - Funding will support efforts to
 - Define and apply basic standards of infection control
 - Bolstering of policy and capacity
 - Actively assessing and intervening to achieve best practice
 - Investments in a more robust infection control infrastructure will prevent many HAIs

How Will This Be Accomplished?

1. Perform targeted assessments of general infection control competency at healthcare facilities
2. Identify gaps in infection control performance and facilitate/implement programs and policy change to address gaps
3. Implement response and prevention activities aimed at making a large impact on reducing transmission of pathogens on the population overall

What Are the Strategies?

- **Strategy 1:** Assure an expanded State HAI Plan and Advisory Group is in place
- **Strategy 2:** Improve coordination between public health and all healthcare settings in the state through a mapping initiative
- **Strategy 3:** Assess readiness of Ebola-designated facilities within the state
- **Strategy 4:** Assess outbreak reporting and response in healthcare facilities

Wish List

- Epidemiologist
- Infection Disease Certification Program
 - Program Coordinator
 - Surveyor staff
- Office supplies and equipment
- In-state and out-of-state travel
 - Including travel for the Infection Disease Certification Program staff to
 - Emory Healthcare
 - Nebraska Medicinefor instruction and review of infectious disease best practices
- State-wide Conference for provider preparation and education of the Infection Disease Certification Program

Outcomes

1. Established leadership through an infection control advisory group including local opinion leaders, hospital leadership, infection control leaders
2. Established inventory of healthcare settings to identify regulatory/licensing oversight authorities for each healthcare facility as a step to influence role of infection control competency in operating approvals
3. State or city-wide healthcare system with comprehensive , effective infection control programs and practices
4. Qualified personnel in both health department and healthcare facilities better prepared to respond to infectious disease outbreaks in healthcare settings (including interrupting cross transmission) through on-site assessments, observations, and relevant training
5. Increased implementation of prevention guidelines and policies to assure best practice to eliminate cross-transmission of pathogens from patient-to-patient or patient-to-healthcare worker, across healthcare settings
6. Trained informatics and analytic staff to access, analyze, and interpret HAI surveillance data from region to direct and inform actions and response

How Will This Opportunity Bring HPP/PHEP and ELC Stakeholders Together?

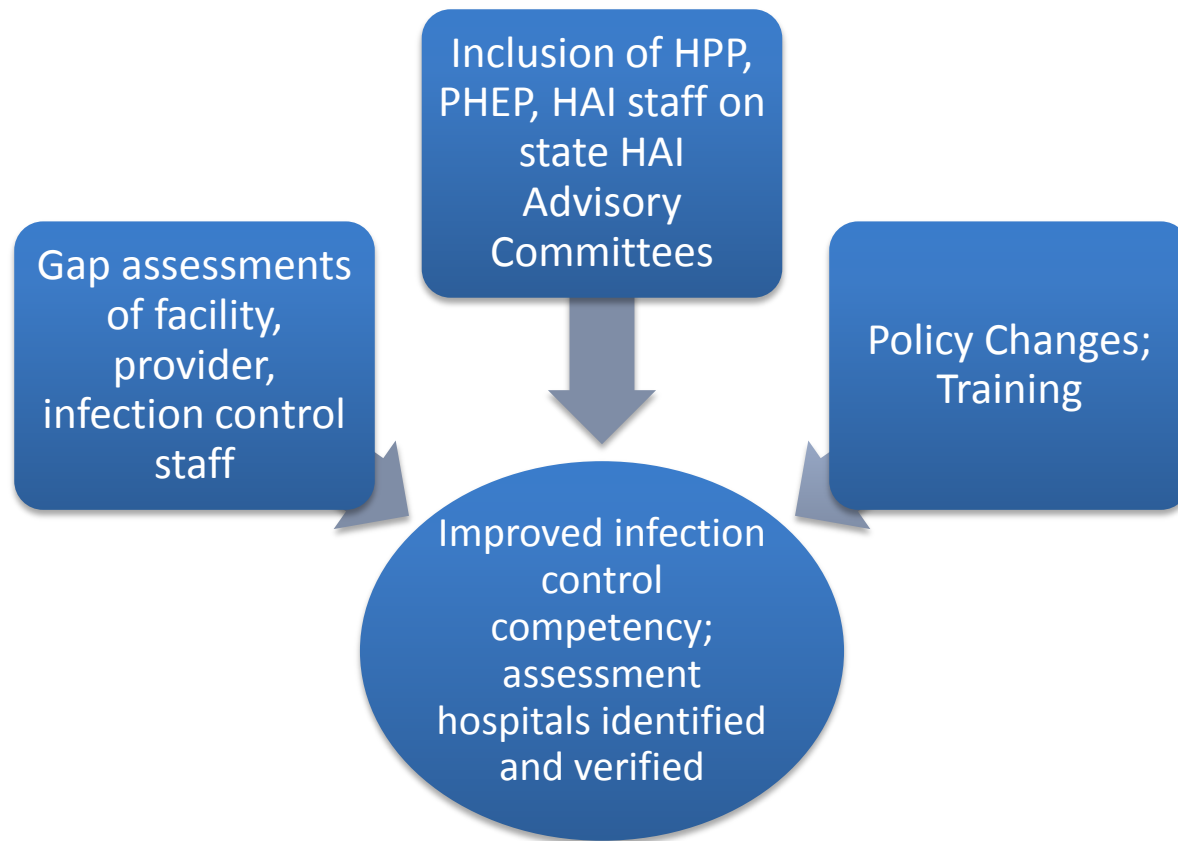
ELC Relationship to PHEP Ebola Supplement

ELC-EAS Project	ELC-EAS Focus	PHEP Supplement Focus	Key Differences
Infection Prevention and Control	Expansion of ELC HAI activities, assessments around general infection prevention	Collaboration with HCS response, PPE acquisition/training for PH workers, exercises	Enhancing basic Infection Prevention Control Capacity (ELC) vs. Ebola-specific and emergency activities (PHEP)

ELC and PHEP Opportunities for Connection

ELC Activity A Strategy	PHEP Capability
<p>1. Expanded State HAI Advisory Workgroup;</p> <p>2. Inventory of Healthcare Settings</p>	<p>Community Preparedness: “partner with state HAI multidisciplinary workgroup” – e.g. codifying roles/responsibilities between hospital IC staff and public health and providing role demonstration (exercise) opportunities</p>
<p>3. Assess readiness of Ebola-designated assessment (and if applicable, Ebola-treatment) facilities using CDC readiness assessment tool;</p> <p>Provide infection control consultation/training to assessment hospitals using CDC-based resources (via either CDC-based training teams or CDC-based train-the-trainer models)</p>	<p>Responder (Worker) Safety and Health: “assure that healthcare workers, lab personnel, environmental services staff trained in PPE to prevent self/cross contamination” “assure healthcare clinicians trained to avoid cross contamination” “assure compliance with hazardous materials regulations to transport contaminated items for off-site disposal”</p>
<p>4. Assess outbreak reporting and improve reporting and response</p>	<p>Epidemiological Surveillance and Investigation: “collaborate with healthcare partners to prevent transmission/establish a tiered approach for EVD patient care”</p>

ELC and PHEP FOA Joint Collaboration



In the End

- ✓ Establish pathways for frequent communication through HAI advisory group meetings, workgroups, regular calls
- ✓ Involve both programs in facility assessments for learning, information sharing, and optimal coordination

Review and Approval of September 11th, 2014 Meeting Minutes

HAI Subcommittee Updates

Strategies for Training, Education, and Prevention (STEP) Subcommittee

- [Scabies Pamphlet](#)
 - 6.5 Flesch Kinkaid Grade Level
- Current Projects
 - Post-exposure prophylaxis (PEP) for needlesticks and other occupational exposures to bloodborne pathogens project
 - Healthcare Worker Influenza Vaccination Post-Survey
 - Policy Implementation



Long-Term Care Subcommittee

- [Injection Safety Toolkit](#)
- Current Projects
 - Arizona Partners in Action-STOP CAUTI
 - AHRQ Safety Program for Long-Term Care: CAUTI
 - *Understanding The Antibiogram: What Is A ‘Red Flag’, How Much Resistance Is Too Much, and How Do I Address Resistance Trends Within My Institution?*
 - Co-project with Antimicrobial Stewardship Subcommittee
 - 2015 Arizona Long-Term Care Infection Prevention and Control Collaborative Workgroup
 - First meeting is today at 1pm

ESRD Subcommittee

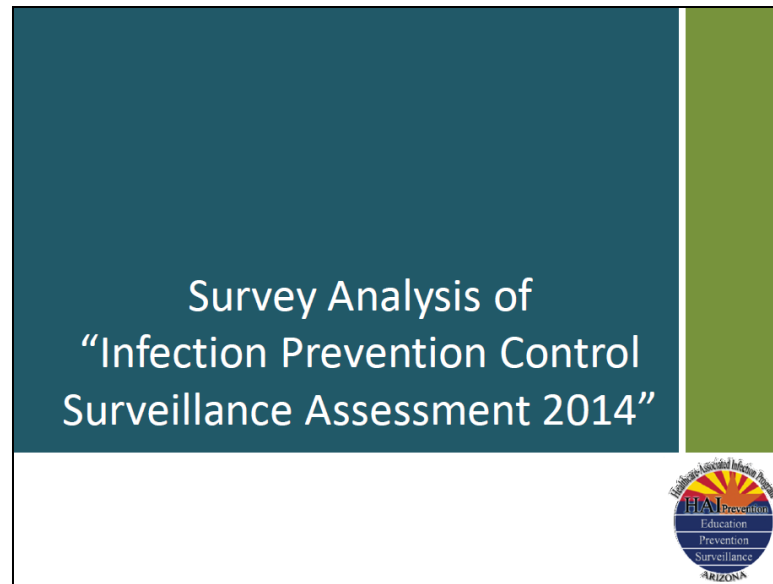
- [Pneumococcal Vaccination Algorithm](#)
 - Focus on patients with chronic kidney disease
 - PPSV23 & PCV13
 - Based on current CDC and ACIP guidance
 - [Modifications to Medicare Part B Coverage of Pneumococcal Vaccinations](#)
- Current Projects
 - ESRD Needs Assessment
 - Planned speaker at next ESRD Subcommittee meeting
 - [AHRQ Safety Program for End-Stage Renal Disease Facilities Toolkit](#)
 - Jan Deane, RN CNN from Renal Network 11

Antimicrobial Stewardship Subcommittee

- [ASP Survey for the upcoming Arizona Infectious Disease Society \(ARIDS\) 2015 Annual Conference](#)
- [Improving The Quality of Antibiotic Prescribing: Empiric and Pathogen-Directed Antimicrobial Therapies](#)
- [Understanding The Antibigram: What Is A 'Red Flag', How Much Resistance Is Too Much, and How Do I Address Resistance Trends Within My Institution?](#)
 - Co-project with LTC Subcommittee
- Current Project
 - Optimizing Antimicrobial Prescribing Practices While Watching the Hospital Bottom-Line & Business Case for Antimicrobial Stewardship Program

Surveillance Subcommittee

- Infection Prevention Control Surveillance Assessment 2014
 - [Cover letter](#) and [survey](#)



HAI Health Education Checklist (HEC)

Version 2.10.15



Healthcare-Associated Infection Program Health Education Checklist (HEC)

The purpose of this checklist is for the Subcommittee to:

- have a standard and strategic process to create health education materials
- ensure that the health education material fits within the HAI Program's scope of work

Instructions: The HAI Subcommittee will use "Checklist 1: Project Initiation" before starting the health education project and "Checklist 2: Project Finalization" before sending the final product to the Advisory Committee. The goal is "getting to yes."

Checklist 1: Project Initiation

1. Does the material meet <u>at least one</u> of the HAI Program Priorities? <ul style="list-style-type: none"> • Infection control, or • Injection safety, or • Drug diversion, or • Pharmacy and compounding, or • Antimicrobial stewardship, use, and resistance, or • Healthcare worker vaccination 	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
2. Does the material correspond with the outcomes section of the HAI Program's logic model? <ul style="list-style-type: none"> • Increased stakeholders' knowledge of HAI activities, resources, and infection prevention best practices • Improved relationship between stakeholders (Increased new relationships w/ stakeholders, communication and cooperation), or • Improved understanding of HAI data, or • Control of HAI outbreaks in healthcare facilities, or • Improved HAI program processes and procedures, or • Increased stakeholders' awareness of HAI activities and resources 	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
3. Does the material address <u>at least one</u> primary HAI-related issue identified in one of the three phases of the federal HAI Action Plan of Healthy People 2020? <ul style="list-style-type: none"> • Phase 1: Acute-Care Hospitals, or • Phase 2: Ambulatory Surgical Centers, End-Stage Renal Disease Facilities, and Increasing Influenza Vaccination Among Health Care Personnel, or • Phase 3: Long-Term Care Facilities (http://www.health.gov/hai/prevent_hai.asp#hai_plan) 	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
4. Did the subcommittee choose a format for the project? <ul style="list-style-type: none"> • Consider a format suitable and usable for the target audience. Examples: toolkit, website, pamphlet, brochure, social media, etc. 	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
PROJECT INITIATION SCORE Must score 4 in order to proceed with project. If less than 4, please re-evaluate project.	Total ___/4

Version 2.10.15

Checklist 2: Project Finalization

1. Does the material use language that the primary audience would use? <ul style="list-style-type: none"> • Reading level has been checked with a Flesch/Flesch-Kincaid readability test and is appropriate, and • Specialized or unfamiliar terms are explained or described (not just defined) the first time they are used or define uncommon terms in a glossary, and • Acronyms and abbreviations must be spelled out and explained if unfamiliar to the audience 	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
2. Does the material contain one focused message? <ul style="list-style-type: none"> • A message is the information we are trying to communicate to another person or group of people. If the material contains several messages that are not congruent with the focused message, and if there is no obvious focused message, answer no. 	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
3. Does the material include one or more calls to action for the primary audience? <ul style="list-style-type: none"> • If the material includes a specific behavioral recommendation, a prompt to get more information, a request to share information with someone else, or a broad call for program or policy change, answer yes. If the call to action is for someone other than the primary audience, answer no. 	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
4. Does the material use evidence-based information? <ul style="list-style-type: none"> • Material uses information from credible source backed by science and research, and • Sources are cited, and • Material has a resource bibliography 	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
5. Has a dissemination strategy been identified? <ul style="list-style-type: none"> • Identify person(s) that will receive the materials and make the greatest impact with it (e.g. in-patient clinician, patient, head nurse), and • Identify the number of facilities, or • Identify # of materials that will be distributed (if applicable) 	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
6. Do you have a primary measurement of success? <ul style="list-style-type: none"> • Success is defined broadly and can be molded to the purpose of the health education material. Success can be as small as distribution to X number of sites or can be as big as increased healthcare worker knowledge. Not all projects will need a robust evaluation plan. 	<input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
PROJECT FINALIZATION SCORE Must score 6 in order to release to HAI Advisory Committee. If less than 6, please revise project.	Total ___/6

References & Resources

1. CDC Clear Communication Index - <http://www.cdc.gov/ccindex/tool/index.html>
2. CDC Clear Communication Index Score Sheet - <http://www.cdc.gov/ccindex/pdf/full-index-score-sheet.pdf>
3. Modified CDC Clear Communication Index Score Sheet - <http://www.cdc.gov/ccindex/pdf/modified-index-scoresheet.pdf>

MEASLES UPDATE

Maricopa County Department of Public Health (MCDPH)

- **Maricopa County Measles Update 01/01/2015 – 02/12/2015**
 - Total number of cases/suspects reported to MCDH = 100
 - Total confirmed cases (01/01/2015 – to date) = 2
- **Case # 1**
 - Total number of contacts identified (household + health care) = 61
 - Total household exposures = 5
 - Adults = 3
 - Child = 2
 - Infants = 0
 - Health care associated exposure = 56 adults
- **Total number with at least 1 MMR: 61% (37/61)**
 - Adult: 35/59
 - Child: 2/2

Maricopa County Department of Public Health (MCDPH)

- **Case # 2**

- Total number of contacts identified (household + health care) = 477
- Household exposures = 2
- Health care associated exposure = 475
- Adults = 226
- Child = 213
- Infant = 22
- Unknown = 16

- **Total number with at least 1 MMR: 69% (330/477)**

- Adults = 139/ 226
- Child = 178/213
- Infant = 1/22
- Unknown = 12/16

Note: All contacts past 21 days of exposure - follow up completed.

ADHS

County Measles Investigations 2015 (Outside of Maricopa County)

Pinal County

- 131 individuals contacted, 115 with vaccination history
 - 97/115 (84%) had at least 1 MMR
- 5 cases
 - Case 1
 - Exposed immediate family members following Disneyland exposure
 - Case 2
 - No known exposures
 - Case 3
 - Exposed 18 at Phoenix Children's Hospital and additional family members
 - Case 4
 - Exposed 22 at Cobre Valley Regional Medical Center
 - Case 5
 - Exposed ~1,000 at workplace and local businesses as well as family members.

ADHS Measles Investigations 2015*

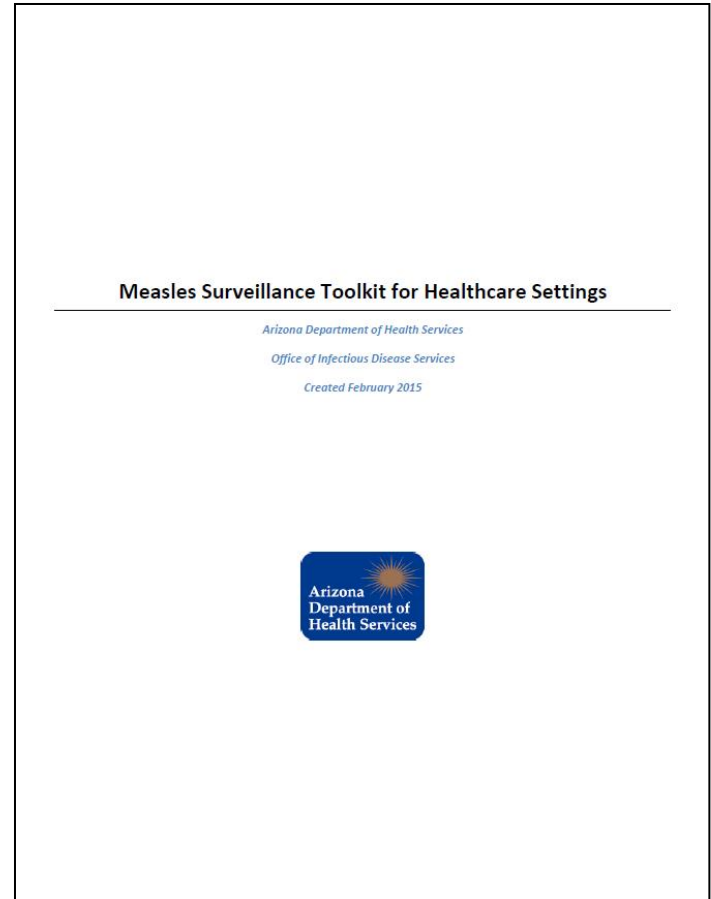
- Confirmed cases: 7
- Suspect cases ruled out: 59
- Suspect cases tested at ASPHL: 144
- Suspect cases reported: 161

*As of 2/11/2014

Measles Surveillance Toolkit for Healthcare Settings

- Available on the ADHS website
 - [Measles-Education and Resources](#)
 - <http://www.azdhs.gov/measles/pdf/measles-surveillance-toolkit.pdf>

Thank you to our ADHS, MCDPH, and Banner Health partners that assisted in the development of this resource!



What Is Covered?

- Disease Description
- Healthcare Settings
- Presumptive evidence of immunity and routine vaccine recommendations for health care personnel
- Prevention and control strategies in medical settings
- Points to Remember
- County Health Department Contact Information
- Measles Quick Guide
- Physician's Fact Sheet
- Example Exposure Event Worksheet
- Example Measles Case Tracking Form
- Example Measles Contact Tracking Form
- Example Measles Screening Tool for Emergency Departments
- Measles Testing at the Arizona State Public Health Laboratory
- General Measles Notification Letter Example
- Think it might be Measles? Sign-English
- Think it might be Measles? Sign-Spanish
- All About Measles Flyer-English
- All About Measles Flyer-Spanish
- References and Resources

Infectious Disease Certification Program

- Information and Update

ADVICE Collaborative III

- Striving for Excellence
 - June 19, 2015
 - Desert Willow Conference Center
 - 4340 E. Cotton Center Blvd, Phoenix 85040

2015 Arizona Long-Term Care Infection Prevention and Control Collaborative

- Workgroup of stakeholders and partners has been established
- First meeting is today at 1pm
- Hope to continue and build on our [2014](#) event:
 - Goals of the training
 - Educate new IPs within skilled nursing facilities on the key concepts and basic principles for infection prevention
 - Deliver tools and evidence-based interventions to mitigate risk within healthcare facilities
 - Objectives
 - Identify infection prevention challenges in the long-term care setting
 - Teach the basics of infection prevention and understand the essential components of an effective infection prevention program
 - Understand the management of multidrug-resistant organisms (MDROs)

Upcoming Training

- Applying 2015 Changes to Accurately Report HAI's
 - February 17-19, 2015 from 8am-5pm EST
 - Access the training:
 - Windows Media
 - <http://wm.onlinevideosevice.com/CDC2>
 - Flash
 - <http://www.onlinevideosevice.com/clients/CDC/?mount=CDC4>
 - To access the training material for the course visit:
 - <http://www.cdc.gov/nhsn/training/3day/index.html>
 - Technical Support: 404-639-3737

CME Opportunity

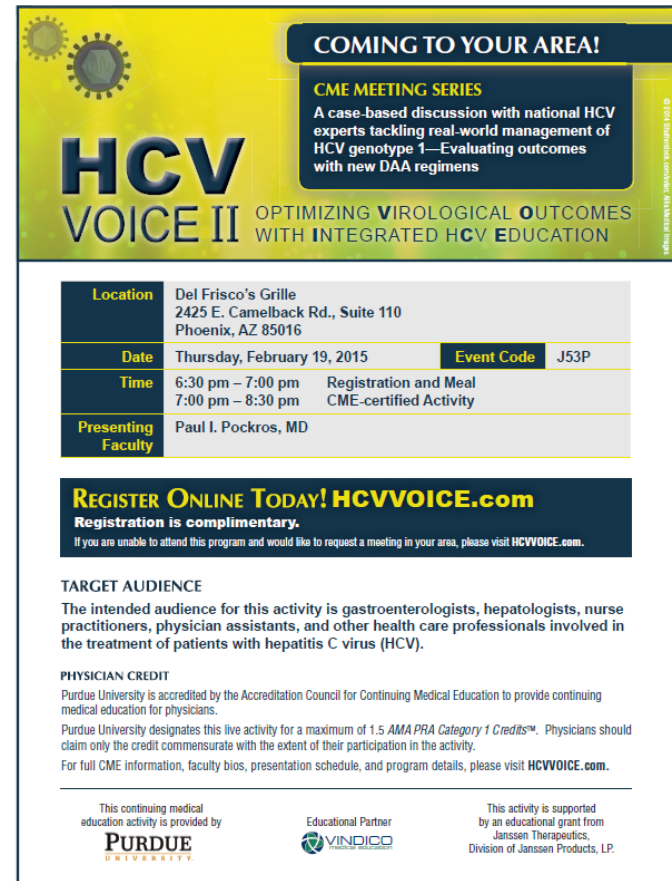
CME MEETING SERIES

A case-based discussion with national HCV experts tackling real-world management of HCV genotype 1—Evaluating outcomes with new DAA regimens

Location Del Frisco's Grille
2425 E. Camelback Rd., Suite 110
Phoenix, AZ 85016

Date Thursday, February 19, 2015 Event Code J53P
Time 6:30 pm – 7:00 pm Registration and Meal
7:00 pm – 8:30 pm CME-certified Activity
Presenting Faculty Paul I. Pockros, MD

Register at www.HCVVOICE.com
Registration is complimentary.



COMING TO YOUR AREA!

CME MEETING SERIES
A case-based discussion with national HCV experts tackling real-world management of HCV genotype 1—Evaluating outcomes with new DAA regimens

HCV VOICE II OPTIMIZING VIROLOGICAL OUTCOMES WITH INTEGRATED HCV EDUCATION

Location	Del Frisco's Grille 2425 E. Camelback Rd., Suite 110 Phoenix, AZ 85016	
Date	Thursday, February 19, 2015	Event Code J53P
Time	6:30 pm – 7:00 pm 7:00 pm – 8:30 pm	Registration and Meal CME-certified Activity
Presenting Faculty	Paul I. Pockros, MD	

REGISTER ONLINE TODAY! HCVVOICE.com
Registration is complimentary.
If you are unable to attend this program and would like to request a meeting in your area, please visit HCVVOICE.com.

TARGET AUDIENCE
The intended audience for this activity is gastroenterologists, hepatologists, nurse practitioners, physician assistants, and other health care professionals involved in the treatment of patients with hepatitis C virus (HCV).

PHYSICIAN CREDIT
Purdue University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
Purdue University designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
For full CME information, faculty bios, presentation schedule, and program details, please visit HCVVOICE.com.

This continuing medical education activity is provided by
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Educational Partner
VINDICO

This activity is supported by an educational grant from
Janssen Therapeutics,
Division of Janssen Products, LP.

Call to the Public



Thank You!

Next Meeting Date

May 21st, 2015

Conference Room 540A

9:00 AM- 11:00 AM

