

## West Virginia Healthcare Associated Infections Multidisciplinary Advisory Group Membership

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## West Virginia Healthcare Associated Infections (HAI) Plan

**Table 1:** State infrastructure planning for HAI surveillance, prevention and control.

Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates
X	X	<ol style="list-style-type: none"> <li>1. Establish statewide HAI prevention leadership through the formation of multidisciplinary group or state HAI advisory council               <ol style="list-style-type: none"> <li>i. Collaborate with local and regional partners (e.g., state hospital associations, professional societies for infection control and healthcare epidemiology, academic organizations, laboratorians and networks of acute care hospitals and long term care facilities (LTCFs))</li> <li>ii. Identify specific HAI prevention targets consistent with HHS priorities</li> </ol> </li> </ol>	<p>September 25, 2009</p> <p>To be determined.</p>
<p><b>Status and Narrative Plan:</b> The state of West Virginia has identified members of a state HAI multidisciplinary advisory group. Members have supported development of this plan and are gratefully acknowledged at the beginning of this document. The stated responsibilities of the HAI advisory group are:</p> <ol style="list-style-type: none"> <li>1. Offer input into the state HAI plan for West Virginia.</li> <li>2. Advise on selection of HAI prevention targets most relevant to our state.</li> <li>3. Primarily represent the interests of patients and families throughout the state.</li> <li>4. Secondarily, represent the interests of relevant professional and trade organizations.</li> <li>5. Communicate about the planning process with stakeholders of member organizations.</li> <li>6. Advise on appropriate prevention goals and objectives for statewide planning.</li> <li>7. Advise on appropriate evidence-based interventions to prevent and control HAIs.</li> </ol> <p>Over time, as issues related to healthcare associated infections change, membership of the multidisciplinary group will also change. On an annual basis, membership will be reviewed and updated in collaboration with the multidisciplinary group and the current membership list will be posted (<a href="http://www.wvdep.org">www.wvdep.org</a>) with this plan. The old plan and old list will be archived at that website. For some issues, planning may be conducted by subcommittees of this group.</p>			

The West Virginia Health Care Authority (HCAWV) has implemented its legal mandate (See: <http://www.hcawv.org/Infect/InfectHome.htm>) to collect healthcare associated infections data through the National Healthcare Safety Network (NHSN). HCAWV carries out its mission with the advice of an Infection Control Advisory Panel (ICAP) ( See: <http://www.hcawv.org/Infect/PanelListing.pdf>) The composition of this panel is specified in state code and the panel must participate in decisions regarding collection of hospital data for public reporting. Effective July 1, 2009, hospitals were required to report central line associated bloodstream infections (CLABSI) data through NHSN. Also beginning in 2009, hospitals were required to report aggregate information on seasonal healthcare worker influenza immunization to HCAWV. Under state law, this data will eventually be made public in a process to be determined by HCAWV with guidance from the ICAP.

The choice of HAI prevention targets presupposes that data will be collected to measure progress towards national 5-year prevention targets. Because data collection by West Virginia Hospitals has begun so recently, West Virginia will defer choice of two national prevention targets to 2010. The multidisciplinary advisory committee will convene to recommend two targets, likely CLABSI and one additional target during 2010. Because data will be collected for public reporting, the ICAP and the HCAWV will specify reporting requirements for hospitals as prescribed by state law.

**Objective 1.1:** On at least an annual basis, the West Virginia Bureau for Public Health will evaluate membership of the HAI multidisciplinary advisory group so that membership can appropriately address existing and emerging HAIs.

Date Due	1.1 Evaluation Measure	Person Responsible
December 31, annually	Membership list is posted in the State HAI Plan at <a href="http://www.wvidep.org">www.wvidep.org</a>	Loretta Haddy, State Epidemiologist; with input from the state HAI multidisciplinary advisory group Bureau for Public Health

**Objective 1.2:** By December 31, 2010, the multidisciplinary advisory group shall recommend two HAI prevention targets among those specified in the Health and Human Resources plan and document the choice in the West Virginia HAI plan.

Date Due	1.2 Evaluation Measure	Person Responsible
December 31, 2010	This plan is updated with the choice of two HAI prevention targets	HAI Coordinator Multidisciplinary Advisory Group

Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates
X	X	2. Establish an HAI surveillance prevention and control program <ul style="list-style-type: none"> <li>i. Designate a State HAI Prevention Coordinator</li> <li>ii. Develop dedicated, trained HAI staff with at least one FTE (or contracted equivalent) to oversee the four major HAI activity areas (Integration, Collaboration, and Capacity Building; Reporting, Detection, Response and Surveillance; Prevention; Evaluation, Oversight and Communication)</li> </ul>	January 1, 2010  ongoing
<p><b>Status and Narrative Plan:</b> West Virginia has secured stimulus money to fund the salary of a State HAI Prevention Coordinator through December 31, 2011. The HAI Coordinator will be assigned to the Division of Infectious Disease Epidemiology within the Bureau for Public Health. Long-term funding has been identified through a state line item.</p> <p>As soon as funding was made available, a request was submitted to assign a position classification. Classification at the Epidemiologist III level was requested. This classification was not assigned by West Virginia Division of Personnel until mid December 2009. This may result in several lagging timelines in this plan because there are multiple steps in hiring once a classification is assigned. At a meeting of the HAI Multidisciplinary Advisory Group on December 3, 2009, it was determined that a notation would be made in this plan for each objective that may not be met due to lack of staffing.</p> <p>It is not known how many staff will eventually be required to fully support the state HAI plan and implementation. Staffing needs should be assessed on an ongoing basis according to goals, objectives and progress. As staffing needs are identified, funding may be sought through grant opportunities and/or state appropriations.</p>			

**Objective 1.3.** By January 1, 2010, the Bureau for Public Health shall have identified a State HAI Prevention Coordinator.

Date Due	1.3 Evaluation Measure	Person Responsible
January 1, 2010	State HAI Coordinator is employed by BPH	Loretta Haddy, State Epidemiologist Danae Bixler, Director, Infectious Disease Epidemiology Bureau for Public Health

**Objective 1.4:** By December 31, 2011, the State HAI Coordinator shall be transferred to a long-term source of funding.

Date Due	1.4 Evaluation Measure	Person Responsible
December 31, 2011	State HAI Coordinator is employed by BPH	Loretta Haddy, State Epidemiologist Bureau for Public Health

**Objective 1.5:** On an annual basis by July 1, staffing needs shall be assessed by the HAI Coordinator and the Director of the Division of Infectious Disease Epidemiology and noted in this plan by December 31.

Date Due	1.5 Evaluation Measure	Person Responsible
December 31, annually	Assessment of staffing needs completed and noted in this plan.	Director of Infectious Disease Epidemiology, Healthcare Associated Infections Coordinator Bureau for Public Health

Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates						
	X	3. Integrate laboratory activities with HAI surveillance, prevention and control efforts. <ul style="list-style-type: none"> <li>i. Improve laboratory capacity to confirm emerging resistance in HAI pathogens and perform typing where appropriate (e.g., outbreak investigation support, HL7 messaging of laboratory results)</li> </ul>	To be determined						
<p><b>Status and Narrative Plan:</b> West Virginia has no capacity at the Office of Laboratory Services for assessing resistance in HAI pathogens or performing typing where appropriate. Given significant resource and personnel constraints, planning towards additional laboratory capacity will be deferred until 2011. To respond to this item appropriately, further assessment and planning is needed. Stakeholders to participate in planning should include representatives from the Office of Laboratory Services, university microbiology departments, Association of Professionals in Infection Control, and hospital epidemiologists. Stakeholders will be designated to serve on a laboratory infrastructure subcommittee of the multidisciplinary advisory group. The subcommittee will identify needed laboratory services and formulate a plan to offer those services. Planning should ideally be completed by July 1, 2012 so that requests for state appropriations can be submitted on the typical August timeline. Elements of the plan will then be incorporated into this HAI plan by December 31, 2012.</p> <p><b>Objective 1.6:</b> By December 31, 2011, the HAI Coordinator shall have convened a subcommittee of stakeholders to plan for laboratory infrastructure, including representatives from West Virginia Association of Professionals in Infection Control, Society for Healthcare Epidemiology of America, university-based laboratory professionals and the Division of Infectious Disease Epidemiology.</p>									
<table border="1"> <thead> <tr> <th>Date Due</th> <th>1.6 Evaluation Measure</th> <th>Person Responsible</th> </tr> </thead> <tbody> <tr> <td>December 31, 2011</td> <td>Stakeholders are convened to plan for laboratory infrastructure, as documented by meeting minutes</td> <td>HAI Coordinator</td> </tr> </tbody> </table>				Date Due	1.6 Evaluation Measure	Person Responsible	December 31, 2011	Stakeholders are convened to plan for laboratory infrastructure, as documented by meeting minutes	HAI Coordinator
Date Due	1.6 Evaluation Measure	Person Responsible							
December 31, 2011	Stakeholders are convened to plan for laboratory infrastructure, as documented by meeting minutes	HAI Coordinator							

**Objective 1.7:** By December 31, 2012, the HAI Coordinator shall have developed a plan for laboratory support for healthcare associated infections and incorporated elements of the laboratory plan into this plan.

Date Due	1.7 Evaluation Measure	Person Responsible
December 31, 2012	This HAI plan addresses the state laboratory plan	HAI Coordinator

Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates
	X	4. Improve coordination among government agencies or organizations that share responsibility for assuring or overseeing HAI surveillance, prevention and control (e.g., State Survey agencies, Communicable Disease Control, state licensing boards)	December 31, 2010

**Status and Narrative Plan:** West Virginia Bureau for Public Health has investigated outbreaks in nursing homes, assisted living facilities and an outpatient clinic. An investigation of hepatitis B cases possibly associated with a second outpatient clinic was initiated in November, 2009. The need for multi-agency coordination is fully apparent and urgent. Effective with hire of the HAI Coordinator, he or she will convene representatives of the Office of Health Facility Licensure and Certification, the Board of Medicine (covers physicians and podiatrists), the Board of Osteopathy, the West Virginia Board of Dental Examiners, and the Board of Nursing to formulate an agreement for coordination of outbreak investigations. As the scope of HAI prevention activities expands, so should the membership of the group and the scope of responsibilities of this group. Any changes shall be documented in this plan.

**Objective 1.8:** By December 31, 2010, agencies involved in healthcare associated infection outbreaks shall have met and documented roles, responsibilities and parameters for sharing information.

Date Due	1.8 Evaluation Measure	Person Responsible
December 31, 2010	Written agreement exists for roles and responsibilities and communication between Division of Infectious Disease Epidemiology, Office of Health Facility Licensure and Certification, and the medical, osteopathic, dental, pharmacy and nursing licensing boards.	HAI Coordinator  Bureau for Public Health

**Objective 1.9:** Beginning December 31, 2011 and annually, agencies involved in healthcare associated infections shall have updated documentation of roles, responsibilities and parameters for sharing information.

Date Due	1.9 Evaluation Measure	Person Responsible
December 31, 2011 and annually thereafter	Updated written agreement exists for roles and responsibilities and communication between Division of Infectious Disease Epidemiology, Office of Health Facility Licensure and Certification, and the medical, osteopathic, dental, pharmacy and nursing licensing boards.	HAI Coordinator  Bureau for Public Health

Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates
<input type="checkbox"/>	<input type="checkbox"/>	5. Facilitate use of standards-based formats (e.g., Clinical Document Architecture, electronic messages) by healthcare facilities for purposes of electronic reporting of HAI data. Providing technical assistance or other incentives for implementations of standards-based reporting can help develop capacity for HAI surveillance and other types of public health surveillance, such as for conditions deemed reportable to state and local health agencies using electronic laboratory reporting (ELR). Facilitating use of standards-based solutions for external reporting also can strengthen relationships between healthcare facilities and regional nodes of healthcare information, such as Regional Health Information Organizations. (RHIOs) and Health Information Exchanges (HIEs). These relationships, in turn, can yield broader benefits for public health by consolidating electronic reporting through regional nodes.	To be determined

**Status and Narrative Plan:** Consensus opinion of the Multidisciplinary Advisory Group is that this is an extremely important activity for maximizing efficiency of personnel resources in hospitals; however West Virginia does not have enough infrastructure in place to initiate planning towards this activity at this time. This issue will be revisited on an annual basis to determine if planning can proceed.

**Objective 1.10:** On an annual basis by December 31, the HAI Coordinator and the multidisciplinary advisory group shall re-evaluate feasibility of planning towards electronic reporting.

Date Due	1.10 Evaluation Measure	Person Responsible
December 31, annually	Feasibility of planning toward electronic reporting is addressed in the State HAI plan	HAI Coordinator Bureau for Public Health  Multidisciplinary Advisory Group

## 2. Surveillance, Detection, Reporting, and Response

**Table 2:** State planning for surveillance, detection, reporting, and response for HAIs

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	1. Improve HAI outbreak detection and investigation	
	X	i. Work with partners including CSTE, CDC, state legislatures, and providers across the healthcare continuum to improve outbreak reporting to state health departments	July 1, 2012
	X	ii. Establish protocols and provide training for health department staff to investigate outbreaks, clusters or unusual cases of HAIs.	July 1, 2012
	X	iii. Develop mechanisms to protect facility/provider/patient identity when investigating incidents and potential outbreaks during the initial evaluation phase where possible to promote reporting of outbreaks	July 1, 2012
	X	iv. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings (e.g., hepatitis B, hepatitis C, multi-drug resistant organisms (MDRO), and other reportable HAIs)	December 31, 2010

**Status and Narrative Plan:** West Virginia's reportable disease rule requires reporting of community outbreaks immediately. The number of outbreaks reported and investigated has risen from 7 in 2000 to 98 outbreaks reported in 2008. While reporting of healthcare associated outbreaks is not explicitly required, nursing home outbreaks are frequently reported to Infectious Disease Epidemiology, and an outbreak of invasive methicillin sensitive *Staphylococcus aureus* from a physician clinic has also recently been reported and investigated. State epidemiologists have limited experience and training in investigation of healthcare associated infections. In addition, increased numbers of outbreaks reported clearly requires increased staffing.

It is likely these challenges can be overcome if adequate staffing and training can be secured. West Virginia plans a staged approach to building infrastructure. During 2010, all staff who conduct outbreak investigations will attend Association of Professionals in Infection

Control (APIC) or Society of Healthcare Epidemiology of America (SHEA) trainings (e.g., APIC's Epi 101). Second-year and senior epidemiologists will be expected to take additional coursework, such as APIC's Epi 201 in 2011 in subsequent years. Every effort will be made to fill existing nurse and epidemiologist positions in the program. (5 of 11 positions are currently vacant). In addition, factors influencing poor staff retention will be evaluated by the State Epidemiologist. Improved retention will increase the efficiency of any efforts to improve infrastructure.

Existing protocols for hepatitis B and C infection will be modified to emphasize detection and investigation of healthcare associated hepatitis B and C. The current investigation protocols do not address this issue. As part of this planning effort, capacity for outbreak support will be evaluated at the West Virginia Office of Laboratory Services. See objectives 1.6 and 1.7.

During 2011, planning for revision of the reportable disease rule to include healthcare associated infection outbreaks in the list of reportable conditions will begin. Proposed rule changes must usually be submitted internally by June 15 of each year for submission to the state legislature by January of the following year. Proposed language will be drafted in the early part of 2011 and submitted for public comment according to the usual state deadlines. If passed by the state legislature, the provision would become law in 2012. Language in the rule to protect confidentiality is already quite strong. The multidisciplinary advisory group will be consulted about additional confidentiality provisions.

As this process unfolds, outbreaks will continue to be recorded in the annual outbreak report posted at:

<http://www.wvdep.org/AZIndexofInfectiousDiseases/OutbreaksorClusterofAnyIllness/tabid/1535/Default.aspx> Effective with the 2009 report, healthcare associated outbreaks will be specifically tracked to document changes in reporting of healthcare associated outbreaks.

**Objective 2.1:** Beginning in 2010 and annually thereafter, all existing and newly hired epidemiology and nursing staff in IDE shall receive APIC or SHEA training in infection control; and designated staff shall represent IDE at the annual national SHEA and APIC conferences.

Date Due	2.1 Evaluation Measures	Person Responsible
Annually by December 31, beginning in 2010	<ul style="list-style-type: none"> <li>• All new and existing IDE nurses and epidemiologists have documentation of APIC (i.e., 101) or SHEA training</li> <li>• Second-year and senior epidemiologists have documentation of advanced coursework (e.g., APIC's Epi 201) by 2011.</li> <li>• Selected epidemiology and/or nursing staff attend local and national APIC and national SHEA meetings, as documented by travel reimbursement forms.</li> </ul>	Loretta Haddy, State Epidemiologist Danae Bixler, Director, Infectious Disease Epidemiology  Bureau for Public Health

**Objective 2.2:** By December 31, 2010, the State Epidemiologist shall have evaluated factors influencing poor retention of trained and experienced epidemiology staff in Infectious Disease Epidemiology and made recommendations to improve retention.

Date Due	2.2 Evaluation Measure	Person Responsible
December 31, 2010	Written recommendations to BPH leadership to improve staff retention.	Loretta Haddy, State Epidemiologist  Bureau for Public Health

**Objective 2.3:** By December 31, 2010, the hepatitis B and hepatitis C protocols shall have been revised to emphasize detection and investigation of possible healthcare associated transmission of these bloodborne pathogens.

Date Due	2.3 Evaluation Measures	Person Responsible
December 31, 2010	<p>Hepatitis C protocol is revised with guidelines for detection and investigation of healthcare associated infection and posted at:  <a href="http://www.wvdep.org/Portals/31/PDFs/IDEP/hepatitisC/Protocol%20for%20Surveillance%20of%20Hepatitis%20C%20Oct%202008.pdf">http://www.wvdep.org/Portals/31/PDFs/IDEP/hepatitisC/Protocol%20for%20Surveillance%20of%20Hepatitis%20C%20Oct%202008.pdf</a></p> <p>Hepatitis B protocol is revised with guidance for detection and investigation of healthcare associated infection and posted at:  <a href="http://www.wvdep.org/Portals/31/PDFs/IDEP/hepatitisB/hep_B_Protocol.pdf">http://www.wvdep.org/Portals/31/PDFs/IDEP/hepatitisB/hep_B_Protocol.pdf</a></p>	<p>Maria del Rosario, Infectious Disease Epidemiology                      Bureau for Public Health</p> <p>Loretta Haddy, State Epidemiologist                      Bureau for Public Health</p>

**Objective 2.4:** By June 15, 2011, the State Epidemiologist shall submit a proposed revision to the reportable disease rule, 64CSR7 requiring reporting of healthcare associated outbreaks, and specifying confidentiality protections for healthcare institutions during investigation.

Date Due	2.4 Evaluation Measure	Person Responsible
June 15, 2011	Proposed revision to 64CSR7 has been submitted to Legislative Services in the West Virginia Department of Health and Human Resources	Loretta Haddy, State Epidemiologist Bureau for Public Health

**Objective 2.5:** Beginning in 2010, the annual outbreak report will specifically contain a section on healthcare associated outbreaks.

Date Due	2.5 Evaluation Measure	Person Responsible
Annually by March 15 for the previous year, beginning in 2010	Outbreak summary contains a section on healthcare associated outbreaks	Danae Bixler, Director, Infectious Disease Epidemiology Sherif Ibrahim, MBBS, MPH, Regional Epidemiologist Liaison and Outbreak Epidemiologist  Bureau for Public Health

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	2. Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues.	To be determined; see objectives 1.6 and 1.7

*See Objectives 1.6 and 1.7*

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	3. Improve communication of HAI outbreaks and infection control breaches	July 1, 2012
	X	<ul style="list-style-type: none"> <li>i. Develop standard reporting criteria including, number, size and type of HAI outbreak for health departments and CDC</li> <li>ii. Establish mechanisms or protocols for exchanging information about outbreaks or breaches among state and local governmental partners (e.g., State Survey agencies, Communicable Disease Control, state licensing boards)</li> </ul>	See objectives 1.8 and 1.9

**Status and Narrative Plan:** West Virginia has disease investigation protocols, including an outbreak protocol posted at: <http://www.wvidep.org/WVReportableDiseaseManual/tabid/1435/Default.aspx> Healthcare associated outbreak reporting and investigation guidelines will be drafted by the HAI Coordinator and state epidemiology staff and then discussed with the multidisciplinary advisory group or a subcommittee before finalizing.

**Objective 2.6:** By July 1, 2012, West Virginia shall include guidance for reporting and investigation of healthcare associated outbreaks as part of the reportable disease protocol manual.

Date Due	2.6 Evaluation Measure	Person Responsible
July 1, 2012	Outbreak protocol is posted at <a href="http://www.wvidep.org">www.wvidep.org</a> for healthcare associated outbreaks	HAI Coordinator  Bureau for Public Health

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Identify at least 2 priority prevention targets for surveillance in support of the HHS HAI Action Plan <ul style="list-style-type: none"> <li>i. Central Line-associated Bloodstream Infections (CLABSI)</li> <li>ii. <i>Clostridium difficile</i> Infections (CDI)</li> <li>iii. Catheter-associated Urinary Tract Infections (CAUTI)</li> <li>iv. Methicillin-resistant Staphylococcus aureus (MRSA) Infections</li> <li>v. Surgical Site Infections (SSI)</li> <li>vi. Ventilator-associated Pneumonia (VAP)</li> </ul>	To be determined  July 1, 2009 (tentative; see below)

**Status and Narrative Plan:** The West Virginia Health Care Authority (HCAWV) has asked hospitals to begin reporting data on CLABSI in medical intensive care units, surgical intensive care units and medical-surgical intensive care units through the National Healthcare Safety Network (NHSN) effective July 1, 2009. Aggregate reporting of healthcare worker influenza vaccinations was also required during 2009. Information on this effort is posted at: <http://www.hcawv.org/Infect/InfectHome.htm>. Under W. Va. Code §16-5F-1, the

HCAWV can collect data and make this data available to the public in a format to be determined by the Infection Control Advisory Panel (ICAP). Membership of the ICAP is specified by law and listed at <http://www.hcawv.org/Infect/PanelListing.pdf>.

Because HCAWV and hospitals are engaged in a new surveillance initiative, selection of two priority prevention targets (likely CLABSI and one other target) will be delayed until 2010. That will give sufficient time for hospitals to become familiar with NHSN reporting and allow the multidisciplinary advisory group and/or ICAP to address the proposed new reporting thoughtfully. To maximize the impact of HAI prevention efforts, data will be reported publically. Under West Virginia State law, such data must be collected using NHSN, following requirements promulgated by HCAWV and their ICAP.

**Objective 2.7:** By December 31, 2010, the multidisciplinary advisory group shall have identified two priority prevention targets for surveillance in support of the HHS HAI Action Plan.

Date Due	2.7 Evaluation Measure	Person Responsible
December 31, 2010	Two priority prevention targets are specified in this plan	HAI Coordinator, Multidisciplinary group  Bureau for Public Health

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
X		5. Adopt national standards for data and technology to track HAIs (e.g., NHSN).	
X		<ul style="list-style-type: none"> <li>i. Develop metrics to measure progress towards national goals (align with targeted state goals). (See Appendix 1).</li> <li>ii. Establish baseline measurements for prevention targets</li> </ul>	To be determined

**Status and Narrative Plan:** It is the consensus of the multidisciplinary advisory group that West Virginia shall use the National Healthcare Safety Network (NHSN) for tracking HAIs. West Virginia Health Care Authority (HCAWV) has implemented surveillance for CLABSI with hospitals in West Virginia using the National Healthcare Safety Network (NHSN) to track the data. That data collection began on July 1, 2009.

Data collection has also been implemented for influenza immunization of healthcare workers in all hospitals in West Virginia during 2009. Rather than risk hospital fatigue, West Virginia will evaluate current reporting efforts prior to implementing any additional reporting efforts. This will give hospitals and HCAWV sufficient time to evaluate the personnel and training resources needed for expanded reporting.

**Objective 2.8:** By December 31, annually, the HCAWV shall evaluate the feasibility of releasing baseline data on two HHS prevention targets.

Date Due	2.8 Evaluation Measure	Person Responsible
December 31, annually	Feasibility of reporting of baseline data is recorded in this plan	Amy Wenmoth HCAWV

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	6. Develop state surveillance training competencies i. Conduct local training for appropriate use of surveillance systems (e.g., NHSN) including facility and group enrollment, data collection, management, and analysis	to be determined

**Status and Narrative Plan:** West Virginia Association of Professionals in Infection Control (WVAPIC) conducted two hours of training on NHSN at the annual state APIC meeting on October 1, 2009. Since hospital staff who are using NHSN have recently undergone all the required on-line training for enrollment, Infection Preventionist members of the multidisciplinary advisory group believe that training needs may be minimal at this point. Members of the multidisciplinary advisory group recommend that training needs be evaluated during the needs assessment proposed for early 2010. The needs assessment shall include evaluation of data entered into NHSN by the West Virginia Health Care Authority. See objectives 4.1 and 4.2.

**Objective 2.9:** Training for hospital staff using NHSN will be addressed in this plan by December 31, 2010.

Date Due	2.9 Evaluation Measure	Person Responsible
December 31, 2010	Training plan is included in this state HAI plan	HAI Coordinator Bureau for Public Health

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	7. Develop tailored reports of data analyses for state or region prepared by state personnel	To be determined. See objective 2.8

**Status and Narrative Plan:** CLABSI data is currently being collected in NHSN by hospitals in West Virginia. That data will be reviewed by the Infection Control Advisory Panel (ICAP) as the data is more and more complete. As required by state law, the panel will make recommendations to the West Virginia Healthcare Authority to publish the data in an appropriate format when the data is ready for publication.

See Objective 2.8.

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>	8. Validate data entered into HAI surveillance (e.g., through healthcare records review, parallel database comparison) to measure accuracy and reliability of HAI data collection <ul style="list-style-type: none"> <li>i. Develop a validation plan</li> <li>ii. Pilot test validation methods in a sample of healthcare facilities</li> <li>iii. Modify validation plan and methods in accordance with findings from pilot project</li> <li>iv. Implement validation plan and methods in all healthcare facilities participating in HAI surveillance</li> <li>v. Analyze and report validation findings</li> <li>vi. Use validation findings to provide operational guidance for healthcare facilities that targets any data shortcomings detected</li> </ul>	
<p><b>Status and Narrative Plan:</b> At this point, there is inadequate staffing to plan for this imperative. This important part of surveillance will be addressed as West Virginia infrastructure improves. West Virginia will re-evaluate the feasibility of addressing this aspect of planning annually. See objective 1.5.</p>			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	9. Develop preparedness plans for improved response to HAI <ul style="list-style-type: none"> <li>i. Define processes and tiered response criteria to handle increased reports of serious infection control breaches (e.g., syringe reuse), suspect cases/clusters, and outbreaks</li> </ul>	December 31, 2010
<p><b>Status and Narrative Plan:</b> West Virginia has recently investigated an outbreak related to syringe reuse requiring notification of possibly exposed persons. The need for standard protocols for investigation and notification is apparent. With hire of the HAI</p>			

Coordinator, he or she will be asked to assemble examples of protocols in use in other states to evaluate criteria for notification. In addition, published recommendations will be consulted (e.g., Am J Infect Control 2008; 36:685-90.) The HAI Coordinator will educate the relevant stakeholders in the Bureau for Public Health (State Epidemiologist, legal counsel and public affairs), and form a subcommittee of the multidisciplinary advisory group to agree on notification criteria during 2010. During 2011, the subcommittee will identify sample notification letters and other processes (hotlines, etc.) and document recommended processes. Example letters and other processes will be shared at the 2011 West Virginia state APIC meeting. Notification criteria will be published to [www.wvidep.org](http://www.wvidep.org).

**Objective 2.10** By December 31, 2010, the HAI Coordinator shall have developed notification criteria for serious infection control breaches documented at [www.wvidep.org](http://www.wvidep.org).

Date Due	2.10 Evaluation Measure	Person Responsible
December 31, 2010	Notification criteria for serious infection control breaches are published to <a href="http://www.wvidep.org">www.wvidep.org</a>	HAI Coordinator  Multidisciplinary Advisory Group

**Objective 2.11** By December 31, 2010, the HAI Coordinator shall have collected examples of notification letters and hotline scripts / FAQs from CDC and/or other states and stored in a share directory for use by Infectious Disease Epidemiology staff.

Date Due	2.11 Evaluation Measure	Person Responsible
December 31, 2010	Sample notification letters and processes have been shared at the West Virginia State APIC meeting, as documented by meeting minutes	HAI Coordinator

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	10. Collaborate with professional licensing organizations to identify and investigate complaints related to provider infection control practice in non-hospital settings, and to set standards for continuing education and training	To be determined

**Status and Narrative Plan:** As documented in objective 1.8, the HAI Coordinator will engage in discussions with the West Virginia medical, osteopathic, dental and nursing Boards during 2010. During a recent investigation in an outpatient clinic in West Virginia, the question of provider continuing education in infection control was raised. A second outbreak of hepatitis B, possibly associated with an outpatient clinic has now been reported in November, 2009. During 2010, the feasibility of requiring or offering physician / dentist / podiatrist / pharmacist office staff continuing education in infection control will be evaluated. The HAI Coordinator will be tasked with assembling examples of 'best practices' from other states to inform the discussion. Options, including legal requirements versus offering in-state education will be considered. See objectives 3.7, 3.8 and 3.9.

**Objective 2.12** By December 31, 2010, plans for offering or requiring physician or office staff education in infection control will be documented in this plan.

Date Due	2.12 Evaluation Measure	Person Responsible
December 31, 2010	Plans for requiring or offering physician or office staff education in infection control are documented in this plan	HAI Coordinator

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/>	<input type="checkbox"/>	11. Adopt integration and interoperability standards for HAI information systems and data sources	
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>i. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings (e.g., hepatitis B, hepatitis C, multi-drug resistant organisms (MDRO), and other reportable HAIs) across the spectrum of inpatient and outpatient healthcare settings</li> <li>ii. Promote definitional alignment and data element standardization needed to link HAI data across the nation.</li> </ul>	
<p><b>Status and Narrative Plan:</b> At this point, there is inadequate staffing to plan for this imperative. This important part of surveillance will be addressed as West Virginia infrastructure improves.</p>			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	12. Enhance electronic reporting and information technology for healthcare facilities to reduce reporting burden and increase timeliness, efficiency, comprehensiveness, and reliability of the data	See Objective 1.10
		<ul style="list-style-type: none"> <li>i. Report HAI data to the public</li> </ul>	See objective 2.8
See objectives 1.10 and 2.8.			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	13. Make available risk-adjusted HAI data that enables state agencies to make comparisons between hospitals.	See objective 2.8
See objective 2.8.			

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/>	<input type="checkbox"/>	14. Enhance surveillance and detection of HAIs in nonhospital settings	
<p><b>Status and Narrative Plan:</b> At this point, there is inadequate staffing to plan for this imperative. This important part of surveillance will be addressed as West Virginia infrastructure improves.</p>			

### 3. Prevention

**Table 3:** State planning for HAI prevention activities

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	1. Implement HICPAC recommendations. <ul style="list-style-type: none"> <li>i. Develop strategies for implementation of HICPAC recommendations for at least 2 prevention targets specified by the state multidisciplinary group.</li> </ul>	To be determined
<p><b>Status and Narrative Plan:</b> As the choice of two prevention targets becomes clear, the multidisciplinary group will proceed to endorse SHEA/IDSA evidence-based guidelines for those targets. The HAI Coordinator and HAI Multidisciplinary Advisory Group will summarize SHEA/IDSA evidence-based prevention guidelines for the two targets as a checklist, referencing Infection Control and Hospital Epidemiology, volume 29, Supplement 1 (2008). Hospital Chief Executive Officers / Chief Operating Officers (CEO/COO) will be the target audience for the checklist. A cover letter will be generated to hospital CEO/COOs in West Virginia, asking them to commit to implementation of these guidelines in their facilities and to commit resources to implementation. A carbon copy will be sent to the Chairman of the Board of the hospital. Hospital CEO/COOs will be asked to return a written statement signed by the Hospital CEO/COO, Chief of Staff and Infection Preventionist committing their institution and the necessary resources for implementation of SHEA/IDSA recommendations in their facility. One purpose of the signed commitment is to encourage communication between the administration, the medical staff and the infection preventionists about implementation of SHEA/IDSA recommendations. Depending on the prevention targets chosen, all or some hospitals may be asked to make a commitment. For example, only hospitals with intensive care units would be asked to commit resources to implementation of the ventilator-associated pneumonia bundle. Those hospitals that sign the letter of commitment will be acknowledged at <a href="http://www.wvidep.org">www.wvidep.org</a>.</p> <p>During 2010, in anticipation of the need to train healthcare personnel in infection control, the West Virginia Bureau for Public Health will develop a staffing plan for a training program. It is anticipated that training in infection control will be needed for hospital personnel involved in implementation of SHEA/IDSA recommendations. The HAI Coordinator or training staff can collect implementation tools that have been successful in facilities across the country. Sharing these tools with West Virginia facilities will help hospitals understand the many options for operationalizing SHEA/IDSA guidelines. These tools could be shared through conference calls, West Virginia APIC chapter meetings or formal trainings. Other anticipated training needs include basic training for participants in prevention collaboratives, Office of</p>			

Health Facilities Licensure and Certification surveyors, long term care preventionists and physicians and office managers (see objective 2.12 and 3.7. 3.8, and 3.9).

During 2011, the training plan will be implemented, if funded by the West Virginia Department of Health and Human Resources and/or the West Virginia State Legislature.

The feasibility of collecting data on process measures, e.g., central line bundle compliance, will be evaluated by no later than 2010. Public reporting of compliance with process measures would be very likely to have a positive influence on implementation of effective infection control practices.

**Objective 3.1** By January 31, 2011, SHEA/IDSA guidelines, summarized as a checklist, will be disseminated to hospital CEO/COOs in West Virginia.

Date Due	3.1 Evaluation Measure	Person Responsible
January 31, 2011	Hospital checklist and copy of hospital CEO/COO letter is available at <a href="http://www.wvidep.org">www.wvidep.org</a>	HAI Coordinator, Multidisciplinary advisory group West Virginia Bureau for Public Health

**Objective 3.2** by March 31, 2011 a list of hospitals committing resources to implementation of SHEA/IDSA guidelines will be posted on [www.wvidep.org](http://www.wvidep.org)

Date Due	3.2 Evaluation Measure	Person Responsible
March 31, 2011	A list of hospitals committing resources to implementation of SHEA/IDSA guidelines will be posted at <a href="http://www.wvidep.org">www.wvidep.org</a>	HAI Coordinator Programmer Analyst I West Virginia Bureau for Public Health

**Objective 3.3** By August, 2010, a staffing plan for training shall be submitted through the West Virginia Department of Health and Human Resources (WVDHHR) chain of command requesting resources for infection control training in West Virginia.

Date Due	3.3 Evaluation Measure	Person Responsible
August 2010	Staffing plan submitted through chain of command, WVDHHR	HAI Coordinator West Virginia Bureau for Public Health

**Objective 3.4** By December 31, 2010, feasibility of collecting and reporting data on relevant process measures, e.g., central bundle compliance, shall have been evaluated and documented in this plan.

Date Due	3.4 Evaluation Measure	Person Responsible
December 31, 2010	Feasibility of collecting process data is noted in this plan.	HAI Coordinator  Multidisciplinary advisory group  West Virginia Bureau for Public Health

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	2. Establish prevention working group under the state HAI advisory council to coordinate state HAI collaboratives <ul style="list-style-type: none"> <li>i. Assemble expertise to consult, advise, and coach inpatient healthcare facilities involved in HAI prevention collaboratives</li> </ul>	December 31, 2010

**Status and Narrative Plan:** West Virginia proposes to assemble expertise during 2010. The HAI Coordinator will evaluate in-state and out of state resources and identify individuals with expertise, based on the targets selected during 2010. Working group members, when identified, will be acknowledged in this plan.

**Objective 3.5** By December 31, 2010, a prevention working group shall be established with membership documented at [www.wvidep.org](http://www.wvidep.org).

Date Due	3.5 Evaluation Measure	Person Responsible
December 31, 2010	Prevention working group members are listed at <a href="http://www.wvidep.org">www.wvidep.org</a>	HIA Coordinator  Multidisciplinary advisory group

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	3. Establish HAI collaboratives with at least 10 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions)	
	X	i. Identify staff trained in project coordination, infection control, and collaborative coordination	To be determined
	X	ii. Develop a communication strategy to facilitate peer-to-peer learning and sharing of best practices	To be determined
	X	iii. Establish and adhere to feedback of a clear and standardized outcome data to track progress	To be determined

**Status and Narrative Plan:** There are already prevention collaboratives ongoing in West Virginia. West Virginia Medical Institute (WVMI) is collaborating with hospitals to reduce methicillin-resistant *Staphylococcus aureus* (MRSA) infections in hospitals in the state. Participating hospitals report MRSA to the National Healthcare Safety Network (NHSN) Multi-Drug Resistant Organism (MDRO) module. WVMI is working with these hospitals to make an impact by using the Institute for Healthcare Improvement's (IHI) recommended five components of care: hand hygiene, decontamination of the environment and equipment, active surveillance, contact precautions for infected and colonized patients and device bundles (central line and ventilator).

The West Virginia Hospital Association is also collaborating with 20 West Virginia hospitals in a Johns Hopkins University-led collaborative involving 35 states. The goal of this project is to reduce CLABSIs.

Before proposing strategies to expand on these efforts, it is important to understand what is already in place. With hire of the HAI Coordinator, he/she will be expected to invite him/herself to meetings of the collaborative to begin to understand the aims of the collaborative and any needs, as well as ongoing measurement of outcomes. Only after a full understanding of ongoing efforts can any reasonable planning be achieved.

**Objective 3.6** By December 31, 2011, specific objectives for implementation of HAI collaboratives in West Virginia shall be documented in this plan at [www.wvidep.org](http://www.wvidep.org).

Date Due	3.6 Evaluation Measure	Person Responsible
December 31, 2011	Specific objectives for implementation of HAI collaboratives in West Virginia are listed in this plan at <a href="http://www.wvidep.org">www.wvidep.org</a>	HIA Coordinator Multidisciplinary advisory group West Virginia Bureau for Public Health

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	4. Develop state HAI prevention training competencies <ul style="list-style-type: none"> <li>i. Consider establishing requirements for education and training of healthcare professionals in HAI prevention (e.g., certification requirements, public education campaigns and targeted provider education) or work with healthcare partners to establish best practices for training and certification</li> </ul>	To be determined.

**Status and Narrative Plan:** West Virginia Bureau for Public Health has identified multiple infection control training needs through outbreak investigations. Several nursing home outbreaks have been identified in facilities that failed to detect, report or investigate increases in disease and/or deaths. One outbreak in an outpatient clinic was associated with multiple lapses in infection control. It is apparent that training of healthcare personnel could be highly beneficial in West Virginia. During 2010, the needs assessment will focus on

identifying and prioritizing target groups (e.g., physicians versus hospital preventionists versus long term care preventionists) for development of training competencies. As soon as the priority group is selected, a subcommittee of the HAI multidisciplinary advisory group can work to identify successful strategies for that group in use in other states. The multidisciplinary advisory group will be asked to choose among feasible alternatives for implementation. At a minimum, if funded by the West Virginia Department of Health and Human Resources (see objective 3.3), training shall be offered to target groups. Ongoing re-evaluation on an annual basis (see objective 4.2) will allow the West Virginia Bureau for Public Health to focus trainings based on emerging priorities. Training of physicians will be discussed with the medical and osteopathic licensing boards during 2010 (See objective 2.12).

**Objective 3.7 :** By December 31, 2010, one or more priority groups shall be identified for training by the multidisciplinary advisory group, based on needs assessment.

Date Due	3.7 Evaluation Measures	Person Responsible
December 31, 2010	One or more priority groups for training shall be designated in this plan	HAI Coordinator,  Multidisciplinary advisory group  Bureau for Public Health

**Objective 3.8 :** By December 31, 2010, one or more training strategies shall be selected by the multidisciplinary advisory group for implementation in West Virginia and plans for implementation shall be documented in this plan.

Date Due	3.8 Evaluation Measures	Person Responsible
December 31, 2010	Training strategies for priority groups shall be documented in this plan	HAI Coordinator,  Multidisciplinary advisory group  Bureau for Public Health

**Objective 3.9:** On an annual basis by December 31, training needs shall be re-evaluated through the needs assessment process and training objectives shall be updated in this plan.

Date Due	3.9 Evaluation Measures	Person Responsible
Annually by December 31	Updated training plan is documented in this plan	HAI Coordinator, Bureau for Public Health  Multidisciplinary advisory group

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Implement strategies for compliance to promote adherence to HICPAC recommendations <ul style="list-style-type: none"> <li>i. Consider developing statutory or regulatory standards for healthcare infection control and prevention or work with healthcare partners to establish best practices to ensure adherence</li> <li>ii. Coordinate/liaise with regulation and oversight activities such as inpatient or outpatient facility licensing/accrediting bodies and professional licensing organizations to prevent HAIs</li> <li>iii. Improve regulatory oversight of hospitals, enhancing surveyor training and tools, and adding sources and uses of infection control data</li> <li>iv. Consider expanding regulation and oversight activities to currently unregulated settings where healthcare is delivered or work with healthcare partners to establish best practices to ensure adherence</li> </ul>	To be determined. See objective 1.9  To be determined. See objectives 3.7, 3.8 and 3.9.

**Status and Narrative Plan:** While limited resources prevent full implementation of these measures, West Virginia will evaluate staffing and training of hospital infection control programs as part of needs assessment during 2010 (See objective 4.1). Informal information suggests that many hospital infection control programs may be understaffed and some hospital preventionists may have limited access to training. Based on needs assessment during 2010, and discussion with the multidisciplinary advisory group, an appropriate strategy will be selected to establish best practices for hospital infection control in West Virginia. Appropriate staffing and access to quality training is an interim step towards implementation of best infection control practices in hospitals.

During 2010, the HAI Coordinator will engage the Office of Health Facility Licensure and Certification (OHFLAC) in discussions to enhance working relationships between the epidemiologists who investigate healthcare associated outbreaks and the surveyors who assess infection control in healthcare facilities. Infectious disease epidemiologists may be able to offer training to surveyors to improve their effectiveness. As HAI prevention efforts evolve, objectives of collaboration between Epidemiology and OHFLAC will also evolve and will be documented in this plan. See objective 1.9.

See also objectives 3.7, 3.8 and 3.9.

**Objective 3.10** By December 31, 2010, this plan will address hospital infection preventionist (IP) staffing and training as an interim step towards implementation of best practices in hospitals in West Virginia.

Date Due	3.10 Evaluation Measure	Person Responsible
December 31, 2010	Hospital IP resources (staffing and training) are addressed in this plan	HAI Coordinator Multidisciplinary advisory group

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/>	<input type="checkbox"/>	6. Enhance prevention infrastructure by increasing joint collaboratives with at least 20 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions)	

**Status and Narrative Plan:** West Virginia has insufficient resources to plan towards this imperative at this time.

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/>	<input type="checkbox"/>	7. Establish collaborative to prevent HAIs in nonhospital settings (e.g., long term care, dialysis)	
<p><b>Status and Narrative Plan:</b> Because the HAI prevention targets are not yet chosen for West Virginia, this imperative cannot be addressed currently. If targets such as <i>Clostridium difficile</i> or methicillin-resistant <i>Staphylococcus aureus</i> are chosen, engagement of long-term care facilities shall occur as the collaboratives are designed.</p>			

#### 4. Evaluation and Communications

**Table 4:** State HAI communication and evaluation planning

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	1. Conduct needs assessment and/or evaluation of the state HAI program to learn how to increase impact	July 1, annually
	X	<ul style="list-style-type: none"> <li>i. Establish evaluation activity to measure progress towards targets and</li> <li>ii. Establish systems for refining approaches based on data gathered</li> </ul>	December 31, annually
<p><b>Status and Narrative Plan:</b> While staffing for any aspect of the West Virginia HAI program is extremely limited, needs assessment could be quite beneficial for focusing nascent efforts. In collaboration with West Virginia Healthcare Authority (HCAWV), West Virginia Association of Professionals in Infection Control (WVAPIC) and members of the multidisciplinary group, the West Virginia Bureau for Public Health (WVBPH) will develop a questionnaire for hospital infection preventionists shortly after the hire of the state Healthcare Associated Infections (HAI) Coordinator. The questionnaire will ask, “What are your top five priorities from your annual risk assessment?” In this way, the questionnaire can efficiently and effectively identify the critical priorities for hospitals statewide. An additional early priority for evaluation will be staffing levels for infection control and prevention in hospitals. Anecdotal information suggests that staffing for infection control and prevention is highly variable in West Virginia hospitals. In addition, ongoing training may not be available to some infection preventionists in the state. Training, including training in use of NHSN and other surveillance activities will also be addressed in the needs assessment.</p> <p>Other data to be considered in the needs assessment on an annual basis are results from the state outbreak report. This report summarizes findings from all outbreaks in the state from the previous year. Outbreaks may represent the most stark failure of infection control procedures in a healthcare setting and should be used as the basis for identifying issues that should be addressed by the state HAI prevention efforts. When released publically or in aggregate, state NHSN data may also serve as part of the needs assessment. Review of information submitted to NHSN is also important for gauging the training needs of infection preventionists. The multidisciplinary group will review the data from the needs assessment and select</p>			

several key areas for planning in the subsequent years. This plan, posted on the website at [www.wvdep.org](http://www.wvdep.org), will be updated annually with progress on all objectives, and new, revised and deleted objectives. In this way, the plan becomes an annually revised public record of state activities for prevention and control of healthcare associated infections. The needs assessment will be repeated on an ongoing basis to offer accountability to the HAI planning effort. The scope of the needs assessment will vary from year to year, but should always include information from outbreak investigation and information submitted to NHSN.

The needs assessment is the first and most critical activity for the newly hired HAI Coordinator. Because of possible delays in hiring the Coordinator, some deadlines may not be met. See Section 1, page 6.

**Objective 4.1:** By July 1, 2010, and annually thereafter, the HAI Coordinator will present results of a needs assessment to the Multidisciplinary advisory group.

Date Due	4.1 Evaluation Measure	Person Responsible
July 1, annually	Minutes of the multidisciplinary group meeting document presentation of a completed needs assessment	HAI Coordinator Bureau for Public Health

**Objective 4.2:** On an annual basis by December 31, the state HAI plan shall be revised to reflect current priorities, and posted to [www.wvdep.org](http://www.wvdep.org).

Date Due	4.2 Evaluation Measure	Person Responsible
Annually by December 31, beginning in 2009	This plan, updated, is posted to <a href="http://www.wvdep.org">www.wvdep.org</a>	HAI Coordinator, Infectious Disease Epidemiology Programmer Analyst I, Bureau for Public Health

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	2. Develop and implement a communication plan about the state's HAI program and progress to meet public and private stakeholders needs <ul style="list-style-type: none"> <li>i. Disseminate state priorities for HAI prevention to healthcare organizations, professional provider organizations, governmental agencies, non-profit public health organizations, and the public</li> </ul>	February 19, 2010
<p><b>Status and Narrative Plan:</b> This plan will be posted to <a href="http://www.wvdeh.gov">www.wvdeh.gov</a> when completed. Information sheets and an executive summary will enable more user-friendly communication on that website in early 2010. By partnering with members of the multidisciplinary group, further communication with stakeholders can be facilitated through existing networks. West Virginia Association of Professionals in Infection Control (APIC-WV) will put the HAI Plan on the agenda for their first quarterly meeting on February 19, 2010 for discussion with the Bureau for Public Health. The plan was already discussed at their statewide meeting in October. Three active members of APIC-WV have served on the multidisciplinary advisory group. West Virginia Hospital Association can rapidly e-mail over 600 individuals in hospitals around the state and will alert hospital nurse executives and CEOs via e-mail that the plan has been released. In addition, HCAWV is required to report on their progress to the West Virginia State Legislature by January 15, annually and will include this plan in their update. West Virginia Bureau for Public Health (BPH) will maintain the multidisciplinary group and can communicate directly with local health departments, the Office of Health Facility Licensure and Certification, and the medical and nursing licensing boards. The Bureau for Public Health will assure that a notice is available to all licensing boards for publication in their newsletter alerting licensed professionals in the state about the plan. The West Virginia BPH will also complete a media release for distribution by the Office of the Secretary, West Virginia Department of Health and Human Resources. In addition, BPH will evaluate the feasibility of posting the HAI plan on social marketing sites such as 'Facebook,' together with user-friendly summaries and information sheets at a general reading level.</p>			

**Objective 4.3:** APIC-WV shall discuss this HAI Plan at the February 19 meeting in 2010.

Date Due	4.3 Evaluation Measure	Person Responsible
February 19, 2010	Minutes from the February 19 APIC-WV meeting reflect discussion of the West Virginia State HAI Plan	President, APIC-WV

**Objective 4.4:** West Virginia Hospital Association (WVHA) shall alert stakeholders via e-mail by February 19, 2010 that the plan has been released by the Bureau for Public Health.

Date Due	4.4 Evaluation Measure	Person Responsible
February 19, 2010	e-mail alert has been sent to stakeholders from the West Virginia Hospital Association.	Jim Kranz, West Virginia Hospital Association

**Objective 4.5:** HCAWV shall make a report of progress on their activities as required under West Virginia State Code 16-5B-17 by January 15, annually.

Date Due	4.5 Evaluation Measure	Person Responsible
January 15, annually	Report is submitted to the West Virginia State Legislature	HCAWV

**Objective 4.6:** West Virginia Bureau for Public Health shall communicate about the state planning process at least annually with the Office of Health Facility Licensure and Certification and the medical, osteopathic, dental, pharmacy and nursing boards.

Date Due	4.6 Evaluation Measure	Person Responsible
Annually, by December 31, beginning in 2010	Meeting minutes document communication with OHFLAC and the medical, osteopathic, dental, pharmacy and nursing licensing boards.	HAI Coordinator, West Virginia Bureau for Public Health

**Objective 4.7** By February 28, 2010, the West Virginia Bureau for Public Health will make notices available to medical, osteopathic, dental, pharmacy and nursing boards for publication in their newsletters announcing availability of the state HAI plan on the BPH website.

Date Due	4.7 Evaluation Measure	Person Responsible
February 28, 2010	Notices have been made available to the medical, osteopathic, dental, pharmacy and nursing boards of the state of West Virginia	HAI Coordinator  West Virginia Bureau for Public Health

**Objective 4.8** By February 28, 2010, the West Virginia Bureau for Public Health will complete a media release for distribution by the Secretary for the Department of Health and Human Resources (WVDHHR).

Date Due	4.8 Evaluation Measure	Person Responsible
February 28, 2010	Media release is completed and forwarded to the Office of the Secretary of WVDHHR	Loretta Haddy, PhD  West Virginia Bureau for Public Health

**Objective 4.9** West Virginia Bureau for Public Health will evaluate the feasibility of posting this plan and supporting materials on a social networking site such as “Facebook,” in accordance with state information technology policies and procedures by December 31, 2010.

Date Due	4.9 Evaluation Measure	Person Responsible
December 31, 2010	Evaluation of feasibility of posting this plan and supporting materials on a social networking site such as “Facebook” shall be completed and summarized in this plan	Programmer Analyst HAI Coordinator  West Virginia Bureau for Public Health

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	3. Provide consumers access to useful healthcare quality measures	To be determined

**Status and Narrative Plan:** The West Virginia Health Care Authority (HCAWV), in collaboration with its Infection Control Advisory Panel (ICAP) mandated collection of central line associated bloodstream infection (CLABSI) data by hospitals beginning July 1, 2009. Data on influenza immunization of healthcare workers was also collected by hospitals beginning in 2009. CLABSI surveillance uses the National Healthcare Safety Network (NHSN) collection and reporting system. Under West Virginia law, HCAWV, in collaboration with the ICAP is authorized to require hospitals to submit data to NHSN and release that data to the public. Beginning in 2010, HCAWV, in collaboration with ICAP shall evaluate the feasibility of releasing data to the public.

**Objective 4.10:** On an annual basis by December 31, the WVHA shall evaluate feasibility of releasing healthcare quality data.

Date Due	4.10 Evaluation Measure	Person Responsible
Annually by December 31	Feasibility of releasing healthcare quality data is addressed in this plan	Amy Wenmoth  West Virginia Health Care Authority

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	4. Identify priorities and provide input to partners to help guide patient safety initiatives and research aimed at reducing HAIs	ongoing

**Status and Narrative Plan:** Through needs assessment (See objective 4.1), the multidisciplinary committee will identify current priorities and use that information to update prevention efforts (Objective 4.2).