



Toward Elimination

Newsletter for State Partners in HAI Prevention

Volume 16, May 2011

CDC's National Public Health Improvement Initiative (NPHII)

CDC's [National Public Health Improvement Initiative \(NPHII\)](#), located within the Office for State, Tribal, Local, and Territorial Support, presents an exciting opportunity for healthcare associated infection (HAI) programs to incorporate and collaborate on performance improvement efforts.

This initiative is intended to advance public health efforts to improve health outcomes by employing effective performance management and continuous quality improvement strategies. These strategies will enable health departments to effectively share information, assets, and services resulting in a more efficient and effective public health system that is better positioned to protect and serve the public.

At CDC, NPHII's staffing infrastructure includes two grantee connection points: [Senior Public Health Advisors \(SPHAs\) and Performance Officers](#). At the state level, each of the 75 state, tribal, local, and territorial health department grantees that are funded through Component I of the initiative have designated, hired, or will hire a [Performance Improvement Manager \(PIM\)](#). The PIM's role is to work collaboratively throughout the public health agency, establishing appropriate performance management/quality improvement systems.

HAI Coordinators are encouraged to reach out to state PIMs. PHAs will send HAI Coordinators a contact list of Performance Improvement Managers soon. Please consider inviting the PIM to your state advisory group and/or other appropriate meetings so that the PIM can learn about your state HAI program, while potentially collaborating in performance improvement efforts to support your HAI program as it evolves.

Join us for an HAI Data Analysis Workshop at the upcoming CSTE Conference

DHQP will be presenting a workshop at the 2011 [Council of State and Territorial Epidemiologists \(CSTE\)](#) Annual Conference from 1:00–5:00 PM on Sunday, June 12, 2011 in Pittsburgh, PA. The workshop, "Analysis of Healthcare-associated Infection Data from the CDC National Healthcare Safety Network (NHSN)," will focus on analysis of NHSN HAI surveillance data from the state health department's program perspective.

More details can be found on the [CSTE Conference Sunday Sessions](#) website. You can register for the Sunday workshop on the [CSTE Conference Registration](#) page.

Save the Date

**Third Annual Recovery Act
HAI Grantee Meeting**
Atlanta, GA

October 20-21, 2011

Stay tuned for more information.

State HAI Reports: Share your successes

Please send your state's HAI public reports to your PHA and we will include them on the [HAI Prevention Activities State Map](#). Contact your PHA for details.



Policy Corner

CDC and ASTHO Release Policy Toolkit for Healthcare-associated Infection Prevention

The [Association of State and Territorial Health Officials \(ASTHO\)](#) and the Centers for Disease Control and Prevention (CDC) are pleased to announce the release of a state policy toolkit for the elimination of healthcare-associated infections (HAIs): [Eliminating Healthcare-associated Infections: State Policy Options](#).

State health agencies have a central role to play in HAI elimination because they are responsible for protection of patients across the healthcare system and serve as a bridge between healthcare and the community. The purpose of this toolkit is to provide guidance and examples to senior policy makers on various promising ways to use legal and policy interventions in a comprehensive HAI prevention program.

The toolkit is available on the [HAI website](#).

ELC/EIP Grantee Calls

Special Topic: Conducting Outbreak Investigations Webinar

Monday, May 16, 1-2 PM ET

Long Term Care (LTC) Discussion

Tuesday, May 24, 1-2 PM ET

CAUTI Infection-specific call

Thursday, May 26, 1-2 PM ET

Your PHAs will send the bridge line, password, and Webinar URL information for these calls.





HAI Coordinator Highlight

In their own words

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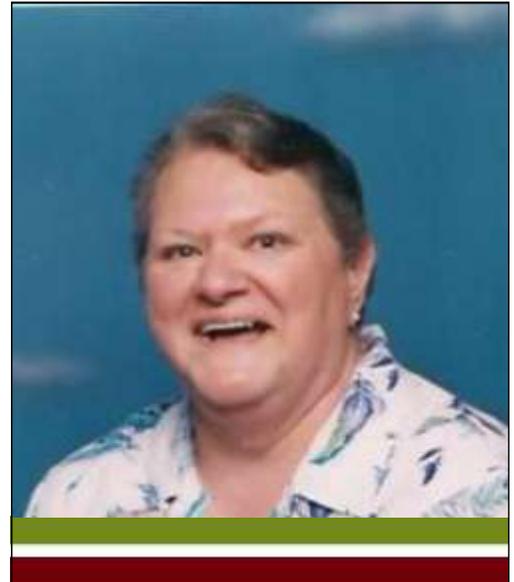
North Carolina State HAI Coordinator – Connie Jones

Thank you for this opportunity to highlight the North Carolina HAI Program and progress we have made toward our goals.

My name is Connie Jones, and I am a Registered Nurse with a specialty in Infections Prevention. I am certified in the practice of infection control (CIC) and have worked in the field for over 25 years. I feel my background in Infections Prevention has been a valuable asset to me in my work as the NC State HAI Coordinator.

I cannot take the credit for all that has taken place in North Carolina during this past year – it has been a real TEAM effort. Some of the teams' most valued accomplishments have been:

- Established a statewide HAI advisory group to guide state HAI activities with broad representation from government, professional groups, academic institutions, and the public. This group has offered invaluable advice on the components and strategies necessary to write a plan for North Carolina that is practical and will help reduce the number of HAIs within our healthcare facilities. A sub-group worked to determine the cost of HAIs in North Carolina which until this time was not available.
- We continue work with statewide partners to promote and expand existing HAI prevention collaboratives. We are very fortunate here in North Carolina to have partners such as the North Carolina Center for Hospital Quality and Patient Safety. The Quality Center is conducting a central line-associated bloodstream infections (CAUTI) Collaborative as part of the HAI program. Another outstanding partner is the North Carolina Statewide Program on Infection Control and Epidemiology (SPICE). SPICE is conducting our HAI validation study.
- We have developed a comprehensive plan to reduce HAIs in North Carolina; it has been distributed to the public, policy makers and state partners. As mentioned before we feel our plan is practical, fluid and will help reduce the number of HAIs in North Carolina.
- As mentioned before, SPICE is conducting a comprehensive project to validate HAI data reported by North Carolina facilities through the National Healthcare Safety Network (NHSN). We are very proud that this validation study is one of only a few being conducted throughout the US.
- Through our active collaborative and work with statewide partners, we have demonstrated the ability to reduce device-associated HAIs.
- We have initiated implementation of statewide voluntary reporting of central line-associated bloodstream infections by acute care hospitals as an interim measure until HAI reporting becomes mandatory in North Carolina; our goal is to have all of our acute care hospitals enrolled in our voluntary program by October 2011.
- A new partnership has been developed with the state regulatory agency to enhance collaboration around outbreaks in licensed facilities and improve infection prevention practices in facilities statewide.
- Draft legislation has been written and presented to the North Carolina Senate to require HAI reporting by acute care facilities. Currently, the Bill is progressing through the legislative process.
- A state HAI website is being developed to provide useful HAI-related information to healthcare consumers and healthcare workers in North Carolina. Our hope is that this will be a user friendly website that will be used frequently by all North Carolinians for general information on infectious diseases as well as common healthcare associated infections and data from our healthcare facilities concerning HAI rates.



I would like to recognize and thank the other HAI staff members for their tireless work on the North Carolina HAI Program. Dr. Megan Davies, State Epidemiologist; Dr. Zack Moore, HAI Medical Director; Levi Njord, HAI Epidemiologist; Diane Tew, Administrative Assistant and Kathy Dail who did all the background work and got the whole program started.





HAI Coordinator Highlight

In their own words

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**Aarikha D'Souza, Arizona's current
HAI Coordinator**

Arizona State HAI Coordinators

In September 2009, the Arizona Department of Health Services (ADHS) received funding through the American Recovery and Reinvestment Act (ARRA) to develop infrastructure to prevent healthcare-associated infections (HAI) and create a new HAI Coordinator position. The Arizona HAI Coordinator has worked with a number of dedicated partners to coordinate statewide efforts towards HAI prevention. Some of the activities accomplished are:

- Establishment of the Arizona HAI Program
- Authorship of the Arizona HAI Plan
- Creation of the multidisciplinary HAI Advisory Committee
- Assessment of HAI prevention priorities and educational needs of healthcare providers
- Development of an [HAI program website](#) to provide resources and links to nationwide HAI data to healthcare providers and the public
- Coordination between epidemiologists and the state survey agency to improve communication about HAI prevention and control during outbreak investigations

The HAI Advisory Committee has been essential in accomplishing some of the key objectives outlined in the Arizona State HAI Plan. The HAI Advisory Committee consists of four subcommittees that are dedicated to various aspects of HAI related activities. These subcommittees have been involved in a number of activities such as compiling a toolkit of evidence-based HAI prevention

strategies for a variety of HAIs, beginning with *Clostridium difficile*. This toolkit will not only examine strength of evidence, but will also provide information about cost, ease of implementation, and sustainability of these interventions. The toolkit is designed for facilities across the healthcare continuum.

The subcommittees have developed and implemented a survey tool to assess the current HAI surveillance practices in acute care hospitals in order to target educational needs of facilities; establishment of a statewide panel of antimicrobial stewardship experts who can offer technical assistance to resource limited facilities wishing to establish an antimicrobial stewardship program; and the launch of a public campaign to educate Arizona residents about common HAIs and HAI prevention strategies through a variety of media.

During Infection Prevention Week 2010, the Public Education subcommittee collaborated with the Arizona Association for Professionals in Infection Control and Epidemiology (APIC) to host a video contest encouraging members of the public to develop a short infection prevention video and monetary prizes were awarded by Arizona APIC. APIC and the HAI Coordinator presented an award of achievement to all three prize winners.





HAI Coordinator Highlight

In their own words

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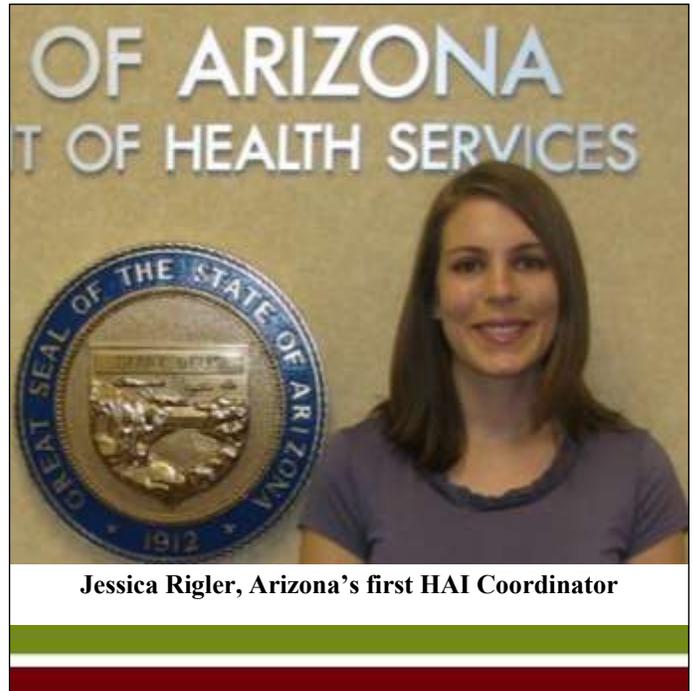
Arizona State HAI Coordinators (continued)

With the implementation of the CMS IPPS rule, ADHS partnered with APIC and the Health Services Advisory Group (HSAG) to conduct a series of NHSN trainings for facilities. Lastly, ADHS hosted an Infectious Disease Training and Exercise that featured CDC's Dr. Alice Guh who presented information about HAI Epidemiology and Prevention Strategies. Also, a panel discussion provided state, county, and healthcare facility perspectives on healthcare-associated infections.

In February 2011, Aarikha D'Souza was appointed as the new HAI coordinator for Arizona. Jessica Rigler, the former HAI coordinator, has transitioned to her appointment at ADHS as the Program Manager for the Office of Infectious Disease Epidemiology and Preparedness.

For this year, our goals have been to focus our efforts by hosting a Strategic Planning Meeting that will encourage collaboration between acute and long-term care facilities and to develop a strategic plan of activities to prevent and reduce HAI across Arizona's healthcare facilities. During our 2011 Infectious Disease Training and Exercise, an HAI Surveillance panel discussion will address topics from surveillance cultures in HAI Outbreaks to addressing how hospitals can prepare for reporting of Surgical Site Infections (SSI). The state health department is collaborating with the Arizona Hospital and Healthcare Association and other participating hospitals on the On the CUSP: Stop BSI collaborative and will be attending the kick-off meeting in May. Furthermore, we hope to strengthen our relationship with ambulatory surgery centers and have reached out to the End-Stage Renal Disease (ESRD) network representative to support the dialysis community by participating on the HAI Advisory Committee and developing infection prevention tools targeted to this audience.

We would like to thank DHQP for the opportunity to present some of the work we have been able to achieve here in Arizona. We are proud of our accomplishments in developing the Arizona HAI program and hope to continue and establish more sustainable relationships to address HAI concerns across Arizona's healthcare continuum.



Jessica Rigler, Arizona's first HAI Coordinator





HAI Coordinator Highlight

In their own words

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North Dakota State HAI Coordinator — Faye Salzer

The North Dakota Department of Health, Division of Disease Control continues to work toward developing a state wide Healthcare Associated Infection (HAI) prevention program. After completing the HAI plan template, we reached out to facilities and organizations to form a steering committee. We were successful in building partnerships with the North Dakota Long Term Care Associate, North Dakota Hospital Association, Blue Cross and Blue Shield of North Dakota, North Dakota Healthcare Review, Center for Rural Health and the Association for Professionals in Infection Control and Epidemiology (APIC). This steering committee meets on a quarterly basis.

In February 2010, we presented our state HAI plan at the state APIC meeting to educate them on our purpose and goals for the state. We set up an advisory committee with the ND APIC members and meet with them quarterly prior to the steering committee meeting. In an effort to evaluate the knowledge and education needs of our facilities, a survey was sent to all hospitals and long term care facilities in the state. This survey, sent in March 2010, focused on healthcare associated infections, training needs, number of hours spent on infection controls, etc. This survey has been used to help guide our educational efforts.

In April of 2010, we held a statewide informational session on the National Health Safety Network (NHSN) conducted by Cathy Rebmann via video conferencing. This session introduced NHSN, who could participate and what the data networks purpose is as well as the benefits of participation for facilities. We are in the final stages of providing an HAI Prevention manual for our state facilities. This manual includes basic definitions on HAIs as well as resource sites for additional HAI specific information. We also included basic guidelines for surveillance, detection, reporting and response, and investigating possible outbreaks and prevention measures.

On November 3rd and 4th of 2010, we provided training based on our survey results to more than 90 nurses, quality assurance and infection control staff. The training covered the introduction to HAI prevention, NHSN definitions, surveillance, and the benefits of reporting. This training was provided by the use of HHS regional grant funding. In January of 2011, we joined the HAI Consortium directed by Healthcare Review. We are working together to gather participants for the central line-associated bloodstream infections (CAUTI) comprehensive unit-based safety program (CUSP) project. In February of 2011, we introduced our dialysis facilities to NHSN and provided the information to attend the NHSN dialysis training presented by the CDC via webinar.

We have developed educational brochures for the long term and basic care facilities in our state on *Clostridium difficile* (*C. diff*), methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *enterococci* (VRE). These brochures will educate staff, residents, and visitors on preventing the spread of these infections not only in the facility but in the community as well. In April 2011, Faye presented an HAI awareness and prevention program also including blood-borne pathogens, influenza and norovirus to the state medical laboratory technicians during their state convention. We are currently working on a two day training program to be presented this fall for Infection Preventionists (IPs) from a variety of health care settings. The training will include functions of an IP program, surveillance, MRDOs, *C. diff*, CAUTIs, employee health, and breakout sessions covering topics specifically targeted to the various health care settings in attendance. The North Dakota Department of Health is also exploring the cost and feasibility of providing a training DVD to facilities for environmental cleaning.

The North Dakota Department of Health continues to provide guidance on HAIs and employee health to long term care facilities, acute care, and critical care hospitals as well as all health care provider entities. Additional information is provided on infection control concerns, outbreaks, surveillance and prevention in the continued fight against HAIs.

