

ICAR Activity A2

Facility Inventory and Oversight Mapping

Astha KC, MSc

Health Scientist

lex2@cdc.gov

ELC HAI/Ebola Grantees' Meeting

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Outline

- **Background** – *Overview of ICAR Activity A2*
- **Health Care Delivery in the US** – *According to US Census Bureau data*
- **A2 Game Plan** – *Potential resources and strategies*
- **Challenges** – *Challenges and limitations associated with this activity*
- **Q & A** – *We want to hear from you!*

BACKGROUND

Facility Inventory and Oversight Mapping

ICAR Activity A

A.1: Expand State HAI Plan and Advisory Group

- ❑ Incorporate concept of on-site assessment, gap-assessment, spectrum of healthcare
- ❑ Add partners including ASPR-funded Hospital Preparedness Program (HPP); others

A.2: Improve coordination between DOH and healthcare settings

- ❑ **Inventory of facilities, by type of setting**
- ❑ **Identify regulatory/licensing and other oversight authorities**
- ❑ **Infection control capacity and competency requirements**

A.3: Assess readiness of designated Ebola facilities

- ❑ Conduct on-site assessments of all designated Ebola assessment hospitals (or treatment centers, if any)
- ❑ Determine gaps in readiness
- ❑ Address gaps through consultation/training using CDC-based resources; develop mitigation and implement plan with hospital
- ❑ Follow up to confirm mitigation of gaps

A.4: Assess and improve HAI outbreak reporting and response

- Evaluate capacities to detect, report and respond
- Standardize an approach to assessment
- Across setting types

ICAR Activity A2: Facility Mapping and Oversight Activity

- **Goal: Improve coordination between DOH and healthcare settings**
 - Create an inventory of all healthcare settings in the state
 - Identify current regulatory/licensing oversight authorities for each facility type
 - Identify requirements for infection control capacities/competencies
 - What HAI-related data is available by facility type
 - Infection control point of contact for key facility types (e.g. hospitals)
 - Explore ways to expand oversight to include infection control capacity or competence as a requirement for operations
 - In **collaboration** with HAI programs and other state partners, improve **coordination** and **communication** with healthcare facilities to complete other strategies and activities in Activity A and B, as applicable

Healthcare Settings

- **Hospitals**
 - Short Term Acute Care
 - Long Term Acute Care
- **Long Term Care**
 - Nursing Homes
 - Assisted Living Facilities
 - Other long term care facilities
- **Kidney Dialysis Centers**
- **Outpatient/Ambulatory settings**
 - Ambulatory Surgical Centers (ASCs)
 - Non-ASC outpatient facilities

HEALTH CARE DELIVERY IN THE US

According to US Census Bureau data

County Business Patterns

An annual series published by the US Census Bureau that provides annual statistics for businesses with paid employees within the United States, Puerto Rico, and Island Areas

Data Sources

- Data are extracted from the Business Register, a database maintained by the U.S. Census Bureau which contains the most complete, current, and consistent data for businesses with paid employees
- Industry classification data collected from other census surveys or administrative records

Analysis

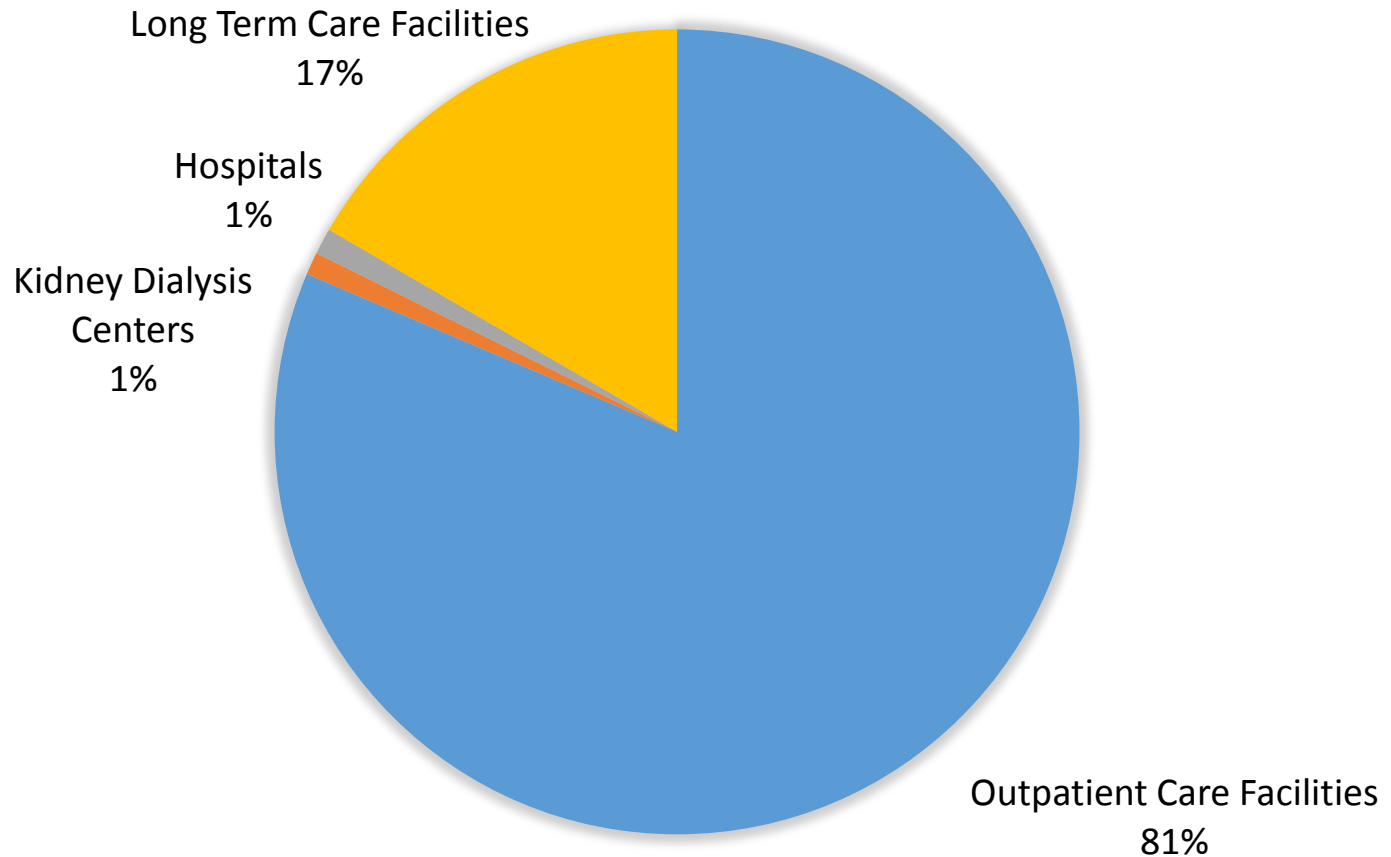
- The North American Industry Classification System is used to classify businesses into nearly 1200 different industries which includes health care using information from the above data sources

Output

- Annual source of consistent and detailed county-level estimates for business establishments by industry

Healthcare Delivery in the United States

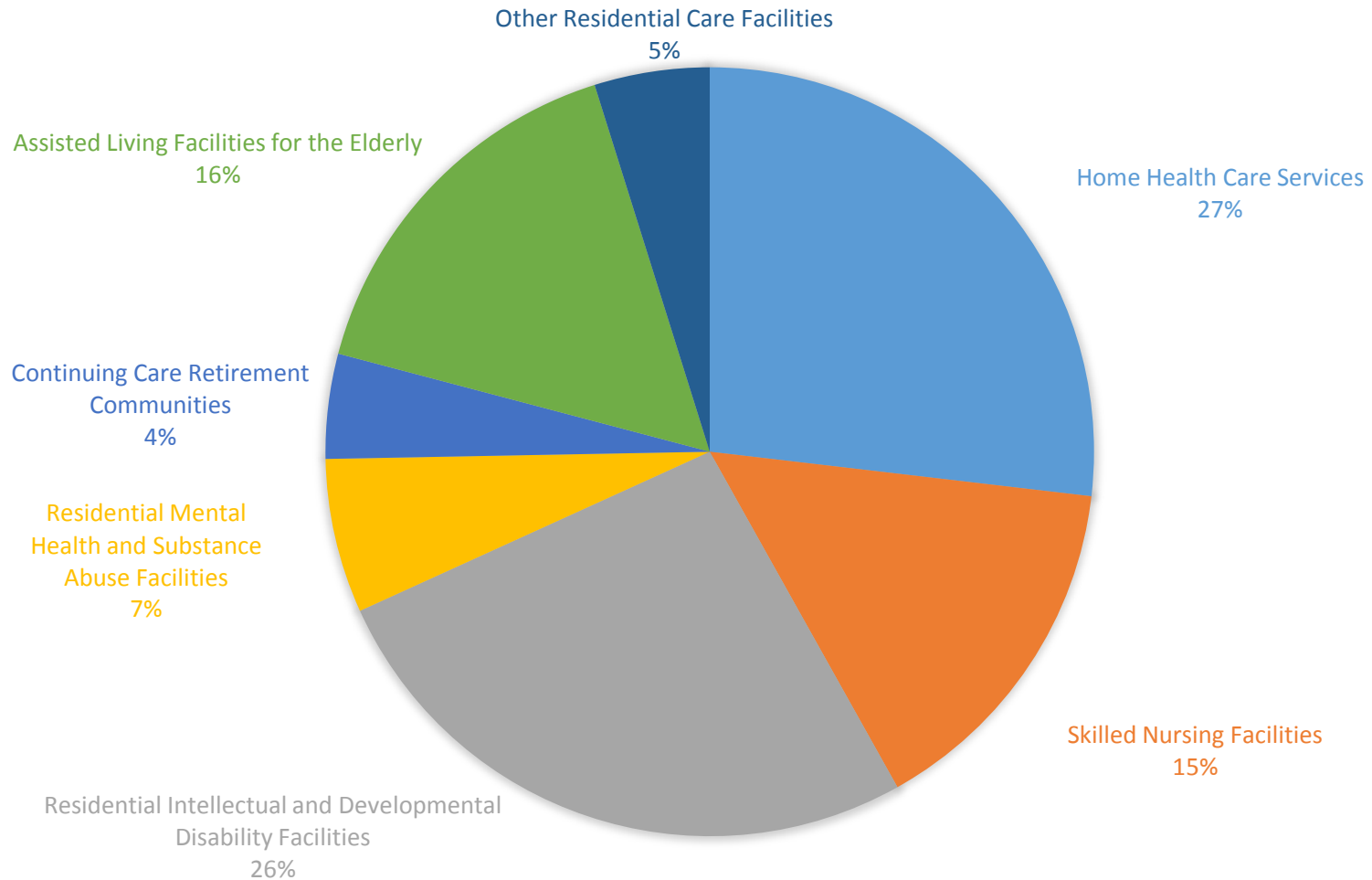
Distribution of facilities, by type



Source: U.S. Census Bureau, Economics and Statistics Administration, U.S. Department of Commerce. County Business Patterns, 2013.

Long Term Care Delivery in the United States

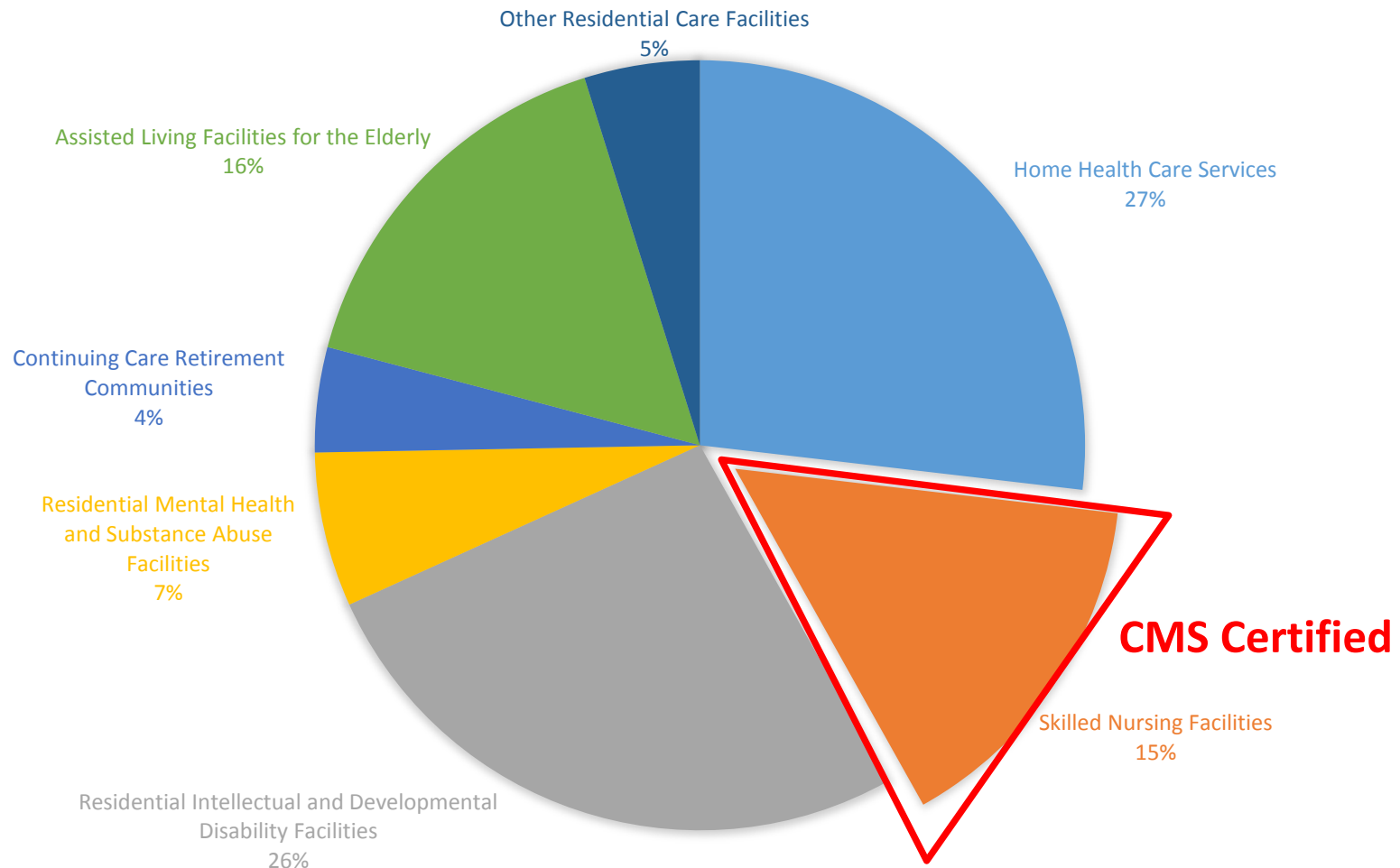
Distribution of long term care facilities, by type



Source: U.S. Census Bureau, Economics and Statistics Administration, U.S. Department of Commerce. County Business Patterns, 2013.

Long Term Care Delivery in the United States

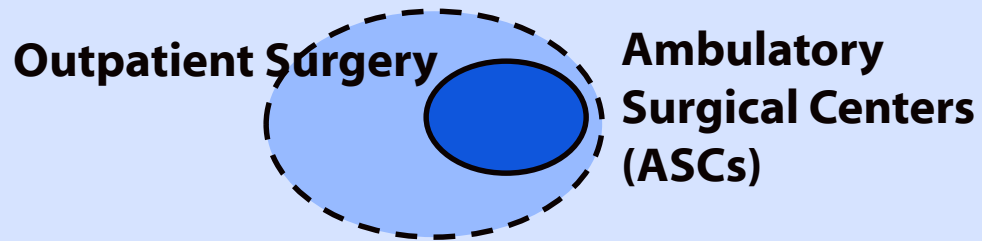
Distribution of long term care facilities, by type



Source: U.S. Census Bureau, Economics and Statistics Administration, U.S. Department of Commerce. County Business Patterns, 2013.

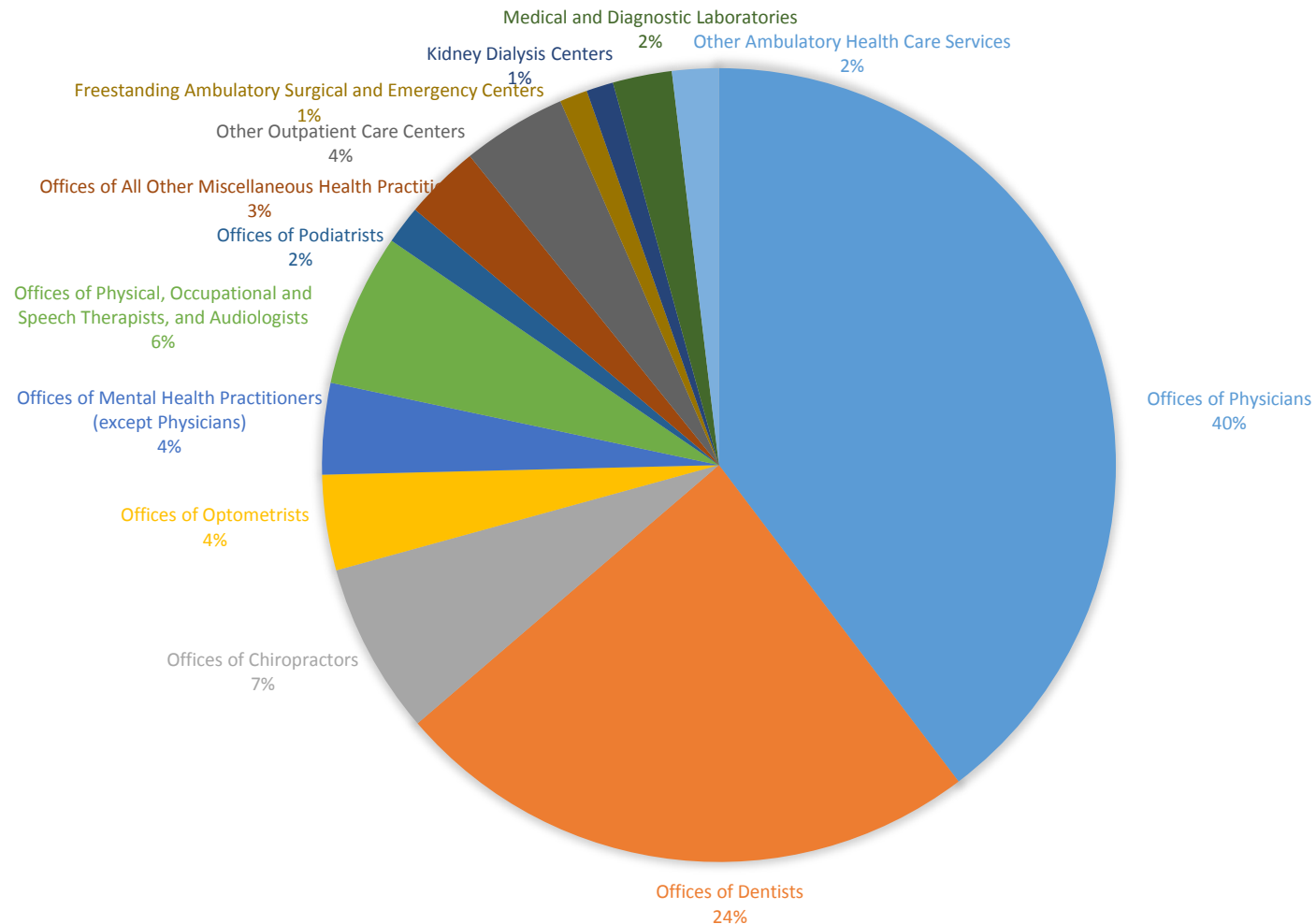
Ambulatory/Outpatient Care: Not Just “ASCs”

Ambulatory Care Settings



Outpatient Care Delivery in the United States

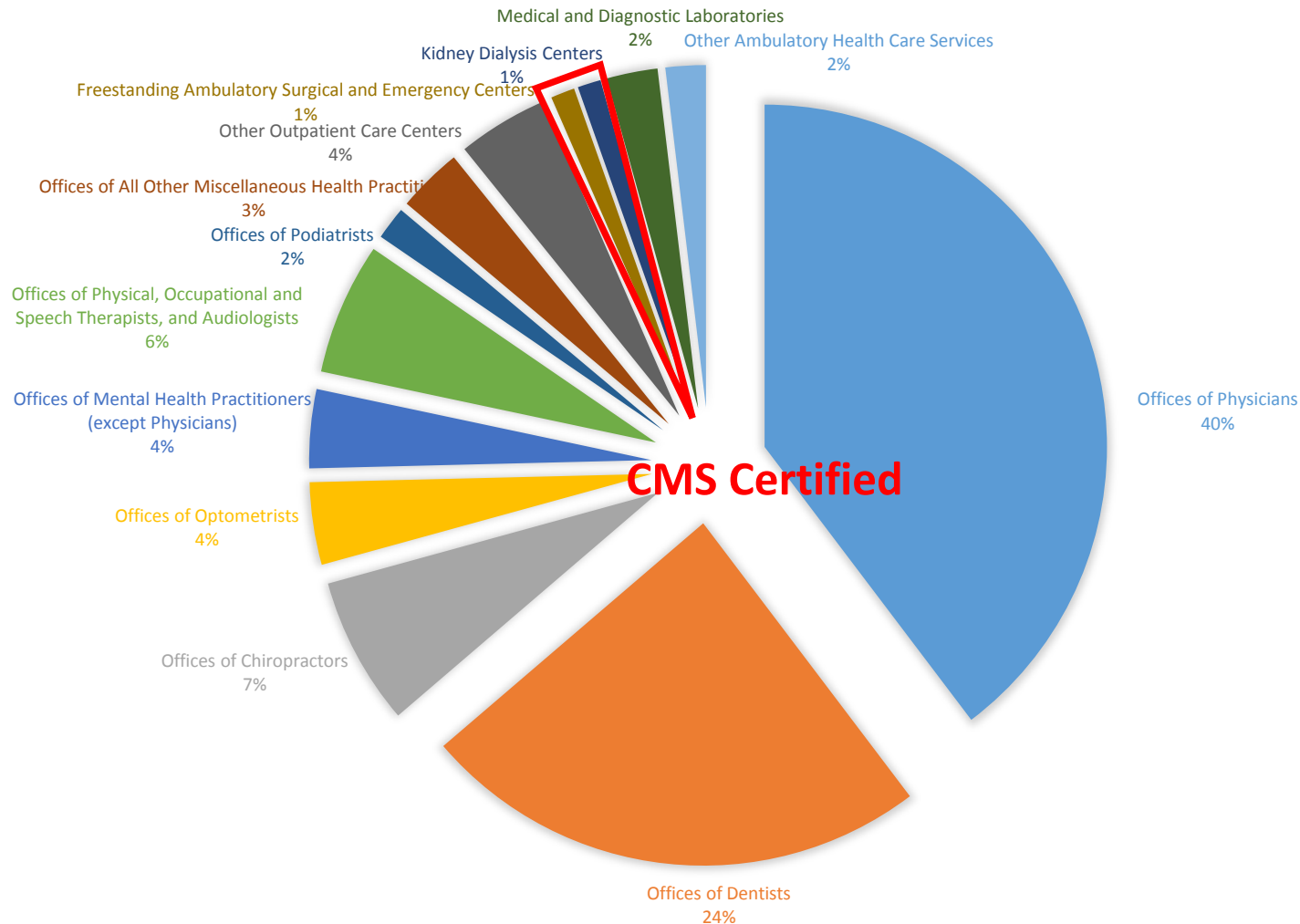
Distribution of outpatient care facilities, by type



Source: U.S. Census Bureau, Economics and Statistics Administration, U.S. Department of Commerce. County Business Patterns, 2013.

Outpatient Care Delivery in the United States

Distribution of outpatient care facilities, by type



Source: U.S. Census Bureau, Economics and Statistics Administration, U.S. Department of Commerce. County Business Patterns, 2013.

A2 GAME PLAN

Potential resources and strategies

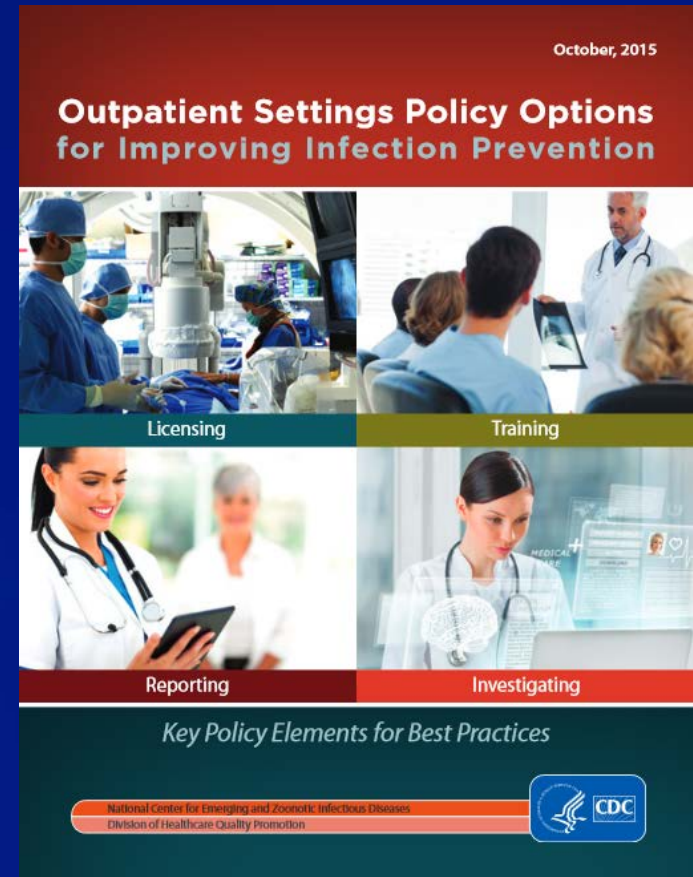
Data Sources

- ❑ State/local regulatory/licensing bodies
 - Facility lists maintained by setting types
- ❑ Centers for Medicare & Medicaid Services (CMS)
 - Hospital Compare
 - Nursing Home Compare
 - Dialysis Facility Compare
 - *Physician Compare (?)*
- ❑ List of providers from medical/nursing/other professional boards and associations
 - Physicians
 - Dentists
 - Chiropractors
 - Podiatrists
 - List does not end here..
- ❑ Accreditation agencies
 - The Joint Commission (TJC)
 - Accreditation Association for Ambulatory Health Care, Inc. (AAHC)
 - Many others..
- ❑ Other sources of health facility information
 - Business registries
 - Facility based surveys

Outpatient Settings Policy Options: Four Key Policy Elements

States and their supporting HAI multidisciplinary advisory groups may wish to consider more effective and proactive oversight of outpatient facilities through:

- (1) Facility licensing/accreditation
 - (2) Provider training, licensing and certification
 - (3) Reporting requirements
 - (4) Investigation authorities
- A2



Provider Training, Licensing and Education

- **Requirements for healthcare providers highly variable**
 - Licensure generally clear for physicians and nurses; less so for allied health professionals
- **Allied health professionals may receive minimal formal infection control training**
 - Annual OSHA blood borne pathogen training not enough
- **Delegation of activities loosely governed by state practice standards**

Provider Training, Licensing and Education

Questions to consider:

- What are the requirements for licensing or certification of outpatient healthcare personnel and what entities are responsible for each type?
- In your state, are the licensure and certification fees paid by healthcare providers used to support training and education, or other public health programs?
- Which types of outpatient healthcare providers are subject to mandatory infection control training requirements?
- What types of healthcare providers are allowed to perform certain invasive procedures, such as injections?
- Who ensures that adequate training on delegated tasks has taken place whenever provision of medical care (such as delivery of injections) is delegated down to a technician or assistant?

Outpatient Settings Policy Options: Available for Download

The screenshot shows a web browser window with the address bar displaying www.cdc.gov/HAI/settings/outpatient/outpatient-settings.html. The page features a left-hand navigation menu with links to various safety topics: Blood Safety, Dialysis Safety, Get Smart for Healthcare, Hand Hygiene, HICPAC, Injection Safety, Medication Safety, MRSA, National Healthcare Safety Network (NHSN), Nursing Homes and Assisted Living, Sepsis, Sharps Safety, Transplant Safety, and Vaccine Safety. The main content area is titled "Outpatient Policy Options" and contains a paragraph explaining that the [Outpatient Settings Policy Options](#) document and accompanying [worksheet](#) (PDF - 75 KB) are designed to assist state, local, and territorial health departments and policymakers. It outlines four key elements recommended by the workgroup and reflects CDC, workgroup membership, and health department experience with [healthcare-related outbreaks](#) and quality improvement. Each section contains:

- An explanation of the element and its components
- Sample scenarios highlighting the need for effective practices or strategies
- Potential program improvement options
- Examples of existing policies representative of the elements
- Aids designed to help identify gaps and pursue potential solutions

To the right of the text is a thumbnail image of the [Outpatient Settings Policy Options](#) document cover, with a [Download:](#) link and a PDF icon indicating the file size is 1.3 MB. Below the main text is a section titled "Outpatient Oncology Settings" which includes a thumbnail of the [Basic Infection Control and Prevention Plan for Outpatient Oncology Settings](#) document. A paragraph explains that this document was developed for outpatient oncology facilities to serve as a model for a basic infection control and prevention plan, containing policies and procedures tailored to these settings to meet minimal expectations of patient protections as described in the [CDC Guide to Infection Prevention in Outpatient Settings](#). The elements in this document are based on CDC's evidence-based guidelines and guidelines from professional societies (e.g., Oncology Nursing Society).

On the right side of the page, there is a "BLOG" section with the text "Join the conversation". At the bottom right of the main content area, there is a link to "Top of page".

URL: <http://www.cdc.gov/hai/pdfs/prevent/Outpatient-Settings-Policy-Options.pdf>

Strategies



A2 Reporting Metric

- **Measure A2:** Number and percent of healthcare facilities with complete information for inventory
- **Reporting Period:** Every 12 months
- **Data elements:**
 - Number of total healthcare facilities in jurisdiction by type (Denominator)
 - Number of healthcare facilities with complete information (Numerator)
- **Complete information includes:**
 - Information on oversight/licensing authorities
 - CMS certification
 - Requirements for infection control capacities/competencies
 - *(Infection control point of contact)*

Appendix II - Outpatient Settings Worksheets:

The following worksheets are intended to increase awareness within state and local agencies of the current authority levels currently in place in their state and identify gaps presented in the "Questions to Consider" within each of the four key elements. Each worksheet lists the various outpatient settings that may exist within states and is not meant to be an all-inclusive list (note that some states may have different names for some of the listed facilities). For each worksheet, answer the corresponding question from the key element.

Worksheet 1: Facility Licensing and/or Accreditation

Setting Type	Number of Facilities	Facility License/ Accreditation Required	Provider License/ Accreditation Required	Infection Control Training Required
Alternative Medicine Clinics				
Ambulatory Surgical Centers				
Chiropractic clinics				
Dental Offices				
Dental Surgery Practices				
Dialysis Centers				
Free-Standing Emergency Rooms				
Imaging Centers				
Infusion Centers				
Oncology Clinics				
Orthopedic Clinics				
Ophthalmology/Eye Clinics				
Pain Clinics				
Physical Therapy Facilities				
Physician Offices				
Plastic Surgery Practices				
Podiatry Clinics				
Radiology Clinics				
Urgent Care Clinics				

Worksheet 2: Healthcare Provider Training, Licensure, and Certification

Healthcare Provider Type	Licensing/ Certification Requirements	Mandatory Infection Prevention and Control Training	Allowed to Perform Certain Invasive Procedures (e.g. Injections)	Ensures Adequate Training for Technicians and Assistants to Perform Delegated Tasks
Acupuncturist				
Chiropractor				
Cleaning / Environmental Services Staff				
Dental Assistant				
Dental Hygienist				
Dentist				
Equipment Sterilization Staff				
Infection Preventionist				
Laboratory Technician				
Licensed Practical Nurse				
Medical Technician				
Nurse				
Nurse Practitioner				
Nursing Technician				
Office/Administrative Staff				
Oncologist				
Oncology Technician				
Ophthalmologist				
Optometrist				

Challenges



Let's hear from you.....

- **What are settings that are easier or more difficult to inventory?**
- **What type of information do you anticipate would be easier or more difficult to gather?**
- **Are there states planning to work on facilities that fall outside of the scope of traditional regulatory bodies?**
- **What are some data management challenges that could or have been encountered in maintaining these detailed lists?**
- **Are there states with previous experiences with advice to share?**

Thank You!

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Emerging and Zoonotic Infectious Diseases

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