Healthcare Associated Infections Activities at the PA Department of Health

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“It’s not how busy you are,
It’s why you are busy.
The bee is praised.
The mosquito is swatted.”

Mary O’Connor

Activities

- Disease investigations
- HAI Surveillance
- American Recovery and Reinvestment Act (ARRA)
- Special Studies
- Upcoming Plans & Issues

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HAI-related Investigations in 2010

- Vancomycin-resistant *S. aureus*
- Group A Strep (GAS) in a long-term care facility
- Non-HAI infections involving HCWs
  - Lassa Fever
  - Measles

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Pennsylvania HAI Surveillance

- Act 52 passed in mid-2007
- Most extensive requirements of any state
- All HAIs (12 categories) reportable via NHSN in all hospital in-patient locations
- All hospital types (inc psych, rehab, drug Rx) (N = 250)
- Continuous
- All nursing homes (N = 722)
  - Unspecified system and start date
- Required to compare:
  - hospitals to each other
  - temporal trends
  - PA facilities to rest of nation

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Benchmarking Conditions for PA Hospitals

- Although all HAIs reportable, more limited suite of HAIs selected for benchmarking
- Selection criteria
  - Compatibility with other metrics (e.g. CMS “never events”; CDC/HHS initiatives)
  - Preventability
  - Coverage (every hospital should have something to measure)

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Benchmarking Conditions

- Catheter-associated urinary tract infections
- Central line-associated bloodstream infections
- Surgical site infections
  - Abdominal hysterectomies
  - Hip & knee replacements
  - Cardiac surgeries (CARD, CBGB, CBGC)

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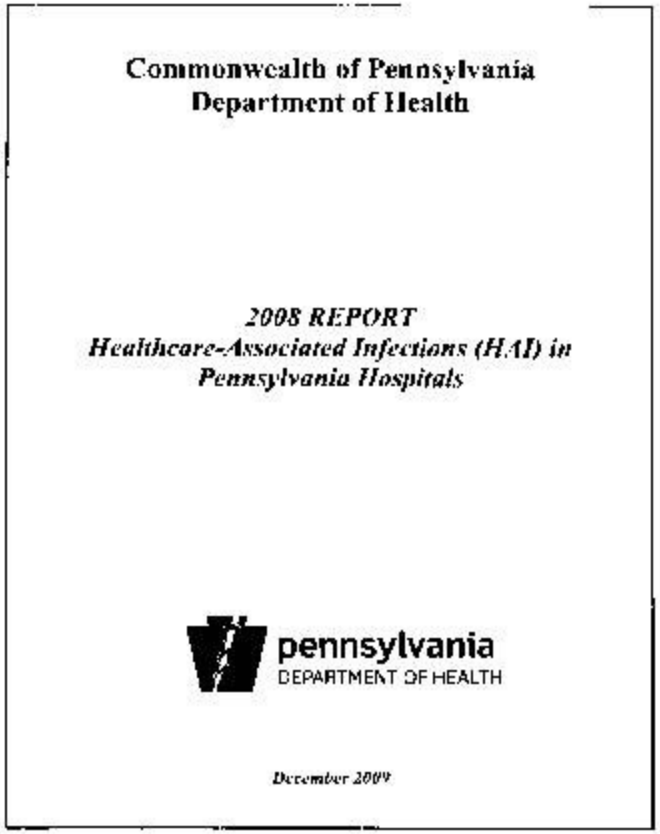
HAI Reports

Feb 2010



Commonwealth of Pennsylvania
Department of Health

2008 REPORT
Healthcare-Associated Infections (HAI) in Pennsylvania Hospitals

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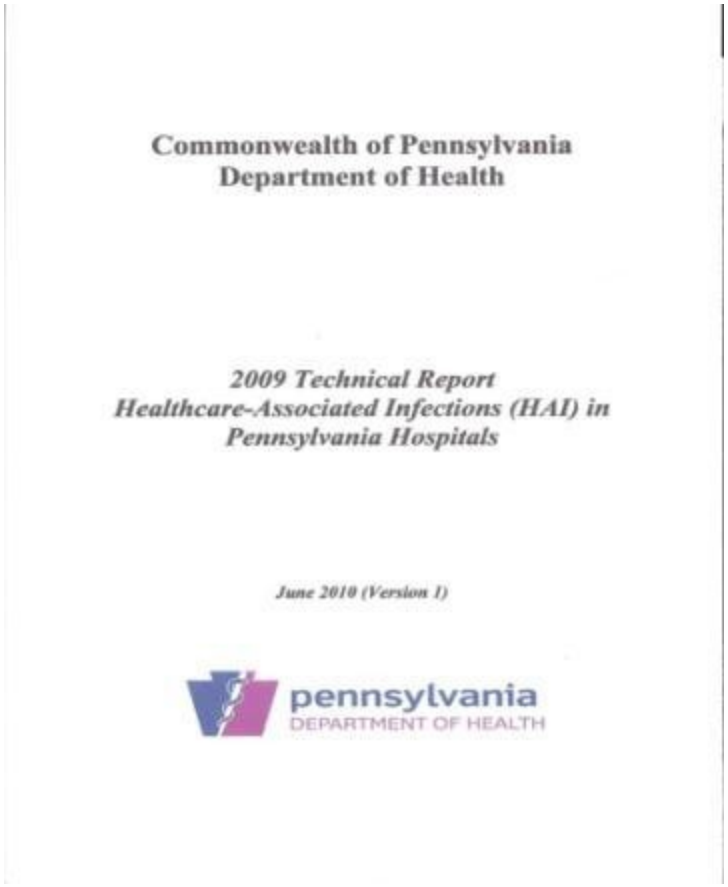
December 2009

June 2010



Commonwealth of Pennsylvania
Department of Health

2009 Technical Report
Healthcare-Associated Infections (HAI) in Pennsylvania Hospitals

June 2010 (Version 1)

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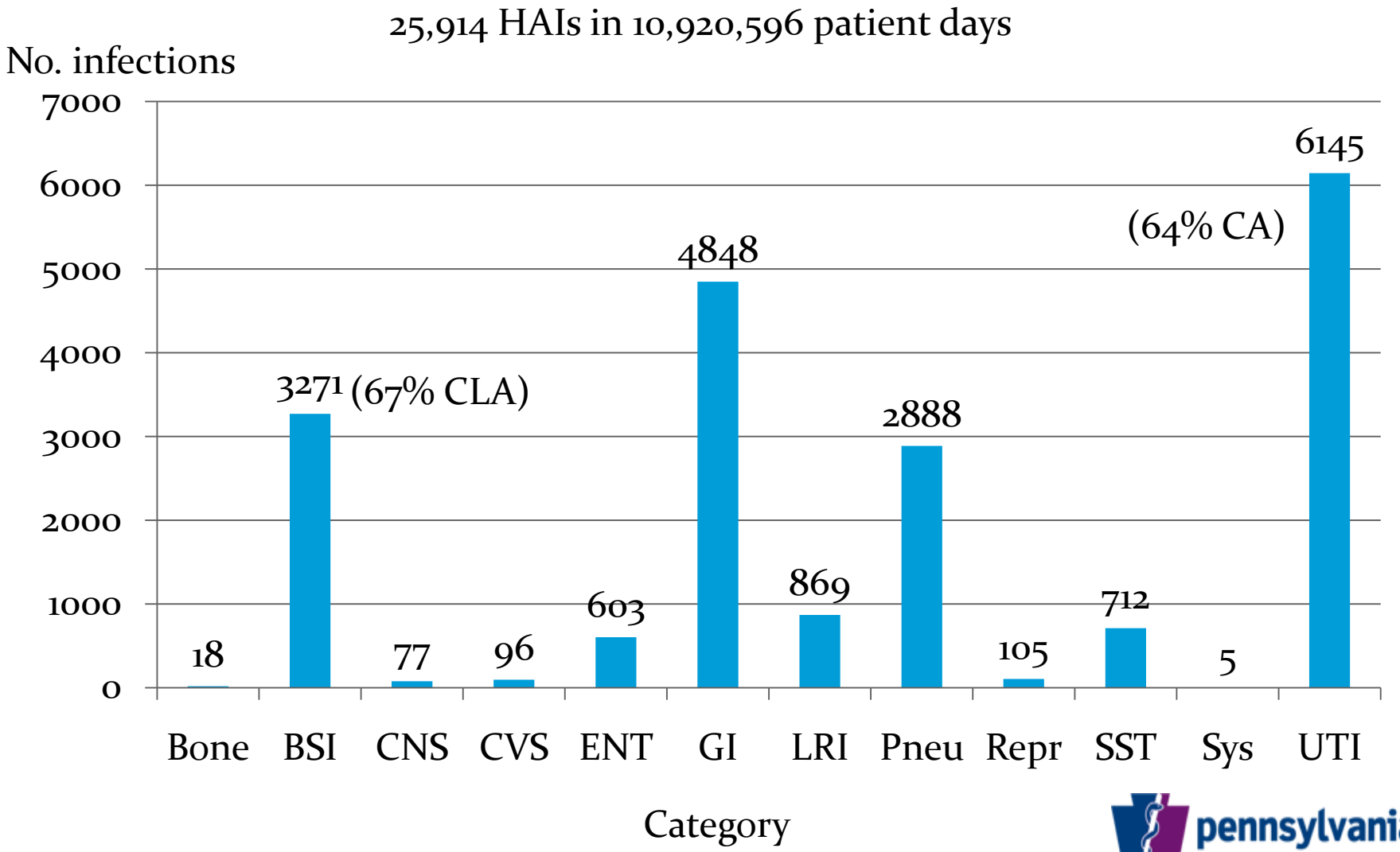
Pennsylvania reported HAIs 2009 by type



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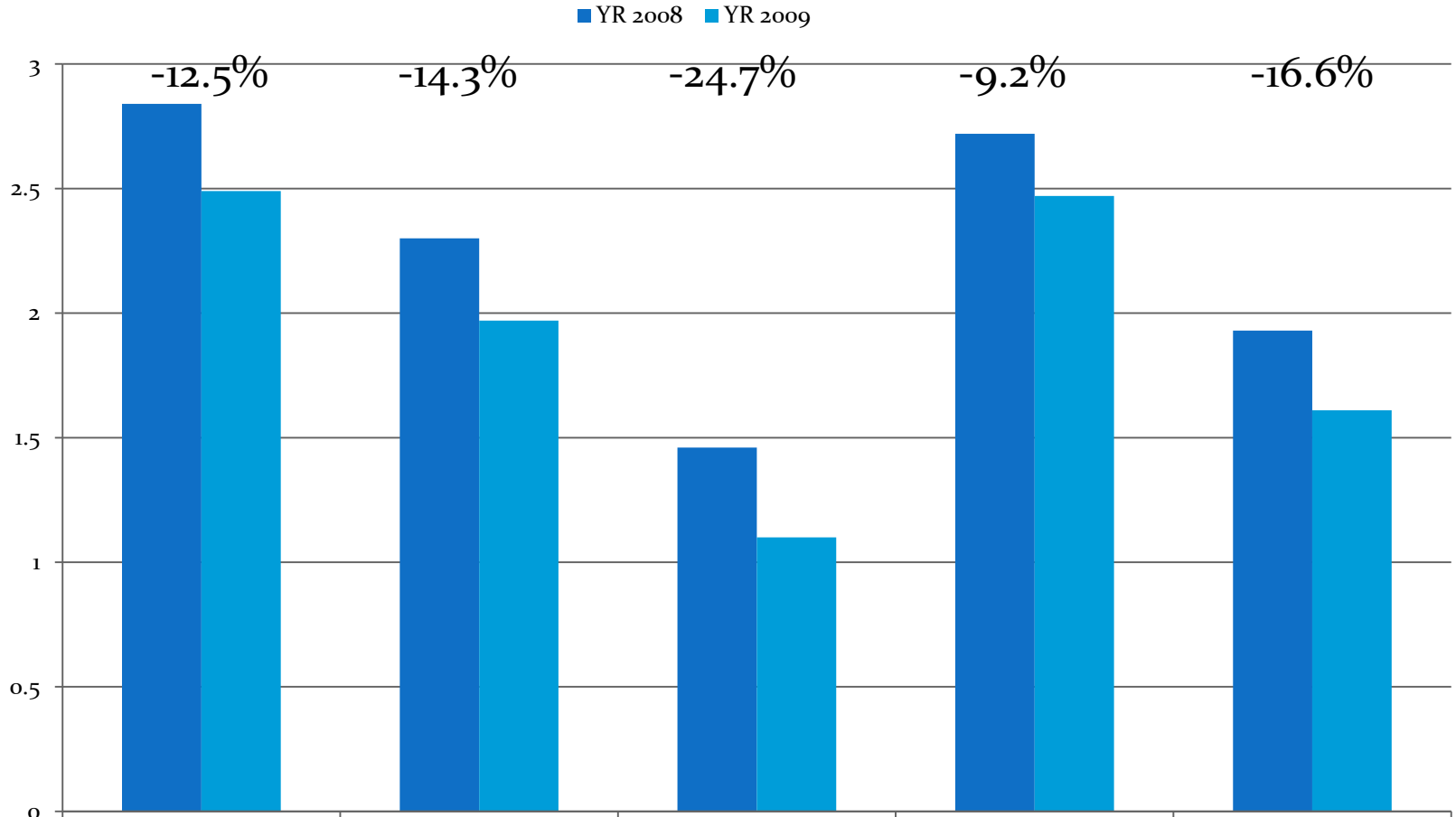
Pennsylvania HAI Rates 2008-2009
(Overall per 1k Pt Days, Others per 1k Cath Days)



	Overall	CAUTI	CLABSI	NICU	SCA
YR 2008	2.84	2.3	1.46	2.72	1.93
YR 2009	2.49	1.97	1.1	2.47	1.61

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Standardized Infection Ratios (SIRs) PA Facilities – 2008-2009

- Adjusted SIRs produced for CAUTI, CLABSI, and SSIs

Condition (no. Hosp)	Significantly Lower	Significantly Higher
CAUTI		
2008 (n = 231)	31 (13%)	28 (12%)
2009 (n = 227)	44 (19%)	32 (14%)
CLABSI		
2008 (n = 223)	14 (6%)	16 (7%)
2009 (n = 219)	23 (10%)	19 (9%)
SSI (44,007 procedures)		
2008 (n = 165)	3 (2%)	8 (5%)

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Surgical Site Infections (2008)

Proc	No. Facilities	No. Procedures	No. Infections	Rate per 1000	Median No. Infections
Card	62	3,206	33	10.3	0
CBGB	61	5,398	130	24.1	2
CBGC	49	790	16	20.3	0
Hip	153	10,196	139	13.6	0
Knee	151	17,688	163	9.2	0
Abd Hyst	146	7,229	123	17.0	0

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Long term care facilities, PA

- NHSN not considered feasible
- Stand-alone module – Patient Safety Reporting System
- Modified McGeer criteria definitions
- 9 reporting categories

  Urinary tracts (catheter/non-catheter)
  Respiratory (Lower respiratory infection, ILI)
  Skin & soft tissue infections (5 subtypes)
  Gastrointestinal
  Bloodstream
  Intra-abdominal
  Meningitis
  Hepatitis
  Osteomyelitis

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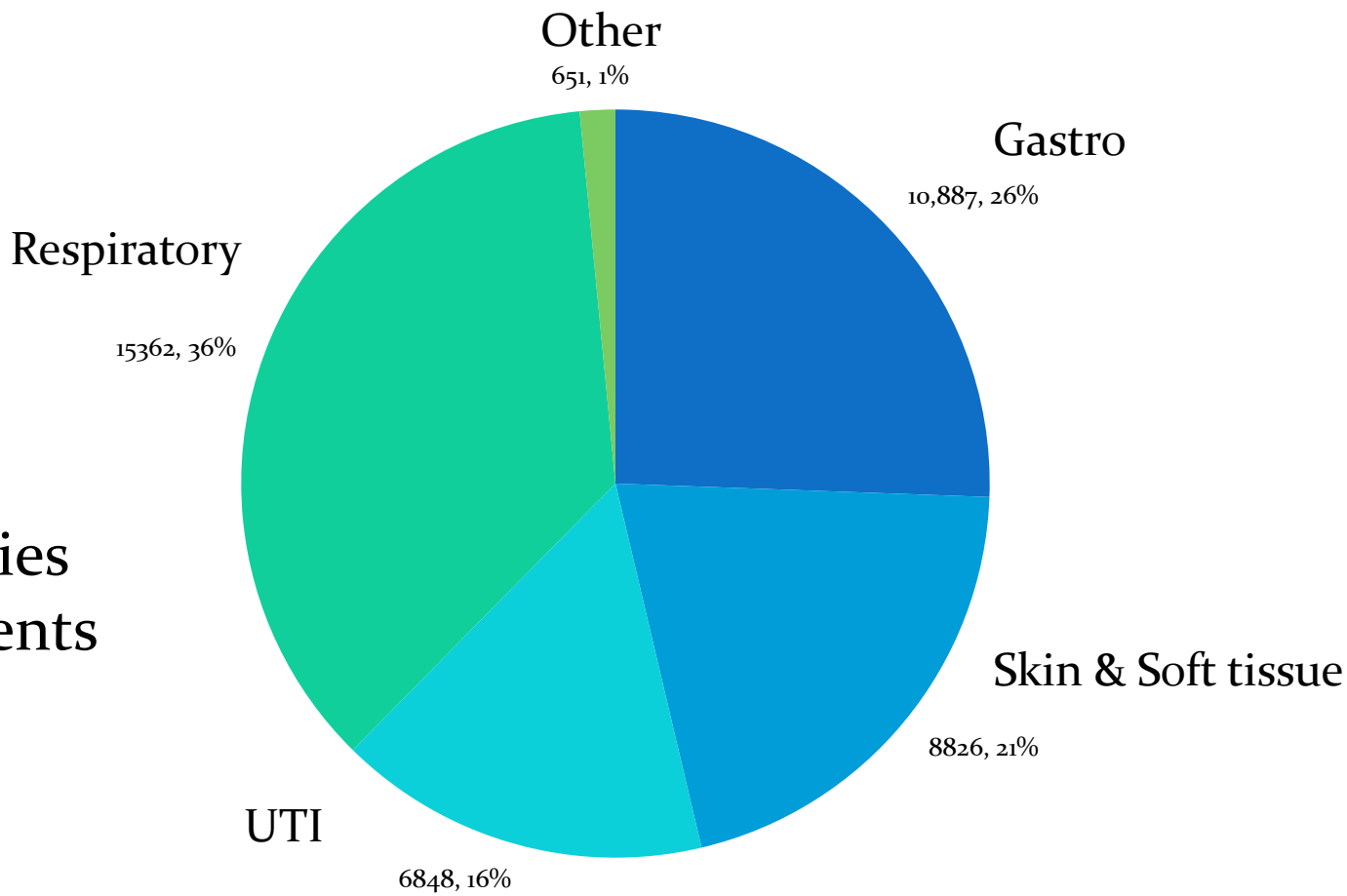
Long term Care Facilities, PA Jun 09-Aug 10



710 facilities
42,574 events

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American Recovery and Reinvestment Act (ARRA)

- In 2009, PA received just over $1 million for HAI
- *Major Components:*
  - State HAI plan to address HHS goals
    - Submitted Dec 09
  - Implement NHSN MDRO module
  - Validation studies of HAI data collected under Act 52
  - Prevention collaboratives

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American Recovery and Reinvestment Act (ARRA)

- Resources to implement NHSN MDRO module
  - Mini-grants to 74 hospitals
  - Must begin use by Dec 1, 2010
  - All hospitals begin use on Jan 1, 2011

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American Recovery and Reinvestment Act (ARRA)

- Validation studies of HAI data
  - Partnered with APIC
  - On-site audits of 2009 CAUTI and CLABSI data
  - 24 hospitals audited in Sept 2010
    - Random selection of hospitals with reported infections significantly above or below predicted
    - Half CAUTI/half CLABSI
  - Final report available end of November
  - Based on findings, expand audits to other facilities
  - Develop methodoloy & incorporate SSI audits in 2011

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American Recovery and Reinvestment Act (ARRA)

- Prevention collaboratives
  - Funding for two collaboratives
  - Existing *C. difficile* collaborative in SE PA
    - As of Sept 15, 35 facilities enrolled
  - New collaborative in SW PA
    - Surgical site infections
      - Focus on orthopedic procedures

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THE HEALTH CARE IMPROVEMENT FOUNDATION
Building Partnerships For Better Health Care

Partnership for Patient Care

Save the Date!

Regional CDI Workshop for Collaborative Participants
Thursday, November 18, 2010
8:00 a.m. – 12:00 p.m.
College of Physicians of Philadelphia

HCIF and APIC are conducting this FREE workshop, made possible by ARRA funding through the *Pennsylvania Department of Health* and by the *Partnership for Patient Care*.
This half-day event is directed at organizational teams participating in the regional CDI collaborative.

- Learn about the successes achieved through a state-wide CDI collaborative in Ohio from keynote speaker and collaborative leader, Dr. Julie Mangino;
- Hear about our regional collaborative's early progress and strategies adopted by participants;
- Develop innovative solutions to common challenges through small group discussions.

Be sure to mark your calendars now, so you don't miss this workshop!
Registration materials will be sent out in October.

For more information on joining the SSI Collaborative, please contact Mary Jo Bellush, [illegible], CIC TRAPIC Chapter President at 724-547-1417 or [illegible]

APIC

APIC THREE RIVERS PITTSBURGH

Invitation to Join New SSI Collaborative in Southwest Pennsylvania

As part of the activities supported by the ARRA, the Pennsylvania Department of Health has provided a grant to fund two new state HAI prevention collaboratives. The collaborative in southeast Pennsylvania extends the work started in 2008 by the Healthcare Improvement Foundation to address *C. difficile* prevention. In the southwest region, the collaborative will build on the success of previous projects led by TRAPIC and will focus on SSI prevention. Both collaboratives are funded through December 2011.

APIC Headquarters, the grant recipient, will provide a wide variety of support services to both groups. Members of the SSI Collaborative will receive a free one-year APIC membership, a free one-year subscription to the APIC Text Online, as well as complimentary copies of the *Mediashorts Elimination Guide* and the APIC Program Evaluation tool. One each of these resources will be available to each facility participating in the collaborative.

Key points about the new SSI Collaborative include:

- Participation is open to all interested surgical facilities in the following southwest Pennsylvania counties: Beaver, Butler, Allegheny, Armstrong, Indiana, Cambria, Westmoreland, Somerset, Fayette, Greene, and Washington.
- Regional coordination of the SSI Collaborative will be done by TRAPIC.
- There will be a data collection and submission requirement. The exact measures, methodology, and analytic procedures will be determined by the collaborative, under the direction of Carlene Muto, MD.
- Participants will have access to a variety of live and online educational and support activities throughout 2010 - 2011.
- Regional networking and sharing of tools, strategies, and solutions will be encouraged via a new e-community for collaborative members.
- The progress of the collaborative will be showcased in a conference planned for late 2011 that will be open to all interested individuals.

Special Investigations

- Comparative assessment of Qualified Electronic Surveillance Systems (QES)
- MRSA screening practices and challenges in hospitals
- Trends in CLABSI vs secondary BSIs with DHQP

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HAI Reports

- Benchmarking
  - Challenge of small facilities
  - Challenge of specialized hospitals
- Risk adjustment
- Data validation
  - Modify reports based on findings?
- What to do about other HAI categories?
- Mortality
- How to assess and report nursing home data

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“There is no finish line.”

Nike Corporate Slogan

Acknowledgements

PA HAI Advisory Board

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Kevin Nelson
Ann Loveless
Kim Buffington
Phenelle Siegal
Lan Lan Yeh
Aimee Palumbo (CSTE Fellow)
Stacy Mitchell
Ben Huff
PA Patient Safety Authority

PA Healthcare Cost Containment Council
Health and Hospital Association of Pennsylvania
Governor's Office of Healthcare Reform
Governor Ed Rendell
IPs in 250 PA Hospitals & 722 Long Term Care Facilities
Division of Healthcare Quality Promotion, CDC