



HAI Program Updates



HAI Advisory Committee
May 14, 2015
Oakland

Lynn Janssen, Chief
Healthcare Associated Infections Program
Center for Healthcare Quality
California Department of Public Health



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California Department of Public Health Center for Health Care Quality Healthcare Associated Infections Section



Targeted Projects Team

CDI-AU Coordinator
Erin Garcia
CDC-funded

Infection Prev/
ASP Project
Mary Nennig (PT)
CDC-funded

Injection Safety
Coordinator
Faridah Saifi
CDC-funded

HAI Fellow
Sam Horwich-Scholefield
CDC/CSTE-funded

Inf Prev/ Dialysis BSI
Sheila Segura
CDC-funded

Cal-EIS Fellow
Kyle Rizzo

Admin Team

Project/Data Manager
Sahskkia Sabalos
CDC position

OT (T)
Martin Mehlanjah
580-805-1139-001

Center for Health Care Quality
Deputy Director
Jean Iacino (Acting)
580-800-1331-001

Branch Chief
Healthcare Associated Infections
Program
Lynn Janssen

Public Health Medical
Officer III
Erin Epton, Assistant Chief
580-805-7705-002

Public Health Medical
Officer III
Jon Rosenberg, RA
580-805-7705-901

Nurse Consultant III
Public Health Medical
Officer III
Janice Kim

Outbreaks Team

Communications Team

NC III (Specialist)
Sue Chen
580-805-8181-001

Health Prog. Spec. I
Jorge Palacios
580-805-8338-001

Associate Health
Program Adviser
Lanette Corona
580-805-8337-701

Liaison Infection Preventionist Program

Vicki Keller,
Liaison Program Lead
CDC-funded

Liaison IP
Teresa Nelson,
Team Lead
UC position

Liaison IP
Elizabeth Clark
UC position

Liaison IP
Idamae Kennedy
UC position

Liaison IP
Tracy Lanier
UC position

Liaison IP
Terry Nelson
UC position

Liaison IP
Lori Schaumleffel
UC position

Epidemiology Unit

Senior Programmer
Lynn Palmer, RA
(ITSD position)

Epidemiology Unit
Research Scientist Supervisor I
(Epidemiology)
N. Neely Kazerouni
580-805-5643-001

Program Technician II
Carmelita Yee
580-805-9928-001

Research Scientist III-
(Epidemiology)
Safie Yaghoubi
580-805-5594-002

Research Scientist III-
(Epidemiology)
John Braggio
580-805-5594-001

Research Scientist II-
(Epidemiology)
Holly Jessop

Research Scientist II-
(Epidemiology)
Melissa Kealey
580-805-5582-002

Research Program
Specialist-II
Research Scientist II
Carla Cueva

Research Program
Specialist I
Dirk Winston
580-805-5742-002

Select Activities

- Antimicrobial Resistance Portfolio (*E Epson on agenda later*)
- Data for Action
 - On-site prevention assessments with feedback
 - Action plans
- Hemodialysis BSI Prevention Project
 - Sheila Segura, Dialysis Liaison IP
 - Kick-off meetings held with ESRD Networks 17 & 18
- Injection Safety Campaign
- Validation
- New CDC Funding

Injection Safety

- “California One & Only Campaign” web-page launched
- Requesting HAI Advisory Committee form a Safe Injection Practices Subcommittee to:
 - provide recommendations to CDPH on implementing a statewide injection safety campaign and activities
 - identify, evaluate, and determine how best to target settings at increased risk for unsafe injection practices
- Key organizations for subcommittee membership might include California medical and nursing boards, insurance providers, liability carriers, and health care provider professional associations, such as the California Ambulatory Surgery Association

HAI Validation

- 3 year validation plan approved/endorsed by the CDPH HAI Advisory Committee
 - Year 1, 2013, was to ensure hospitals were doing core surveillance practices – each hospital was asked to attest to 6 surveillance/review best practices
 - Year 2, 2014, was to help hospitals assess and improve case-finding
 - Year 3, 2015, will be a process to help hospitals evaluate and improve their SSI surveillance

HAI Validation - 2014

- Validation included two separate processes
 - (1) Larger hospitals received a visit from their assigned HAI Program Liaison IP who independently validated hospitals' HAI data
 - (2) Smaller Volume Hospitals (SVHs) were led through an internal review of their HAI data using a toolkit developed by HAI Program staff

HAI Validation - 2014

- All California hospitals were invited to participate in validation
- Validation participation
 - Among larger hospitals
 - **92%** (234 / 254) were validated by HAI Program IPs
 - Among SVHs:
 - **81%** (111 / 137) completed the interval review process

HAI Validation Findings - 2014

- Smaller Volume Hospitals (N=111)

HAI Type	No. HAIs Missed	No. HAIs Previously Reported	Aggregate Sensitivity %
CLABSI	5	67	93%
MRSA / VRE BSI	18	166	90%
CDI	51	578	92%
COLO SSI	9	39	81%
HYST SSI	1	28	97%
HPRO SSI	3	26	90%

HAI Validation Findings - 2014

- SVH Validation Evaluation
 - All SVHs that submitted validation results online were asked to complete an anonymous, 6 question survey evaluating the process
 - 90 hospitals participated in this survey

Question	Answer (Scale 1 - 5)		Mean Score
After completing the validation process, how would you rate the effectiveness of your HAI surveillance methods?	1 (Poor)	5 (Excellent)	4.1
Overall, did you benefit from this process?	1 (Did not benefit)	5 (Greatly benefitted)	3.4

HAI Validation Findings - 2014

- Larger Hospitals (N=234)

HAI Type	No. HAIs Reported to NHSN	No. HAIs Identified at Validation	Aggregate Sensitivity %	Hospitals with $\geq 85\%$ Sensitivity
Colon SSI	204	295	69%	178/234 (76%)
CLABSI	299	416	72%	164/234 (70%)
MRSA / VRE BSI	1271	1436	89%	182/234 (78%)
CDI	3480	3765	92%	192/234 (82%)

HAI Validation Findings - 2014

- Onsite Validation Evaluation
 - All larger hospitals that participated in onsite validation were asked to complete an anonymous survey evaluating the process
 - 104 hospitals participated in this survey

Question	Answer (Scale 1 - 5)		Mean Score (95% CI)
After completing the validation process, how would you rate the effectiveness of your HAI surveillance methods prior to the validation?	1 (Poor)	5 (Excellent)	4.2
Overall, my hospital...	1 (Did not benefit)	5 (Greatly benefitted)	3.7

HAI Validation Follow-up - 2014

- Validation Next Steps
 - The HAI Program identified 76 hospitals requiring additional follow-up from the 2014 validation process
 - Goal is to improve surveillance and reporting performance for the long-term
 - Each hospital will receive a follow-up visit and other resources tailored to their specific needs
 - Additional site visits may be needed