



CDPH / HAI Program Updates



HAI Advisory Committee
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Sacramento

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Objectives

Provide follow-up to recent Committee recommendations

- Options for enforcement
- Public HAI information and social media campaign
- “My Hospital’s Infections” map and HAI website
- Injection safety campaign

Committee Q/A & discussion after each set of CDPH responses

Present an infection prevention practices gap analysis based on 2015 HAI Program consultations

Committee Q/A & discussion after presentation of findings

Public comments prior to moving on to the next agenda item



HAI Advisory Committee Recommendations to CDPH

- Recommend that CDPH consider all available enforcement options for hospitals with high HAI incidence *(Feb 2016)*



Committee Q/A & discussion

HAI Advisory Committee Recommendations to CDPH

- Optimize the expertise of the Public Reporting and Education Subcommittee by actively seeking input and recommendations to enhance education and HAI information provided to consumers *(May 2016)*
- Provide HAI information in languages that reflect the populations across the state *(May 2016)*

HAI Advisory Committee Recommendations to CDPH

- Develop a public awareness campaign to inform the public about the current CDPH social media presence (Facebook and Twitter) *(May 2016)*
- Incorporate posts and tweets on social media platforms using the educational information that already exists on the CDPH HAI Program website to raise public awareness of the available resources for HAI and HAI-prevention in California *(May 2016)*



Committee Q/A & discussion

HAI Advisory Committee Recommendations to CDPH

- Provide an update on adding comparative data capabilities to the HAI map as previously requested *(May 2016)*
- Review 8 map/website suggestions and provide a report at the next meeting identifying those items that can be corrected (and those that can't be corrected), with a timeline *(May 2016)*

HAI Advisory Committee Recommendations to CDPH

1. *"The map was redesigned to show the entire country and not just California. While it looks appealing and replaces the former 'white space' it makes it harder to navigate. Before you can even begin looking, you have to make it bigger and you have to know that you can hold your mouse and cursor down to move the map and find the location you want."*
2. *"No matter how closely you zoom in, the circles for the hospitals do not get any bigger. In fact, they look smaller and harder to see."*

HAI Advisory Committee Recommendations to CDPH

- 3. “The new design with an actual topographic map is more distracting than the muted gray background of the old map, which focused the viewer on the infection rate symbols.”*
- 4. “The new map no longer has the language the committee collaborated on and voted should be on the map page to help the public better understand the information they were seeing on the map.”*

HAI Advisory Committee Recommendations to CDPH

5. *"On the new map, the pop-up box for each hospital is so tiny you have to increase your actual computer screen view to read it. Hitting the 'full screen' enlarge on the box only increases the white space and not the information box, text, or font."*
6. *In our last meeting we were told the public would be able to see the infection rate results for each hospital over the period of time the department has been collecting the data. This would allow a consumer to see for themselves whether a hospital has improved or declined in a particular area of prevention. That is currently not on the site."*

HAI Advisory Committee Recommendations to CDPH

7. *"The legend tells you Lower, Same, or Higher, but no where on the page is a link to or information about what the average California or US rates are. What is the number, percentage, or baseline that these hospitals are being compared to? There are consumers who would like to know the starting point of the comparison."*

8. *"Before when you typed in a hospital's name, their results came up in a box and the rate symbol of the same category for each hospital near them came up as well. Now when you type in a name only that hospital comes up. You cannot do a visual comparison of your neighborhood or region."*



HAI Advisory Committee Recommendations to CDPH

- Implement a statewide injection safety campaign - 30 recommendations *(May 2016)*



Committee Q/A & discussion



Infection Prevention Practices Gap Analysis



Healthcare Associated Infections Program
Center for Healthcare Quality
California Department of Public Health

Overview

- HAI Program liaison infection preventionists perform onsite assessments and consultations to assist hospitals and other healthcare facilities evaluate and improve their infection control practices
 - We are a non-regulatory program and all visits are voluntary (i.e., these are consultations, not surveys)
 - We provide quantitative and qualitative end-of-visit feedback to hospital staff and leadership prior to leaving
 - We provide follow-up assistance with implementing improvement plans and overcoming barriers

Overview - continued

- Purpose of these presentations to the HAI Advisory Committee is to
 - Share overview of practices and gaps with the Committee
 - Enable a mutual understanding of current practices as observed by HAI Program staff
 - Discuss findings, educational needs, and future assessment visit recommendations

CDI Prevention Assessment Findings

- Results of 66 onsite assessments targeting CDI prevention conducted in 2015
- Focused on core prevention practices, including
 - Identifying CDI patients
 - Adherence monitoring for appropriateness of
 - ✓ Contact precautions
 - ✓ Hand hygiene
 - ✓ Communication when transferring patients
 - Antimicrobial stewardship
 - Environmental cleaning

Identifying CDI Patients

Staff updated on appropriate CDC testing practices	79%
C. difficile test ordered within 24 hours of diarrhea	80%
Lab rejects formed stool sent for CDI testing	89%
Lab reports CDI test result within 24 hours of stool collection	98%
Lab rejects duplicate stools (e.g. within 7 days) sent for CDI testing	64%

Contact Precautions

Patients with CDI placed in private room or cohorted with another CDI patient	98%
Hospital conducts routine adherence monitoring of contact precautions	72%
Hospital limits movement of patients on contact precautions	98%
CDI patients' families and visitors are educated on use of gloves/gowns for contact precautions	89%



Results from 66 hospitals

Contact Precautions Observations

	# Observations	Adherence
Gloves and gowns are available and located near point of use	205	100%
Sign indicating patient on contact precautions is clear and visible	206	98%
Patient on contact precautions in single room or cohorted	207	100%
Hand hygiene performed before entering	173	51%
Gloves and gowns donned before entering	201	88%
Gloves and gowns removed and discarded and hand hygiene performed before leaving	167	80%
Dedicated or disposable non-critical patient care equipment used -OR- equipment cleaned and disinfected prior to use on another patient	166	96%

Hand Hygiene

Hospital conducts routine adherence monitoring of hand hygiene	94%
CDI patients educated on proper hand hygiene	83%
CDI patients' families and visitors are educated on proper hand hygiene	88%



Results from 66 hospitals

Hand Hygiene Observations

Visible and easy access to hand washing sinks or hand sanitizer	80%
Sufficient supply of soap at handwashing stations	94%
Sufficient supply of paper towels at handwashing stations	94%
Sufficient supply of alcohol-based hand sanitizer (e.g. no empty containers)	86%

# Observed hand hygiene opportunities	# Successful	Mean adherence	Adherence percentile distribution				
			10th	25th	50th	75th	90th
846	550	65%	42%	54%	67%	78%	83%



Results from 66 hospitals

Transfer Communications

Suspected or confirmed CDI status communicated to receiving locations <u>within</u> your hospital	89%
Suspected or confirmed CDI status communicated upon transfer to <u>other facilities</u>	92%
Inter-facility form used when transferring patients to other facilities that includes disease status and isolation precautions	79%



Results from 66 hospitals

Antimicrobial Stewardship

Indication for the antibiotic included on antimicrobial orders	56%
Antibiotic appropriateness reviewed 48 hours from the initial antibiotic order (e.g. antibiotic time out)	45%
Prospective (e.g. real time) audits of antimicrobial prescriptions performed with interventions and feedback to prescribers	73%
Antibiotic consumption monitored at the unit or hospital level	85%
Current antibiotics for patients with a new or recent CDI diagnosis are reviewed	58%
ASP performed assessment to identify specific antibiotics most associated with CDI at the hospital	64%
ASP implemented stewardship interventions specifically targeting antibiotics identified as most associated with CDI at the hospital	56%
ASP tracks CDI incidence as an outcome related to ASP interventions	33%

Environmental Cleaning – General Practices

Environmental services contracted to an agency outside of hospital	59%
Clear delineation of responsibility for cleaning high-touch surfaces among healthcare personnel and EVS	83%
Checklist followed for daily cleaning of high-touch surfaces	76%
Designated responsibility among EVS, nursing, and central processing staff for cleaning all patient care surfaces and equipment	74%
Environmental cleanliness evaluated using a monitoring technology (e.g. ATP bioluminescence or UV light)	82%
Appropriate laundry techniques and frequency for mop heads and cleaning cloths	97%
Types of cleaning cloths used by EVS	
• Microfiber	79%
• Cotton	15%
• Handiwipe	6%

Environmental Cleaning – Specific to CDI

Hospital has policies or procedures for cleaning CDI patient rooms	79%
EPA-registered disinfectant with a sporicidal claim used for <ul style="list-style-type: none"> • <u>daily</u> cleaning and disinfection of CDI patient rooms • <u>post-discharge</u> cleaning and disinfection of CDI patient rooms 	74% 91%
Hospital conducts routine adherence monitoring of <ul style="list-style-type: none"> • <u>daily</u> environmental cleaning/disinfection of CDI patient rooms • <u>post-discharge</u> environmental cleaning/disinfection of CDI patient rooms • cleaning/disinfection of shared medical equipment 	74% 79% 29%

EVS Staff Interviews

Sufficient time given to clean a patient room	74%
Reminder system or checklist followed by EVS when cleaning a room	29%
Disinfectant solution used by EVS for cleaning CDI patient room	
<ul style="list-style-type: none"> • Not recorded for 20 hospitals • Among 46 hospitals <ul style="list-style-type: none"> • Bleach • Oxicide • Steriplex • Virasept 	80% 16% 2% 2%

Environmental Cleaning Observations

	# Observations	Adherence
Detergent/disinfectant solution mixed according to manufacturer's instructions	110	94%
Solution in wet contact time with surfaces according to manufacturer's instructions	148	61%
New clean, saturated cloth used in each room; cloth changed when visibly soiled and after cleaning bathroom	150	96%
EVS staff use PPE (gown and gloves) on entry into room of patient on contact precautions	102	93%
Frequently touched objects and environmental surfaces in patient care areas are cleaned and disinfected when visibly contaminated or at least daily	146	59%

Hemodialysis BSI Prevention Assessment Findings

- Results of 46 onsite assessments at outpatient hemodialysis clinics targeting BSI prevention conducted in 2015
- Focused on core prevention practices

Hemodialysis Facility Practices

74%

100%

100%

96%

100%

98%

90%

100%

41%

CDC Approach to BSI Prevention in Dialysis Facilities

(i.e., the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention)

1. Surveillance and feedback using NHSN

Conduct monthly surveillance for BSIs and other dialysis events using CDC's National Healthcare Safety Network (NHSN). Calculate facility rates and compare to rates in other NHSN facilities. Actively share results with front-line clinical staff.

2. Hand hygiene observations

Perform observations of hand hygiene opportunities monthly and share results with clinical staff.

3. Catheter/vascular access care observations

Perform observations of vascular access care and catheter accessing quarterly. Assess staff adherence to aseptic technique when connecting and disconnecting catheters and during dressing changes. Share results with clinical staff.

4. Staff education and competency

Train staff on infection control topics, including access care and aseptic technique. Perform competency evaluation for skills such as catheter care and accessing every 6-12 months and upon hire.

5. Patient education/engagement

Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for access management when away from the dialysis unit.

6. Catheter reduction

Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

7. Chlorhexidine for skin antiseptics

Use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent for central line insertion and during dressing changes.*

8. Catheter hub disinfection

Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.**

9. Antimicrobial ointment

Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.***

* Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.

** If closed needleless connector device is used, disinfect device per manufacturer's instructions.

*** See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis Safety website (<http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites>). Use of chlorhexidine-impregnated sponge dressing might be an alternative.



Results from 46 dialysis clinics



For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit <http://www.cdc.gov/dialysis>



Hemodialysis Care Observations

Appropriateness of	# Observations	Adherence
Hand hygiene	1011	81%
Catheter exit site care	815	86%
Catheter connection / disconnection	1349	89%
Fistula or graft cannulation / decannulation	2840	93%
Injectable medication preparation and administration	3100	90%
Dialysis station cleaning and disinfection	1827	89%



Results from 46 dialysis clinics

Future Presentations / Discussions

- November 2016
 - CLABSI and MRSA BSI prevention assessments in hospitals
 - Ebola hospital readiness
- February 2017
 - SSI prevention assessments in hospitals
 - LTAC hospital prevention assessments
- May 2017
 - Skilled nursing facility prevention assessments
 - Ambulatory surgery center prevention assessments
- August and November 2017 - TBD

Requests of the Committee

- Provide guidance to help prioritize injection safety outreach recommendations based on available resources (1 FTE)
- Approve schedule for presenting and discussing gap analyses

Public comments on agenda item 1
CDPH / HAI Program Updates