



HAI Program Updates



HAI Advisory Committee
February 11, 2016
Sacramento

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California Department of Public Health

Select Activities

- 2014 HAI Reports (*published Feb 10, 2016, on agenda later*)
- Efforts to Improve HAI Reports
 - Soliciting feedback via focus groups
 - Timeliness
 - Data Quality / Validation
- HAI Prevention Activities
 - Planned Infection Prevention Onsite Assessments
 - Regional CDI and CRE Prevention Collaboratives
- HAI Program Webpage Enhancements
- Proposed Template for Capturing HAI Activities of Liaison Members

HAI Reports – Feedback from Hospital Users

- 8 focus groups across state in March 2016
- 8-12 participants; limit to one per hospital
- Objectives: To evaluate hospital use of reports and solicit feedback on proposed changes
- Present focus group findings and proposed changes to HAI reports (for 2015 and beyond) to the HAI AC at the May 2016 meeting

Proposed Timeline for 2015 HAI Reports

- Holding hospitals accountable to reporting requirements clarified in AFL 12-15:
 - *"Pursuant to the statute, CDPH will only require each general acute care hospitals to report their ... patient safety data on a quarterly basis (not monthly). Quarterly reports will be due 30 days after the end of the quarter."*
- Deadlines for hospitals to enter 2015 HAI data
 - February 15, 2016 – CDI, CLABSI, MRSA BSI, VRE BSI
 - April 15, 2016 – SSI
 - May 1, 2016 – HCP Flu Vaccination
- Reports to be completed and start through clearance in June 2016



Anticipated publication date: September/October 2016

HAI Data 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 and review best practices
 - Year 2, 2014, was to help hospitals assess and improve case-finding
 - Year 3, 2015, was to help hospitals evaluate and improve their SSI surveillance, including
 - SSI case-finding using administrative codes and
 - Evaluating denominator data elements important for accurate SSI risk adjustment

2014 Validation Follow-up – Improving Case-finding

- 86 hospitals identified as requiring additional follow-up from the 2014 validation process
 - All 86 re-validated in 2015
 - 20 still need improvement – additional visits planned for 2016
 - Goal is to improve surveillance and reporting performance for the long-term

2015 Validation - PRELIMINARY RESULTS

- 94% participation – 351 hospitals
- Sensitivity (case-finding)

Surgery Type	No. hospitals	Sensitivity
Colon	171	84%
Abdominal hysterectomy	146	88%
C-section	117	82%
Hip prosthesis	144	87%

- Accuracy of Risk Factor Data

Surgery Type	Sensitivity
Duration of surgery	94%
Wound classification	87%
Body Mass Index (BMI)	79%
Diabetes	95%

2016 Validation – PROPOSED*

- Method to help hospitals assess and improve “Location Mapping” - all hospitals
 - Designation of ICU and ward types is critical for accurate CLABSI risk-adjustment
 - Hospital renovations and other changes affect unit-level patient populations; hospitals are not routinely re-mapping units in NHSN to reflect patient changes
 - CDPH has not systematically evaluated accuracy of location mapping since 2010
- Revalidate hospitals with low case-finding (3rd visit) – 20 hospitals
- Require participation by hospitals that did not participate in 2014 case-finding validation - 46 hospitals



***Seeking Committee endorsement**

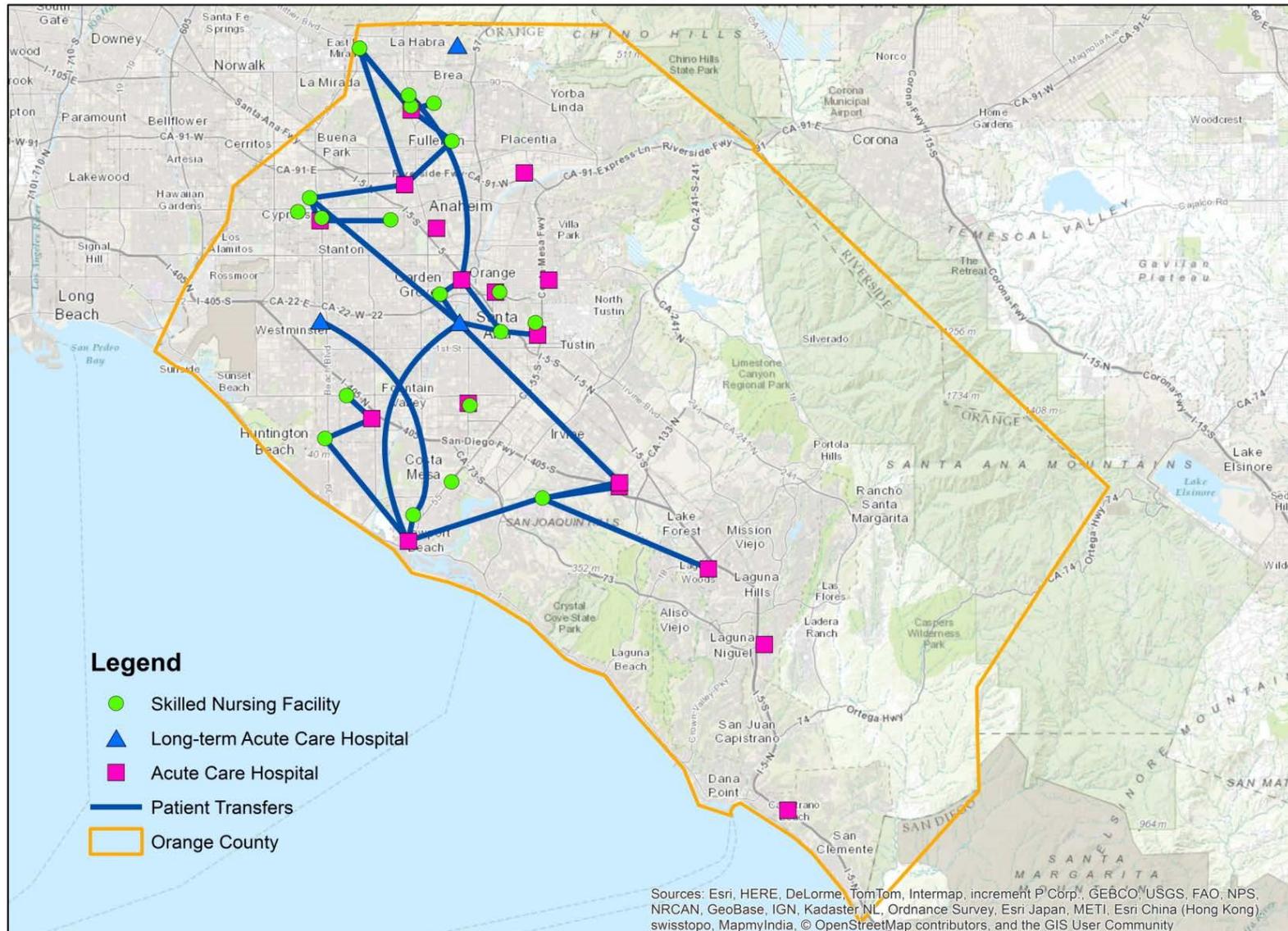
Liaison IP Onsite Prevention Assessments

Targeted Number of CDC-funded Infection Control Assessments
(Number of infection control assessments planned for each setting type)
Jan 2015-May 2018

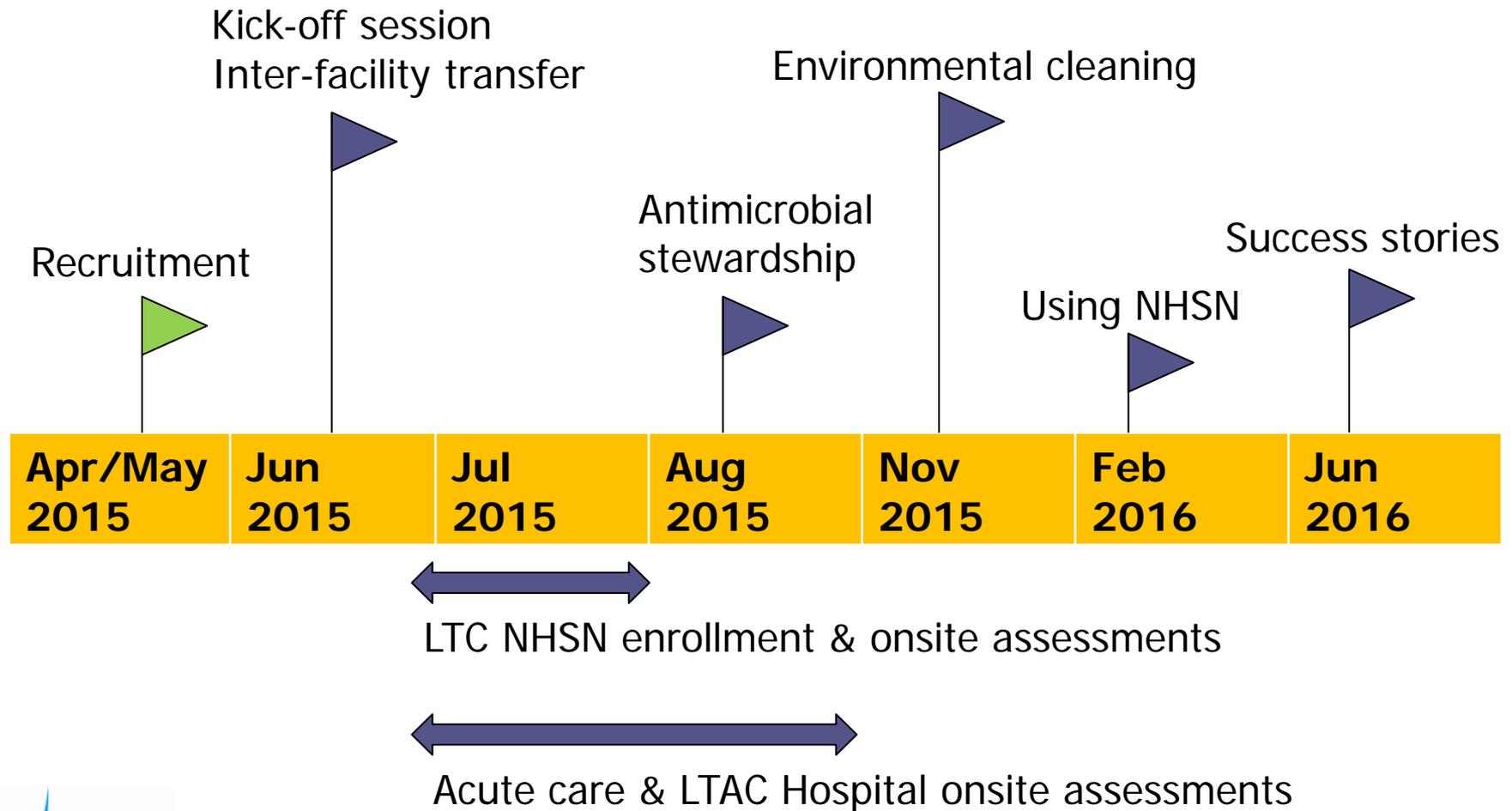
	Nursing Home	Hospital*	LTAC Hospital	Outpatient Clinic (non-ASC)	ASC	Dialysis Center
2015 (Jan-Dec)	0	90			0	34
2016 (Jan-June)	80	75			0	34
2016 (July-Dec)	60	45			30	34
2017 (Jan-June)	60	30			30	34
2017 (July-Dec)	60	45			30	34
2018 (Jan-May)	60	30			30	34
Total Planned	320	315	23	90	120	204
Total Completed (by 2.1.16)		84	8		0	46
Progress toward goal	0%	27%	35%	0%	0%	23%

* Will continue data for action strategy, targeting hospitals that have high HAI incidence as indicated in public report

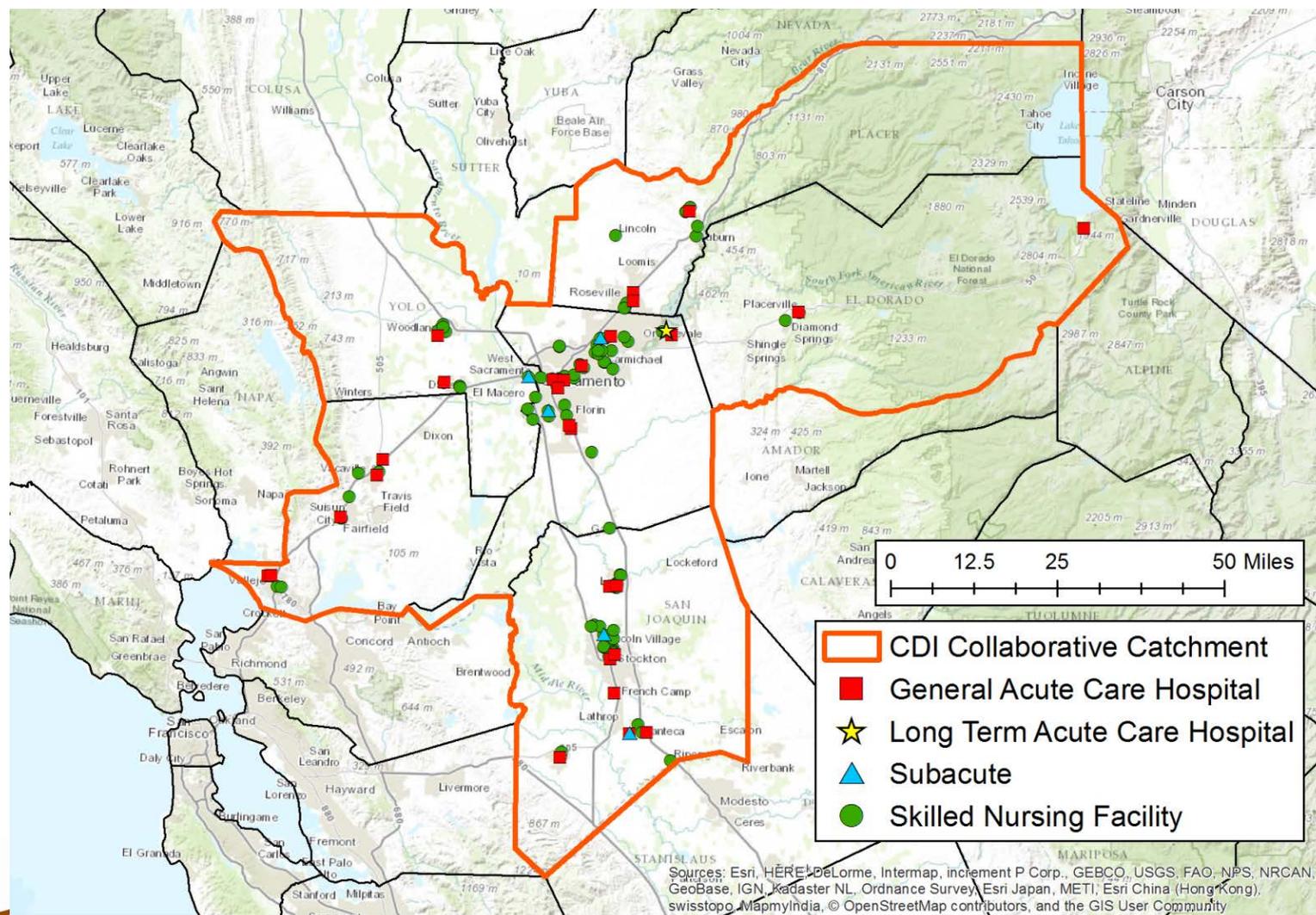
Orange County CDI Collaborative Participants



Orange County CDI Collaborative Timeline

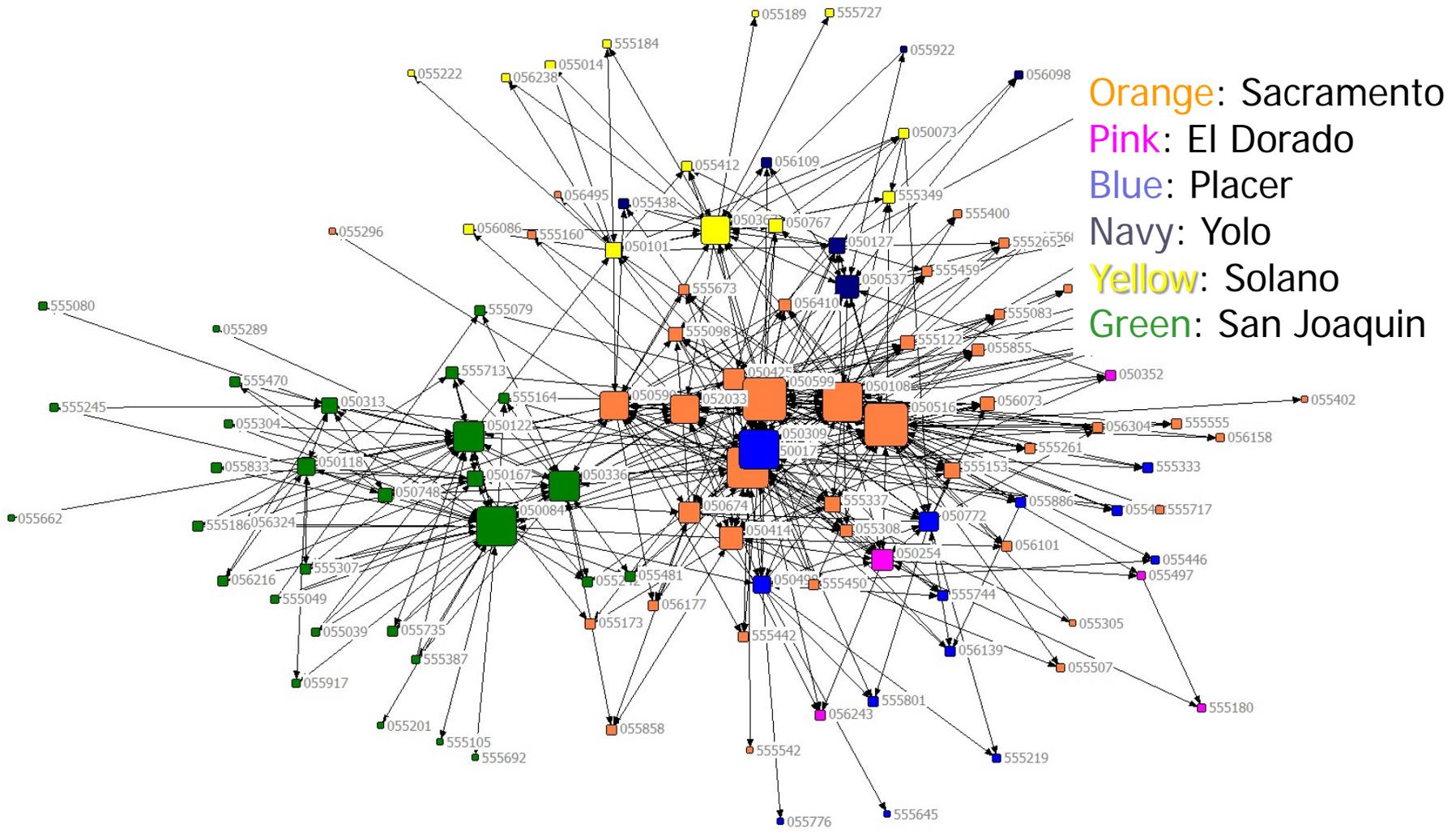


Sacramento Metro CDI Prevention Collaborative



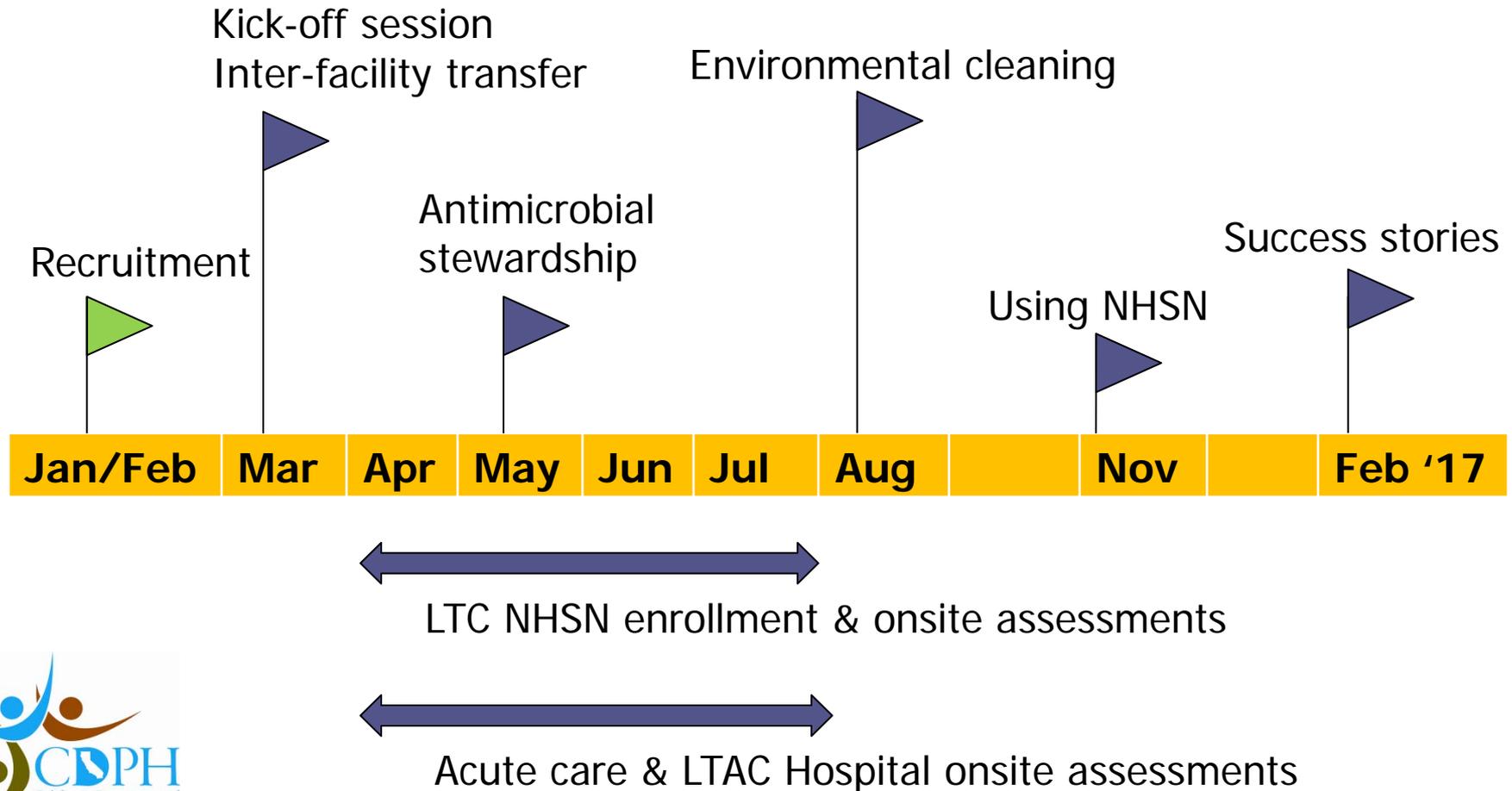
Participating Counties: El Dorado, Placer, Sacramento, San Joaquin, Solano, Yolo

Recruitment Strategy: Inter-facility Connections



*Node size scaled by number of facilities from which a facility receives patients

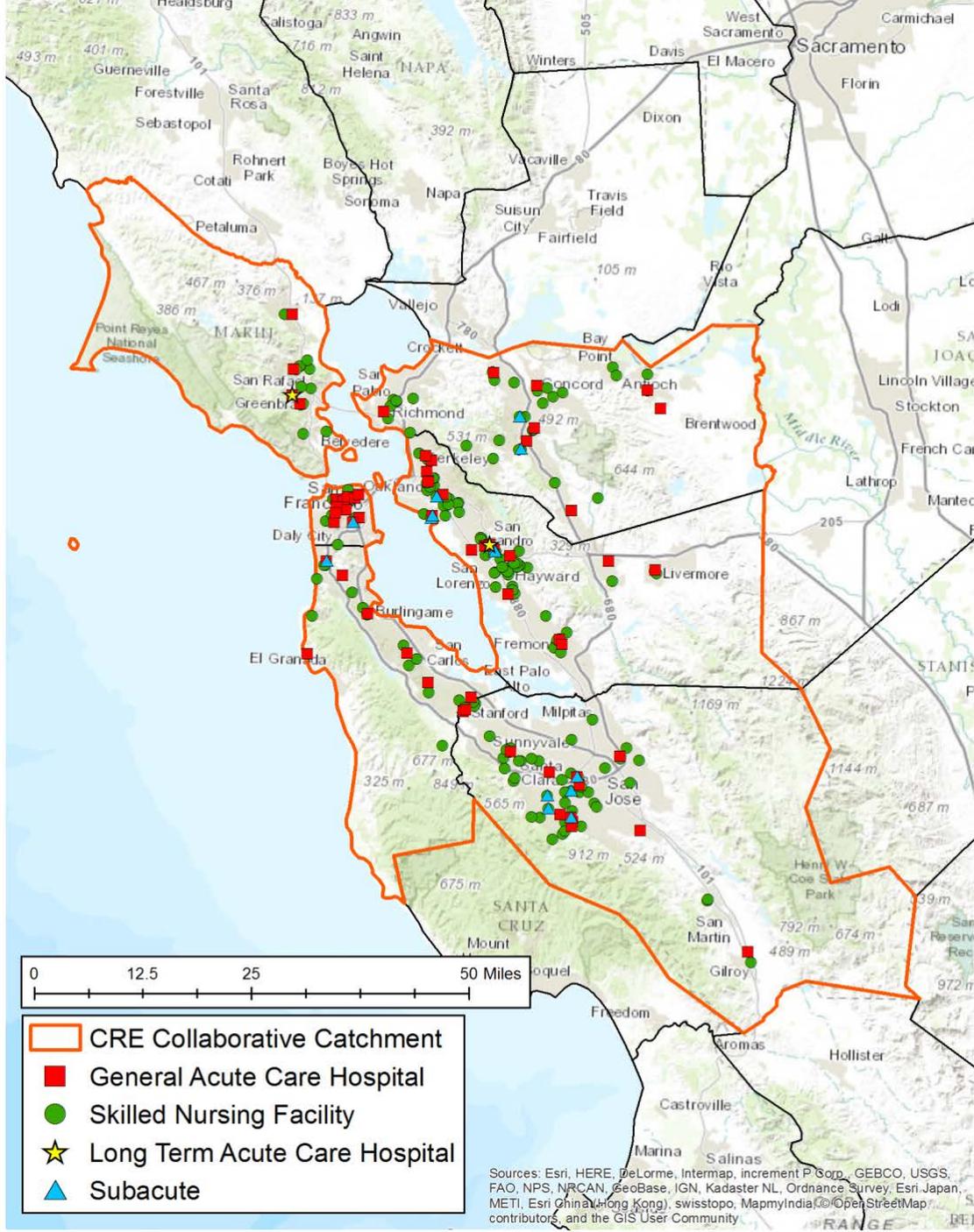
Sacramento Metropolitan Area Regional CDI Prevention Collaborative



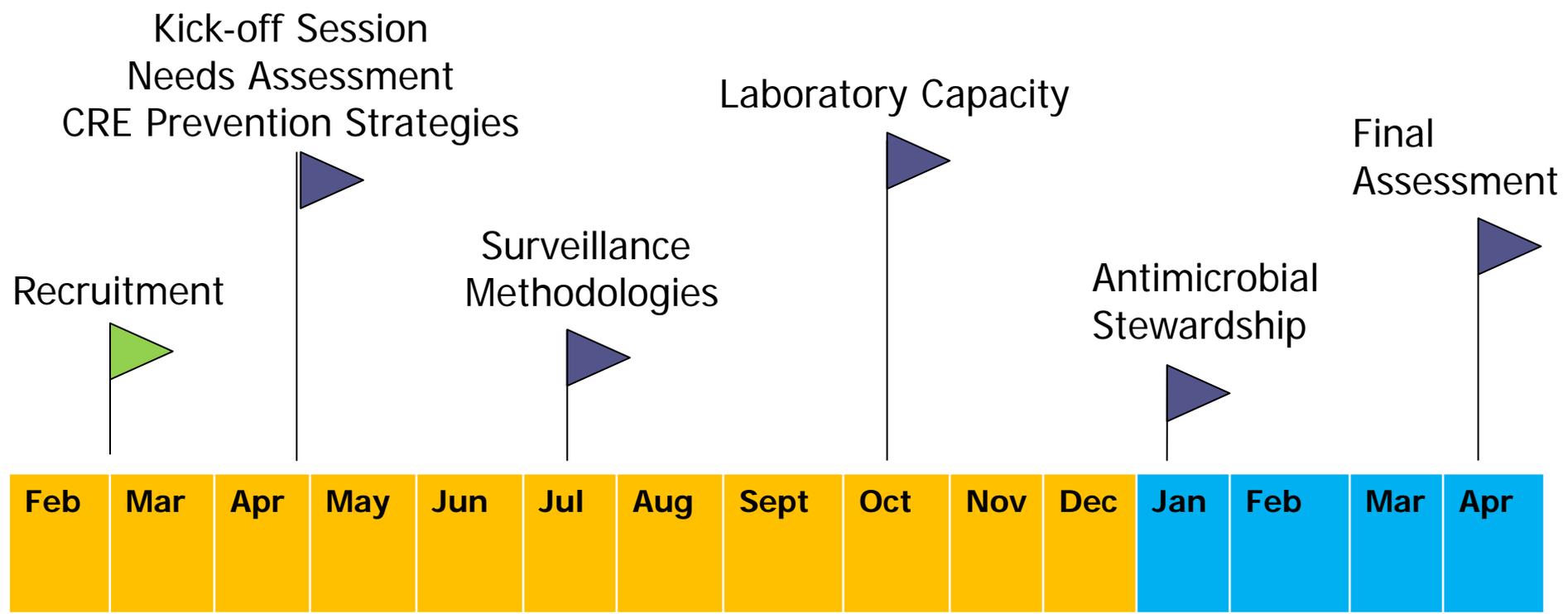
San Francisco Bay Area CRE Prevention Collaborative

Participating Counties

- Alameda
- Contra Costa
- Marin
- San Francisco
- San Mateo
- Santa Clara



SF Bay Area CRE Prevention Collaborative



← Acute Care Onsite Assessments →

← LTC Onsite Assessments →

HAI Program Webpage

- CDPH-wide website “modernization” to go into effect later this year
- New HAI Program webpages
 - Environmental Cleaning in Healthcare - emphasis on CDI prevention
 - Sterilization and Disinfection
 - Assessing HAI Prevention in YOUR Healthcare Facility

Understanding the California HAI Prevention Landscape

Meeting Date:

Meeting Location: Sacramento Oakland

Liaison Name:

Organization Represented:

HAI Activities and Updates:

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Position Statements:

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Policy Positions:

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Campaigns:

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Press:

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Other Items of Note:

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***Seeking Committee
endorsement**

