

Healthcare Associated Infections:
California Department of Public Health
and Los Angeles County—
Role of the Local Health Department

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CDPH HAI Program

- California legislation mandated hospitals to report HAIs starting Jan 2009
- Authorized in Dec 2009, 1 of 3 programs in Centers for Health Care Quality
- Responsible for the surveillance and prevention of HAIs in California hospitals as mandated by Senate Bills 739, 1058, and 158



CDPH HAI Program

- Approved for 12 staff including
 - Program chief
 - Epi team
 - Health Educator
- Additional Liaison Team: 10 expert infection preventionists funded by ARRA grant
 - Expires at the end of December 2011
 - Supplemental ELC funding until July 2012



CDPH HAI Liaison Team

Objectives

- Enhance participation in the **National Healthcare Safety Network (NHSN)** for HAI surveillance and reporting, and support the use of NHSN data for local HAI prevention efforts
- Develop protocols for **NHSN data validation** to be implemented after one full year of NHSN reporting (July 2011)
- Support existing prevention collaboratives and initiate new **HAI prevention collaboratives** where gaps exist





* No. of hospitals supported



CDPH Liaison Team Activities

HAI Liaison IP progress through September 2010

- Collaborated with Local APIC Chapters
 - Educational offerings or agenda updates to all 14 California chapters
- Visited Local Health Officers
 - 54 of 61
- Provided Onsite Hospital Consultations
 - 204 hospitals - PIE &/or NHSN
- Phone Consultations (60-90 minutes)
 - NHSN set up assistance to another 72 hospitals
- Total Hospital Outreach
 - 276 of 430 Hospitals 1-on-1 assistance



HAI Advisory Committee

- Legislatively mandated by SB 739 (2006), HSC 1288.5
- Appointed on July 1, 2007
- Charged with making recommendations to CDPH
- Currently 18 members
- Consist of persons with HAI expertise including...
 - Local health department officials, Infection preventionists, Physicians, Consumers, Etc.
- Meet every 6-8 weeks



CDPH HAI Reports (1)

CDPH HAI Technical Report 1/2009 to 3/2010

- Healthcare-associated blood stream infections
 - 0.026 per 1000 inpatient-days for MRSA
 - 0.011 per 1000 inpatient-days for VRE
 - 1.10 per 1000 central line days for ICU CLABSI
 - 0.74 per 1000 central line days for non-ICU CLABSI
- Healthcare-associated Clostridium difficile
 - No aggregate rate reported, only hospital specific rates



CDPH HAI Reports (2)

- 2009-10 Hospital Employee Influenza Vaccination percentages (Single license)
 - CA hospital seasonal flu vaccine = 62.6% ± 16.1
 - CA hospital pan flu vaccine = 55.4% ± 17.2
- <http://www.cdph.ca.gov/programs/hai/Pages/default.aspx>



Collaborative Activities in California

- California Hospital Association
 - Northern California (Beacon)
 - Southern California (HASC) and San Diego
 - Health Services Advisory Group (HSAG)
- CHAIPI, IHI, Leapfrog
- CDPH to initiate
 - Small and rural hospitals
 - 78 designated rural hospitals/28 critical access in California
 - LTAC hospitals
 - Correctional facilities
 - *C difficile* infections and antimicrobial stewardship



Antimicrobial Stewardship

- California is only state with legislation requiring hospital oversight of the judicious use of antibiotics
- California Antimicrobial Stewardship Program Initiative began February 2010
 - Component of CDPH HAI Program
- Goal is to assist all California hospitals and long-term care facilities optimize antimicrobial use to improve outcomes



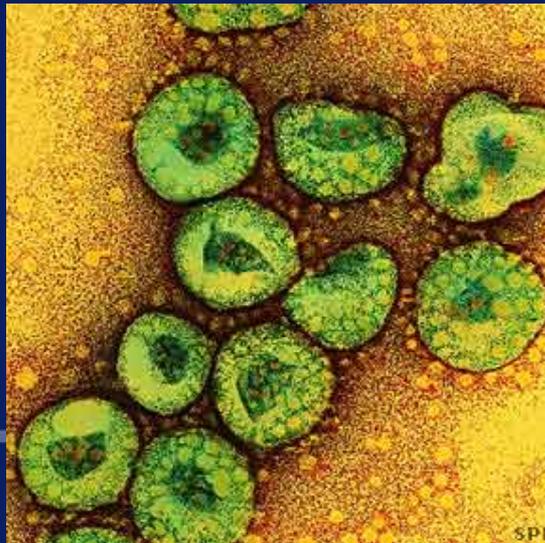
California Antimicrobial Stewardship Program (ASP) Initiative: Activities

- Assess California ASPs
- Assist hospitals to develop/strengthen
- Provide data for administrative buy-in
- Identify successful setting-specific strategies
- Develop regional collaborations
- Expand legislation/regulation



LAC Background History

- In early 2003, during the SARS situation, BT LPHNs assisted in infection control and prevention in the hospital setting
- In November 2003, ACDC created the new Hospital Outreach Unit



LAC Summary



- Population of 10 million
- 101 licensed acute care hospitals
- 174 infection preventionists
- HOU: 1 MD, 7 PHNs, 1 epidemiologist
- Liaison Public Health Nurse for 5 areas
- Attend 31 infection control committees



LAC Hospital Outreach Unit: Objectives

- Collaboration and communications between Public Health and hospitals
- Bioterrorism and pandemic/emerging disease preparedness and response
- Mandatory disease reporting
- Hospital outbreak investigations
- Healthcare-associated infection prevention and surveillance
- Keep key hospital contact information up-to-date, including email, fax, and phone numbers



LAC Outbreak Investigations

- Hospital Outbreak Investigation
 - Site visits & chart review
 - Collect specimens from patients & environmental areas
 - Interview staff, etc.
- Between 2003 and 2010 HOU investigated 207 hospital outbreaks



Other LAC HAI Activities

- California Healthcare-Associated Infections Advisory Working Group
- Hospital Association of Southern California HAI Taskforce
- National Healthcare Safety Network (NHSN) State User Group
- CSTE Nosocomial Infections Workgroup
- CSTE HAI fellow



LAC/CDPH HAI Program Collaboration

- 1 HAI field staff assigned to Los Angeles County (Feb 2010 to Dec 2011)
- HAI and HOU staff will visit every hospital
 - Ensure enrollment into NHSN with rights conferred to CDPH and LACDPH
 - Serve as consultant for HAI issues
 - Evaluate data collection and reporting methods
 - Validate NHSN data



LAC data—Draft ONLY

- LAC infection specific reports 4/2010 to 12/2010
 - Healthcare-associated bloodstream infections
 - 0.45 per 1000 patient days (range 0 - 6.89) for MRSA
 - 0.32 per 1000 patient days (range 0 - 4.00) for VRE
 - 1.38 per 1000 central line days for Adult ICU CLABSI
 - 1.36 per 1000 central line days for Pediatric ICU CLABSI
 - Healthcare-associated Clostridium difficile
 - 2.30 per 1000 patient days (range 0 -15.94)



APIC 2011 Poster

- Partnerships developed by state (CA) and local public health departments (LAC) provided a mutual understanding of public health needs and hospital capabilities
- This collaboration has proven to be a successful model for the future of state and local infection prevention efforts.



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