



HAI Program Updates

HAI Advisory Committee

May 12, 2016

Oakland



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Select Activities

1. CDPH Follow-up to Recent HAI Advisory Committee Recommendations
2. 2015 HAI Public Reports Update
3. Preliminary Findings of HAI Report Focus Groups
4. Annual CDC Funding Proposal
5. Regional CDI/CRE Prevention Collaboratives Update
6. ASP in Skilled Nursing Facilities Webinar Series

HAI Advisory Committee Recommendations to CDPH

- Recommend that CDPH survey all health professional schools and residency training programs in California (medical, dental, pharmacy, nursing, physician assistant, veterinary, podiatry, and optometry) to assess their current curriculum on antimicrobial stewardship and antimicrobial resistance *(Feb 2016)*
- Recommend that CDPH send an advisory to all health professional schools and residency training programs in California to develop and implement an integrated antimicrobial stewardship/resistance curriculum and to submit a progress report within 2 years and every 5 years thereafter describing their progress in antimicrobial stewardship/resistance training and related initiatives at each school *(Feb 2016)*

HAI Advisory Committee Recommendations to CDPH

- Recommend that CDPH request that the Medical, Dental, Pharmacy, Physician Assistant, Registered Nursing, Podiatry, and Optometry Boards of California require that all licensed practitioners (including physicians, dentists, pharmacists, nurse practitioners, physician assistants, podiatrists, and optometrists) complete at least 10% of all mandatory continuing education hours in a course in the field of antimicrobial prescribing, stewardship, and resistance *(Feb 2016)*

HAI Advisory Committee Recommendations to CDPH

- Recommend that CDPH look into creating a public health registry to enable identification of CRE patients that healthcare facilities can use. Due to difficulties in gathering accurate data, the Committee does not recommend making CRE reportable at this time *(Nov 2015)*
- Recommend that someone from CDPH Licensing and Certification Program attend all HAI Advisory Committee meetings *(Nov 2015)*
- Recommend that CDPH consider all available enforcement options for hospitals with high HAI incidence *(Feb 2016)*

2015 HAI Report Considerations

- Validation and other efforts to evaluate and improve case-finding in 2014 seem to have worked
- Higher numbers of HAI reported in 2015
- NHSN made several infection classification changes in 2015 that are affecting comparability to previously published baselines
 1. Attribution of yeast in blood
 - No longer considered a causative pathogen for pneumonia or urinary tract infection
 - Yeast in blood and a central line = CLABSI

2015 HAI Report Considerations

- NHSN classification changes – continued
 2. Attribution of Inpatient Rehabilitation and Inpatient Psychiatric (IRF & IPF) as facilities separate from the acute care hospital
 - Generally few HAI in these facility types
 - IRF/IPF patient days excluded from hospital denominators = higher SIR
 3. Attribution of Emergency Department and 24-hour locations as outpatient settings
 - CDI and MRSA BSI identified in these settings no longer included in hospital inpatient community-onset (CO) prevalence (even if patient admitted the same day)
 - Fewer CO cases in hospital-onset (HO) risk adjustment results in a lower number of predicted infections = higher SIR

Changes to HAI Public Report in 2016

- Calculate SIR when predicted number of infections >0.2
- Will allow more hospitals to have comparisons (i.e., higher or no different) and be included on the interactive map

Additional hospitals (*preliminary estimates*)

CDI	13	Colon SSI	84
CLABSI	33	Appendectomy SSI	47
MRSA BSI	92	Hysterectomy SSI	82
		Hip prosthesis SSI	72

- Describe surveillance changes and how they may affect comparison of 2015 HAI data to previous time periods
- Describe 2015 re-baselining that will re-establish national benchmarks and demonstrate how hospitals are performing compared to the new benchmarks (available in 2016)

Feedback on HAI Public Reports from Hospital Users

- 8 focus groups held across state in March-April 2016
- 6-12 participants; limit to one per hospital
- Objectives:
 - Solicit input from hospitals on their use of the “Healthcare-Associated Infections in California Hospitals Annual Report”
 - Improve the presentation and usefulness of the report for hospital users
- Each session conducted by HAI Program staff
 - Moderator: Liaison infection preventionist
 - Co-Facilitator: Epidemiologist or other staff

Feedback on HAI Public Reports from Hospital Users

Focus Group Locations: 8

- Richmond
- Roseville
- Fontana
- San Diego
- Ventura
- Pasadena
- Santa Ana
- Tulare

Hospital Participants: 61

- Infection preventionists, 45 (74%)
- Infection control managers, 3 (5%)
- Quality managers, 2 (3%)
- Other, 11 (18%)

Focus Group Findings

- Have you read or reviewed the HAI Annual Report?
 - No, 6 (10%)
 - Yes, 55 (90%)
 - Somewhat 36%, Moderately 53%, In great detail 11%
- What components?

Summary report of key findings and public health actions	37 (67%)
CDI data tables	47 (85%)
CLABSI data tables	54 (98%)
MRSA BSI data tables	37 (67%)
VRE BSI data tables	34 (62%)
SSI data tables	48 (87%)
Technical notes	14 (26%)

Focus Group Findings

- How do you use the HAI Summary Report of Key Findings?
29 responses
 - Use for local/regional comparisons, 15
 - Distribute findings to leadership or committees, 13
 - Review to get consumer perspective, 2(18 stated "do not use")
- What do you find most useful about HAI Summary Report?
22 responses – Statewide data summary table, 10
- What do you find least useful about HAI Summary Report?
53 responses
 - Data too old, 7
 - Dislike use of "rates," 5
 - Complexity, 5

Focus Group Findings

- Overall impressions of CLABSI data presentation
 - Generally like the CLABSI SIR table
 - Mixed feedback on statewide CLABSI rates by location table
 - Strong dislike of table displaying statewide CLIP adherence
 - Mixed feedback on hospital-specific CLABSI rate interpretations by locations (“symbols”) table
 - Generally dislike the 40 CLABSI location-specific rate tables
 - Generally unaware of CDPH-location groupings for reporting CLABSI rates; “confusing” and “not useful”

Focus Group Findings

- Suggestions for better display of data
 - Use more graphs and colors, 14
 - One-page per hospital, 10
 - Make more interactive, 7
 - Stratify by hospital type, 4

Next steps: Perform more detailed analysis. Consider feedback and propose changes for 2017.

Annual Application for CDC Epidemiology and Laboratory Capacity (ELC) Funding

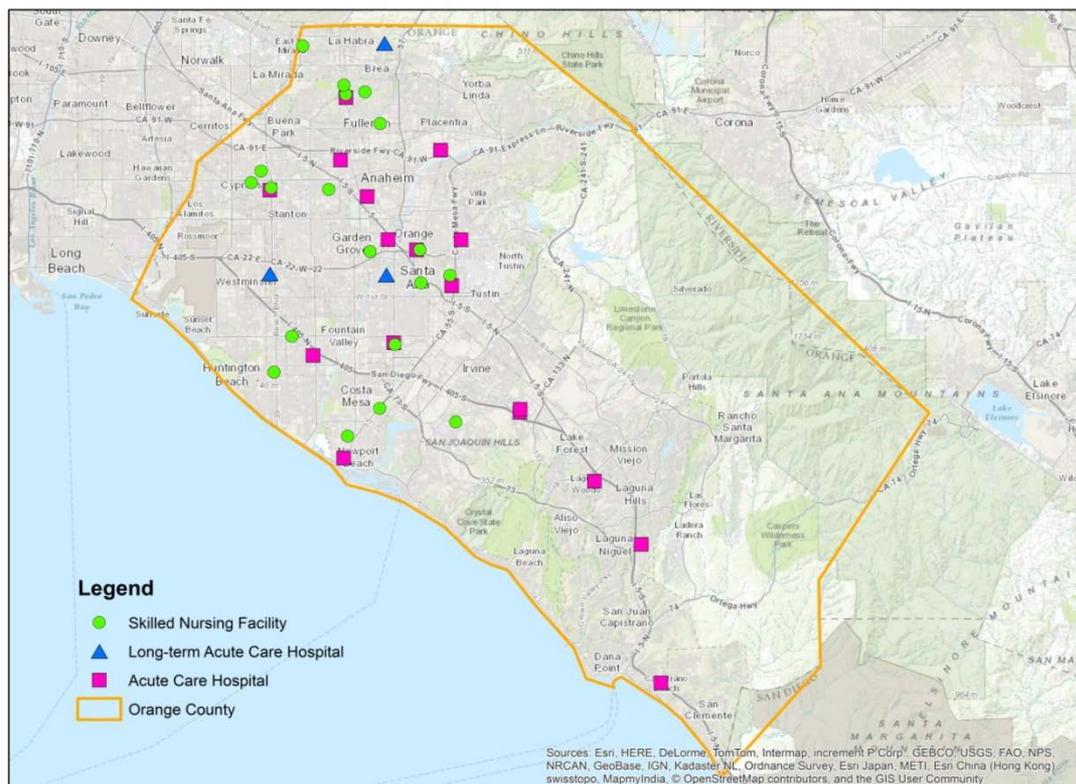
- Year 3 of a 5-year cooperative agreement
- Expanded HAI funding for high-level expertise (K1) and antimicrobial resistance (AR) activities (K2)
- K1 – HAI Detection and Response Infrastructure
- K2 – AR Coordinated Approach to Prevention
- K4 – Hemodialysis BSI Prevention
- K5 – Injection Safety
- L – Ebola Healthcare Infection Control and Prevention
(progress report only)

Orange County CDI Prevention Collaborative

Kickoff in June 2015

40 participating facilities

- 17 Acute Care Hospitals
- 3 LTAC Hospitals
- 20 Skilled Nursing Facilities



Final session on June 3, 2016

Topic: Prevention Progress

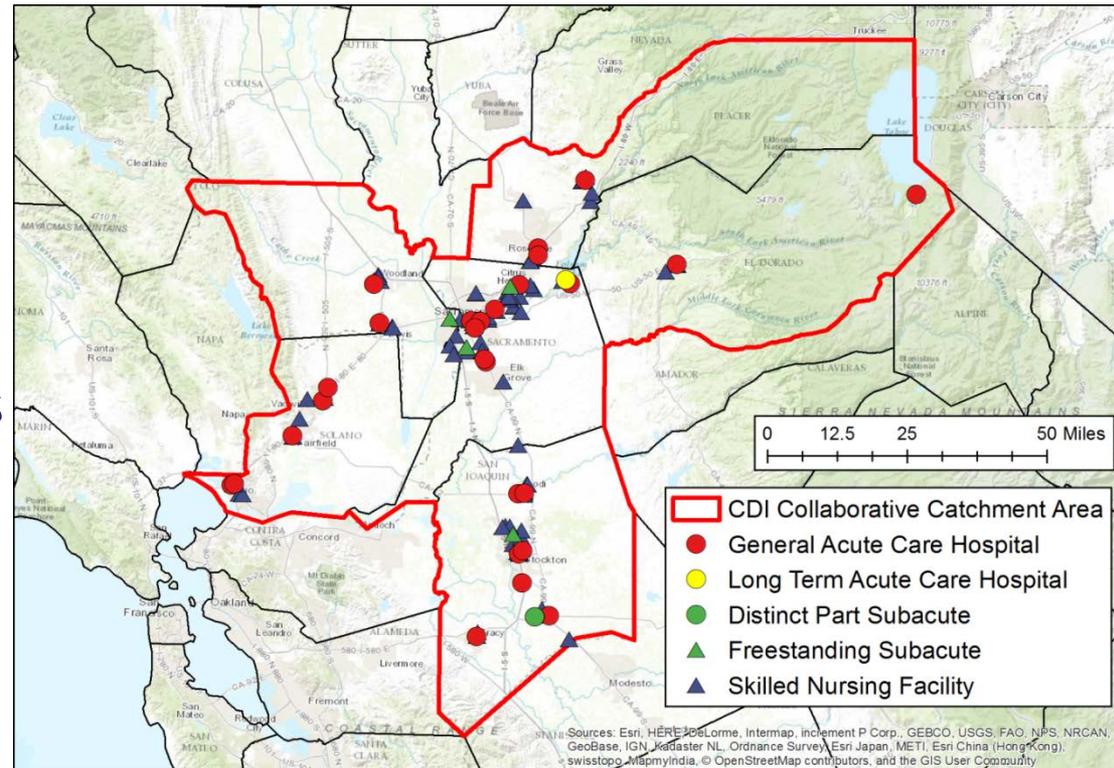
- Participating facilities will discuss their end-of-collaborative self-assessments

Sacramento Metro-Area CDI Prevention Collaborative

Kickoff held April 8, 2016

34 participating facilities

- 16 Acute Care Hospitals
- 1 LTAC Hospital
- 17 Skilled Nursing Facilities



Next session on July 14, 2016

- Topic: Optimizing Identification of CDI Patients and Inter-facility Communication

San Francisco Bay Area CRE Prevention Collaborative

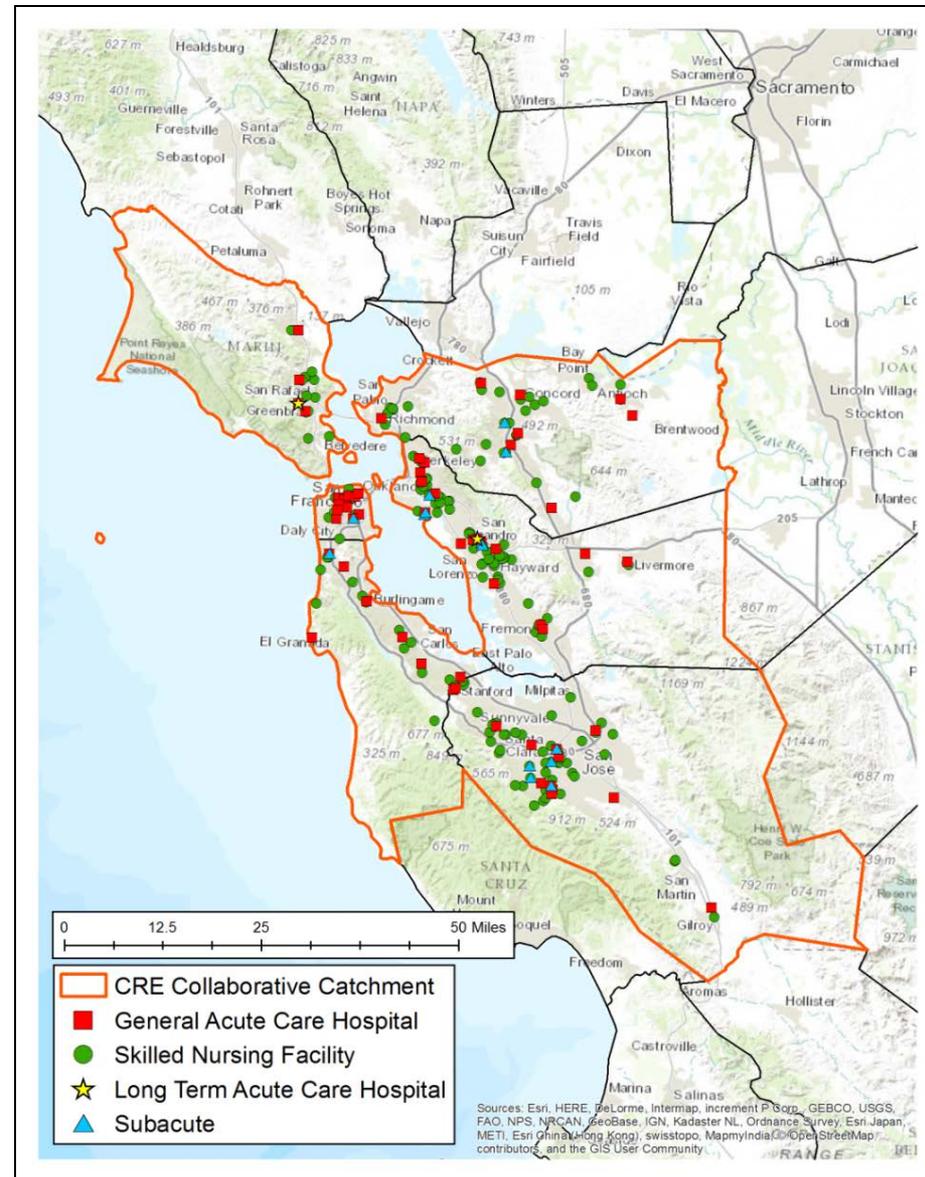
Kickoff held May 10, 2016

32 participating facilities

- 14 Acute Care Hospitals
- 1 LTAC Hospital
- 17 Skilled Nursing Facilities

Next session in early August

- Topic: CRE Surveillance & Inter-facility Communication



Antibiotic Stewardship in Skilled Nursing Facilities: Webinar Series

- March 30, 2016 – Overview of California requirements and CDC core elements
- May 18, 2016 – Leadership support
- July 27, 2016 – Partnering with a consultant pharmacist
- September 29, 2016 – Antibiotic stewardship interventions
- November 30, 2016 (*tentative date*) – Tracking antimicrobial use and outcomes
- December 14, 2016 (*tentative date*) – Reporting and education

Requests of the Committee

- Endorse proposed HAI public report modifications for the 2015 data to be published in 2016
- Support and encourage participation in CDI and CRE regional prevention collaboratives
- Assist in spreading the word and encouraging participation in the ASP in skilled nursing facilities webinar series