

HAI Liaison Program
IP Outreach and Prevention Activities
2012–2013

**For Presentation to the HAI-AC Meeting
January 24, 2013**

2012 Activities

- 1) Provided support to hospitals for HAI surveillance and reporting
 - Our team of 7 full- and part-time regionally-based HAI Liaison IPs perform phone consultation and travel to hospitals to provide onsite assistance with HAI surveillance and reporting per state mandate via NHSN **[2013]**
 - Each HAI Liaison Program IP holds a regularly scheduled monthly update conference call with all hospitals in his/her assigned region (average 75 hospitals/ FTE), which includes a review of NHSN monthly updates and newsletters; attendance has remained steady at 50-60% of hospitals since initiation in January 2011 **[2013]**
 - Acknowledging the need to build the infection prevention workforce able to meet HAI mandates, the HAI Liaison Program held quarterly 2-day “Basics of Infection Prevention” educational courses both in Los Angeles and Richmond reaching 438 attendees in 2012. **[To be offered twice in 2013]**
- 2) Amplified use of HAI data for local HAI prevention efforts
 - To teach hospitals how to use their own NHSN data for promoting internal prevention efforts, in March 2012 a series of hands-on teleconference workshops entitled “Using NHSN Analysis for Prevention” were held, attended by over >900 callers over the 4-week series. Topics covered were methods and best practices for using hospital NHSN data to prevent CLABSI, CLIP, SSI, and MDRO/CDI
 - In 2012 the HAI Liaison IP team was increasingly consulted on how to develop HAI reports and interpret HAI data so they can be used for internal hospital prevention efforts **[2013]**
- 3) Disseminated findings of the 100-hospital data validation project to all CA hospitals
 - The HAI Liaison Program developed an outreach and education plan to improve NHSN surveillance and reporting based on the 2011 data validation findings. Held workshops in 18 cities from May-July 2012 and 3 distance learning courses, to review the most common reason for reporting errors, highlighted best practices for case-finding, and targeted relevant NHSN “rules” for re-education; over 400 learners attended from 299 hospitals.
 - Data validation process and forms were adapted and are available online via the HAI Program website for hospitals or hospital systems to use for internal NHSN data validation.
- 4) Supported HAI prevention collaboratives and special projects
 - The HAI Liaison Program provides subject matter expertise to support the California Hospital Association statewide prevention collaborative, “Patient Safety First,” implemented by the 3 regional hospital associations: Hospital Council of Northern and Central California, Hospital Association of Southern California, and Hospital Association of San Diego and Imperial Counties. Focused on CLABSI, CAUTI, and ventilator associated pneumonia (VAP) **[2013]**
 - LTAC Hospitals HAI Prevention Collaborative continued with 2012 focus on CAUTI prevention. Cohort enrolled in “On the CUSP: Stop CAUTI” project; lead, Mary Nennig **[2013]**
 - Prison Hospital HAI Prevention Collaborative continued to partner with the California Department of Corrections and Rehabilitation (CDCR) to develop standards for practice in the 3 prison hospitals based on gaps identified in 2011, initiated HAI and infectious disease surveillance and reporting
 - HAI prevention in hospital jail units project addressed the unique safety and infection prevention needs of 17 hospitals with designated jail units; lead, Linda Becker

- Rural, Small, Critical Access Hospital Prevention Collaborative continued with 3rd year support from the HHS Region IX Office of the Assistant Secretary for Health. 3 distinct projects supported, based on needs identified in 2011 focus groups
 - C. difficile Infection (CDI) Prevention/Antimicrobial Stewardship (ASP); leads, Mary Nennig, Kavita Trivedi
 - CAUTI Prevention – another cohort enrolled in On the CUSP: Stop CAUTI; lead, Mary Nennig **[2013]**
 - HAI Prevention in California's Smallest Hospitals – focused effort to improve environmental cleaning, reduce transmission; lead, Sue Chen **[2013]**
- Out-of-hospital HAI Prevention Demonstration Projects, required for continued CDC funding, 2012
 - HAI prevention in a cohort of ESRD patients, hospital and outpatient dialysis clinic, LA County; lead, Vicki Keller
 - Community-wide CDI prevention project involving 17 facilities, Imperial County; lead, Tracy Lanier
 - HAI prevention in ambulatory surgery centers involving 6 facilities, Northern/central CA; lead Terry Nelson

2013 Activities

6) LTAC Hospital HAI Prevention Assessment Project

- Expert Liaison IP 2-day onsite assessment of current prevention activities (including monitoring adherence to prevention practices or "bundles"), with tailored recommendations to each LTAC hospital. One objective is to gain a better understanding of the infection prevention challenges and opportunities of the critically ill patient in this setting necessary to inform future Liaison Program targeted prevention projects. Onsite visits started in late November, to continue through March 2013 until all 22 California LTAC hospitals are reached; lead, Teresa Nelson

7) "Data for Action Tour"

- IPs to travel onsite to hospitals to help identify areas for targeted improvement and to leave each hospital with a set of recommendations specific to the facility. 107 hospital enrolled and selected one of 2 project options.
 - Using Data for Prevention project is designed to help hospitals use their HAI surveillance data from past CDPH public reports and NHSN to identify areas for targeting prevention efforts. Hospitals with high infection incidence in the 2010-2011 CDPH public reports were prompted to participate and will be prioritized for these visits. Hospitals will be provided hands-on assistance with NHSN analysis, suggestions for how to present findings to hospital colleagues, and methods and tools that have been shown to be effective in other hospitals for implementing prevention initiatives (such as unit-based teamwork, the "science of safety," assessing adherence to prevention bundles, etc.).
 - SSI Validation project, like the 2011 CLABSI/CDI/MDRO validation, will assess each hospital's SSI surveillance and reporting process. Two procedures will be targeted, colon and abdominal hysterectomy with hospitals being expected to generate lists of ICD-9 procedure and diagnostic codes (thought to enhance case finding), admission and discharge data, and make records available for onsite review. Validation findings will be reviewed with each hospitals at the end of the 2-day visit, and any necessary changes will be made in NHSN. Just as in 2011, findings will be disseminated to all CA hospitals with suggestions made for improving SSI surveillance and reporting.

Respectfully submitted by
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