

IDPH HAI Prevention Program Update

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First Annual Illinois Conference on Healthcare-
Associated Infections (HAIs)

November 5, 2010

American Recovery and Reinvestment Act of 2009 (ARRA)

- Designed to stimulate economic recovery
- \$50 million for state efforts in prevention and reduction of HAIs
 - \$36 million through ELC
 - \$850,000 to Illinois
- Coordinated by CDC's Division of Healthcare Quality Promotion (DHQP)



State HAI Plans

- U.S. Department of Health and Human Services (HHS) Action Plan to Prevent Healthcare-Associated Infections
- All states receiving HHS funding were required to submit a plan to reduce HAIs by January 1, 2010
- Illinois plan based on template developed by CDC

ARRA Funding and State Plan

- Illinois funded for Activities A, B, and C
 - Activity A – program infrastructure
 - Activity B – increase participation in NHSN
 - Activity C – prevention collaboratives
- HAI State Plan
 - Program infrastructure
 - Surveillance, Detection, Reporting, and Response
 - Prevention
 - Evaluation and Communications

Program Infrastructure

- HAI Prevention Program in the Division of Patient Safety and Quality (DPSQ)
 - Involvement of Division of Infectious Diseases
- Staff
 - HAI Prevention Coordinator
 - Epidemiologist
 - CDC Public Health Prevention Specialist
 - Other DPSQ staff
- Advisory Council
- HAI prevention targets

NHSN Reporting - CLABSI

- Adult medical, surgical, and med/surg ICUs – October 1, 2008
- Pediatric and neonatal ICUs – October 1, 2009
- Other adult ICU types – July 1, 2010

NHSN Reporting - SSI

- Reporting began April 1, 2010 for total knee arthroplasty and coronary artery bypass graft procedures
- 9 training sessions conducted
 - 6 in-person
 - 3 webinar
 - Organized by APIC and IDPH, funded by ARRA

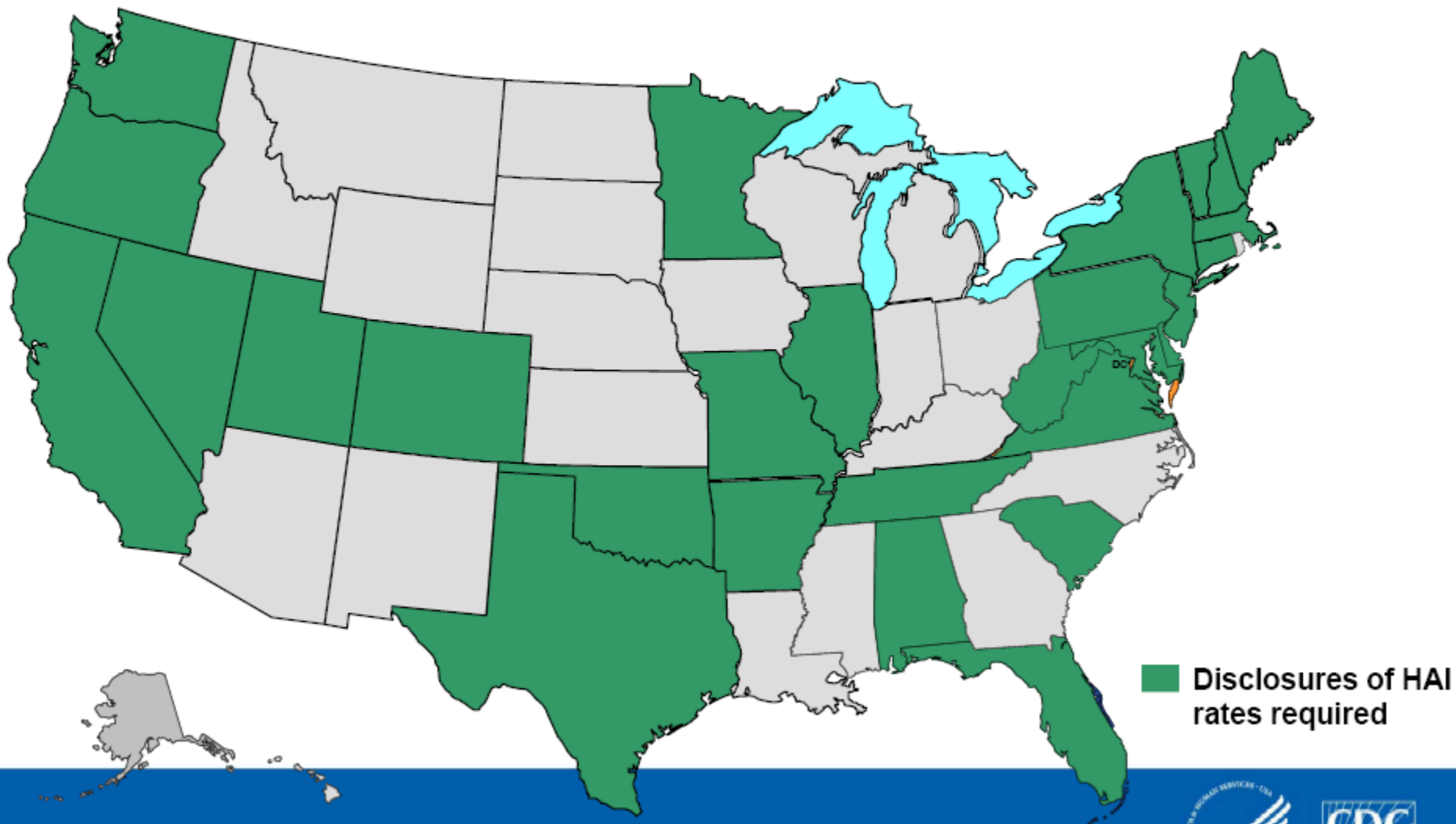
Data for Action

State Initiatives: Public Reporting of HAIs, 2004



Data for Action

State Initiatives: Public Reporting of HAIs, 2009



Disclosures of HAI rates required



Use of the NHSN Patient Safety Component is Mandated in 23 States/Territories: Required Measures

Central line-associated bloodstream infections (CLABSIs)	AL, CA, CO, CT, DC, DE, IL, MA, MD, NH, NJ, NV, NY, OK, OR, PA, SC, TN, TX, VA, VT, WA, WV
Multidrug-resistant organisms and <i>Clostridium difficile</i> infections	CA, DC, NJ, NV, NY, TN, and other states are considering its use
Ventilator-associated pneumonias (VAPs)	OK, PA, WA
Catheter-associated urinary tract infections (CAUTIs)	AL, NJ, PA
Central line insertion practices (CLIP)	CA, NH
Dialysis events	CO
Surgical Site Infections (SSIs)	AL, CO, IL, MA, MD, NH, NJ, NV, NY, OR, PA, SC, TN, TX, VT, WA

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Use of the NHSN Patient Safety Component is Mandated in 23 States/Territories: Required Settings

CLABSIs in 1 or more adult ICU	AL, CA, CO, CT, DC, DE, IL, MA, MD, NH, NJ, NV, NY, OK, OR, PA, SC, TN, TX, VA, VT, WA, WV
CLABSIs in NICUs	CA, IL, MD, MA, NJ, NY, OK, PA, SC, TN, WA
CLABSIs from non-general acute care hospitals	CO, PA, TN
CLABSIs “house-wide”	CA, PA, SC, TN
Dialysis events-outpatient dialysis	CO
One or more inpatient procedure	AL, CO, IL, MA, MD, NH, NJ, NV, NY, OR, PA, SC, TN, TX, VT, WA
Outpatient procedures as well	CO, SC
Outpatient procedures in ASCs	CO, MA, TX

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Implementing HAI Disclosure Legislation Incremental Introduction to NHSN

COLORADO

2007 Reporting began 7/31/07	2008	2009	2010
Central lines in select CCUs	All 2007 metrics	All 2007 and 2008 metrics	All 2007, 2008 and 2009 metrics
Hip prosthesis (partial and total)	Central lines in long-term acute care hospitals (August 2008)	Abdominal Hysterectomies (August 2009)	Dialysis Centers (March 2010)
Knee prosthesis (partial and total)	Hernia repair (October 2008)	Vaginal Hysterectomies (August 2009)	
Coronary artery bypass grafts with chest and donor site incisions	Ambulatory surgery centers (October 2008)		
Coronary artery bypass grafts with chest incisions only			

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New York State Hospital Department of Health Hospital Infection Reporting Regional Coverage

Procedures

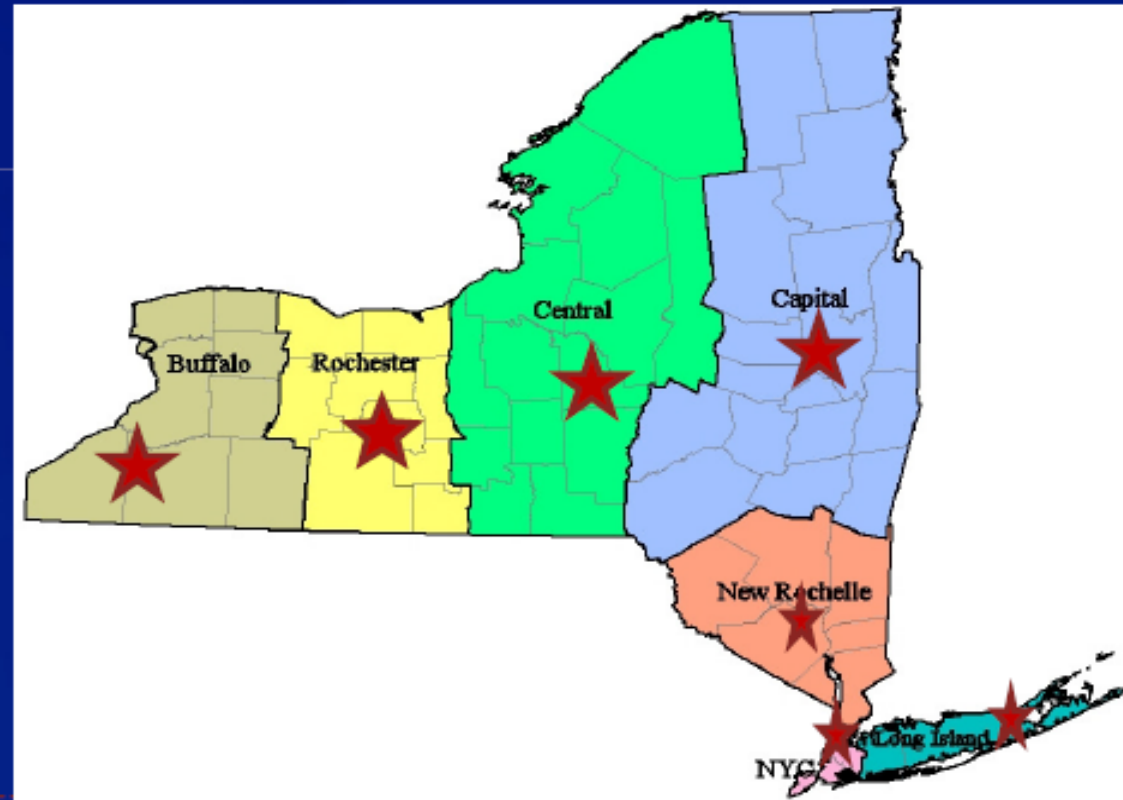
- Colon
- Coronary Artery Bypass (CABG)
- Hip Replacement(HPRO)

Devices- ICU Central Lines

- Adult
- Pediatric
- Neonatal

LabID Event- Facility Wide (7/2009)

- C. Difficile



Carole Van Antwerpen, NY State Dept of Health, "New York State Hospital Acquired Infection Reporting Program Audit/Validation Process"

The Program Formerly Known as RHQDAPU

- Best acronym ever, right?
- Hospital Inpatient Quality Reporting Program
- Participants will begin sharing CLABSI data with CMS using NHSN on January 1, 2011
- SSI reporting in 2012
- Data will be publicly reported on Hospital Compare website in 2013
- Look out for new user agreement

NHSN Version 6.3 Updates

- Released last week
- New features:
 - Confer rights to facility identifiers
 - Printable list of locations
 - Standardized Infection Ratios (SIRs)
 - Statistics calculator
 - Printable list of surgeons



Standardized Infection Ratio?

- Standardized Infection Ratio, SIR, is a summary measure used to compare the HAI experience among one or more groups of patients to that of a standard population's
- Indirect standardization method
- Accounts for differences in risk of HAI among the groups



Calculating an SIR

$$\text{SIR} = \frac{\text{Observed (O) HAIs}}{\text{Expected (E) HAIs}}$$

- To calculate O, sum the number of HAIs among a group
- To calculate E, requires the use of the appropriate aggregate data (risk-adjusted rates)



Potential Applications for the SIR

- Can provide public health policy makers (and others) with an overview of HAI rates across several units or facilities.
- Is a measure with some “built-in” risk adjustment.
- Might be useful in helping direct us to facilities with particular problems.



Limitations of the SIR

- Like any aggregate measure, the SIR does not tell the whole story.

Future NHSN Priorities - Illinois

- MRSA and *C. difficile* reporting
 - Hospital Discharge Data currently sole source of data
 - LabID Event in MDRO/CDAD module
- CLABSI reporting beyond the ICU

IDPH Website

- Planned “For NHSN Users” section on Division of Patient Safety and Quality page:
 - Tracy Morgan emails
 - Memos
 - Q&A document
 - Training slide sets
 - Links to other resources

Validation Study

- Increased use of NHSN analysis features to identify missing data, outliers
- Onsite chart review study planned
 - Protocol developed and reviewed by Advisory Council
 - Training by CT DOH staff postponed
 - Additional funding requested in order to use outside resources for study

NY Validation Study

- Internal data review
- External data review
 - Onsite audit conducted for at least 90% of hospitals each year
- Large HAI program – 5 IPs in regional offices, additional data management staff in central office

Internal Data Review

Monthly Reports – Colon Procedures

Data variable affecting rates	Reason for error
Denominator: No Procedures reported for a given month	No procedures for given month, behind in reporting /confer rights error
Wound Class: Entered as Clean or Unknown	OR classification error
Surgical time: Procedure \geq 12 hours or \leq 10 minutes	OR data entry, data entry error, not NHSN procedure
Date of Birth: Same as surgical date	Data entry error
SSI Detected: Post Discharge = Deep/Organ space	Readmission missed
Denominator/: Duplicate procedure/SSI, Numerator	Data entry error(manual vs. import)

External Data Review

Adult/Pediatric ICU Medical Record Audit

CLABSI Over and Under Reporting

Percent Differences

Variables that affect risk adjusted rate	2007 (N= 147 hospitals)	2008 (N=127 hospitals)
CLABSI	% disagree (n=1089)	% disagree (n=891)
<i>Over Reporting</i>	4.0%	1.0%
<i>Under Reporting</i>	3.9%	5.2%

Internal and External Processes are Essential

Internal and external audits are essential components in ensuring accurate and fair reporting.

❑ Time and resource consuming process, but with benefits:

- Fosters understanding of reporting expectations
- Improves reporting accuracy
- Provides opportunities for improving surveillance methods/resources
- Provides opportunities to correct errors prior to public report
- Identifies system issues affecting accurate reporting
- Engages /compels internal communication
- Minimizes hospital reporting misconceptions

Hospital Report Card Website

- Update went live last week
- HAI updates
 - CLABSI data for NICUs and PICUs
 - Aggregate statewide MRSA and C. difficile reports for 2009
- Moving forward, NHSN facility administrators will be alerted when HRC liaisons receive relevant data to preview

Electronic Laboratory Reporting (ELR)

- Developed for automatic reporting of reportable diseases to public health agencies
- Development of software modules to increase the efficiency and reliability of reporting to CDC's National Healthcare Safety Network
- Linking together hospitals to identify transfers of patients infected with multidrug-resistant organisms (MDROs)

Prevention Collaboratives in Illinois

- Illinois Hospital Association implementation of Johns Hopkins University's "Stop BSI" collaborative
- IFMC-IL MRSA prevention collaborative
- IDPH/IFMC-IL *C. difficile* prevention collaborative

Clostridium difficile Quality Improvement Collaborative

- 21 hospitals participating
 - 11 hospitals from the Chicago area
 - 10 hospitals from central and southern Illinois
- Participants in the *C. difficile* collaborative use the NHSN CDAD module for reporting
- Chicago collaborative began March 2010
- Kick-off meeting for central/southern IL collaborative in November 2010

C. difficile Collaborative Activities

- Face to face meetings
- Webinars
- Sharing calls
- Sites visits
- Expert consultation
- Serial surveys of prevention and laboratory practices

C. difficile Collaborative Prevention Bundle

- Contact precautions for CDI-confirmed patients
- Hand hygiene in compliance with CDC/WHO
- Education campaign
- Lab-based alert system
- 1:10 bleach solution for terminal cleaning of CDI patient rooms

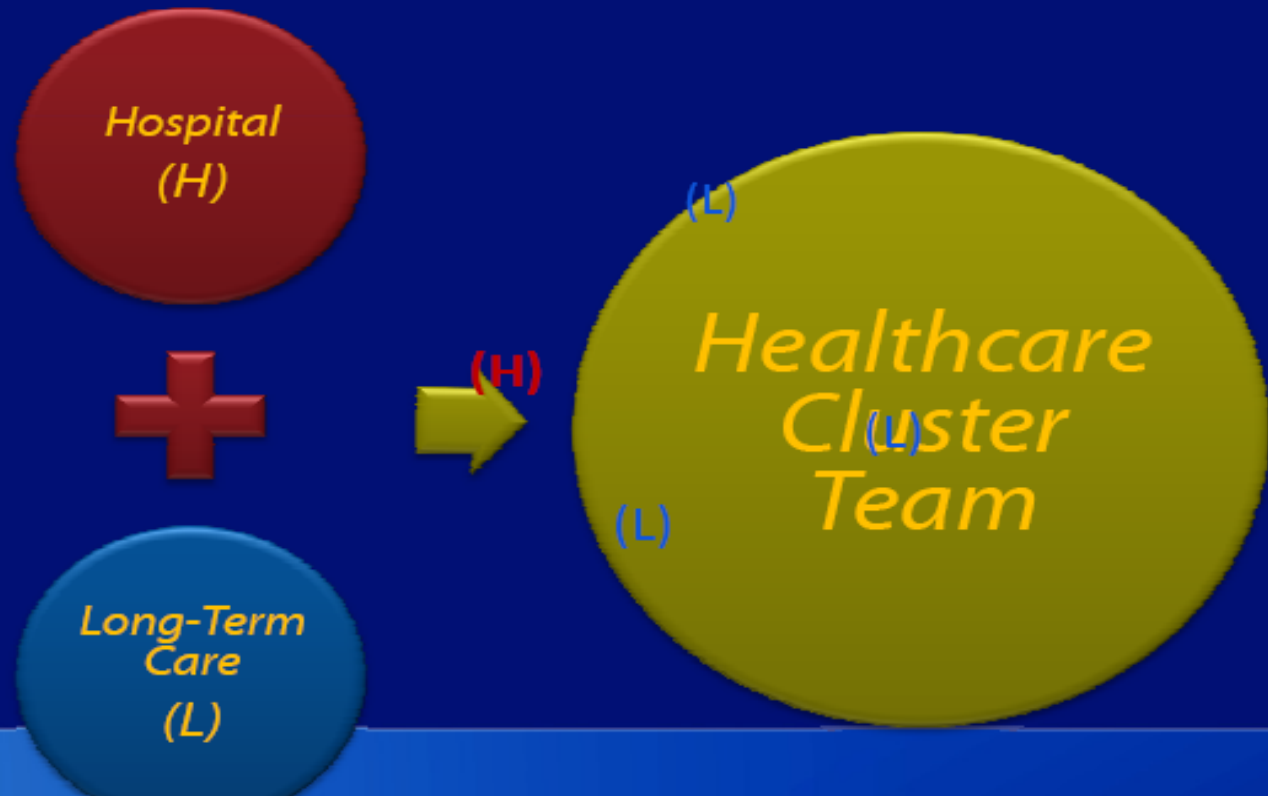
Oregon HAI Prevention Collaborative Overview

- ❑ **Began planning in January 2010**
- ❑ **Targeting CLABSI, SSI, and *C. diff***
- ❑ **9 Hospitals**
- ❑ **Addressing foundation activities while sequentially adding infection foci**
- ❑ **Learning Sessions**
 - Live 2-day Sessions in June 2010, February 2011, & November 2011
 - Virtual 1-day Sessions in September 2010 and July 2011
- ❑ **Conference Calls and Webinars twice a month**
- ❑ **Direction and Oversight**
 - Multi-disciplinary Advisory Committee meets every other month
 - 8 Faculty members meet as needed

Melissa Parkerton, Oregon Patient Safety Commission, "Sustaining Success in your Prevention Collaborative: Setting the Stage for Success"

What is a Healthcare Cluster Team?

Hospitals and long-term care facilities serving the same community, working together to form a larger Healthcare Cluster Team.



Education

- Today – thank you for participating!
- The 2nd Annual Illinois Conference on Healthcare-Associated Infections
 - October 28th, 2011
 - Hilton Lisle/Naperville
- Plans for webinar series
- Importance of partnership with APIC chapters and members

Development of 4 Workgroups

- MDRO Surveillance Workgroup
 - Exploring different methods for compilation of statewide or regional antibiogram
 - Possibility of expanding Chicago area KPC survey to other parts of Illinois
- Long Term Care Workgroup
 - Inter-facility transfer form
 - CDC needs assessment

Workgroups continued

- Outbreaks/Breaches of IC Practices Workgroup
 - Survey questions developed for hospitals, local health departments
 - Volunteered for participation in CDC workgroup addressing this issue

Workgroups continued

- IC Program Workgroup
 - Questions developed for annual hospital survey about Infection Prevention and Control staffing
 - # of FTEs
 - # of FTEs filled by CIC
 - Sent out as addendum to 2010 survey

MRSA Screening and Reporting Act Update

- Original Act included “sunset provision” which would have repealed the Act on January 1, 2011
- Final version of Senate Bill 2981 removed sunset provision, so the Act will continue to be in effect after January 1, 2011
- IL Public Act 95-0312, the MRSA Screening and Reporting Act (effective 8/20/07):
<http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=095-0312&GA=95>
- IL Public Act 96-1079 (effective 7/16/10) amended the MRSA Screening and Reporting Act: <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=096-1079>
- Reminder – mandatory reporting of VISA / VRSA
 - 77 Ill. Adm. Code 690.661
 - Isolates must be sent to state public health laboratory

Viewing IDPH Laws and Rules

- Your folder includes an instruction sheet with screen shots
- Thanks to Judy Conway for putting this together

Illinois Department of Public Health Home Page - Microsoft Internet Explorer provided by Information Technology

File Edit View Favorites Tools Help

Address <http://www.idph.state.il.us/> Go Links >>

TAKE CHARGE
get screened
www.cancerscreening.illinois.gov

Illinois Adoption Registry

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about the department
a-z topics list
news releases
health fact sheets
funding opportunities
publications
laws and rules
health statistics
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RECENT NEWS

HOSPITAL REPORT CARD AND CONSUMER GUIDE UPDATED

SPRINGFIELD, ILL. – The Hospital Report Card and Consumer Guide to Health Care Web site has been updated with new and additional information about pediatric care, healthcare-associated infections and emergency room data.

HIV/STD CONFERENCE FOCUS ON HIGH RISK POPULATIONS

SPRINGFIELD, ILL. – Youth, men who have sex with men (MSM) and African Americans are the most at risk populations for HIV (human immunodeficiency virus) and STDs (sexually transmitted disease) and are the focus for the 19th annual HIV/STD conference, “Creative Strategies for Changing Times.”

ROPP JERSEY CHEESE BEING RECALLED VOLUNTARILY

SPRINGFIELD, ILL. – Ropp Jersey Cheese, LLC, located at 2676 Ropp Road, Normal, Illinois is voluntarily recalling some of its cheese products because the products

Birth, Death and Other Records

Nacimientos, defunciones y otros registros

INFLUENZA

Flu Don't Get It. Don't Spread It. **Get Vaccinated.**

Illinois Hospital Report Card and Consumer Guide to Health Care

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From Immunization Section: Influenza - interim testing and reporting guidelines

- Influenza testing performed for inpatient and outpatient clinical care, including PCR testing, should be obtained at clinical and hospital laboratories. Effective 9/10/10, only the following specimens shall be sent to IDPH for influenza testing:
 1. Specimens that are approved by the local health department on a case by case basis (e.g. for outbreak management in a congregate facility, post-mortem evaluation, cases of suspected animal to human transmission of influenza virus).
 2. Specimens that cannot be subtyped (e.g. PCR testing is performed and is negative for currently circulating strains of H1 and H3).
 3. All submissions to IDPH for influenza laboratory testing require pre-approval from the local health department, and use of the respiratory influenza testing requisition form
- These criteria do not apply to IDPH-designated influenza sentinel surveillance providers, who will receive separate instructions regarding specimen submission.

From Immunization Section: Interim guidance for reporting of influenza

- Report the following to the local health department:
- 1. Suspected novel influenza (e.g. severe respiratory illness of unknown etiology associated with recent international travel). --Reportable immediately, within 3 hours. *Note: H1N1 2009 influenza is not currently considered to be a novel influenza strain for surveillance purposes.* (77 Ill. Adm. Code 690.469)
- 2. Pediatric influenza-associated deaths: defined as death of an individual < 18 years of age resulting from a clinically compatible illness that is confirmed to be influenza by culture, PCR, commercial rapid influenza, or other appropriate diagnostic test. --Reportable as soon as possible, within 7 days. (77 Ill. Adm. Code 690.465)
- 3. Influenza –associated intensive care unit hospitalizations: defined as individuals hospitalized in an ICU with a positive laboratory test for influenza A or B, including specimens identified as influenza A/H3N2, A/H1N1, A/H1N1(2009) and specimens not subtyped (e.g. influenza positive cases by PCR or any rapid test such as EIA). --Reportable as soon as possible, within 24 hours.
- 4. Outbreaks of influenza or influenza like illness in a congregate setting (e.g. correctional or long term care facility). Additional information regarding reporting of outbreaks of influenza and influenza- like illness in congregate settings will be provided under separate cover.

From Immunization Section: I-NEDSS modules

- As of October 1, 2010, I-NEDSS will contain three different case-based modules (novel influenza, pediatric influenza-associated deaths and influenza-associated ICU hospitalization) for influenza reporting.
- Please be sure to enter cases into the proper module. For female patients in the ICU, please make certain to indicate pregnancy/postpartum status. If updated information for any patient becomes available after the initial report (e.g. results of a PCR test, death), please update the I-NEDSS report.
- Influenza reports for other individuals should no longer be entered into I-NEDSS, unless requested by the local health department.

From Immunization Section: Pertussis – United States

- Through July 2010, several states have reported localized outbreaks of pertussis
- Localized outbreaks are not uncommon and occur throughout the year
- California and South Carolina are reporting elevated pertussis rates state-wide
- Reminder – mandatory reporting of Pertussis
 - 77 Ill. Adm. Code 690.750

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Update on Prevention Initiatives

Lori Williams

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