# Local Health Departments and Healthcare-Associated Infection Prevention, Surveillance, and Response

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Participant dial-in number: 1-800-403-7802



NACCHO will make the presentation slides and audio/video recording from this webinar available on <a href="www.naccho.org">www.naccho.org</a> in the future.



#### **Outline**

- Welcome
   Diana Gaviria, MD, MPH: Health Officer, Berkeley County Health Department (WV)
- Background on Healthcare-Associated Infections (HAIs) and Prevention Efforts
   Arjun Srinivasan, MD: Associate Director for HAI Prevention Programs, CDC
- Findings from NACCHO's Needs Assessment of Local Health Departments (LHDs) and HAIs Lilly Kan, MPH: Senior Program Analyst, NACCHO
- Question & Answer





# Background on HAIs and Prevention Efforts

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### Findings from NACCHO's Needs Assessment of LHDs and HAIs

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#### Outline

- Rationale
- Objectives
- Methods
- Findings
  - Awareness
  - Relationships
  - LHD Activities and Roles
  - Barriers
  - Needs
- Recommendations for Partners and LHDs
- Conclusion





#### Rationale

- Increased national and state HAI prevention efforts
- Evidence of LHD involvement in HAI outbreak response
- Lack of information on present involvement and role of LHDs





#### **Objectives**

- Increase stakeholders' understanding of the following:
  - LHDs' awareness of HAIs;
  - Extent to which LHDs were engaged in HAI prevention, surveillance, and response;
  - Barriers to primary HAI prevention; and
  - LHDs' needs in order to become more involved in expanding national and state HAI prevention activities
- Provide recommendations to stakeholders for facilitating LHD involvement in HAI prevention





#### Methods

- Developed a questionnaire and standardized interview script for obtaining both quantitative and qualitative responses on the following topics:
  - Awareness
  - Relationships
  - Current LHD HAI activities and roles
  - Barriers
  - Needs
- Conducted telephone interviews with 10 LHDs between January 10–May 27, 2011
  - Interviewed and separately summarized responses from an additional three stategoverned LHDs to isolate potential impact of state governance on LHD awareness of and engagement in HAIs
- Transcribed, coded, and analyzed qualitative data to identify emerging themes among responses





### **Findings**





### LHD Comments Regarding HAIs

"Now, there's this dichotomy....on the reportable disease side, we would do the investigation and the follow-up with the patient and the healthcare provider and that healthcare entity where the exposure may have occurred....On the non-reportable side and the nosocomial infections like MRSA and VRE and those, [we don't have] much of a role. It's more of an awareness point and a limited consultative role. It's an area where I think this department needs to become more involved."

"Most of our relationships with the hospital and those kinds of investigations or outbreaks is based on a cooperative basis; based on a professional basis, good relationships and those kinds of things. But if those kinds of relationships go sour...that could be a problem..."

"There really are no identified roles for us other than providing us the information. I think if the outbreak were big enough, we might be of help in terms of a field investigation part working with the state folks. But it's never risen to that level. But that is in the plan."





# Polling Question: Who is on the webinar?





# Polling Questions: Awareness





#### **Awareness**

- Six out of 10 LHDs reported little or no awareness of national HAI initiatives or their state's HAI program
- All LHDs were moderately to very aware of what partners were or would be involved in HAI
  prevention
- LHDs varied in awareness of HAI legislation or mandates in their state
  - LHDs that were aware of legislation and mandates explained that they worked with staff or partners who monitored these issues or followed it themselves

"There is a little bit of action going on in [state], and what I hear about it is primarily in newspapers or through the media..."





#### Relationships

- Nine out of 10 LHDs reported moderate to strong relationships with state health departments regarding HAI-related issues
- Seven out of 10 LHDs reported moderate to strong relationships with hospitals, other healthcare facilities (i.e., long-term care facilities), infection preventionists, and hospital epidemiologists, but also indicated that they tended to address reportable diseases with these partners
- LHDs reported weaker or non-existent relationships with frontline providers and health facility survey agencies regarding HAIs
- Half of LHDs reported serving on an external committee that addressed infection control or patient safety but noted that HAIs were only an occasional topic of those meetings

"We have a good relationship with the state - as needed around HAIs, but not regularly. Our main interaction happens with reportable conditions."





### Polling Questions: Priority and involvement





#### **Activities and Roles**

- Half of LHDs indicated that HAI prevention was either a low priority for their LHD or not a priority at all
- LHDs provided a mixed response when asked how involved they were in addressing HAIs;
   however, most LHDs ranged from being only somewhat involved to not involved at all
- A majority of LHDs reported no staffing or programmatic capacity to address HAIs
- On the other hand, a majority of LHDs indicated that they had a role in detecting and investigating HAI outbreaks; however, noted that their role primarily centered around other reportable diseases and varied by the type of healthcare facility involved
- LHDs said they were also involved in implementing control measures but that their roles were primarily consultative

"I think we recognize that HAIs are an important issue...whether you define them as a public health issue or a clinical care issue...determines whose responsibility it is...in our community, we haven't really defined that as a public health issue in a meaningful way...mostly because we have no capacity to address the problem."



#### **Barriers**

- Greatest barrier: Lack of resources, specifically lack of staffing
- Other barriers include lack of the following:
  - Subject matter expertise
  - Education and training resources necessary for building a knowledge base among existing staff
  - Reporting of cases and data
  - Awareness
  - Authority

"The [infection control] community is very interested in having public health get more involved...And we would love to be able to take advantage of that....They're asking for local public health leadership, to lead community wide programs on HAI surveillance and prevention. I think that...is a shame because we have a very engaged medical community [with] the willingness to collaborate with one another, but they really are asking for public health to be involved as a convener, as a facilitator, as the coordinators...and we just can't do it because we don't have the resources. We need to have long-term, stable, dedicated funding for that purpose. We can't do it without manpower."



## Polling Questions: Greatest barrier





#### Needs

- Greatest needs: Funding and staffing with infection control expertise
- · Given funds, LHDs would do the following:
  - Provide training for staff (i.e., send staff to national conferences)
  - Hire dedicated staff to better assess HAI issues in their jurisdiction and determine how their LHD could intervene
  - Disseminate HAI information to the partners and the public
  - Convene local healthcare facilities and other partners to coordinate efforts
  - Enhance local surveillance of HAIs

"HAI prevention at the LHD...is relatively new to us...We don't have anyone who's certified in infection control and with being certified comes a lot more knowledge about how to advise people in terms of preventing outbreaks...."





## Polling Questions: Additional funds





#### Recommendations for Partners

- Make HAI information more available and accessible to LHDs in the following areas:
  - General background information
  - Surveillance systems and strategies
  - Local surveillance data and burden of disease
  - Ongoing prevention efforts and best practices
  - Specific roles for LHDs or ways in which they can be involved
  - Funding opportunities for LHDs
  - Guidance/recommendations on infection control and HAI treatment
- Initiate conversations with LHDs to discuss potential prevention roles and assure that roles reflect local capacity and settings
- Document examples of effective LHD engagement in HAI prevention and share as models or guidance for others to follow
- Further explore facilitators and barriers to LHD engagement in HAI elimination





#### Recommendations for LHDs

- Learn about HAIs and prevention initiatives
- Use local experiences and perspectives to inform additional prevention and control strategies
- Provide local visibility and input to partners to help ensure that HAI elimination strategies with the potential to impact LHDs reflect LHD capacities and needs
- Identify and shape potential LHD roles in HAI prevention and reduction
- Share successes, challenges, and lessons learned regarding LHD engagement in HAI partnerships and initiatives





#### Conclusion

- LHDs vary greatly in awareness, relationships with partners, and role (actual and perceived) in preventing and controlling HAIs
- Important to continue exploring the present and potential involvement of LHDs in HAI prevention and control
- NACCHO next steps:
  - Finalize and disseminate report of needs assessment findings
  - Further assess and characterize LHD present and potential roles
  - Identify facilitators and barriers to LHD engagement
  - Develop or identify resources that support LHD engagement
    - LHD HAI demonstration site project
       <a href="http://naccho.org/topics/HPDP/IDPC/overview.cfm">http://naccho.org/topics/HPDP/IDPC/overview.cfm</a>
    - HAI Train-The-Trainer workshop
       http://www.avarisconcepts.com/index.php/workshops





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