

Data Collection

Monongalia County Health Department

Background Challenges

Data collection is key to tracking progress and evaluating outcomes of HAI/AR programs. Our program has oversight of several different facilities; however, many of them use their own data collection approaches, which poses challenges for accurate data comparison and evaluation. Our goal has been to transition all facilities to a universal reporting template to optimize our ability to identify opportunities for improvement across HAI/AR prevention efforts. Common data points allow for data-sharing and promotes ease of data access.

West Virginia Electronic Disease Surveillance System (WV EDSS) and West Virginia Health Information Network (WV HIN) are two of the most robust and commonly used reporting systems used in our program, and we also utilize the National Healthcare Safety Network (NHSN). Transitioning to use of the NHSN as a single, consistent, and simple data collection and source-sharing point has been key to advancing our programmatic efforts. Our long-term care facility (LTCF) partners have experience using the NHSN system due to Centers for Medicare & Medicaid Services (CMS) requirements, which simplified the process of consolidating data collection styles across facilities. Proprietary concerns regarding facility data has been another challenge, and we meet monthly with our facilities to work out data-sharing agreements.

In addition to the challenges posed by inconsistent data collection practices, in the post-COVID world we are met with higher employee turnover, short-staffing, and other changes impacting the efficiency of Infection Prevention (IP) teams.

Approach

Our primary and most successful approach to improve our HAI/AR programmatic efforts has been encouraging all of our facilities to join the NHSN. We provided all facilities the resources needed to complete this task.

Monongalia County Health Department (MCHD) has entered into Data Use Agreements (DUA) with NHSN, and we have partnered with the Association for Professionals in Infection Control and Epidemiology (APIC) Consulting to provide guidance throughout the process. As an academic health department, we have also partnered with West Virginia University Medicine's HAI/AR Director and Infectious Disease Pharmacist. WV Department of Health and Human Services (WV DHHR) assigned a Regional HAI/AR staff to our team, which provided greater insight into region-specific needs. These partnerships have been invaluable in supporting our program's success.

Results / Outcomes

Conducting meetings regularly with our program participants allowed us to continue moving our agenda forward, as well as recognize and celebrate successes. This supported our transition from a reactive approach to HAI/AR threats to a proactive, preventive one.

During the COVID-19 pandemic, we built many effective relationships across academic and facility partners to support infection prevention and control efforts and build trust. This supported our ability to facilitate a robust HAI/AR program that can improve health outcomes and benefit patients and staff alike. Renewed interest in HAI/AR has also allowed MCHD to work with local, regional, and state programs to review associated policies and procedures. This allowed us to share best practices and consistency with them across various agencies. CDC's efforts with Project Firstline and the Council for Outbreak Response and Healthcare-Associated Infections (CORHA) have also been beneficial in our efforts to build these best practices.

Conclusion

An effective HAI/AR program can make a substantial difference in improving the health and safety of patients and staff by improving outcomes and reduce the likelihood of healthcare-associated infections. Long-term additional funding is necessary to support the sustainability of such programs. Our goal is to become a regional HAI/AR resource for our state and to serve as an example of how a local health department can be a valuable asset in improving community health. Medical Directors have been instrumental in addressing the challenges of antimicrobial resistance, and are signing agreements to continue these ongoing efforts. Transitioning from a responsive approach to a preventive one may be laborious, but it is a necessary step in changing health behaviors and ultimately improving outcomes across all levels of healthcare.

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For More Information

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