NACCHO'S 2019 HEALTHCARE-ASSOCIATED INFECTIONS & ANTIBIOTIC RESISTANCE ASSESSMENT FINDINGS

The 2019 Local Health Department (LHD) Healthcare-Associated Infection (HAI) and Antibiotic Resistance (AR) Assessment aimed to describe the current landscape of HAI/AR work being conducted at the local level across the U.S. NACCHO employed a cross-sectional survey design to assess the extent to which LHDs engage in HAI/AR activities, explore existing LHD partner engagement, examine the role that LHDs play in outbreak response, and evaluate LHD capacity and infrastructure in HAI/AR prevention and control.

HAI/AR ACTIVITIES

- PROVIDE EDUCATION and outreach to the public (62%) and to healthcare facilities/providers (45%)
- CONDUCT SURVEILLANCE for outbreak detection (60%) and to maintain situational awareness (54%)
- COORDINATE WITH THE STATE to maintain situational awareness (50%) or refer to state's HAI program (40%)
- SUPPORT ANTIBIOTIC STEWARDSHIP practices and programs that already exist (21%)

LHDs conduct a wide variety of HAI/AR work and most commonly report four key activities.

ENGAGEMENT WITH HEALTHCARE FACILITIES

- 84% partner to conduct outbreak investigation & control
- 79% informally share information with a facility
- 73% engage to deliver patient or provider education
- 68% share data with a healthcare facility

LHDs most frequently engage with nursing homes, skilled nursing facilities, and short-stay acute care hospitals, while some also work with long-term acute care hospitals and dialysis facilities.

ROLE IN OUTBREAK & EXPOSURE EVENTS IN THE PREVIOUS YEAR

- Recommend control measures: 85%
- Connect facility to resources: 64%
- Lead investigation: 62%
- Detect outbreak: 28%

90% of LHDs report playing some role in an outbreak or exposure event in the previous year, and 27% have been involved in a response to novel or emerging multi-drug resistant organisms.

HAI/AR WORKFORCE

- SMALL LHDS have an average of 0.5 FTEs
- MEDIUM LHDS have an average of 2.4 FTEs
- LARGE LHDS have an average of 5.6 FTEs

The number of FTEs involved in HAI/AR activities varies based on the population size served by an LHD, and most HAI/AR work is conducted by a nurse or epidemiologist on staff.

BARRIERS TO INVOLVEMENT IN HAI/AR PREVENTION & CONTROL

- Lack of funding for staffing: 73%
- Lack of staff training: 50%
- Competing priorities: 45%
- Lack of resources & tools: 42%

LHDs experience barriers to conducting HAI/AR activities that most often relate to insufficient workforce capacity.

LHDs play a vital role in HAI/AR prevention & control.

Ongoing support and resources are critical to support LHD staff capacity, expand partner engagement, strengthen LHD infrastructure, and prioritize HAI/AR activities. Understanding and cultivating the expanding role that LHDs play is necessary to advance HAI/AR prevention and control.