

2012 West Virginia Healthcare Associated Infection Prevention Plan

West Virginia Healthcare Associated Infection Advisory Group Membership

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West Virginia Healthcare Associated Infections (HAI) Plan

Table 1: State infrastructure planning for HAI surveillance, prevention and control.

Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates
X		1. Maintain statewide HAI prevention leadership through the formation of multidisciplinary group or state HAI advisory council <ul style="list-style-type: none"> i. Collaborate with local and regional partners (e.g., state hospital associations, professional societies for infection control and healthcare epidemiology, academic organizations, laboratorians and networks of acute care hospitals and long term care facilities (LTCFs)) ii. Identify specific HAI prevention targets consistent with HHS priorities 	Ongoing
	X		Achieved

Status and Narrative Plan: The state of West Virginia has an active state HAI Advisory Group. The stated responsibilities of the HAI advisory group are:

1. Offer input into the state HAI plan for West Virginia.
2. Advise on selection of HAI prevention targets most relevant to our state.
3. Primarily represent the interests of patients and families throughout the state.
4. Secondarily, represent the interests of relevant professional and trade organizations.
5. Communicate about the planning process with stakeholders of member organizations.
6. Advise on appropriate prevention goals and objectives for statewide planning.
7. Advise on appropriate evidence-based interventions to prevent and control HAIs.

Over time, as issues related to healthcare associated infections change, membership of the multidisciplinary group will also change. On an annual basis, membership will be reviewed and updated in collaboration with the multidisciplinary group and the current membership list will be posted (www.dide.wv.gov) with this plan. The old plan and old list will be archived at that website. For some issues, planning may be conducted by subcommittees of this group.

The West Virginia Health Care Authority (West Virginia HCA) has implemented its legal mandate (See:

<http://www.hcawv.org/Infect/InfectHome.htm>) to collect healthcare associated infections data through the National Healthcare Safety Network (NHSN). West Virginia HCA carries out its mission with the advice of an Infection Control Advisory Panel (ICAP) (See: <http://www.hcawv.org/Infect/PanelListing.pdf>) The composition of this panel is specified in state code and the panel must participate in decisions regarding collection of hospital data for public reporting. Beginning July 1, 2009, hospitals were required to report central line associated bloodstream infections (CLABSIs) data through NHSN. Also beginning in 2009, hospitals were required to report aggregate information on seasonal healthcare worker influenza immunization to West Virginia HCA. Effective January 1, 2012, hospitals were required to report CLABSIs, catheter associated urinary tract infections (CAUTIs), and surgical site infections (SSIs) after colon surgery and abdominal hysterectomy through NHSN. Under state law, this data will eventually be made public in a process to be determined by West Virginia HCA with guidance from the ICAP.

Objective 1.1: On at least an annual basis, the West Virginia Bureau for Public Health will evaluate membership of the HAI Advisory Group so that membership can appropriately address existing and emerging HAIs.

Date Due	1.1 Evaluation Measure	Person Responsible
December 31, annually	Membership list is posted in the State HAI Plan at www.dide.wv.gov	Thein Shwe, MPH, MS, State HAI Coordinator; with input from the state HAI Advisory Group, Bureau for Public Health

Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates
X		2. Establish an HAI surveillance prevention and control program <ul style="list-style-type: none"> i. Designate a State HAI Prevention Coordinator ii. Develop dedicated, trained HAI staff with at least one FTE (or contracted equivalent) to oversee the four major HAI 	Achieved

activity areas (Integration, Collaboration, and Capacity Building; Reporting, Detection, Response and Surveillance; Prevention; Evaluation, Oversight and Communication)

Status and Narrative Plan: Thein Shwe continues working as the State HAI Coordinator since December 1, 2010. The position is currently funded with CDC Epidemiology and Laboratory Capacity (ELC) funding.

Funding was requested but was not awarded from CDC to conduct some HAI activities such as data validation, antibiotic stewardship education, and laboratory testing for multidrug resistant organisms outbreaks. As staffing needs are identified, funding may be sought through grant opportunities and/or state appropriations.

Objective 1.2. On an ongoing basis, the Bureau for Public Health shall maintain the State HAI Prevention Coordinator position.

Date Due	1.2 Evaluation Measure	Person Responsible
Ongoing	State HAI Coordinator is employed by BPH	Loretta Haddy, State Epidemiologist Danae Bixler, Director, Infectious Disease Epidemiology Bureau for Public Health

Objective 1.3: On an annual basis by July 1, staffing needs shall be assessed by the HAI Coordinator and the Director of the Division of Infectious Disease Epidemiology. Staffing needs shall be noted in this plan by December 31.

Date Due	1.3 Evaluation Measure	Person Responsible
December 31, annually	Assessment of staffing needs completed and noted in this plan.	Director of Infectious Disease Epidemiology, Healthcare Associated Infections Coordinator Bureau for Public Health

Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates									
	X	3. Integrate laboratory activities with HAI surveillance, prevention and control efforts. <ul style="list-style-type: none"> i. Improve laboratory capacity to confirm emerging resistance in HAI pathogens and perform typing where appropriate (e.g., outbreak investigation support, HL7 messaging of laboratory results) 	To be determined									
<p>Status and Narrative Plan: West Virginia has limited capacity at the Office of Laboratory Services for assessing resistance in HAI pathogens or performing typing where appropriate. Funding was requested from CDC for this objective but was not awarded. BPH will try to allocate other funding to achieve this objective. Stakeholders to participate in planning should include representatives from the Office of Laboratory Services, university microbiology departments, Association of Professionals in Infection Control, and hospital epidemiologists. The West Virginia Office of Laboratory Services (OLS) has submitted a purchase request for bioMerieux Diversilab equipment for molecular typing for strain identification to assist with MDRO outbreak investigation. A proposal to expand laboratory capacity will be developed for review by the HAI advisory group during 2012. A funding request has been submitted to obtain bioMerieux Vitek2 equipment for susceptibility testing for MDROs.</p> <p>Objective 1.4: By December 31, 2012, a plan for laboratory infrastructure developed will be prepared.</p> <table border="1"> <thead> <tr> <th>Date Due</th> <th>1.4 Evaluation Measure</th> <th>Person Responsible</th> </tr> </thead> <tbody> <tr> <td>December 31, 2012</td> <td>A plan for laboratory infrastructure is developed.</td> <td>HAI Coordinator and Director of DIDE Microbiology supervisor and Associate Director of Office of Laboratory Services</td> </tr> </tbody> </table> <p>Objective 1.5: By December 31, 2013, the HAI Coordinator shall have developed a plan for laboratory support for healthcare associated infections and incorporated elements of the laboratory plan into this plan.</p> <table border="1"> <thead> <tr> <th>Date Due</th> <th>1.5 Evaluation Measure</th> <th>Person Responsible</th> </tr> </thead> <tbody> </tbody> </table>				Date Due	1.4 Evaluation Measure	Person Responsible	December 31, 2012	A plan for laboratory infrastructure is developed.	HAI Coordinator and Director of DIDE Microbiology supervisor and Associate Director of Office of Laboratory Services	Date Due	1.5 Evaluation Measure	Person Responsible
Date Due	1.4 Evaluation Measure	Person Responsible										
December 31, 2012	A plan for laboratory infrastructure is developed.	HAI Coordinator and Director of DIDE Microbiology supervisor and Associate Director of Office of Laboratory Services										
Date Due	1.5 Evaluation Measure	Person Responsible										

December 31, 2013	This HAI plan addresses the state laboratory plan	HAI Coordinator
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Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates
X		4. Improve coordination among government agencies or organizations that share responsibility for assuring or overseeing HAI surveillance, prevention and control (e.g., State Survey agencies, Communicable Disease Control, state licensing boards)	Achieved

Status and Narrative Plan: Effective with hire of the HAI Coordinator, DIDE has initiated contact with representatives of the Office of Health Facility Licensure and Certification, the Board of Medicine (covers physicians and podiatrists), the Board of Osteopathy, the Board of Dental Examiners, Board of Pharmacy, and the Board of Examiners for Registered Professional Nurses to formulate an agreement for coordination of outbreak investigations and infection control breaches. A written memorandum documented the agreement is posted to www.dide.wv.gov.

Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates
<input type="checkbox"/>	<input type="checkbox"/>	5. Facilitate use of standards-based formats (e.g., Clinical Document Architecture, electronic messages) by healthcare facilities for purposes of electronic reporting of HAI data. Providing technical assistance or other incentives for implementations of standards-based reporting can help develop capacity for HAI surveillance and other types of public health surveillance, such as for conditions deemed reportable to state and local	To be determined

		health agencies using electronic laboratory reporting (ELR). Facilitating use of standards-based solutions for external reporting also can strengthen relationships between healthcare facilities and regional nodes of healthcare information, such as Regional Health Information Organizations. (RHIOs) and Health Information Exchanges (HIEs). These relationships, in turn, can yield broader benefits for public health by consolidating electronic reporting through regional nodes.	
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Status and Narrative Plan: Consensus opinion of the Advisory Group is that this is an extremely important activity for maximizing efficiency of personnel resources in hospitals; however West Virginia does not have enough infrastructures in place to initiate planning towards this activity at this time. This issue will be revisited on an annual basis to determine if planning can proceed.

Objective 1.6: On an annual basis by December 31, the Health Care Authority shall re-evaluate feasibility of planning towards electronic reporting.

Date Due	1.6 Evaluation Measure	Person Responsible
December 31, annually	Feasibility of planning toward electronic reporting is addressed in the State HAI plan	Health Care Authority

Status and Narrative Plan: There is no infrastructure to implement this objective at this time.

2. Surveillance, Detection, Reporting, and Response

Table 2: State planning for surveillance, detection, reporting, and response for HAIs

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	1. Improve HAI outbreak detection and investigation	
	X	i. Work with partners including CSTE, CDC, state legislatures, and providers across the healthcare continuum to improve outbreak reporting to state health departments	July 1, 2013
	X	ii. Establish protocols and provide training for health department staff to investigate outbreaks, clusters or unusual cases of HAIs.	July 1, 2013
	X	iii. Develop mechanisms to protect facility/provider/patient identity when investigating incidents and potential outbreaks during the initial evaluation phase where possible to promote reporting of outbreaks	July 1, 2013
	X	iv. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings (e.g., hepatitis B, hepatitis C, multi-drug resistant organisms (MDRO), and other reportable HAIs)	Ongoing
<p>Status and Narrative Plan: West Virginia's reportable disease rule requires reporting of community outbreaks immediately. While reporting of healthcare associated outbreaks is not explicitly required, nursing home outbreaks are frequently reported to Infectious Disease Epidemiology. State epidemiologists have gained increasing experience and training in investigation of healthcare associated infections.</p> <p>During 2012, ongoing efforts to train all staff who conduct outbreak investigations will continue. In 2012, 2 staff will complete the Society of Healthcare Epidemiology of America (SHEA) training. Two staff have completed a one-month rotation at Charleston Area Medical Center (CAMC) Infection Control Program to learn more about hospital infection control.</p> <p>During 2012, planning for revision of the reportable disease rule to include healthcare associated outbreaks in the list of reportable</p>			

conditions will begin. Proposed rule changes must usually be submitted internally by June 15 of each year for submission to the state legislature by January of the following year. Proposed language will be drafted in the early part of 2012 and submitted for public comment according to the usual state deadlines. If passed by the state legislature, the provision would become law in 2013. Language in the rule to protect confidentiality is already quite strong. The Advisory Group was consulted about draft language in the reportable disease rule in January 2012.

As this process unfolds, outbreaks will continue to be recorded in the annual outbreak report posted at:

<http://www.wvidep.org/AZIndexofInfectiousDiseases/OutbreaksorClustersofAnyIllness/tabid/1535/Default.aspx>. Beginning with the 2009 report, healthcare associated outbreaks have been specifically tracked to document changes in reporting of healthcare associated outbreaks.

Objective 2.1: On an ongoing basis, all existing and newly hired epidemiology and nursing staff in DIDE shall receive training in infection control; and designated staff shall represent DIDE at the annual national SHEA and APIC conferences.

Date Due	2.1 Evaluation Measures	Person Responsible
Annually by December 31,	<ul style="list-style-type: none"> • Additional DIDE nurses and epidemiologists shall have completed infection control training • Selected epidemiology and/or nursing staff shall attend local and national APIC and national SHEA meetings. • Selected epidemiologists are 'embedded' at CAMC for training in hospital epidemiology. 	Loretta Haddy, State Epidemiologist Danae Bixler, Director, Infectious Disease Epidemiology Bureau for Public Health

Objective 2.2: By June 15, 2012, the State Epidemiologist shall submit a proposed revision to the reportable disease rule, 64CSR7 requiring reporting of healthcare associated outbreaks, and specifying confidentiality protections for healthcare institutions during investigation.

Date Due	2.2 Evaluation Measure	Person Responsible
June 15, 2012	Proposed revision to 64CSR7 has been submitted to Legislative Services in the West Virginia Department of Health and Human Resources	Loretta Haddy, State Epidemiologist Bureau for Public Health

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
X	X	2. Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues.	December 31, 2012
<p>Status and Narrative Plan: Office of Laboratory Services (OLS) has submitted a purchase request for bioMerieux Diversilab equipment for molecular typing for strain identification to assist with MDRO outbreak investigation. When the equipment arrives at OLS, validation of performance will be conducted before actual testing and reporting can be accomplished. A proposal to expand laboratory capacity will be developed for review by the HAI advisory group during 2012. A funding request was also submitted to obtain bioMerieux Vitek2 equipment for susceptibility testing for MDROs.</p>			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	3. Improve communication of HAI outbreaks and infection control breaches	July 1, 2013
	X	<ul style="list-style-type: none"> i. Develop standard reporting criteria including, number, size and type of HAI outbreak for health departments and CDC ii. Establish mechanisms or protocols for exchanging information about outbreaks or breaches among state and local governmental partners (e.g., State Survey agencies, Communicable Disease Control, state licensing boards) 	Achieved
<p>Status and Narrative Plan: West Virginia has disease investigation protocols, including an outbreak protocol posted at: http://www.wvdep.org/WVReportableDiseaseManual/tabid/1435/Default.aspx Healthcare associated outbreak reporting and investigation guidelines will be drafted by the HAI Coordinator and outbreak epidemiologist, and then discussed with the Advisory Group before finalizing it. DIDE epidemiologists have developed outbreak tool kits for use by healthcare facilities, including Toolkits for influenza, norovirus, MDROs and <i>Clostridium difficile</i> infection (CDI).</p>			
<p>Objective 2.3: By July 1, 2013, West Virginia shall include guidance for reporting and investigation of healthcare associated outbreaks</p>			

as part of the reportable disease protocol manual.

Date Due	2.3 Evaluation Measure	Person Responsible
July 1, 2013	Outbreak protocol is posted at www.wvdep.org for healthcare associated outbreaks	HAI Coordinator Outbreak Epidemiologist Bureau for Public Health

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
X		4. Identify at least 2 priority prevention targets for surveillance in support of the HHS HAI Action Plan	To be determined
X		i. Central Line-associated Bloodstream Infections (CLABSIs)	July 1, 2009
X		ii. <i>Clostridium difficile</i> Infections (CDI)	January 1, 2012
X		iii. Catheter-associated Urinary Tract Infections (CAUTIs)	January 1, 2012
		iv. Methicillin-resistant Staphylococcus aureus (MRSA) Infections	
		v. Surgical Site Infections (SSIs)	
		vi. Ventilator-associated Pneumonia (VAP)	

Status and Narrative Plan: West Virginia law requires that hospitals submit healthcare associated infections to the West Virginia Health Care Authority (HCAWV). The data to be submitted are determined by the West Virginia HAI Infection Control Advisory Panel. Since July 1, 2009, data on CLABSI in medical intensive care units, surgical intensive care units and medical-surgical intensive care units are reported through the National Healthcare Safety Network (NHSN). Under W. Va. Code §16-5F-1, the West Virginia HCA can collect data and make this data available to the public in a format to be determined by the Infection Control Advisory Panel (ICAP). Membership of the ICAP is specified by law and listed at <http://www.hcawv.org/Infect/Panellisting.pdf>.

Effective January 2012, HCAWV and the HAI Infection Control Advisory Panel determined to require reporting of CLABSI from all ICUs; CAUTIs from all adult and pediatric ICUs and medical, surgical, adult mixed acuity units in acute care and critical access hospitals that do not have an ICU; and SSIs from colon and abdominal hysterectomy surgical procedures to NHSN. Data collection has also been implemented for influenza immunization of healthcare workers in all hospitals in West Virginia since 2009. The HCAWV published the 2012 HAI Annual Report which contains data on healthcare personnel seasonal influenza vaccinations and the first public release of

West Virginia hospital-specific CLABSI data. It is posted on http://www.hcawv.org/Infect/HAIReport_2012.pdf.

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
X		5. Adopt national standards for data and technology to track HAIs (e.g., NHSN). i. Develop metrics to measure progress towards national goals (align with targeted state goals). (See Appendix 1).	Achieved
X		ii. Establish baseline measurements for prevention targets	

Status and Narrative Plan: West Virginia uses the National Healthcare Safety Network (NHSN) for tracking HAIs. Baseline data is available for CLABSI since July 2009 and it is included in the HCAWV HAI Annual Reports posted on <http://www.hcawv.org/Infect>.

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	6. Develop state surveillance training competencies i. Conduct local training for appropriate use of surveillance systems (e.g., NHSN) including facility and group enrollment, data collection, management, and analysis	to be determined

Status and Narrative Plan: Specific NHSN training needs will be evaluated by conducting a needs assessment survey to infection preventionists in 2012. Based on this evaluation, a training plan for hospitals will be developed by HCAWV.

Objective 2.4: Training for hospital staff using NHSN will be addressed in this plan by December 31, 2012.

Date Due	2.4 Evaluation Measure	Person Responsible
December 31, 2012	Training plan is developed by Health Care Authority	Health Care Authority WV

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
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	X	7. Develop tailored reports of data analyses for state or region prepared by state personnel	To be determined.
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Status and Narrative Plan: The HCAWV publishes an annual report summarizing HAI surveillance data and is posted at http://www.hcawv.org/Infect/HAIReport_2012.pdf. The report is also distributed to the WV legislature and hospitals.

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	<input checked="" type="checkbox"/>	8. Validate data entered into HAI surveillance (e.g., through healthcare records review, parallel database comparison) to measure accuracy and reliability of HAI data collection <ul style="list-style-type: none"> i. Develop a validation plan ii. Pilot test validation methods in a sample of healthcare facilities iii. Modify validation plan and methods in accordance with findings from pilot project iv. Implement validation plan and methods in all healthcare facilities participating in HAI surveillance v. Analyze and report validation findings vi. Use validation findings to provide operational guidance for healthcare facilities that targets any data shortcomings detected 	December 31, 2012

Status and Narrative Plan: A data validation plan will be developed by HCAWV.

Objective 2.5: By December 31, 2012, data validation plan will be addressed in this HAI plan.

Date Due	2.5 Evaluation Measure	Person Responsible
December 31, 2012	A CLABSI data validation plan will be developed and included in this HAI plan.	WV Healthcare Authority

Status and Narrative Plan: A data validation plan will be developed by HCAWV.

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
X		9. Develop preparedness plans for improved response to HAI <ul style="list-style-type: none"> i. Define processes and tiered response criteria to handle increased reports of serious infection control breaches (e.g., syringe reuse), suspect cases/clusters, and outbreaks 	Achieved
<p>Status and Narrative Plan: During 2009, West Virginia investigated two outbreaks in ambulatory care settings. Both outbreaks required notification of patients of possible exposure to blood-borne pathogens. As a result, West Virginia has accumulated examples of letters and websites used for patient notifications in a shared directory. In addition, West Virginia has adopted CDC guidelines for notification (see http://www.wvidep.org/AZIndexofInfectiousDiseases/InfectionControl/tabid/1783/Default.aspx)</p>			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
		10. Collaborate with professional licensing organizations to identify and investigate complaints related to provider infection control practice in non-hospital settings, and to set standards for continuing education and training	Achieved
<p>Status and Narrative Plan: The HAI Coordinator discussed management of infection control breaches with the West Virginia medical, osteopathic, dental and nursing Boards during 2011. A written memorandum documented the agreement is posted to www.dide.wv.gov.</p>			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/>	<input type="checkbox"/>	11. Adopt integration and interoperability standards for HAI information systems and data sources <ul style="list-style-type: none"> i. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings (e.g., hepatitis B, hepatitis C, multi-drug resistant organisms (MDRO), and other reportable HAIs) across the spectrum of 	To be determined

<input type="checkbox"/>	<input type="checkbox"/>	inpatient and outpatient healthcare settings ii. Promote definitional alignment and data element standardization needed to link HAI data across the nation.	
Status and Narrative Plan: At this point, there is inadequate staffing to plan for this imperative. This important part of surveillance will be addressed as West Virginia infrastructure improves.			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	12. Enhance electronic reporting and information technology for healthcare facilities to reduce reporting burden and increase timeliness, efficiency, comprehensiveness, and reliability of the data i. Report HAI data to the public	See Objective 1.6 See objective 4.3 and 4.5
See objectives 1.6, 4.3 and 4.5.			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	13. Make available risk-adjusted HAI data that enables state agencies to make comparisons between hospitals.	See objective 4.3 and 4.5
See objective 4.3 and 4.5			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/>	<input type="checkbox"/>	14. Enhance surveillance and detection of HAIs in nonhospital settings	
Status and Narrative Plan: At this point, there is inadequate staffing to plan for this imperative.			

3. Prevention

Table 3: State planning for HAI prevention activities

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	1. Implement HICPAC recommendations. i. Develop strategies for implementation of HICPAC recommendations for at least 2 prevention targets specified by the state multidisciplinary group.	Achieved
Status and Narrative Plan: The list of hospitals that committed to implement SHEA/IDSA CLABSI prevention recommendations is posted at www.dide.wv.gov .			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	2. Establish prevention working group under the state HAI advisory council to coordinate state HAI collaboratives i. Assemble expertise to consult, advise, and coach inpatient healthcare facilities involved in HAI prevention collaboratives	To be determined
Status and Narrative Plan: There are no resources available to address this objective at this time.			
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	3. Establish HAI collaboratives with at least 10 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions)	

	X	i. Identify staff trained in project coordination, infection control, and collaborative coordination	To be determined
	X	ii. Develop a communication strategy to facilitate peer-to-peer learning and sharing of best practices	To be determined
	X	iii. Establish and adhere to feedback of a clear and standardized outcome data to track progress	To be determined

Status and Narrative Plan: Due to lack of resources, this objective cannot be addressed at this time.

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	4. Develop state HAI prevention training competencies i. Consider establishing requirements for education and training of healthcare professionals in HAI prevention (e.g., certification requirements, public education campaigns and targeted provider education) or work with healthcare partners to establish best practices for training and certification	To be determined.

Status and Narrative Plan: The HAI coordinator will research other states' requirements for certification of infection preventionists and share the findings with the Advisory Group during 2012. In 2011, Long-term Care Workgroup was established and discussed about conducting joint regional trainings on basic infection prevention and MDROs and *Clostridium difficile* infection 101 (CDI) for long-term care and acute care facilities and local health departments. Division of Infectious Disease Epidemiology (DIDE) of West Virginia Bureau for Public Health is currently developing a standardized curriculum for this training and 8 regional trainings will be conducted for each surveillance region throughout the state this year.

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
		5. Implement strategies for compliance to promote adherence to HICPAC recommendations i. Consider developing statutory or regulatory standards for healthcare infection control and prevention or work with healthcare partners to	

<input type="checkbox"/>	X	establish best practices to ensure adherence	To be determined.
<input type="checkbox"/>	X	ii. Coordinate/liaise with regulation and oversight activities such as inpatient or outpatient facility licensing/accrediting bodies and professional licensing organizations to prevent HAIs	To be determined.
<input type="checkbox"/>	<input type="checkbox"/>	iii. Improve regulatory oversight of hospitals, enhancing surveyor training and tools, and adding sources and uses of infection control data	
		iv. Consider expanding regulation and oversight activities to currently unregulated settings where healthcare is delivered or work with healthcare partners to establish best practices to ensure adherence	

Status and Narrative Plan: There are no current plans to address this item. This issue will be revisited in the future.

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/>	<input type="checkbox"/>	6. Enhance prevention infrastructure by increasing joint collaboratives with at least 20 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions)	

Status and Narrative Plan: West Virginia has insufficient resources to plan towards this imperative at this time.

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
<input type="checkbox"/>	<input type="checkbox"/>	7. Establish collaborative to prevent HAIs in nonhospital settings (e.g., long term care, dialysis)	

Status and Narrative Plan: Outbreak investigations suggest that substantial training needs exist in long term care settings in West Virginia. During 2012, WVBPH will conduct regional long term care infection prevention training jointly with acute care facilities, local, regional and state health departments. Representatives from APIC-WV, West Virginia Healthcare Association and West Virginia Medical Institute have

been invited to serve as consultants.

4. Evaluation and Communications

Table 4: State HAI communication and evaluation planning

Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation						
	X X	1. Conduct needs assessment and/or evaluation of the state HAI program to learn how to increase impact <ul style="list-style-type: none"> i. Establish evaluation activity to measure progress towards targets and ii. Establish systems for refining approaches based on data gathered 	Achieved To be determined						
<p>Status and Narrative Plan: In 2012, a specific needs assessment for NHSN HAI surveillance training will be conducted to infection preventionists by West Virginia Health Care Authority and the findings will be shared with the Advisory Group.</p> <p>Objective 4.1: On an annual basis by December 31, the state HAI plan shall be revised to reflect current priorities, and posted to www.dide.wv.gov.</p> <table border="1" data-bbox="180 984 1690 1182"> <thead> <tr> <th>Date Due</th> <th>4.1 Evaluation Measure</th> <th>Person Responsible</th> </tr> </thead> <tbody> <tr> <td>Annually by December 31, beginning in 2009</td> <td>This updated plan is posted to www.dide.wv.gov</td> <td>HAI Coordinator, Infectious Disease Epidemiology Programmer Analyst I, Bureau for Public Health</td> </tr> </tbody> </table>				Date Due	4.1 Evaluation Measure	Person Responsible	Annually by December 31, beginning in 2009	This updated plan is posted to www.dide.wv.gov	HAI Coordinator, Infectious Disease Epidemiology Programmer Analyst I, Bureau for Public Health
Date Due	4.1 Evaluation Measure	Person Responsible							
Annually by December 31, beginning in 2009	This updated plan is posted to www.dide.wv.gov	HAI Coordinator, Infectious Disease Epidemiology Programmer Analyst I, Bureau for Public Health							
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation						
		2. Develop and implement a communication plan about the state's HAI program and progress to meet public and private stakeholders needs							

	X	i. Disseminate state priorities for HAI prevention to healthcare organizations, professional provider organizations, governmental agencies, non-profit public health organizations, and the public	June 30, 2012
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Status and Narrative Plan: The HAI coordinator prepared an executive summary of this plan for distribution to APIC-WV, WV Hospital Association, WV Healthcare Association, Office of Healthcare Facility Licensure and Certification (OHFLAC), licensing boards and professional organizations. This HAI plan and the executive summary will be posted at www.dide.wv.gov. The HAI coordinator attends quarterly APIC-WV meetings and share information on the plan and regional long-term care infection prevention training. As required by law, WV Health Care Authority will update the legislature on the status of public reporting of HAI by January 15, annually. The report is posted at <http://www.hcawv.org/Infect>.

Objective 4.2: West Virginia Hospital Association (WVHA) shall disseminate the HAI Plan Executive Summary to stakeholders via e-mail when it is available. .

Date Due	4.2 Evaluation Measure	Person Responsible
June, 2012	HAI Plan Executive Summary has been sent to stakeholders from the West Virginia Hospital Association.	Jim Kranz, West Virginia Hospital Association

Objective 4.3: West Virginia HCA shall make a report of progress on their activities as required under West Virginia State Code 16-5B-17 by January 15, annually.

Date Due	4.3 Evaluation Measure	Person Responsible
January 15, annually	Report is submitted to the West Virginia State Legislature	West Virginia HCA

Objective 4.4: West Virginia Bureau for Public Health shall communicate about the state planning process at least annually with the Office of Health Facility Licensure and Certification (OHFLAC) and the medical, osteopathic, dental, pharmacy and nursing boards.

Date Due		4.4 Evaluation Measure	Person Responsible
Annually, by December 31		Meeting minutes document communication with OHFLAC and the medical, osteopathic, dental, pharmacy and nursing licensing boards.	HAI Coordinator, West Virginia Bureau for Public Health
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
X		3. Provide consumers access to useful healthcare quality measures	Ongoing
<p>Status and Narrative Plan: Currently, the HCAWV makes available the HAI Annual Report to the public via the website http://www.hcawv.org/Infect. The HAI Control Advisory Panel will be making recommendations on additional consumer friendly formats for releasing HAI data.</p> <p>Objective 4.5: On an annual basis by December 31, the West Virginia HCA shall compile and release HAI summary data publicly.</p>			
Date Due		4.5 Evaluation Measure	Person Responsible
Annually by December 31		HAI summary data is available to the public.	West Virginia Health Care Authority
Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	X	4. Identify priorities and provide input to partners to help guide patient safety initiatives and research aimed at reducing HAIs	ongoing
<p>Status and Narrative Plan: Through needs assessment (See objective 4.1), the multidisciplinary committee will identify current priorities and use that information to update prevention efforts.</p>			