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SHARPPS Program

The new face of healthcare associated infections

Objectives

- List key activities of SHARPPS Program
- Describe One & Only, Get Smart campaigns
- Describe role of the local health department in Infection Prevention activities

Objectives

- Program Overview
- Program Activities
- Campaigns
- Future Activities
- LHD Engagement

SHARPPS

Surveillance for Healthcare Associated & Resistant Pathogens Patient Safety Program

OVERVIEW

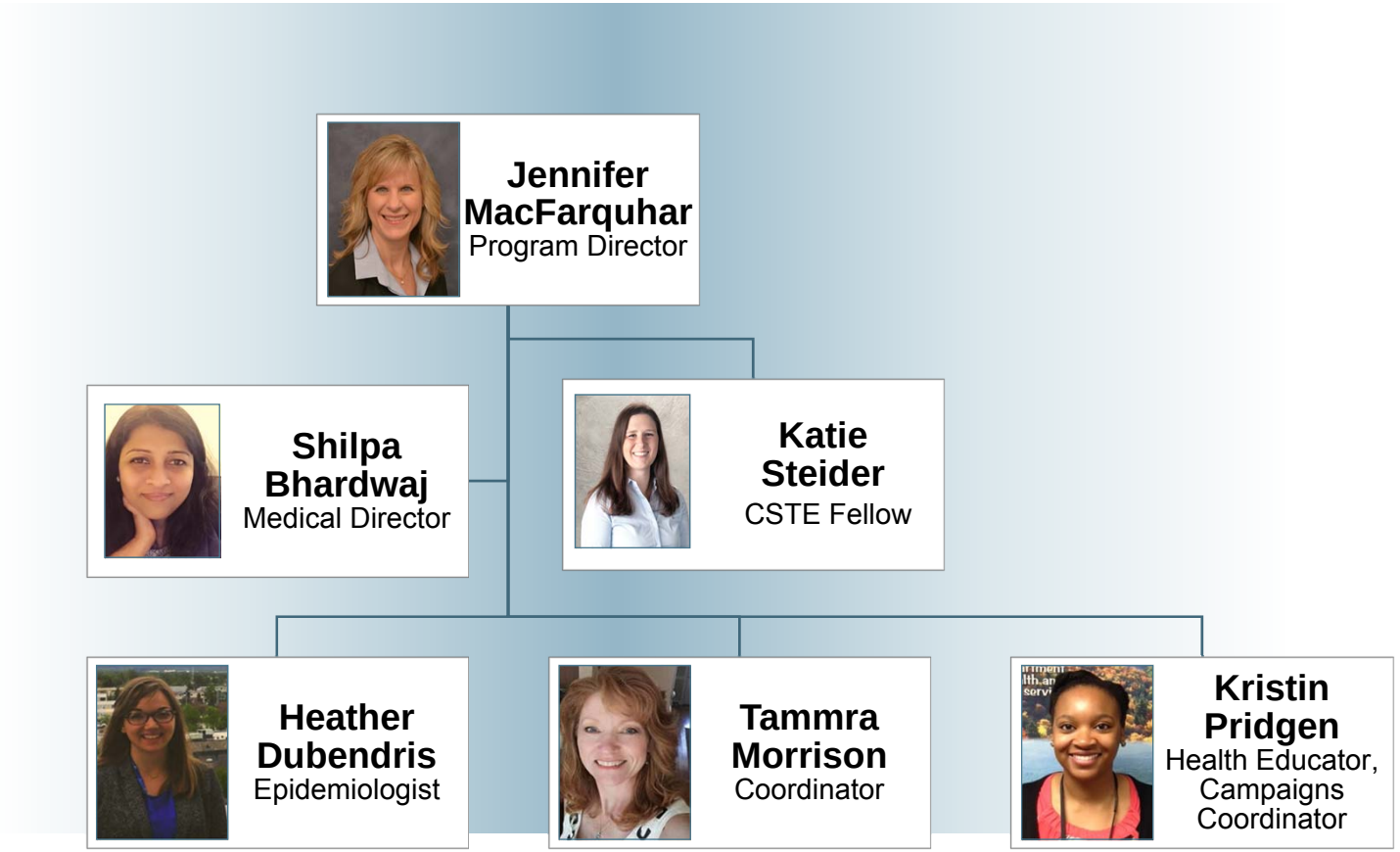
Mission

To work in partnerships to prevent, detect, and respond to events and outbreaks of healthcare-associated and antimicrobial resistant infections in North Carolina.

SHARPPS

Surveillance for Healthcare Associated & Resistant Pathogens Patient Safety Program

OVERVIEW



Healthcare associated infection (HAI)

Any infection acquired as a consequence of a healthcare intervention or that acquired by a healthcare worker in the course of duty

Can occur in any healthcare setting

Burden of HAIs in USA

HAI Prevalence survey published in 2014, estimated

- 722,000 HAIs in acute care hospitals in 2011
- 75,000 patient's died during their hospitalization

Estimates for overall annual direct medical costs attributable to HAI in U.S. hospitals

- Range from $28.4 to $45 billion

NC: Estimated costs $124 - $348 million

http://www.nejm.org/doi/full/10.1056/NEJMoa1306801#t=articleResults
https://www.cdc.gov/hai/pdfs/hai/scott_costpaper.pdf

Winnable Battle !!

CDC identifies eliminating HAIs as a winnable battle.

With additional effort and support for evidence-based, cost-effective strategies, we can have a significant impact on our nation's health.

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Surveillance for Healthcare Associated & Resistant Pathogens Patient Safety Program

ACTIVITIES

- Surveillance, Investigation & Response
- Prevention, Education & Training
- Monitoring & Evaluation
- Communication

Click to go to next section

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Surveillance for Healthcare Associated & Resistant Pathogens Patient Safety Program

ACTIVITIES

Surveillance, Investigation & Response	Prevention, Education & Training	Monitoring & Evaluation	Communication
HAI reporting to NHSN CRE surveillance DHSR Infection Prevention Breach reporting Outbreak & Exposure management			

Click to go to next section

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HAI REPORTING TO NHSN

Who | What | How

10A NCAC 41A .0106 REPORTING OF HEALTH CARE-ASSOCIATED INFECTIONS

(a) The following definitions apply throughout this Rule:

(1) "Hospital" means any facility designated as such in G.S. 131E-76(3).

(2) "National Healthcare Safety Network" is an internet-based surveillance system managed by the Centers for Disease Control and Prevention. This system is designed to be used for the direct, standardized reporting of healthcare quality information, including health care-associated infections, by health care facilities to public health entities.

(3) "Health care-associated infection" means a localized or systemic condition in the patient resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) with no evidence that the infection was present or incubating when the patient was admitted to the health care setting.

(4) "Denominator or summary data" refers to referent or baseline data required to generate meaningful statistics for communicating health care-associated infection rates.

(5) "The Centers for Medicaid and Medicare Services - Inpatient Prospective Payment System (CMS – IPPS) rules" are regulations promulgated for the disbursement of operating costs by the Centers for Medicare and Medicaid Services for acute care hospital stays under Medicare Part A based on prospectively set rates for care.

Who | What | How

Who reports HAIs?

Licensed hospitals including:

- Acute care hospitals
- Long-term acute care hospitals
- Inpatient rehabilitation facilities
- Specialty hospitals including state-operated mental health facilities

Exceptions to reporting

- Critical access hospitals
- Hospitals who have received Centers for Medicare & Medicaid Services (CMS) exemption from reporting

Who | **What** | How

What is reportable?

Reportable HAIs

- Links reduction of HAIs to federal payment
- Mandates HAI surveillance and reporting in order for facility to receive a portion of their annual reimbursement
- Began in 2011

Who | **What** | How

What is reportable?

Reportable HAIs

- Central line-associated bloodstream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)
- Surgical site infections (SSI) following abdominal hysterectomies and colon surgeries
- Ventilator-associated events (VAE)
- Methicillin-resistant *Staphylococcus aureus* (MRSA) bloodstream infections
- *Clostridium difficile* (*C. difficile,* CDI) infections positive lab report

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HAI REPORTING TO NHSN

Who | What | **How**

How is it reported?

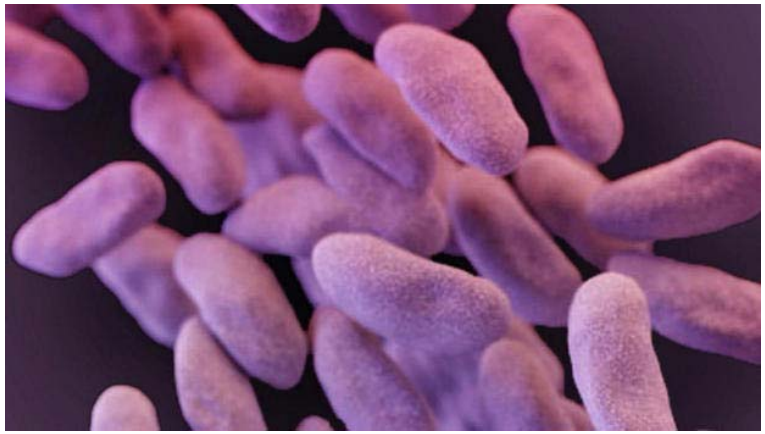
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

National Healthcare Safety Network (NHSN)

- Managed by CDC
- Web-based surveillance system, no cost
- Trainings and resources available on-line
- Hospitals report to CMS via NHSN

Public Health Significance of Carbapenem-resistant Enterobacteriaceae (CRE)

- **Resistant to nearly all antibiotics**
- **>9,000 healthcare-associated infections each year**
- **Carbapenemase producing CRE (CP CRE)**
  - Potential to spread widely
  - High mortality rates
  - Ability to transfer resistance among bacteria



CRE Sentinel Surveillance

- **Conducted at PHE locations March 1, 2015- September 30, 2016**
- **PHEs:**
  - Reviewed laboratory results
  - Submitted case report forms (CRFs)
  - Coordinated isolate submission
- **State Laboratory of Public Health:**
  - Molecular phenotyping

Sentinel Site Locations

Important Findings & Next Steps

- **Most patients had recent healthcare exposures**
  - Indwelling devices
  - Antibiotics
- **Transfer between facilities is common**
- **57% of isolates were CP CRE**
- **What's Next?**
  - Regional control efforts
  - Expanded surveillance
    - Antimicrobial Resistant Laboratory Network
  - Statewide surveillance?

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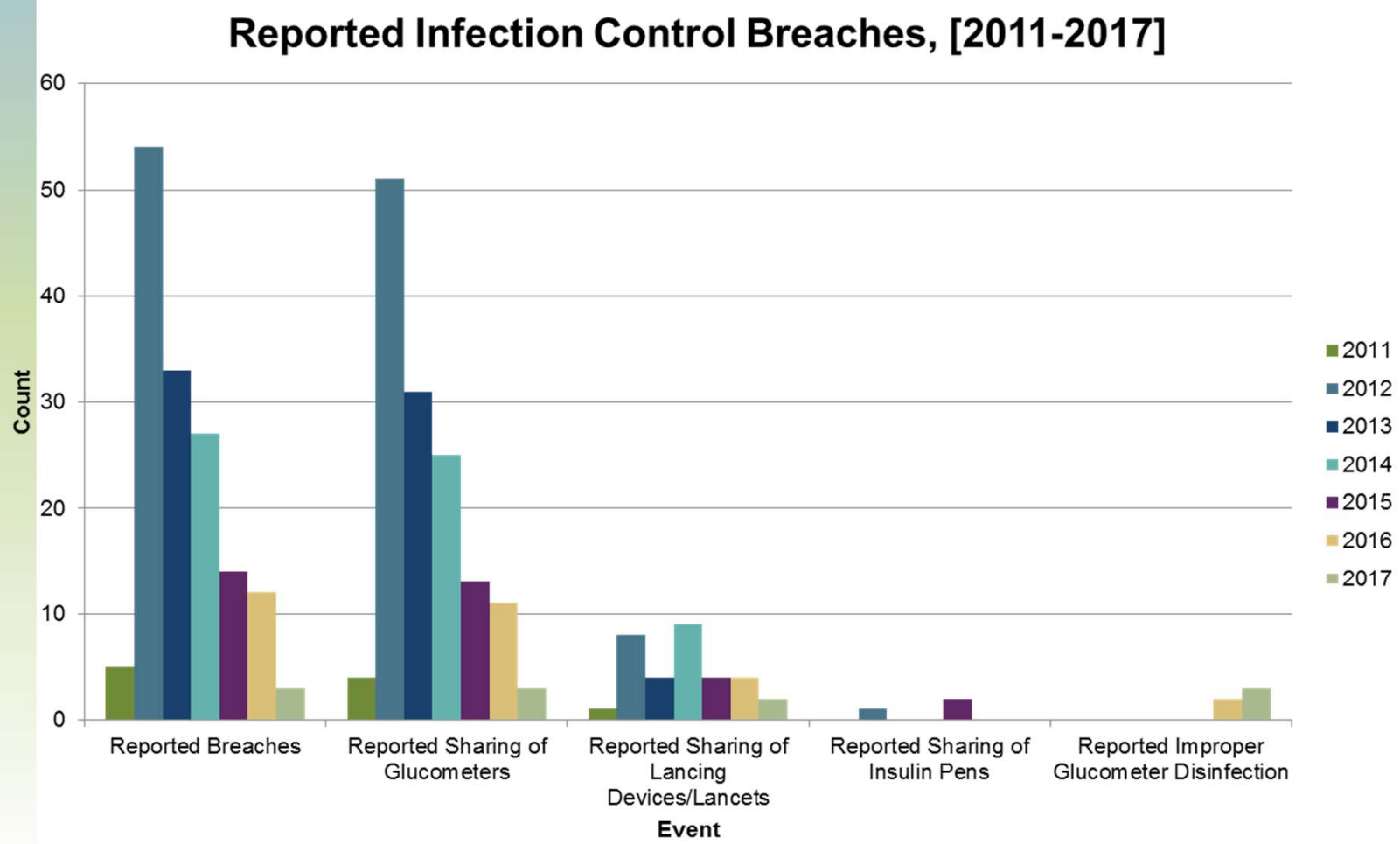
INFECTION PREVENTION BREACHES



- TB in a NICU
- CRE (1)
- Multidrug Resistant Acinetobacter (1)
- Legionella (2)
- Group A strep (3)
- Scabies (19)

- Acute Hepatitis B (orthopedic clinic)
- Potential Hepatitis B transmission in dialysis facility
- National response to non-tuberculosis mycobacterium (NTM) and heater-cooler units
- National response to B. cepacia and liquid docusate

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ACTIVITIES

Surveillance, Investigation & Response	Prevention, Education & Training	Monitoring & Evaluation	Communication
HAI reporting to NHSN CRE surveillance DHSR Infection Prevention Breach reporting Outbreak & Exposure management	Campaigns: One & Only, Get Smart Drug Diversion Antimicrobial resistance & stewardship Infection Control, Assessment & Response (ICAR) Partnerships		

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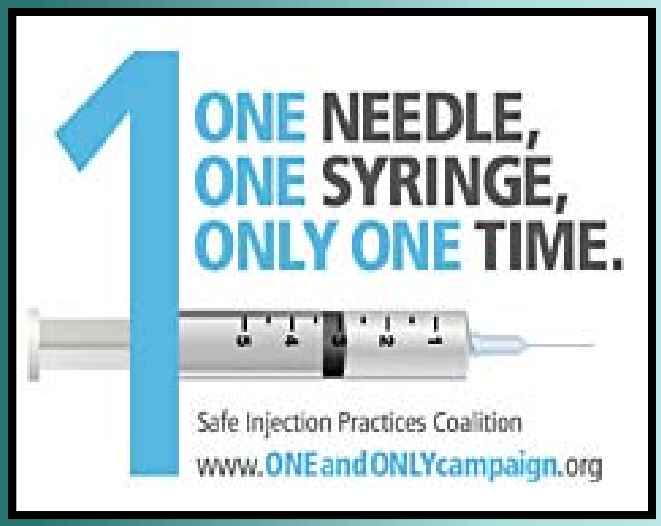
CAMPAIGNS



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CAMPAIGNS

- A public health campaign, led by the CDC and the Safe Injection Practices Coalition (SIPC)
- To raise awareness among patients and healthcare providers about safe injection practices
- Aims to eradicate outbreaks resulting from unsafe injection practices

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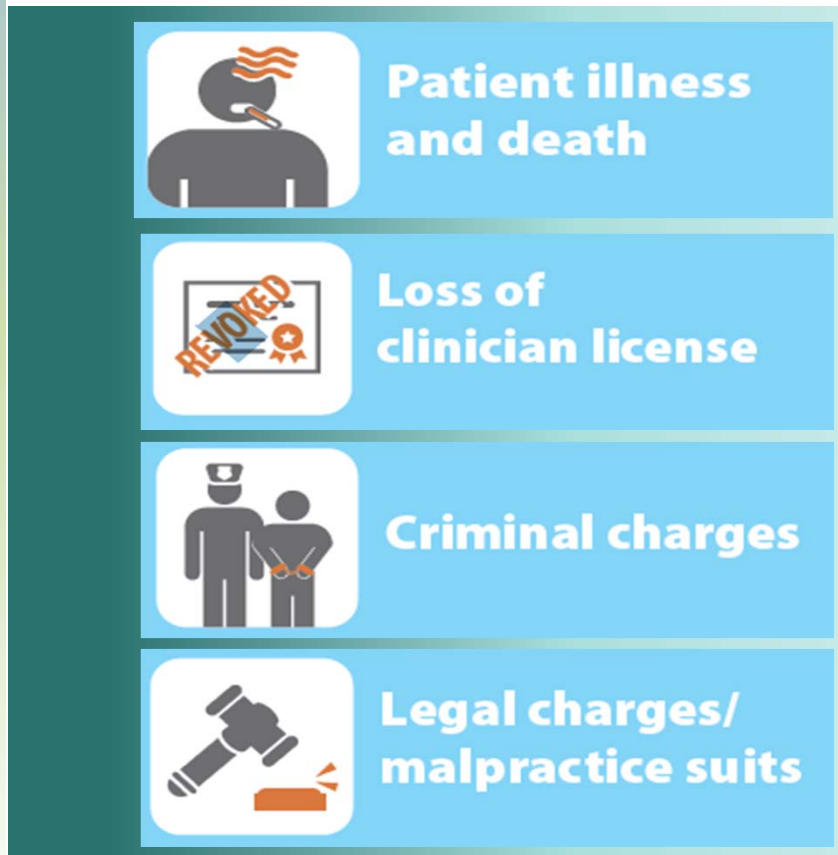
CAMPAIGNS



Unsafe injection practices have devastating consequences

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C A M P A I G N S

- Increasing problem
- Associated with unsafe use of diabetes testing equipment

Hepatitis outbreaks in long term care facilities

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CAMPAIGNS

- 17 in LTCF
- 14 (82%) linked to unsafe diabetes care

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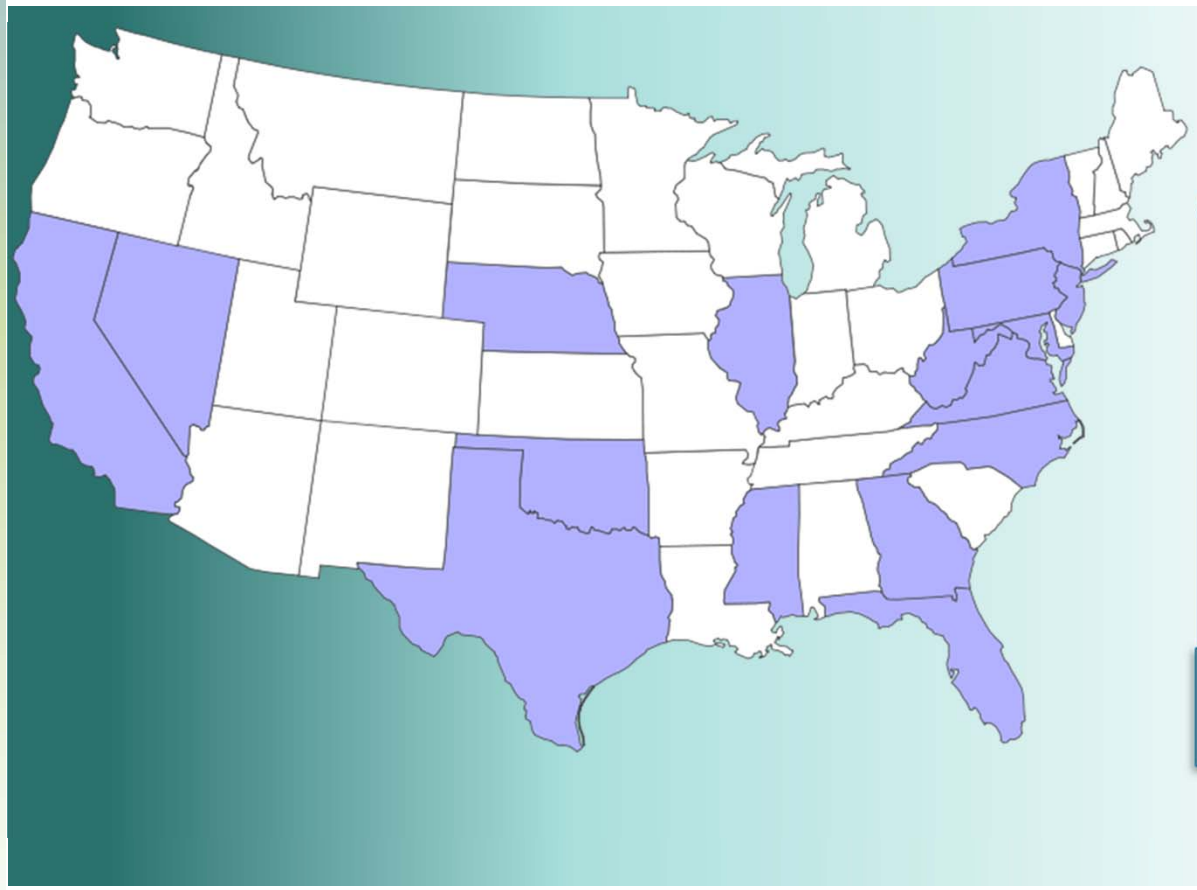
CAMPAIGNS

- 18 in hemodialysis settings
- 13 in outpatient facilities
- 2 associated with HCW drug diversion

All attributed to syringe reuse or other lapses in injection safety

Hepatitis Outbreaks 2001-2015

Non-hospital settings



- 4 HBV: 3 associated with assisted monitoring of blood glucose, 1 unknown
- 1 HCV: syringe reuse contaminating multi-dose vials used for >1 patient

North Carolina Outbreaks

Hepatitis Outbreaks 2001-2014

Long-term care settings

8 states

19 outbreaks

- 18 Hepatitis B
- 1 Hepatitis C

= 176 infections

Hepatitis Outbreaks 2008-2014

Outpatient Hemodialysis settings

10 states
12 outbreaks
- 1 Hepatitis B
- 11 Hepatitis C

= 79 infections

Hepatitis Outbreaks 2008-2015

Outpatient settings

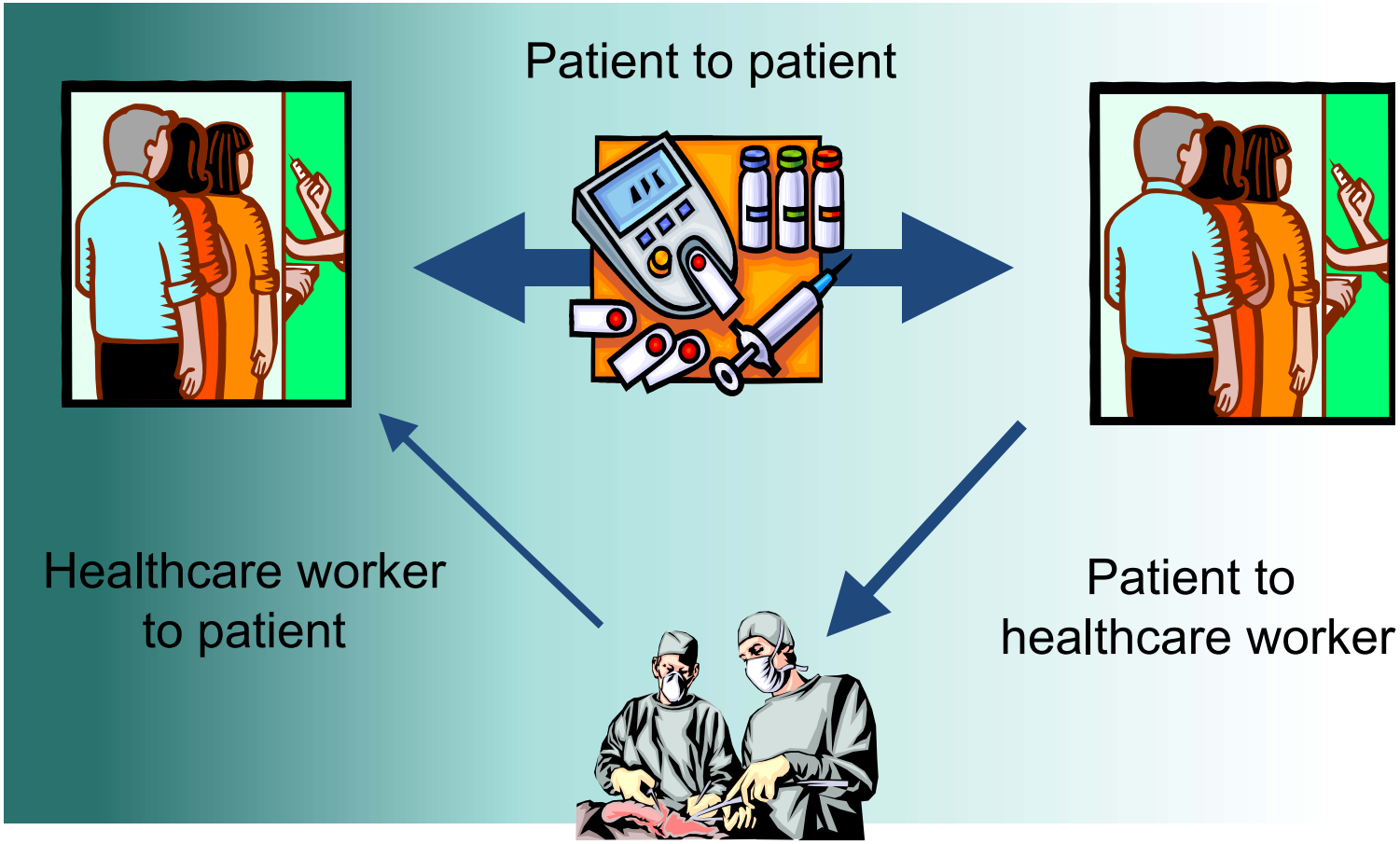
10 states
16 outbreaks
- 4 Hepatitis B
- 11 Hepatitis C
- 1 Hepatitis B & C

= 109 infections

Clinic Types: Prolotherapy, Insulin Infusion, Pain Management, Cardiology, Hematology/Oncology, Alternative Medicine, Endoscopy, ASC, Free dental clinic, Home Health

HBV and HCV Transmission

in Health Care Settings



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CAMPAIGNS

What is Drug Diversion?

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CAMPAIGNS

What is Drug Diversion?

Act of ***illegally obtaining prescription medications*** by a healthcare worker for his or her own use

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CAMPAIGNS

Who are these healthcare workers?

- 15% of pharmacists
- 10% of nurses
- 8% of physicians

Drug Diversion has been labeled as an epidemic by CDC

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CAMPAIGNS

- Substandard care delivered by an impaired healthcare provider
- Denial of essential pain medication or therapy
- Risks of infection
- Cost to healthcare

What are damages associated with Drug Diversion?

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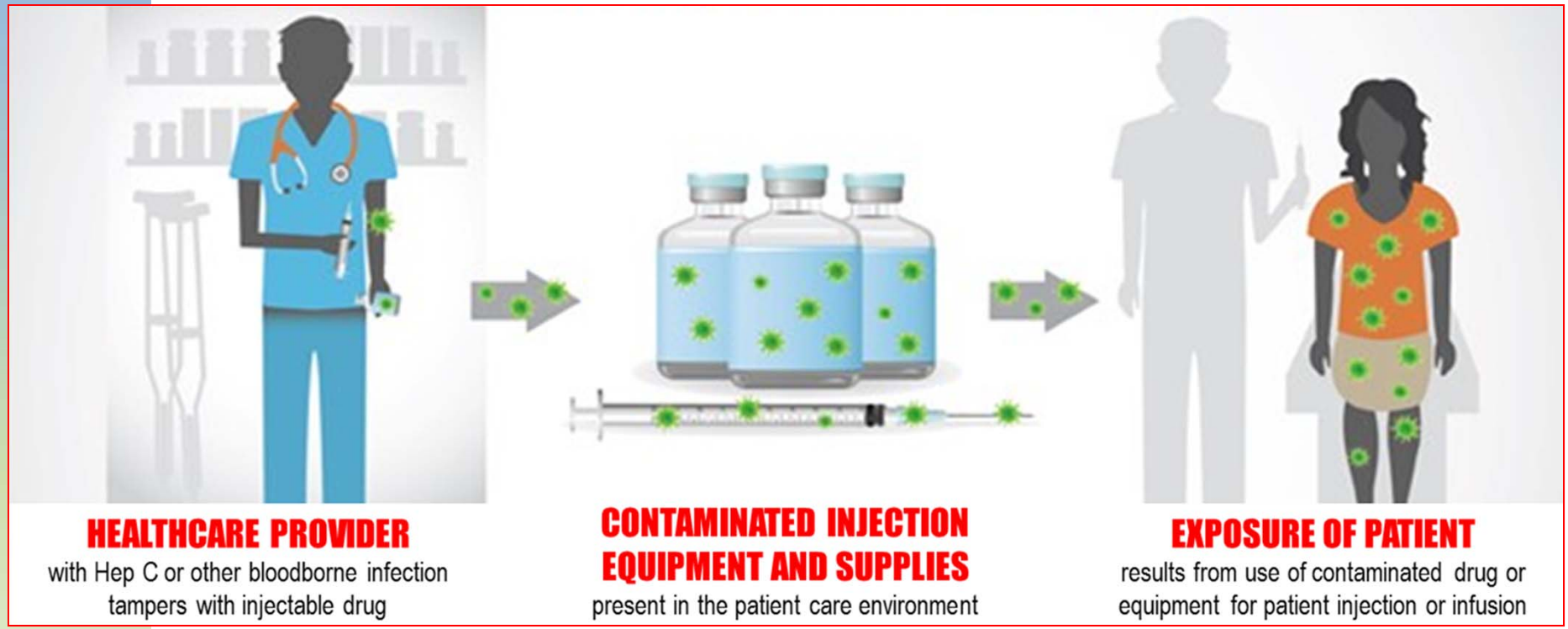
CAMPAIGNS

- Estimated cost approximately $72.5 ***billion*** a year*
- $120 ***billion*** in lost productivity
- $11 ***billion*** in health care costs
- $61 ***billion*** in criminal justice costs

What is the financial cost of Drug Diversion?

*http://www.pharmacytimes.com/contributor/erica-lindsay-pharmd-mba-jd/2016/01/the-high-cost-of-drug-diversion



Drug diversion can spread infection from provider to patient

5 HCV outbreaks

- 4 hospitals and 1 ambulatory surgery center
- 129 new infections
- >28,000 patients exposed

4 bacterial outbreaks: 63 patients with bacteremia

Drug diversion can spread infection from provider to patient

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CAMPAIGNS

- Most don't understand public health role
- Majority view diversion solely as a law enforcement issue
- <1/3 would notify public health of diversion involving injections
- Need for diversion education

2016 North Carolina Infection Preventionists

Drug Diversion Survey Results

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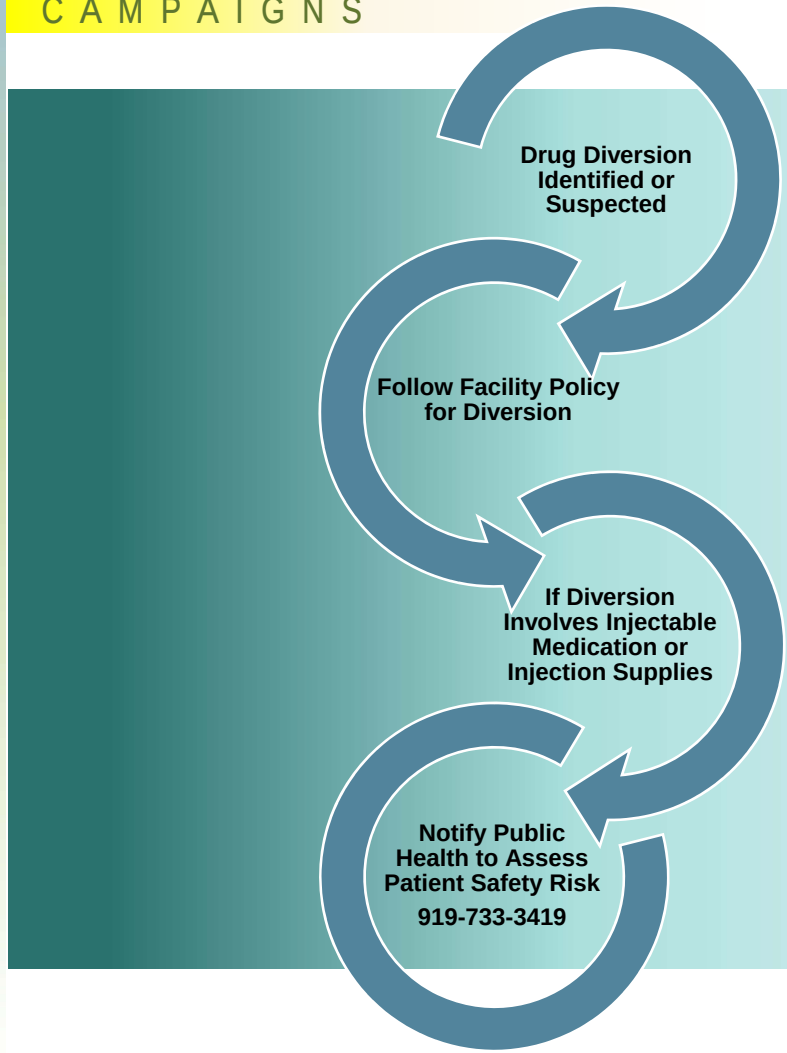
CAMPAIGNS



What is the role of public health?

Campaign Resources

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CAMPAIGNS

What is the Get Smart Campaign?

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CAMPAIGNS

Improve patient safety through better treatment of infections.

Reduce the emergence of antimicrobial resistant pathogens and *Clostridium difficile*.

Heighten awareness of the challenges posed by antimicrobial resistance in healthcare and encourage better use of antimicrobials as one solution.

What is the Get Smart Campaign?

Why do we need to Get Smart?

Antimicrobial Resistance

AN INTRODUCTION

More than **2 million** people in US get resistant infections every year

Antimicrobial Resistance

AN INTRODUCTION

Inappropriate antibiotic use is the main reason for emergence of antimicrobial resistance.

Antimicrobial Resistance

AN INTRODUCTION

Acute Respiratory infection

is most common reason adults receive an antibiotic

Antimicrobial Resistance

AN INTRODUCTION

25% prescriptions for adult outpatients are for conditions for which antibiotics are not needed.

Even when antibiotics are indicated, the wrong drug is frequently prescribed

Antimicrobial Resistance

AN INTRODUCTION

Providers in the **SOUTH**
are more likely to prescribe antibiotics for conditions for which they are not warranted

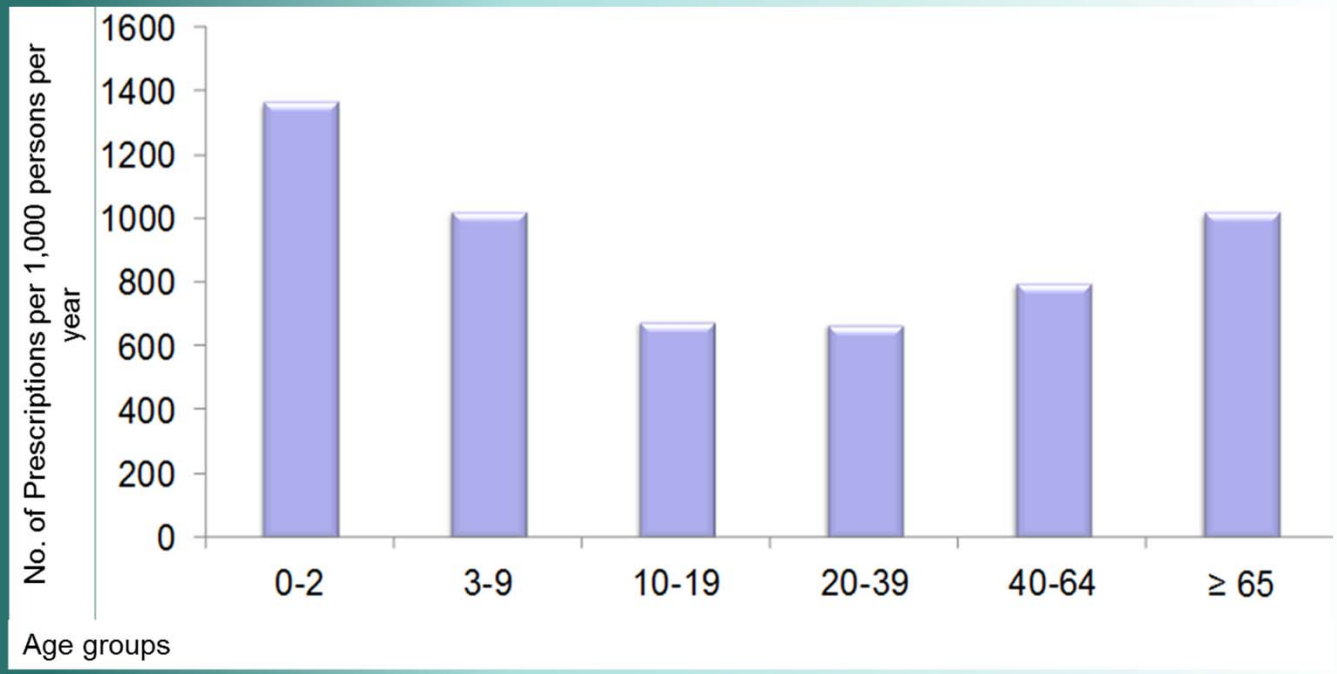
Antimicrobial Resistance

AN INTRODUCTION

Indication
Dose
Duration
Antibiotic
Spectrum

Antimicrobial Resistance

AN INTRODUCTION



Volume of Antibiotic Prescriptions, 2010

Antimicrobial Resistance

AN INTRODUCTION

Why is this a big deal?

- MDROs
- Toxic Side Effects
- Clostridium *difficile* *infection*
- Increased healthcare costs

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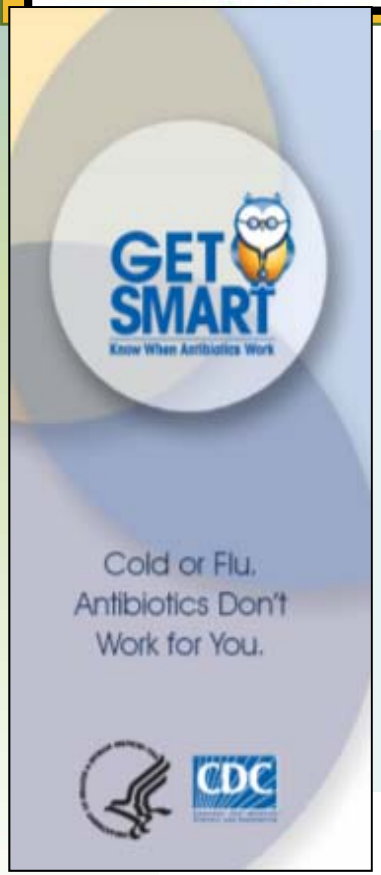
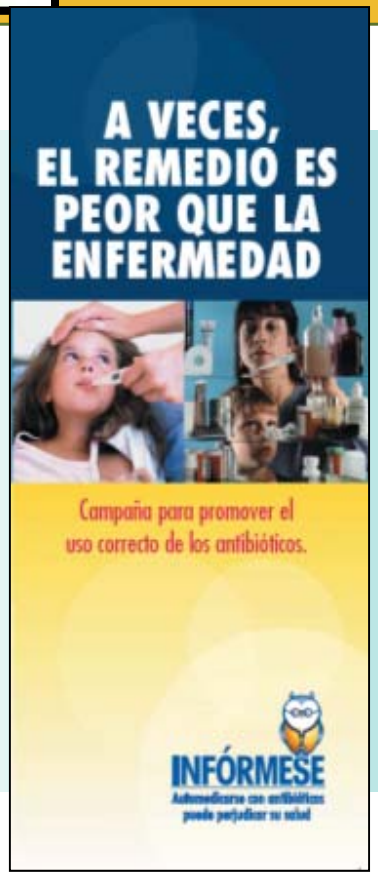
Four Core Actions for Prevention

GET SMART
Know When Antibiotics Work
www.cdc.gov/getsmart

PATIENT COMMUNICATION & EDUCATIONAL TOOLS





GET SMART
Know When Antibiotics Work
www.cdc.gov/getsmart

HEALTHCARE PROVIDER TOOLS

A Commitment to Our Patien

Antibiotics only fight infections caused by bacte harmful and should only be used when necessar have a virus can do more harm than good: you could give you a skin rash, diarrhea, a yeast infe

Antibiotics also give bacteria a chance to becom can make future infections harder to treat. It me work when you really do need them. Because of use an antibiotic when it is necessary to treat yo

How can you help? When you have a cough, sor doctor you only want an antibiotic if it is really n prescribed an antibiotic, ask what you can do to your symptoms.

*Your health is important to us. As your healthcar provide the best possible treatment for your con needed, we will explain this to you and will offer We are **dedicated** to prescribing antibiotics **only** will avoid giving you antibiotics when they migh*

If you have any questions, please feel free to ask

Sincerely,

Rx

Name: _____

Date: _____/_____/_____

GET SMART
Know When Antibiotics Work

Diagnosis:

- ○ Cold
- ○ Cough
- ○ Flu
- ○ Middle ear fluid (Otitis Media with Effusion, OME)
- ○ Viral sore throat
- ○ Other: _____

You have been diagnosed with an illness caused by a virus. **Antibiotics do not cure viral infections.** If given when not needed, antibiotics can be harmful. The treatments prescribed below will help you feel better while your body's own defenses are fighting the virus.

General instructions:

- ○ Drink extra water and juice.
- ○ Use a cool mist vaporizer or saline nasal spray to relieve congestion.
- ○ For sore throats, use ice chips or sore throat spray; lozenges for older children and adults.

Specific medicines:

- ○ Fever or aches:
- ○ Ear pain:
- ○ _____
- ○ _____

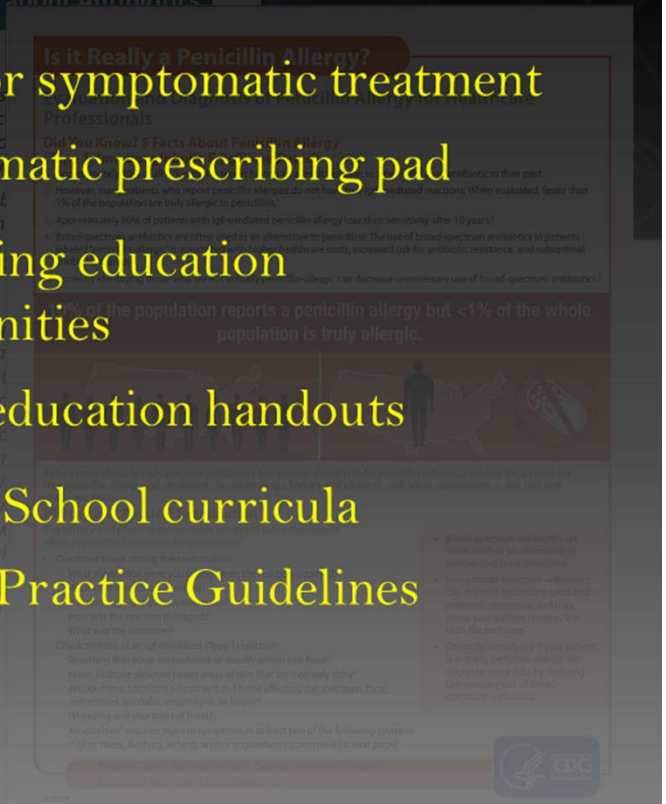
Use medicines according to the package instructions or as directed by your healthcare provider. Stop the medication when the symptoms get better.

Follow up:

- ○ If not improved in _____ days, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck.
- ○ Other: _____

Signed: _____

For More Information call 1-800-CDC-INFO
or visit www.cdc.gov/getsmart



- Guide for symptomatic treatment
- Symptomatic prescribing pad
- Continuing education opportunities
- Patient education handouts
- Medical School curricula
- Clinical Practice Guidelines

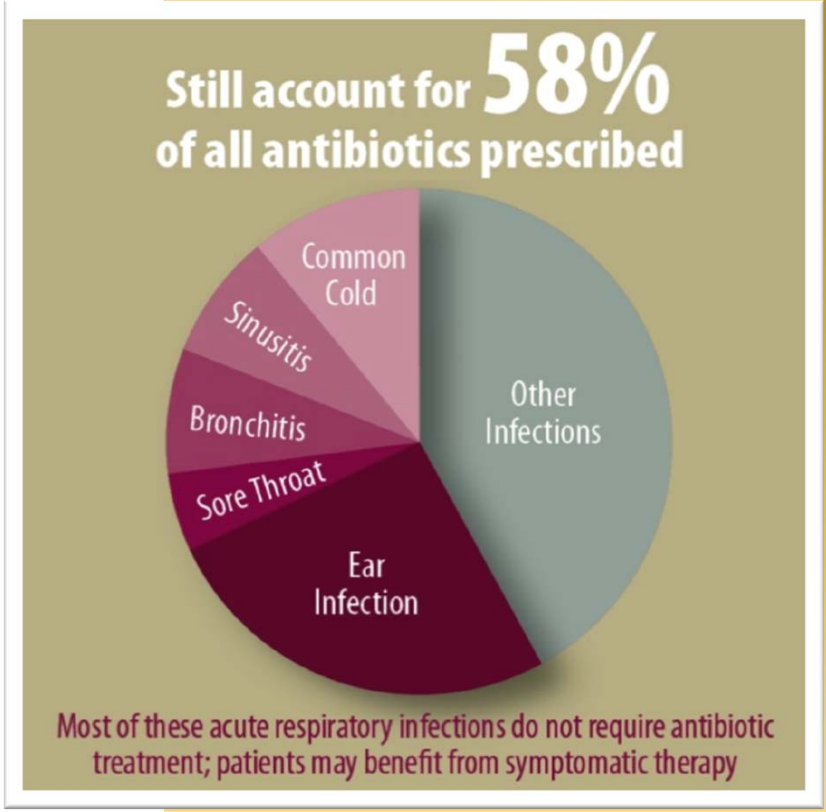
Antimicrobial Stewardship

AN INTRODUCTION

Processes designed to measure and optimize the appropriate use of antimicrobials

Achieved by selecting the appropriate agent, dose, duration of therapy and route of administration

Good News



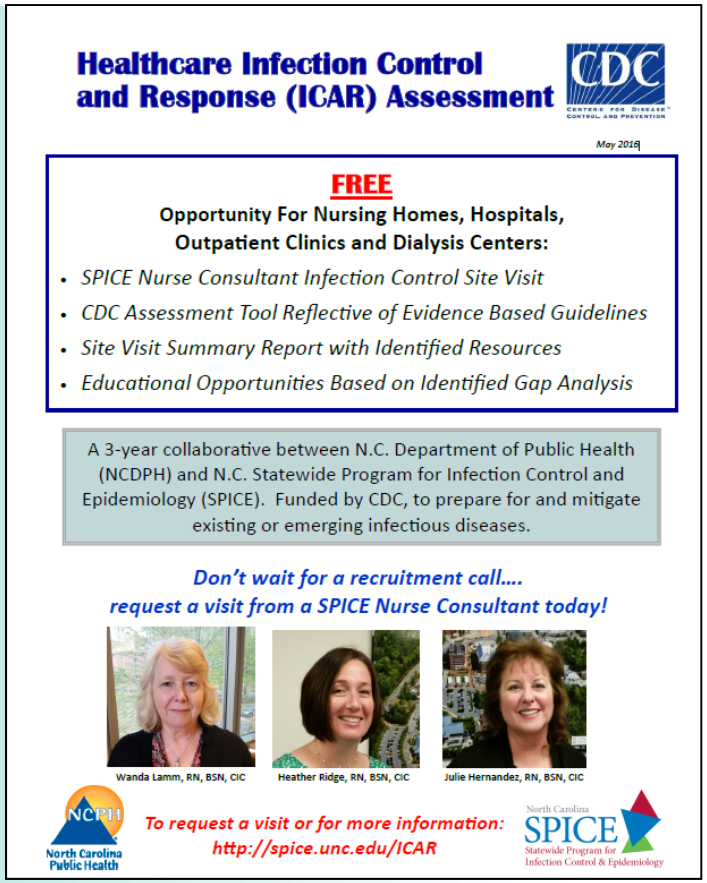
Bad News

Lauri Hicks, CDC: “Call to Action: Improving Antibiotic Use” CDC. MMWR. 2011;60:1153-6

Infection Control, Assessment & Response (ICAR)

AN INTRODUCTION

- Goal: Prepare for / mitigate existing or emerging infectious diseases
- Partner with NC SPICE
- Full time certified infection preventionists conduct on-site assessment and education activities



Infection Control, Assessment & Response (ICAR)

AN INTRODUCTION

- Since April 2016, 132 visits conducted:
  - 81 nursing homes,
  - 28 acute care facilities,
  - 23 outpatient facilities
- Online self assessments tools − provide additional infection control data

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Surveillance for Healthcare Associated & Resistant Pathogens Patient Safety Program

ACTIVITIES

Surveillance, Investigation & Response	Prevention, Education & Training	Monitoring & Evaluation	Communication
HAI reporting to NHSN CRE surveillance DHSR Infection Prevention Breach reporting Outbreak & Exposure management	Campaigns: One & Only, Get Smart Drug Diversion Antimicrobial resistance & stewardship Infection Control, Assessment & Response (ICAR) Partnerships	Data validation TAP reports Identification, evaluation of aberrant data (CLABSI, CDI)	

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Surveillance for Healthcare Associated & Resistant Pathogens Patient Safety Program

DATA VALIDATION

- Ensure completeness and accuracy
- Identify opportunities for improvement
- Review a subset of positive labs from select hospitals
- Apply case definitions using standardized medical record abstraction tools

Validation Activities:

✓2014 central line associated bloodstream infections (CLABSI)

✓2014 laboratory identified C difficile (LabID CDI)

❑2016 Catheter Associated Urinary Tract Infections (CAUTI)

Targeted Assessment for Prevention (TAP) Reports

- Cumulative Attributable Difference Metric
  - The number of infections needed to prevent to meet an SIR goal
- Identify facilities or units with high burden of HAIs
  - Prioritize and target prevention efforts
- Individualized reports and follow-up calls to any outlier facility

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ACTIVITIES

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Click to go to next section

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HAI DATA REPORTS

Publication of HAI data

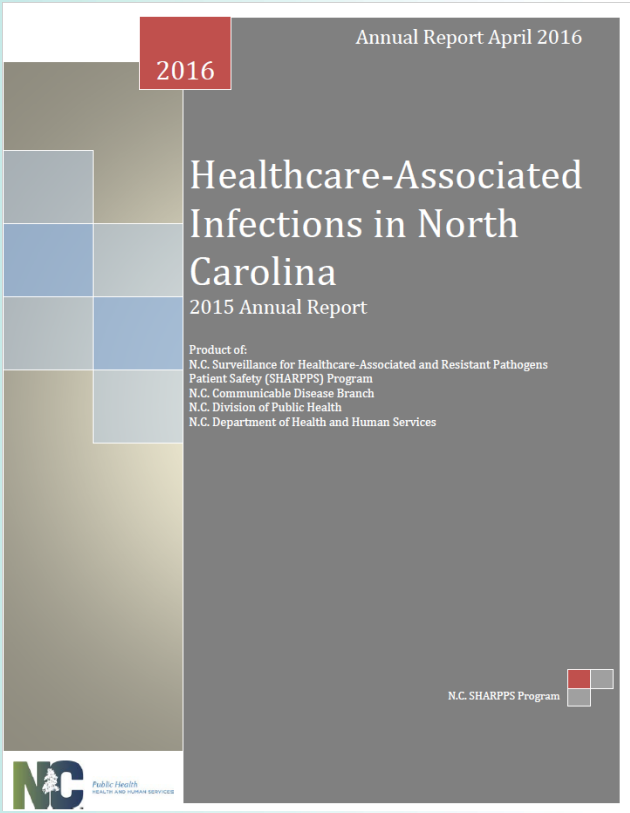
Quarterly Reports

- Published one quarter behind the data

Annual Reports

- Published in April

Online location:
http://epi.publichealth.nc.gov/cd/hai/figures.html



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QUARTERLY, HOSPITAL SPECIFIC REPORT

Methicillin-Resistant Staphylococcus aureus Laboratory-Identified Bacteremia (MRSA LabID)

Note: LabID events are based on positive laboratory results only; not all LabID events represent true illnesses. Events reported here may be higher than events based on clinically-defined illness.

Table 2. Number of Observed and Predicted MRSA Events, Jan-Mar 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	0	Less than 1.0	No Conclusion

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2010-2011.

How Does This Facility Compare to the National Experience?

No Conclusion: Data were reported, but there was not enough information to make a reliable comparison

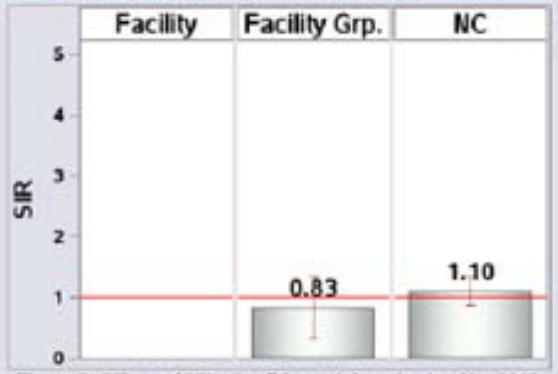

Figure 2: SIRs and 95% Confidence Intervals, Jan-Mar 2016.

Clostridium difficile Laboratory-Identified Infections (CDI LabID)

Note: LabID events are based on positive laboratory results only - not all LabID events represent true illnesses. Rates reported here may be higher than rates based on clinically-defined illness.

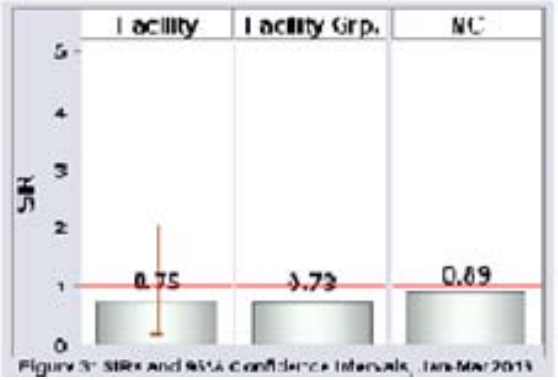

Figure 3: SIRs and 95% Confidence Intervals, Jan-Mar 2016

Unit Type	Observed Events	Predicted Events	How Does This Facility Compare to the National Experience?
Facility-wide inpatient	3	4.0	Same

Note: SIR=Standardized Infection Ratio. SIR is calculated by #Observed/#Predicted.

Note: Red line represents the NHSN baseline experience, 2010-2011.

How Does This Facility Compare to the National Experience?

Same: Also the same number of infections as predicted by the national baseline experience

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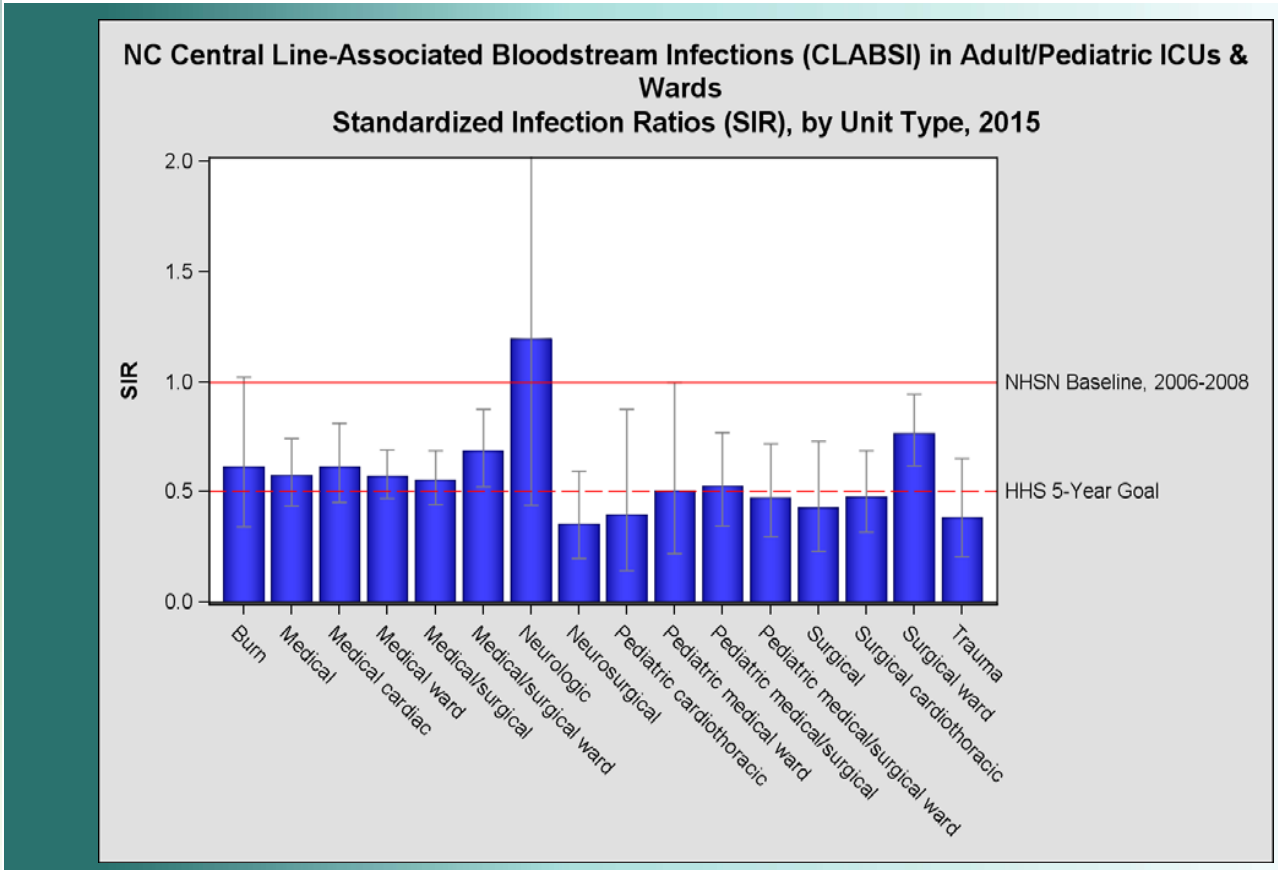
ANNUAL REPORT



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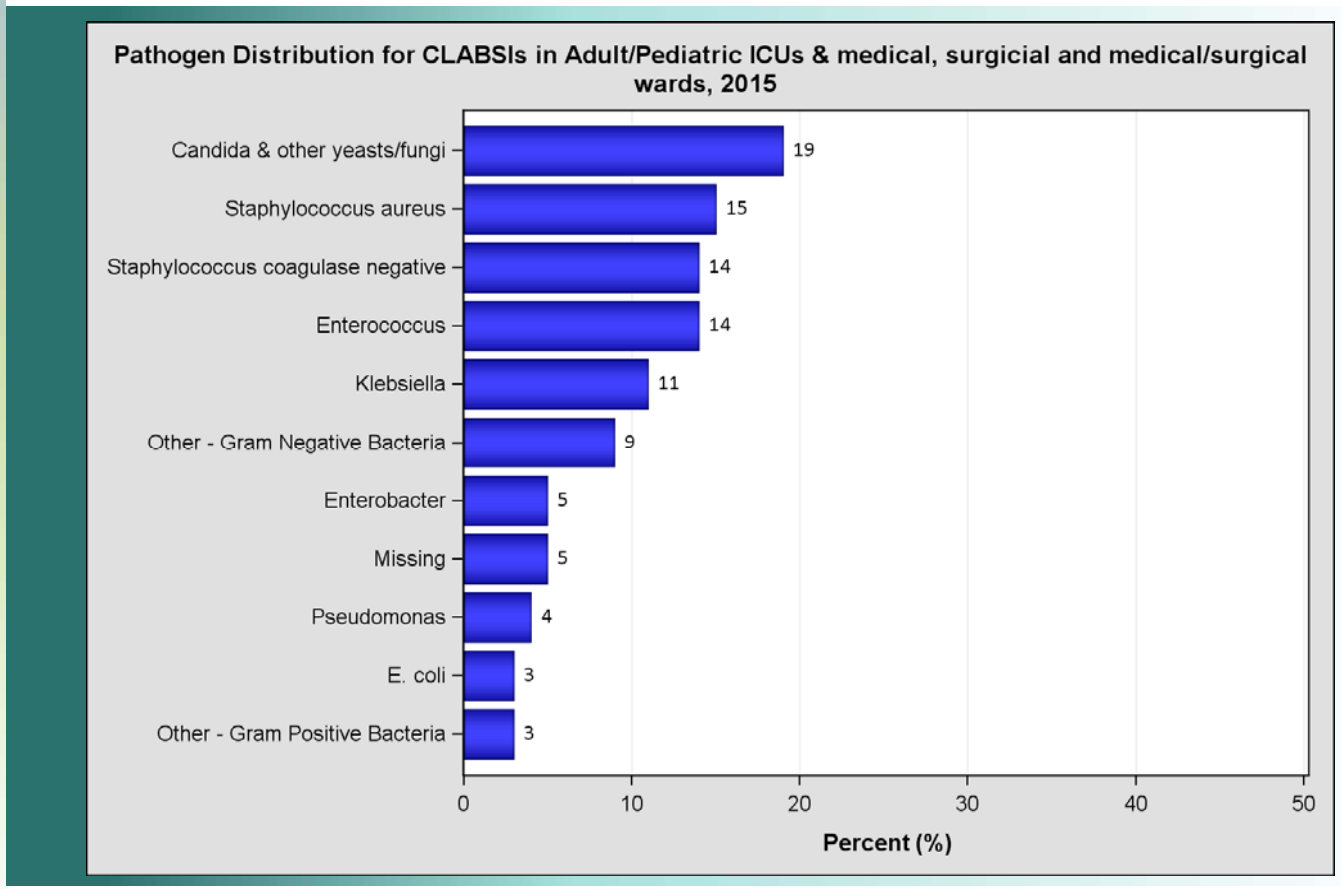
ANNUAL HAI REPORT



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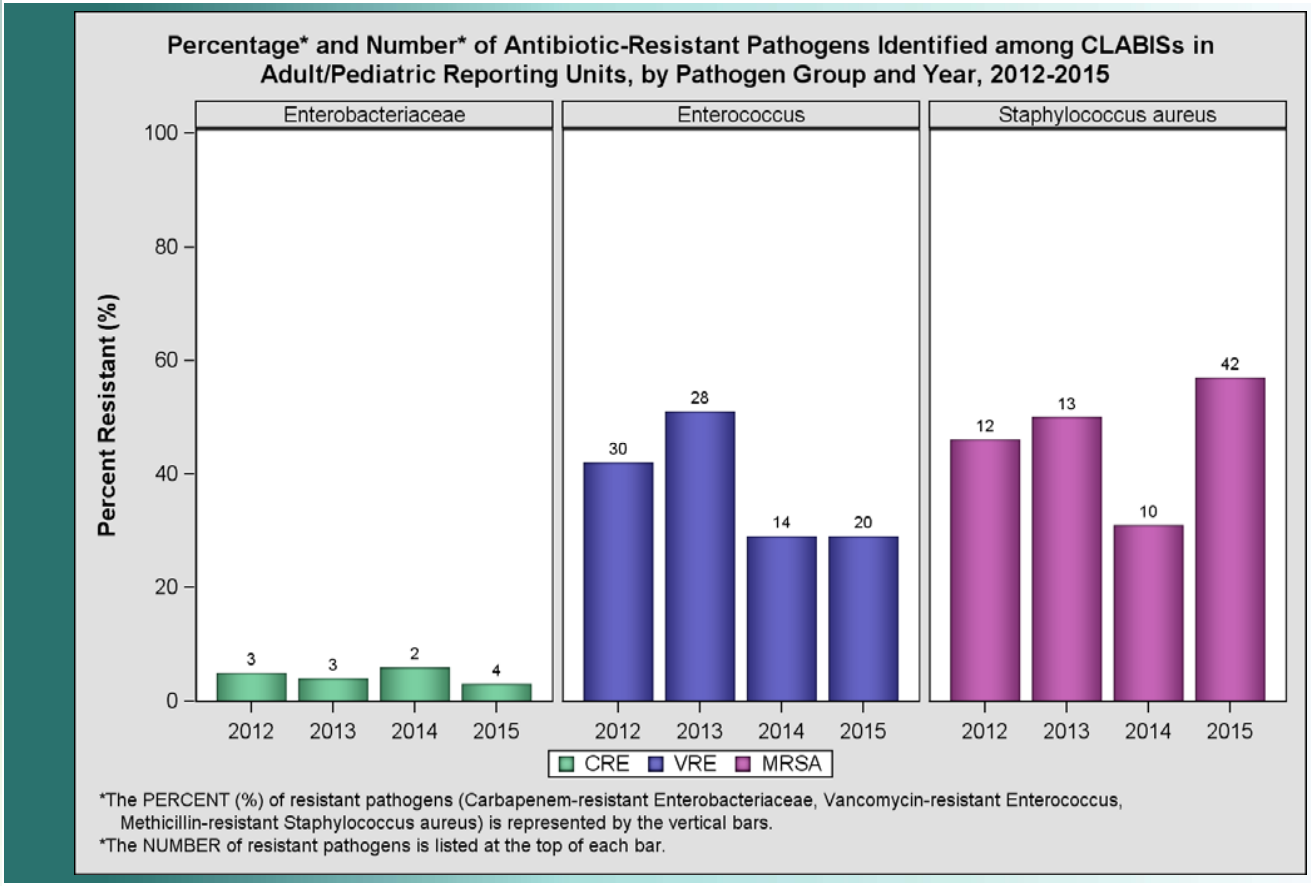
Surveillance for Healthcare Associated & Resistant Pathogens Patient Safety Program

ANNUAL REPORT



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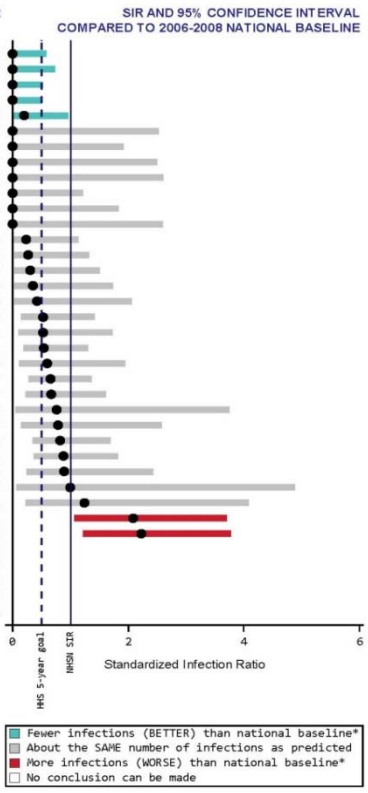
ANNUAL REPORT

CLABSI in Adult/Pediatric Medical, Surgical, and Medical/Surgical Wards and ICUs
Standardized Infection Ratios: January 1 – December 31, 2015
Hospital Group: Hospitals with 100 to 199 Beds

HOSPITAL	OBS	PRED	CLD	SIR
Iredell Memorial Hospital	0	5.2	3754	0.0
Maria Parham Medical Center	0	4.1	2797	0.0
Catawba Valley Medical Center	0	5.8	3926	0.0
Wesley Long Hospital	0	6.1	4175	0.0
Vidant Edgecombe Hospital	1	5.2	3020	0.2
Haywood Regional Medical Center	0	1.2	829	0.0
ARHS-Watauga Medical Center	0	1.6	1191	0.0
Davis Regional Medical Center	0	1.2	718	0.0
Northern Hospital Of Surry County	0	1.2	848	0.0
Stanly Regional Medical Center	0	2.5	1644	0.0
Halifax Regional Medical Center	0	1.6	1296	0.0
Morehead Memorial Hospital	0	1.2	770	0.0
Carteret General Hospital	1	4.4	2956	0.2
Carolinas Medical Center-Lincoln	1	3.7	2654	0.3
Onslow Memorial Hospital	1	3.3	2398	0.3
Central Carolina Hospital	1	2.8	1924	0.4
Betsy Johnson Regional	1	2.4	1851	0.4
WakeMed Cary Hospital	3	5.8	4284	0.5
Carolinas Healthcare System Blue Ridge	2	3.8	2488	0.5
Duke Raleigh Hospital	4	7.4	5037	0.5
Carolinas Medical Center-Union	2	3.4	2463	0.6
Wilson Medical Center	6	9.1	6229	0.7
Carolinas Medical Center-Mercy	4	6.0	3930	0.7
Park Ridge Health	1	1.3	901	0.8
Carolinas Medical Center-University	2	2.6	1829	0.8
Johnston Health	6	7.4	4552	0.8
Frye Regional Medical Center	6	6.9	4408	0.9
Lake Norman Regional Medical Center	3	3.4	2083	0.9
Pardee Hospital	1	1.0	785	1.0
Rutherford Regional Medical Center	2	1.6	1252	1.2
Novant Health Matthews Medical Center	10	4.8	3700	2.1
Lenoir Memorial Hospital	12	5.4	3910	2.2
Novant Health Thomasville Medical Center	0	0.8	621	NC
Sampson Regional Medical Center	1	0.8	618	NC
Scotland Memorial Hospital	1	0.4	352	NC
Wilkes Regional Medical Center	0	0.3	223	NC
Women's Hospital	NA	NA	N	NA



Data reported from adult/pediatric units as of March 14, 2016 .
OBS = # infections observed
PRED = # infections statistically 'predicted' by national baseline
CLD = # central line days
SIR = Standardized infection ratio (OBS/PRED # of infections)
NA = Data not shown for hospitals with <50 catheter days
NC = SIR not calculated for hospitals with <1 predicted infection
*Significantly different than 2009 national baseline

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SHARPPS NEWSLETTER

NC Division of Public Health, Communicable Disease Branch
July 2016
Volume 1, Issue 2

SHARPPS Newsletter

NC ONE & ONLY CAMPAIGN PARTICIPATES IN CDC WEBINAR

On July 26, 2016, the SHARPPS Program will participate in a webinar on injection safety and the One & Only Campaign. The CDC Division of Healthcare Quality Promotion will host the webinar, "Unsafe Injection Stories from the Field." Dr. Zack Moore, SHARPPS Medical Director, will discuss one example of unsafe injection practices that occurred in North Carolina. To register for the free webinar, please visit, http://ow.ly/1R1F302qCyc. Continuing education credits will be available to healthcare providers.

NC 2015 HAI REPORT

NC 2015 HAI Report,

This year-end summary from the NC SHARPPS Program provides state-level data and hospital-specific data from North Carolina short-term acute care hospitals. This report includes data on Central line-associated bloodstream infections (CLABSI), Catheter-associated urinary tract infections (CAUTI), Surgical site infections (SSI) post abdominal hysterectomy and post colon surgery, Methicillin-resistant *Staphylococcus aureus* (MRSA) laboratory-identified (LabID) events, and *Clostridium difficile* infection (CDI) LabID events from January 1 through December 31, 2015, as well as an

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FUTURE ACTIVITIES

- Engage in partnerships to reduce HAIs, promote patient safety
- Antimicrobial resistance / stewardship initiative(s)
- Infection prevention, assessment, and response (ICAR)
- Evaluation through data validation and assessing trends of time
- Drug Diversion tabletop
- SHARPPS specific outbreak training (targeting congregate living settings)
- *C. diff* long-term care regional collaborative
- Facilitating long-term care facilities as a user group within NHSN

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LHD ENGAGEMENT

- Facilitate Infection Prevention breach reporting
- Assist with outbreak investigations
- Become familiar with reports, newsletter, campaigns
- Participate in Infection Control, Assessment, and Response (ICAR) visits

Thank you.
Any questions?