

West Virginia HAI Plan STATUS of Year 1 Objectives

<http://www.wvidep.org/HealthcareAssociatedInfections/tabid/1912/Default.aspx>

Objective	Deadline	Evaluation Measure	Status
Objective 1.1: On at least an annual basis, the West Virginia Bureau for Public Health will evaluate membership of the HAI multidisciplinary advisory group so that membership can appropriately address existing and emerging HAIs.	Dec 31	Membership list is posted in the State HAI Plan at www.wvidep.org	IN PROGRESS A letter is being sent to Multidisciplinary Advisory Group (MAG) members asking if they wish to continue as members during 2011. A local health representative is being identified for the MAG.
Objective 1.2: By December 31, 2010, the multidisciplinary advisory group shall recommend two HAI prevention targets among those specified in the Health and Human Resources plan and document the choice in the West Virginia HAI plan.	December 31, 2010	This plan is updated with the choice of two HAI prevention targets	NOT ACHIEVED This activity will be deferred until year 2.
Objective 1.3. By January 1, 2010, the Bureau for Public Health shall have identified a State HAI Prevention Coordinator.	January 1, 2010	State HAI Coordinator is employed by BPH	ACHIEVED Thein Shwe began employment on December 1, 2010
Objective 1.5: 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 and noted in this plan by December 31.	December 31, annually	Assessment of staffing needs completed and noted in this plan.	ACHIEVED ELC funding was requested for an IP to work with under-resourced hospitals. The request was denied by the Centers for Disease Control (CDC). An application was submitted to Council of State and Territorial Epidemiologists (CSTE) for a CSTE HAI fellow.

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Objective 1.8: By December 31, 2010, agencies involved in healthcare associated infection outbreaks shall have met and documented roles, responsibilities and parameters for sharing information.	December 31, 2010	Written agreement exists for roles and responsibilities and communication between Division of Infectious Disease Epidemiology, Office of Health Facility Licensure and Certification, and the medical, osteopathic, dental, pharmacy and nursing licensing boards.	IN PROGRESS A meeting to define roles and responsibilities is being scheduled for March, 2011.
Objective 1.10: On an annual basis by December 31, the HAI Coordinator and the multidisciplinary advisory group shall re-evaluate feasibility of planning towards electronic reporting.	December 31, annually	Feasibility of planning toward electronic reporting is addressed in the State HAI plan	NOT ACHIEVED
Objective 2.1: Beginning in 2010 and annually thereafter, all existing and newly hired epidemiology and nursing staff in IDE shall receive APIC or SHEA training in infection control; and designated staff shall represent IDE at the annual national SHEA and APIC conferences.	Annually by December 31, beginning in 2010	All new and existing IDE nurses and epidemiologists have documentation of APIC (i.e., 101) or SHEA training Second-year and senior epidemiologists have documentation of advanced coursework (e.g., APIC's Epi 201) by 2011. Selected epidemiology and/or nursing staff attend	PARTIALLY ACHIEVED Two staff and Epidemic Intelligence Service Officer attended CDC/SHEA/APIC meeting in March. Three (37.5%) of eight current epidemiologists have completed Epi 101.

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		local and national APIC and national SHEA meetings, as documented by travel reimbursement forms.	
Objective 2.2: By December 31, 2010, the State Epidemiologist shall have evaluated factors influencing poor retention of trained and experienced epidemiology staff in Infectious Disease Epidemiology and made recommendations to improve retention	December 31, 2010	Written recommendations to BPH leadership to improve staff retention.	PARTIALLY ACHIEVED A workforce assessment based on CDC/CSTE Applied Epidemiology Competencies (AECs) is underway. The assessment will be used to plan training during 2011. Revision of the epidemiologist classification system through Division of Personnel has been initiated.
Objective 2.3: By December 31, 2010, the hepatitis B and hepatitis C protocols shall have been revised to emphasize detection and investigation of possible healthcare associated transmission of these bloodborne pathogens.	December 31, 2010	Hepatitis C protocol is revised with guidelines for detection and investigation of healthcare associated infection and posted at: http://www.wvidep.org/Portals/31/PDFs/IDEP/hepatitisC/Protocol%20for%20Surveillance%20of%20Hepatitis%20C%20Oct%202008.pdf Hepatitis B protocol is revised with guidance for detection and investigation of healthcare associated	PARTIALLY ACHIEVED Guidelines for investigation of possible healthcare-associated hepatitis B and C have been posted to the hepatitis B and C web pages at: www.wvidep.org

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		infection and posted at: http://www.wvidep.org/Portals/31/PDFs/IDEP/hepatitisB/hep_B_Protocol.pdf	
Objective 2.5: Beginning in 2010, the annual outbreak report will specifically contain a section on healthcare associated outbreaks.	Annually by March 15 for the previous year, beginning in 2010	Outbreak summary contains a section on healthcare associated outbreaks	ACHIEVED An outbreak summary was completed with section on HAI outbreaks. This summary is found at: http://www.wvidep.org/Portals/31/PDFs/IDEP/Outbreaks/2009_Final_Outbreak_Report.pdf
Objective 2.7: By December 31, 2010, the multidisciplinary advisory group shall have identified two priority prevention targets for surveillance in support of the HHS HAI Action Plan.	December 31, 2010	Two priority prevention targets are specified in this plan	NOT ACHIEVED This activity will be deferred to year 2.
Objective 2.8: By December 31, annually, the HCAWV shall evaluate the feasibility of releasing baseline data on two HHS prevention targets.	December 31, annually	Feasibility of reporting of baseline data is recorded in this plan	PENDING A decision on release of baseline data from West Virginia Healthcare Authority is pending after review of the data by their advisory panel.
Objective 2.9: Training for hospital staff using NHSN will be addressed in this plan by December 31, 2010	December 31, 2010	Training plan is included in this state HAI plan	NOT ACHIEVED This activity will be deferred to year 2.
Objective 2.10 By December 31, 2010, the HAI Coordinator shall have developed notification	December 31, 2010	Notification criteria for serious infection control	ACHIEVED

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criteria for serious infection control breaches documented at www.wvidep.org .		breaches are published to www.wvidep.org	CDC guidance for management of infection control breaches has been adopted and referenced at: http://www.wvidep.org/AZIndexofInfectiousDiseases/InfectionControl/tabid/1783/Default.aspx
Objective 2.11 By December 31, 2010, the HAI Coordinator shall have collected examples of notification letters and hotline scripts / FAQs from CDC and/or other states and stored in a share directory for use by Infectious Disease Epidemiology staff.	December 31, 2010	Sample notification letters and processes have been shared at the West Virginia State APIC meeting, as documented by meeting minutes	PARTIALLY ACHIEVED Sample notification letters and websites have been collected in a share directory but have not been shared with APICWV.
Objective 2.12 By December 31, 2010, plans for offering or requiring physician or office staff education in infection control will be documented in this plan.	December 31, 2010	Plans for requiring or offering physician or office staff education in infection control are documented in this plan	NOT ACHIEVED This activity will be deferred to year 2.
Objective 3.3 By August, 2010, a staffing plan for training shall be submitted through the West Virginia Department of Health and Human Resources (WVDHHR) chain of command requesting resources for infection control training in West Virginia.	August 2010	Staffing plan submitted through chain of command, WVDHHR	NOT ACHIEVED This objective will be re-evaluated in 2011.
Objective 3.4 By December 31, 2010, feasibility of collecting and reporting data on relevant process measures, e.g., central bundle compliance, shall have been evaluated and documented in this plan.	December 31, 2010	Feasibility of collecting process data is noted in this plan.	NOT ACHIEVED This objective will be re-evaluated in 2011.

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Objective 3.5 By December 31, 2010, a prevention working group shall be established with membership documented at www.wvidep.org .	December 31, 2010	Prevention working group members are listed at www.wvidep.org	NOT ACHIEVED This objective will be deferred to 2011.
Objective 3.7 : By December 31, 2010, one or more priority groups shall be identified for training by the multidisciplinary advisory group, based on needs assessment.	December 31, 2010	One or more priority groups for training shall be designated in this plan	NOT ACHIEVED This objective will be deferred to 2011.
Objective 3.8 : By December 31, 2010, one or more training strategies shall be selected by the multidisciplinary advisory group for implementation in West Virginia and plans for implementation shall be documented in this plan.	December 31, 2010	Training strategies for priority groups shall be documented in this plan	NOT ACHIEVED This objective will be deferred to 2011.
Objective 3.9: On an annual basis by December 31, training needs shall be re-evaluated through the needs assessment process and training objectives shall be updated in this plan.	Annually by December 31	Updated training plan is documented in this plan	NOT ACHIEVED This objective will be deferred to 2011.
Objective 3.10 By December 31, 2010, this plan will address hospital infection preventionist (IP) staffing and training as an interim step towards implementation of best practices in hospitals in West Virginia.	December 31, 2010	Hospital IP resources (staffing and training) are addressed in this plan	NOT ACHIEVED This objective will be deferred to 2011.
Objective 4.1: By July 1, 2010, and annually thereafter, the HAI Coordinator will present results	July 1, annually	Minutes of the multidisciplinary group	IN PROGRESS

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of a needs assessment to the Multidisciplinary advisory group.		meeting document presentation of a completed needs assessment	Planning is underway for a needs assessment to be implemented in 2011.
Objective 4.2: On an annual basis by December 31, the state HAI plan shall be revised to reflect current priorities, and posted to www.wvidep.org.	Annually by December 31, beginning in 2009	This plan, updated, is posted to www.wvidep.org	NOT ACHIEVED This objective will be achieved in early 2011.
Objective 4.3: APIC-WV shall discuss this HAI Plan at the February 19 meeting in 2010.	February 19, 2010	Minutes from the February 19 APIC-WV meeting reflect discussion of the West Virginia State HAI Plan	ACHIEVED
Objective 4.4: West Virginia Hospital Association (WVHA) shall alert stakeholders via e-mail by February 19, 2010 that the plan has been released by the Bureau for Public Health.	February 19, 2010	e-mail alert has been sent to stakeholders from the West Virginia Hospital Association.	ACHIEVED
Objective 4.5: HCAWV shall make a report of progress on their activities as required under West Virginia State Code 16-5B-17 by January 15, annually.	January 15, annually	Report is submitted to the West Virginia State Legislature	PENDING West Virginia Healthcare Authority shall make a report to the legislature as required in January, 2011.
Objective 4.6: 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 and the medical, osteopathic, dental, pharmacy and nursing boards.	Annually, by December 31, beginning in 2010	Meeting minutes document communication with OHFLAC and the medical, osteopathic, dental, pharmacy and	PENDING A letter has been drafted to go to licensing boards and Office of Health Facility Licensure and Certification.

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Objective 4.7 By February 28, 2010, the West Virginia Bureau for Public Health will make notices available to medical, osteopathic, dental, pharmacy and nursing boards for publication in their newsletters announcing availability of the state HAI plan on the BPH website.	February 28, 2010	nursing licensing boards. Notices have been made available to the medical, osteopathic, dental, pharmacy and nursing boards of the state of West Virginia	PARTIALLY ACHIEVED All boards were contacted. The Medical and Osteopathic Boards responded immediately with notification to licensees.
Objective 4.8 By February 28, 2010, the West Virginia Bureau for Public Health will complete a media release for distribution by the Secretary for the Department of Health and Human Resources (WVDHHR).	February 28, 2010	Media release is completed and forwarded to the Office of the Secretary of WVDHHR	ACHIEVED A media release was drafted and forwarded by L Haddy on 2/16/2010
Objective 4.9 West Virginia Bureau for Public Health will evaluate the feasibility of posting this plan and supporting materials on a social networking site such as "Facebook," in accordance with state information technology policies and procedures by December 31, 2010.	December 31, 2010	Evaluation of feasibility of posting this plan and supporting materials on a social networking site such as "Facebook" shall be completed and summarized in this plan	PARTIALLY ACHIEVED Programmer Analyst I has drafted a protocol for use of Facebook for agency activities. He is awaiting a response.
Objective 4.10: On an annual basis by December 31, the WVHA shall evaluate feasibility of releasing healthcare quality data.	Annually by December 31	Feasibility of releasing healthcare quality data is addressed in this plan	PENDING A decision on public release of data from West Virginia Healthcare Authority is pending after review of baseline data by their advisory panel.