

## West Virginia HAI Plan STATUS of Year 2 Objectives

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

Objective	Deadline	Evaluation Measure	Status
<b>Objective 1.1:</b> 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.	Dec 31, annually	Membership list is posted in the State HAI Plan at <a href="http://www.wvidep.org">www.wvidep.org</a>	<b>ACHIEVED</b>
<b>Objective 1.2:</b> By December 31, 2011, the 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, 2011	This plan is updated with the choice of two HAI prevention targets	<b>ACHIEVED</b> In addition to CLABSI from all ICUs, the Infection Control Advisory Panel decided that CAUTI and SSI for abdominal hysterectomy and colon surgery to be reportable in WV in 2012.
<b>Objective 1.3.</b> On an ongoing basis, the Bureau for Public Health shall maintain the State HAI Prevention Coordinator position.	January 1, 2011	State HAI Coordinator is employed by BPH	<b>ACHIEVED</b>
<b>Objective 1.4:</b> By December 31, 2011, the State HAI Coordinator shall be transferred to a long-term source of funding.	December 31, 2011	State HAI Coordinator is employed by BPH	<b>ACHIEVED</b> An ELC ACA grant was funded for the HAI coordinator position from 1/2012 to 7/2012.

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<b>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.</b>	December 31, annually	Assessment of staffing needs completed and noted in this plan.	<b>ACHIEVED</b> A funding proposal was submitted to CDC and denied. A funding proposal was submitted through chain of command with no response to date. A proposal for a CSTE HAI fellow was submitted and accepted for possible assignment in 2012.
<b>Objective 1.8: By December 31, 2011, agencies involved in healthcare associated infection outbreaks shall have met and documented roles, responsibilities and parameters for sharing information.</b>	December 31, 2011	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.	<b>ACHIEVED</b>
<b>Objective 1.9: On an annual basis by December 31, the HAI Coordinator and the advisory group shall re-evaluate feasibility of planning towards electronic reporting.</b>	December 31, annually	Feasibility of planning toward electronic reporting is addressed in the State HAI plan	<b>NOT ACHIEVED.</b> Due to limited resources, this objective was not addressed in 2011.
<b>Objective 2.1: On an ongoing basis, 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.</b>	Annually by December 31, beginning in 2011	<ul style="list-style-type: none"> <li>Additional DIDE nurses and epidemiologists shall have completed infection control training</li> </ul>	<b>ACHIEVED</b> 3 epidemiologists attended <b>SHEA-CDC Training Course in Healthcare Epidemiology</b> All epidemiologists including 6 regional

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		<ul style="list-style-type: none"> <li>Selected epidemiology and/or nursing staff have attended local and national APIC and national SHEA meetings.</li> <li>Epidemiologists are 'embedded' at CAMC for training in hospital epidemiology.</li> </ul>	<p>epidemiologists and two nurses attended AORN's ASC infection prevention online training</p> <p>All epidemiologists including regional epidemiologists and nurses attended APIC's ASC infection prevention training</p> <p>HAI coordinator and the outbreak surveillance nurse did an internship with the CAMC Infection Control Program</p>
<b>Objective 2.2: By December 31, 2011, 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.</b>	December 31, 2011	<p>Hepatitis C protocol and investigation forms are revised with guidelines for detection of healthcare associated infection and posted at: <a href="http://www.wvidep.org">http://www.wvidep.org</a></p> <p>Hepatitis B protocol and investigation forms are revised with guidance for detection and investigation of healthcare associated infection and posted at: <a href="http://www.wvidep.org">http://www.wvidep.org</a></p>	<p><b>ACHIEVED</b></p> <p>A protocol for investigation of healthcare associated hepatitis is available at <a href="http://www.dide.wv.org">http://www.dide.wv.org</a>.</p>
<b>Objective 2.4: The annual outbreak report will continue to have a section on healthcare associated outbreaks</b>	Annually by March 15 for the previous	Outbreak summary contains a section on healthcare associated outbreaks	<p><b>ACHIEVED</b></p> <p>The outbreak summary is found at <a href="http://www.dide.wv.org">http://www.dide.wv.org</a>.</p>

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<b>Objective 2.6:</b> By December 31, 2011, the Infection Control Advisory Panel shall have identified a second priority prevention target for surveillance in support of the HHS HAI Action Plan.	December 31, 2011	Two priority prevention targets are specified in this plan	<b>ACHIEVED</b> WV Infection Control Advisory Panel added CAUTI and SSI (colon surgery and abdominal hysterectomy) to be reportable to NHSN starting January 1, 2012.
<b>Objective 2.8:</b> Training for hospital staff using NHSN will be addressed in this plan by December 31, 2011	December 31, 2011	Training plan is included in this state HAI plan	<b>ACHIEVED</b> APIC-WV had a speaker from CDC to do a NHSN training on SSI and CAUTI at their annual meeting in September.
<b>Objective 2.9:</b> By December 31, 2011, data validation plans will be addressed in this HAI plan.	December 31, 2011	Data validation plans are addressed in this HAI plan.	<b>NOT ACHIEVED</b> CSTE fellow was not matched for WV therefore this project could not be conducted. Also a funding was requested from CDC but was not granted.
<b>Objective 2.10</b> By December 31, 2011, the HAI Coordinator shall update notification criteria for serious infection control breaches documented at <a href="http://www.wvidep.org">www.wvidep.org</a> .	Ongoing	Notification criteria for serious infection control breaches are published to <a href="http://www.wvidep.org">www.wvidep.org</a>	<b>ACHIEVED</b> Management of infection control breach is posted at <a href="http://www.dhhr.wv.gov/oeps/disease/At%20Pages/InfectionControl.aspx">http://www.dhhr.wv.gov/oeps/disease/At%20Pages/InfectionControl.aspx</a> and investigation of healthcare-associated hepatitis B and C infection is posted at <a href="http://www.dhhr.wv.gov/oeps/disease/At%20Documents/Investigation%20of%20Healthcare%20associated%20hepatitis%20and%20C.pdf">http://www.dhhr.wv.gov/oeps/disease/At%20Documents/Investigation%20of%20Healthcare%20associated%20hepatitis%20and%20C.pdf</a>
<b>Objective 2.11</b> On an ongoing basis, the HAI Coordinator shall maintain examples of notification letters and hotline scripts / FAQs from CDC and/or	Ongoing	Updated sample notification letters and processes have been	<b>ACHIEVED</b>

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other states and stored in a share directory for use by Infectious Disease Epidemiology staff.		stored in a shared directory.	
<b>Objective 2.12: By December 31, 2011, infection control training for Ambulatory Surgical Centers and similar staff will have been offered in West Virginia by APIC.</b>	December 31, 2011	APIC infection control training for ambulatory surgical centers staff has been offered in West Virginia.	<b>ACHIEVED</b> APIC's ASC infection prevention training was conducted on October 27 and 28 and more than 100 healthcare professionals who work in the ambulatory surgical settings attended.
<b>Objective 3.1 By March 31, 2011, SHEA/IDSA guidelines, summarized as a checklist, will be disseminated to hospital CEOs in West Virginia.</b>	March 31, 2011	Hospital checklist and copy of hospital CEOs letter is available at <a href="http://www.dhhr.wv.gov/ops/disease/AtoZ/Pages/CLABSIS.aspx">http://www.dhhr.wv.gov/ops/disease/AtoZ/Pages/CLABSIS.aspx</a> .	<b>ACHIEVED</b>
<b>Objective 3.2 by July 1, 2011 a list of hospitals committing resources to implementation of SHEA/IDSA guidelines will be posted on <a href="http://www.dhhr.wv.gov/ops/disease/AtoZ/Pages/CLABSIS.aspx">http://www.dhhr.wv.gov/ops/disease/AtoZ/Pages/CLABSIS.aspx</a></b>	July 1, 2011	A list of hospitals committing resources to implementation of SHEA/IDSA guidelines is posted at <a href="http://www.dhhr.wv.gov/ops/disease/AtoZ/Pages/CLABSIS.aspx">http://www.dhhr.wv.gov/ops/disease/AtoZ/Pages/CLABSIS.aspx</a>	<b>ACHIEVED</b>
<b>Objective 3.3 By April 30, 2011, the HAI coordinator will have collected tool kits, information sheets, check lists, and other supporting tools for hospitals to use in CLABSI reduction and elimination.</b>	April 30, 2011	Tools for CLABSI reduction and elimination was presented at 3rd APIC-WV quarterly meeting and is posted at DIDE website.	<b>ACHIEVED</b>

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<b>Objective 3.4</b> By August, 2011, 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 2011	Staffing plan submitted through chain of command, WVDHHR	<b>ACHIEVED</b> A funding was requested to conduct infection prevention training annually. No response has been received to date.
<b>Objective 3.5</b> By July 1, 2011, an assessment of prevention collaboratives and their needs shall be completed.	July 1, 2011	Prevention collaborative needs assessment completed.	NOT ACHIEVED. Due to limited resources this objective was not addressed.
<b>Objective 3.6</b> By June 30, the HAI Coordinator shall have developed a long term care (LTC) working group in collaboration with West Virginia Healthcare Association (WVHCA) and Association of Professionals in Infection Control – West Virginia (APIC-WV).	June 30, 2011	A long term care working group exists with defined membership and objectives	<b>ACHIEVED</b> The first long-term care workgroup met on October 31 <sup>st</sup> and proposed to provide a joint training on infection prevention with acute care hospital and long term care facilities. Curriculum is under developed for the training.
<b>Objective 3.7</b> By December 31, 2011, specific objectives for implementation/support of HAI collaboratives in West Virginia shall be documented in this plan at <a href="http://www.wvidep.org">www.wvidep.org</a> .	December 31, 2011	Specific objectives for implementation/support of HAI collaboratives in West Virginia are listed in this plan at <a href="http://www.wvidep.org">www.wvidep.org</a>	NOT ACHIEVED Due to limited resources, this objective was not addressed in 2011.
<b>Objective 3.8</b> : By December 31, 2011, additional training strategies shall be selected by the Advisory Group for implementation in West Virginia and plans for implementation shall be documented in this	December 31, 2011	Training strategies for priority groups shall be documented in this plan	PARTIALLY ACHIEVED Long-term care infection prevention regional training will be prioritized in 2012. Curriculum is under developed.

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<b>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.</b>	Annually by December 31	Updated training plan is documented in this plan	<b>ACHIEVED</b> NHSN training on CAUTI and SSI was provided during annual WV-APIC annual meeting and APIC's ASC training was provided in 2011.
<b>Objective 3.10 By December 31, 2011, 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.</b>	December 31, 2011	Hospital IP resources (staffing and training) are addressed in this plan	<b>NOT ACHIEVED</b> <b>Due to limited resources, this objective was not addressed in 2011.</b>
<b>Objective 4.1: By April 15, 2011, and annually thereafter, the HAI Coordinator will present results of a needs assessment to the Advisory Group.</b>	April 15, annually	Minutes of the Advisory Group meeting document presentation of a completed needs assessment	<b>ACHIEVED</b>
<b>Objective 4.2: On an annual basis by December 31, the state HAI plan shall be revised to reflect current priorities, and posted to <a href="http://www.dhhr.wv.gov/oeps/disease/Pages/default.aspx">http://www.dhhr.wv.gov/oeps/disease/Pages/default.aspx</a>.</b>	Annually by December 31, beginning in 2009	This plan, updated, is posted to <a href="http://www.dhhr.wv.gov/oeps/disease/Pages/default.aspx">http://www.dhhr.wv.gov/oeps/disease/Pages/default.aspx</a>	<b>IN PROGRESS</b>
<b>Objective 4.3: APIC-WV shall discuss this HAI Plan at the February 18 meeting in 2011.</b>	February 18, 2011	Minutes from the February 18 APIC-WV meeting reflect discussion of the West Virginia State HAI	<b>ACHIEVED</b>

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<b>Objective 4.4:</b> West Virginia Hospital Association (WVHA) shall disseminate the HAI Plan Executive Summary to stakeholders via e-mail when it is available. .	March, 2011	Plan HAI Plan Executive Summary has been sent to stakeholders from the West Virginia Hospital Association.	<b>ACHIEVED</b>
<b>Objective 4.5:</b> 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	<b>ACHIEVED</b> Report is available at <a href="http://www.hcawv.org/Infect/HAIReport.pdf">http://www.hcawv.org/Infect/HAIReport.pdf</a> .
<b>Objective 4.6:</b> 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 nursing licensing boards.	<b>ACHIEVED</b> A meeting was held on May 26, 2011 and the memorandum was posted on <a href="http://www.dide.wv.gov">http://www.dide.wv.gov</a> .
<b>Objective 4.7:</b> On an annual basis by December 31, the HCAWV shall evaluate feasibility of releasing healthcare quality data.	Annually, by December 31, beginning in 2010	Feasibility of releasing healthcare quality data is addressed in this plan	<b>ACHIEVED</b> Influenza vaccination rate by hospital has been released and an aggregate statewide CLABSI rate was published in 2011.