The Origins Story

SW Washington Healthcare Associated Infections (HAI) Task Force

SUMMARY

The Southwest Washington Healthcare-Associated Infections (HAI) Taskforce is a local group of healthcare workers dedicated to decreasing the incidence of healthcare-associated infections and improve the healthcare outcomes of patients by enhancing communication between healthcare facilities and sharing community resources.

HOW THE IDEA WAS BORN

In 2012, through routine surveillance a local hospital and long-term care facility (LTCF) in Clark County saw an alarming increase in *C. difficile* and related hospital readmissions from skilled nursing and assisted living facilities. Due to concerns around the potential negative impact on patient outcomes related to *C. difficile*, such as surgical site infections or death, hospital leadership met with the leadership from one local skilled nursing facility to have an open discussion about the problem and need to work together to prevent further infections.

Recognizing this was a community problem rather than a facility problem; it was agreed that the solution needed to involve all relevant partners. It was at this point that both the hospital and skilled nursing facility agreed to dedicate resources to begin the grassroots effort of creating an HAI Task Force with the aim to jointly improve patient outcomes through improved collaboration, communication and a county wide systematic approach to patient transfers.

August 2012 marks the first Task Force meeting that brought together hospital partners, skilled nursing and assisted living facilities, and local Public Health. This initial meeting focused on:

- sharing HAI data to raise awareness on local trends.
- promoting patient safety across multiple continuums of care and the shared responsibility for preventing infections.
- discussing challenges facing facilities, share experiences and what has worked or what hasn't.
- introducing the concept of a community approach and task force development.

TASK FORCE DEVELOPMENT STRATEGY:

All facilities have a vested interest in preventing HAI's and contributing to improved patient health outcomes. There is also a financial burden associated with rising HAI rates both for the facility and for affected patients. Some of the key steps during the task force development and initial growth phase included:

1. **Get administration buy-in and ensure key decision makers are the initial driving force.** For Clark County, the leadership from one local hospital brought together key members of their team including the CMO, Director of Quality, Director of Patient Care Administration,

Infectious Disease Providers, and Infection Prevention with key leaders of a skilled nursing facility to discuss a problem and jointly devise a response strategy.

2. **Identify a common goal that motivates partner participation.**
   Our shared goal was "to prioritize the needs and health-outcomes of patients in our community over competitive interests".

3. **Allocate resources dedicated to task force start up and operations.**
   One local hospital dedicated staff resources to support the leadership of the HAI Taskforce (kick start operations, organize meetings, and data collection/analysis). Other facilities volunteered to host the monthly meetings on a rotational basis. The local Public Health department also created a webpage within their website dedicated to Taskforce business.

4. **Formulate clear expectations for participating facilities.**
   This may include increased transparency; volunteer to host meetings; sharing best practices; foster collaboration and open communication with hospital partners, public health and other facilities.

5. **Use the task force to deliver and share access to resources.**
   One strategy to attract participation was to use the Taskforce as an avenue to share and deliver resources among a broader group. This could include trainings, host meetings with subject matter experts to present to the HAI Taskforce, hold panel discussions, etc.

6. **Set short term achievable goals and metrics to start.**
   As rising *C. difficile* rates was the impetus behind developing the HAI Taskforce, seemed like the logical place to start. All participating facilities agreed on a common definition and started reporting their monthly *C. difficile* rates to one local hospital who agreed to analyze the data in aggregate. The idea was to look at rates at a community level to establish county trends, and not single out any particular facility.

   As it grew, the Taskforce later took on the challenge of increasing healthcare worker influenza vaccination rates in their facilities in order to reduce related facility based outbreaks. Through the use of a masking policy coupled with employee education regarding vaccine efficacy and safety concerns, influenza vaccination rates in Taskforce facilities reached 90.3% during the 2013-2014 influenza season, exceeding the *Healthy People 2020* goal of 90%.

HOW WE OPERATE NOW:

Since starting in 2012, the Taskforce has swelled to over 20 participating organizations, representing the entire continuum of care – hospitals, skilled nursing facilities, assisted living facilities, home care, and Public Health.

- Meetings are held monthly, with facilities rotating who hosts.

- At each monthly meeting *C. difficile* and healthcare worker immunization data shared by Taskforce members is reviewed in aggregate. Public Health also provides an epidemiology update, of particular importance during influenza season. This is an important component for fostering a coordinated approach as it promotes transparency and situational awareness regarding tends in our community.
- The Public Health department hosts the Taskforce webpage where meeting dates/locations, past meeting minutes and other relevant information is posted. (click here).

As the Taskforce continues to grow, its focus has evolved to tackle other challenges facing our community including: decreasing the incidence of other HAI's such as managing sepsis, improving inter-facility transfers, promoting employee hygiene education, and sharing best practices for the implementation of outbreak control measures.

Benefits of Task Force:

The Southwest Washington HAI Taskforce has shown that a concerted effort by dedicated organizations can have dramatic results. Some of the key benefits derived from this partnership include:

- Reduction in *C. difficile* rates across the county.
- Development of an inter-facility transfer form used to alert the receiving facility if a patient has a contagious disease.
- Joint strategies for increasing healthcare worker influenza vaccination rates and compliance.
- Media recognition (local, national).
- Access to pooled resources such as trainings, best practices, etc.
- Increased transparency through data sharing.

Sustainability Moving Forward:

August 2015 guidance from the Centers for Disease Control and Prevention (CDC) identified several levels of coordination between facilities and public health in their effort to control HAI's in a community. Within this framework a Coordinated Approach has the greatest impact in reducing HAIs. Building on momentum achieved by our HIA Taskforce, future plans include:

- Identify through a survey barriers limiting taskforce participation for all facilities and work to develop strategies to mitigate these barriers.
- Promote sustainability by keeping key leadership members actively aware and engaged in Taskforce activities and successes.
- Work as a group to identify areas of vulnerability or gaps in our community's infection prevention strategies by participating in the Infection Control Assessment and Response program.