Assessment of HAI Resources and Capacity: Infection Prevention and Drug Diversion

Dear State HAI Coordinator,

The CSTE HAI Subcommittee, along with the CSTE Drug Diversion workgroup are seeking your assistance by completing this assessment of resources and capacity for two activities. There are two sections of this assessment, which inquire about (1) Infection Prevention and Control and (2) Drug Diversion Investigation. Please involve your State Epidemiologist as necessary to ensure the accuracy of responses especially with regard to departmental resources. Should you have any questions, please contact Nicole Bryan (nbryan@cste.org or 770-458-3811).

This assessment was developed to better understand healthcare-associated infection (HAI) programs' infection prevention and control and drug diversion investigation resources, capacity, and experience. The information will be used to understand program needs and interests, identify gaps and work with partners (CDC and other organizations) to address them. We do not assume that HAI programs have been staffed with persons with explicit experience in infection prevention and control or drug diversion experience or expertise. This information may be published in aggregate. No information will be released specifying the state or locality.

For the purposes of this assessment, please use the following definitions and acronyms:

Infection Preventionist (IP): a healthcare professional with past experience in infection prevention and control in a healthcare setting or Certified in Infection Control (CIC). Membership in the Association for Professionals in Infection Control and Epidemiology (APIC) or the Society for Healthcare Epidemiology of America (SHEA) is not sufficient to meet these criteria.

Hospital Epidemiologist (HE): a person with past experience in hospital epidemiology as evidenced by having served as the chairperson of the infection control committee in a healthcare setting or having had the designation/title of hospital epidemiologist in a healthcare setting. This individual often is, but does not need to be, a physician. Membership in APIC or SHEA is not sufficient to meet these criteria.

Section A - Infection Prevention and Control Resources and Activities

* Contact Information

Name	
Title (e.g., HAI Program Coordinator)	
Email Address	
Phone number	
Jurisdiction (Department/Agency)	

Section A - Infection Prevention and Control Resources and Activities

Please note that for questions 1 –3, responses should reflect resources on January 1, 2014 (prior to Ebola activities). If there were vacant positions at that time, please do not include them in the counts but you may clarify this in the comments section at the end of the form.

* 1. How many Infection Preventionists (IPs) were in the Healthcare-Associated Infection (HAI) program on January 1, 2014?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ If there were 3 or more IPs, exactly how many were there?

  [ ]

Section A - Infection Prevention and Control Resources and Activities

* Of these IPs, how many were certified in infection control (CIC)?

* Were all of these individuals full time?

- ( ) Yes
- ( ) No

Section A - Infection Prevention and Control Resources and Activities

* If not full time, what is the combined FTE?

Section A - Infection Prevention and Control Resources and Activities

* If there was no IP in the HAI program, was there an IP that was readily accessible to the HAI program elsewhere in the department or agency?

- ◯ Yes
- ◯ No

Section A - Infection Prevention and Control Resources and Activities

* What program, division, department or agency?

* On average, how many hours per week did this person assist?

* Were they accessible to meet programmatic objectives and activities

- ◯ Yes
- ◯ No

Section A - Infection Prevention and Control Resources and Activities

* 2. How many Hospital Epidemiologists (HEs) were in the HAI program on January 1, 2014?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ If there were more than three (3) HEs, how many were there?

  [ ]

Section A - Infection Prevention and Control Resources and Activities

* If there was no HE in the HAI program, was there an HE that was readily accessible to the HAI program elsewhere in the department or agency?

- ◯ Yes
- ◯ No

Section A - Infection Prevention and Control Resources and Activities

* What program, division, department or agency?

* On average, how many hours per week did this person assist?

* Were they accessible to meet programmatic objectives and activities?

- ◯ Yes
- ◯ No

Section A - Infection Prevention and Control Resources and Activities

* 3. How adequate were infection prevention and control resources (i.e., IPs or HEs) either within the HAI program or available to the HAI program, as of January 1, 2014?

- ◯ Fully adequate (able to support all programmatic objectives and activities).
- ◯ Somewhat adequate (able to support most programmatic objectives and activities).
- ◯ Not adequate (able to support only a few programmatic objectives and activities).
- ◯ Other (please describe)

Section A - Infection Prevention and Control Resources and Activities

* 4. Has an IP or HE from your department been involved in any of the following activities within the past three years (check all that apply)?

- [ ] Interpreted NHSN protocols and/or case definitions
- [ ] Conducted validation of reporting quality
- [ ] Participated in program planning and/or evaluation
- [ ] Investigated HAI outbreak(s)
- [ ] Investigated infection control breaches with no recognized patient harm
- [ ] Investigated contamination of medical devices, equipment, or products
- [ ] Assisted surveyors (regulatory or accreditation agency personnel) with healthcare facility surveys
- [ ] Provided education to health department colleagues and/or regulatory/accreditation agency personnel about infection prevention and control issues
- [ ] Provided education to healthcare professionals about infection prevention and control issues
- [ ] Presented at national/international conferences
- [ ] Published papers
- [ ] Other (please specify)

Section A - Infection Prevention and Control Resources and Activities

The following questions are **not** specific to pre-Ebola funding:

* 5. Has the HAI program had difficulty recruiting IPs/HEs? (check most applicable response)

- ◯ Yes, we had difficulty recruiting
- ◯ No, we did not have difficulty recruiting
- ◯ N/A, no attempt was made to recruit
- ◯ Other (please describe)

Section A - Infection Prevention and Control Resources and Activities

* What recruitment challenges were identified (check all that apply):

- [ ] Pay scale not competetive
- [ ] Lack of suitably qualified IPs/HEs
- [ ] Location (e.g., individuals unwilling to move to work location)
- [ ] Insecure funding (e.g., grant funding, temporary positions, etc.)
- [ ] Other (please specify)

Section B - Drug Diversion in Healthcare Settings

The last part of this assessment was developed to better understand breadth and magnitude of current experience, regulatory authority, reporting requirements, potential actions, and partner engagement to investigate and prevent drug diversion in healthcare settings. For the purpose of this assessment, drug diversion is the transfer of any legally prescribed medication from the individual for whom it was prescribed to another person for any illicit use. The information will be used to understand needs and interests and inform potential resource or toolkit development.

Section B - Drug Diversion in Healthcare Settings

1. Has your public health agency investigated any drug diversion incidents within the last five years?

- ◯ Yes, we have investigated as part of an outbreak investigation (triggered by some evidence of disease transmission)
- ◯ Yes, we have investigated as potential for public health risk (no known disease transmission)
- ◯ Yes, we have investigated BOTH as part of an outbreak investigation AND as potential for public health risk
- ◯ No, we have not dealt with one of these incidents within the last five years

Section B - Drug Diversion in Healthcare Settings

Have you ***ever*** investigated any drug diversion incident?

- ◯ Yes
- ◯ No

Section B - Drug Diversion in Healthcare Settings

* Approximately how many drug diversion investigations were conducted each year (include those with known and/or unknown disease transmission)?

2010	
2011	
2012	
2013	
2014	

If you are unsure of the number of investigations in any particular year, please enter an asterisk **(*).**

Section B - Drug Diversion in Healthcare Settings

* 2. Are suspected drug diversion incidents involving injectable drugs (without known disease transmission) required to be reported to public health under state law or by regulation in your jurisdiction?

- ◯ Yes
- ◯ No
- ◯ I don't know

Section B - Drug Diversion in Healthcare Settings

* What program or agency are these incidents required to be reported (select all that apply)?

- [ ] Communicable disease epidemiology program
- [ ] Healthcare-Associated Infections (HAI) program
- [ ] Healthcare facilities licensing / inspection program
- [ ] Other public health agency program (please specify below)
- [ ] Professional licensing boards
- [ ] Prescription monitoring program
- [ ] Other department/agency (please specific below)

Other (please specify)

* What law or regulation in your state gives this responsibility and authority (cite the law or regulation title and code number)?

Section B - Drug Diversion in Healthcare Settings

* 3. Do you feel your public health agency is prepared to respond to drug diversion incidents involving injectable drugs regardless of known disease transmission?

- ◯ Yes, additional resources or training are not required
- ◯ Yes, but we may require other assistance (please specify below)
- ◯ No, we require additional training of existing staff
- ◯ No, we require additional staff or other budgeted resources
- ◯ I do not view investigating these incidents as a role for my public health agency

Other Assistance required (please specify)

Section B - Drug Diversion in Healthcare Settings

* 4. If a drug diversion incident was investigated and confirmed in your state, what action(s) would or have occurred depending on the circumstances (select all that apply)?

- [ ] Potential patient notification by the health department or by the facility as directed by the health department
- [ ] Formal review of licensure and disciplinary action initiated by the health department
- [ ] Formal review of licensure and disciplinary action initiated by an agency other than the health department (e.g., health facilities licensing in another department, health board, professional licensing boards, college of health profession)
- [ ] Legal action against the provider suspected of diversion as determined and initiated by the facility
- [ ] Legal action against the provider suspected of diversion as determined and initiated by law enforcement agencies
- [ ] Employment action(s), such as termination, leave without pay, or substance abuse counseling
- [ ] Restorative justice* led by the facility in which the healthcare professional worked
- [ ] Other (please specify)

*Restorative justice is a system of criminal justice that focuses on the rehabilitation of offenders through reconciliation with victims and the affected community.

Section B - Drug Diversion in Healthcare Settings

* 5. To what agencies has your public health agency reached out to proactively better coordinate reporting, investigation, or prevention activities related to drug diversion (select all that apply)?

- [ ] Hospital Association(s)
- [ ] Patient safety advocacy organization(s)
- [ ] Law enforcement organization(s)
- [ ] Healthcare facility licensing / inspection program(s) if in another department
- [ ] Healthcare facility licensing / inspection program(s) if same department
- [ ] Healthcare provider licensing board(s)
- [ ] State quality improvement organization (QIO)
- [ ] Prescription monitoring program
- [ ] We have not proactively reached out to any agencies for this purpose
- [ ] Other (please specify)

Section B - Drug Diversion in Healthcare Settings

* 6. Does your jurisdiction's HAI Program currently coordinate and/or participate in any drug diversion *prevention* activities (outreach, training, materials, etc.)?

- ◯ Yes, currently coordinate and/or participate (please describe below):
- ◯ Yes, planning to coordinate and/or participate (please describe below):
- ◯ No
- ◯ Unsure

Other (please specify)

Section B - Drug Diversion in Healthcare Settings

* 7. If your health department wants to start or further develop an existing drug diversion investigation or prevention program:

What existing resources are you aware of that could be used as model, guidelines, or other instructional aides (please describe, include links, or examples)?

What models, guidelines, instructional aides or other resources would you want or need?