Infectious Disease-HAI

Assignment Description

The fellowship is with the Healthcare Associated Infections Program, the infection surveillance and prevention program responsible for 400 hospitals, 1200 skilled nursing facilities, and 500 ambulatory surgery centers.

The HAI Program staff include: (1) 9 infection preventionists each with over 10 years of experience in healthcare infection surveillance and prevention; (2) an Epidemiology Unit with two experienced epidemiologists, data manager, and data analyst and programmer; (3) a health educator responsible for education, outreach, and messaging; all are available for additional support, instruction, and collaboration. The program is initiating collaborative projects for surveillance and prevention of infections in small rural, long-term acute care, and prison hospitals and antimicrobial stewardship in acute and long-term care facilities. The program is currently participating with numerous existing prevention collaboratives statewide. A project for validation of mandatory reporting data has been proposed with the Agency for Healthcare Research and Quality. Collaboration with the department communicable disease, tuberculosis, immunization, and occupational health programs occurs frequently; these programs meet on a regular basis.

The HAI Program is responsible for mandatory reporting of 5 different categories of healthcare associated infections and three categories of HAI prevention measures from approximately 400 hospitals, beginning in 2009. All HAI and central line insertion practice (CLIP) data is reported through the CDC National Healthcare Safety Network (NHSN), so that data reported on a monthly basis is always accessible for analysis. CLIP data is available beginning in 2009 (over 145,000 events) and has not yet been analyzed. This data may be linked to central line associated bloodstream infections on a patient specific basis. The Program has direct access to the California Hospital Discharge Data, one of the most complete hospital discharge data bases in the country, which can be used to complement and inform the NHSN HAI data. Healthcare facility enforcement data is available from the department's Licensing and Certification Program, which is in the same center. SAS is the primary statistical software used for analysis; instruction and assistance is available for this and simpler statistical software packages.

Day to Day Activities:

Will depend on projects, which can suit the fellows interests. Any training in statistical techniques or software needed will be arranged if possible or provided on site. Participation in regular Epidemiology Unit meetings would be expected in addition to regular staff meetings. Accessing, managing, and analyzing data will be a daily activity if working on an epidemiologic project.

Potential Projects:

Analysis of HAI data entered into NHSN, analysis of prevention data entered into NHSN and other data bases (e.g. CMS SCIP data), linking prevention (CLIP and SCIP) with HAI (CLABSI and SSI) data. Linking HAI data wit hhospital discharge data (e.g. linking Clostridium difficile infection data with hospital discharge data including source of admission, length of stay, mortality). Evaluation of the HAI surveillance system.

Preparedness Role

Following H1N1 the department created a Communicable Disease Emergency Response Branch, which is also responsible for influenza surveillance. This branch convenes the meetings of all the CDPH programs on campus that would be involved in emergency (and other) responses collaboratively. For H1N1 the HAI Program assumed all infection control responsibilities. Preparedness will now involve planning better sharing of such responsibilities.

Assignment Location:	**Richmond, CA**
Primary Mentor:	Kavita Trivedi, MD Chief, Epidemiology Unit California Department of Public Health
Secondary Mentor:	Jon Rosenberg, MD Chief, HAI Program California Department of Public Health