

# **South Carolina Healthcare-Associated Infections State Action Plan**

Department of Health and Environmental Control

Bureau of Communicable Disease Control and Prevention

Division of Acute Disease Epidemiology

Healthcare-Associated Infections Section

## **South Carolina Healthcare Associated Infections (HAI) State Action Plan**

The Hospital Infections Disclosure Act (HIDA), SC Code of Laws, Chapter 7, Article 20, requires inpatient acute care, inpatient long-term acute care, and inpatient rehabilitation facilities to report selected healthcare-associated infections to the South Carolina Department of Health and Environmental Control (DHEC). This law requires DHEC to appoint an advisory committee, known as the HIDA advisory committee. All HAI data are reported through the National Healthcare Safety Network (NHSN), a secure, internet-based surveillance system that is maintained by the Division of Healthcare Quality Promotion (DHQP) at CDC. HIDA requires the advisory committee to hold quarterly meetings to discuss HAI programs, analysis of HAI data, public reporting of HAI data, and data supported actions for targeted prevention. Reporting hospitals submit data on a continuous basis. DHEC publicly reports aggregate, facility-specific data annually. The report is submitted to the South Carolina General Assembly and posted on DHEC's website.

### **A. Overview of South Carolina's public health infrastructure for HAI Surveillance and Prevention**

**B. HAI Surveillance Data:** HIDA public reports are available online and provide most of the data needed to measure the selected outcomes and prevention targets identified in the National HAI Prevention Action Plan. DHEC ensures accuracy and completeness of the data through ongoing internal and external validation. Hospitals may also use these data for internal quality measures and to share with other facilities enrolled in prevention collaboratives.

### **C. HAI Core Public Health Staff for Surveillance and Public Reporting:** DHEC HAI staff include:

- a. One (1) ELC/PHEP-funded HAI Director
- b. One (1) ELC-funded HAI Coordinator
- c. One (1) ELC-funded Epidemiologist I
- d. One (1) State-funded Epidemiologist II
- e. One (1) PHEP-funded Infection Preventionist
- f. One (1) ELC/PHEP-funded Infection Preventionist/Nurse Consultant
- g. One (1) ELC-funded Infection Preventionist

**D. Advisory Committee:** South Carolina's HIDA Advisory committee is comprised of subject matter experts in various areas of infection prevention and healthcare. Internal partners are from health regulations, the Office of Public Health Preparedness, and Office of General Counsel.

- E. **South Carolina Healthcare Alliance for Infection Prevention (SCHAIP):** The HIDA Advisory Committee partners with SCHAIP, which is considered the “action arm” of HIDA. SCHAIP brings state partners together for the purpose of implementing a coordinated approach to infection prevention initiatives in South Carolina.

**HAI State Action Plan, 2019-2020**

Created: October 2015

Reviewed: May 2016

Updated: September 2019

Updated: December 2020

Updated: July 2021

## I. Enhance HAI Program Infrastructure

Successful HAI prevention requires close integration and collaboration with state and local infection prevention activities and health systems. Consistency and compatibility of HAI data collected across facilities will allow for greater success in reaching state and national goals.

Items Planned for Implementation	Status
<b>1. Establish statewide HAI prevention leadership through the formation of a multidisciplinary group or state HAI advisory council.</b>	
1a. Collaborate with local and regional partners, including state hospital associations, professional societies for infection control, academic centers, laboratorians, networks of healthcare facilities, and hospital preparedness partners.	Complete
<b>2. Establish the South Carolina Healthcare Alliance for Infection Prevention (SCHAIP).</b>	
2a. Create SCHAIP to have multi-disciplinary group to include representatives, from DHEC, <a href="#">South Carolina Hospital Association</a> (SCHA), the <a href="#">Association of Professionals in Infection Control and Epidemiology- Palmetto Chapter</a> (APIC-Palmetto) and various subject-matter experts as needed.	Complete/ ongoing
2b. Create and pilot an outpatient infection control toolkit.	In Progress
2c. Create and disseminate an infection control curriculum for certified nursing assistants (CNAs).	In Progress
2d. Create and disseminate infection control curriculum for Long-Term Care Facilities (LTCFs).	Planning Stage
<b>3. Develop a process plan for the SCHAIP group to review all new or revised evidence-based guidelines.</b>	Implemented 2 <sup>nd</sup> Quarter 2011/ongoing
3a. Establish a procedure for notifying facilities of new guidance.	Ongoing
3b. Collaborate with partners to identify new training needs and provide appropriate training to facilities.	Ongoing
<b>4. Improve antimicrobial stewardship statewide.</b>	
4a. Establish a statewide stewardship collaborative.	Complete
4b. Host statewide stewardship meeting annually.	Ongoing
4c. Provide benchmarking reports to hospitals participating in <a href="#">NHSN Antimicrobial Utilization Reporting</a> (AUR).	Ongoing
4d. Pursue educational opportunities for nurse practitioners and physician assistants.	Planning Stage
4e. Collaborate with <a href="#">Carolinas Centers for Medical Excellence</a> (CCME) for outpatient and nursing home stewardship initiatives.	Ongoing
<b>5. Increase DHEC's access to data for use in infection prevention efforts.</b>	
5a. Develop projects to analyze carbapenem-resistant <i>Enterbacteriales</i> (CRE), carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA), carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB) and <i>Candida auris</i> data (build into RedCAP or Access).	In Progress
5b. Addition of pedVAE for validation, but not to be <a href="#">published in HIDA</a> . See <a href="#">HIDA Reporting Requirements</a> .	Approved

Items Planned for Implementation	Status
5c. Addition of catheter associated urinary tract infection (CAUTI) and other surgical site infections (SSIs) for validation of <a href="#">HAI State progress report</a> data, but not on the published <a href="#">HIDA report</a> . See <a href="#">HIDA Reporting Requirements</a> .	Approved
<b>6. Maintain existing state-funded public health staff.</b>	
6a. One Epidemiologist II.	Ongoing
<b>7. Integrate Public Health Laboratory (PHL) and HAI activities.</b>	
7a. Draft HAI and PHL coordination plan.	In Progress
7b. Send HAI and PHL members to the annual ARLN meeting each year.	Ongoing
<b>8. Improve coordination among internal and external partners.</b>	
8a. Establish procedures to ensure inter-agency coordination for HAI surveillance, prevention, and control.	Ongoing
8b. Establish formal communication between public health and licensing to report Category B infection control breaches.	In Progress
8c. Maintain legal representation on the <a href="#">HIDA Committee</a> .	Complete
8d. Identify low cost strategies and methods to provide incentives and support to healthcare professionals to encourage best practices and continuing infection control education.	Planning Stage
<b>9. Facilitate the use of standards-based formats (e.g., Clinical Document Architecture) by healthcare facilities for the purpose of electronic reporting of HAIs.</b>	
9a. Develop capacity to use South Carolina surveillance data within SCION in conjunction with NHSN data.	Ongoing
9b. Investigate barriers for labs gaining electronic laboratory reporting (ELR) capacity.	Ongoing

## II. Surveillance, Detection, Reporting, and Response

Items planned for implementation	Status
<b>1. Improve HAI outbreak detection and investigation.</b>	
1a. Develop and disseminate clear <a href="#">reporting guidelines</a> for HAIs.	Complete
1b. Establish protocols for training regional staff to assist in HAI investigations.	Ongoing
1c. Identify HAI training goals for Central Office HAI staff.	In progress
1d. Define public health staff competencies, knowledge, skills, and abilities needed to investigate HAI outbreaks.	In progress
<b>2. Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues.</b>	
2a. Identify each pertinent multi-drug resistant organism (MDRO) in South Carolina and notate by tiers.	Complete
2c. Work toward in-house identification of <i>Candida auris</i> at PHL.	Complete
2d. Work toward in-house identification of Pan-resistant isolates by adding newest antibiotics to testing menu.	Complete
2e. Work toward using the recommended PCR STRCK AB kit.	On Hold
<b>3. Improve communication of HAI outbreaks and infection control breaches.</b>	
3a. Define process for communicating information regarding infection control breaches with interagency partners.	In Progress
3b. Provide hospitals with an official letter regarding which types of infection control breaches should be reported to DHEC.	In Progress
<b>4. Develop state surveillance training competencies.</b>	
4a. Host an annual webinar regarding SC reporting and common errors in NHSN.	Planning Stage
<b>5. Develop tailored reports of data analyses for state or region prepared by state personnel.</b>	
5a. Send individual targeted assessment for prevention (TAP) reports for <i>Clostridioides difficile</i> infection (CDI) to facilities yearly.	Ongoing
5b. Send AU benchmarking reports to facilities using <a href="#">NHSN AUR module</a> .	Ongoing
<b>6. Validate data entered into HAI surveillance system to measure accuracy and reliability.</b>	
6a. Email Infection Preventionists with NHSN quality checks quarterly.	Ongoing
6b. Conduct external validation (EV) of facilities annually using the <a href="#">CDC's EV guidance</a> document for the year of validation.	Ongoing
<b>7. Make available risk-adjusted HAI data that enables state agencies to make comparisons between hospitals.</b>	
7a. The annual <a href="#">HIDA report</a> and the <a href="#">Healthcare Worker Flu Vaccination Report</a> contains risk-adjusted data. Disperse to individual hospitals.	Ongoing
<b>8. Enhance surveillance and detection of HAIs in non-hospital settings.</b>	
8a. CRE and CRPA were added to the <a href="#">South Carolina List of Reportable Conditions</a> in 2017.	Completed
8b. <i>Candida auris</i> was added to the <a href="#">South Carolina List of Reportable Conditions</a> in 2019.	Completed

Items planned for implementation	Status
8c. Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB) was added to the <a href="#">South Carolina List of Reportable Conditions</a> in 2020.	Completed

### III. Prevention

State implementation of evidence-based guidance is a crucial step towards reducing the burden of HAIs. CDC and other professional organizations have developed evidence-based HAI prevention guidelines cited in the Department of Health and Human Services Action (DHHS) Plan for implementation. To meet the metrics of the DDHS action plan, South Carolina needs to reduce the statewide SIRs for surgical site infections (SSIs), central line associated blood-stream infections (CLABSIs), and methicillin-resistant *Staphylococcus aureus* (MRSA) blood-stream infections. South Carolina has already met this target for *Clostridioides difficile* infections. Prevention of these infections is key to reducing the state's SIR; therefore, SSIs, CLABSIs, and MRSA blood stream infections have been targeted in the HAI state plan.

Items Planned for Implementation	Status
<b>1. Reduce statewide SIR for Adult Complex AR rates by procedures (CBGC, CBGB, COLO, HPRO, KPRO) in Acute Care Hospitals by 30% from the 2015 HHS baseline.</b>	
1a. Ensure facilities have implemented an SSI Plan for all procedures.	Planning Stage
1b. Provide resources, including webinars and guidance, on the importance of infection prevention and control in preventing SSIs.	Planning Stage
1c. Collaborate with other organizations, SCHA and local hospital groups, to provide training on SSI prevention.	Planning Stage
<b>2. Reduce the statewide SIR for central line-associated bloodstream infections (CLABSI) for intensive care units and ward locations in acute care hospitals by 50% from the 2015 HHS baseline.</b>	
2a. Promote facility use the CDC's <a href="#">CLABSI checklist</a> .	Planning Stage
2b. Provide resources, including webinars and toolkits, on evidence-based guidance on preventing CLABSI.	Planning Stage
2c. Send TAP reports, broken down by units, to facilities on a yearly basis.	In Progress
<b>3. Reduce the statewide incidence for hospital onset methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream in acute care hospitals by 50% from the 2015 HHS baseline.</b>	
3a. Promote antimicrobial stewardship programs.	Planning stage
3b. Provide resources, including webinars and guidance, on the importance of infection prevention and control in preventing MRSA infections.	Planning stage
<b>4. Collaborate and promote the NHSN Module.</b>	
4a. Promote the <a href="#">NHSN module for SSIs among ambulatory surgery centers</a> .	Planning Stage
4b. Collaborate with Healthcare Quality to ensure new facilities are reporting appropriately into NHSN.	In Progress
4c. Validate which facilities are a part of the NHSN SC Group via NHSN each January.	Ongoing
4d. Validate that facilities in NHSN have conferred rights appropriately to the NHSN SC Group each January.	Ongoing
4e. Validate that facilities have completed their annual survey in NHSN each January.	Ongoing
<b>5. Promote Project First Line (PFL).</b>	



Items Planned for Implementation	Status
5a. Hire PFL coordinator.	Complete
5b. Hire PFL nurse educator.	Complete
5c. Identify targets and establish priorities for promoting PFL activities.	In progress
5d. Conduct learning needs assessments (LNAs) for targeted front line healthcare personnel (HCP).	In progress
5e. Tailor PFL learning modules per LNAs.	Planning Stage
5f. Provide continuing education to HCP when available.	Planning Stage

## IV. Evaluation and Communication

Items Planned for Implementation	Status
<b>1. Conduct a needs/risk assessment for the State HAI Plan with input from key stakeholders.</b>	
1a. Include available data from state mandated HAI surveillance and other state-based HAI prevention activities.	Annually
1b. Identify priorities based upon probability of occurrence, severity, preparedness by partners to mitigate the risk, and national HAI trends to guide patient safety initiatives and research aimed at reducing HAIs.	Annually
1c. Reassess and reprioritize initiatives as necessary based upon HAI surveillance, other state-based HAI prevention activities, emerging infectious diseases or other public health emergencies, and new regulatory mandates.	Annually and ongoing
<b>2. Evaluate the State HAI Plan.</b>	
2a. Define elements for evaluation based upon the state mandated HAI surveillance, other state-based HAI prevention activities, and established priorities.	Annually
2b. Use program management tools to track the progress of state mandated HAI surveillance, other state-based HAI prevention activities, and established priorities to determine state HAI plan effectiveness.	Ongoing
<b>3. Develop and implement a communication plan about the State HAI Plan's initiatives, activities, and effectiveness to meet public and private stakeholder's needs.</b>	
3a. Place and maintain the current State HAI Plan on the <a href="#">SC DHEC</a> and <a href="#">CDC websites</a> .	Annually
3b. Share the updated State HAI Plan with HIDA committee members and other key stakeholders.	Annually
<b>4. Provide consumers access to useful healthcare quality measures and disseminate HAI data to the public.</b>	
4a. Continue to publish the Annual HIDA Report and the Healthcare Personnel Influenza Report to the <a href="#">SC DHEC website</a> and disseminate by other means as appropriate.	Annually