

Program Element #29: Association for Professionals in Infectious Control and Epidemiology Oregon Southern Washington Chapter, Inc. (APIC)

1. **Purpose of this Program Element.** APIC-OSW Chapter 14 must use this financial assistance for furthering the education and certification of its members as it relates to infection control issues, including but not limited to activities such as attending meetings, taking training courses, assistance for members with certification fees and providing guest speakers for APIC meetings and conferences.
2. **Definitions Specific to this Program Element.**
 - a. **Federal Funds:** means all funds paid to Grantee under this Agreement that OHA receives from an agency, instrumentality or program of the federal government of the United States.
 - b. **Financial Assistance Award (FAA):** means the description of financial assistance set forth in Exhibit C, as such Financial Assistance Award may be amended from time to time.
 - c. **Program Element:** means the services as described in Exhibit B, whose costs are covered in whole or in part with financial assistance OHA pays to Grantee pursuant to this Agreement:
 - d. **Program Element Description:** means the description of a Program Element set forth on Exhibit B.
 - e. **Healthcare-associated Infections (HAI) Prevalence Survey:** a one-day survey of HAI prevalence and antimicrobial use in hospitals in Benton, Douglas, Lane, Linn, Marion, Polk, Yamhill, Multnomah, Clackamas, and Washington counties, to be conducted by OHA in collaboration with the Centers for Disease Control and Prevention.
 - f. **Primary Team (PT):** A team of infection prevention and other staff members in each facility participating in the HAI Prevalence Study (See Attachment 1). Each member of the PT will participate in training activities conducted by CDC and OHA, and will conduct the HAI Prevalence survey on a single day in their own facility.
3. **Services to Be Provided.** By accepting and utilizing OHA financial assistance Grantee agrees to deliver services in accordance with the guidelines and allowable activities set forth as follows:
 - a. Grantee shall provide consultation and assistance to OHA with investigations of public health importance.
 - b. Grantee shall provide education for members on disease control and epidemiology methodology

- c. Grantee shall implement collaborative educational or other interventions in the APIC chapter community settings when identified as a priority and agreed upon by the chapter membership.
- d. Grantee shall provide financial and technical assistance with fees for national professional licensure, to include necessary subspecialty licensure.
- e. Grantee shall provide assistance with travel and other (lodging/meals) in local and national training and professional development opportunities.
- f. Grantee shall provide as necessary, travel expenses and honoraria to members who present scientific and technical presentations at seminars and professional development opportunities.
- g. For Grantee members who participate as a PT member in the HAI Prevalence Survey, Grantee shall provide additional assistance with travel, textbooks and other (lodging/meals) expenses for local and national training, professional development opportunities, or financial and technical assistance with fees for national professional licensure, to include necessary subspecialty licensure.

4. **Reporting Obligations/Periodic Reporting Requirements.** Grantee shall follow the reporting obligations and requirements as set forth in Section 8 of Exhibit D of this Agreement.

Attachment 1
Summary of HAI Prevalence Survey

**Healthcare-Associated Infections and Antimicrobial Use Prevalence Survey:
The Emerging Infections Program and the Division of Healthcare Quality Promotion,
Centers for Disease Control and Prevention**

Background

Healthcare-associated infections (HAIs) are major causes of morbidity and mortality in the United States. A growing proportion of these infections are due to resistant pathogens such as methicillin-resistant *Staphylococcus aureus* and multidrug-resistant gram-negative bacilli. Essential steps in reducing the occurrence of HAIs and the prevalence of resistant pathogens are: 1) to estimate accurately the burden of HAIs infections in U.S. hospitals and to describe the types of HAIs and causative organisms, and 2) to estimate the prevalence of antimicrobial use and describe the types of agents and rationale for their use. The scope and magnitude of HAIs and antimicrobial use in the U.S. cannot be determined using data from existing surveillance systems. For example, the CDC's current HAI surveillance system, the National Healthcare Safety Network (NHSN), focuses on device-associated and procedure-associated infections in selected patient locations, and does not receive data on all types of HAIs to make hospital-wide burden estimates. Assessments of the magnitude and types of HAIs and antimicrobial use occurring in all patient populations within acute care hospitals are needed to inform decisions by local and national policy makers and by hospital infection control personnel regarding appropriate targets and strategies for HAI prevention. Such assessments can be obtained in periodic national prevalence surveys, such as those that have been conducted in several European countries.

Project Summary

Overview:

The prevalence survey will be conducted in phases. Phase 1 was a pilot survey conducted in several acute care hospitals in one U.S. city. This phase is complete. A major objective of Phase 1 was to test the survey design and data collection adequacy through a validation assessment.

The second phase of the prevalence survey, Phase 2, was a limited roll-out HAI and antimicrobial use prevalence survey in selected acute care hospitals within the catchment areas of the 10 Emerging Infections Program (EIP) sites. This limited roll-out effort, with two hospitals participating from Oregon, was used to inform the design and conduct of the full prevalence survey (Phase 3), which will involve up to 500 acute healthcare facilities in the 10 states with EIP sites. We are currently beginning phase 3, with an aim of initiating data collection in the Summer of 2011.

Phase 3 and 4 objectives:

- 1) To estimate HAI prevalence among inpatients of acute healthcare facilities;
- 2) To determine the distribution of HAI by pathogen (including antimicrobial-resistant pathogens) and major infection site;
- 3) To estimate the prevalence and describe the rationale for antimicrobial use in acute healthcare facilities.
- 4) Identify changes in HAI and antimicrobial use prevalence, burden, and epidemiology over time;
- 5) Estimate the burden of HAIs and antimicrobial use;
- 6) Describe the quality of antimicrobial drug prescribing.

Survey population:

Patients admitted to selected acute care hospitals within the 10 EIP states (CA, CO, CT, GA, MD, MN, NM, NY, OR, TN).

Methods:

A random sample of facilities, stratified by small, medium, and large hospitals within the catchment areas of each EIP site is selected for potential participation. Sites attempt to recruit 25 hospitals in phases 3 and 4, stratified as 13 small hospitals (0-149 beds), 9 medium hospitals (150-399 beds), and 3 large hospitals (greater than 400 beds). For EIP sites that have fewer than the desired number of participating hospitals in a size stratum, all hospitals within that strata will be selected for potential recruitment. Using the sampling criteria described, in the 10 county catchment area in Oregon 13 small hospitals, 9 medium hospitals, and 3 large hospitals are approached for participation. Participation is voluntary. A Primary Team (PT) consisting of infection prevention and other staff members in each facility will participate in survey training activities conducted by CDC and the EIP sites. The PTs will conduct the survey on a single day in their own facilities. PTs will collect the following data on each patient included in the survey: age, gender, admission date, CDC location code, presence or absence of indwelling urinary catheters, central lines and mechanical ventilators, and presence or absence of antimicrobial use. A patient will be determined to be “on antimicrobials” if at least one dose of a systemic antimicrobial agent was administered or was scheduled to be administered on the survey date or on the calendar day prior to the survey date. Target sample size determinations of 75 for small and medium hospitals and 100 for large hospitals are based on experience gained in the first Phases of the prevalence survey. The time required for PT data collection is estimated to be 5-10 minutes per patient.

Records of patients who are identified by PT members as having been on antimicrobials are subjected to detailed review by EIP surveillance officers to assess antimicrobial use and identify HAIs. HAIs will be defined according to existing NHSN criteria (available at: www.cdc.gov/nhsn).

Data validation may be performed by a CDC-contracted team of experienced infection preventionists (the “Evaluation Team,” ET) who will conduct retrospective medical record reviews of a subset of surveyed patients in each facility.

Data will be aggregated across participating facilities for analysis. Prevalence measures will include: 1) prevalence of HAI, defined as the ratio of the number of HAIs to the total number of eligible patients included in the survey sample; 2) prevalence of patients with HAI, defined as the ratio of the number of patients with one or more HAI to the total number of eligible patients included in the survey sample; and 3) prevalence of patients receiving antimicrobial agents, defined as the ratio of the number of patients receiving an agent to the total number of eligible patients included in the survey sample. Comparability of HAI determinations made by the PTs and EIP personnel versus the ET will be analyzed.

Expected benefit:

The data from this prevalence study is essential to estimate the scope and magnitude of HAIs and antimicrobial use in the United States.