Preventing Non-Acute Long Term Care Facilities for Newly Mandated Clostridium difficile Surveillance

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INTRODUCTION AND BACKGROUND

• A coordinated approach to public health surveillance is necessary to prevent the spread of healthcare-associated infections (HAIs).
• Much work is needed to increase the availability of standardized surveillance data from non-acute healthcare settings.
• To address this surveillance gap, the National Healthcare Safety Network (NHSN) Long-Term Care (LTC) module was released in 2012 to track HAIs within LTC facilities.
• In December 2016, the District of Columbia (DC) implemented a new regulation mandating skilled nursing facilities (SNFs) to report Clostridium difficile infections (CDI) and select multidrug-resistant organisms (MDROs) to the Department of Health (DOH) through NHSN.
• Lessons learned during a pilot round of trainings will be used to improve and customize trainings for the remaining facilities.

OBJECTIVES

The goal of this pilot training program was to:
• Prepare an initial group of SNFs to use the NHSN LTC CDI module
• Understand the barriers DC SNFs face as they work towards being in compliance with the new DC HAI reporting mandate
• Obtain feedback that can be used to design a DC-wide SNF NHSN training program

RESULTS

New reporting requirements and the use of NHSN were well received by the SNFs:
• Five SNFs were enrolled in NHSN by the end of November 2016
• Four completed facility mapping in December 2016

Major challenges identified with some or all of the SNFs during the onboarding process included:
• Understanding technical specifications required for the NHSN system
• Being able to complete seemingly basic logistical tasks
• Routinely needing one-on-one assistance, either in-person or over the phone
• Determining one’s role as an NHSN user at their facility

Table 1. Overview of the SNF pilot group’s demographics and clinical capabilities; provided by the District of Columbia Healthcare Association.

<table>
<thead>
<tr>
<th>Facility Capability</th>
<th>Location</th>
<th>Bed Size</th>
<th>Admission 24/hr</th>
<th>Alzheimer’s Locked Unit</th>
<th>Dialysis, On site</th>
<th>Dialysis, w/community chair</th>
<th>Enteral Nutrition</th>
<th>HIV/AIDS Care</th>
<th>Isolation: MRSA/VRE, Cdiff</th>
<th>O2 Access</th>
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<tr>
<td>Bed Size</td>
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CONCLUSION

• Successful implementation of the NHSN LTC module requires personalized and proactive hands-on technical support to ensure all facilities understand the fundamental principles of standardized infectious disease surveillance.
• Special attention should be payed to seemingly basic logistical tasks when designing NHSN training programs for SNFs.
• One-on-one assistance is absolutely critical to successfully onboard new SNF facilities into NHSN and train novice SNF NHSN users.

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Contact Emily Blake at DOH.HAI@dc.gov for more information