



**Southern Humboldt
Community Healthcare District
733 Cedar Street
Garberville, CA 95542(707) 923-3921**

Annual Periodic Evaluation and Quality Assurance Review FY 2017

June 1, 2016-July 31, 2017

Introduction

Southern Humboldt Community Health Care District (SHCHD) is located in Garberville California, SHCHD serves a diverse population of Southern Humboldt, Mendocino, and Trinity County residents. The area supports a large rural area of approximately 775 square miles and includes the communities of Alderpoint, Blocksburg, Garberville, Harris, Honeydew, Miranda, Meyers Flat, Leggett, Petrolia, Phillipsville, Piercy, Redcrest, Redway, Shelter Cover, Weott, Whitethorn, and Zenia. This service area has a population of about 10,365 full-time residents. In addition to the local community, the hospital and clinic serves a number of tourists traveling through the area. SHCHD is comprised of the Jerold Phelps Community Hospital, the Southern Humboldt Community Clinic which is a certified rural health clinic and the Family Resource Center. Jerold Phelps Community Hospital is a small Critical Access hospital licensed for nine acute care beds which can alternately serve as a Swing Bed Program for orthopedic rehabilitation or any patient who may need a longer recovery period from a surgical procedure or an illness. Jerold Phelps Community Hospital also encompasses a Distinct Part Skilled Nursing Facility (SNF) with 8 licensed beds. Jerold Phelps Community Hospital operates a stand by Emergency Department (ED) with four patient care beds and an Emergency Department Physician 24 hours a day, seven days a week. Radiology and laboratory services are available 24 hours a day seven days a week through the Emergency department as well as on an outpatient basis either through the clinic or upon presentation of an order from a provider-patient relationship during business hours. SHCHD does not offer specialty services but does transfer patients from the ED and/or the acute beds if a patient should need a higher level of care. Referrals can be made through the ED as well as through the Rural Health Clinic for any number of services not offered through the District.

Statistics

	FYE 2014	FYE 2015	FYE 2016	FYE 2017
Emergency Visits	2826	3093	3486	3597
Outpatient Visits	5185	4838	4323	3887
Clinic Visits	6636	6594	5013	4510
SNF patient days	2903	2833	2925	2910
Acute care days	78	119	63	107
Swing patient days	1169	742	1012	1488
Observation patient Days	36	54	82	97

Acute Care

Jerold Phelps Community Hospital is licensed for 9 Acute Care beds; 8 of which are active and the 9th could be made available within several hours during an emergent event. Patient diagnoses served in the Acute Care facility are Pneumonia, Exacerbation of Congestive Heart Failure, Exacerbation of Chronic Obstructive Pulmonary Disease, Urinary Tract Infection, Pyelonephritis, Cellulitis, Sepsis, Chest Pain, and Shortness of Breath. This is a sampling of the diagnoses for admitted in-patients.

Staffing for the Acute Care beds are set per the California Staffing Ratio Law AB 394 which passed in 1999 and fully implemented on January 1, 2004 and are a maximum of one Registered Nurse for every five patients (1:5).

Quality Assurance Performance Improvement (QAPI) Initiatives are overseen by the Acute Care Nurse Manager. Currently S.M.A.R.T. Goals consist of monitoring the implementation of Physician Order for Life Sustaining Treatment (POLST) during the hospital stay. Each patient is to have benefit of a conversation to discuss options in the event he/she should become catastrophically ill or in the event that life sustaining interventions are needed. It is incumbent that the provider meet and discuss the patient's wishes and documents same on the day of admission on the POLST form. Additionally, a second QAPI initiative is in place to monitor all new admissions for appropriate immunizations, pneumonia vaccination for those patients who qualify and then influenza immunization during the Influenza season. This is to make sure that the District offers appropriate vaccination to the community to address Population Health in a positive manner and to protect the Skilled Nursing residents who may not be able to receive various vaccinations due to allergies or other pre-existing conditions. The QAPI initiatives for the Acute Care department are fully integrated into the Hospital Wide QAPI program overseen by the Quality Assurance Performance Improvement Committee and reported to the Board of Directors on a quarterly basis.

Swing Bed Program

The Swing Bed Program which can be utilized by Critical Access Hospitals and for which Jerold Phelps Community Hospital is approved for by the Centers for Medicare and Medicaid Services (CMS), under this agreement the Critical Access Hospital can use its beds as needed to provide Acute or post-hospital Skilled Nursing Facility (SNF) care and as such must meet certain requirements. On June 12th through June 16th, California Department of Public Health (CDPH) conducted the annual Re-Licensing and Certification Survey. This past July 2017 the Swing Bed Program was re-licensed under the Conditions of Participation from CMS predicated on the June 2017 Annual Survey process.

Jerold Phelps Community Hospital chooses to staff the Swing Bed Program at the same level as the Acute Care beds, maintaining a ratio of one Registered Nurse for each five patients (1:5).

Quality Assurance/Performance Improvement (QAPI) Initiatives for the Swing Bed Program are overseen by the Director of Nursing for the Skilled Nursing Facility (SNF). Currently the S.M.A.R.T. Goals for the Swing Bed program consist of monitoring patient's weights for timeliness in obtaining weekly weights and monitoring for percentage of meals taken in on a daily basis. Tracking of these two elements for patients will alert the nursing staff as to whether or not the patient's intake is adequate to maintain a healthy weight conducive to optimal health for age. This information is additionally monitored by the Registered Dietician to make determinations as to whether or not to add dietary supplements to any resident or patient diet. The QAPI initiatives for the SWG Bed Program are fully integrated into the Hospital Wide QAPI program overseen by the Quality Assurance Performance Improvement Committee and reported to the Board of Directors on a quarterly basis.

Distinct-Part Skilled Nursing Facility

The Distinct-Part Skilled Nursing Facility DP/SNF is an eight bed unit licensed by the California Department of Public Health and Certified by the Centers for Medicare and Medicaid Services (CMS). The SNF has maintained an average daily census of 7.9 residents this past fiscal year. The Skilled Nursing Facility is open to anyone in the County of Humboldt and beyond, yet preference is given to the immediate needs of long term District community members. Currently all eight beds are full and the District does maintain a waiting list and to date the Swing Bed Program does have two patients waiting for SNF beds.

Assembly Bill (AB) 2079 dictates that California Skilled Nursing Facilities staff with a minimum of 3.2 Nursing hours per patient day. Jerold Phelps Community Hospital Skilled Nursing Facility exceeds that ratio by 1.3 Nursing hours per patient day, maintaining 4.5 Nursing hours per patient day, these hours are dedicated to direct patient care. The Skilled Nursing Facility has received a 5-Star Quality Rating for the past three years from Medicare.gov. The Five-Star Quality Rating System is based on three areas; Health Inspections that are carried out by trained objective inspectors, staffing based on hours of care provided on average to each resident each day by nursing staff and quality measure rating that gathers information from 11 different physical and clinical measures for nursing home residents. The quality measures offer information about how well nursing homes are caring for their residents' needs. Jerold Phelps Community Hospital is proud to maintain this 5-Star Quality rating for the past three years. It is a testament to the Staff working and caring for the residents on a daily basis. The QAPI initiatives for the DP/SNF are fully integrated into the Hospital Wide QAPI program overseen by the Quality Assurance Performance Improvement Committee and reported to the Board of Directors on a quarterly basis.

Emergency Services

Jerold Phelps Community Hospital operates a standby emergency department which is defined as an emergency medical service with a physician on call to carry out the provision of emergency medical care in a specifically designated area of the hospital which is equipped and maintained at all times to receive patients with urgent medical problems and capable of providing physician service within a reasonable time. (22 CA ADC 70649) The Emergency Department (ED) at Jerold Phelps hospital is available 24 hours per day 7 days a week with an on-call Emergency Physician available. The ED employs Registered Nurses who are certified and trained to triage patients using the Emergency Severity Index triage tool, a five level triage scale that is used to prioritize patients based on severity of condition and resources needed. All staff working in the ED are required to maintain Advanced Cardiac Life Support (ACLS) training every two years. FY 2017 the ED Physicians and Nurses cared for 3,597 patients which is an average daily census (ADC) of 9.8 patients per day. The top ten ED Diagnoses FY 2017:

1. Allergic contact dermatitis due to plants, except food
2. Urinary tract infection, site not specified
3. Unspecified asthma, uncomplicated
4. Periapical abscess without sinus
5. Chest pain, unspecified
6. Acute pharyngitis, unspecified
7. Low back pain
8. Unspecified abdominal pain
9. Rash and other nonspecific skin eruption
10. Unspecified asthma with (acute) exacerbation

The Emergency Department at Jerold Phelps Hospital continues to be certified and in compliance with North Coast Emergency Medical Services Emergency Department Approved for Pediatric (EDAP) Level II standards. This designation demonstrates that the Jerold Phelps ED has all the necessary emergency medical equipment needed to care for pediatric patients during an urgent to emergent situation. All staff who work in the ED are certified in advanced pediatric life support (PALS) and receive on-going pediatric emergency education.

Community Health Clinic

The Southern Humboldt Community Health Clinic (SHCC) provides health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses. Examples include: Well-Visits from age 0 to 99+, Management of Acute and Chronic Illnesses, Lesion Biopsy/Removals, Telehealth services, and more. The Clinic employs one full time Family Nurse Practitioner (FNP) one part time FNP, one part time Physician Assistant and a Medical Director. Additionally, there are two full time Medical Assistants and one full time Licensed Vocational Nurse (LVN).

SHCC was awarded monies for the Primary Care Access Equipment Grant for Pediatric, Senior, and Persons with Disabilities (Underserved Population) through Partnership HealthPlan of California (PHC) in the winter of 2017. A total of \$7,555.88 was granted towards the purchase of an examination table with digital scale and a total of \$5,800.00 was granted towards the purchase of a vaccine refrigerator. For participation in PHC's Primary Care Provider (PCP) Quality Improvement Program (QIP) for measurement year 2015 to 2016 we earned \$58,326.72 which is an increase from the prior measurement year where we earned only \$28,867.87.

Visiting Nurse Program

The Visiting Nurse Program (VNP) was approved by the Centers for Medicare and Medicaid in early 2015, with implementation beginning in late fall of 2015 at the SHCC. The VNP is the Southern Humboldt area's at-home health care alternative. It is designed to serve those who are homebound and have home care service needs for the treatment of an illness or injury. The VNP includes services, such as: diabetic care, pain management, wound care and dressing changes, IV therapy, catheter and tracheostomy care, nutritional support, medication education and management, patient and family education, as well as others. Only a physician may order home health services and certify other eligibility criteria are met (e.g., medically necessary and homebound status). The physician must have seen the person needing care within 90 days prior to or within 30 days of, the start of home health. The VNP has been well received by the community with many positive comments from patients and their families about not only the services offered but the visiting registered nurse specifically. The VNP has potential for growth in the community.

Laboratory

The 2017 fiscal year has been a great year for the lab. There have been several changes that were made to the lab including new leadership and permanent staffing, acquisition of new equipment, changes in test methodologies, to name a few.

The laboratory shows 1.85% increase in its total test volume as compared to the previous fiscal year. Significantly, blood bank (immunohematology) testing has doubled its number from 44 in fiscal year 2016 to 96 in fiscal year 2017.

Staffing was a problem on the first half of the fiscal year but was resolved on the second half. SHCHD hired an Interim Lab Manager on the first quarter of the fiscal year who was responsible for the training of the newly hired lab manager. Two new Clinical Laboratory Scientists (CLSs) joined the team this past fiscal year. The Jerold Phelps Community Hospital Laboratory is now fully staffed. The Laboratory is now open 7 days a week for outpatient laboratory services.

To answer the demand on emerging new technologies, Jerold Phelps Community Hospital (JPCH) replaced its blood gas analyzer into a more reliable and cost-effective analyzer in the second quarter of the fiscal year. A new bright-field microscope with video-capture technology was acquired in the third quarter and finally, the old blood bank manual method has been replaced with the advance gel/microbead technology with a and new blood bank refrigerator during the last quarter of fiscal year 2017. All of the improvements to technologies and staffing will and have served to increase access to care for the Southern Humboldt Community and will continue to serve to improve population health.

Radiology

The Radiology department provides diagnostic x-rays utilizing a combination of CR (computed radiography) and DR (direct radiography). The department also provides screening mammography utilizing a Full-Field Digital 2D mammography machine.

For the fiscal year 2017 the radiology department performed a total of 2,255 x-ray exams:

- 1,316 exams for ED patients,
- 872 exams for outpatients,
- 67 exams for inpatients and 168 screening mammograms

Radiology goal FY 2018

Jerold Phelps Hospital is enthusiastically expecting to add a 64 slice GE Revolution Evo 770 CT machine to the department in January 2018.

Family Resource Center

The Family Resource Center (FRC) is funded by a large grant through Humboldt County Department of Health and Human Services, with supplemental grants from Union Labor Board, Care for the Poor St. Joseph, Rotary of Southern Humboldt, Bureau of Land Management, Humboldt Area Foundation, and Community Donations. The Family Resource Center services between 1200-1600 community members annually.

The FRC offers year-round parenting classes and resources on request or court-mandated classes. One on one, or group classes can be arranged in the FRC office, or Nurturing Positive Parenting workbooks available to take home. FRC does outreach for parents during school meetings, such as Student Study Team Meetings, Parent-Teacher Conferences, Truancy Meetings, or referrals from the school for services. Basic needs for students and families are met through FRC food cabinet (donations from community, Cal-Fresh), clothing closet, laundry and shower availability, hygiene kits, Friday "Backpack" food bag program (Food for People, Community Donation, Care for the Poor and Rotary), Weekday Meal outreach, Thrift Store vouchers, Winter Emergency Shelter food and outreach, Mobile Mental Health, Substance Abuse, Social Service, Outreach and referrals, Bimonthly cooking classes, Harvest of the Month activities, providing Cal-Fresh materials and cookbooks, and facilitating the Monthly produce distribution. Collaboration between many agencies work to provide outreach, information, referrals, and services for mental health needs. FRC does outreach for parents and students during Back-to-School and campus events, parent-teacher school conferences, Student Attendance Review Board Meetings, and Miranda Parent Partnership. The FRC provides Sources of Strength and Suicide Prevention activities and workshops for Middle and High School students.

We have had many changes in the Southern Humboldt area regarding food distribution and availability. Our local food pantry burned down recently and created many more conversations and collaboration around food insecurity. We utilized the newspapers and social media to direct people to the nearest resources and change in locations and times.

The FRC hosted a Summer Rec program for youth 5-12 years old and made healthy eating and kid-safe cooking activities a daily aspect of the camp. Kids tried veggie juice for the first time and had a lesson on the sugar content of beets and carrots, compared to other sugar filled drinks. Students were encouraged to pick berries from their home and share in making smoothies for morning snack. The afternoons were filled with physical activities and cardio provoking games. The students were taught about the importance of cardio for your health and learning to take their own pulse. Along with community partners, FRC hosts an annual Community Baby Shower, where expecting parents and parenting families can come and learn about all the programs and services for prenatal and early infancy. We have had a great turnout the past few years and the community has been talking about how useful it was.

Providing outreach in situations where the general public is already going to be is by far the best way to talk to people about food and resources. By providing a Cal-Fresh sponsored meal for people it opens a conversation to what Cal-Fresh is and how the program works. It de-stigmatizes the process and the quality of food. It also helps by not forcing folks to self-select and reach out for services in an uncomfortable manner. We at the FRC will come to them.

Our numbers are showing a great increase in food insecurity in Southern Humboldt. Last week our Community Center who provides a hot meal three times a week, had to cancel operations. The FRC is now attempting to prepare for the future without a hot meal service.

The Family Resource Center, at a glance:

- Food supplies/ nutrition education
- Shelter / Housing Referral
- Gas / Bus pass
- Clothing/ Laundry

- Hygiene supplies
- School supplies
- Legal support referrals
- Counseling referrals
- Mental Health Education
- Drug and Alcohol education
- Medical (dental/vision) referrals, support, funding
- Public health referrals
- Domestic violence referrals
- Parenting education
- CWS referrals
- Play group/ Summer Camp referrals
- Community support groups/ Workshops
- School meetings, Truancy or Family Support

Family Resource Center Goals FY 2018:

The goals for the Family Resource Center over the next year are to strengthen connections within community partners, and to continue to serve outlying areas, with an emphasis on our Spanish-speaking community.

Southern Humboldt Community Healthcare Foundation

Largely dormant over the previous decade other than as a channel for small donations for the Skilled Nursing Facility and the like, the Foundation had updated its Articles of Incorporation and Bylaws in 2015. In the fiscal year ending June, 2017, the Foundation Board focused on preparing for a Capital Campaign to be conducted once the property for a new facility has been secured.

Public Relations Department

With the need to pass the renewal of an existing parcel tax, a \$125-per-parcel tax with a 10-year term set to sunset June 30, 2018, SHCHD created a one-person Public Relations Department in July, 2016. The District's Governing Board resolved to hold a special election in May, 2017 for a parcel tax that would be \$170 per year for 45 years, which would have provided collateral for a long-term, low-interest loan to build a new hospital.

The Public Relations Department retained an advertising firm, created a website and Facebook page, organized Town Hall Meetings and other events, and conducted other outreach efforts to inform the community of the importance of passing this measure to ensure continuing healthcare services in Southern Humboldt past the year 2030, when our current hospital will be closed due to inability to comply with California OSPD seismic standards.

Yes On W Committee

The Foundation, a 501(c)(3) non-profit corporation, and the PR Department, part of the Southern Humboldt Community Healthcare District, cannot legally advocate for a ballot measure, so a group of volunteers, some of them staff members donating their free time, formed the Yes On W Committee. This group ran ads, printed signs, tabled, and called registered voters to advocate for Measure W and get out the vote. Unfortunately, the measure went down to defeat, with only 44% yes votes rather than the 66.67% required to pass the tax.

Plans/Goals FY 2018

As a result of this election, the SHCHD board retained a political consultant with extensive experience in passing school and healthcare district parcel taxes. With his guidance, the District is focusing its efforts on simply renewing the existing tax, waiting until we are further along in the hospital planning process before seeking funding for its construction. We've renamed the PR Department the Outreach Department and expanded its staff to two. These staffers are forging cooperative relationships with other community groups, writing a weekly newspaper column to better acquaint our community with the many types of healthcare services we currently provide, and calling all those who voted in the last election to learn what information they need in order to support a new funding measure.

Addendums Attached

Exhibit A: Infection Prevention and Employee Health Report

Exhibit B: Quality Assurance Performance Improvement



**SOUTHERN HUMBOLDT
COMMUNITY HEALTHCARE DISTRICT**

733 CEDAR STREET
GARBERVILLE, CA 95542
(707) 923-3921

**Infection Prevention and Employee Health Annual Report
FYE 2017**

Southern Humboldt Community Healthcare District is a California Special Healthcare District located at 733 Cedar Street, Garberville, California, 95542. It is comprised of the Jerold Phelps Community Hospital and the Southern Humboldt Community Clinic. The hospital is a Critical Access Hospital consisting of 8 staffed acute/swing beds and 8 distinct-part skilled nursing beds and has an active Emergency Room that operates 24/7. Outpatient Laboratory, Radiology, and EKG services are provided. The district has no intensive care unit (ICU) and no surgical unit.

Statistics

	FYE 2014	FYE 2015	FYE 2016	FYE 2017
Emergency Visits	2826	3093	3486	3597
Outpatient Visits	5185	4838	4323	3887
Clinic Visits	6636	6594	5013	4510
SNF patient days	2903	2833	2925	2910
Acute care days	78	119	63	107
Swing patient days	1169	742	1012	1488
Observation patient Days	36	54	82	97

Top 10 ER Diagnoses in FYE 2017:

Number Of Diagnoses:	ICD 10	Diagnosis
125	L23.7	Allergic contact dermatitis due to plants, except food
76	N39.0	Urinary tract infection, site not specified
63	J45.909	Unspecified asthma, uncomplicated
51	K04.7	Periapical abscess without sinus
38	R07.9	Chest pain, unspecified

36	J02.9	Acute pharyngitis, unspecified
36	M54.5	Low back pain
36	R10.9	Unspecified abdominal pain
34	R21	Rash and other nonspecific skin eruption
30	J45.901	Unspecified asthma with (acute) exacerbation

Infection Prevention and Employee Health

The district currently has one part-time employee in the role of Infection Preventionist and Employee Health Nurse. She is a registered nurse with documented experience and training in infection prevention. She is currently certified in infection control (CIC) by the Certification Board of Infection Control (CBIC).

The district uses National Healthcare Safety Network (NHSN) criteria for defining hospital acquired infections (HAI) in the Acute and Swing Bed units.

On February 27, 2017, the facility enrolled in NHSN's Long Term Care Facility (LTCF) Module. NHSN LTCF definitions (equivalent to McGeer Criteria) are used for identifying infections in the Skilled Nursing Unit (SNF).

The Infection Prevention program performs active surveillance for several types of hospital-acquired infections (HAI) that have potential for serious patient or resident morbidity and mortality. Some are reportable to the Centers for Medicare and Medicaid (CMS) and the California Department of Public Health (CDPH) via the NHSN reporting system. A few are only reported internally. They include:

- Catheter-associated urinary tract infection (CAUTI)
- Non-catheter associated urinary tract infection (UTI), reported internally
- Central line associated bloodstream infection (CLABSI)
- Hospital acquired pneumonia (HAP), reported internally
- Multi-drug resistant organism (MDRO) infections, including methicillin resistant staphylococcus aureus (MRSA), Vancomycin resistant enterococcus (VRE), and Carbapenem resistant enterobacteriaceae (CRE)
- Clostridium difficile infection (CDI)
- All Public Health reportable infections
- Any infectious outbreak

Infection Statistics

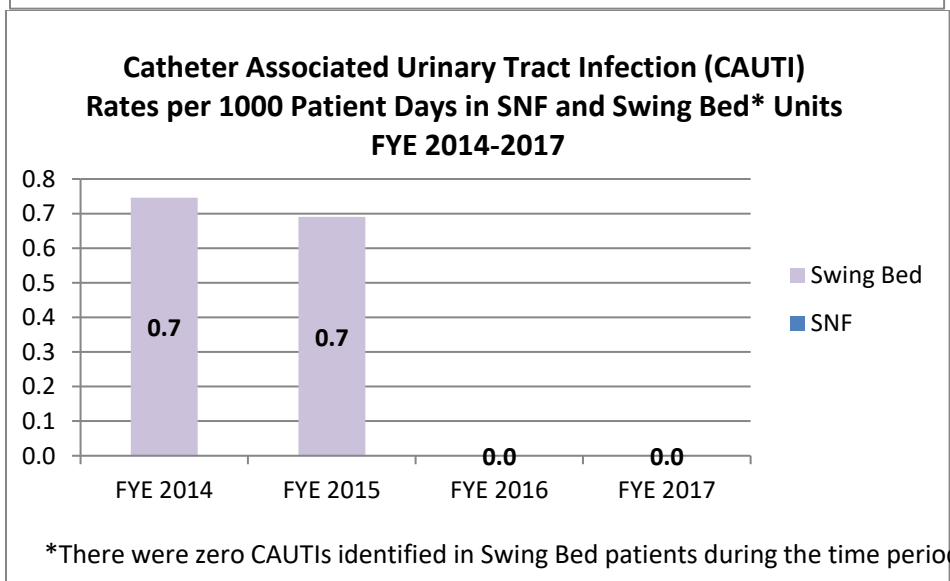
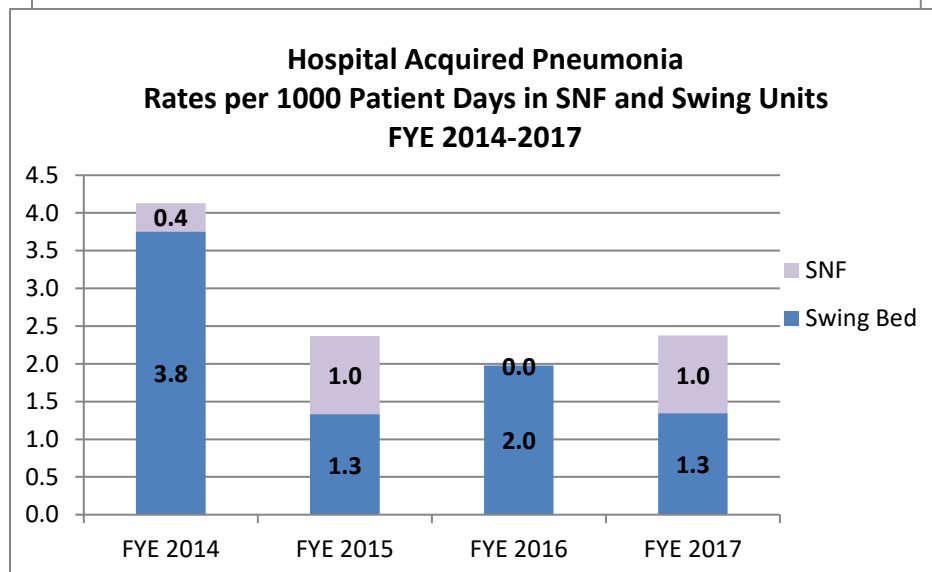
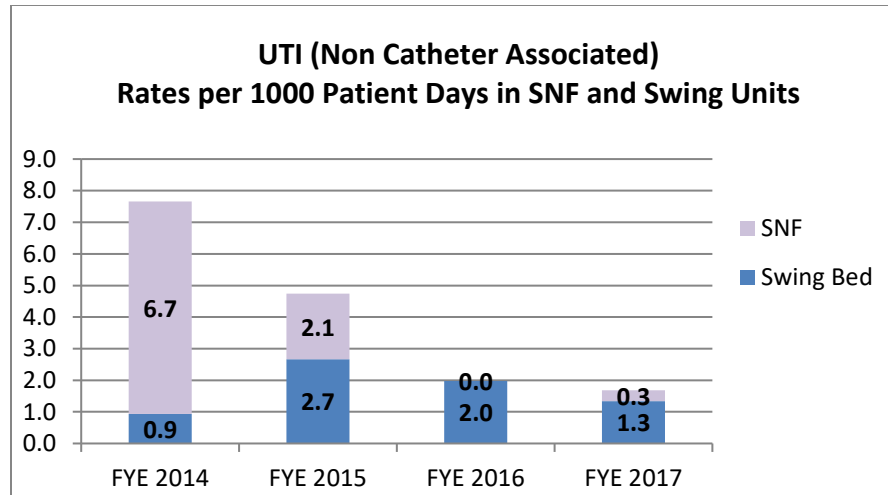
	FYE 2014	FYE 2015	FYE 2016	FYE 2017
Ventilator days/VAPS	N/A	N/A	N/A	N/A
Surgical days/SSIs	N/A	N/A	N/A	N/A
Central Line Days (Acute/Swing)	Not tracked	Not tracked	0	27
Central Line Infections	0	0	0	0
Urinary catheter days (Acute/Swing)	10	18	25	128
Urinary catheter days (SNF)	365	265	0	48
Catheter associated urinary tract infections (CAUTIs) in Acute/Swing	0	0	0	0

Catheter associated urinary tract infections (CAUTIs) in SNF	3	3	0	0
Hospital Acquired pneumonia (HAP)	1	2	2	5
Urinary tract infection (UTI)-not catheter associated	15	11	2	3

Summary of FYE 2017 HAI's:

- 0 CAUTI's (none since September 2014)
- 5 HAP's
- 3 UTI's (non-catheter associated), two of which occurred in one immunocompromised Swing Bed patient.
- All infections resolved following a course of antibiotics.

For this report, UTI, HAP, and CAUTI data were collected from Infection Prevention quarterly reports and Health Information Management (HIM) patient census statistical reports. Rates per 1000 patient days were calculated and graphed for the period FYE 2014-FYE 2017. The charts are broken down by patient class (Swing Bed and SNF). No HAI's were identified in acute inpatients during this time period (largely attributable to their very short lengths of stay).



Evaluation:

- The zero incidence of CAUTI (no cases in the last 10 quarters) is primarily a result of very infrequent use of indwelling urinary catheters.
- The non-catheter associated UTI rates for Swing Bed and SNF show a downward trend for the FYE 2014-2017 period. The reported incidence of symptomatic urinary infection in long term care facilities varies from 0.1 to 2.4 cases per 1000 resident-days (see References for source article) and this facility's rates have fallen within that range for the past two fiscal years. Likely factors for downward trend:
 - Fewer of the current SNF residents are diagnosed with multiple, recurrent UTI's compared to FYE 2015 and earlier.
 - The Antibiotic Stewardship program implemented in 2016 encourages stricter diagnostic criteria for UTIs resulting in fewer cases being diagnosed and treated.
- The HAP rates for FYE 2017 were higher than the previous year, in part because one elderly SNF resident with severe COPD had three successive bouts of pneumonia.
 - Due to inconsistencies in the definition of HAP, there are no reliable, published benchmarks for long term care facilities to compare rates.
 - This facility uses McGeer Criteria which align with NHSN definitions for long term care.

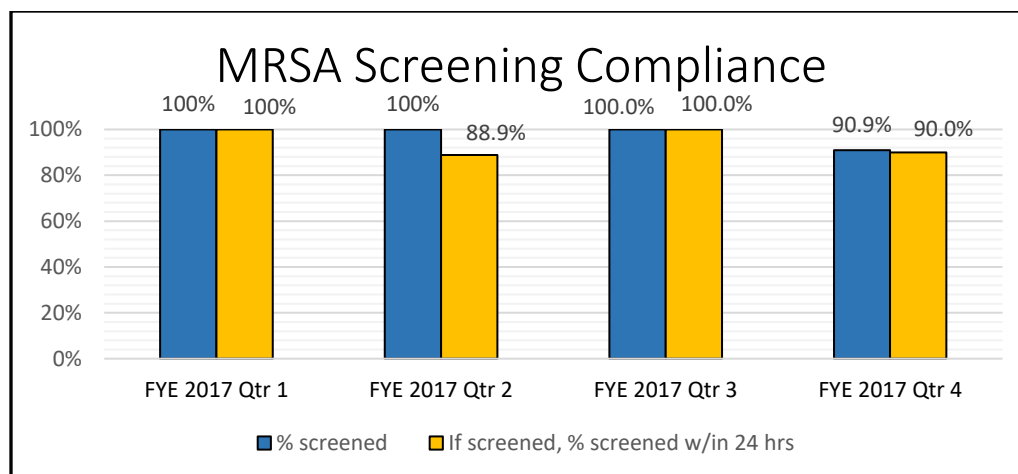
Multidrug Resistant Organisms (MDROs) and Clostridium difficile infections (CDI)

Positive Lab reports	FYE 2014	FYE 2015	FYE 2016	FYE 2017
Methicillin Resistant Staph Aureus (MRSA)	20/ no HAI	12/ no HAI	21/ no HAI	22/no HAI
Vancomycin resistant enterococci (VRE)	0	0	0	0
Clostridium difficile infection (CDI)	1/ outpatient, not admitted	0	0	1/present on admission, no transmission
Carbapenem resistant enterobacteriaceae (CRE)	0	0	0	0
Inpatient MDRO Bloodstream infection	0	0	0	0

Evaluation: The incidence of MRSA infection in the community appears to be stable based on the number of positive culture results for ER patients with skin and soft tissue infection. To date there have been no known cases of infection or colonization by VRE or CRE, no cases of hospital acquired MRSA bacteremia, and no cases of hospital acquired CDI in the five years for which Infection Prevention records are available. Low patient acuity, low patient census, low utilization rate for invasive devices, and few invasive procedures all play a role in the low incidence. Staff adherence to hand hygiene and environmental cleaning policies also contributes to the low infection rates.

MRSA Admission Screening

State law requires MRSA screening (nares swab) within 24 hours of admission for certain patient populations.



Evaluation: It is the facility's policy to screen all new SNF residents, acute in-patients, and Swing Bed patients for MRSA within 24 hours of admission. Thirty six of 37 admissions were screened (97.3%). Of the 36 who were screened, 34 were screened within the required first 24 hours (94.4%). To achieve 100% compliance, the electronic medical record now has a mandatory data entry field requiring the nurse to state whether the screening specimen was collected and if not, the reason why.

Educational Presentations and Staff Training in FYE 2017

1. DVD titled "Infection Prevention for General Orientation, the Ongoing Challenge" and post test required for all new staff.
2. DVD titled "Preventing Occupational Exposure to Bloodborne Pathogens" and post test required for all new staff
3. Hand Hygiene (Glo germ competency)- at Skills Days August 2016
4. Cleaning reusable instruments- at Skills Day August 2016
5. PPE Donning and Doffing (with competency)- at Skills Day August 2016
6. Bloodborne Pathogens powerpoint presentation – Skills Days August 2016
7. Aerosol Transmissible Disease Standard – Skills Days August 2016
8. EVS powerpoint training on C.difficile—August 11, 2016
9. Oral care for SNF residents, MRSA screening, Hand Hygiene, care of respiratory equipment- August, 2016 Nurse Staff meeting
10. SNF residents and UTI, use of modified contact precautions, Hand Hygiene monitoring program, influenza vaccination update, monitoring of respiratory equipment changes- October, 2016 Nurse Staff meeting
11. New Safe Injection Practices policy, antibiotic stewardship required in SNF- December, 2016 Nurse Staff meeting
12. Isolation cart cleaning and re-stocking, proper glove use, proper use of multidose vials- January 2017 Nurse Staff meeting
13. Safe Patient Handling- powerpoint and competency- at March 2017 Skills Day
14. Isolation and PPE powerpoint- at March 2017 Skills Day
15. EVS staff training and post test with DVD titled "The Front Line of Infection Control" - March 2017

Evaluation: Additional venues are needed to reach a larger number of staff with educational presentations. The intranet based ReadyGo program should provide this when implemented in FYE 2018.

Policy Changes

1	Influenza Prevention and Control	10/27/16
2	Aerosol Transmissible Disease Exposure Control Plan	1/26/2017
3	Antibiotic Stewardship Program	1/26/2017
4	Safe Injection Practices (new)	1/26/17
5	Authority Statement	2/15/2017
6	Bloodborne Pathogen Exposure Control Plan	2/28/2017
7	Cleaning and Repair of Patient Care Equipment	4/27/17

Evaluation: IP/EH Manual policies are overdue for the 2017 review/revision. This is to be completed by January 31, 2018.

Required Reporting

1. California Morbidity Reports (CMR): sent to Humboldt County Public Health for diseases reportable by Title 17, section 2500.

A total of 25 reports were submitted in FYE 2017. Hepatitis C (8 reports) has been the most frequently reported condition for three successive years. This year, Chlamydia (5) and Gonorrhea (4) took second and third place, respectively.

2. NHSN: federal program of reporting through the Centers for Disease Control and Prevention.
 - a. Monthly reporting for the Patient Safety Module:
 1. Multidrug resistant organisms (MRSA and VRE) and C. difficile infection
 - One case of community associated C.difficile was reported
 2. Catheter Associated Urinary Tract Infections (CAUTIs)
 - Zero reported
 3. Central Line related Blood Stream Infections (CLABSI's)
 - Zero reported
 - b. Monthly reporting for the Long Term Care Facility module:
 1. MDRO's and C. difficile infection
 - Zero reported
 2. CAUTI's
 - Zero reported
 3. Urinary catheter days, number of antibiotic starts for UTI, and number of urine cultures collected were reported
 - c. Annual reporting for the NHSN Healthcare Personnel Safety module: see "Employee Health Influenza Immunization Program" in Employee Health section below.

Evaluation: The reporting process appears to be working well.

Infection Prevention Performance Improvement Programs

1. MRSA Patient Education: *State law (SB 1058) requires MRSA education prior to discharge for inpatients diagnosed with MRSA colonization or infection.*
There were four patients with positive MRSA screens in FYE 2017. Only two of the four (50%) received MRSA education.

Evaluation: The facility has very poor compliance with this part of the State Law.

Action: In the next fiscal year, a review of MRSA screening results and provision of MRSA education to MRSA positive patients will be a required part of the discharge process.

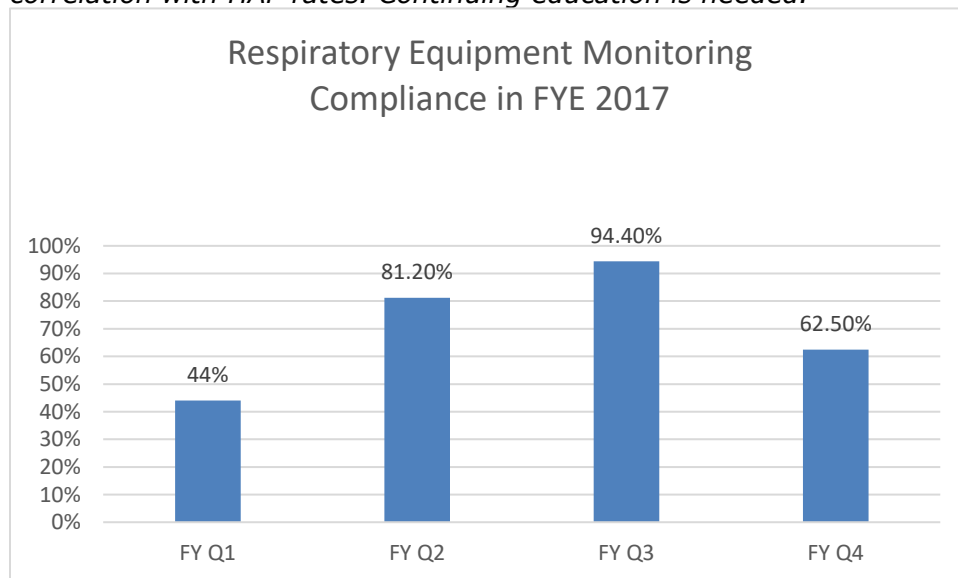
2. Physician to inform patients of positive MRSA status: State Law (SB1058) requires physicians to inform patients of MRSA positivity "immediately or as soon as possible".

Of the four MRSA positive patients admitted in FYE 2017, there was no documentation that any were informed by a physician of their MRSA status.

Evaluation: These findings have been reported to the nurse manager and Medical Staff each quarter. A recommendation to have Lab immediately relay positive MRSA results to the Clinic Medical Director with a request to inform the patient has not been implemented, but will be proposed again at the next Medical Staff meeting.

3. Respiratory Equipment monitoring: Respiratory equipment must be changed at regular intervals to prevent the growth of organisms that can cause infection and the facility has a policy regarding this. Starting August 2016, as part of a plan of correction, the Infection Preventionist began monitoring compliance by rounding each month on patients/residents receiving oxygen therapy. Immediate feedback is given to staff and the nurse manager when deficiencies are found. There is quarterly reporting of results to Medical Staff.

Evaluation: Average compliance has ranged from 44%-94% with an overall average of 70%. Compliance fell off in the final quarter. There does not seem to be any correlation with HAP rates. Continuing education is needed.



4. Hand hygiene: Hand hygiene compliance is an ongoing effort.
 - a. A monitoring program with participation by Nurse managers began in August 2016.
 - i. Infection Prevention completes a quarterly analysis of rates by department with emphasis on feedback to staff.

- ii. Each nurse manager is expected to contribute eight (8) hand hygiene observations per month to the Infection Preventionist
 - 1. This utilizes a tool created by Infection Prevention
 - 2. Monthly reminders are sent to nurse managers.
- iii. Infection Prevention reports on compliance to Medical Staff quarterly.
- iv. A high quality hand lotion product (Medline Skin Repair cream) was introduced in 2016 to alleviate the drying effects of frequent hand hygiene.

Evaluation: Compliance rates have been high, but adequate participation by all nurse managers (contribution of 8 observations per month) has not been consistent. This is due in large part to staff vacancies and turnover.

5. Inhouse sterilization of re-usable instruments:

- a. The physical set up was completely revised in FYE 2017 to provide adequate separation of clean and contaminated areas.
- b. The workflow for instrument decontamination and autoclaving was defined step by step to facilitate consistent and correct practice by different staff.

Evaluation: Adequate training for staff who decontaminate and sterilize reusable instruments must be provided and documented.

6. Antibiotic Stewardship Program (ASP): The Antibiotic Stewardship Program committee is comprised of the Infection Preventionist, Chief Nursing Officer, Pharmacist, Clinic Medical Director, and ER Medical Director. Accomplishments in FYE 2017 include:

- Completion of a mandatory web-based training by all licensed nursing staff and medical providers.
 - One ER physician has not, to date, completed the training.
- A local antibiogram based on isolate susceptibilities specific to this facility is now being provided by Quest Diagnostics (with annual updates) and has been made available to prescribing staff.
 - Due to the very small number of isolates other than E.coli and S. aureus, its usefulness is somewhat limited. Therefore, we rely on the antibiogram provided by the St. Joseph Health Lab in Eureka.

Evaluation: There are continuing challenges. These include 1. difficulty obtaining baseline antibiotic usage data from the Healthland system; 2. Difficulty convening regular meetings of the Antibiotic Stewardship Committee due to time and schedule limitations. Only one committee meeting was held in FYE 2017 (in February). 3. Lack of available pharmacy time and expertise to guide protocol development. The facility contracts one pharmacist to visit one day per month.

Employee Health

Influenza Immunization Program:

- A new policy requiring surgical masks for unvaccinated healthcare personnel was implemented in November of the 2016-17 influenza season.
- By the end of the 2016-17 influenza season, 77.3% (92 of 119) of employees, contract staff, and licensed independent practitioners had received the seasonal influenza vaccination.
- There were no suspected or confirmed cases of influenza amongst patients, residents, or staff.

Evaluation: The staff vaccination rate of 77.3% fell slightly short of the Healthy People 2020 goal of 80% for the 2016-17 influenza season, but is well above the national average of 60%. For the facility, this rate represents an increase over the 2015-16 influenza season vaccination rate of 73.1%. Good progress.

New Employees:

Forty two new employees were hired in FYE 2017. All were screened for immunity (by vaccination or titer) to measles, mumps, rubella, and varicella. Non immune employees were offered the appropriate vaccine(s) at no cost. All employees were offered Tdap vaccine if they had not previously received it. Those with occupational risk for bloodborne pathogen exposure were screened for immunity to hepatitis B and offered the vaccine series if not immune. Seven new employees began the hepatitis B series.

Evaluation: The vaccine screening process is functioning well. There will be no changes at this time.

Blood/Body Fluid Exposures:

There were two potential blood/body fluid exposures reported this fiscal year

- a. In January, 2017 a physician stuck his thumb with a needle immediately after injecting a patient's knee. The patient had unexpectedly jerked his arm immediately after the injection, hitting the doctor's hand before he could activate the safety shield. The patient tested negative for HIV and Hepatitis C. The employee was immune to Hepatitis B. No post exposure prophylaxis was required.
- b. Also in January, 2017, an employee was potentially exposed to infectious respiratory secretions when she rode with a coughing patient in an ambulance from Jerold Phelps Hospital to a transfer hospital. The patient was later diagnosed with meningococcal pneumonia. The employee was prescribed Cipro 500 mg x 1 as prophylaxis. No illness occurred.

Evaluation: The exposure follow-up process is working adequately.

N-95 Particulate Respirator Program:

As required by the Aerosol Transmissible Disease program, all employees who have potential to come into contact with aerosol transmissible diseases must be fit-tested to respiratory protection to decrease the possibility of disease transmission. Employees must be fit-tested upon hire and annually. The facility does not have a negative airflow room for patients with suspected Airborne disease. Therefore patients with airborne conditions are transferred as soon as possible.

- 44 employees were successfully fit tested for N-95 respirators in FYE 2017

Evaluation: The program is in the process of revising its annual fit testing process. Instead of twice annual fit-testing in June and December (as in previous years), all employees in need of annual fit-testing will be tested in the month of November.

Employee Health Performance Improvement Project

Tuberculosis Risk Assessment:

an annual TB risk assessment is required to determine if the facility continues to be at low risk for occupational exposure to TB. This assessment was last completed in October 2016. Since that time there have been no events of concern:

- Zero staff PPD conversions
- Zero patient/resident PPD conversions

- Zero positive TB screenings amongst staff or patients/residents
- Zero reported exposures to AFB positive patients

***Evaluation:** No change is needed in the current TB Risk Assessment for the facility. Staff, SNF residents, and Swing Bed patients will continue to be screened for TB annually.*

Overall Employee Health Program Evaluation: Except for the N-95 fit testing program which is in the process of revision, Employee Health program goals for this fiscal year were met. Emphasis in the next fiscal year will be on revising the annual PPD program and the annual N-95 fit testing program to occur in one block of time each year. This is expected to make both processes more efficient and less labor intensive for the EH nurse.

Completed IP Program Goals for FYE 2017:

Goal	What was accomplished
1. Continue with education for the EVS personnel in the role of the environment in infection prevention	Two 1-hour EVS inservices were completed: <ul style="list-style-type: none"> ▪ one on contact precautions and special considerations for C.difficile patients ▪ one on hospital-based environmental cleaning with DVD and post test.
2. Continue updating the IP/EH manual until all policies are procedures are current with evidence-based practice.	Not completed. Policies new or revised in FYE 2017: <ol style="list-style-type: none"> 1. Influenza Prevention and Control 2. Aerosol Transmissible Disease Exposure Control Plan 3. Antibiotic Stewardship Program 4. Safe Injection Practices (new) 5. Authority Statement 6. Bloodborne Pathogen Exposure Control Plan 7. Cleaning and Repair of Patient Care Equipment
3. Continue to implement the Antibiotic Stewardship Program as defined in policy.	Antibiotic stewardship training with CEU/CME's was completed by all licensed nursing and medical staff (except one MD). Antibiotic orders in the SNF were monitored and documented with questions and feedback to providers when appropriate
4. A facility Risk Assessment and Infection Prevention Program Plan will be developed.	<u>Not completed</u>
5. Explore the possibility of making Infection Prevention education available in an online Intranet format to make it more accessible to staff and less dependent on the physical presence of the part-time Infection Preventionist.	The ReadyGo program has been installed and will be used for staff education facility-wide starting FYE 2018 Quarter 2.

Fiscal Year Ending 2018

Based on the evaluation of the Infection Prevention/Employee Health Program for the Fiscal Year ending 2017, the Infection Preventionist proposes the following as goals for the next fiscal year.

Program Goal #1: Complete the review and revision of the IP/EH manual to bring all policies into alignment with current evidence-based guidelines and regulatory requirements. Deadline January 31, 2018.

Program Goal #2: Develop a facility Risk Assessment and Infection Prevention Program Plan with input from department managers and other stakeholders

Program Goal #3: Expand implementation of the Antibiotic Stewardship Program as outlined in the policy.

Resources /Needs

1. The half time position for the Infection Preventionist/Employee Health Nurse became vacant after May 19, 2017.
 - a. The role was temporarily divided between two nurse managers with per diem help from the outgoing IP until the position could be filled.
2. The combined role (IP and EH) required an average of 27 hours per week in FYE 2017.

References

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