




KDHE-KHC
Infection
Prevention
Learning Action
Network for
Outpatient
Settings



Kansas
Department of Health
and Environment
Division of Public Health


KHC
Kansas Healthcare
COLLABORATIVE

Session 2 — Mar. 11, 2021
Disease Reporting and Surveillance


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 **KDHE-KHC Infection Prevention LAN for Outpatient Settings**

KDHE-KHC Learning Action Network

February 25	IP Program Development, Leadership, Policies and Procedures
March 11	Surveillance and Reporting
March 25	Occupational Health Considerations
April 8	Personal Protective Equipment
April 22	Hand Hygiene
May 6	Environmental Cleaning & Disinfection
May 20	Device Reprocessing
June 3	Antimicrobial Stewardship
June 17	Learning/Sharing Forum



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LAN Faculty and Planning Committee

<p>Kansas Department of Health and Environment Healthcare-Associated Infection/Antimicrobial Stewardship Program Bryna Stacey, MPH, BSN, RN, CIC Director</p> <p>Kellie Wark, MD, MPH Assistant Professor Division of Infectious Diseases, Department of Medicine, University of Kansas</p> <p>Robert Geist, MPH, CIC, FAPIC Advanced Epidemiologist</p> <p>Stephanie Lindemann, MPH Antimicrobial Resistance Epidemiologist</p> <p>Lisa Kenworthy, RN Infection Preventionist</p> <p>Linda Van Hoecke, RN Infection Preventionist</p> <p>Cassandra (Casey) Cristini Infection Preventionist</p>	<p>Ascension Via Christi Hospital Pittsburg, Inc Jamie Cravens, RN* Infection Control Coordinator</p> <p>Kansas Healthcare Collaborative Michele Clark, MBA, CPHQ, CPPS, ABC Senior Director of Health Initiatives & Special Projects</p> <p>NMH Health Ester Knobloch, MLS(ASCP)^{CM} * Quality Manager, Infection Preventionist</p> <p>Citizens Medical Center Monique Cheatum, RN* Infection Prevention, Quality, Policy, Education</p> <p>Americare Senior Living, Skilled Nursing Division Cynthia Pendleton, RN, BSN, LNHA* Regional Nurse Consultant</p> <p>Ellinwood Hospital & Clinic Cassie Stevenson, RN* I.P. Coordinator, Nurse Supervisor, Employee Health</p>	<p>Swope Health Julie M. Richards, MSN, RN, CIC Director of Infection Prevention and Control</p> <p>The University of Kansas Health System Sylvera (Sylvia) Ford, MS, RN, CIC Health System Infection Prevention Specialist</p> <p>Jill Hardy, BSN, RN* Infection Prevention and Control Nurse</p> <p>Tiffany Horsley, BSN, RN, CIC Infection Control Nurse II</p> <p>Maggie Reavis, MPH, BSN, CIC, CPHQ* Infection Control Nurse II</p> <p>Lance Williamson, MSN, RN, CIC* Infection Prevention and Control Nurse Supervisor The University of Kansas Health System</p> <p style="text-align: right; font-size: small;">* KDHE Regional Infection Preventionists</p>
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Session #1 Feedback Summary

IP Program Development, Leadership, Policies and Procedures

<p>The most useful thing presented included:</p> <ul style="list-style-type: none"> Nice introduction and overview to infection prevention and surveillance Information about how to develop a risk assessment Listings of regulatory requirements and resources 	<p>Next steps identified by participants:</p> <ul style="list-style-type: none"> Perform risk assessment Find/adapt a risk assessment that works for my facility Begin identifying possible risks currently within our agency Ensure the goals in our ICV plan are directly correlated to highest scores on our risk assessment Review policies and procedures Share handouts with clinic staff Access resources, like APIC, KDHE, etc. Review competency model Review handwashing audit process Encourage more staff participation in this series
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  **Session 2: Disease Reporting and Surveillance**

Presenters





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  **Session 2: Disease Reporting and Surveillance**

Session #2 Objectives

- Define disease reporting requirements for health professionals in Kansas
- Identify reportable conditions, timeframe for reporting, and who to report to
- Describe surveillance for outbreaks and for quality improvement of practices that prevent infections

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  **Session 2: Disease Reporting and Surveillance**



Polling Question #1

Who is required to notify KDHE of suspected or confirmed reportable diseases?

- Healthcare providers
- Laboratories
- Teachers/School Administrators
- All of the above
- Not sure

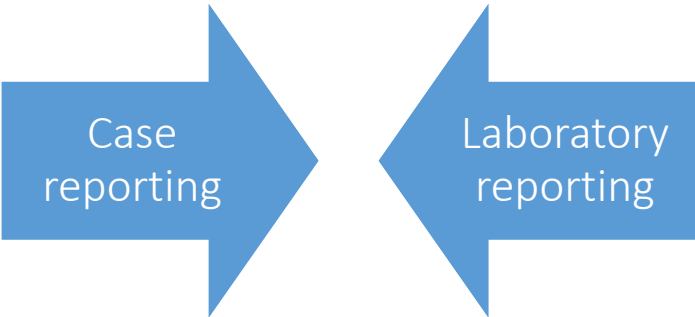
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Mandated Reporting

K.S.A. 65-118, 65-128 and 65-6001 through 65-6007; and by K.A.R. 28-1-2 and 28-1-18



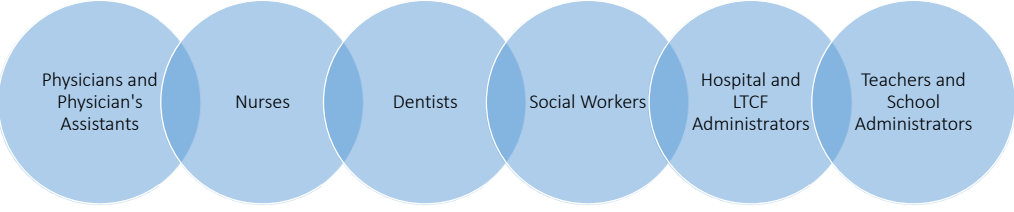
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Who is required to report?




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What to report?




https://www.kdheks.gov/epi/download/KANSAS_NOTIFIABLE_DISEASE_LIST.pdf

- First and last name
- Address
- Telephone number
- Date of birth
- Sex
- Race
- Ethnicity
- Pregnancy status
- Date of symptom onset
- Diagnosis
- Diagnostic tests
- Type and site of specimen
- Date of specimen collection
- Results
- Treatment
- Name, address, and telephone number of attending physician

https://www.kdheks.gov/epi/download/Kansas_Reportable_Disease_Form.pdf

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When to report?



Telephone report is required by law within 4 hours of **suspected or confirmed** cases to the KDHE Epidemiology Hotline: 877-427-7317 

- Anthrax
- Human rabies
- ★ Clusters, outbreaks, epidemics
- Botulism
- Rubella
- Unusual occurrence of any disease
- Cholera
- SARS-CoV
- Exotic or newly recognized disease
- Diphtheria
- Smallpox
- Suspected acts of terrorism
- Novel influenza A infection
- Tetanus
- Unexplained deaths due to an unidentified infectious agent
- Measles (rubeola)
- Active tuberculosis
- Mumps
- Vaccinia
- Plague (*Yersinia pestis*)
- Viral hemorrhagic fevers
- Poliovirus

All other diseases are reportable within 24 hours or by the next business day

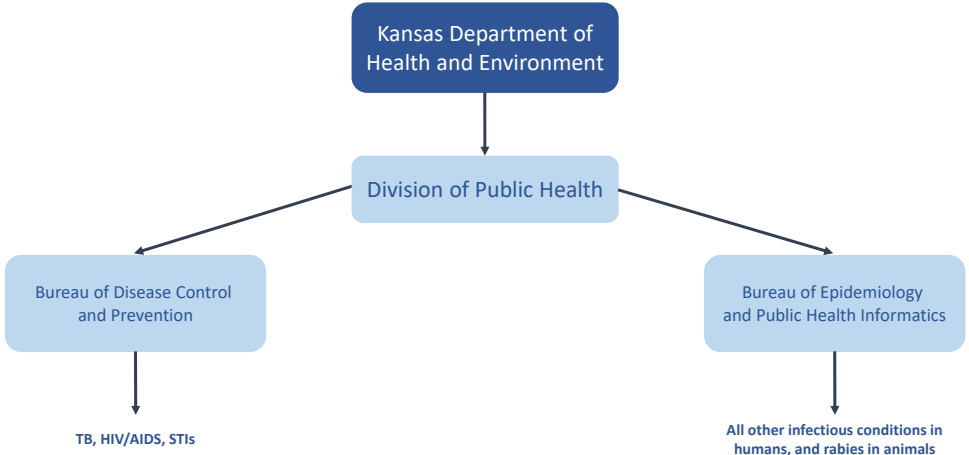
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Where to report?



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graph TD
    A[Kansas Department of Health and Environment] --> B[Division of Public Health]
    B --> C[Bureau of Disease Control and Prevention]
    B --> D[Bureau of Epidemiology and Public Health Informatics]
    C --> E[TB, HIV/AIDS, STIs]
    D --> F[All other infectious conditions in humans, and rabies in animals]
    
```

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How to report?

4-hour reportable diseases

☎️

24/7 Epidemiology Hotline
877-427-7317

↓

Kansas Department of Health and Environment (KDHE)

All other reportable diseases

📄

Epidemiology Hotline Fax
877-427-7318

↓

Local health department or KDHE

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COVID-19 Reporting Requirements

Reporting requirements for clinicians



- Telephone report required within 4 hours
 - Suspected cases of MIS-C associated with COVID-19
 - Outbreaks
- Online report required within 24 hours
 - Point-of-care testing
 - Includes ⊕ and ⊖ results for antigen and PCR testing
- Laboratory reporting
 - Laboratories are required to report all test results within 24 hours
 - Clinicians **do NOT** need to report results for testing performed at reference or hospital laboratories

<https://diseasereporting.kdhe.ks.gov/>

Full reporting requirements for COVID-19 can be found at:
https://www.kdheks.gov/epi/covid_reporting.htm

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Resources for reporting



Disease Reporting for Health Professionals

How to report novel coronavirus (COVID-19 disease, SARS-CoV-2 virus) testing, infections, and deaths in Kansas

- Disease Reporting Requirements
- Kansas Notifiable Diseases List and Reporting Forms
 - Kansas Notifiable Diseases List
 - Kansas Notifiable Disease Reporting Form
 - Multi-Drug Resistant Organisms (e.g., Carbapenem-Resistance, Candida auris, Vancomycin Intermediate/Resistant Staph. aureus)
 - MDRO Reporting Form (CRE, Candida, VRSA)
 - Candida auris Submission Guidelines
 - Carbapenem-Resistant Organism Submission Guidelines 01/2020
 - Interfacility Multidrug-Resistant Organism Transfer Form
 - Carbon Monoxide Poisoning Reporting Form
 - Pertussis (Whooping Cough) Report Form
 - Varicella (Chickenpox) Report Form
 - Perinatal Hepatitis B Prevention Program Report Forms
 - Hospital Report Form
 - Prenatal Care Provider Report Form
 - Pediatric Care Provider Report Form
- Contact Information
- Suspected Act of Terrorism
- Laboratory Reporting Requirements



https://www.kdheks.gov/epi/disease_reporting.html

24/7 Epidemiology Hotline


- **Phone: 877-427-7317** 
- **Fax: 877-427-7318** 

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How do I know something might be an outbreak or cluster?

Detection  Action

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Polling Question #2

Which of these is considered an outbreak?

- Three cases the same gastrointestinal illness in children, from one home, who all ate at a restaurant.
- A case of confirmed measles
- All 4-hour reportable conditions
- All of the above
- Not sure

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Polling Question #3

Which of these is considered an outbreak?

- Two patients, you suspect have the same or similar infectious agent, who had recent surgeries from the same surgeon
- Five patients, from different households reporting illness hours after a work picnic
- Two patients with acute onset of respiratory illness and irritations, who report they live down the street from a business that, this morning, off-gassed something that made the air in the neighborhood smell particularly bad today
- All of the above
- Not sure

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Epidemiologic Link



A case in which the patient has/had contact with one or more persons who have/had the disease, and transmission of the agent by the usual modes of transmission is plausible. A case may be considered epidemiologically linked to a laboratory-confirmed case if at least one case in the chain of transmission is laboratory confirmed.

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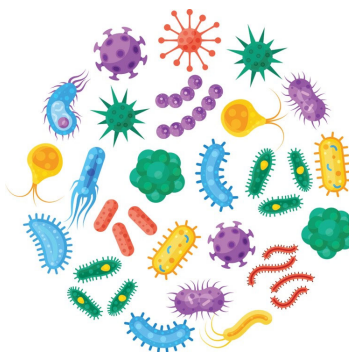
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General Outbreak Definition

Any clustering of cases in time (e.g., occurring within 2 incubation periods of each other) and space (e.g., in one building or location).



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Outbreak Definitions Vary

- General School or Institution Outbreak Definition
- Foodborne Outbreak Definition
- Influenza Outbreak Definitions
 - long-term care facility
 - school
 - daycare
- Legionella Outbreak Definition
 - lodging
 - healthcare facility
- Measles Outbreak Definition
- Meningococcal Disease Outbreak Definition
- Mumps Outbreak Definition
- Pertussis Outbreak Definition
- Scabies in an Institution Outbreak Definition
- Shigellosis in a School or Institution Outbreak Definition
- Varicella Outbreak Definition

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Disease Detectives



Surveillance for illness

- Know community baseline
- Follow-up on reports of illness/concerns
- Work to prevent transmission before it occurs



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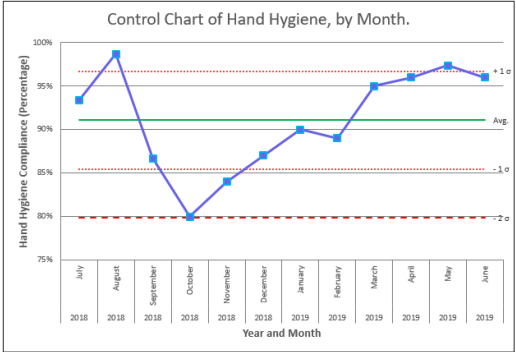



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Recognizing an Outbreak

Active process:



- Review medical records
- Review laboratory results
- Track/trend disease data



Year and Month	Hand Hygiene Compliance (%)
July 2018	93
August 2018	98
September 2018	87
October 2018	80
November 2018	84
December 2018	87
January 2019	90
February 2019	89
March 2019	95
April 2019	96
May 2019	97
June 2019	96

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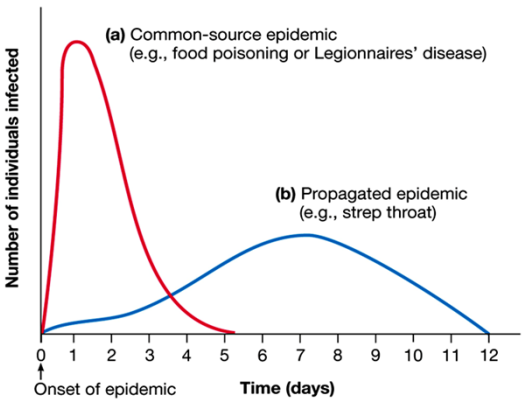



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Recognizing an Outbreak



Know what's baseline (endemic) or out of the ordinary

- Amount of particular disease usually present in a community
- Not always desired level but usual or normally observed level
- To know your baseline you must track/trend it






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Surveillance for Improvement

The ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in improving practice to reduce morbidity and mortality and to improve health.

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First, we must define:

<p>Outcome surveillance The consistent and quantitative monitoring of health outcomes.</p> <ul style="list-style-type: none">• Outcomes may be positive or negative• Examples<ul style="list-style-type: none">• Infection• Injury• Patient satisfaction	<p>Process surveillance The consistent and quantitative monitoring of a process, which is the series of steps taken to achieve an outcome.</p> <ul style="list-style-type: none">• Examples<ul style="list-style-type: none">• Immunization uptake• Use of patient restraints• Staff compliance with policies associated with a given outcome
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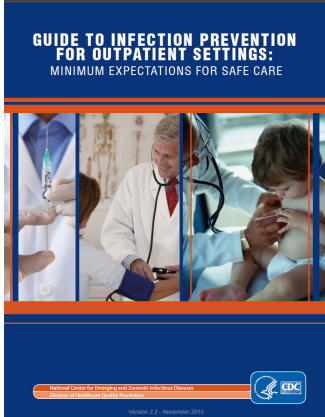
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Current Infection Prevention Expectations

- A compilation of highlights and references to existing evidence-based guidelines produced by the Centers for Disease Control and Prevention (CDC) and the Healthcare Infection Control Practices Advisory Committee (HICPAC)
 - *Checklist for Outpatient Settings* to aid in conducting periodic assessments of infection prevention policies and practices
 - We are providing you with some observational auditing tools.




<https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html>

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Connecting the dots



Policy

Education

Risk Assessment

Competency demonstration

Feedback



Auditing

Just-in-time intervention

Summarization/Trend

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Resources


- KDHE - Disease Reporting for Health Professionals:
https://kdheks.gov/epi/disease_reporting.html
- CDC - Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care:
<https://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html>
- We are providing you with some observation/auditing forms to get you started. We are also providing you with a tool for charting these trends (MS Excel) Access forms and tools here:
<https://www.khconline.org/files/LAN-session2-handouts.zip>

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  **Discussion: Disease Reporting and Surveillance**



Q&A



Please type your questions or comments in the chat.

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  **Session 2: Disease Reporting and Surveillance**

Next Steps

1. Distribute the Notifiable Disease List to appropriate staff or post them in easily accessible areas for staff to reference:
https://kdheks.gov/epi/disease_reporting.html
2. Conduct the assessment of your outpatient facility found at the end of the CDC - Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care:
<https://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html>
3. Begin performing some observational audits and start creating your trending charts. Access tools here:
<https://www.khconline.org/files/LAN-session2-handouts.zip>

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Session #2 Quiz

Which of the following should be used to identify a potential outbreak?

- Baseline levels of disease in the community
- Reports of illness/health outcomes
- Laboratory results
- All of the above

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Today's Feedback Questionnaire

Immediately following today's session, you will be asked to complete a brief feedback questionnaire.

While there, be sure to submit a request for KDHE Epidemiology Hotline materials to be mailed to you: Laminated sheet and/or magnet.

Session #2 feedback link:
<https://www.surveymonkey.com/r/KDHE-LAN-session2>



REPORTABLE DISEASES IN KANSAS
K.S.A. 65-118, 65-120, 65-1001 - 65-1007, K.A.R. 28-2-2, 28-2-4 and 28-2-18. Change effective as of 5/1/2016.

For **laboratory reports**, report to the KDHE Epidemiology Hotline: 877-427-7317. For **all other reportable diseases**, use a Kansas Reportable Disease Form and any lab results to your local health department or to KDHE: 877-427-7318 within 24 hours or by the next business day.



<ul style="list-style-type: none"> Acute bacterial meningitis Adultery Adverse drug, neurotoxic and nonneurotoxic (including chikungunya virus, dengue virus, La Crosse, West Nile virus, and Zika virus) Babesiosis Blood lead levels (any result) Diphtheria Brucellosis Campylobacteriosis Candida aurea Carbapenem-resistant bacterial infection or colonization Carbon monoxide poisoning Cholera Chikungunya (arthritis) Classical swine fever Chlamydia trachomatis infection Cholera Coccidioidomycosis Cryptosporidiosis Cryptosporidium Cyathostomiasis Giardiasis Guinea worm Haemolytic uremic syndrome, hemolytic disease Hansen's disease (leprosy) Hantavirus Hemolytic uremic syndrome, post-dysenteric Hepatitis, viral (A, B, C, D, and E, acute and chronic) Hepatitis B during pregnancy Hepatitis B in children 7 years of age (report all positive, negative, and inconclusive lab results) Hemophagocytosis Hirschsprung's disease Human immunodeficiency Virus (HIV) (Report the level of viral load, and report each pregnancy of women diagnosed with HIV) Influenza death in children 18 years of age Leprosy 	<ul style="list-style-type: none"> Legionellosis Lyme disease Malaria Measles (including) Meningococcal disease Mumps Parvovirus B19 infection Plague (Yersinia pestis) Rabies Q fever (Coxiella burnetii, acute and chronic) Rabies, human Rabies, animal Rabies Schistosomiasis, including typhoid fever Severe acute respiratory syndrome-coronavirus (SARS-CoV-2) Shiga toxin-producing Escherichia coli (STEC) Shigellosis Shingles Spotted fever rickettsiosis Streptococcus pneumoniae, invasive disease Syphilis, all stages, including congenital syphilis Typhoid fever Toxic shock syndrome, streptococcal and other Transmissible spongiform encephalopathy (CSE) or prion disease Tuberculosis, latent Tuberculosis, active disease Tuberculosis, latent infection Tularemia, including laboratory specimens Varicella, post-vaccination infection or secondary transmission Vaccinia (all children and non-human Fibria species) West Nile virus Yellow fever
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* Chikungunya, seasonal occurrence of any disease, acute or newly recognized disease, suspect acts of terrorism, and unexplained deaths due to an unidentified infectious agent should be reported within 2 hours by telephone to the Epidemiology Hotline: 877-427-7317.
** - Indicates that a laboratory report is required by law within four hours of report or confirmation to KDHE call-free at 877-427-7317.
†† - Indicates that bacterial isolate, original clinical specimen, or nucleic acid must be sent to: Division of Health and Environmental Laboratories, 6810 SW Dought St., Topeka, KS 66620-0001. Phone: (785) 296-1620.

Submit request for laminated hotline flyer or magnet in feedback questionnaire.

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KDHE-KHC Infection Prevention LAN for Outpatient Settings

Upcoming Sessions

March 25	Occupational Health Considerations
April 8	Personal Protective Equipment
April 22	Hand Hygiene
May 6	Environmental Cleaning & Disinfection
May 20	Device Reprocessing
June 3	Antimicrobial Stewardship
June 17	Learning/Sharing Forum

Recordings of past sessions can be located here:
www.khconline.org/LAN

NEW LIST-SERV to open Monday, March 15!



- Connect with your faculty and peers
- Future LAN communications will come through listserv

Address emails to:
KANSAS-OUT-IP@LIST.KHCONLINE.ORG
(must be all caps)

All LAN enrollees are included.
See listserv information sheet.

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  **KDHE-KHC Infection Prevention LAN**

Questions?

Contact:

KDHE
Healthcare-Associated Infections/Antimicrobial Stewardship (HAI/AR) Program
Phone: (785) 296-4167
Email: kdhe.HAIARProgram@ks.gov

<p><i>Kansas Healthcare Collaborative</i> Michele Clark Senior Director of Quality Initiatives & Special Projects (785) 231-1321 or mclark@khconline.org</p>	<p><i>Kansas Department of Health & Environment</i> Bryna Stacey HAI/AR Program Director Bryna.Stacey@ks.gov</p>
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