Increasing the capacity of Delaware's HAI/AR Program

CSTE Stories FROM THE Field

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The Deleware Division of Public Health's Healthcare-associated Infections and Antimicrobial Resistance Program conducted a needs assessment to identify gaps and develop goals for expanding the program's capacity. This resulted in establishing key staffing roles, providing technical assistance, and building partnerships to improve infection prevention and control practices among healthcare facilities throughout the state.

The "What"

The Deleware Division of Public Health's (DDPH) Healthcare-associated Infections and Antimicrobial Resistance (HAI/AR) Program had limited capacity and needed to expand its team. The program was previously managed by a single epidemiologist who was split funded with other infectious disease programs. DDPH used Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funding to build a brand-new HAI/AR Program and contracted with APIC Consulting Services, a subsidiary of the Association for Professionals in Infection Control and Epidemiology, to conduct a needs assessment. APIC Consulting evaluated the program in place in 2020 and helped determine the roles and education requirements needed to better serve the people of Delaware and enhance the services provided to healthcare organizations. This assessment was based on the needs assessment results, ELC grant requirements, and goals that were developed for the future of the HAI/AR Program.

The work to reach those goals seemed overwhelming, but APIC Consulting helped prioritize tasks to build a cohesive and effective team. DDPH recruited an HAI administrator to lead this program and staff, an epidemiologist for disease surveillance and disease investigations, a contractual planner to coordinate infection control assessment and response (ICAR) activities and oversee hand-washing initiatives, and a contractual pharmacist to manage antimicrobial resistance and antibiotic stewardship (AR/AS)

activities. The team is cross-trained to participate in outbreak responses. Once the team was assembled, they were provided infectious prevention and control (IPC) training, data and validation application evaluation, and extensive virtual and in-person mentoring opportunities with IPC professionals.

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The "So What"

The impact of these efforts was the successful re-launch of Delaware's HAI/AR Program. The program has increased the ability to collaborate with internal and external partners and improved relationships with healthcare organizations in the region. The practical implications of these improvements were the initiation of an ICAR program. The ICAR program's launch was well-timed, as staff were prepared to complete on-site assessments in response to the regional *Candida auris* outbreak with the mentorship of APIC Consulting. The HAI/AR team has conducted multiple ICARS and point prevalence surveys for C. *auris*, and they have begun proactive ICARs to help prevent the spread of infection in healthcare facilities. Additionally, the revised HAI/AR Program has supported acute-care facilities, long-term care facilities, and outpatient stakeholders by providing desired educational programming for essential IPC practices such as basic personal protective equipment use, enhanced barrier precautions, and hand hygiene initiatives.

The "Now What"

Continuing to offer HAI/AR programming will further establish partners and expand the reach into outpatient healthcare services such as dental practices, primary care offices, and hemodialysis centers. The ongoing needs of the program are to maintain the staff recommended by the needs assessment, continue training and certification of HAI/AR Program staff, and continue surveillance of Delaware's healthcare system to identify gaps in IPC practices.

The approach utilized to rebuild the HAI/AR Program will serve as the blueprint for successful program planning. DDPH has utilized this approach to begin expanding the AR/AS program capacity and will likely use this model outside of HAI/AR programs.

Key contributors to this project include Camille Moreno Gorrin, Emily Hanlin, Lajune Harris, Davia McCoy, Ann-Catherine Stanton, Delaware Division of Public Health.

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