# Indiana Plan for the Prevention of Healthcare Associated Infections
# 2015 - 2018

## December 31, 2015
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**Indiana State Department of Health**

# Indiana State Department of Health

## Indiana Plan for the Prevention of Healthcare Associated Infections

## 2015 - 2018

**Jerome M. Adams, MD, MPH**
*State Health Commissioner*

**Terry Whitson**
*Assistant Commissioner*
*Health Care Quality and Regulatory*

**Pam Pontones, MA**
*State Epidemiologist*
*Director, Epidemiology Resource Center*

**Judith Lovchik, PhD D (ABMM)**
*Assistant Commissioner*
*Public Health Protection and Laboratory Services*

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**Indiana Plan Prepared by:**
> Terry Whitson
> Assistant Commissioner
> Health Care Quality and Regulatory
> Indiana State Department of Health


**Project Coordinator for the Development of Indiana Plan**
> Ellen Miller, PhD
> Director, Center for Aging & Community
> University of Indianapolis


**Plan Information:**
> Information about the healthcare associated infections may be found on the ISDH Web site in the Health Care Quality
> Resource Center at http://www.in.gov/isdh/24769.htm.

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**Acronyms and definitions used in document:**

- Acronyms:
  APIC:  Association of Professionals in Infection Control
  CDC:  Center for Disease Control and Prevention
  CMS:  Centers for Medicare and Medicaid Services
  HICPAC:  Healthcare Infection Control Practices Advisory Committee
  HHS:  U.S. Department of Health and Human Services
  ILINet:  Influenza-Like Illness Surveillance Network
  ISDH:  Indiana State Department of Health
  NHSN:  National Healthcare Safety Network


- Acronyms:  Healthcare associated infections
  CAUTI:  Catheter associated urinary tract infection
  CDI:  *Clostridium difficile* infection (also "C. diff.")
  CRE:  carbapenem-resistant *Enterobacteriaceae*
  CLABSI:  Central line associated bloodstream infection
  EVD:  Ebola Virus Disease
  HAI:  Healthcare associated infections
  ILI:  Influenza-Like Illness
  MDRO:  Multidrug resistant organism
  MERS:  Middle East Respiratory Syndrome
  MERS-CoV:  Middle East Respiratory Syndrome Coronavirus
  MRSA:  Methicillin-resistant *Staphylococcus aureus*
  SARS:  Severe Acute Respiratory Syndrome
  SSI:  Surgical site infection
  VAP:  Ventilator associated pneumonia

- Definitions:

  Healthcare associated infection:  "Healthcare associated infections" (HAIs) are infections that people acquire while they are receiving treatment for another condition in a health care setting. HAIs may be caused by any infectious agent, including

bacteria, fungi, and viruses, as well as other less common types of pathogens. [from CDC National Action Plan at http://health.gov/hcq/prevent-hai.asp]

Health care facility: A "health care facility" is generally a facility providing health care services. The term is defined at Indiana Code 16-18-2-161 to include approximately twelve types of facilities licensed by the ISDH. These types of facilities include hospitals, long term acute care hospitals, ambulatory surgery centers, home health agencies, nursing homes, and residential care facilities (licensed assisted living). The term is commonly used to also include facilities that are federally Medicare certified and/or a facility surveyed by the ISDH pursuant to licensing or certification requirements. This would include facilities such as clinical laboratories, dialysis clinics (end stage renal disease clinics), psychiatric hospitals, and group homes (intermediate care facilities for individuals with intellectual disabilities).

Long term care hospital: A "long term care hospital" (LTCH) [often referred to as a "long term acute care hospital" (LTAC)] is licensed and certified as an acute care hospital but focuses on patients who, on average, stay more than 25 days. Many of the patients in long term care hospitals are transferred there from an intensive or critical care unit. Long term care hospitals specialize in treating patients who may have more than one serious condition but who may improve with time and care, and return home. Long term care hospitals typically give services like comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management. [from CMS https://www.medicare.gov/Pubs/pdf/11347.pdf]

Nursing home: A "nursing home" is a health facility licensed in Indiana as a "comprehensive care facility" that may be also federally certified as a "skilled nursing facility" (SNF), "nursing facility" (NF), or dually certified nursing facility (SNF-NF).

**Introduction**

The prevention of healthcare associated infections is an important health issue.  The key to controlling contagious threats in healthcare, such as Ebola Virus Disease, Middle East Respiratory Syndrome (MERS), Severe Acute Respiratory Syndrome (SARS), pandemic flu, and drug-resistant organisms, is rapid and effective deployment of infection control expertise.  The techniques and practice on which infection control protocols are based form the backbone of infectious disease containment for these and other pathogens that are otherwise amplified and accelerated in healthcare settings.  Investments in a more robust infection control infrastructure will prevent many healthcare associated infections transmitted to, and among, patients and health care workers.

In March 2014, the largest Ebola outbreak on record erupted in Western Africa.  Unlike many smaller preceding outbreaks of Ebola Virus Disease, this particular outbreak spread to multiple African countries and caused nearly 20,000 suspected human cases as of January 2015.  This outbreak has truly demonstrated that in the modern world of travel, trade and migration, infectious diseases do not respect geopolitical boundaries.

The response efforts to the Ebola outbreak have highlighted vulnerabilities in infection control practices within the U.S. healthcare system.  Routine lapses in infection control that allow an estimated 700,000 healthcare associated infections to occur each year in the United States also highlights the need to improve infection control infrastructure and practice in our healthcare system.  Current policies and practices are highly variable leaving gaps in patient and provider protection from healthcare associated infections.

The emergence of Ebola Virus Disease (EVD) highlighted gaps in healthcare infection prevention.  The initial response was to create EVD-specific processes and systems.  Many of these same processes and systems, however, are highly relevant to a wider range of healthcare associated infection prevention.  The problem is ensuring healthcare infection prevention that is based on a comprehensive, coordinated, and evidence-based system.  The prevention of HAI requires a system where health care facilities coordinate infection prevention efforts in an efficient process that diminishes fragmentation and duplication of efforts.

In March 2015 the Center for Disease Control and Prevention (CDC) released a grant opportunity for states titled *Domestic Ebola Supplement to Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments*.  This ELC Competing Supplement addresses priority domestic capacity building around Ebola and other emerging and highly-infectious diseases. The Competing Supplement (1) provides additional resources to accelerate ELC activities around infection control assessment and response, laboratory safety, and global migration, border interventions, and migrant health; and (2) aligns with ELC's existing purpose which is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases.

In April 2015, the Indiana State Department of Health (ISDH) was awarded a CDC ELC Competing Supplement Grant. A key component of the grant is the completion of an updated Indiana Plan for the Prevention of Healthcare Associated Infections (Indiana Plan). The purpose of the Indiana Plan is to extend new prevention measures, processes, and resources identified as part of the Ebola prevention efforts to the broader HAI prevention system. The Indiana Plan is intended to:

- Prevent and mitigate HAI more efficiently and effectively in Indiana
- Increase statewide focus on infectious diseases
- Improve coordination between healthcare providers on prevention of infectious diseases
- Conduct assessment of infection prevention capacity and gaps
- Identify needs and resources to expand state HAI subject matter expertise, laboratory testing and biosafety capability, and traveler monitoring

**Recent ISDH Healthcare Associated Infection Prevention Projects**

Around 2007 the ISDH Epidemiology Resource Center created resources providing consumer information for specific infectious diseases. The Center utilized a collaborative process to address Methicillin-resistant *Staphylococcus aureus* (MRSA) exposures and provide Indiana communities with current MRSA information and necessary tools to promote prevention strategies. Created were a Resource Manual, Prevention Brochure, Skin Infection Brochure, and Quick Facts. Information and tools were reviewed and updated in May 2013. The ISDH Epidemiology Resource Center also created a Resource Manual and Quick Facts for *Clostridium difficile* infections (CDI). The CDI resources were reviewed and updated in March 2013.

As part of the American Recovery and Reinvestment Act of 2009 (ARRA), the Centers for Disease Control and Prevention (CDC) provides grants to states with the goal of strengthening the nation's healthcare infrastructure and reducing healthcare costs. The U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), and Centers for Disease Control and Prevention (CDC) administered the program. The Act authorized $50 million to support states in the prevention and reduction of healthcare associated infections (HAI) as outlined in the HHS Action Plan to Prevent Healthcare Associated Infections.

Of the $50 million ARRA funding, $10 million went to states to improve quality assurance at ambulatory surgery centers by implementing a new survey process to promote better infection control practices. The initiative was a response to an outbreak in Las Vegas resulting from the reuse of syringes. Indiana was one of the twelve initial states selected to pilot the surveys. A CMS grant was awarded to the ISDH Health Care Quality and Regulatory Commission, Division of Acute Care, to improve Medicare/Medicaid certification surveys at ambulatory surgery centers. The project began in June 2009 and concluded September 30, 2010. The project:

- Increased the frequency of federal certification surveys at ambulatory surgery centers
- Implemented new federal infection control standards for ambulatory surgery centers
- Developed and implemented a healthcare associated infections surveillance and reporting system for ambulatory surgery centers
- Ensured adequate training of ambulatory surgery center staff on infection control practices

The remaining $40 million went to states to develop a state plan and implement a HAI prevention program. As part of that funding, in September 2009 the ISDH Health Care Quality and Regulatory Commission was awarded a CDC grant to support state healthcare associated infection prevention activities. The Indiana HAI Prevention Initiative began in September 2009 and ended in December 2011. Infrastructure improvements and quality improvement projects included:

- Designation of a HAI Coordinator
- Creation of a HAI Epidemiologist position

- Organization of a HAI Collaborative Team to make recommendations on a state plan and prevention initiative
- Development of a state plan for the prevention of healthcare associated infections
- State conference on HAI prevention with over 1200 attendees
- Development and implementation of a state healthcare associated infection prevention initiative
  - Included over 80 participating health care facilities
  - Provided statewide training to participating facilities on the prevention of healthcare associated infections
  - Development of three online education modules
  - Development of a HAI Prevention Brochure
  - Development of a HAI prevention toolkit for providers to include assessment tools
  - Development of an online HAI Resource Center
  - Increased reporting of HAIs by hospitals through the CDC National Healthcare Safety Network (NHSN)

In September 2011 the ISDH adopted rules requiring the reporting of three HAIs – central line associated bloodstream infections in all intensive care units; surgical site infections for abdominal hysterectomies and colorectal surgeries; and catheter associated urinary tract infections in adult and pediatric intensive care units.  The rule required hospitals to report HAIs through the NHSN.  In the fall of 2013, the ISDH prepared an Indiana HAI Report based on reported events.

In early 2013 CDC reported a growing concern for carbapenem-resistant *Enterobacteriaceae* (CRE).  The Epidemiology Resource Center previously had created a Resource Manual and other tools.  In the summer of 2013, the Epidemiology Resource Center brought together healthcare partners in infection prevention to provide the ISDH with input on antibiotic stewardship issues.  The Antibiotic Resistance Advisory Group meets quarterly.

**Development of State Plan for Prevention of Healthcare Associated Infections**

Indiana Plan for the Prevention of Healthcare Associated Infections 2010-2012

A primary purpose of the 2009 CDC Grant was to ensure that every state had a state plan for prevention of healthcare associated infections.  Like most states, Indiana had never produced a state plan focusing on healthcare associated infections.  State health plans had tended to focus on broader public health issues.  The development of a state plan focusing solely on one healthcare problem was intended to provide a more detailed evaluation and response to the healthcare associated infection problem.

As part of the CDC grant, each participating state was required to develop a state plan by January 1, 2010.  CDC provided a template for the state plan that detailed essential components.  States were required to follow that template.  The final state plan primarily consisted of the CDC grant activities.

In October 2009 the ISDH organized a Collaborative Team to assist in the development of the state plan.  The ISDH contracted with the University of Indianapolis Center for Aging & Community to assist in the development and facilitation of the plan.  The Collaborative Team met in November and December 2009 and provided recommendations for the state plan.  The initial Indiana Plan was completed on December 30, 2009.  The Indiana Plan was intended to serve as the State Plan for the period of January 1, 2010 through December 31, 2011.  The ISDH updated the initial Indiana Plan to include the ongoing implementation status of the various components.  The May 14, 2010 Indiana Plan became the completed Indiana Plan and was posted on the ISDH Web site.

Indiana Plan for the Prevention of Healthcare Associated Infections 2015-2018

A major component of the 2015 CDC Grant is a requirement for states to update their 2009 state plan.  The plan is intended to focus on state assessments and capacity.  Many of the activities from the 2009 grant were completed so have been deleted from the 2015 plan.  The 2015 grant has a number of new activities that have been included in the 2015 plan.

The ISDH assembled a HAI Advisory Group to make recommendations and contribute to the development of the plan.  The HAI Advisory Group was organized in August 2015 and had its initial meeting in September 2015 to review a draft of the state plan.  The ISDH again contracted with the University of Indianapolis Center for Aging & Community to facilitate development of the plan.

**Indiana Healthcare Associated Infections Advisory Group 2015**

In August 2015, the ISDH assembled a HAI Advisory Group consisting of key stakeholders in the prevention of healthcare associated infections to advise the agency on the Indiana Plan and assist in planning activities included in the plan.  The invited participants for the HAI Advisory Group included:

ISDH HAI ADVISORY GROUP FACILITATORS
Terry Whitson, Assistant Commissioner, Health Care Quality and Regulatory Commission
Pam Pontones, State Epidemiologist

ISDH EXECUTIVE STAFF:
Joan Duwve, Medical Director
Judy Lovchik, Assistant Commissioner, Public Health Protection and Laboratory Services Commission

ISDH STAFF:
Nancy Adams, Director of Healthcare Quality Improvement Projects, Health Care Quality and Regulatory Commission
Sara Blosser, Clinical Microbiology and Virology Director, State Laboratory
Tina Feaster, Epidemiologist, Epidemiology Resource Center
Burton Garten, Director, Division of Program Development, Health Care Quality and Regulatory Commission
Nicole Hearon, HAI Epidemiologist, Epidemiology Resource Center
Gerri Husband, Public Health Preparedness and Emergency Response
John Lee, Program Director, Division of Acute Care, Health Care Quality and Regulatory Commission

PROJECT COORDINATORS:  University of Indianapolis Center for Aging and Community
Ellen Burton, Senior Project Director
Lidia Dubicki, Project Coordinator

MEMBERS:  Healthcare Organizations
Becky Bartle, Regulatory Affairs Director, Hoosier Owners and Providers for the Elderly (H.O.P.E.)
Liz Carroll, Executive Director, Indiana Assisted Living Association (INALA)
Zach Cattell, Executive Director, Indiana Health Care Association (IHCAA)
Annette Handy, Indiana Patient Safety Center, Indiana Hospital Association
Jim Fuller, President, Indianapolis Coalition for Patient Safety, Inc.

Karen Gilliland, Interim State Long Term Care Ombudsman, Indiana Family and Social Services Administration
Kathy Hybarger, Community Manager, Qsource (CMS designated Quality Improvement Organization for Indiana)
Kathy Johnson, Clinical and Regulatory Services, Leading Age Indiana
Beth Myerson, Assistant Professor of Health Policy & Management, IU School of Public Health – Bloomington
Ellen Miller, Executive Director, Center for Aging and Community, University of Indianapolis
Evan Reinhardt, Executive Director, Indiana Association for Home and Hospice Care
Michael Rinebold, Director of Government Relations, Indiana State Medical Association
Mary Ann Webb, Renal Network
Leslie Weimer, Public Health Nurse, Marion County Health Department
Jim Fuller, President, Indianapolis Coalition for Patient Safety, Inc.

MEMBERS:  Healthcare Providers
Laurie Fish, Infection Control Department, IU Health Methodist Hospital, Indianapolis; Indiana Chapter, Association of Professionals in Infection Control and Epidemiology
Susan Kraska, Memorial Hospital of South Bend; Indiana Chapter, Association of Professionals in Infection Control and Epidemiology
Sonya Mauzey, The Women's Hospital, Newburgh; Indiana Chapter, Association of Professionals in Infection Control and Epidemiology
Joe McKanna, Infection Control System Manager Union Hospital; Region V APIC Director
Joshua Mugele, Assistant Professor of Clinical Emergency Medicine, IU Health Methodist Hospital
Jennifer Spivey, St. Vincent Heart Center of Indiana, Indianapolis; Indiana Chapter, Association of Professionals in Infection Control and Epidemiology

# Indiana Plan
## 2015 - 2018

## Section 1:  Healthcare Associated Infections Program Infrastructure

This section includes the following:
- State infection prevention program and planning
- Assessment of state infection control and prevention
- Coordination between public health and healthcare settings

Successful healthcare associated infection prevention requires close integration and collaboration with state and local infection prevention activities and systems.  Consistency and compatibility of healthcare associated infection data collected across facilities will allow for greater success in reaching state and national goals.  Section 1 of the Indiana Plan identifies a plan for improving state infrastructure for healthcare associated infection control and prevention.

**Table 1:**  State infrastructure planning for healthcare associated infections

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| **STATE INFECTION PREVENTION PROGRAM AND PLANNING** | | | |
| 1.  Maintain an updated Indiana Plan for the Prevention of Healthcare Associated Infections | | | |
| a.  Complete an Indiana Plan for 2015 - 2018 | *Objectives:*  Update the state plan to include an assessment of gaps in infection control and prevention and outbreak reporting.  Updated Plan will prioritize | *Action Plan with Timeline and Status:* | *Funding:* CDC ELC Competing Supplemental Grant |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | Ebola Virus Disease assessment and treatment hospitals.  Updated plan may include other acute care hospitals and non-acute care settings.<br><br>*Approach:*  The ISDH will prepare a draft Indiana Plan reflecting the current CDC Grant activities.  The draft will be submitted to the HAI Advisory Group for review and recommendations.<br><br>*Responsible Individuals:*  Assistant Commissioner for Health Care Quality and Regulatory<br><br>*Correlation:*  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 1.1 | 1.  The ISDH will prepare a draft state plan for review by the HAI Advisory Group.  Target date:  June 30, 2015.<br><br>   Status:  A draft state plan was completed on June 30, 2015, and sent to internal and external partners for input.  COMPLETED<br><br>2.  The ISDH will assemble a collaborative team of partners to assist in the development of the Indiana Plan.  Target date:  July 15, 2015.<br><br>   Status:  The ISDH created a HAI Advisory Group consisting of key stakeholders in the prevention of HAI. The group was provided the draft in August and met on September 16, 2015, to discuss the draft. COMPLETED<br><br>3.  The ISDH will contract with an entity to serve as project coordinator for the development of the Indiana Plan. Target date:  May 31, 2015.<br><br>    Status:  The ISDH contracted with the University of Indianapolis Center for Aging and Community to assist in development of the plan.  The contract was completed in August | *Target Dates:*<br><br>Completion Date: October 1, 2015<br><br><br>*Progress:*<br>Preliminary Plan Completed on September 30, 2015<br><br>Final Plan Completed on December 31, 2015 |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | 2015 and continues through October 2015.  COMPLETED<br><br>4.  The ISDH will complete an Indiana Plan for the Prevention of HAI.  Target date:  October 1, 2015.<br><br> Status:  A preliminary plan was completed on September 30, 2015.  The ISDH continued to receive input on the preliminary plan and a final plan was completed on December 31, 2015.  COMPLETED | |
| b.  Complete a needs assessment of gaps in infection control practices and outbreak reporting among Indiana hospitals, long term care facilities, and ambulatory surgery centers | *Objectives:*  Identify gaps in infection control practices and reporting to provide information for use in preparing the Indiana Plan.<br><br>*Approach:*  The Epidemiology Resource Center will conduct a short study of facility infection control and prevention programs to obtain their input on strengths, weaknesses, and needs.<br><br>*Responsible Individuals:*  State Epidemiologist<br><br>*Correlation:*  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 1.1 | *Action Plan with Timeline and Status:*<br><br>1.  The Epidemiology Resource Center will conduct a needs assessment of state infection control and prevention resources.  Target completion date:  June 30, 2015.<br><br> Status:  Not started.<br><br>2.  The Assistant Commissioner for Health Care Quality and Regulatory, State Epidemiologist, and contractor will review assessment data and consider in preparation of the Indiana Plan.  Target completion date:  August 31, 2015.<br><br> Status:  Study not completed. | *Funding:* CDC ELC Competing Supplemental Grant<br><br><br>*Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: August 31, 2015<br><br><br>*Progress:*  Not completed |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| c. Identify priorities and provide input to partners through a state plan to help guide patient safety initiatives and research aimed at reducing HAIs | *Objectives:* Provide for a continuing state plan directed at reducing healthcare associated infections.<br><br>*Approach:* The ISDH will request and review input from partners to establish priorities and projects aimed at improving infection control and prevention. The ISDH will review the input and update the Indiana Plan where appropriate.<br><br>*Responsible Individuals:* Assistant Commissioner for Health Care Quality and Regulatory<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 1.1 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will regularly update the Indiana Plan to include the status and outcomes of action items.<br><br>  Status: The December 31, 2015 release included progress updates. An update was completed on May 5, 2016.<br><br>2. The ISDH will conduct periodic reviews the Indiana Plan and update priorities for the prevention of healthcare associated infections.<br><br>  Status: The State Plan is being reviewed twice a year. Whenever the State Plan is updated, the Plan is provided to the HAI Advisory Group and the Antibiotic Resistance Advisory Group. | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Progress:* ongoing activity |
| 2. Establish statewide HAI prevention leadership through multidisciplinary advisory groups | | | |
| a. Establish a HAI Advisory Group that includes infection control and health care quality partners to | *Objectives:* Collaborate with statewide partners to establish priorities and activities for infection control and prevention. | *Action Plan with Timeline and Status:* | *Funding:* CDC ELC Competing Supplemental Grant |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| collaborate on planning and implementing infection control and prevention activities. | *Approach:* The ISDH will organize and facilitate a HAI Advisory Group to meet at least twice a year. Participants will include representatives from acute and long term care provider associations, professional societies for infection control and healthcare epidemiology, academic organizations, laboratories, acute care hospitals and long term care facilities, healthcare quality improvement organizations, and ASPR hospital preparedness program. <br><br> *Responsible Individuals:* Assistant Commissioner for Health Care Quality and Regulatory <br><br> *Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 1.2 | 1. The ISDH will assemble a HAI Advisory Group. Timeline: complete by June 30, 2015. <br><br> Status: A HAI Advisory Group was established in August 2015. The Group had its first meeting on September 16, 2015. COMPLETED <br><br> 2. The ISDH will contract with an entity to serve as facilitator for the initial meetings of the HAI Advisory Group. Timeline: complete by June 30, 2015. <br><br> Status: The ISDH contracted with the University of Indianapolis Center for Aging and Community to assist in development of the plan. The contract was completed in August 2015 and continues through October 2015. The Center served as facilitator for the first meeting. COMPLETED <br><br> 3. The HAI Advisory Group will meet twice a year through 2017. <br><br> Status: The HAI Advisory Group has met on the following dates: <br> September 16, 2015 <br> December 7, 2015 <br> May 5, 2016 <br> October 13, 2016 (scheduled) | *Target Dates:* <br><br> Start Date: April 1, 2015 <br><br> Completion Date: June 30, 2015 <br><br><br> *Progress:* The implementation of the HAI Advisory Group was completed. The Group is continuing to meet as planned. |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| b. Establish plans, priorities, and activities for HAI control and prevention | *Objectives:* Maintain current state quality assurance and performance improvement plans for healthcare associated infections.<br><br>*Approach:* The HAI Advisory Group will meet at least twice a year to review HAI issues in Indiana and make recommendations to the ISDH for quality improvements.<br><br>*Responsible Individuals:* HAI Advisory Group<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 2.2 | *Action Plan with Timeline and Status:*<br><br>1. The HAI Advisory Group will make recommendations for the Indiana Plan. Timeline: complete by September 10, 2015.<br><br>Status: The draft plan was sent to participants beginning on July 2, 2015. Input was received from participants in July and then further discussed at the September 16 meeting. A preliminary plan was released on September 30. The Advisory Group was requested to provide additional input at the December 7, 2015 meeting. COMPLETED<br><br>2. The HAI Advisory Group will review HAI issues at their regular meetings and make recommendations to the ISDH for quality improvements. Timeline: ongoing activity.<br><br>Status: The agendas of the HAI Advisory Group Meetings have included items focusing on specific HAI issues with request for input.<br><br>3. The HAI Advisory Group will develop and maintain connections with federal agencies to monitor and make | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: July 1, 2015<br><br>End Date: September 10, 2015<br><br>*Progress:* In progress |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | recommendations about national trends. Timeline: ongoing activity.<br><br>    Status: The NHSC is attending HAI meetings.<br><br>4. The HAI Advisory Group will develop and maintain connections with state healthcare organizations and providers to monitor and make recommendations about state HAI issues and activities. Timeline: ongoing activity.<br><br>    Status: Advisory Group members include participants from state healthcare organizations and providers. | |
| c. Establish subject matter groups to advise the ISDH on specific HAI issues | *Objectives:* Collaborate with statewide partners to recommend priorities and activities for specific infection control and prevention issues.<br><br>*Approach:* In 2013 the ISDH created the Antibiotic Resistance Advisory Committee to advise the ISDH on antibiotic resistance issues. The ISDH plans to continue this committee.<br><br>*Responsible Individuals:* Epidemiology Resource Center | *Action Plan with Timeline and Status:*<br><br>1. The Antibiotic Resistance Advisory Committee will meet quarterly through 2017 to review activities and projects and make recommendations on priorities and activities.<br><br>    Status: The Antibiotic Resistance Advisory Committee met on the following dates in 2015:<br>    January 15, 2015<br>    April 9, 2015<br>    July 2, 2015<br>    September 10, 2015 | *Funding:* CDC ELC Competing Supplemental Grant<br><br><br>*Target Dates:* ongoing activity<br><br><br>*Progress:* In progress as planned |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 1.2 and 2.2 | November 5, 2015<br>January 7, 2016<br>March 3, 2016<br>May 13, 2016<br>July 7, 2016 (scheduled)<br>September 1, 2016 (scheduled)<br>November 9, 2016 (scheduled) | |
| 3. Establish a State HAI surveillance, prevention, and control program | | | |
| a. Designate a State HAI Prevention Coordinator | *Objective*: Designate a state health employee to serve as Indiana HAI Prevention Coordinator.<br><br>*Approach*: In June 2009, the Indiana State Health Commissioner designated the Assistant Commissioner for Health Care Quality and Regulation to serve as State HAI Prevention Coordinator. Once a HAI Epidemiologist was in place, the designation was moved to that position.<br><br>*Correlation*: Activity included in 2009 HHS Action Plan and 2009 CDC HAI Grant | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will maintain a designation of an individual to serve as State HAI Prevention Coordinator.<br><br>Status: A State HAI Prevention Coordinator has been designated since June 2009. The current designee is Nicole Hearon of the Epidemiology Resource Center. | *Funding:* CDC ELC Grants<br><br>*Target Dates:*<br><br>Start Date: 6/1/2009<br><br>End Date: Continuing activity<br><br>*Progress:* Designee in place |
| b. Maintain a state HAI Epidemiologist position | *Objective*: Ensure expertise in the ISDH Epidemiology Resource Center in healthcare associated infection epidemiology. | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will maintain a full-time HAI Epidemiologist position. The individual will to oversee the four | *Funding:* CDC ELC Grants |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Approach*:  The intent is to develop an interdisciplinary and interdepartmental Indiana HAI Program to promote a coordinated approach to the program.<br><br>*Responsible Individuals:*  State Epidemiologist<br><br>*Correlation*:  Activity included in 2009 CDC HAI Grant and subsequent CDC ELC Grants | major HAI activity areas (Integration, Collaboration, and Capacity Building; Reporting, Detection, Response and Surveillance; Prevention; Evaluation, Oversight and Communication).<br><br>Status:  The first HAI Epidemiologist was hired in June 2010.  The position has continued to be an active position and is currently filled.  Nicole Hearon is the current HAI Epidemiologist. | *Progress:* HAI Epidemiologist in place |
| c.  Develop dedicated state staff with expertise in HAI | *Objective*:  Develop a dedicated state HAI Program within the Indiana State Department of Health.<br><br>*Approach*:  The intent is to develop an interdisciplinary and interdepartmental Indiana HAI Program to promote a coordinated approach to the program.<br><br>*Responsible Individuals:*  State Epidemiologist<br><br>*Correlation*:  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 1.1 | *Action Plan with Timeline and Status:*<br><br>1.  The ISDH will contract with an individual or individuals to serve as a Healthcare Infection Assessment Coordinator.  The individual will organize and track infectious disease readiness and outbreak response visits of health care facilities, prepare assessment teams, identify assessment tools, attend and record assessment visits, and prepare reports summarizing visits. Timeline:  fill position by June 30, 2015.<br><br>Status:  The Epidemiology Resource Center contracted with two infection preventionists to serve as assessment coordinators – one for hospitals and one for other types of facilities.  The | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Completion Date: June 30, 2015<br><br>*Progress:*  in progress |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | contracts became effective March 14, 2016.  COMPLETED.<br><br>2.  The State Epidemiologist will review the program to determine what staffing is needed to meet State HAI Program needs and responsibilities.<br><br>Status:  The Epidemiology Resource Center reviewed program needs based on guidance from as part of a new CDC | |
| **ASSESSMENT OF STATE INFECTION CONTROL AND PREVENTION** | | | |
| 1. Conduct infection control assessments of health care facilities. | | | |
| a.  Identify existing assessment tools for use by a health care facility in assessing their infection control and prevention program | *Objectives:*  Identify weaknesses in the infection control and prevention programs of health care facilities.<br><br>*Approach:*  The ISDH will identify tools for use by a health care facility in assessing infection control and prevention programs.  Health care facilities to be included in the project are ambulatory surgery centers and nursing homes. | *Action Plan with Timeline and Status:*<br><br>1.  The ISDH will identify existing assessment tools for use by health care facilities in assessing their infection control and prevention program.  Timeline:  complete by August 31, 2015.<br><br>Status:  Assessment tools were discussed at the September 2015 HAI Advisory Group Meeting. | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: October 31, 2015 |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Responsible Individuals:*  State Epidemiologist<br><br>*Correlation*:  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 1.1 | 2.  The ISDH will develop a health care facility assessment process to include an assessment toolkit.  This may require developing additional assessment tools or revising existing tools for specific types of health care facilities. Timeline:  complete by October 31, 2015.<br><br>Status: | *Progress:* |
| b.  Conduct an assessment project at ambulatory surgery centers and nursing homes | *Objectives:*  Identify weaknesses in the infection control and prevention programs of health care facilities.<br><br>*Approach:*  Based on identified assessment tools and assessment processes, the ISDH will conduct an assessment of facility infection control and prevention programs.<br><br>*Responsible Individuals:*  State Epidemiologist through the Healthcare Infection Assessment Coordinator<br><br>*Correlation*:  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 1.1 | *Action Plan with Timeline and Status:*<br><br>1.  The ISDH will implement a pilot infection control and prevention program assessment at 10 ambulatory surgery centers and 10 nursing homes. Assessment findings will be summarized in a report and distributed to facility and ISDH program staff. Timeline:  complete by March 31, 2016.<br><br>Status:<br><br>2.  The ISDH will conduct assessments of health care facility infection control and prevention programs.  The goal is 10 ambulatory surgery centers and 10 nursing homes per quarter.  The ISDH will coordinate with the CMS Quality Improvement Organization (QIO) to | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: November 1, 2015<br><br>Completion Date: March 31, 2018<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | assist with assessments. Timeline: complete by March 31, 2017.<br><br>Status:<br><br>3. The ISDH will conduct assessments of health care facility infection control and prevention programs. The goal is 10 ambulatory surgery centers or other ambulatory clinic type and 10 nursing homes per quarter. The ISDH will coordinate with the CMS Quality Improvement Organization (QIO) to assist with assessments. Timeline: complete by March 31, 2018.<br><br>Status: | |
| 2. Mitigate gaps identified in assessments | | | |
| a. Interpret data from infection control assessments of health care facilities and develop mitigation strategies | *Objectives:* Improve health care facility infection control and prevention programs at health care facilities.<br><br>*Approach:* The ISDH Epidemiology Resource Center will identify tools to assess infection control assessments. As assessments are completed at health care facilities, the Epidemiology Resource Center will analyze results and identify mitigation strategies. | *Action Plan with Timeline and Status:*<br><br>1. As assessments are completed at health care facilities, the Epidemiology Resource Center will analyze results and identify mitigation strategies that could be instructive to all health care facilities.<br><br>Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br><br>*Target Dates:*<br><br>Start Date: April 1, 2016<br><br>Completion Date: March 31, 2017 |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Responsible Individuals:* State Epidemiologist with assignment to HAI Epidemiologist and Health Care Facility Infection Program Assessment Coordinator<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 1.2 | | *Progress:* |
| b. Confirm and document mitigation of identified gaps in facility infection control and prevention programs | *Objectives:* Mitigate weaknesses in the infection control and prevention programs of health care facilities.<br><br>*Approach:* Based on assessment results, the ISDH will conduct follow-up assessments to ensure ongoing mitigation of infection control and prevention gaps.<br><br>*Responsible Individuals:* State Epidemiologist through the Healthcare Infection Assessment Coordinator<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 1.1 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will develop a plan and begin follow-up assessments of facilities assessed in the previous year. Assessment findings will be summarized in a report and distributed to facility and ISDH program staff. Timeline: complete by March 31, 2017.<br><br>Status:<br><br>2. The ISDH will develop a plan and begin follow-up assessments of facilities assessed in the previous year. Assessment findings will be summarized in a report and distributed to facility and ISDH program staff. Timeline: complete by March 31, 2018.<br><br>Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: November 1, 2015<br><br>Completion Date: March 31, 2018<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
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| | | | |
| **COORDINATION BETWEEN PUBLIC HEALTH AND HEALTHCARE SETTINGS** | | | |
| 1. Improve coordination between public health and healthcare setting in the state through a mapping initiative | | | |
| a. Create an inventory of healthcare settings to include facility infection control point of contact, available HAI-related data, and current regulatory / licensing oversight authority | *Objectives:* Maintain current infection control program information for health care facilities to be used to disseminate quality improvement information.<br><br>*Approach:* The ISDH will create an inventory for hospitals, ambulatory surgery centers, and nursing homes. The inventory will include facility infection prevention and quality improvement staff.<br><br>*Responsible Individuals:* Epidemiology Resource Center<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 2.1 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will plan the inventory for gathering of information and posting. Timeline: complete by July 31, 2015.<br><br>Status:<br><br>2. The ISDH will contract with an Information Technology Consultant to build information technology infrastructure needed to house and post the inventory. Timeline: complete by October 1, 2015.<br><br>Status:<br><br>3. Complete inventory and post. Timeline: complete by March 31, 2016. | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: March 31, 2016<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | Status: | |
| 2. Explore, pilot, and implement ways to expand oversight (e.g., licensing and credentialing) to include infection control capacity or competence as a requirement for licensure | | | |
| a. Revise Communicable Disease Reporting Rule | *Objectives:* Improve reporting of communicable diseases.<br><br>*Approach:* The ISDH is promulgating a rule change for the Communicable Disease Reporting Rule.<br><br>*Responsible Individuals:* State Epidemiologist<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 2.2 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will complete promulgation of the Communicable Disease Reporting Rule. Timeline: complete by March 31, 2016.<br><br>  Status: The promulgation of the rule was completed and the rule became effective on December 25, 2015. COMPLETED.<br><br>2. Upon adoption, provide final rule to the HAI Advisory Group. Timeline: complete by March 31, 2016.<br><br>  Status: The final rule was provided to the HAI Advisory Group in the January 4, 2016 newsletter to group members. COMPLETED. | *Funding:* No additional funding required<br><br>*Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: March 31, 2016<br><br>*Progress:* COMPLETED |
| b. Review requirements for education and training of | *Objective*: Improve education and training of healthcare professionals and | *Action Plan with Timeline and Status:* | *Funding:* CDC |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| healthcare professionals in infection control and prevention (e.g., certification requirements, public education campaigns and targeted provider education) | patients/residents in infection control and prevention to establish best practices for training and certification<br><br>*Approach:* The ISDH will work with healthcare partners to establish best practices for training and certification on infection control and prevention.<br><br>*Responsible Individuals:* Assistant Commissioner for Health Care Quality and Regulatory<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 2.2 | 1. The ISDH will request input from the HAI Advisory Group on education and training standards related to HAI for health care professionals and staff. Timeline: completion by December 31, 2015.<br><br>Status: Input was requested at the December 7, 2015 meeting to be a discussion item at the next meeting.<br><br>2. The ISDH will request input from the HAI Advisory Group on standards related to hand hygiene, identification of barriers to proper hand hygiene, and effective interventions in breaking down those barriers. Timeline: completion by December 31, 2015.<br><br>Status: This will be an agenda item at the first meeting in 2016. | ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Completion Date: December 31, 2015<br><br>*Progress:* in progress |
| a. Coordinate infection prevention regulations, policies, and projects between healthcare organizations, Epidemiology Resource Center, and health care facility licensing | *Objectives:* Improve collaboration between licensing and epidemiology programs to improve infection control practices.<br><br>*Approach:* At each meeting of the HAI Advisory Group, an agenda item will be for healthcare organizations, epidemiology, and regulatory to provide | *Action Plan with Timeline and Status:*<br><br>1. The Epidemiology Resource Center and Health Care Quality and Regulatory Commission will provide information on quality improvement activities and projects to improve coordination and collaboration. Timeline: ongoing activity. | *Funding:* No additional funding required<br><br>*Progress:* ongoing activity |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | updates on quality improvement activities and projects.<br><br>*Responsible Individuals:* State Epidemiologist and Assistant Commissioner for Health Care Quality and Regulatory<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 2.2 | Status: This is a standing agenda item at the HAI Advisory Group Meetings and the Antibiotic Resistance Advisory Committee Meetings. | |
| 3. Collect responses from oversight, licensing, or credentialing authorities to incorporate basic infection control knowledge and practice assessments of competency into licensing requirements for health care facilities | | | |
| a. Provide partners with current infection control and prevention rules and regulations | *Objectives:* Improve knowledge of infection control and prevention rules and regulations and improve coordination throughout programs.<br><br>*Approach:* The ISDH Health Care Quality and Regulatory Commission will identify and provide current licensing rules on infection control and prevention to the HAI Advisory Group. | *Action Plan with Timeline and Status:*<br><br>1. Provide HAI Advisory Group with current licensing rules on infection control and prevention.<br><br>Status: At the December 2015 meeting, current Acute Care and Long Term Care rules and regulations were provided to the HAI Advisory Group. | *Funding:* Existing CMS Survey and Certification funding<br><br>*Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Responsible Individuals:* Assistant Commissioner for Health Care Quality and Regulatory<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 2.1 | Program Directors are members of the Group. COMPLETED | September 30, 2015<br><br>*Progress:* COMPLETED |
| b. Provide partners with health care facility licensing and certification compliance data on infection control and prevention | *Objectives:* Improve assessment of gaps in infection control and prevention.<br><br>*Approach:* The Health Care Facility Licensing and Certification Programs conduct regular surveys of health care facilities. Compliance data on infection control and prevention requirements is available through the survey databases.<br><br>*Responsible Individuals:* Assistant Commissioner for Health Care Quality and Regulatory<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 2.1 | *Action Plan with Timeline and Status:*<br><br>1. Provide HAI Advisory Group with compliance data on infection control and prevention requirements.<br><br>Status: At the December 2015 meeting, current Acute Care and Long Term Care compliance data was provided to the HAI Advisory Group. COMPLETED | *Funding:* Existing CMS Survey and Certification funding<br><br>*Target Dates:*<br><br>Start Date: July 1, 2015<br><br>Completion Date: December 31, 2015<br><br>*Progress:* COMPLETED |
| c. Update state licensing rules for hospitals and nursing homes | *Objectives:* Review infection control and prevention rules for hospitals and nursing homes.<br><br>*Approach:* The ISDH periodically reviews licensing rules for health care facilities. The ISDH expects to review | *Action Plan with Timeline and Status:*<br><br>1. Upon the start of rule review, the Health Care Quality and Regulatory Commission will request input from the HAI Advisory Group on the state | *Funding:*<br><br>*Target Dates:*<br><br>Start Date: April 1, 2016 |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | rules for hospitals and nursing homes in 2016.<br><br>*Responsible Individuals:* Assistant Commissioner for Health Care Quality and Regulatory<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 1.2 | licensing rules for hospitals pertaining to infection control and prevention.<br><br>Status:<br><br>2. Upon the start of rule review, the Health Care Quality and Regulatory Commission will request input from the HAI Advisory Group on the state licensing rules for nursing homes pertaining to infection control and prevention.<br><br>Status: | Completion Date: March 31, 2017<br><br>*Progress:* |

## Indiana Plan

## Section 2:  Surveillance, Detection, Reporting, Response, and Laboratory

This section includes the following:
- Assessment and reporting of infections
- Surveillance and detection
- Response to outbreaks
- Laboratory capacity

Timely and accurate monitoring remains necessary to gauge progress towards HAI elimination.  Public health surveillance has been defined as the ongoing, systematic collection, analysis, and interpretation of data essential to the planning, implementation, and evaluation of public health practice, and timely dissemination to those responsible for prevention and control.[1]  Increased participation in systems such as the National Healthcare Safety Network (NHSN) has been demonstrated to promote healthcare associated infection reduction.  This, combined with improvements to simplify and enhance data collection, and improve dissemination of results to healthcare providers and the public, are essential steps toward increasing healthcare associated infection prevention capacity.

State capacity for investigating and responding to outbreaks and emerging infections among patients and healthcare providers is central to healthcare associated infection prevention.  Investigation of outbreaks helps identify preventable causes of infections including issues with the improper use or handling of medical devices, contamination of medical products, and unsafe clinical practices.

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[1] Thacker SB, Berkelman RL. Public health surveillance in the United States. Epidemiol Rev 1988;10:164-90.

**Table 2:** State plan for surveillance, detection, reporting, and response for healthcare associated infections

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| **ASSESSMENT AND REPORTING OF INFECTIONS** | | | |
| 1. Assess reporting of healthcare associated infections and outbreaks | | | |
| a. Using a standardized outbreak assessment tool, assess capacity of health care facilities to detect, report, and respond to potential outbreaks threats | *Objectives:*  Determine the strengths and gaps in outbreak reporting and outbreak responses for all healthcare settings.<br><br>*Approach:*  A standardized outbreak assessment tool will be used to determine gaps in outbreak reporting and response for all healthcare settings.<br><br>*Responsible Individuals:*  State Epidemiologist<br><br>*Correlation*:  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 4.1 | *Action Plan with Timeline and Status:*<br><br>1. Consult with CDC to obtain a standardized outbreak assessment tool for hospitals.<br><br>   Status:<br><br>2. Incorporate outbreak assessment tool with Ebola Virus Disease assessment tool for use with Ebola assessment hospitals and frontline hospitals.<br><br>   Status:<br><br>3. Include strengths and gaps identified in standardized outbreak assessment tool during assessment visits at Ebola Virus Disease assessment hospitals and frontline hospitals.<br><br>   Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: June 1, 2015<br><br>Completion Date: March 31, 2016<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| b.  Work with partners across the healthcare continuum to improve outbreak reporting to the ISDH | *Objectives:*  Maintain a state system for a timely recognition of HAI outbreaks.<br><br>*Approach:*  The Epidemiology Resource Center will facilitate reviews of the reporting system for HAIs.<br><br>*Responsible Individuals:*  State Epidemiologist<br><br>*Correlation*:  2009 HHS Action Plan | *Action Plan with Timeline and Status:*<br><br>1.  The Epidemiology Resource Center will review components of HAI reporting needed to effectively identify and analyze infection trends and outbreaks in Indiana.  Information from capacity assessment will be analyzed to identify efficient procedures that can be expanded.<br><br>Status:<br><br>2.  The Epidemiology Resource Center will review the process with the HAI Advisory Group to improve coordination with health care partners and develop improved prevention plans.<br><br>Status: | *Funding:*  Existing ELC funding<br><br>*Target Dates:*<br><br>Start Date: October 1, 2015<br><br>Completion Date: March 31, 2017<br><br>*Progress:* |
| 2.  Utilize the National Healthcare Safety Network (NHSN) to build HAI data capacity | | | |
| a.  Build capacity through increased access and use of NHSN by hospitals | *Objectives:*  Increase number of hospitals submitting data through NHSN from 118 to 120.<br><br>*Approach:*  Of eligible facilities, per CDC NHSN reporting requirements, 118 of 132 | *Action Plan with Timeline and Status:*<br><br>1.  The ISDH will provide assistance to hospitals not using NHSN.<br><br>Status: | *Funding:*  CDC ELC Competing Supplemental Grant<br><br>*Target Dates:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | hospitals met reporting requirements and submitted 2013 data to the ISDH via NHSN.  The HAI Epidemiologist will work directly with additional hospitals to increase use of NHSN for reporting data.<br><br>*Responsible Individuals:*  HAI Epidemiologist<br><br>*Correlation*:  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 3.1 | | Start Date: April 1, 2015<br><br>Completion Date: March 31, 2016<br><br>*Progress:* |
| b.  Use validation findings to provide operational guidance for healthcare facilities that targets any data shortcomings detected | *Objectives:*  Build capacity to allow for a comprehensive or representative assessment of risk adjusted infection rates for a priority infection threat or pathogen.<br><br>*Approach:*  The HAI Epidemiologist will establish a systematic review process for validating NHSN data.<br><br>*Responsible Individuals:*  HAI Epidemiologist<br><br>*Correlation*:  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 3.1 | *Action Plan with Timeline and Status:*<br><br>1.  Verify standard infection ratios (SIR) calculated in NHSN and review data quarterly for unusual patterns or reporting errors.<br><br>   Status:<br><br>2.  Contact hospital infection preventionist to resolve data issues.<br><br>   Status:<br><br>3.  Provide written confirmation of data validation to hospital infection preventionist for signature.<br><br>   Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: March 31, 2016<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| c. Target HAIs identified through NHSN | *Objectives:* Identify and target HAI prevention activities through NHSN data analysis.<br><br>*Approach:* The ISDH HAI Epidemiologist will utilize NHSN to analyze HAI data for higher than expected infection rates.<br><br>*Responsible Individuals:* HAI Epidemiologist<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 1.2 | *Action Plan with Timeline and Status:*<br><br>1. Develop a template report for facilities with higher than predicted HAIs to target prevention activity.<br><br>Status:<br><br>2. Issue reports on identified HAI activity within one week of identification of higher than expected Standardized Infection Rate (SIR).<br><br>Status:<br><br>3. Establish baseline measures to monitor Indiana's progress toward national prevention targets for specified HAI.<br><br>Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br><br>*Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: March 31, 2016<br><br><br>*Progress:* |
| **SURVEILLANCE** | | | |
| 1. Improve HAI outbreak detection and investigation | | | |
| a. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings (e.g., hepatitis B, hepatitis C, multi-drug | *Objectives:* Improve the state surveillance system for HAI.<br><br>*Approach:* Although many organisms that cause HAIs are not specifically reportable, the Indiana Administrative | *Action Plan with Timeline and Status:*<br><br>1. The Epidemiology Resource Center will review the Indiana surveillance system to identify potential improvements for HAI surveillance. | *Funding:* Existing ELC Grants<br><br><br>*Target Dates:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| resistant organisms (MDRO), and other reportable HAIs) | Code (410 IAC 1-2.3-49(f)) allows the ISDH to request and obtain epidemiological information on cases of communicable disease or diseases of public health significance including, 1) outbreaks; 2) diseases caused by drug-resistant organisms, or 3) emerging infectious diseases.  Acute cases of hepatitis B and C are currently reportable by 410 IAC 1-2.3.  The Epidemiology Resource Center is tasked with associating cases that may have common links such as a health care facility (hospital, ambulatory surgery center, dialysis center, etc.). *Responsible Individuals:*  State Epidemiologist *Correlation*:  2009 HHS Action Plan | Status: 2.  The Epidemiology Resource Center will evaluate "cluster detection software" for potential use in improving the HAI surveillance system. Status: 3.  The Epidemiology Resource Center will report to the HAI Advisory Group to facilitate improved HAI surveillance and development of prevention plans. Status: 4.  The Epidemiology Resource Center will evaluate ways to monitor national and regional trends. Status: 5.  The Epidemiology Resource Center will participate in a multi-state workgroup to develop a registry and tracking for CPCREs. Status: | Start Date: July 1, 2015 Completion Date: March 31, 2016 *Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | 6. The Epidemiology Resource Center will create an Antibiotic Resistance Patient Safety Atlas.<br><br>Status: | |
| **OUTBREAK RESPONSE** | | | |
| 1. Implement a response plan to address potential emerging threats | | | |
| a. Track healthcare associated infection outbreak response and outcome | *Objectives:* Improve HAI prevention through lessons learned from outbreak response.<br><br>*Approach:* The Epidemiology Resource Center will analyze each HAI outbreak to identify causes and prevention activities.<br><br>*Responsible Individuals:* HAI Epidemiologist<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 4.2 | *Action Plan with Timeline and Status:*<br><br>1. Document responses and outcomes for each HAI outbreak in a separate report issued to partners within 60 days from completion of the outbreak investigation.<br><br>Status:<br><br>2. Summarize responses and outcomes for each HAI outbreak in an annual report distributed to partners.<br><br>Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: March 31, 2017<br><br>*Progress:* |
| b. Increase participation of health care providers in right-size influenza surveillance | *Objectives:* Improve influenza surveillance.<br><br>*Approach:* Point-of-service test kits are the number one incentive for the ILINet | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will purchase rapid influenza test kits to incentivize sentinel site health care providers to | *Funding:* CDC ELC Competing Supplemental Grant |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | providers to regularly report their ILI data on the CDC repository.<br><br>*Responsible Individuals:* Epidemiology Resource Center<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 1.2 | participate in right-size influenza surveillance.<br><br>Status:<br><br>2. Continue influenza right-size surveillance through March 2018.<br><br>Status: | *Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: December 31, 2015<br><br>*Progress:* |
| 2. Improve individual capacity for outbreak response | | | |
| a. Conduct Epi-Ready training | *Objectives:* Provide latest information on enteric disease surveillance and outbreak investigation to build local response and reporting capacity.<br><br>*Approach:* The ISDH will conduct Epi-Ready training on rapidly and appropriately responding to enteric disease outbreaks for local health departments and other partners within Indiana's public health preparedness districts.<br><br>*Responsible Individuals:* Epidemiology Resource Center<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 3.2 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will conduct Epi-Ready training for local health departments and other partners within Indiana's public health preparedness districts.<br><br>Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: March 31, 2016<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| b. Provide training for health department staff on investigation of outbreaks, clusters or unusual cases of HAIs | *Objectives:* Improve capacity of health department staff related to outbreaks.<br><br>*Approach:* Provide training to new epidemiologists.<br><br>*Responsible Individuals:* State Epidemiologist<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 3.2 | *Action Plan with Timeline and Status:*<br><br>1. ISDH Epidemiologists who have worked in their position for less than a year will attend one-week and two-week epidemiology courses at Emory University through the premier training program at the nationally recognized Rollins School of Public Health. The training is designed to increase skills and capacity to conduct disease surveillance and outbreak investigations and support local partners in those activities.<br><br>Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: May 1, 2015<br><br>Completion Date: March 31, 2017<br><br>*Progress:* |
| 3. Preparedness plans for response to HAI | | | |
| a. Define processes and tiered response criteria to handle increased reports of serious infection control breaches (e.g., syringe reuse), suspect cases/clusters, and outbreaks | *Objectives:* Improve preparedness plan to incorporate processes for infection control breaches, suspected cases, and outbreaks.<br><br>*Approach:* A work group to include the Epidemiology Resource Center and Emergency Preparedness Program will review processes and procedures for HAI events.<br><br>*Responsible Individuals:* State Epidemiologist | *Action Plan with Timeline and Status:*<br><br>1. The Epidemiology Resource Center and Emergency Preparedness Program will review response processes and procedures for HAI events to ensure preparedness coordination.<br><br>Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: October 1, 2015<br><br>Completion Date: March 31, 2016 |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Correlation*:  2009 HHS Action Plan | 2.  Findings will be reviewed with the HAI Advisory Report to improve coordination and planning.  Status: | *Progress:* |
| **LAB CAPACITY** | | | |
| 1. Integrate laboratory activities with HAI surveillance, prevention and control efforts. | | | |
| a. Improve laboratory capacity to confirm emerging resistance in HAI pathogens and perform typing where appropriate (e.g., outbreak investigation support, HL7 messaging of laboratory results) | *Objectives:*  Improve laboratory capacity for identification of healthcare associated infections.  *Approach:*  A review of laboratory capacity will be conducted.  *Responsible Individuals:*  State Laboratory Director and State Epidemiologist  *Correlation*:  2009 HHS Action Plan | *Action Plan with Timeline and Status:*  1.  The State Laboratory will work with the Epidemiology Resource Center to identify the HAI pathogens for which identification, resistance testing, and typing is most required in Indiana. Using a survey tool and the sentinel laboratory contact database, the State Laboratory will determine the Indiana State Public Health Laboratory System's capacity gaps with respect to HAI's which will subsequently be targeted for improvement.  Status:  2.  The State Laboratory will identify laboratory needs and support required to coordinate and provide information | *Funding:*  CDC ELC Competing Supplemental Grant  *Target Dates:*  Start Date: July 1, 2015  Completion Date: March 31, 2017  *Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | related to HAI surveillance, prevention and control efforts.<br><br>Status:<br><br>3. There will be participation from the state on the Clinical Laboratory Standards Institute Antimicrobial Susceptibility Testing Subcommittee.<br><br>Status:<br><br>4. The HAI Advisory Group will review findings on state laboratory capacity with regards to HAI to plan for capacity gaps in technology and competency.<br><br>Status: | |
| 2. Enhance Public Health Laboratory Biosafety Capacity | | | |
| a. Designate a laboratory biosafety officer with jurisdiction's public health laboratory. | *Objective:* Enhance biosafety capacity of the of the public health laboratory.<br><br>*Approach:* Designating dedicated staff for biosafety capacity of the public health laboratory will provide additional capacity by serving as the subject matter expert for biosafety and biosecurity for | *Action Plan with Timeline and Status:*<br><br>1. Hire a biosafety officer who will be responsible for the annual review and updates to existing biosafety plans at ISDHL, and the creation of new policies or procedures.<br><br>*Timeline:* | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
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| | the state public health lab and the clinical lags in Indiana.<br><br>*Responsible Individuals:*<br>ISDH State Laboratory Director<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Project B, Strategy 1.1 | Start Date:  4/1/2015<br>End Date:  6/1/2015<br><br> Status:<br><br>2.  Ensure ISDH State Laboratory Biosafety Officer is trained and knowledgeable in current biosafety/biosecurity practices and regulations by attending available conferences, workshops, or other training opportunities. Guidance on appropriate biosafety training and certification will be provided by the CDC prior to the position being supported.<br><br>*Timeline:*<br>Start Date:  6/1/2015<br>End Date:  12/31/2015<br><br>Status: | |
| b.  Update jurisdiction's biosafety guidelines for Ebola specimens and other emerging infectious diseases based upon CDC guidelines and make them readily available. | *Objective:* Ensure guidelines are accurate and sufficient.<br><br>*Approach:* Review existing plan, CDC guidelines and gaps identified during the response to Ebola and modify plan accordingly.<br><br>*Responsible Individuals:* | *Action Plan with Timeline and Status:*<br><br>1. Update ISDHL Biosafety Plan, Safety Manual, and Chemical Hygiene Plan based on CDC guidelines for emerging infectious diseases.<br><br>*Timeline:*<br>Start Date: 6/1/2015 | *Funding:*  CDC ELC Competing Supplemental Grant<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | ISDH State Laboratory Biosafety Officer<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Project B, Strategy 1.1 | End Date: 12/31/2015<br><br>Status:<br><br><br>2. Develop ISDHL Disposal Plan for handling and disposal of infectious waste from specimens suspected of Ebola or other highly infectious agents.<br><br>*Timeline:*<br>Start Date: 8/1/2015<br>End Date: 11/1/2015<br><br>Status: | |
| c. Perform risk assessment(s) of jurisdiction's public health laboratory to assure the lab can safely handle and dispose of specimens suspected of Ebola and other highly infectious agents. | *Objectives:* Determine the strengths and gaps in biosafety and biosecurity practices.<br><br>*Approach:* A standardized laboratory safety assessment tool will be used to determine gaps in biosafety and biosecurity in all laboratory settings.<br><br>*Responsible Individuals:*<br>ISDH State Laboratory Biosafety Officer<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Project B, Strategy 1.2 | *Action Plan with Timeline and Status:*<br><br>1. Develop ISDHL specific laboratory safety assessment template based on current practices and guidelines available.<br><br>*Timeline:*<br>Start Date: 9/1/2015<br>End Date: 12/1/2015<br><br> Status:<br><br>2. Conduct complete laboratory safety assessment for ISDH Laboratory clinical and environmental microbiology labs, including BSL 2 lab | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
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| | | areas and central specimen receiving area. *Timeline:* Start Date: 12/1/2015 End Date: 2/1/2016  Status:  3. Conduct laboratory biosafety and biosecurity assessment for ISDH Laboratory BSL 3 Biothreat and Mycobacteriology laboratories. *Timeline:* Start Date: 2/1/2016 End Date: 3/31/2016  Status:  4. Develop annual biosafety and biosecurity exercise for the state public health laboratory to assess lab staff and first responders adherence to established plans, policies, and procedures. *Timeline:* Start Date: 1/1/2016 End Date: 3/1/2016  Status: | |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| d. Develop, provide or assure access to tools, guidance, trainings and other educational activities for sentinel clinical laboratories and facilities to maintain component staff knowledgeable in working with infectious organisms of public health concern. | *Objectives:* More trained staff knowledgeable in biosafety and biosecurity.<br><br>*Approach:* The biosafety officer will organize a multidisciplinary focus group that will develop needed materials, assessments and trainings.<br><br>*Responsible Individuals:*<br>ISDH State Laboratory Biosafety Officer<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Project B, Strategy 1.3 | *Action Plan with Timeline and Status:*<br><br>1. Communicate updated guidance and best practices to sentinel clinical laboratories through the ISDHL LabInfo email distribution list.<br><br>*Timeline:*<br>Start Date: 6/1/2015<br>End Date: 3/31/2016<br><br> Status:<br><br>2. Develop biosafety risk assessment tool for sentinel clinical laboratories.<br><br>*Timeline:*<br>Start Date: 1/1/2016<br>End Date: 3/31/2016<br><br> Status:<br><br>3. Convene focus group of clinical laboratory administrators and safety officers to develop training and exercise material specific to the clinical laboratories in Indiana.<br><br>*Timeline:*<br>Start Date: 1/1/2016<br>End Date: 3/31/2016<br><br> Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
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| | | | |
| d. Implement mitigation strategies and address gaps identified based upon results of assessment at Public Health Lab. | *Objective:* Mitigate risks and address gaps identified through assessment.<br><br>*Approach:* Track results of assessments to determine areas of risk and steps for mitigation.<br><br>*Responsible Individuals:* Biosafety Officer<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Project B, Strategy 1.4 and 1.5 | *Action Plan with Timeline and Status:*<br><br>1. Analyze results of the risk assessment.<br><br>  Status:<br><br>2. Track analysis results in the laboratory incident management program, prioritize actions.<br><br>  Status:<br><br>3. Work with laboratory supervisors and staff to address deficiencies and gaps identified.<br><br>  Status:<br><br>4. Update policies and procedures to mitigate safety issues.<br><br>  Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: 4/1/2016<br>End Date: 3/31/2018<br><br>*Progress:* |
| 3. Improve Laboratory Coordination and Outreach | | | |
| a. Work with jurisdiction's clinical laboratory partners to perform their own risk assessments and coordinate this activity with any proposed infection control | *Objectives:* Determine the strengths and gaps in biosafety and biosecurity practices for clinical partners.<br><br>*Approach:* A standardized laboratory safety assessment tool will be developed | *Action Plan with Timeline and Status:*<br><br>1. Biosafety Officer, Laboratory Outreach staff and ISDH staff responsible for the Infection Control Assessment and Promotion Program will develop risk | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
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| assessments performed as part of a proposed Infection Control Assessment and Promotion Program. | and used to determine gaps in biosafety and biosecurity in all laboratory settings.<br><br>*Responsible Individuals:*<br>ISDH State Laboratory Biosafety Officer<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Project B, Strategy 2.1 | assessment tools for clinical laboratories.<br><br> Status:<br><br>2. Develop assessments for clinical labs serving designated Ebola Treatment Centers.<br><br> Status:<br><br>3. Provide education on biosafety guidelines for conducting risk assessments.<br><br> Status:<br><br>4. Collect data from these risk assessments.<br><br> Status:<br><br>5. Prepare a report for Indiana.<br><br> Status: | Start Date: 4/1/2016<br>End Date: 3/31/2018<br><br>*Progress:* |
| b. Work with jurisdiction's clinical partners to address gaps identified in their own risk assessments. | *Objective:* Address gaps identified in clinical partners' risk assessments.<br><br>*Approach:* Work collaboratively with partners to analyze assessment results and address gaps. | *Action Plan with Timeline and Status:*<br><br>1. Share lessons learned, CDC guidance and recommendations with clinical partners.<br><br> Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Responsible Individuals:* ISDH State Laboratory Biosafety Officer<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Project B, Strategy 2.2 | 2. Serve as reviewers for assessments where necessary.<br><br> Status:<br><br>3. Work with partners as necessary to develop plans to address gaps identified.<br><br> Status: | Start Date: 4/1/2016<br>End Date: 3/31/2018<br><br>*Progress:* |
| c. Work with clinical labs to identify and implement mitigation strategies from the clinical laboratory risk assessments. | *Objective:* Mitigate risks identified for clinical partners through assessment.<br><br>*Approach:* Track results of assessments to determine areas of risk and steps for mitigation.<br><br>*Responsible Individuals:* ISDH State Laboratory Biosafety Officer<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Project B, Strategy 2.3 | *Action Plan with Timeline and Status:*<br><br>1. Provide partners with resources such as ISDH Laboratory's mitigation strategy, and development tools.<br><br> Status:<br><br>2. Create a biosafety knowledge base for clinical laboratories.<br><br> Status:<br><br>3. Review guidance from national partners and draft Indiana specific recommendations and guidance for clinical laboratories.<br><br> Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br><br>*Target Dates:*<br><br>Start Date: 4/1/2016<br>End Date: 3/31/2018<br><br>*Progress:* |

**Indiana Plan**

**Section 3:  Infection Prevention:  Evaluation, Communication, and Training**

This section includes the following strategies:
- Health care facility infection control assessments
- Communication activities
- Education and training activities

State implementation of HHS Healthcare Infection Control Practices Advisory Committee (HICPAC) recommendations is a critical step towards the elimination of healthcare associated infections.  CDC with HICPAC has developed evidence-based healthcare associated infection prevention guidelines cited in the HHS Action Plan for implementation.  These guidelines are translated into practice and implemented by multiple groups in hospital settings for the prevention of HAIs.  CDC guidelines have also served as the basis the Centers for Medicare and Medicaid Services (CMS) Surgical Care Improvement Project.  These evidence-based recommendations have also been incorporated into Joint Commission standards for accreditation of U.S. hospitals and have been endorsed by the National Quality Forum.

**Table 3:** State planning to increase infection control competency and practice in all healthcare settings through education and training activities

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| **HEALTH CARE FACILITY INFECTION CONTROL ASSESSMENTS** | | | |
| 1. Develop an infection control and prevention assessment project in health care facilities. | | | |
| a. Develop an infection control and prevention assessment project to be used in health care facilities | *Objectives:* Expand infection control assessments to identify strengths and gaps in infection control practices and procedures at both the facility and provider level.<br><br>*Approach:* The ISDH will gather infection control and prevention assessment tools designed for health care facilities. The ISDH will contract with an entity to develop an assessment toolkit and process to be used in conducting facility assessments. The assessments will include assessment, developing a project plan in response to the assessment, and continued evaluation.<br><br>*Responsible Individuals:* ISDH Epidemiology Resource Center's Healthcare Assessment Coordinator | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will identify existing assessment tools designed for health care facilities in assessing the facility's infection control and prevention program. Target completion: August 31, 2015.<br><br>Status:<br><br>2. An assessment process and procedure will be developed for use in conducting program assessments at health care facilities. Included will be a toolkit of assessment tools and a model quality assurance and performance improvement plan for use in setting up assessments and projects. Target completion: October 31, 2015. | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: April 1, 2015<br><br>Completion Date: March 31, 2016<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 1.1 | Status:<br><br>3. Complete a report on assessment findings to include summary of findings and quality improvement plans developed from assessments. Target completion: March 31, 2016.<br><br>Status: | |
| b. Implement infection control and prevention assessments at ambulatory care facilities and nursing homes | *Objectives:* Expand infection control assessments to identify strengths and gaps in infection control practices and procedures at both the facility and provider level.<br><br>*Approach:* Conduct infection control assessments at health care facilities.<br><br>*Responsible Individuals:* ISDH Epidemiology Resource Center's Healthcare Assessment Coordinator<br><br>Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 1.1 | *Action Plan with Timeline and Status:*<br><br>1. Pilot the assessment project at 10 ambulatory surgery centers and 10 nursing homes. Target start date of November 1, 2015. Target completion date of March 31, 2016.<br><br>Status:<br><br>2. Conduct assessments at 10 ambulatory surgery centers and 10 nursing homes per quarter. Target start date of April 1, 2016. Target completion date of March 31, 2017.<br><br>Status:<br><br>3. Conduct assessments at 10 ambulatory surgery centers and 10 nursing homes per quarter. Target start date of April 1, 2017. Target completion date of March 31, 2018. | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: November 1, 2015<br><br>End Date: March 31, 2018<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | Status: | |
| **COMMUNICATION ACTIVITIES** | | | |
| 1. Promote awareness of infection control and prevention issues | | | |
| a. Publish a regular infection control and prevention newsletter | *Objectives:* Health care facilities will have current infection prevention information.<br><br>*Approach:* The ISDH will develop and publish a quarterly newsletter on infection control and prevention. The newsletter will be published through an existing long term care newsletter system.<br><br>*Responsible Individuals:* HAI Epidemiologist and Director of Healthcare Quality Improvement Projects<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 2.2 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will develop and publish a quarterly newsletter on infection control and prevention.<br><br>Status: An Infection Prevention Newsletter was created through an automated email system. The initial number of subscribers was approximately 3,800 using our current long term care subscriber list and past infection prevention lists. Newsletters were published as follows:<br><br>July 28, 2015<br>September 1, 2015<br>October 19, 2015 | *Funding:* ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: June 1, 2015<br><br>End Date: ongoing<br><br>*Progress:* Completed on July 28, 2015 |
| b. Provide press releases related to infection prevention events | *Objectives:* Increase public awareness of healthcare associated infections and prevention activities. | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will issue press releases in follow-up to CDC HAI reports to highlight Indiana data. | *Funding:* No additional funding required |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
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| | *Approach:* CDC periodically releases reports on HAI and infection prevention information. The ISDH will provide press releases focusing on Indiana specific data.<br><br>There are at least two weeks designated by CDC and WHO to increase awareness of infection prevention. The ISDH will promote these weeks with information releases.<br><br>*Responsible Individuals:* State Epidemiologist and Director of Public Affairs<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 2.2 | Status:<br><br>2. The ISDH will issue press releases and/or post information in support of *Get Smart About Antibiotics* Week.<br><br>Status: The ISDH issued a press release on antibiotics on November 13, 2015. | *Target Dates:*<br><br>Start Date:<br>July 1, 2015<br><br>Completion Date:<br>December 31, 2015<br><br>*Progress:* in progress |
| b. Create a centralized state web page for infection prevention resources | *Objectives:* Improve access to HAI information on the ISDH web site.<br><br>*Approach:* HAI information is currently located in several places on the web site. The plan is to create a HAI home page that will serve as a clearinghouse for HAI information.<br><br>*Responsible Individuals:* Assistant Commissioner for Health Care Quality and Regulatory | *Action Plan with Timeline and Status:*<br><br>1. Update information on the ISDH HAI web site.<br><br>Status:<br><br>2. Create a centralized HAI home page.<br><br>Status: | *Funding:* ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date:<br>July 1, 2015<br><br>Completion Date:<br>December 31, 2015 |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 2.2 | | *Progress:* |
| **EDUCATION AND TRAINING PROJECTS** | | | |
| 1. Promote awareness of infection control and prevention issues | | | |
| a. Develop and host a healthcare summit to provide training on important infection control and prevention gaps. | *Objectives:* Increase use of infection control and prevention best practices by healthcare providers.<br><br>*Approach:* Since 2007, the ISDH has hosted two Healthcare Quality Leadership Conferences a year for long term care providers, provider associations, consumer organizations, and healthcare quality improvement organizations. In March 2010, the conference focused on healthcare associated infections and was attended by over 1,200 individuals. The ISDH is planning a Healthcare Quality Leadership Conference for the fall of 2016 on healthcare associated infections. The conference will focus on gaps in infection control and prevention and provide training resources.<br><br>*Responsible Individuals:* Assistant Commissioner for Health Care Quality and Regulatory | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will host a Healthcare Quality Leadership Conference in the fall of 2016 on the topic of healthcare associated infections. Invited participants include health care facility administrators, directors of nursing, activity directors, quality improvement, regulatory compliance, infection preventionists and other members of the infection prevention team.<br><br>Status: | *Funding:* CMS Civil Money Penalty Fund<br><br>*Target Dates:*<br><br>Start Date: April 1, 2016<br><br>Completion Date: November 30, 2016<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 2.2 | | |
| 2. Improve the infrastructure for implementing healthcare quality improvement projects at long term care facilities | | | |
| a. Increase number of long term care regional quality improvement collaborative projects | *Objectives:* Enhance infrastructure for implementing healthcare quality assurance and performance improvement (QAPI) projects in long term care facilities<br><br>*Approach:* The ISDH will contract with an entity to implement at least seven regional collaborative projects. Each collaborative project will include approximately 25 nursing homes. The collaborative projects are intended to facilitate coordination between facilities and implementation of best practices.<br><br>*Responsible Individuals:* Assistant Commissioner for Health Care Quality and Regulatory<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 2.2 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will fund a project to implement at least seven long term care regional collaborative projects. Target date for completion was January 1, 2015.<br><br>   Status: The ISDH contracted with the University of Indianapolis Center for Aging and Community in August 2014 to implement the project. Seven collaborative projects were created in January 2015. COMPLETED.<br><br>2. Each regional collaborative will implement a HAI prevention activity as one of two initial projects. The activity will be determined by assessments conducted by the collaborative project. Target date for completion is March 31, 2016. | *Funding:* CMS Civil Money Penalty Fund<br><br>*Target Dates:*<br><br>Start Date: August 2014<br><br>Completion Date: March 31, 2016<br><br>*Progress:* in progress |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | Status:  By September 30, all seven regional collaborative projects had designated a HAI prevention project for the collaborative.<br><br>3.  ISDH will provide each regional collaborative with numbers of statewide deficiencies for related infection control and prevention regulations. Target date for completion is August 31, 2015.<br><br>Status: | |
| 3.  Develop and initiate a sustainable training program that addresses the most important infection control gaps | | | |
| a.  Provide in-person training for nursing home staff on infection control and prevention | *Objectives:*  Increase the number of nursing homes with at least one individual certified in infection control and prevention.<br><br>*Approach:*  The ISDH will create a project to provide certification level training to approximately 120 nursing home staff.  Training will be conducted regionally.  The ISDH will contract with an entity to conduct the training.  Pre and post learning assessments will be used to | *Action Plan with Timeline and Status:*<br><br>1.  The ISDH will implement a project to provide certification level training on infection control and prevention.<br><br>Status:  The ISDH contracted with the University of Indianapolis to serve as project coordinator (July 2014). Training classes were scheduled for Indianapolis and South Bend. Training classes began in April 2015 | *Funding:* CMS Civil Money Penalty Fund<br><br>*Target Dates:*<br><br>Start Date: August 1, 2014<br><br>Completion Date: July 31, 2018 |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | track participant knowledge gain.  A Certificate of Training will be earned by participants passing the final exam.<br><br>*Responsible Individuals:*  Assistant Commissioner for Health Care Quality and Regulatory<br><br>*Correlation:*  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 2.2 | at the two locations and concluded in August 2015. | *Progress:* |
| b.  Develop an orientation course for health care facilities on infection control and prevention | *Objectives:*  Improve the training of new health care facility staff on infection control and prevention.<br><br>*Approach:*  The ISDH will contract with an entity to design an orientation program for new health care facility staff on infection control and prevention.  The program may include online modules, in-person training classes, and resources / toolkits.<br><br>*Responsible Individuals:*  Assistant Commissioner for Health Care Quality and Regulatory<br><br>*Correlation:*  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 2.2 | *Action Plan with Timeline and Status:*<br><br>1.  Contract with an entity to develop the orientation program.  Timeline: complete by December 31, 2015.<br><br>    Status:<br><br>2.  Design and develop an orientation program for new health care facility staff on infection control and prevention.  Timeline:  complete by September 30, 2016.<br><br>    Status:<br><br>3.  Implement the orientation programs into nursing homes through quality assurance and performance improvement (QAPI) projects organized by the healthcare quality | *Funding:*  CDC ELC Competing Supplemental Grant and/or CMS Civil Money Penalty Fund<br><br><br>*Target Dates:*<br><br>Start Date: January 1, 2016<br><br>Completion Date: December 31, 2017<br><br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | regional collaborative projects. Timeline: complete by December 31, 2017.<br><br>Status: | |
| c. Provide an in-person and online training program for long term care facility staff on antibiotic resistant organisms | *Objectives:* Improve infection prevention for antibiotic resistant organisms.<br><br>*Approach:* The ISDH Epidemiology Resource Center will develop and provide an in-person training program for long term care facility staff on antibiotic resistant organisms.<br><br>*Responsible Individual:* HAI Epidemiologist<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 2.2 | *Action Plan with Timeline and Status:*<br><br>1. The Epidemiology Resource Center will develop an in-person training program on antibiotic resistant organizations.<br><br>Status:<br><br>2. The training program will be provided regionally through the regional collaborative projects.<br><br>Status:<br><br>3. The Indiana Patient Safety Coalition will create educational podcasts for Infection Preventionists in extended care.<br><br>Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: July 1, 2015<br><br>Completion Date: March 31, 2016<br><br>*Progress:* |
| d. Develop and provide a HAI toolkit for infection control and prevention staff at long term care facilities | *Objectives:* Improve training of staff responsible for infection control and prevention at long term care facilities. | *Action Plan with Timeline and Status:*<br><br>1. Complete an assessment of training needs for staff responsible for | *Funding:* CDC ELC Competing Supplemental Grant |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Approach:* The Epidemiology Resource Center will assess training needs of staff responsible for infection control and prevention. Based on that assessment, a HAI toolkit will be developed for use by the infection control staff. Presentations will be included providing key points from the HAI toolkit and may include programs for antibiotic stewardship.<br><br>*Responsible Individuals:* HAI Epidemiologist<br><br>*Correlation:* Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 2.2 | infection control and prevention at long term care facilities.<br><br>Status:<br><br>2. Develop a HAI toolkit.<br><br>Status: | *Target Dates:*<br><br>Start Date: July 1, 2015<br><br>Completion Date: March 31, 2016<br><br>*Progress:* |
| e. Provide a train-the-trainer project intended to provide in-person training to health care facility infection control and prevention directors. | *Objectives:* Improve infection control and prevention training programs at health care facilities.<br><br>*Approach:* The ISDH will develop a project to provide a train-the-trainer course for health care facility infection control directors. The training course will include a trainer manual.<br><br>*Responsible Individuals:* HAI Epidemiologist and Director of Healthcare Quality Improvement Projects | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will develop a training manual for health care facility infection control directors.<br><br>Status:<br><br>2. The ISDH will provide a train-the-trainer course for health care facility infection control directors.<br><br>Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: April 1, 2016<br><br>Completion Date: March 31, 2017<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and, Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Correlation:*  Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity B, Strategy 2.2 | | |

# Indiana Plan

## Section 4:   Healthcare Infection Control and Response:  Ebola Virus Disease

This section includes the following:
- Assessment of Ebola assessment hospitals
- Address gaps in the readiness assessment by providing consultation and/or training to assessment hospitals

**Table 4:** Assess readiness of designated Ebola Assessment Hospitals

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| **ASSESSMENT OF EBOLA ASSESSMENT HOSPITALS** | | | |
| 1.   Conduct onsite infection control assessments of hospitals designated as Ebola Assessment Hospitals | | | |
| a.  Designate an individual to serve as Hospital Assessment Coordinator | *Objectives:*  Provide support for conducting of onsite infection control assessment at Ebola assessment hospitals<br><br>*Approach:*  The ISDH will contract with an individual to serve as Hospital Assessment Coordinator.<br><br>*Responsible Individuals:*  State Epidemiologist | *Action Plan with Timeline and Status:*<br><br>1.   The ISDH will contract with an individual to serve as Hospital Assessment Coordinator to organize and track Ebola Virus Disease readiness assessment visits, prepare assessment team and tools, attend and record assessment visits, and prepare reports summarizing visits.<br><br>Status: | *Funding:*  CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Completion Date: June 30, 2015<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 3.1 | | |
| b. Conduct Ebola assessment visits for three designated Ebola Assessment Hospitals with CDC staff | *Objectives:* Promote increased preparedness of hospitals for Ebola Virus Disease. Improve knowledge and utilization of CDC readiness assessment tool. Prepare state staff to conduct Ebola assessment visits of hospitals.<br><br>*Approach:* The ISDH will conduct the initial three hospital assessment visits with CDC staff and assessment tools to assist ISDH staff in learning the assessment process.<br><br>*Responsible Individual:* State Epidemiologist<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 3.1 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will complete assessment visits of the three initial designated Ebola Assessment Hospitals. The ISDH will be accompanied by CDC staff.<br><br>Status: The ISDH provided a copy of the CDC assessment checklist to each hospital. Assessment visits were completed with CDC of three hospitals on February 24, 25, and 26. COMPLETED.<br><br>2. The ISDH will prepare a facility report summarizing findings of the visit.<br><br>Status: Preparation of visit reports is in progress. | *Funding:* CDC ELC Competing Supplemental Grant<br><br><br>*Target Dates:*<br><br>Start Date: January 1, 2015<br><br>Completion Date: March 31, 2015<br><br><br>*Progress:* in progress |
| c. Conduct Ebola assessment visits for three additional designated Ebola Assessment Hospitals | *Objectives:* Promote increased preparedness of hospitals for Ebola Virus Disease.<br><br>*Approach:* The ISDH will conduct three additional hospital assessment visits utilizing CDC assessment tools. | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will conduct assessment visits of three additional designated Ebola Assessment Hospitals. | *Funding:* CDC ELC Competing Supplemental Grant<br><br><br>*Target Dates:* |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Responsible Individual:* State Epidemiologist<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 3.1 | Status: Assessment visits of three hospitals were completed in December 2015.<br><br>2. The ISDH will prepare a facility report summarizing findings of the visit.<br><br>Status: in progress | Start Date: May 1, 2015<br><br>Completion Date: July 31, 2015<br><br>*Progress:* in progress |
| d. Conduct Ebola assessment visits for remaining designated Ebola Assessment Hospitals | *Objectives:* Promote increased preparedness of hospitals for Ebola Virus Disease.<br><br>*Approach:* The ISDH will conduct hospital assessment visits for any Ebola assessment hospitals not yet visited. Visits will utilize CDC assessment tools.<br><br>*Responsible Individual:* State Epidemiologist<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 3.1 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will conduct assessment visits of designated Ebola Assessment Hospitals not yet visited.<br><br>Status:<br><br>2. The ISDH will prepare a facility report summarizing findings of the visit.<br><br>Status: | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: August 1, 2015<br><br>Completion Date: December 31, 2015<br><br>*Progress:* |
| e. Plan for infectious disease readiness assessments of frontline hospitals | *Objectives:* Improve preparedness of frontline hospitals for potential infectious disease to include readiness for outbreak investigation and response.<br><br>*Approach:* The ISDH will prepare tools to be used in assessments of frontline | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will develop a toolkit for frontline hospitals of assessment tools for infectious disease readiness assessments and provide the tools to | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:* |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | hospitals and provide those tools to facilities. The ISDH will then begin planning, prioritizing, and scheduling for assessments of frontline hospitals. *Responsible Individuals:* State Epidemiologist as assigned to Hospital Assessment Coordinator *Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 3.1 | frontline hospitals. Timeline: complete by February 28, 2016. Status: 2. The ISDH will begin planning, prioritizing, and scheduling for assessments of frontline hospitals. Timeline: complete by March 31, 2016. Status: 3. The ISDH will conduct assessments of frontline hospitals for infectious disease readiness. Timeline: complete by March 31, 2017. Status: | Start Date: February 1, 2016 Completion Date: March 31, 2017 *Progress:* |
| f. Conduct follow-up Ebola assessment visits for designated Ebola Assessment Hospitals | *Objectives:* Promote increased preparedness of hospitals for Ebola Virus Disease. *Approach:* The ISDH will develop a plan for the follow-up assessment of assessment hospitals. The plan will include providing any updated standards and guidance and requesting a facility self-assessment of compliance and any identified gaps. The ISDH will conduct a follow-up assessment visits for Ebola assessment hospitals. | *Action Plan with Timeline and Status:* 1. The ISDH will develop a plan for the follow-up assessment of designated Ebola Assessment Hospitals. Timeline: complete by May 31, 2016. Status: 2. The ISDH will conduct follow-up reviews and visits of designated Ebola Assessment Hospitals and prepare a facility report summarizing findings | *Funding:* CDC ELC Competing Supplemental Grant *Target Dates:* Start Date: April 1, 2016 Completion Date: March 31, 2017 |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | *Responsible Individual:* State Epidemiologist<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 3.3 | of the visit. Timeline: complete by March 31, 2017.<br><br>Status: | *Progress:* |
| 2. Address gaps in the readiness assessment by providing consultation and/or training to assessment hospitals | | | |
| a. Provide current standards, checklists, and guidance documents for assessment facilities to all acute care hospitals | *Objectives:* Ensure that every acute care hospital has current assessment information for infectious disease readiness.<br><br>*Approach:* The ISDH will identify information in collaboration with CDC. The ISDH will then provide identified information to hospitals.<br><br>*Responsible Individuals:* State Epidemiologist<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 3.2 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will collaborate with partners to identify current standards, checklists, and guidance documents for assessment of infectious disease readiness.<br><br>Status: The Epidemiology Resource Center worked with CDC to identify Ebola assessment facility tools (February 2015).<br><br>2. The ISDH will provide identified information to acute care hospitals.<br><br>Status: The Epidemiology Resource Center provided CDC Ebola assessment tools to initial three | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: February 1, 2015<br><br>Completion Date: August 31, 2015<br><br>*Progress:* in progress |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | designated Ebola Assessment Hospitals (February 2015). | |
| b. Review plans of assessment hospitals to ensure that gaps identified during the assessment process have been mitigated | *Objectives:* Improve readiness of Ebola assessment hospitals.<br><br>*Approach:* Following initial assessment visits, the hospital will prepare a mitigation plan and submit to the ISDH for review. The ISDH will review the plan and provide feedback to the facility.<br><br>*Responsible Individuals:* State Epidemiologist<br><br>*Correlation*: Activity included in 2015 CDC ELC Competing Supplemental Grant, Activity A, Strategy 3.2 | *Action Plan with Timeline and Status:*<br><br>1. The ISDH will obtain mitigation plans from five assessment hospitals for gaps identified during assessment visits. The ISDH will review the facility's mitigation plan to ensure gaps have been mitigated and provide feedback to the facility. Timeline: complete by September 30, 2015.<br><br>Status:<br><br>2. The ISDH will obtain mitigation plans from five additional hospitals for gaps identified during assessment visits. The ISDH will review the facility's mitigation plan to ensure gaps have been mitigated and provide feedback to the facility. Timeline: complete by December 31, 2015.<br><br>Status:<br><br>3. The ISDH will obtain mitigation plans from remaining assessment hospitals for gaps identified during assessment visits. The ISDH will review the facility's mitigation plan to ensure gaps have been mitigated and provide | *Funding:* CDC ELC Competing Supplemental Grant<br><br>*Target Dates:*<br><br>Start Date: September 30, 2015<br><br>Completion Date: March 31, 2016<br><br>*Progress:* |

| Indiana Plan | Objectives, Approach, and Responsible Individuals | Action Plan, Timeline, and Status Updates | Funding and Target Dates |
|---|---|---|---|
| | | feedback to the facility.  Timeline: complete by March 31, 2016. | |

## Indiana Plan

## Section 5:   References

The following are references and resources used in preparation of the Indiana Plan.

1.      CDC ELC Competing Supplemental Grant Award 2015

2.      CDC National Healthcare Safety Network (NHSN):  The CDC NHSN web site is located at http://www.cdc.gov/nhsn/.

3.      Compendium on HAI in Acute Care Hospitals by SHEA and ISDA:  The compendium is found at http://www.shea-online.org/PriorityTopics/CompendiumofStrategiestoPreventHAIs.aspx.

4.      HHS Action Plan 2009:  The HHS Action Plan is found at http://health.gov/hcq/prevent-hai.asp.

5.      Indiana Plan for the Prevention of Healthcare Associated Infections 2010:  The 2010 Indiana Plan is at http://www.in.gov/isdh/24769.htm.