The OSDH is pleased to announce the positions of the Healthcare Associated Infections (HAI) Grants Manager and the HAI State Plan Coordinator have been filled.

Lloyd Richardson accepted the position as the HAI Grants Manager effective November 23, 2009.

Lloyd Richardson holds a B.B.A. in Financial Economics from Langston University and is currently pursuing a M.P.A. degree from the University of Oklahoma. He served as a Contracts and Acquisitions Intern for the Federal Aviation Administration in Washington, DC and also as an Administrative Assistant for the Center for Health Statistics at the Oklahoma State Department of Health.

Lloyd is responsible for all contract activities related to the grant. He will work with the State Plan Coordinator and Director of Quality Initiatives in the administration and implementation of the HAI Prevention State Plan; and the data validation and reporting of data to CDC.

Janice Mouser joined us as the HAI State Plan Coordinator effective December 21, 2009.

Janice is licensed by the Oklahoma Board of Nursing as a Registered Nurse. She holds a BSN from Oklahoma Panhandle State University and has 7 years of public health nursing experience which include disease investigation and infection control. In the acute care setting, Janice has hospital nursing experience in the areas of: med-surg; cardiac intensive care; level II neonatal intensive care; and occupational health.

In the role of HAI State Plan Coordinator, Janice will work with the hospital Infection Preventionists to assist with NHSN enrollment; ensure compliance with Oklahoma State Statutory requirements for hospitals; convene and facilitate the HAI Workgroup to address infection prevention strategies; and develop and implement a data validation program to assess the accuracy of the current reporting on HAI.

Oklahoma law requires hospitals to report central line associated bloodstream infections (CLABSI) and ventilator associated pneumonias (VAP) occurring in adult ICU patients. Currently 50 Oklahoma hospitals are reporting to the NHSN database. All 2009 CLABSI and VAP events and data must be entered into the NHSN database by January 30, 2010. Vonnie Meritt, R.N., MPH, Director of Quality Initiatives, continues to be the contact for all NHSN Statutory reporting in the state of Oklahoma. In the near future, the data collected during the initial phase for the mandatory reporting (July through December, 2008) will be published in the 2009 Hospital Annual report and will be available on the Oklahoma State Department Health website located on the Facilities Services page. As Director of Quality Initiatives, Ms. Meritt will continue to oversee all the areas of the HAI Prevention Activities.
From OPHIP to HAI

The name of the advisory group formerly known as Oklahoma Preventing Healthcare Infections Program (OPHIP) has been renamed to Healthcare Associated Infection Prevention Work Group.

The name change was made in effort to eliminate any confusion between the Healthcare Associated Infection Prevention group and the Oklahoma Health Improvement Planning Team (OHIP) that is working through OSDH. Because the names were so similar, and the OHIP team was organized in 2008, the decision was made to change the OPHIP name.

Vonnie Meritt, Director of Quality Initiatives, suggested the name be kept simple with the group’s purpose in mind. The decision was made to rename the workgroup to the (HAI) Healthcare Associated Infection Prevention Advisory Work Group. This name change will be reflected immediately in all business conducted by the advisory group.

Oklahoma HAI Prevention Plan Status

The 2010 Healthcare Associated Infection (HAI) Prevention Plan for the State of Oklahoma was completed and submitted to the Centers for Disease Control & Prevention (CDC) on December 30, 2009.

The primary objective of the plan is to reduce targeted infections acquired in healthcare settings while patients are receiving treatment for medical or surgical conditions.

The 2010 State Plan has three sections: 1) Develop or Enhance the HAI program infrastructure; 2) Surveillance, Detection, Reporting, and Response; 3) Prevention.

The success of the plan will require a combination of: 1) implementing targeted statewide disease surveillance in healthcare facilities and electronic reporting from targeted laboratories; 2) OSDH partnering with a multidisciplinary advisory group to help develop the HAI prevention plan; 3) offering training in disease prevention strategies to healthcare infection preventionists; and 4) establishing a prevention collaborative among acute care hospitals.

To review a copy of the 2010 State HAI Prevention Plan along with the targeted dates for implementations, please click on the link listed below.

State Plan