ALABAMA Healthcare-Associated Infections Prevention Plan

1. Develop or Enhance HAI program infrastructure

Table 1: State infrastructure planning for HAI surveillance, prevention and control.

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	☒	☐	1. Establish statewide HAI prevention leadership through the formation of multidisciplinary group or state HAI advisory council i. Collaborate with local and regional partners (e.g., state hospital associations, professional societies for infection control and healthcare epidemiology, academic organizations, laboratorians and networks of acute care hospitals and long term care facilities (LTCFs)) The Mike Denton Infection Reporting Act, effective August 1, 2009, mandates the **creation of a multidisciplinary Healthcare Data Advisory Council**. By law, the council shall consist of 18 members and be constituted in the following manner: six hospital members to be appointed by the Alabama Hospital Association, two of which shall be infection control professionals, three members to be appointed by the Medical Association of the State of Alabama, two members to be appointed by the Business Council of Alabama, at least one of whom represents a small business, all of whom who are purchasers of health care, and none of whom are primarily involved in the provision of health care or health insurance, one member to be appointed by the Mineral District Society, one consumer member who is not a health care professional or does not provide health insurance or an agent thereof to be appointed by the Governor, one member to be appointed by Blue Cross/Blue Shield of Alabama, one member to be appointed by the Alabama Association of Health Plans, one member to be appointed by	Beginning 9/1/2009

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			the State Health Officer who is an active member of the Association for Professionals in Infection Control (APIC), licensed to practice in the State of Alabama, and currently practicing in a clinical setting, one member to be appointed by the Public Education Employees' Health Insurance Plan, and, one member to be appointed by the State Employees' Insurance Board. **The State Health Officer shall act as chair of the board**, without vote, except where there is a tie vote of the other board members present at a meeting. The State Health Officer, Dr. Williamson, requested that appointments to the Advisory Council be made by September 30, 2009. An **informational meeting was held** for the Healthcare Data Advisory Council on October 26, 2009 **and the Advisory Council convened formally** on November 16, 2009. The Healthcare Data Advisory Council will assist the Alabama Department of Public Health (ADPH) in developing regulations and standards necessary to implement the provisions of the Mike Denton Infection Reporting Act, review and serve as consultants on matters related to any reports or publications prior to release, and serve as consultants on matters relating to the protection, collection, and dissemination of HAI data. **The Healthcare Data Advisory Council has agreed to serve as the multidisciplinary group to assist ADPH with the development of the State HAI Prevention Plan and the Alabama HAI Reporting and Prevention Program.**	
	☒	☐	ii. Identify specific HAI prevention targets consistent with HHS priorities By state law, **all general, critical access and specialized hospitals must**	By 1/1/2010

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			report data on healthcare facility acquired infections for the specific clinical procedures as recommended by the Healthcare Data Advisory Council and defined by ADPH, in the following categories: **Surgical Site Infections (SSI), Ventilator Associated Pneumonia (VAP), and Central Line-Associated Bloodstream Infections (CLABSI).** ADPH may allow facilities to collect HAI data either in lieu of or in addition to the specified categories. ADPH and the Healthcare Data Advisory Council will review the law and grant requirements, and National Healthcare Safety Network (NHSN) capabilities, and, **will define data elements, report methods and accessibility by March 1, 2010.** ADPH and the Healthcare Data Advisory Council will establish a uniform method of HAI data collection, reporting and evaluation, and, **promulgates rules by August 1, 2010.** Numerator and denominator elements and reduction goals will be identified. ADPH will notify hospitals of law report requirements and rules for compliance. ADPH and the Healthcare Data Advisory Council **will establish hospital HAI targets** while meeting requirements of state law. CLABSI, SSI, and Catheter-associated Urinary Tract Infections (CAUTI) currently are under consideration by ADPH and the council.	
			Other activities or descriptions (not required):	
	☒	☐	2. Establish an HAI surveillance prevention and control program i. Designate a State HAI Prevention Coordinator The ADPH **HAI Program Manager** was hired June 1, 2009 and **designated the State HAI Coordinator** September 1, 2009.	9/1/2009
	☒	☐	ii. Develop dedicated, trained HAI staff with at least one FTE (or contracted equivalent) to oversee the four major	Beginning 9/1/2009

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			HAI activity areas (Integration, Collaboration, and Capacity Building; Reporting, Detection, Response and Surveillance; Prevention; Evaluation, Oversight and Communication) The **ADPH HAI Program Manager** – 1 FTE, hired June 1, 2009, will ensure the development, implementation, and maintenance of a statewide hospital HAI reporting and prevention program, provide leadership, hire and supervise staff, assess program staff skills, coordinate staff training, coordinate Healthcare Data Advisory Council meetings, and participate in Center for Disease Control and Prevention (CDC) HAI and NHSN workshops, meetings, and teleconferences. The **ADPH HAI Epidemiologist** - 1 FTE, hired October 16, 2009, will gain expertise in the NHSN, assist with facility training, develop, test, implement, and modify validation and risk adjusted methodologies to produce reports in support of the HAI Program, perform data collection, organization, analysis, and reporting of HAI data, and will participate in CDC HAI and NHSN workshops, meetings, and teleconferences. The **ADPH Infection Control Officer** will assist HAI Program staff and serve as the ADPH HAI Clinical Subject Matter Expert. The possibility of hiring an **ADPH HAI Nurse Coordinator** – 1 FTE, using other funding sources is being explored. The Nurse Coordinator would be hired to provide consult and technical assistance to reporting hospitals in terms of NHSN training and ensuring appropriate data submission, coordinate development and implementation of a quality program to sample and verify HAI data, conduct facility site visits and perform sampling and consult.	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			Other activities or descriptions (not required):	
	☐	☒	3. Integrate laboratory activities with HAI surveillance, prevention and control efforts. i. 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) ADPH HAI program staff **will survey laboratories and hospitals** to determine organizations with electronic laboratory reporting (ELR) capabilities that are currently not reporting, and, identify laboratories which have the capacity to report emerging anti-microbial resistant strains. ADPH will collaborate with these hospitals, laboratories, and third party vendors to enhance/enable laboratory report capabilities, and request that entities report such cases to the ADPH Bureau of Clinical Laboratories (BCL). ADPH **plans to pilot/test new ELR reporting entities** for lab data where possible, and analyze cost impact to the program and BCL. ADPH will strive to achieve at least a **10% increase in ELR reporting capability.** Furthermore, ADPH **will explore the possibility of increasing laboratory reporting for entities currently unable to electronically report** data such as many of our rural hospitals. When an emerging or resistant strain is confirmed and typed by the BCL, the reporting facility will be contacted by ADPH to encourage more active surveillance and investigation of the case or cluster.	By 12/31/2011
			Other activities or descriptions (not required):	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level II	☒	☐	4. Improve coordination among government agencies or organizations that share responsibility for assuring or overseeing HAI surveillance, prevention and control (e.g., State Survey agencies, Communicable Disease Control, state licensing boards) **The Healthcare Data Advisory Meetings are subject to the Open Meetings Act.** All meetings are posted on the Secretary of State Calendar in advance of the meeting. **ADPH HAI staff work in** the Bureau of Communicable **Disease Control** and meet regularly with staff from the Division of **Epidemiology.** ADPH will notify both internal and external partners of council meeting dates and outcomes. Furthermore, ADPH will coordinate meetings with ADPH General Council, Epidemiology, and **Health Provider Standards**, and the **Alabama Hospital Association (AlaHA)**, **Medicare**, **BlueCross/Blue Shield of Alabama**, the **Alabama Hospital Quality Initiative (AHQI)**, the **Alabama Quality Assurance Foundation (AQAF)**, and Alabama **hospitals** to coordinate plans for implementation of broad-based safe practices and extensive utilization of evidence-based clinical practices in all Alabama hospitals to reduce and prevent HAIs.	Beginning 9/1/2009
			Other activities or descriptions (not required):	
	☒	☐	5. Facilitate use of standards-based formats (e.g., Clinical Document Architecture, electronic messages) by healthcare facilities for purposes of electronic reporting of HAI data. Providing technical assistance or other incentives for implementations of standards-based reporting can help develop capacity for HAI surveillance and other types of public health surveillance, such as for conditions deemed reportable to state and local health agencies using electronic laboratory reporting (ELR). Facilitating use of standards-based solutions for external reporting also can strengthen relationships	By March 2010

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			between healthcare facilities and regional nodes of healthcare information, such as Regional Health Information Organizations. (RHIOs) and Health Information Exchanges (HIEs). These relationships, in turn, can yield broader benefits for public health by consolidating electronic reporting through regional nodes. By law, hospitals will report HAI data that is based upon NHSN HAI definitions and the guidelines for reporting. **The Advisory Council and ADPH will establish a uniform method of HAI data collection**, reporting and evaluation, and promulgate rules by August 1, 2010. ADPH **will promote a comprehensive approach to the reduction of hospital HAI rates** established based on work by the Alabama Healthcare Quality Initiative (AHQI). Sixty-one hospitals in Alabama use CareFusion MedMined^{TM} Services to track infections by unit. These hospitals have begun sharing hospital specific infection information with each other in order to benchmark. CareFusion MedMined^{TM} Services has piloted the NHSN Clinical Data Architecture. ADPH will work with AHQI and AQAF to **identify prevention gaps** and CareFusion MedMined^{TM} Services compatibility capabilities with NHSN. ADPH and the Healthcare Data Advisory Council will work with all hospitals to facilitate a **standard-based format for reporting HAIs** based upon NHSN definitions and guidelines, and will develop a **hospital awareness and education campaign** in collaboration with AHQI built upon existing voluntary initiatives.	
			Other activities or descriptions (not required):	
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

2. Surveillance, Detection, Reporting, and Response

Table 2: State planning for surveillance, detection, reporting, and response for HAIs

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	☒	☐	1. Improve HAI outbreak detection and investigation i. Work with partners including CSTE, CDC, state legislatures, and providers across the healthcare continuum to improve outbreak reporting to state health departments By state law, all general, critical access and specialized hospitals must report data on healthcare facility acquired infections for the specific clinical procedures as recommended by the Healthcare Data Advisory Council and defined by the ADPH, in the following categories: Surgical Site Infections (SSI), Ventilator Associated Pneumonia (VAP), and Central Line-Associated Bloodstream Infections (CLABSI). ADPH may allow facilities to collect HAI data either in lieu of or in addition to the specified categories, and, Catheter-associated Urinary Tract Infections (CAUTI) is under consideration. ADPH and the Healthcare Data Advisory Council will review the law and grant requirements, and NHSN capabilities, and, **will define data elements, report methods and accessibility by March 1, 2010**. ADPH and the Healthcare Data Advisory Council will establish a uniform method of HAI data collection, reporting and evaluation, and **promulgate rules by August 1, 2010.** ADPH and the Healthcare Data Advisory Council **will establish hospital HAI targets** while meeting requirements of state law.	By August 1, 2010

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			Numerator and denominator elements and reduction goals will be identified. ADPH will notify hospitals of legal reporting requirements and rules for compliance. HAI Program Staff will attend Advisory Council meetings, NHSN conference calls, CSTE conference calls, and Alabama APIC regional meetings. ADPH in collaboration with AHQI and AQAF, will develop a hospital awareness and education campaign to be launched at the Alabama Quality Forum April, 2010 Conference.	
	☐	☒	ii. Establish protocols and provide training for health department staff to investigate outbreaks, clusters or unusual cases of HAIs. The Bureau of Communicable Disease Control and Prevention has established protocols and provides training to health department staff to investigate outbreaks, clusters, and unusual cases of communicable diseases. The HAI program is located in the Bureau of Communicable Disease Control and Prevention. Staff will review and update as appropriate to **include HAI** in the following internal documents: Control of Communicable Disease Manual, Surveillance Manual, and **Outbreak Investigations Protocols**. HAI program staff and Epidemiology staff will receive updates, training and refreshers on all Bureau plans and protocols.	By 12/31/2010
	☒	☐	iii. Develop mechanisms to protect facility/provider/patient identity when	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			investigating incidents and potential outbreaks during the initial evaluation phase where possible to promote reporting of outbreaks	
			Bureau of Communicable Disease Control and Prevention staff must participate in annual **HIPAA Privacy Awareness Training and HIPAA Security Awareness Training**. The Bureau Office Manager maintains personnel files including proof of HIPAA training.	
			The Mike Denton Infection Reporting Act mandates that the health department shall not release any information obtained from the data in a form which could be used to identify a patient. Furthermore, **the Healthcare Data Advisory Council and all reporting facilities will review and comment on any report** prior to its publication or release for general public use.	
			ADPH HAI program staff and other ADPH employees performing HAI program activities will be briefed on the Mike Denton Infection Reporting Act and will comply with the law and HIPAA policies.	
	☐	☒	iv. 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 resistant organisms (MDRO), and other reportable HAIs)	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			ADPH and the Healthcare Data Advisory Council will suggest types of reports and report methods, and, report formats will be drafted and reviewed by hospital facilities. Report formats will be tested and finalized. HAI staff will assist with training responsible hospital personnel so that **hospitals are prepared to begin reporting data no later than January 2011**. **By April, 2011, baseline data and thresholds from participating hospitals will be determined** and shared with the Healthcare Data Advisory Council. A data validation process to ensure proper reporting will be developed, and baseline data will be compared to subsequent data from sources such as, but not limited to, CareFusion MedMined^{TM}. In order to maintain and improve hospital participation and understanding of reporting, HAI program staff will participate in **monthly NHSN user teleconferences**, hold **teleconferences with hospital facilities**, and produce and **distribute monthly hospital advisories** from each teleconference. Hospital facilities **will be encouraged to adopt standard accepted methods of measuring progress** and adherence to practices such as CDC MDRO & CLIP methods. ADPH will provide quarterly reports to CDC on prevention targets and number of participating hospitals in the lowest quartile.	
			Other activities or descriptions (not required):	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	☐	☒	2. Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues. ADPH HAI program staff **will survey laboratories and hospitals** to determine organizations with ELR reporting capabilities that are currently not reporting, and, identify laboratories which have the capacity to report emerging anti-microbial resistant strains. ADPH will collaborate with these hospitals, laboratories, and third party vendors to **enhance/enable laboratory report capabilities**, and request that entities report such cases to the ADPH Bureau of Clinical Laboratories (BCL). ADPH plans to pilot/test new ELR reporting entities for lab data where possible, and analyze cost impact to the program and BCL. ADPH will strive to achieve at least a 10% increase in ELR reporting capability. Furthermore, ADPH **will explore the possibility of increasing laboratory reporting for entities currently unable to electronically report** data such as many of our rural hospitals. When an emerging or resistant strain is confirmed and typed by the BCL, the reporting facility will be contacted by ADPH to encourage more active surveillance and investigation of the case.	By 12/31/2011
			Other activities or descriptions (not required):	
Level II	☐	☒	3. Improve communication of HAI outbreaks and infection control breaches 　　　　i. Develop standard reporting criteria including, number, size and type of HAI outbreak for health departments and CDC	By 1/1/2010

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	☐	☒	ADPH and the Healthcare Data Advisory Council **will establish hospital HAI targets** while meeting requirements of state law. Prevention goals associated with SSI, VAP, and CLBSI (or substitutes) will be defined. Numerator and denominator target elements and reduction goals will be identified. **Hospital facilities will collect data per NHSN definitions** via NHSN or compatible systems. By the end of 2009, ADPH and the Healthcare Data Advisory Council will convene to review the NHSN database, and, define data elements, report methods and access. ADPH and the Healthcare Data Advisory Council **will establish a uniform method of HAI data collection, reporting, and evaluation**, and, rules will be promulgated by August 1, 2010. ii. Establish mechanisms or protocols for exchanging information about outbreaks or breaches among state and local governmental partners (e.g., State Survey agencies, Communicable Disease Control, state licensing boards) ADPH and the Healthcare Data Advisory Council will review the NHSN database, law, and grant, and **will define data elements, report methods and access by March 1, 2010**. ADPH and the Healthcare Data Advisory Council will establish a uniform method of HAI data collection, reporting and evaluation, and, promulgates rules by August 1, 2010.	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			The HAI program is located in the Bureau of Communicable Disease Control and Prevention. HAI staff will review the following internal documents: Control of Communicable Disease Manual, Surveillance Manual, and Outbreak Investigations Protocols. HAI program staff and Epidemiology staff will receive updates, training and refreshers on all Bureau plans and protocols. State and local partners will be briefed on ADPH protocols regarding exchanging outbreak information. The Mike Denton Infection Reporting Act allows for ADPH to publish information in collaboration with licensed health care providers based upon the data obtained to the provisions of this act. The Advisory Council and participating hospital facilities can review and make comments on all reports prior to publishing or release to the public. One of the purposes for the release of such information will be to **provide specific comparative health care facility acquired infection rates**. The Healthcare Data Advisory Council will assist ADPH to review and serve as consultants to the board on matters related to any reports or publications prior to the report or publication release and to serve as consultants to the board on matters relating to the protection, collection, and dissemination of health care facility acquired infection data.	
			Other activities or descriptions (not required):	
	☐	☒	4. Identify at least 2 priority prevention targets for surveillance in support of the HHS HAI Action Plan i. Central Line-associated Bloodstream Infections (CLABSI)	By 1/1/2010
	☐	☐	ii. *Clostridium difficile* Infections (CDI)	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	☐	☒	iii. Catheter-associated Urinary Tract Infections (CAUTI)	
	☐	☐	iv. Methicillin-resistant Staphylococcus aureus (MRSA) Infections	
	☐	☒	v. Surgical Site Infections (SSI)	
	☐	☐	vi. Ventilator-associated Pneumonia (VAP)	
			ADPH and the Healthcare Data Advisory Council will establish hospital HAI targets while meeting requirements of state law. By state law all general, critical access and specialized hospitals shall report to ADPH data on health care facility acquired infections for SSI, CLABSI, and VAP. ADPH may allow facilities to collect HAI data either in lieu of or in addition to the specified categories, and CAUTIs currently are under consideration in lieu of VAPs. ADPH and the Advisory council are also considering the phasing in of additional categories over time including MRSA, C diff, and VAPs. The data collected must be based on CDC's NHSN definitions of HAI and the guidelines for reporting. HAI program staff will ensure adequate data submission to **illustrate progress in two or more HHS prevention targets**. HAI program staff will identify statistically significant number of hospitals to illustrate progress, monitor hospital data submission, and provide hospitals technical assistance. Quarterly reports on prevention target rates will be submitted to CDC. Baseline and subsequent comparative data will be reported to the Healthcare Data Advisory Council and participating hospital facilities. **By January, 2011** and thereafter, 100% of acute, specialty, and	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			critical access **hospitals will report** on selected HAI prevention targets using NHSN definitions and guidelines.	
			Other activities or descriptions (not required):	
	☐	☒	5. Adopt national standards for data and technology to track HAIs (e.g., NHSN). i. Develop metrics to measure progress towards national goals (align with targeted state goals). (See Appendix 1). By law, HAI data collected must be based on CDC's NHSN definitions of HAI and the guidelines for reporting. ADPH and the Healthcare Data Advisory Council **will establish a uniform method of HAI data collection, reporting, and evaluation**, and, rules will be promulgated by August 1, 2010.	By 8/1/2010
	☐	☒	ii. Establish baseline measurements for prevention targets Working with guidance from the Healthcare Data Advisory Council, the HAI program staff will develop a report format specific to selected prevention targets. **Baseline HAI rates** for participating hospitals will be established **by April, 2011**. 100% of acute, specialty and critical access hospitals will report HAI data by January 2011 and thereafter.	By 12/31/2010
			Other activities or descriptions (not required):	
	☐	☒	6. Develop state surveillance training competencies i. Conduct local training for appropriate use of surveillance systems (e.g., NHSN)	By May 2010

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			including facility and group enrollment, data collection, management, and analysis **By January 1, 2010, ADPH HAI staff will complete NHSN training**. HAI staff **will notify hospital facilities** of law report requirements. An ADPH Group will be created and the Group Administrator will begin assisting hospital facilities to set up NHSN user accounts. HAI staff **will assist with facility training** regarding data collection, management and analysis. HAI staff will participate in monthly NHSN/CDC calls, meetings, educational programs, etc. and maintain contact with CDC technical staff. ADPH HAI staff will produce and distribute hospital advisories from NHSN teleconferences, and staff will be available to hospital facilities for technical assistance regarding NHSN. **Beginning in March, 2010**, ADPH HAI staff will partner with AlaHA and AHQI to **develop an awareness campaign** regarding the law and grant initiatives. ADPH HAI staff will produce a video training program to include live video webcasts, video on demand, and printed material. **By May 1, 2010 ADPH will survey hospital facilities to verify receipt of HAI awareness and training materials**. HAI staff proposes to use the ADPH Learning Content Management System (LCMS) to develop surveys and verify receipt.	
			Other activities or descriptions (not required):	
	☐	☒	7. Develop tailored reports of data analyses for state or region prepared by state personnel	By 1/31/2011

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			The HAI program **will develop and disseminate reports**, studies and statistics in support of both the new state law and CDC requirements. Coinciding with the first year of the CDC HAI program, Alabama law requires the promulgation of rules to support the law. By law, a single report from each hospital is required, and the first report is specific to a defined three month period. The Healthcare Data Advisory Council will determine whether this **initial report** shall consist of infection rates in lieu of or in addition to the three defined infection categories of SSI, CLABSI, and VAP. The actual method of report submission shall be specified in the rules and regulations established by the ADPH and the Healthcare Data Advisory Council. State law also provides that ADPH may undertake a reasonable number of studies and publish information in collaboration with hospitals based upon the data obtained pursuant to the law. One purpose of such studies shall be to provide specific comparative healthcare facility acquired infection rates. Healthcare facilities are authorized to review and comment on the report prior to publication or release for general public use, and the Healthcare Data Advisory Council is granted the authority to review any report or publication prior to release. An overarching and stated intent of the law is that ADPH use the data and information for the benefit of the public. While individual patient data shall at all times remain confidential and privileged from discovery, reports and studies released shall be public information.	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			Epidemiologic studies and reports that might to be considered by ADPH and the Healthcare Data Advisory Council include: • Data comparisons and narrative studies for individual facilities based on their own baseline and annual data as compared to peer size facilities or peer facility services for medical staff and boards to use to positively impact internal HAI programs and staff training; • Comparative report of pre- and post-program aggregate HAI rates to the general public through HAI web site, routine press releases, press conferences, and special interest stories to ensure that state law and federal funding of this initiative are transparent. • Comparative studies and reports bolstered by regional and national data to illustrate to healthcare facilities, other healthcare providers and the general public, initial baseline and yearly thresholds of Alabama hospital infection prevention rates; • Data analysis spreadsheets, reports and studies requested by individual hospitals for hospitals to use in support of their infection prevention programs, internal employee infection prevention training programs, medical staff training, Joint Commission initial and continuing accreditation processes, and patient and family education pieces; • "Best Practice" stories from hospitals or systems of	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			hospitals specific to single or multiple procedure HAIs including the positive impact hospital and medical staff training and a well-informed public can bring to bear on improved patient outcomes.	
			Other activities or descriptions (not required):	
Level III	☐ ☐ ☐ ☐ ☐ ☐ ☐	☒ ☒ ☒ ☒ ☒ ☒ ☒	8. Validate data entered into HAI surveillance (e.g., through healthcare records review, parallel database comparison) to measure accuracy and reliability of HAI data collection 　i. Develop a validation plan 　ii. Pilot test validation methods in a sample of healthcare facilities 　iii. Modify validation plan and methods in accordance with findings from pilot project 　iv. Implement validation plan and methods in all healthcare facilities participating in HAI surveillance 　v. Analyze and report validation findings 　vi. Use validation findings to provide operational guidance for healthcare facilities that targets any data shortcomings detected With input from the Healthcare Data Advisory Council, ADPH HAI staff **will develop a data validation program**. HAI staff will develop risk adjustment and validation methods. **Beginning June 1, 2011 the validation program will be piloted** and HAI staff will work with hospital facilities to resolve potential problems.	By 6/1/2011

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			HAI staff will collaborate with the Healthcare Data Advisory Council and CDC to devise a method to quality check HAI reported information and validate patient charts. **By January 1, 2011 ADPH HAI Nursing personnel will be trained and will initiate the process**. Reports will be submitted to the Healthcare Data Advisory Council, and feedback will be provided to participating facilities.	
			Other activities or descriptions (not required):	
	☐	☒	9. Develop preparedness plans for improved response to HAI i. Define processes and tiered response criteria to handle increased reports of serious infection control breaches (e.g., syringe reuse), suspect cases/clusters, and outbreaks ADPH will collaborate with internal partners including Bureau of Clinical Laboratories to review and update established protocols, and, provide training to health department staff to investigate HAI outbreaks, suspect cases, or clusters. Staff will review and update as appropriate to include HAI in the following internal documents: Control of Communicable Disease Manual, Surveillance Manual, and Outbreak Investigations Protocols. HAI program staff and Epidemiology staff will receive **updates, training and refreshers** on all Bureau plans and protocols.	By 12/31/2010
			Other activities or descriptions (not required):	
	☐	☒	10. Collaborate with professional licensing organizations to	Beginning

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			identify and investigate complaints related to provider infection control practice in non-hospital settings, and to set standards for continuing education and training ADPH HAI program staff will work with the Bureau of Health Provider Standards and the Advisory Council to **develop regulations** and review and update existing statutory standards for healthcare infection control and prevention. ADPH HAI program staff will liaise with the Healthcare Data Advisory Council, AlaHA, AHQI, AQAF, AL Nursing Home Association, Medical Association of Alabama, and Regional APIC for HAI awareness, education, and training needs to prevent HAIs.	12/31/2011
			Other activities or descriptions (not required):	
	☐	☒	11. Adopt integration and interoperability standards for HAI information systems and data sources i. 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 resistant organisms (MDRO), and other reportable HAIs) across the spectrum of inpatient and outpatient healthcare settings In addition to current internal hospital reporting and prevention efforts, much work has been done on a statewide basis through the AHQI. All hospitals have been meeting quarterly for the last four years to learn more about infection prevention, share best practices, and most recently establish benchmarks using trended	Beginning 1/1/2010

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	☐	☒	information. There has been a focused effort on standardizing hospital practices to eliminate the variation that could affect reporting, and ultimately patient care. Over the last year, 61 hospitals have begun sharing hospital-specific infection prevention information with each other in order to benchmark. Alabama law requires the collection and reporting of HAI data based on the guidelines and definitions of NHSN. ADPH will work with facilities using other systems such as CareFusion MedMined^{TM} Services to help streamline integration and compatibility issues from the systems into NHSN. ii. Promote definitional alignment and data element standardization needed to link HAI data across the nation. ADPH HAI program staff **will complete NHSN training** and become an **expert technical resource** to help train and educate for reporting facilities. ADPH HAI program staff will participate in **NHSN user group teleconferences and training** and will hold teleconferences with facilities to ensure effective and standardized reporting of HAI data.	
			Other activities or descriptions (not required):	
	☐	☒	12. Enhance electronic reporting and information technology for healthcare facilities to reduce reporting burden and increase timeliness, efficiency, comprehensiveness, and reliability of the data i. Report HAI data to the public	Beginning 1/31/2011

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			By state law, a single report from each hospital is required one year after the State Health Officer certifies that funding is adequate to develop and maintain the state HAI reporting program. This report will be specific to a defined three month period of data collection. ADPH and the Healthcare Data Advisory Council will determine whether this initial report shall consist of infection rates in lieu of or in addition to the three defined infection categories of SSI, CLABSI, and VAP. The actual method of report submission shall be specified in the rules and regulations established by the ADPH and the Healthcare Data Advisory Council. State law also provides that ADPH may **undertake a reasonable number of studies and publish information** in collaboration with hospitals based upon the data obtained pursuant to the law. One purpose of such studies shall be to **provide specific comparative healthcare facility acquired infection rates**. Healthcare facilities are authorized to review and comment on the report prior to publication or release for general public use, and the Healthcare Data Advisory Council is granted the authority to review any report or publication prior to release. An overarching and stated intent of the law is that ADPH use the data and information for the benefit of the public. While individual patient data shall at all times remain confidential and privileged from discovery, reports and studies released shall be public information.	
			Other activities or descriptions (not required):	
	☐	☒	13. Make available risk-adjusted HAI data that enables state	Beginning

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			agencies to make comparisons between hospitals. By law, reports and studies prepared by ADPH must be statistically risk adjusted using a generally accepted formula for such adjustments to account for variations in patient morbidity and diagnosis. Additionally, the Healthcare Data Advisory Council and ADPH may develop rules to allow for statistical risk adjustments based on healthcare facility size. Reports and studies will be prepared that **provide specific comparative healthcare facility HAI rates**. Healthcare facilities by law may review and comment of the report prior to its publication or release and the report must include comments of a healthcare facility, at the option of the healthcare facility, in the publication, if the report is not changed based upon those comments. Other epidemiologic studies and reports that may be considered include: data comparisons and narrative studies for individual facilities, comparative reports of pre- and post-program aggregate HAI rates, comparative studies and reports bolstered by regional and national data, initial baseline and yearly thresholds of Alabama hospital infection prevention rates, data analysis spreadsheets, and reports and studies requested by individual hospitals.	1/31/2011
			Other activities or descriptions (not required):	
	☐	☒	14. Enhance surveillance and detection of HAIs in nonhospital settings The Alabama HAI Program has built-in sustainability through the enactment of legislation mandating the establishment of a formal HAI data reporting program in Alabama. The Mike	Beyond 12/31/2011

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			Denton Infection Reporting Act shall remain in effect until such time as "a United States government program for collecting and disseminating healthcare facility acquired infection data which mandates, at a minimum, the reporting, collection, and dissemination of " healthcare facility acquired infection data specific to surgical site infections, and ventilator associated pneumonia and central line related bloodstream infections." Alabama's mandate is specific to hospitals, and does not encompass other healthcare settings. It is likely that the initiation of a statewide hospital reporting program may result in future **opportunities to support data collection and reporting from long term care and outpatient care settings**. The State Health Officer will collaborate with the organizations represented in the Healthcare Data Advisory Council, the Governor's Office and the State Legislature to obtain a continual funding source for ADPH resources.	
			Other activities or descriptions (not required):	
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

3. Prevention

Table 3: State planning for HAI prevention activities

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	☐	☒	1. Implement HICPAC recommendations. i. Develop strategies for implementation of HICPAC recommendations for at least 2 prevention targets specified by the state multidisciplinary group. By state law all general, critical access and specialized hospitals shall report to ADPH data on health care facility acquired infections for SSI, CLABSI, and VAP. The legislation specifies the types of infections that hospitals will be required to report, but gives ADPH and the Healthcare Data Advisory Council the authority to collect data on HAI rates either in lieu of or in addition to SSI, CLABSI, and VAP. **The data collected must be based on CDC's NHSN definitions of HAI and the guidelines for reporting**. HAI program staff will ensure adequate data submission to **illustrate progress in two or more HHS prevention targets**. HAI program staff will identify statistically significant number of hospitals to illustrate progress, monitor hospital data submission, and provide hospitals technical assistance. Baseline and subsequent comparative data will be reported to the Healthcare Data Advisory Council and participating hospital facilities. **By January, 2011** and thereafter, 100% of acute, specialty, and critical access **hospitals will report** on selected HAI prevention targets using NHSN criteria. Quarterly reports on prevention target rates will be submitted to	Beginning 1/1/2010

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			CDC. Advisory.	
			Other activities or descriptions (not required):	
	☐	☒	2. Establish prevention working group under the state HAI advisory council to coordinate state HAI collaboratives i. Assemble expertise to consult, advise, and coach inpatient healthcare facilities involved in HAI prevention collaboratives By state law a Healthcare Data Advisory Council must be formed to assist in developing regulations and standards, to review and serve as consultants on matters related to any reports or publications, and serve as consultants on matters relating to the protection, collection, and dissemination of HAI data. **The Healthcare Data Advisory Council is a multidisciplinary council** with members from healthcare, business, insurance, and consumers. Technical workgroups will be established by the Healthcare Data Advisory Council to assist with HAI collaboratives and education and awareness programs. ADPH will work with AHQI using programs in place to coordinate plans for implementation of broad-based safe practices and utilization of evidence-based clinical practices in all Alabama hospitals to reduce and prevent HAIs.	Beginning 1/1/2010
			Other activities or descriptions (not required):	
			3. Establish HAI collaboratives with at least 10 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions) By state law all general, critical access and specialized hospitals shall report to ADPH data on SSI, CLABSI, and VAP HAIs. The Alabama Hospital Association (AlaHA) is a membership	By 9/1/2010

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			organization representing any licensed hospital in Alabama. Membership is currently 111 hospitals including 6 state psychiatric hospitals, 3 VA hospitals, 93 acute care (including 3 critical access facilities), 4 private psychiatric and 3 rehabilitation hospitals. Currently, 4 hospitals in Alabama voluntarily participate in reporting selected HAI infections through NHSN. There are also 61 hospitals that track infections by unit using CareFusion MedMined^{TM} Services. The tool allows hospitals to perform widespread surveillance and to intervene early if infections are suspected. All hospitals have been meeting quarterly for the last four years to learn more about infection prevention, share best practices, and most recently establish benchmarks using trended information. ADPH and the Healthcare Advisory Council will work with AlaHA to **ensure 100% of general, critical access, and specialized hospitals are reporting HAI data by January, 2011**. ADPH will liaise with AQAF to assist hospitals participating in the MRSA Patient Safety Collaborative. ADPH staff can assist with facility training in regards to using the NHSN MDRO module, and, can develop and provide MRSA Patient Safety education and awareness materials to facilities in order to promote a culture of safety with the hospital that would lead to more transparency of infection information.	
	☐	☒	i. Identify staff trained in project coordination, infection control, and collaborative coordination	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	☐	☒	ADPH and the Healthcare Data Advisory Council will collaborate with AlaHA, AHQI, and APIC and base HAI plans on current initiatives of the AHQI, supplemented by any additional prevention activities identified by the Healthcare Data Advisory Council needed to meet HAI targets. ii. Develop a communication strategy to facilitate peer-to-peer learning and sharing of best practices A primary method of communication with Alabama hospitals, the general public and external partners and to support the HAI program, will be the **development and maintenance of a statewide HAI webpage within the ADPH web site, www.adph.org**. ADPH has a staff of professionally trained and experienced web designers who will provide training as well as professional and technical support to HAI program staff. The ADPH web site is carefully monitored by the web master to be certain appropriate security precautions are established and maintained, while providing guidance and input on design as well as content. The ADPH HAI Program Staff will have responsibility for the development and maintenance of the HAI web site. Based on initial Healthcare Data Advisory Council guidance and consultation, program staff will collaborate with the ADPH web master to design a site that provides support to hospitals, the Advisory Council, future external partners and the general public regarding the nature of the Alabama law and CDC requirements, and the mission of the new HAI program.	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			It is anticipated the Healthcare Data Advisory Council will endorse a web site designed to contain the following: • Direct link from ADPH web home page to the HAI site • Unique library page containing the CDC guidance, Alabama law, Alabama Rules, and any other document upon which and with the HAI program is based and must comply. • A "What's New" page to post the latest in breaking developments locally, regionally or nationally that impacts the HAI program. • Public Awareness Campaign page containing overviews of the campaign, as well as downloadable campaign materials for individual reproduction, as well as both a fax request form and an internet order form for hospitals, other healthcare providers and the general public to order materials directly from ADPH. • Direct links to at least the following web sites and others identified by the Healthcare Data Advisory Council: NHSN, AlaHA, APIC (national & local), AHQI, CDC. • A hospital page that contains information the Advisory Council and participating hospitals need to support successful reporting of HAI data, NHSN training material, training calendar, and an electronic mail portal through which questions to HAI program staff can be addressed, and a place that allows for material information requests. • The Healthcare Data Advisory Council page can contain minutes of all meetings, explanations of Council decisions,	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	☐	☒	Council meeting schedule and the like. • A secure identification and password protected portion of the HAI web site can also be created for the use of participating hospitals. The nature of the available material and use of the site will be for ADPH and the Healthcare Data Advisory Council to determine. However, HAI program staff could manage the security, privacy, and confidentiality of the secure portion. iii. Establish and adhere to feedback of a clear and standardized outcome data to track progress ADPH HAI program staff **will monitor hospital data submission, provide hospital facilities technical assistance, and generate reports on progress using validated data.** **Quarterly reports on prevention target rates** will be submitted to CDC. Baseline and subsequent comparative data will be reported to the Healthcare Data Advisory Council and participating hospital facilities. Healthcare facilities and the Healthcare Data Advisory Council will be authorized to review and comment on any report prior to publication or release for general public use.	
			Other activities or descriptions (not required):	
	☐	☒	4. Develop state HAI prevention training competencies i. Consider establishing requirements for education and training of healthcare	Beginning 1/1/2010

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			professionals in HAI prevention (e.g., certification requirements, public education campaigns and targeted provider education) or work with healthcare partners to establish best practices for training and certification The ADPH Learning Content Management System (LCMS) houses the ADPH Training Network which tracks Training Network course completion, and provides a secure identification and password protected internet portal. HAI staff can **conduct surveys, opinion polls and the like through this system**. The ADPH HAI Epidemiologist will be trained on the use of the LCMS system and can manage the development and conducting of any public opinion survey, hospital survey and the like the HAI program may need.	
			Other activities or descriptions (not required):	
Level II	☐	☒	5. Implement strategies for compliance to promote adherence to HICPAC recommendations i. Consider developing statutory or regulatory standards for healthcare infection control and prevention or work with healthcare partners to establish best practices to ensure adherence ADPH HAI program staff will work with the Bureau of Health Provider Standards and the Advisory Council to **review current statutory standards** for healthcare infection control and prevention, and **update or develop new regulations** as necessary.	Beginning 1/1/2010
	☐	☒	ii. Coordinate/liaise with regulation and oversight activities such as inpatient or outpatient facility licensing/accrediting bodies	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	☐	☒	and professional licensing organizations to prevent HAIs ADPH **HAI program staff will liaise** with the Bureau of Health Provider Standards, the Advisory Council, AlaHA, AHQI, AL Nursing Home Association, Medical Association of Alabama, and Regional APIC to prevent HAIs. iii. Improve regulatory oversight of hospitals, enhancing surveyor training and tools, and adding sources and uses of infection control data ADPH HAI program staff will continue to work with the Healthcare Data Advisory Council, hospitals and any Technical Advisory Committee to **update and enhance public awareness campaigns and strategies**. ADPH HAI program staff will continue to provide training via webcasts, internet based training to new users and for existing reporting facilities regarding NHSN changes. ADPH HAI program staff will share reporting information with Health Provider Standards, **conduct training with HPS staff, and work with HPS staff to enhance oversight**. ADPH HAI program staff will become familiar with Joint Commission standards and incorporate information in training. ADPH HAI program staff in collaboration with the Healthcare Data Advisory Council **will identify methods to simplify HAI surveillance and data collections**. **Strategies and obstacles will be presented to users by September 2012** so that improvements can be implemented.	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	☐	☒	iv. Consider expanding regulation and oversight activities to currently unregulated settings where healthcare is delivered or work with healthcare partners to establish best practices to ensure adherence It is likely that the initiation of a statewide hospital reporting program may result in future **opportunities to support data collection and reporting from long term care and outpatient care settings**. The State Health Officer will collaborate with the organizations represented in the Advisory Council, the Governor's Office and the State Legislature to obtain a continual funding source for ADPH resources to enhance the HAI reporting and prevention program.	
			Other activities or descriptions (not required):	
	☐	☒	6. Enhance prevention infrastructure by increasing joint collaboratives with at least 20 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions) ADPH will collaborate with AlaHA and AHQI and base HAI plans on current initiatives of the AHQI, supplemented by any additional prevention activities identified by the Advisory Council needed to meet HAI targets. **By January, 2011 and thereafter, 100% of** acute, specialty, and critical access **hospitals will report** on selected HAI prevention targets using NHSN criteria. ADPH will continue to liaise with AQAF for the MRSA Patient Safety Collaborative. ADPH staff will promote the project and	By January 2011

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			encourage non-participating hospitals to report MRSA information using the NHSN MDRO module, providing facility training as necessary. ADPH will assist with developing and disseminating education and awareness materials, and reports of best practices among hospital facilities.	
			Other activities or descriptions (not required):	
	☐	☒	7. Establish collaborative to prevent HAIs in nonhospital settings (e.g., long term care, dialysis) It is likely that the initiation of a statewide hospital reporting program may result in future **opportunities to support data collection and reporting from long term care and outpatient care settings**. The State Health Officer will collaborate with the organizations represented in the Advisory Council, the Governor's Office and the State Legislature **to obtain a continual funding source** for ADPH resources to enhance the HAI reporting and prevention program.	Beyond 12/31/2011
			Other activities or descriptions (not required):	
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

4. Evaluation and Communications

Table 4: State HAI communication and evaluation planning

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	☐	☒	1. Conduct needs assessment and/or evaluation of the state HAI program to learn how to increase impact i. Establish evaluation activity to measure progress towards targets and ADPH HAI program staff **will monitor hospital data submission, provide hospital facilities technical assistance, and generate reports progress using validated data**. **Quarterly reports on prevention target rates** will be submitted to CDC. Advisory. Baseline and subsequent comparative data will be reported to the Healthcare Data Advisory Council and participating hospital facilities.	Beginning 1/1/2010
	☐	☒	ii. Establish systems for refining approaches based on data gathered ADPH HAI program staff in collaboration with the Healthcare Data Advisory Council **will identify methods to simplify HAI surveillance and data collections**. Strategies and obstacles will be presented to users by September 2012 so that improvements can be implemented.	By 9/30/2012
			Other activities or descriptions (not required):	
			2. Develop and implement a communication plan about the state's HAI program and progress to meet public and private stakeholders needs	Beginning 1/1/2010

| | | ☐ | ⊠ | i. Disseminate state priorities for HAI prevention to healthcare organizations, professional provider organizations, governmental agencies, non-profit public health organizations, and the public | |

A primary method of communication with Alabama hospitals, the general public and external partners and to support the HAI program, will be the **development and maintenance of a statewide HAI page within the ADPH web site, www.adph.org**.

ADPH HAI Program staff will have responsibility for the development and maintenance of the HAI web site. Based on initial Healthcare Data Advisory Council guidance and consultation, program staff will collaborate with the ADPH web master to design a site that provides support to hospitals, the Advisory Council, future external partners and the general public regarding the nature of the Alabama law and CDC requirements, and the mission of the new HAI program.

It is anticipated that the Healthcare Data Advisory Council will endorse a web site designed to contain the following:
- Direct link from ADPH web home page to the HAI site

- Unique library page containing the CDC guidance, Alabama law, Alabama Rules, and any other document upon which and with the HAI program is based and must comply.

- A "What's New" page to post the latest in breaking developments locally, regionally or nationally that impacts the HAI program.

- Public Awareness Campaign page containing overviews of

the campaign, as well as downloadable campaign materials for individual reproduction, as well as both a fax request form and an internet order form for hospitals, other healthcare providers and the general public to order materials directly from ADPH.

- Direct links to at least the following web sites and others identified by the Advisory Council: NHSN, AlaHA, APIC (national & local), AHQI, CDC.

- A hospital page that contains information the Healthcare Data Advisory Council and participating hospitals need to support successful reporting of HAI data, NHSN training material, training calendar, and an electronic mail portal through which questions to HAI program staff can be addressed, and a place that allows for material information requests.

- The Healthcare Data Advisory Council page can contain minutes of all meetings, explanations of Council decisions, Council meeting schedule and the like.

- A secure identification and password protected portion of the HAI web site can also be created for the use of participating hospitals. The nature of the available material and use of the site will be for ADPH and the Healthcare Data Advisory Council to determine. However, HAI program staff could manage the security, privacy, and confidentiality of the secure portion.

			Other activities or descriptions (not required):	
Level II	☐	☒	3. Provide consumers access to useful healthcare quality	Beginning

			measures	1/31/2011
			State law provides that ADPH may **undertake a reasonable number of studies and publish information** in collaboration with hospitals based upon the data obtained pursuant to the law. One purpose of such studies shall be to **provide specific comparative healthcare facility acquired infection rates**. Healthcare facilities are authorized to review and comment on the report prior to publication or release for general public use, and the Council is granted the authority to review any report or publication prior to release. An overarching and stated intent of the law is that ADPH use the data and information for the benefit of the public. **While individual patient data shall at all times remain confidential and privileged from discovery, reports and studies released shall be public information**.	
			Other activities or descriptions (not required):	
Level III	☐	☒	4. Identify priorities and provide input to partners to help guide patient safety initiatives and research aimed at reducing HAIs By state law all general, critical access and specialized hospitals shall report to ADPH data on health care facility acquired infections for SSI, CLABSI, and VAP. The legislation specifies the types of infections that hospitals will be required to report, but gives ADPH and the Healthcare Data Advisory Council the authority to collect data on HAI rates either in lieu of or in addition to SSI, CLABSI, and VAP. **The data collected must be based on CDC's NHSN definitions of HAI and the guidelines for reporting.** By January, 2011 and thereafter, 100% of acute, specialty, and critical access hospitals will report on selected HAI prevention targets using NHSN criteria. In order to identify priorities and provide input to partners to help	Beginning 1/1/2010

			guide patient safety initiatives aimed at reducing HAIs several reports and studies are proposed including: data comparisons and narrative studies for individual facilities, comparative reports of pre- and post-program aggregate HAI rates, comparative studies and reports bolstered by regional and national data, initial baseline and yearly thresholds of Alabama hospital infection prevention rates, data analysis spreadsheets, reports and studies requested by individual hospitals, and best practice stories from hospitals or systems of hospitals.	
		Other activities or descriptions (not required):	
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.			