

**Preface for the Attached:
Template Document for Texas
Healthcare-Associated Infections (HAI) Plan
December 29, 2009**

Attached is the Template Document for the Texas Healthcare-Associated Infections (HAI) Plan. This plan is being submitted to meet specified deliverables in accordance with the cooperative agreement grant awarded to Texas under the American Recovery and Reinvestment Act (ARRA). These funds were awarded to provide Texas support for the implementation of activities to reduce HAI, particularly in the key prevention elements contained in the *HHS Action Plan to Prevent Healthcare-Associated Infections*.

The attached plan is considered the formative effort for Texas HAI program strategies. Comments to this plan are expected from CDC/HHS and will be considered for inclusion in the Texas HAI Plan. The plan is currently being distributed and preliminary/essential plan activities are being implemented.

With a population of over 23 million residents, Texas has an estimated 200,000 HAI infections annually, causing 8,000-9,000 deaths. An estimated 60 percent or more of HAI infections are preventable through the improved application of existing infection control recommendations and guidelines. Currently there is no unified statewide HAI prevention and surveillance program to address this formidable public health issue. To be successful, unification and standardization of HAI prevention and surveillance activities statewide are essential—a challenging task given the complexity and magnitude of this public health problem.

Since 2005, Texas has made an effort to address HAIs in Texas through a variety of activities. ARRA funding, combined with recently appropriated state funds will provide for the limited implementation of activities to prevent and report HAI infections.

In summary, the attached Template Document for Texas Healthcare-Associated Infections (HAI) Plan will provide the necessary framework for the primary implementation of a Texas HAI reporting and prevention program. In addition, this document represents a unified consensus among the major Texas HAI stakeholders. Additional elements/activities for the Texas HAI program will be developed as suggested by the HHS/CDC review and as areas of need are identified within the State.

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	1. Develop or Enhance HAI Program Infrastructure (Surveillance, Prevention and Control) Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Establish statewide HAI prevention leadership through the formation of multidisciplinary group or state HAI advisory council Collaborate with local and regional partners (e.g., state hospital associations, <i>State Plans, Objectives and Discussion</i> :	Completed
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. professional societies for infection control and healthcare epidemiology, academic organizations, laboratorians and networks of acute care hospitals and long-term care facilities LTCFs). ii. Identify specific HAI prevention targets consistent with HHS priorities.	Completed
			<p>A healthcare-associated infections (HAI) Advisory Panel was mandated by state legislation in 2007. This legislation requires general hospitals, pediatric hospitals and ambulatory surgical centers to report the incidence of central line-associated primary bloodstream infections occurring in special care settings and surgical site infections associated with ten (10) procedures. Since 2007, the Advisory Panel has met regularly to advise the Department of State Health Services (DSHS) regarding HAI matters. The Advisory Panel will continue to provide guidance on all activities related to the state plan.</p> <p>The Advisory Panel is composed of 18 members, including two members who represent the public as consumers. A large part of the Advisory Panel efforts have been directed towards identifying methods to implement the reporting of HAIs. DSHS has also initiated significant collaboration with the Texas Hospital Association (THA),</p>	Health care facilities will begin reporting CLABSI and SSI associated with knee arthroplasties to DSHS on January 1, 2011.

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	<p align="center">1. Develop or Enhance HAI Program Infrastructure (Surveillance, Prevention and Control)</p> <p>Items Planned for Implementation (or currently underway)</p>	Target Dates for Implementation
			<p>Texas Ambulatory Surgery Center Society (TASCS), Texas Society of Infection Control and Prevention (TSCIP), Texas Medical Association (TMA), TMF Health Quality Institute (TMF), and many other groups to address healthcare-associated infections in Texas and to identify possible prevention solutions. These collaborations represent the cornerstone for future HAI program implementation, communication and policy development.</p> <p>Specific HAI metrics were identified during discussions at the statewide HAI planning meeting held in Austin, TX in October 2009. These metrics were also agreed upon by the Advisory Panel and DSHS staff. The prevention selected metrics are as follows:</p> <p>1) Central Line Associated Bloodstream Infections 1 (CLABSI-1). CLABSIs per 1,000 device days by intensive care unit (ICU) and other special care setting has been selected as the metric for CLABSI. The measurement/evaluation of this prevention target will follow the metrics as identified in the HHS Action Plan.</p> <p>2) Surgical Site Infections 1 (SSI-1). Surgical site infections are the second selected metric. Reporting of surgical site infections associated with knee arthroplasties will begin in January 2011. Infections associated with other surgical procedures will begin at later dates. The measurement/evaluation of this prevention target will follow the metrics as identified in the HHS Action Plan.</p> <p>General hospitals and ambulatory surgical centers will begin reporting central line-associated bloodstream infections in special care units and infections associated with knee arthroplasties on January 1, 2011. Pediatric hospitals will begin reporting central line-associated bloodstream infections in special care units and infections associated</p>	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	1. Develop or Enhance HAI Program Infrastructure (Surveillance, Prevention and Control) Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			with spinal surgeries with instrumentation on January 1, 2011. Reporting infections associated with other surgical procedures by these health care facilities will begin on January 1, 2012 and later.	
	☒	☐	2. Establish an HAI surveillance prevention and control program i. Designate a State HAI Prevention Coordinator.	Completed
	☒	☐	ii. Develop dedicated, trained HAI staff with at least one FTE (or contracted equivalent) to oversee the four major HAI activity areas (Integration, Collaboration, and Capacity Building; Reporting, Detection, Response and Surveillance; Prevention; Evaluation, Oversight and Communication)	Interview and selection of additional staff will begin January 2010.
			State Plans, Objectives and Discussion: An overall administrator for coordinating healthcare-associated infections activities in Texas has been designated. DSHS has resources for five additional staff to implement HAI surveillance and to conduct some activities related to data validation and to provide public access to healthcare-associated infections data. DSHS has initiated the hiring process for the five new positions.	
	☒	☐	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).	Ongoing
Level II	☒	☐	4. Improve coordination among government agencies or organizations that share responsibility for assuring or overseeing HAI surveillance, prevention and control	Ongoing

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	1. Develop or Enhance HAI Program Infrastructure (Surveillance, Prevention and Control) Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			<p>(e.g., State Survey agencies, Communicable Disease Control, state licensing boards).</p> <p>State Plans, Objectives and Discussion:</p> <p>DSHS is already coordinating HAI surveillance activities with other agencies and organizations involved with HAIs. These other agencies or organizations include the THA, TASCs, Association for Professionals in Infection Control and Epidemiology (APIC), TSCIP, Society for Healthcare Epidemiology of America (SHEA), and the Consumers Union. In addition, DSHS has identified possible areas of data sharing within the department to enhance reporting of possible healthcare-associated infections. These areas include reviewing hospital discharge data and Medicaid claims data. Plans for improved coordination will enhance the implementation and efficiency of the HAI Program.</p>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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 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.</p>	Ongoing

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	1. Develop or Enhance HAI Program Infrastructure (Surveillance, Prevention and Control) Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			<p>State Plans, Objectives and Discussion:</p> <p>The Texas HAI Advisory Panel recommended the use of the National Health and Safety Network (NHSN) for the reporting of selected healthcare-associated infections in general and pediatric hospitals and ambulatory surgical centers. The utilization of this Federal reporting system will standardize HAI reporting in Texas.</p> <p>DSHS currently uses the National Electronic Disease Surveillance System (NEDSS) or NEDSS-based system (NBS) version 3.0. This system facilitates the use of standards-based formats for the purpose of electronic reporting and data exchanges related to reportable diseases. DSHS has technical experience and knowledge for implementing reporting of HAI data using standards-based formats.</p>	
<p>Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.</p>				

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Planning Level I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Improve HAI outbreak detection and investigation <ul style="list-style-type: none"> i. Work with partners including CSTE, CDC, state legislatures, and providers across the healthcare continuum to improve outbreak reporting to state health departments. ii. Establish protocols and provide training for health department staff to investigate outbreaks, clusters or unusual cases of HAIs. iii. Develop mechanisms to protect facility/provider/patient identity when investigating incidents and potential outbreaks during the initial evaluation phase where possible to promote reporting of outbreaks. 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). 	Late 2011
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Late 2011
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Completed
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Mid 2011
			State Plans, Objectives and Discussion: In addition to standardized and periodic evaluation of HAI events using NHSN, DSHS will develop an evaluation method and plan to address HAI outbreaks or clusters that fall outside	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			<p>NHSN reporting. A large portion of HAI outbreak policy and control procedures will involve the interrelationship between healthcare facilities/providers across the State and internal DSHS units such as licensing and regulation. Most of the key partners are already prepared for participation in HAI reporting and prevention activities.</p> <p>The training of regional and local health department staff in HAI outbreak investigation will be necessary. While links with these health departments have been well-established through the years in traditional public health functions, HAI investigations will require some additional specialized training. Supplemental resources will be necessary to accomplish the training.</p> <p>Texas Statutes, Chapter 98 (Health and Safety Code) addresses the confidentiality of medical information necessary for HAI outbreak control and the inter-facility exchange(s) of information that would be required.</p>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues.	Ongoing
Planning Level II	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Improve communication of HAI outbreaks and infection control breaches i. Develop standard reporting criteria including, number,	Late 2011/2012

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			size and type of HAI outbreak for health departments and CDC	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)	Late 2011/2012
			<p>State Plans, Objectives and Discussion:</p> <p>As the activities to facilitate HAI outbreak reporting are identified, plans will be made to identify the appropriate facilities and agencies for prompt outbreak notification. Outbreak protocols will define the methods and standards for data quality. A standardized form will be developed to characterize the basic parameters of an outbreak e.g. agent, number of cases, geographic location and molecular typing, etc.</p> <p>An integral component of outbreak control will include the establishment of appropriate communication between facilities and public health departments. Although many successful communication systems are currently in existence, attempts will be made to build from existing channels to expand message capacities.</p>	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	Completed Reporting on infections associated with CLABSIs will begin in January 2011. Completed and validated data will not be available until after June 2011.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ii. <i>Clostridium difficile</i> Infections (CDI) iii. Catheter-associated Urinary Tract Infections (CAUTI) iv. Methicillin-resistant Staphylococcus aureus (MRSA) Infections v. Surgical Site Infections (SSI)	Reporting for knee arthroplasties will begin in January 2011. Completed and validated data will not be

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
				available until after June 2011.
	<input type="checkbox"/>	<input type="checkbox"/>	vi. Ventilator-associated Pneumonia (VAP)	
	State Plans, Objectives and Discussion:			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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).	Completed (HHS Action Plan Metrics adopted) Reporting on infections associated with CLABSIs and knee arthroplasties will begin in January 2011. Completed and validated data will not be available until after June 2011.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ii. Establish baseline measurements for prevention targets	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Develop state surveillance training competencies i. Conduct local training for appropriate use of	Fall 2010 (begin);

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			surveillance systems (e.g., NHSN) including facility and group enrollment, data collection, management, and analysis.	ongoing activity
			<p>State Plans, Objectives and Discussion:</p> <p>The use of NHSN reporting offers the advantage of existing training methods, procedures and technical support. In addition, materials from other NHSN states used for training may serve as templates/models for the development of Texas training materials and resources. As needed, DSHS will be prepared to assist facilities/providers with NHSN, other related training and data analysis. Local chapters of APIC and the Texas Society of Infection Control and Prevention will complement state training.</p>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Develop tailored reports of data analyses for state or region prepared by state personnel	Fall 2011
			<p>State Plans, Objectives and Discussion:</p> <p>As data are made available, DSHS staff will be able to analyze/interpret HAI information. Chapter 98 (State statute) requires the State to provide risk-adjusted infection rates for healthcare facilities performing selected procedures on a public website. These data will be accessible by geographic region, facility and procedure.</p>	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Planning Level III	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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	Early 2011
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Develop a validation plan	Mid-late 2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Pilot test validation methods in a sample of healthcare facilities	Mid-late 2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iii. Modify validation plan and methods in accordance with findings from pilot project	Early 2011
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iv. Implement validation plan and methods in all healthcare facilities participating in HAI surveillance	Late 2011/early 2012
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	v. Analyze and report validation findings	Mid-late 2012
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	vi. Use validation findings to provide operational guidance for healthcare facilities that targets any data shortcomings detected	Mid-late 2012
			State Plans, Objectives and Discussion: Data validation methodologies are being considered and planned. A case control style methodology, similar to that used in other States such as New York will be considered. DSHS plans to collaborate with partner organizations/agencies to implement a validation/evaluation plan. In addition, as made possible by ARRA funding, DSHS will contract with appropriate	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			organizations to validate records. Validation findings will be shared with other healthcare facilities to improve data collection.	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.	Early to mid 2011
			State Plans, Objectives and Discussion: Preparedness plans will be developed to address serious infection control breaches in the future. This plan will be developed in concert with protocols for identifying HAI outbreaks within healthcare facilities. State reporting laws addressing other communicable diseases can be used in such circumstances. As Senate Bill 203 amended Chapter 98 of the Health and Safety Code, new rules are being developed for infection control and HAI reporting.	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Collaborate with professional licensing organizations to identify and investigate complaints related to provider infection control practice in non-hospital settings, and to set standards for continuing education and training.	On-going, although HAIs will be an addition
			State Plans, Objectives and Discussion:	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			<p>Collaboration with professional licensing organizations is currently an ongoing activity. ASC and dialysis facility licensing occurs within DSHS, and intra-agency working relationships are already established. In addition, DSHS has established solid linkages with the Texas Department of Aging and Disability Services (DADS), which oversees long term care facilities. Because investigation of provider complaints is an integral part of these agencies' responsibilities, policies and procedures are already in place. New protocols will be developed to include maximizing data sharing related to reporting while still protecting confidentiality.</p> <p>Continuing education and training in collaboration with agencies' responsibility for licensing of health care professionals in non-hospital settings will be developed as resources are available.</p>	
			11. Adopt integration and interoperability standards for HAI information systems and data sources	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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</p>	Mid 2011

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Promote definitional alignment and data element standardization needed to link HAI data across the nation.	Late 2011
			<p>State Plans, Objectives and Discussion:</p> <p>The Advisory Panel has recommended that HAI reporting required by Chapter 98 be done through NHSN. Implementing this recommendation will standardize HAI data both statewide and nationally.</p> <p>Reporting of various infectious diseases is currently mandated under Chapter 97 of the Health and Safety Code. DSHS currently receives laboratory reports of cases of these diseases (e.g. hepatitis B, hepatitis C) electronically using the HL7 format. However, the current reporting does not identify whether these cases are health care associated. The complete implementation of the NHSN reporting system will help identify whether the cases are health care associated. Additional resources would enable reporting from other laboratories.</p> <p>The Laboratory Services Section, DSHS, already has the capability to perform molecular typing of bacteria to identify and support outbreak investigations. This capability is frequently</p>	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			used to assist in the investigation of possible HAI outbreaks.	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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	Mid to late 2011
			State Plans, Objectives and Discussion: NHSN has been adopted as the required method for all HAI reporting. Its electronic format will reduce the reporting burden by making the process more convenient and accurate. Chapter 98, Health and Safety Code requires specific infection information to be reported as risk-adjusted rates. HAI data reports for the consumer will be provided on a public website. Additionally, this website will include healthcare quality measures.	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Make available risk-adjusted HAI data that enables state agencies to make comparisons between hospitals.	Mid 2011
			State Plans, Objectives and Discussion: Chapter 98 mandates that the HAI summary data and inter-facility comparisons be risk adjusted. As sufficient data become	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	2. Surveillance, Detection, Reporting and Response Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			available, DSHS will begin analyzing the data using risk adjustments applicable to the procedures.	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Enhance surveillance and detection of HAIs in nonhospital settings	January 2011
			<p>State Plans, Objectives and Discussion:</p> <p>Chapter 98 mandates HAI reporting by ambulatory surgical centers (ASCs). They will begin reporting at the same time as general hospitals. In addition, DSHS has established working relationships with other State agencies and healthcare provider organizations outside the hospital setting. Previous collaborative efforts for HAI prevention have been conducted with DADS, Texas Healthcare Association (THCA) and the Texas Association of Homes and Services for the Aging (TAHSA), among others. These organizations accredit, regulate and represent long-term care facilities, home health care agencies and other health providers. All are committed to preventing HAI infections, improving patient outcomes and patient safety. Other non-hospital provider facilities will be identified in the future as surveillance and detection of HAIs are expanded.</p>	
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	3. Prevention Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Implement HICPAC recommendations. i. Develop strategies for implementation of HICPAC recommendations for at least 2 prevention targets specified by the state multidisciplinary group.	Early 2010
			<p>State Plans, Objectives and Discussion</p> <p>Specific HAI metrics were identified during discussions at the statewide HAI planning meeting held in Austin, TX in October 2009. These metrics were also agreed upon by the Advisory Panel and DSHS staff. The prevention selected metrics are as follows:</p> <p>1) Central Line Associated Bloodstream Infections 1 (CLABSI-1). CLABSIs per 1,000 device days by intensive care unit (ICU) and other special care setting has been selected as the metric for CLABSI. The measurement/evaluation of this prevention target will follow the metrics as identified in the HHS Action Plan.</p> <p>2) Surgical Site Infections 1 (SSI-1). Surgical site infections are the second selected metric. Reporting of surgical site infections associated with knee arthroplasties will begin in January 2011. Infections associated with other surgical procedures will begin at later dates. The measurement/evaluation of this prevention target will follow the metrics as identified in the HHS Action Plan.</p>	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	3. Prevention Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			<p>The implementation of HAI reporting requirements including education and training, an NHSN reporting system, and prevention activities, will facilitate access to increased data and awareness for these targeted HAI infections. Current HICPAC recommendations include these chosen prevention targets and have been previously implemented in many acute-care hospital facilities. The newly-implemented Texas reporting and prevention program will reinforce usage of the HICPAC recommendations as a direct result of increased prevention target efficacy data.</p> <p>The recent HAI reporting legislation will require the collection of infection rates per facility and facilitate evaluative/metric standards to illustrate program success and needed intervention(s).</p>	
			2. Establish prevention working group under the state HAI advisory council to coordinate state HAI collaboratives	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Assemble expertise to consult, advise, and coach inpatient healthcare facilities involved in HAI prevention collaboratives	Spring-Fall 2010
			<p>State Plans, Objectives and Discussion:</p> <p>The HAI Advisory Panel has the authority to create additional advisory groups as necessary. Consequently, a workgroup will be</p>	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	3. Prevention Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			<p>created to assist and consult in coordinating State HAI prevention collaboratives.</p> <p>In addition, DSHS has established working relationships with provider groups such as the Texas Hospital Association and the Texas Medical Foundation Health Quality Institute (TMF) to form collaborations with inpatient healthcare facilities. These leading organizations are currently planning to conduct research efforts to address preventive collaborative efforts in healthcare facilities. A replication or expansion of these collaborations is anticipated.</p> <p>During 2010, DSHS plans to develop, identify and implement contracts to conduct additional prevention activities. Other plans are to conduct meetings to foster prevention activities.</p>	
			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)	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Identify staff trained in project coordination, infection control, and collaborative coordination	Fall 2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Develop a communication strategy to facilitate peer-to-peer learning and sharing of best practices	Fall 2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iii. Establish and adhere to feedback of a clear and standardized outcome data to track progress	2010-2011

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	3. Prevention Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			<p>State Plans, Objectives and Discussion:</p> <p>THA has been selected to participate in the Comprehensive Unit-Based Safety Program (CUSP) and CLABSI reduction program. TMF is currently promoting specific projects related to surgical care improvement. The projects in both organizations have trained staff, a communication strategy to facilitate peer-to-peer learning and sharing of best practices, and standardized outcome data. THA and TMF have agreed to collaborate with DSHS in replicating these projects in other interested facilities. Target date for implementation 2011.</p>	
			4. Develop state HAI prevention training competencies	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Consider establishing requirements for education and training of healthcare 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	Late 2010-Mid 2011
Planning Level II			5. Implement strategies for compliance to promote adherence to HICPAC recommendations	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Consider developing statutory or regulatory standards for healthcare infection control and prevention or work with healthcare partners to establish best practices to ensure	Late 2011

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	3. Prevention Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			adherence	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ii. Coordinate/liaise with regulation and oversight activities such as inpatient or outpatient facility licensing/accrediting bodies and professional licensing organizations to prevent HAIs	On-going
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iii. Improve regulatory oversight of hospitals, enhancing surveyor training and tools, and adding sources and uses of infection control data	Mid 2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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	Late 2011/early 2012
			<p>State Plans, Objectives and Discussion:</p> <p>Linkages with regulatory agencies have been made. Discussions are underway to consider the inclusion of HAI components for facility licensure. Any changes to governing statutes would require legislative action.</p> <p>Many healthcare facilities are currently using the HICPAC guidelines for their accreditation or other oversight groups. In addition, many acute-care hospitals have implemented HICPAC guidelines.</p>	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	3. Prevention Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			The regulatory, statutory and oversight activities to enforce/promote HICPAC guidelines should have a significant impact on HAI prevention and the reduction of infections. Early planning will facilitate an earlier implementation; changes to State rules and regulations traditionally require a considerable amount of time to demonstrate the prevention of disease.	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)	Spring 2011
			State Plans, Objectives and Discussion: The collaboratives that will be initiated are described in #2 above. Because Texas has over 500 hospitals and 300 ASCs there will be ample opportunities for joint cooperatives of twenty or more facilities.	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Establish collaborative to prevent HAIs in nonhospital settings (e.g., long term care, dialysis)	Ongoing
			State Plans, Objectives and Discussion: Reporting of data is already required for ambulatory surgical centers. DSHS has established a working relationship with the Department of Aging and Disability Services (DADS). This State	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	3. Prevention Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			<p>agency regulates, establishes policy and advises long-term care facilities.</p> <p>DADS and other nonhospital healthcare provider agencies, and facilities participated in a DSHS working group culminating in early 2009. This group established HAI prevention guidelines to be used in Long-Term Care and other non-hospital facilities. These guidelines have been distributed to all Long-Term Care and other facilities.</p> <p>Participants in the 2009 HAI Statewide Planning Meeting identified dialysis centers as another high priority health care facility. Discussions have also occurred regarding home health infection prevention. Other considerations for the implementation of HAI prevention in other types of facilities will include resources to train, develop and assist these facilities in the development of the HAI prevention programs.</p> <p>Other nonhospital healthcare settings will be identified and addressed.</p>	
<p>Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.</p>				

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	4. Evaluation and Communications Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	1. Conduct needs assessment and/or evaluation of the state HAI program to learn how to increase impact <ul style="list-style-type: none"> i. Establish evaluation activity to measure progress towards targets and ii. Establish systems for refining approaches based on data gathered 	Summer 2011 Fall 2011
			<p>State Plans, Objectives and Discussion:</p> <p>As HAI reporting is implemented, data will be available to determine baselines. Data collected will be used to identify areas of need, necessary modification(s) and successes—all to refine program operations as needed.</p> <p>Needs assessment will target two areas: HAI reporting and prevention projects. Baseline information will be used for selecting and evaluating standardized prevention efforts in facilities.</p>	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	4. Evaluation and Communications Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			2. Develop and implement a communication plan about the state's HAI program and progress to meet public and private stakeholders needs	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Disseminate state priorities for HAI prevention to healthcare organizations, professional provider organizations, governmental agencies, non-profit public health organizations, and the public.	Early 2010
			State Plans, Objectives and Discussion: The convening of the Statewide HAI Planning Meeting in October 2009 was the beginning for the large-scale communication effort. Healthcare organizations, government agencies and non-profit health organizations have been included in early HAI State Plan discussions. A statewide training curriculum and schedule will be communicated statewide to health care facilities and professional groups. Website design for the presentation of reporting data and inter-facility comparison to the public has been initiated	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Provide consumers access to useful healthcare quality measures.	Early 2011
Level II			State Plans, Objectives and Discussion: Consumer information for HAI healthcare quality measures will be based upon HAI reporting, which will be displayed on the	

**Template Document for Texas Healthcare-Associated Infections (HAI) Plan:
Prevention Areas 1) Develop or Enhance HAI Program Infrastructure; 2) Surveillance, Detection,
Reporting and Response; 3) Prevention; and 4) Evaluation, Oversight and Communication**

Planning Level	Check Items Underway	Check Items Planned	4. Evaluation and Communications Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			DSHS website. Other healthcare quality information is available through a wide variety of consumer groups and organizations, several of which participated in the October 2009 Statewide Healthcare Planning Meeting in October and are participating in this effort.	
Level III	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Identify priorities and provide input to partners to help guide patient safety initiatives and research aimed at reducing HAIs.	Mid to Late 2010
			<p>State Plans, Objectives and Discussion:</p> <p>As written, Chapter 98 (Texas Statutes, Health and Safety Code) has identified and prioritized HAI and preventable adverse events (PAEs). Reporting start dates for HAI have been established and the requirements are being communicated.</p>	
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				