



# Preventing Healthcare-Associated Infections: Developing a State Plan

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Presented by:

Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention



# Session Goals

- Provide brief overview of State HAI Plans
- Provide information on how to develop useful and comprehensive State HAI Plan for your state
- Provide a forum to share information and learn from each other about the benefits, partnerships and challenges that relate to developing and implementing a successful state HAI plan

# Collaborative Public Health Approach

- Prevention of HAIs across healthcare spectrum will require coordinated PH approach
  - Surveillance, outbreak response, training and education, systematic implementation of prevention practices, and effective partnerships
- Recent legislation in support of HAI prevention provides a unique opportunity to strengthen existing and expand HD capacities



# State HAI Plan Legislation



## Fiscal Year 2009 Omnibus Bill:

- Required states receiving Preventive Health and Health Services (PHHS) Block Grant funds to certify that they will submit a plan to the Secretary of HHS not later than January 1, 2010
  - Consistent with HHS Action Plan to Prevent HAIs
  - “Blueprint” for state HAI activities going forward
  - Guidance to assist states in developing HAI plans
  - January 1, 2010 – State plans due to HHS

# HAI Prevention Planning Guidance



- Develop plan to build and improve health department workforce, training, and tools necessary to rapidly scale up to meet HAI prevention and control needs
- Assist states that are just starting on HAI prevention activities
- Create a path for existing HAI programs to expand into new HAI prevention areas
- Lay groundwork for new state-level competencies and tools for reporting on long-term progress toward meeting the HHS HAI Prevention Targets



# State HAI Plan Template



- Provides framework to ensure progress towards five-year national prevention targets as described in the HHS Action Plan
- Assist state planning efforts in the following areas:
  1. Develop or Enhance HAI Program Infrastructure
  2. Surveillance, Detection, Reporting, and Response
  3. Prevention
  4. Evaluation, Oversight, and Communication

# State HAI Plan Template

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	<input type="checkbox"/>	<input type="checkbox"/>	1. Establish statewide HAI prevention leadership through the formation of multidisciplinary group or state HAI advisory council <ul style="list-style-type: none"> <li>i. Collaborate with local and regional partners (e.g., state hospital associations, professional societies for infection control and healthcare epidemiology, academic associations, laboratories and</li> </ul>	
			Other activities or descriptions (not required):	
	<input type="checkbox"/>	<input type="checkbox"/>	2. Establish an HAI surveillance prevention and control program <ul style="list-style-type: none"> <li>i. Designate a State HAI Prevention Coordinator</li> </ul>	

## Featured Items:

State HAI Plan Template



# State HAI Plan Template



- Provides choices for developing or enhancing state HAI prevention activities

States can target different levels of HAI prevention efforts indicated by checking appropriate boxes

- Can serve as the state's HAI plan for submission
- The template is designed to be flexible and accommodate states at different levels of planning
- If your state has an existing plan, you may choose to incorporate that plan into the template or submit the existing plan in place of the template



# State HAI Plan Template



## ■ Planning Levels

- Level I corresponds to basic HAI prevention efforts, Level II for intermediate and Level III more mature efforts

## ■ Current versus Planned Activities

- **Current activities** are those in which the state is presently engaged and includes activities that are scheduled to begin using currently available resources
- **Planned activities** represent future directions the state would like to move in to meet currently unmet needs, contingent on available resources and competing priorities

## ■ Flexibility to include additional activities beyond the principal categories

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	<input type="checkbox"/>	<input type="checkbox"/>	1. Establish statewide HAI prevention leadership through the formation of multidisciplinary group or state HAI advisory council <ul style="list-style-type: none"> <li>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))</li> <li>ii. Identify specific HAI prevention targets consistent with HHS priorities</li> </ul>	
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	2. Establish an HAI surveillance prevention and control program <ul style="list-style-type: none"> <li>i. Designate a State HAI Prevention Coordinator</li> </ul>	

<http://www.cdc.gov/ncidod/dhqp/index.html>



# 1. Develop or Enhance HAI Program Infrastructure



*Successful HAI prevention requires integration and collaboration*

- Formation of multidisciplinary State HAI advisory council
  - Identify specific prevention targets
- Establish HAI program and designate State HAI prevention coordinator
- Integrate laboratory activities
- Improve coordination relating to oversight
- Facilitate standards-based electronic reporting and data sharing

## 2. Surveillance, Detection, Reporting, and Response

*Timely and accurate monitoring remains necessary to guide HAI prevention & gauge progress towards elimination*

- Identify  $\geq 2$  HAI prevention targets for surveillance and use standardized metrics to measure progress
  - HHS Action Plan + template Appendix 1
- Develop surveillance training competencies (e.g., NHSN)
- Develop tailored reports of data analyses for state or region prepared by state personnel
- Validate data entered into HAI surveillance (e.g., through healthcare records review, comparing databases)

## 2. Surveillance, Detection, Reporting, and Response (continued)

*Timely and accurate monitoring remains necessary to guide HAI prevention & gauge progress towards elimination*

- Adopt integration and interoperability standards for HAI information systems and data sources
- Enhance electronic reporting and information technology
- Make available risk-adjusted HAI data to facilitate comparisons between hospitals/sites
- Enhance surveillance and reporting from non-hospital settings

## 2. Surveillance, Detection, Reporting, and Response (continued)

*Investigation of outbreaks helps identify preventable causes of infection and unsafe products and practices*

- Improve detections and reporting of outbreaks, clusters or unusual cases
- Establish investigation protocols and train HD staff
- Improve use of surveillance data for reportable HAIs (e.g., hepatitis B/C, MDROs)
- Improve communication about outbreaks or breaches among state and local partners (e.g., State Survey Agency, licensing boards)



# 3. Prevention (I)



*Elimination of HAIs requires better implementation of HICPAC recommendations and related evidence based guidelines and strategies*

- Develop HICPAC recommendation implementation strategies for at least 2 HAI prevention targets
- Establish prevention working group under the state HAI advisory council to aid HAI collaboratives
- Establish HAI collaboratives with at least 10 hospitals (may require multi-state or regional collaboration)
- Develop state HAI prevention training competencies for education and training of healthcare professionals



## 3. Prevention (II)

*Elimination of HAIs requires better implementation of HICPAC recommendations and related evidence based guidelines and strategies*

- Increase oversight to promote adherence to HICPAC recommendations (e.g., with regulatory and licensing partners)
- Enhance prevention infrastructure by increasing joint collaboratives with at least 20 hospitals (may require multi-state or regional collaboration)
- Establish collaborative to prevent HAIs in nonhospital settings (e.g., long term care, dialysis)

# 4. Evaluation and Communications

*Essential public health practice: evaluation and communication allow for learning and ongoing improvement to occur*

- Conduct needs assessment and/or evaluations to learn how to increase impact
  - Implement a communication plan about the program and its progress to meet public and private stakeholders needs
- Provide consumers access to useful healthcare quality measures
  - Consider posting State Plan on HD web site
- Identify priorities and provide input to partners to help guide patient safety initiatives and prevention activities

# Timeline



- July 1, 2009 – All States certified that they will submit a plan and therefore received their full Block Grant funding
- August 19, 2009 – HHS/OS call with States and partners
- October 19-20, 2009 – CDC hosted ELC Recovery Act grantee meeting in Atlanta, GA
- January 1, 2010 – State plans due to HHS/OS
- January 1, 2010 through June 1, 2010 – HHS Secretary to conduct a review of State plans with CDC technical support
- June 1, 2010 – HHS Secretary provides report to the Committees on Appropriations of the House of Representatives and the Senate



# What Happens if a Plan is Not Submitted?



- At this time, no penalties for non-submission exist
- States are strongly urged to follow the timeline and recommended format because the state HAI plans:
  - Are linked to ARRA funded HAI activities, which do have a wide range of accountability measures in place
  - Will assist the Federal Government in identification of future funding opportunities and opportunities for technical support to States

# HHS HAI Programs & Resources to Support States

Division of Healthcare Quality Promotion (CDC)

<http://www.cdc.gov/ncidod/dhqp>

Healthcare Infection Control Practices Advisory Committee Guidelines (CDC)

[http://www.cdc.gov/ncidod/dhqp/hicpac\\_pubs.html](http://www.cdc.gov/ncidod/dhqp/hicpac_pubs.html)

National Healthcare Safety Network (CDC)

<http://www.cdc.gov/NHSN> and [nhsn@cdc.gov](mailto:nhsn@cdc.gov)

Prevention of Central Line-Associated Bloodstream Infections: Audio Feature  
(AHRQ)

<http://www.healthcare411.ahrq.gov/featureAudio.aspx?id=939>

AHRQ website

<http://www.ahrq.gov/qual/hais.htm>

# HHS HAI Programs & Resources to Support States

Quality Improvement Organizations (CMS)

Background

Medicare Quality Improvement Community (MedQIC)

<http://www.qualitynet.org/medqic>

How to Partner with QIOs

QIO Synergy

<http://www.qiosynergy.org>

All Medicare Quality Improvement Work

CMS Quality of Care Center

<http://www.cms.hhs.gov/center/quality.asp>

# Points of Contact & Important Links

Questions?

Office of Public Health & Science

Office of the Secretary, Department of Health & Human Services

[haistateplans@hhs.gov](mailto:haistateplans@hhs.gov)

HHS Action Plan to Prevent Healthcare-Associated Infections

<http://www.hhs.gov/ophs/initiatives/hai>

State HAI Plan Template

<http://www.cdc.gov/ncidod/dhqp/stateHAIplan.html>

# Submission Process

- Email to [haistateplans@hhs.gov](mailto:haistateplans@hhs.gov)

- Mail to:

HAI State Plans

Department of Health & Human Services

Office of the Secretary

Office of Public Health & Science

200 Independence Avenue SW, Room 716G

Washington, DC 20201

# DHQP ARRA Support

DHQP HAI Recovery Act Website

<http://www.cdc.gov/HAI/recoveryact/>

HHS Region	States	DHQP Public Health Advisor	E-mail
1	CT, ME, MA, NH, RI, VT	Kim Zimmerman	<a href="mailto:KZimmerman@cdc.gov">KZimmerman@cdc.gov</a>
2	NJ, NY, PR	Ramona Bennett	<a href="mailto:RBennett@cdc.gov">RBennett@cdc.gov</a>
3	DC, DE, MD, PA, VA, WV	Ramona Bennett	<a href="mailto:RBennett@cdc.gov">RBennett@cdc.gov</a>
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# Thank you!



- CDC's Division of Healthcare Quality Promotion  
<http://www.cdc.gov/ncidod/dhqp/>
- Technical assistance specific to HAI Recovery Act projects  
Telephone: (404) 639-4000  
Email: [DHQPHAIARRA@cdc.gov](mailto:DHQPHAIARRA@cdc.gov)

*The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention.*