

State Hospital Association/ State Health Department Collaboration

***CDC Grantee Meeting
Oct. 20, 2009***

**Name: Steve Hines, PhD
Title: VP, Research, HRET
Email: shines3@aha.org
Office Phone: 312-422-2607**

TRANSFORMING HEALTH CARE THROUGH RESEARCH AND EDUCATION



HRET

HEALTH RESEARCH &
EDUCATIONAL TRUST
In Partnership with AHA

Presentation Overview & Goals

- Importance of Cooperation & Collaboration
- Suggestions for Effective Collaborations
- Examples of working collaborations

Reasons Collaboration is Essential

- **Expected part of DHHS Secretary's Hospital Infection Reduction Initiative**
 - CDC funding to state health departments to support infection monitoring and reduction
 - CMS funding to QIOs to support infection reduction efforts
 - AHRQ funding to CUSP to reduce or eliminate BSIs in ICUs and other units and reduce other infections (UTI, etc.)
 - Reduce BSIs in ICUs nationwide by 80%
 - Improve culture of safety in ICUs & other units
 - Expand infection reduction successes to:
 - Other hospital units (medical, surgical, etc.)
 - Other infection types (i.e. urinary tract infections)
 - Particular patient populations (i.e. children)

CUSP Project Overview

■ Project Structure:

■ Leadership:

- John Combes, MD, HRET Fellow (PI)
- Peter Pronovost, MD, Johns Hopkins University (Co-PI)



■ Leadership Organizations:

- Health Research and Educational Trust (contract holder)
- Johns Hopkins University
- Michigan Hospital Association
- **Project Consolidation:**
 - CUSP & Johns Hopkins-led initiatives are consolidating over the next few months

CUSP: How It Works

Recruit/Equip
State Hospital
Associations

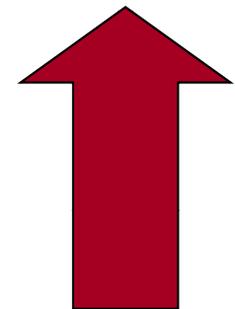
SHAs Recruit
Hospitals

Hospitals Collect
Baseline data-
culture & infections

Ongoing training
& technical
Support in CUSP

Improved culture,
infection rates

Sustainable
improvements,
spread to other
challenges



Reasons Collaboration is Essential

■ Expected by our Constituencies

- All have vested interest in reducing HAIs
- All have vested interest in maximizing efficiencies & leveraging resources
- Both require maximizing alignment & minimizing misalignment
 - One set of HAI reduction goals is better than two
 - One BSI initiative is better than two
 - One set of measurement definitions is better than two
 - One data collection & submission process is better than two

Successful Collaboration Thoughts: General Observations

- One size will not fit all: with luck it will fit one
- State Hospital Associations differ greatly:
 - Resources: some significant layoffs recently
 - Expertise in infection prevention & quality improvement
- All SHAs have some carrots and minimal sticks

Successful Collaboration Thoughts: Specific Recommendations

- Build relationships through:
 - Informal forums to talk, build trust, reduce uncertainty
 - Understanding what they're doing, thinking, & struggling with
 - Asking for their feedback on your HAI plan
 - Not waiting for a crisis to start talking

Successful Collaboration Thoughts: Specific Recommendations

- Participate in & support their initiatives
 - Attendance, participation at events to convey interest & support
 - Public and/or informal recognition of efforts & achievements
 - Providing expertise in areas of need
 - Infection/disease surveillance
 - Measurement & reporting systems
 - Epidemiologic expertise
 - Public health orientation to infection prevention

Successful Collaboration Thoughts: Specific Recommendations

- Avoid potentially counterproductive actions
 - Pushing hospitals to participate in separate infection reduction initiatives—more is not better
 - Pushing different measures, definitions, & data submission processes (CUSP is promoting CDC's)

Successful Collaboration Thoughts:

Specific Recommendations

- Avoid potentially counterproductive actions
 - Using punitive approaches when nonpunitive approaches are options
 - Infection reduction requires a culture of safety
 - A culture of safety requires a climate where mistakes and near misses can be discussed openly
 - Hospital efforts can be undermined by state licensing boards or health departments
 - Public reporting is NOT the issue
 - Responses to what is reported IS the issue
 - Tensions between SHA needs and health department needs will always exist, but effective communication can produce better options

Examples of Current Collaborations

- NY & other states: Health Departments have funded some hospital-focused infection reduction initiatives
- Michigan: Keystone project included state health department is key partner
- Pennsylvania: Defined partner role for state health department that uses their expertise to support CUSP initiative
- Other states have representation of health department at CUSP kickoff meeting & on planning calls

QUESTIONS?

Additional Information on CUSP

- Project Website:
<http://www.hret.org/hret/programs/cusp.html>
- AHRQ Project Officer:
James Battles (301-427-1332; james.battles@ahrq.hhs.gov)
- HRET Principal Investigator:
John Combes (312-422-2117; jcombes@aha.org)
- HRET Project Manager:
Deborah Bohr (646-678-4280; dbohr@aha.org)