

ROLE OF THE STATE IN PREVENTION COLLABORATIVES

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CLABSI Prevention Collaborative

- ◆ Initially driven by pending legislation for mandatory, public reporting of HAI rates
- ◆ GNYHA requested NYSDOH participation
 - ◆ Increased credibility
 - ◆ Increased likelihood of commitment from CEOs
 - ◆ Set the framework for collaboration
 - ◆ Between health care facilities
 - ◆ Between regulatory agency and facilities
 - ◆ Organizational skills and resources of hospital association



COLLABORATION IS KEY

Planning

- ◆ Identify community leaders
- ◆ Involves multiple disciplines
- ◆ Every voice at the table is equal
- ◆ Focus is on implementation not just policy
 - ◆ Identify possible strategies
 - ◆ Feasible
 - ◆ Practical

Implementation

- ◆ Kick-off meeting with teams
- ◆ Each discipline has to take ownership
- ◆ Develop tools
 - ◆ Making the right thing to do, the easy thing to do
 - ◆ Takes a commitment of resources from the top down
 - ◆ CEOs had to sign a commitment agreement for participation
 - ◆ Incorporate tools in day-to-day operations
 - ◆ Participatory calls are invaluable
 - ◆ Learn from the collaborative community

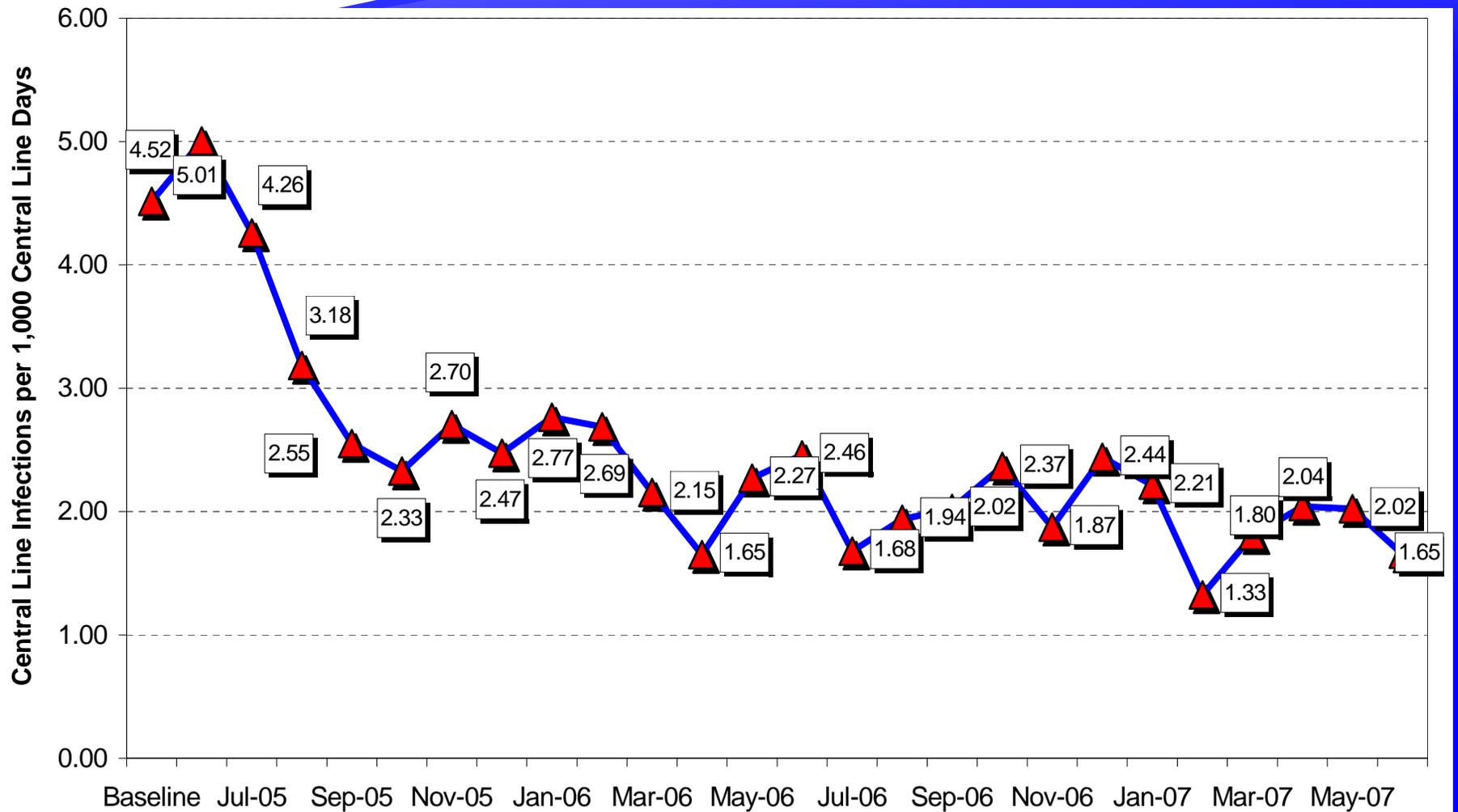
Evaluation

- ◆ Role of the Epidemiologist (the State) is critical
- ◆ Epidemiologic principles
 - ◆ Ensure that the data elements are measurable, accurate and actionable
 - ◆ Assist in design of tools
 - ◆ Extract essential information
 - ◆ Can be analyzed systematically
 - ◆ Role in analysis of the data
 - ◆ Interpretation
 - ◆ Control use of the data – for good, not evil

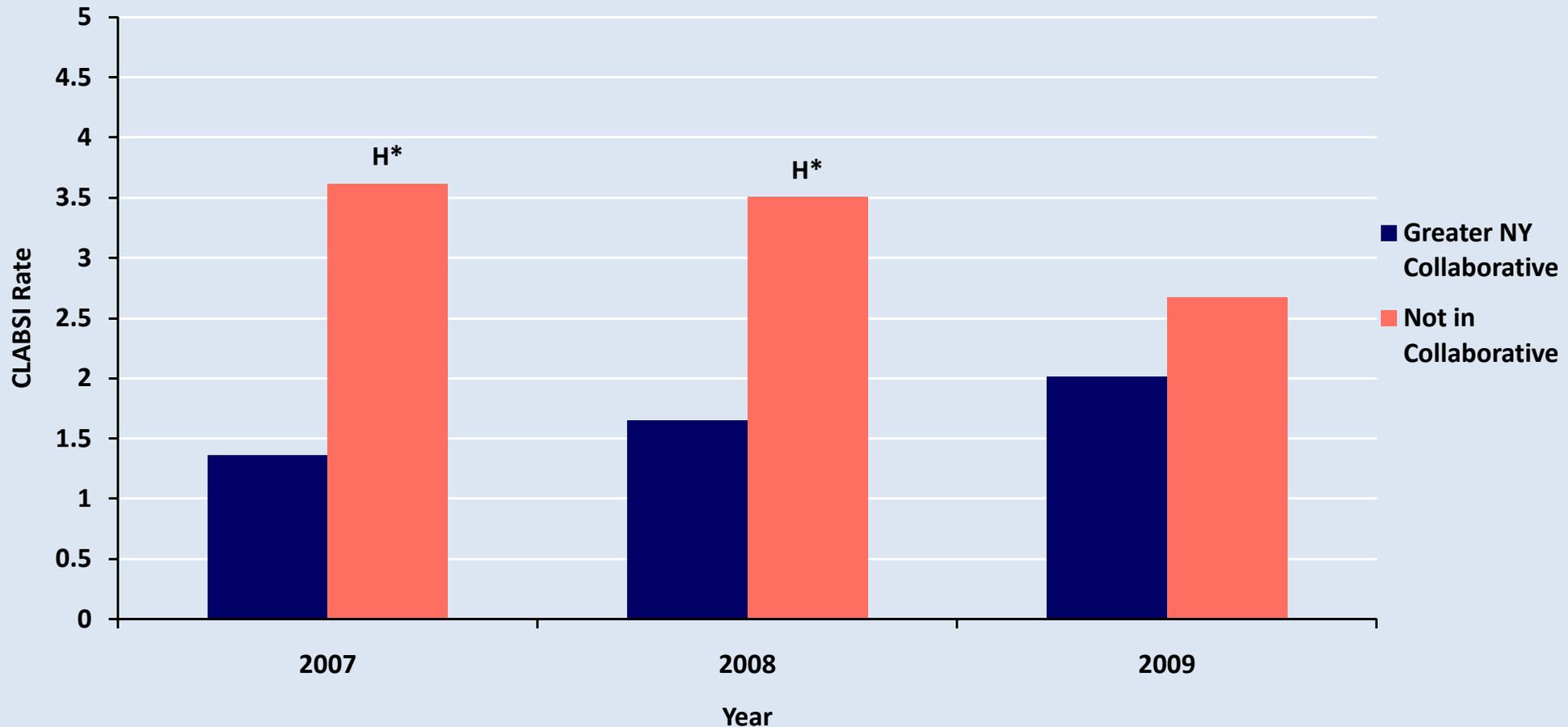
Feedback is critical

- ◆ Timely
- ◆ Actionable
- ◆ Multiple purposes and levels
 - ◆ Monitor progress
 - ◆ Implementation (process measures)
 - ◆ Outcome (infection measures)
 - ◆ Evaluate the measures (are you measuring what you thought)
 - ◆ Levels: Facility, Collaborative, and if public reporting, Statewide

Monthly ICU Central Line Infection Rates in the GNYHA/UHF CLABS C



Central Line-Associated Bloodstream Infection (CLABSI) Rates in New York State Medical Intensive Care Units, compared by participation in Greater New York Collaborative



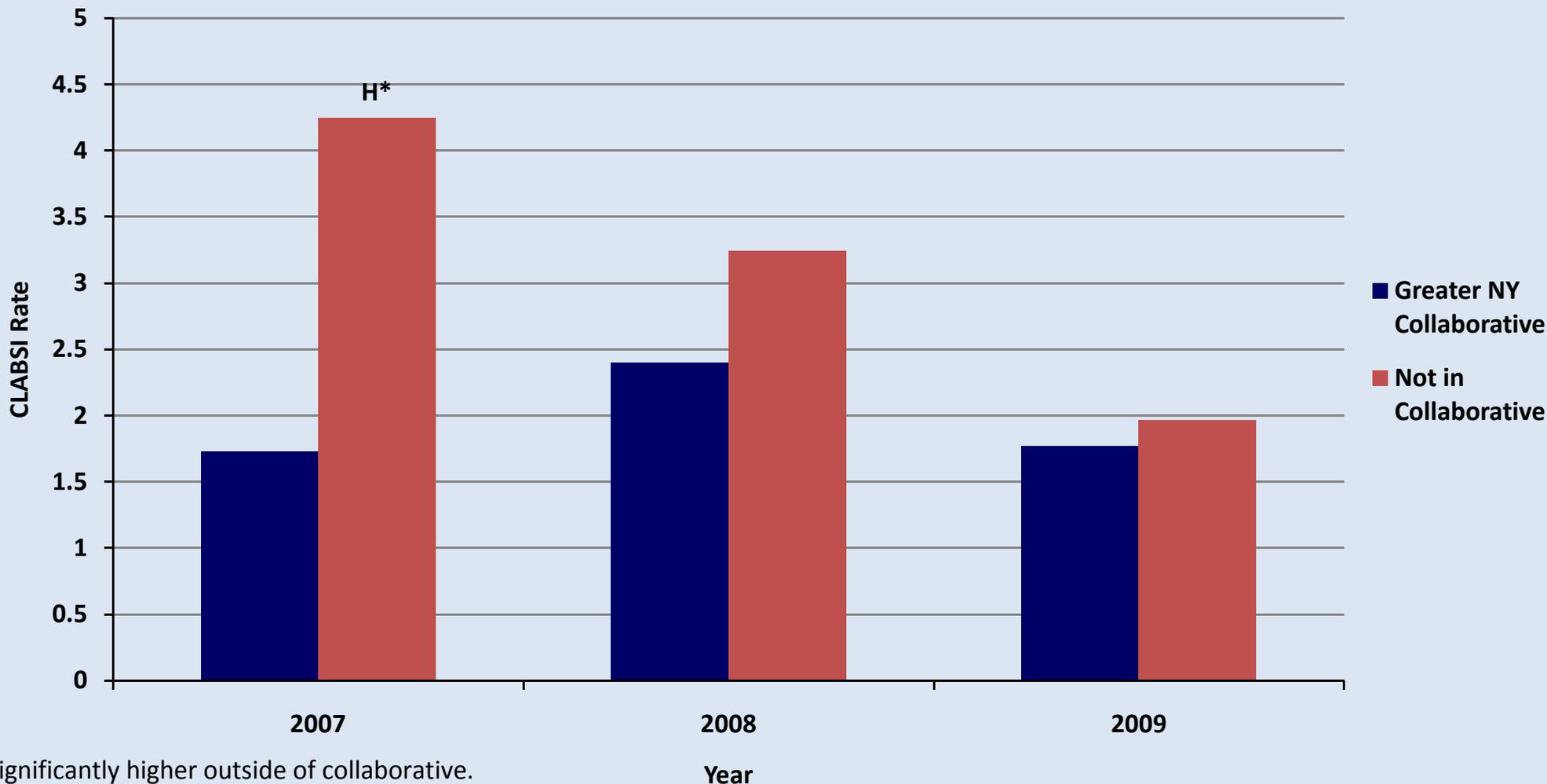
* H significantly higher outside of collaborative

Data as of October 2009 for Jan 07 -Jun 09. Hospitals with any missing data were excluded.

Increase in CLABSI rate for 12 hospitals in collaborative (p=.09)

Decrease in CLABSI rate for 29 hospitals outside of collaborative (p=.03)

Central Line Associated Bloodstream Infection (CLABSI) Rates in New York State Surgical Intensive Care Units, compared by participation in Greater New York Collaborative



H* significantly higher outside of collaborative.

Data as of October 2009 for Jan07- Jun09, Excludes 2b. Hospitals with any missing data were excluded

No change in CLABSI rate for 10 hospitals in collaborative

Decrease in CLABSI rate for 25 hospitals outside of collaborative ($p < 0.0001$)

Prevention Projects

- ◆ CLABSI – GNYHA
- ◆ VAP – HANYS
- ◆ *Clostridium difficile* – GNYHA
- ◆ Regional Perinatal Centers (CLABSIs in NICUs)
- ◆ MRSA infection versus transmission – Continuum
- ◆ MRSA infection versus transmission – North Shore
- ◆ CLABSI – outside ICU settings – University of Rochester
- ◆ Chlorhexidine bathing on BSIs in ICU patients – Westchester Medical Center
- ◆ MDRO colonization and infection in ICU patients – HHC
- ◆ Antimicrobial Stewardship Pilot Project in Hospitals and affiliated Nursing homes