2015 Montana (MT) Healthcare-Associated Infection (HAI) Prevention Plan

In response to the increasing concerns about the public health impact of healthcare-associated infections (HAIs), the US Department of Health and Human Services (HHS) has developed an Action Plan to help prevent Healthcare-associated Infections. The HHS Action Plan includes recommendations for surveillance, research, communication, and metrics for measuring progress toward national goals. Three overarching priorities have been identified:

- Progress toward 5-year national prevention targets (e.g., 50-70% reduction in bloodstream infections);
- Improve use and quality of the metrics and supporting systems needed to assess progress towards meeting the targets; and
- Prioritization and broad implementation of current evidence-based prevention recommendations

Background: The 2009 Omnibus bill required states that received Preventive Health and Health Services (PHHS) Block Grant funds to certify that they would submit a plan to reduce HAIs to the Secretary of Health and Human Services not later than January 1, 2010. In order to assist states in responding within the short timeline required by that language and to facilitate coordination with national HAI prevention efforts, the Centers for Disease Control and Prevention (CDC) created a template to assist state planning efforts.

The MT HAI Prevention Initiative (MTHAIPI) has used this template to ensure progress toward national prevention targets as described in the HHS Action Plan. CDC is leading the implementation of recommendations on national prevention targets and metrics and Montana has tailored the plan to its state-specific needs.

Initial emphasis for HAI prevention focused on acute care, inpatient settings, and then expanded to outpatient settings. The public health model of population-based healthcare delivery places health departments in a unique and important role in this area, particularly given the shifts in healthcare delivery from acute care settings to ambulatory and long term care settings. In non-hospital settings, infection control and oversight have been lacking which have resulted in outbreaks that can have a wide-ranging and substantial impact on affected communities. At the same time, trends toward mandatory reporting of HAIs from hospitals reflect increased demand for accountability from the public.

Initially the Montana HAI Prevention Plan focused primarily on recruiting and assisting Montana IPPS acute care facilities with enrollment and participation in the National Health Safety Network (NHSN) to report HAI data. After recruitment and enrollment activities were completed, the focus shifted to providing NHSN education and training for Montana Infection Preventionists (IPs) so that application of NHSN HAI definitions was applied consistently. NHSN validation training was then provided by conducting validation assessments for IPPS facilities using the current CDC audit tools for central line associated bloodstream infections (CLABSIs) and catheter associated urinary tract infections (CAUTIs). NHSN recruitment, enrollment and training activities were also provided to Critical Access Hospitals as requested. Over the next three years the MT HAI Prevention Plan is to expand NHSN services to include non-acute care settings and to expand HAI prevention activities to include infection prevention program assessment and training for emerging pathogens, including Ebola.

Framework and Funding for Prevention of HAIs

CDC's framework for the prevention of HAIs builds on a coordinated effort of federal, state, and partner organizations and is based on a collaborative public health approach that includes surveillance, outbreak response, infection control, research, training, education, and systematic implementation of prevention practices. Legislation in support of HAI prevention provides a unique opportunity to strengthen existing state capacity for prevention efforts. A key component of the MT HAI Prevention Plan has been to partner with other organizations that work on HAI Prevention activities. Collaboration has occurred with the Mountain Pacific Quality Health Foundation (MPQF) and with the Montana Hospital Association (MTHA) to leverage resources to reduce HAIs so that the best outcomes are achieved for patients in Montana.

KEY Terms

ASPR Hospital Preparedness	CTSE	KPC – Klebsiella pneumonia Carbapenemase producing	NHSN – National Health Safety Network
CAH – Critical Access Hospital	DUA – Data Use Agreement	LTAC – Long term Acute Care Hospital	PHHS – Preventative Health and Human Services
CAUTI – Catheter associated urinary tract infection	EMS- Emergency Service Provider	LTC – Long term Care Facility	PIN- Montana Rural Healthcare Performance Improvement Network
CDC – Centers for Disease Control and Prevention	FTE- Full time equivalent	MDRO- Multi drug resistant organism	QAD- Quality Assurance Division
CDI – Clostridium difficile infection	HAI- healthcare associated infection	MPQH – Mountain Pacific Quality Health Foundation	QIN – Quality Improvement Network
CLABSI- Central line associated bloodstream infection	HHS- US Department of Health and Human Services	MRSA- Methicillin resistant Staphylococcus aureus	SIR- Standardized Infection Ratio
CLIA – Clinical Laboratory Improvement Amendments	HYST- NHSN Term fro Abdominal Hysterectomy	MT- APIC – MT Chapter of Association of Professional in Infection Prevention and Epidemiology	SNF- Skilled Nursing Facility
CMS- Center for Medicare and Medicaid Services	ID Doc Network – Infectious Disease Physicians	MTDPHHS- Montana Department of Health and Human Services	SSI – Surgical Site Infection
COLO- NHSN Term for Colorectal Surgery	IPPS - Medicare Hospital Inpatient Prospective Payment Systems	MTHA- Montana Hospital Association	VAP- Ventilator associated Pneumonia
CRE – Carbapenem-resistant Enterobacteriaceae	JCAHO- Joint Commission for Acute Care Hospitals	MTHAIPI- Montana Healthcare Associated Infection Prevention Initiative	

Key for Worksheet:

Work has to be in plan	Work will be included in the plan	Work that won't be included in the plan

Target Area 1. Enhance HAI program infrastructure

1. Establish statewide HAI prevention leadership through the formation of multidisciplinary group or state HAI advisory council		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
a. 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).		HAI Roundtable scheduled to meet on August 31, 2015. • Face to face meeting in March to coincide with the Healthcare Summit in Bozeman (March 11-13, 2016) • 2 Conference calls/webinars 1st scheduled ~ December 15th; 2nd in June 2016 Expand Roundtable partners to: commercial payor, academic setting, DPHHS to contact LTAC leadership for attendee
b. NEW: Include hospital preparedness partners (e.g., hospital/healthcare coalitions funded through the ASPR Hospital Preparedness Program). Additional representation from accrediting and/or licensing agency with surveyor authority is ideal.		Partners invited to the August 31 HAI Roundtable meeting including DPHHS and MTHA Hospital preparedness, DPHHS QAD (survey arm), MPQF (QIN), DPHHS lab, DPHHS Communicable disease section, ID DOC Network, MT Chapter APIC, Indian Health Services Dayle Perrin will work to get an EMS representative (Jim Detienne)
c. NEW: Engage HAI advisory committee in potential roles and activities to improve antibiotic use in the state (antibiotic stewardship)		Goal of 2014 plan not achieved Conduct antibiotic stewardship needs assessment in year 1 • HAI Prevention Staff • ID Doc Network Tom Richardson
d. NEW: Engage HAI advisory committee in activities to increase health department's access to data and subsequently use those data in prevention efforts		In progress: Data Use Agreement focused on Inpatient Prospective Payment System – complete in year 1
e. Identify specific HAI prevention targets consistent with HHS priorities		MPQF working on this

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Target Area 1. Enhance HAI program infrastructure

2. Establish an HAI surveillance prevention and control program

Action Item	Is this a priority for the MT HAI Prevention Plan?	Ideas on how we could make this happen?
a. Designate a State HAI Prevention Coordinator		Christine Mulgrew was hired for this position
b. Develop dedicated, trained HAI staff with at least one FTE (or contracted equivalent) to oversee HAI activities areas (Integration, Collaboration, and Capacity Building; Reporting, Detection, Response, and Surveillance; Prevention; Evaluation, Oversight, Communication, and Infection Control)		Christine Mulgrew and contractors

3. Integrate laboratory activities with HAI surveillance, prevention, and control efforts.

a. 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)		Suzie Zanto to survey hospital and private lab capabilities, consider using NHSN annual facility survey for basic lab data. Suzie to present on capacity at future HAI Roundtable meeting.

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)

Improve coordination		Have 3 funding programs (HAI Prevention, Hospital Preparedness, Lab) report at each HAI Roundtable meeting/conference call.

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Target Area 1. Enhance HAI program infrastructure

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.		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
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.		This work is being performed as a function of Meaningful Use requirements and is being overseen and monitored by the DPHHS Communicable Disease Surveillance Epidemiologist. Opportunities for synergies will be monitored across communicable disease program elements.

Surveillance, Detection, Reporting, and Response

Timely and accurate monitoring remains necessary to gauge progress towards HAI elimination. Public health surveillance has been defined as the ongoing, systematic collection, analysis, and interpretation of data essential to the planning, implementation, and evaluation of public health practice, and timely dissemination to those responsible for prevention and control.[1] Increased participation in systems such as the National Healthcare Safety Network (NHSN) has been demonstrated to promote HAI reduction. This, combined with improvements to simplify and enhance data collection, and improve dissemination of results to healthcare providers and the public are essential steps toward increasing HAI prevention capacity.

The HHS Action Plan identifies targets and metrics for five categories of HAIs and identified Ventilator-associated Pneumonia as an HAI under development for metrics and targets.

- Central Line-associated Blood Stream Infections (CLABSI)
- *Clostridium difficile* Infections (CDI)
- Catheter-associated Urinary Tract Infections (CAUTI)
- Methicillin-resistant *Staphylococcus aureus* (MRSA) Infections
- Surgical Site Infections (SSI)
- Ventilator-associated Pneumonia (VAP)

State capacity for investigating and responding to outbreaks and emerging infections among patients and healthcare providers is central to HAI prevention. Investigation of outbreaks helps identify preventable causes of infections including issues with the improper use or handling of medical devices; contamination of medical products; and unsafe clinical practices.

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[1] Thacker SB, Berkelman RL. Public health surveillance in the United States. Epidemiol Rev 1988;10:164-90.

Key for Worksheet:

Work has to be in plan	Work will be included in the plan	Work that won't be included in the plan

Target Area 2.   State planning for surveillance, detection, reporting, and response for HAIs

1. Improve HAI outbreak detection and investigation		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
a. Work with partners including CSTE, CDC, state legislatures, and providers across the healthcare continuum to improve outbreak reporting to state health departments		This is an ongoing effort under the Epidemiology and Laboratory Capacity (ELC) cooperative agreement with added emphasis in association with the Ebola Supplementary Funding. ELC funding includes a dedicated Outbreak Epidemiologist also a member of the expanded HAI roundtable.
b. Establish protocols and provide training for health department staff to investigate outbreaks, clusters, or unusual cases of HAIs.		Expand HAI prevention training to local health jurisdictions
c. 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		
d. 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)		Dana Fejes, Susie Zantos, Susan Reeser

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Target Area 2. State planning for surveillance, detection, reporting, and response for HAIs

2. Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues.

Action Item	Is this a priority for the MT HAI Prevention Plan?	Ideas on how we could make this happen?
Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues.		Utilize a subgroup in year 1 to include the ID Doc Network and the lab. (CRE, KPC, turnaround time). Expand lab reportable pathogens.

3. Improve communication of HAI outbreaks and infection control breaches

Action Item	Is this a priority for the MT HAI Prevention Plan?	Ideas on how we could make this happen?
a. Develop standard reporting criteria including, number, size, and type of HAI outbreak for health departments and CDC		Year 2- DPHHS Epi section
b. 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)		Year 1 - Provide training to healthcare facilities in areas identified by state survey agency that need improvement. Work with Tyler at QAD to provide educational in-services to surveyors.

4. Identify at least 2 priority prevention targets for surveillance in support of the HHS HAI Action Plan

Action Item	Is this a priority for the MT HAI Prevention Plan?	Ideas on how we could make this happen?
a. Central Line-associated Bloodstream Infections (CLABSI)		Continue to conduct NHSN validation training
b. *Clostridium difficile* Infections (CDI Lab ID Event)		Begin NHSN validation training
c. Catheter-associated Urinary Tract Infections (CAUTI)		Continue to conduct NHSN validation training
d. Methicillin-resistant Staphylococcus aureus (MRSA-Lab ID Event, blood specimens only)		Begin NHSN validation training

e. Surgical Site Infections (SSI)		Begin NHSN validation training for COLO and HYST
f. Ventilator-associated Pneumonia (VAP)		

5. Adopt national standards for data and technology to track HAIs (e.g., NHSN).

Action Item	Is this a priority for the MT HAI Prevention Plan?	Ideas on how we could make this happen?
a. Develop metrics to measure progress towards national goals (align with targeted state goals).		NHSN Standardized Infection Ratio (SIR) Year 1 once DPHHS has access to NHSN data
b. Establish baseline measurements for prevention targets		Collaborate with partners Working on DUA agreement Year 1 once DPHHS has access to NHSN data

6. Develop state surveillance training competencies

a. Conduct local training for appropriate use of surveillance systems (e.g., NHSN) including facility and group enrollment, data collection, management, and analysis		Via monthly webinars or on-site assessments as requested by facility Collaborate with MHA PIN and MPQF. Partner with PIN to enroll CAHs (critical access hospitals)

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Target Area 2. State planning for surveillance, detection, reporting, and response for HAIs

7. Develop tailored reports of data analyses for state or region prepared by state personnel		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
Develop tailored reports of data analyses for state or region prepared by state personnel		Year 1 after NHSN Data use agreement with facilities completed

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		
a. Develop a validation plan		Include validation for SSIs, patient days, line days; CDC methodology electronic and manual counting monitored for 3 months and within 5% of each other. Year 1 SSIs- focus COLO and HYST. Include Lab ID Event (CDI, MRSA blood cultures+)
b. Pilot test validation methods in a sample of healthcare facilities		
c. Modify validation plan and methods in accordance with findings from pilot project		
d. Implement validation plan and methods in all healthcare facilities participating in HAI surveillance		
e. Analyze and report validation findings		
f. Use validation findings to provide operational guidance for healthcare facilities that targets any data shortcomings detected		

Work has to be in plan	Work will be included in the plan	Work that won't be included in the plan

Target Area 2. State planning for surveillance, detection, reporting, and response for HAIs

9. Develop preparedness plans for improved response to HAI		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
a. Define processes and tiered response criteria to handle increased reports of serious infection control breaches (e.g., syringe reuse), suspect cases/clusters, and outbreaks		Year 3
10. Collaborate with professional licensing organizations to identify and investigate complaints related to provider infection control practice in non-hospital settings and set standards for continuing education and training		
		Year 3
11. Adopt integration and interoperability standards for HAI information systems and data sources		
a. 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		Year 3
b. Promote definitional alignment and data element standardization needed to link HAI data across the nation.		Year 3

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Target Area 2.   State planning for surveillance, detection, reporting, and response for HAIs

12. Enhance electronic reporting and information technology for healthcare facilities to reduce reporting burden and increase timeliness, efficiency, comprehensiveness, and reliability of the data		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
a. Report HAI data to the public		Data can be found on Hospital Compare
13. Make available risk-adjusted HAI data that enable state agencies to make comparisons between hospitals.		
Make available risk-adjusted HAI data that enable state agencies to make comparisons between hospitals		Work being completed by MPQH QIO for Learning and Action (LAN) participants
14. Enhance surveillance and detection of HAIs in nonhospital settings		
Enhance surveillance and detection of HAIs in nonhospital settings		Year 1 LTAC Year 2 & 3 Expand to long-term care facilities, dialysis, Rehab facilities

Prevention

State implementation of HHS Healthcare Infection Control Practices Advisory Committee (HICPAC) recommendations is a critical step toward the elimination of HAIs. CDC and HICPAC have developed evidence-based HAI prevention guidelines cited in the HHS Action Plan for implementation. These guidelines are translated into practice and implemented by multiple groups in hospital settings for the prevention of HAIs. CDC guidelines have also served as the basis for the Centers for Medicare and Medicaid Services (CMS) Surgical Care Improvement Project. These evidence-based recommendations have also been incorporated into Joint Commission standards for accreditation of U.S. hospitals and have been endorsed by the National Quality Forum.

Key for Worksheet:

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Target Area 3.   Prevention

1. Implement HICPAC recommendations

Action Item	Is this a priority for the MT HAI Prevention Plan?	Ideas on how we could make this happen?
a. Develop strategies for implementation of HICPAC recommendations for at least 2 prevention targets specified by the state multidisciplinary group.		Avoid duplication. MPQH Learning and Action Network focusing on this and MTHA Hospital Engagement Network considering this

2. Establish prevention working group under the state HAI advisory council to coordinate state HAI collaboratives

a. Assemble expertise to consult, advise, and coach inpatient healthcare facilities involved in HAI prevention collaboratives		Avoid duplication. MPQH Learning and Action Network and MTHA Hospital Engagement Network focusing on this

3. Establish HAI collaboratives with at least 10 hospitals (this may require a multi-state or regional collaborative in low population density regions)

a. Identify staff trained in project coordination, infection control, and collaborative coordination		Avoid duplication. MPQH Learning and Action Network and MTHA Hospital Engagement Network focusing on this
b. Develop a communication strategy to facilitate peer-to-peer learning and sharing of best practices		Avoid duplication. MPQH Learning and Action Network and MTHA Hospital Engagement Network focusing on this
c. Establish and adhere to feedback from standardized outcome data to track progress		Avoid duplication. MPQH Learning and Action Network and MTHA Hospital Engagement Network focusing on this

Key for Worksheet:

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Target Area 3. Prevention

4. Develop state HAI prevention training competencies		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
a. 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		
5. Implement strategies for compliance to promote adherence to HICPAC recommendations		
a. Consider developing statutory or regulatory standards for healthcare infection control and prevention or work with healthcare partners to establish best practices to ensure adherence		
b. Coordinate/liaise with regulation and oversight activities such as inpatient or outpatient facility licensing/accrediting bodies and professional licensing organizations to prevent HAIs		
c. Improve regulatory oversight of hospitals, **enhance surveyor training and tools**, and add sources and uses of infection control data		Enhance surveyor training and tools by working with QAD (HAI Prevention staff and Tyler)
d. Consider expanding regulation and oversight activities to currently unregulated settings where healthcare is delivered and work with healthcare partners to establish best practices to ensure adherence		

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Target Area 3.   Prevention

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		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
Enhance prevention infrastructure by increasing joint collaboratives with at least 20 hospitals		
7. Establish collaborative(s) to prevent HAIs in nonhospital settings (e.g., long term care, dialysis)		
Establish collaborative(s) to prevent HAIs in nonhospital settings (e.g., long term care, dialysis		Contact nonhospital setting professional organizations and large facilities to engage in NHSN training and validation opportunities.

Evaluation and Communication

Program evaluation is an essential organizational practice in public health. Continuous evaluation and communication of findings integrates science as a basis for decision-making and action for the prevention of HAIs. Evaluation and communication allows for learning and ongoing improvement. Routine, practical evaluations can inform strategies for the prevention and control of HAIs. Please select areas for development or enhancement of state HAI prevention efforts.

Key for Worksheet:

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Target Area 4. Evaluation and Communication

1. Conduct needs assessment and/or evaluation of the state HAI program to learn how to increase impact		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
a. Establish evaluation activity to measure progress toward targets and		Was done in 2013, need to re evaluate Need to develop evaluation assessment for HAI program and plan (HAI Prevention staff)
b. Establish systems for refining approaches based on data gathered		
2. Develop and implement a communication plan about the state's HAI program and about progress to meet public and private stakeholders needs		
a. Disseminate state priorities for HAI prevention to healthcare organizations, professional provider organizations, governmental agencies, non-profit public health organizations, and the public		Year 1- Collaborate with QIN, MTHA, PIN, MT-APIC and ID Doc Network to produce newsletter
3. Provide consumers access to useful healthcare quality measures		
a. Disseminate HAI data to the public		HAI Coordinator to add Hospital Compare link to DPHHS HAI web page
4. Guide patient safety initiatives		
a. Identify priorities and provide input to partners to help guide patient safety initiatives and research aimed at reducing HAIs		

Healthcare Infection Control and Response (Ebola-associated activities)

The techniques and practice on which infection control protocols are based form the backbone of infectious disease containment for pathogens that are otherwise amplified and accelerated in healthcare settings. Investments in a more robust infection control infrastructure will prevent many HAIs transmitted to, and among, patients and health care workers.

Target Area 5: Healthcare Infection Control and Response (Ebola-associated activities) *
  • Think not only of Ebola but of other emerging pathogens

Target Area 6: Healthcare Infection Prevention Programs

Key for Worksheet:

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Target Area 5: Healthcare Infection Control and Response (Ebola -associated activities)

1. Infection Control Assessment and Response		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
a. Create an inventory of all healthcare settings in state. List must include at least one infection control point of contact at the facility		HAI staff to start with DPHHS pre-existing licensing list Year 1.
b. Identify current regulatory/licensing oversight authorities for each healthcare facility and explore ways to expand oversight		Year 1-Ask for IP contact information and what additional accrediting or regulatory agencies for certification or accreditation (ie. JCAHO, CLIA, CMS, Rehab)
2. Assess readiness of Ebola-designated facilities within the state		
a. Use CDC readiness assessment tool and determine gaps in infection control		Complete for 2 Ebola Assessment Facilities using CDC tools
b. Address gaps (mitigate gaps)		Same as above
c. Conduct follow-up assessments		Same as above
d. Track HAI outbreak response and outcome		Same as above

Work has to be in plan	Work will be included in the plan	Work that won't be included in the plan

Target Area 5: Healthcare Infection Control and Response (Ebola -associated activities)

3. Assess outbreak reporting and response in healthcare facilities		
a. Use standard assessment tool and determine gaps in outbreak reporting and response		Roll out tools for self assessment to Frontline Hospitals, CAHS, long term care facilities and Dialysis Centers by in collaboration with local health jurisdiction where indicated
b. Address gaps (mitigate gaps)		Same as above
c. Track HAI outbreak response and outcome		Same as above

Key for Worksheet:

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Target Area 6: Targeted Healthcare Infection Prevention Programs

1. Expand infection control assessments		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
a. Expand assessments to other additional facilities and other healthcare settings and determine gaps in infection control		Year 1- Conduct on-site assessment for 1 CAH in each of the 5 tiers and for LTAC (N=6) Year 2 &3 – Expand based on results and feedback from customers and Roundtable
b. Address gaps (mitigate gaps)		Year 1- Conduct on-site assessment for 1 CAH in each of the 5 tiers and for LTAC (N=6) Year 2 &3 – Expand based on results and feedback from customers and Roundtable
c. Conduct follow-up assessments		Year 1- Conduct on-site assessment for 1 CAH in each of the 5 tiers and for LTAC (N=6) Year 2 &3 – Expand based on results and feedback from customers and Roundtable
2. Increase infection control competency and practice in all healthcare settings through training		
a. Incorporate general infection control knowledge and practice assessments of competency into state licensing board requirements, credentialing, and continuing education requirements for clinical care providers (e.g., medical license, admitting privileges) and/or licensing/accreditation requirements for healthcare facilities.		

Work will continue	Work we would like to do	Consider doing this work	Work we will not be able to do

Target Area 6: Targeted Healthcare Infection Prevention Programs

2. Increase infection control competency and practice in all healthcare settings through training		
Action Item	**Is this a priority for the MT HAI Prevention Plan?**	**Ideas on how we could make this happen?**
b. Develop a sustainable training program based on CDC guidance and technical assistance to perform training, prioritizing on-site train-the-trainer programs in key domains of infection control, including the incorporation of hands on evaluations and competency assessments of best practices and a system to monitor ongoing compliance and competency.	*(red)*	
3. Enhance surveillance capacity to improve situational awareness, describe emerging threats, and target onsite assessments to implement prevention programs		
a. Build capacity to analyze data reported by facilities in a defined region to allow for a comprehensive assessment of potential healthcare-associated infection threats, and communicate results with healthcare facilities.	*(green)*	Consider for Year 2 or 3 depending on resources
b. Work with CDC to guide analytic direction and identify facilities for prioritized assessments/response	*(green)*	Consider for Year 2 or 3 depending on resources
c. Improve outbreak reporting capacity by developing an infrastructure that includes clear definitions of infectious threats of epidemiologic importance that are communicated to facilities	*(green)*	Consider for Year 2 or 3 depending on resources
d. Implement a response plan to address potential emerging threats identified by using enhanced surveillance	*(green)*	Consider for Year 2 or 3 depending on resources

Appendix 1

The HHS Action plan identifies metrics and 5-year national prevention targets. Representatives from various federal agencies, the Healthcare Infection Control Practices Advisory Committee (HICPAC), professional and scientific organizations, researchers, and other stakeholders developed these metrics and prevention targets. The group of experts was charged with identifying potential targets and metrics for six categories of healthcare-associated infections:

- Central Line-associated Bloodstream Infections (CLABSI)
- Clostridium difficile Infections (CDI)
- Catheter-associated Urinary Tract Infections (CAUTI)
- Methicillin-resistant Staphylococcus aureus (MRSA) Infections
- Surgical Site Infections (SSI)
- Ventilator-associated Pneumonia (VAP)

Following the development of draft metrics as part of the HHS Action Plan in January 2009, HHS solicited comments from stakeholders for review.

Stakeholder feedback and revisions to the original draft Metrics

Comments on the initial draft metrics published as part of the HHS Action Plan in January 2009 were reviewed and incorporated into revised metrics. While comments ranged from high level strategic observations to technical measurement details, commenters encouraged established baselines, both at the national and local level, use of standardized definitions and methods, engagement with the National Quality Forum, raised concerns regarding the use of a national targets for payment or accreditation purposes and of the validity of proposed measures, and would like to have both a target rate and a percent reduction for all metrics. Furthermore, commenters emphasized the need for flexibility in the metrics, to accommodate advances in electronic reporting and information technology and for advances in prevention of HAIs, in particular ventilator-associated pneumonia.

To address comments received on the Action Plan Metrics and Targets, proposed metrics have been updated to include source of metric data, baselines, and which agency would coordinate the measure. To respond to the requests for percentage reduction in HAIs in addition to HAI rates, a new type of metric, the standardized infection ratio (SIR), is being proposed. Below is a detailed technical description of the SIR.

Below is a table of the revised metrics described in the HHS Action plan. Please select items or add additional items for state planning efforts.

Metric Number and Label	Original HAI Elimination Metric	HAI Comparison Metric	Measurement System	National Baseline Established (State Baselines Established)	National 5-Year Prevention Target	Coordinator of Measurement System	Is the metric NQF endorsed?
1. CLABSI 1	CLABSIs per 1000 device days by ICU and other locations	CLABSI SIR	CDC NHSN Device-Associated Module	2006-2008 (Proposed 2009, in consultation with states)	Reduce the CLABSI SIR by at least 50% from baseline or to zero in ICU and other locations	CDC	Yes*
2. CLIP 1 (formerly CLABSI 4)	Central line bundle compliance	CLIP Adherence percentage	CDC NHSN CLIP in Device-Associated Module	2009 (Proposed 2009, in consultation with states)	100% adherence with central line bundle	CDC	Yes†
3a. C diff 1	Case rate per patient days; administrative/discharge data for ICD-9 CM coded *Clostridium difficile* Infections	Hospitalizations with *C. difficile* per 1000 patient discharges	Hospital discharge data	2008 (Proposed 2008, in consultation with states)	At least 30% reduction in hospitalizations with *C. difficile* per 1000 patient discharges	AHRQ	No
3b. C diff 2 (New)		*C. difficile* SIR	CDC NHSN MDRO/CDAD Module LabID‡	2009-2010	Reduce the facility-wide healthcare facility-onset *C. difficile* LabID event SIR by at least 30% from baseline or to zero	CDC	No
4. CAUTI 2	# of symptomatic UTI per 1,000 urinary catheter days	CAUTI SIR	CDC NHSN Device-Associated Module	2009 for ICUs and other locations 2009 for other hospital units (Proposed 2009, in consultation with states)	Reduce the CAUTI SIR by at least 25% from baseline or to zero in ICU and other locations	CDC	Yes*

Metric Number and Label	Original HAI Elimination Metric	HAI Comparison Metric	Measurement System	National Baseline Established (State Baselines Established)	National 5-Year Prevention Target	Coordinator of Measurement System	Is the metric NQF endorsed?
5a. MRSA 1	Incidence rate (number per 100,000 persons) of invasive MRSA infections	MRSA Incidence rate	CDC EIP/ABCs	2007-2008 (For non-EIP states, MRSA metric to be developed in collaboration with EIP states)	At least a 50% reduction in incidence of healthcare-associated invasive MRSA infections	CDC	No
5b. MRSA 2 (New)		MRSA bacteremia SIR	CDC NHSN MDRO/CDAD Module LabID‡	2009-2010	Reduce the facility-wide healthcare facility-onset MRSA bacteremia LabID event SIR by at least 25% from baseline or to zero	CDC	No
6. SSI 1	Deep incision and organ space infection rates using NHSN definitions (SCIP procedures)	SSI SIR	CDC NHSN Procedure-Associated Module	2006-2008 (Proposed 2009, in consultation with states)	Reduce the admission and readmission SSI§ SIR by at least 25% from baseline or to zero	CDC	Yes¶
7. SCIP 1 (formerly SSI 2)	Adherence to SCIP/NQF infection process measures	SCIP Adherence percentage	CMS SCIP	To be determined by CMS	At least 95% adherence to process measures to prevent surgical site infections	CMS	Yes

* NHSN SIR metric is derived from NQF-endorsed metric data

† NHSN does not collect information on daily review of line necessity, which is part of the NQF

‡ LabID, events reported through laboratory detection methods that produce proxy measures for infection surveillance

§ Inclusion of SSI events detected on admission and readmission reduces potential bias introduced by variability in post-discharge surveillance efforts

¶ The NQF-endorsed metric includes deep wound and organ space SSIs only which are included the target.

Understanding the Relationship between HAI Rate and SIR Comparison Metrics

The Original HAI Elimination Metrics listed above are very useful for performing evaluations. Several of these metrics are based on the science employed in the NHSN. For example, metric #1 (CLABSI 1) for CLABSI events measures the number of CLABSI events per 1000 device (central line) days by ICU and other locations. While national aggregate CLABSI data are published in the annual NHSN Reports these rates must be stratified by types of locations to be risk-adjusted. This scientifically sound risk-adjustment strategy creates a practical challenge to summarizing this information nationally, regionally or even for an individual healthcare facility. For instance, when comparing CLABSI rates, there may be quite a number of different types of locations for which a CLABSI rate could be reported. Given CLABSI rates among 15 different types of locations, one may observe many different combinations of patterns of temporal changes. This raises the need for a way to combine CLABSI rate data across location types.

A standardized infection ratio (SIR) is identical in concept to a standardized mortality ratio and can be used as an indirect standardization method for summarizing HAI experience across any number of stratified groups of data. To illustrate the method for calculating an SIR and understand how it could be used as an HAI comparison metric, the following example data are displayed below:

Risk Group Stratifier	Observed CLABSI Rates			NHSN CLABSI Rates for 2008 (Standard Population)		
Location Type	#CLABSI	#Central line-days	CLABSI rate[*]	#CLABSI	#Central line-days	CLABSI rate[*]
ICU	170	100,000	1.7	1200	600,000	2.0
WARD	58	58,000	1.0	600	400,000	1.5

$$\text{SIR} = \frac{\text{observed}}{\text{expected}} = \frac{170+58}{100000 \times \left(\dfrac{2}{1000}\right) + 58{,}000 \times \left(\dfrac{1.5}{1000}\right)} = \frac{228}{200+87} = \frac{228}{287} = 0.79 \qquad 95\%\text{CI} = (0.628, 0.989)$$

[*]defined as the number of CLABSIs per 1000 central line-days

In the table above, there are two strata to illustrate risk-adjustment by location type for which national data exist from NHSN. The SIR calculation is based on dividing the total number of observed CLABSI events by an "expected" number using the CLABSI rates from the standard population. This "expected" number is calculated by multiplying the national CLABSI rate from the standard population by the observed number of central line-days for each stratum which can also be understood as a prediction or projection. If the observed data represented a follow-up period such as 2009 one would state that an SIR of 0.79 implies that there was a 21% reduction in CLABSIs overall for the nation, region or facility.

The SIR concept and calculation is completely based on the underlying CLABSI rate data that exist across a potentially large group of strata. Thus, the SIR provides a single metric for performing comparisons rather than attempting to perform multiple comparisons across many strata which makes the task cumbersome. Given the underlying CLABSI rate data, one retains the option to perform comparisons within a particular set of strata where observed rates may differ significantly from the standard populations. These types of more detailed comparisons could be very useful and necessary for identifying areas for more focused prevention efforts.

The National 5-year prevention target for metric #1 could be implemented using the concept of an SIR equal to 0.25 as the goal. That is, an SIR value based on the observed CLABSI rate data at the 5-year mark could be calculated using NHSN CLABSI rate data stratified by location type as the baseline to assess whether the 75% reduction goal was met. There are statistical methods that allow for calculation of confidence intervals, hypothesis testing and graphical presentation using this HAI summary comparison metric called the SIR.

The SIR concept and calculation can be applied equitably to other HAI metrics list above. This is especially true for HAI metrics for which national data are available and reasonably precise using a measurement system such as the NHSN. The SIR calculation methods differ in the risk group stratification only. To better understand metric #6 (SSI 1) see the following example data and SIR calculation:

Risk Group Stratifiers		Observed SSI Rates			NHSN SSI Rates for 2008 (Standard Population)		
Procedure Code	Risk Index Category	#SSI[†]	#procedures	SSI rate[*]	#SSI[†]	#procedures	SSI rate[*]
CBGB	1	315	12,600	2.5	2100	70,000	3.0
CBGB	2,3	210	7000	3.0	1000	20,000	5.0
HPRO	1	111	7400	1.5	1020	60,000	1.7

$$\text{SIR} = \frac{\text{observed}}{\text{expected}} = \frac{315+210+111}{12600\times\left(\frac{3.0}{100}\right)+7000\times\left(\frac{5.0}{100}\right)+7400\left(\frac{1.7}{100}\right)} = \frac{636}{378+350+125.8} = \frac{636}{853.8} = 0.74 \qquad 95\%\text{CI} = (0.649, 0.851)$$

[†] SSI, surgical site infection
[*] defined as the number of deep incision or organ space SSIs per 100 procedures

This example uses SSI rate data stratified by procedure and risk index category. Nevertheless, an SIR can be calculated using the same calculation process as for CLABSI data except using different risk group stratifiers for these example data. The SIR for this set of observed data is 0.74 which

indicates there's a 26% reduction in the number of SSI events based on the baseline NHSN SSI rates as representing the standard population. Once again, these data can reflect the national picture at the 5-year mark and the SIR can serve as metric that summarizes the SSI experience into a single comparison.

There are clear advantages to reporting and comparing a single number for prevention assessment. However, since the SIR calculations are based on standard HAI rates among individual risk groups there is the ability to perform more detailed comparisons within any individual risk group should the need arise. Furthermore, the process for determining the best risk-adjustment for any HAI rate data is flexible and always based on more detailed risk factor analyses that provide ample scientific rigor supporting any SIR calculations. The extent to which any HAI rate data can be risk-adjusted is obviously related to the detail and volume of data that exist in a given measurement system.

In addition to the simplicity of the SIR concept and the advantages listed above, it's important to note another benefit of using an SIR comparison metric for HAI data. If there was need at any level of aggregation (national, regional, facility-wide, etc.) to combine the SIR values across mutually-exclusive data one could do so. The below table demonstrates how the example data from the previous two metric settings could be summarized.

HAI Metric	Observed HAIs			Expected HAIs		
	#CLABSI	#SSI[†]	#Combined HAI	#CLABSI	#SSI[†]	#Combined HAI
CLABSI 1	228			287		
SSI 1		636			853.8	
Combined HAI			228 + 636 = 864			287+853.8 = 1140.8
$$\text{SIR} = \frac{\text{observed}}{\text{expected}} = \frac{228+636}{287+853.8} = \frac{864}{1140.8} = 0.76 \qquad 95\%\text{CI} = (0.673, 0.849)$$						

[†] SSI (surgical site infection)