

Working Group Chairs of the
HHS Steering Committee for the
Prevention of Healthcare-
Associated Infections

“Progress Toward Eliminating
Healthcare-Associated Infections”

September 23-24, 2010

Arlington, VA

Presentation Overview

- Prevention and Implementation
- Research
- Information Systems and Technology
- Incentives and Oversight
- Outreach, Messaging, and Communications
- Evaluation
- Influenza Vaccination of Healthcare Personnel



Prevention and Implementation

Areas of focus or domains of responsibility:

- Identify prioritized clinical practices or evidence-based unit-level or facility-specific interventions to prevent HAIs
- Promote implementation of priority clinical practices (i.e., CDC guidelines) or proven effective interventions



Prevention and Implementation

2008 – 2010 Accomplishments:

- HICPAC guidelines
- CLABSI, SSI, MRSA
- Identification and promotion of evidence-based interventions

2011 – 2012 Priorities:

- CAUTI, C. diff
- VAP measurement

Research



Information Systems and Technology

Areas of focus or domains of responsibility:

- Establish greater consistency and compatibility of data collected across HHS on HAIs
- Identify opportunities and implement HHS HAI data systems integration and interoperability
- Increase information about HAIs

Information Systems and Technology

2008 – 2010 Accomplishments:

- AHRQ-CDC collaboration on developing Common Formats for HAI incident reporting
- CDC-CMS collaboration on use of NHSN to report central-line associated bloodstream infections for the Inpatient Prospective Payment System (IPPS) Annual Payment Update (APU)



Information Systems and Technology

2011 – 2012 Priorities:

- Enable use of HAI Common Formats to report to NHSN and Patient Safety Organizations
- Move HAI data reporting requirements into the Meaningful Use incentive program for EHRs
- Add surgical site infection reporting via NHSN to the Inpatient Prospective Payment System (IPPS) Annual Payment Update (APU) program



Incentives and Oversight

Areas of focus or domains of responsibility:

- Explore opportunities for evaluating compliance with infection control practices through required certification processes
- Identify additional options for the use of payment policies and financial incentives to motivate organizations to provide better, more efficient care



Incentives and Oversight

2008 – 2010 Accomplishments:

- Hospital-Acquired Conditions Present on Admission Program (HAC-POA)

2011 – 2012 Priorities:

- Value-Based Purchasing
- HAC-POA Program Evaluation

Outreach, Messaging, & Communications

Areas of focus or domains of responsibility:

To engage in various methods of communication with stakeholders that include providers, purchasers, professional associations, governmental agencies, academia, and the public to raise awareness to the key prevention actions outlined within the Action Plan

This will be carried out through two elements:

- 1) a national HAI outreach campaign, and
- 2) a computer-based training for healthcare workers.

Outreach, Messaging, & Communications

2008 – 2010 Accomplishments:

- Development of National Consumer Media Campaign
- Development of HAI Prevention Training

2011 – 2012 Priorities:

- Rollout of the National Media Campaign
- Growth of partner network for the expansion of external communications

Evaluation

Areas of Focus or Domains of Responsibility:

- Identify content, scope, and outcomes of initiative

2008 – 2010 Accomplishments:

- Established metrics and 5-year targets for Action Plan
 - National and state levels
 - Healthy People 2020 Topic Area
- Initiated regular reports
- Began longitudinal evaluation; Initial phases complete
 - Team: IMPAQ International/RAND Corporation
 - Model: Context, Input, Process, Product

2011 – 2012 Priorities:

- Continue evaluation; Extend beyond acute care hospitals

Evaluation (Initial Results)

- Strengths
 - Enhanced coordination of federal efforts
 - Selection of infections in Action Plan supported
- Challenges
 - Reduction targets (aspirational vs. feasible goals)
 - Population and epidemiologically-derived metrics have limited utility motivating change at provider level
 - Inadequate standardization of metric definitions and data collection methods
 - Need for and difficulty prioritizing research efforts
 - Sustained reductions in HAI rates requires change across multiple levels of the healthcare system
 - No party has operational authority to align all stakeholders
 - Uncertainty of sustained funding



Evaluation (Initial Results)

- Opportunities
 - Increase partnerships with stakeholders
 - National, regional, state, and local levels
 - Private and public sectors
 - Align efforts



Influenza Vaccination of Healthcare Personnel (HCP)

Areas of focus:

- Promote influenza vaccination of HCP to reach Healthy People 2010 and 2020 objectives for partners within and without HHS
- Recommend activities to, and monitor results in, HCP in HHS agencies

Lessons learned since 2008:

- Multiple interventions necessary to improve HCP vaccine uptake
- What gets measured gets done

Influenza Vaccination of Healthcare Personnel (HCP)

2008 – 2010 Accomplishments:

- Developed a toolkit for HCP leaders' use in promoting HCP vaccination
- Met with multiple non-federal stakeholders to encourage HCP influenza vaccination
- Worked with HHS agencies to improve their HCP influenza vaccination rates

2011 – 2012 Priorities:

- Develop, synthesize, and/or enhance evidence and tools for improving influenza vaccination of HCP
- Enroll stakeholders in the initiative
- Enhance and/or develop quality standards for influenza vaccination of HCP
- Evaluate role of, and develop model, federal and state statutes for HCP influenza vaccination

