HAI: Agency Priority Goal

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GPRA Goals

- Government Performance and Results Act (GPRA) requires agencies to have strategic plans and goals, commit to performance improvement and tie resources to results.

- GPRA Modernization Act of 2010 mandates a more comprehensive and integrated approach to performance improvement.
GPRA Modernization Act of 2010

In 2010, there was an update to GPRA:

- The GPRA Modernization Act of 2010 mandates that Agency (HHS) commit to a few priority initiatives (APGs) where significant, accelerated change can be achieved in two years without additional resources.

- Six (6) agency-wide priorities for 2012-2013. Among these is the Priority Goal to Improve Patient Safety by Reducing Healthcare Associated Infections in Hospitals - CLABSI and CAUTI.

- Two-year goal: October 1, 2011 – September 30, 2013
Improve Patient Safety: By September 30, 2013, reduce the national rate of healthcare-associated infections (HAIs) by demonstrating significant, quantitative and measurable reductions in hospital-acquired central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI).

Lead OPDIV: CMS
Partner OPDIVs: AHRQ, CDC, OASH

**Goal Status**
- On-track
- Ahead of Schedule
- Off-track

**Confidence Level**
- Moderate High
Strategies to Goal

- Our confidence level remains **moderately high** that we will meet our Sept 30, 2013 target for several reasons:
  - **Milestones:** We have met our goal milestones to date including our current Q4 milestone: release of final results from AHRQ’s national CUSP for CLABSI program.
  - **Identifying resources needs:** We identify areas where resources are needed by tracking and monitoring results at the facility, state and national level.
  - **Collaboration:** Collaboration is one of the cornerstones of this goal allowing for sharing of evidence-based prevention practices and sustained results on a broad scale.
  - **Data:** Data validation efforts help to ensure that HAI data is accurate and trustworthy. We also highlight emerging electronic technologies as they relate to advances in HAI reporting.
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**Strategies to Goal**
HAI APG: Collaborative Effort

• The HAI Agency Priority Goal is to reduce CLABSI and CAUTI in hospitals nationwide represents a collaborative effort across the department to achieve its aims

• CMS, CDC, OASH and AHRQ all have initiatives designed to promote spread and synergy around 9/30/13 goal: reducing CLABSI by 25% and CAUTI by 20% in our nation’s hospitals

• HHS-wide collaboration is key to producing national HAI reduction programs that:
  • Enhance patient and provider outreach while avoiding confusion and program “fatigue”
  • Avoid duplication of effort
  • Provide synergy around the goal and promote sustainable goals and outcomes
Strategies to Goal Contributing Programs

- National Action Plan to Prevent Healthcare Associated Infections: Roadmap to Elimination (OASH)
- Quality Improvement Organizations 10th Statement of Work (CMS)
- Partnership for Patients (CMS)
- Healthcare-Associated Infections Program (CDC)
- National Healthcare Safety Network (CDC)
- Comprehensive Unit-based Safety Program (AHRQ)
- Healthcare Associated Infections Research and Implementation Projects in AHRQ's Patient Safety Portfolio (AHRQ)
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Key Discussion Points: Data

- National standardized infection ratio (SIR) figures for CLABSI and CAUTI to be reported biannually for this goal. The CDC-led National Healthcare Safety Network (NHSN) is the data source.

- **CLABSI target**: 25% reduction in SIR (goal SIR 0.50 by 9/30/13)
- **CAUTI target**: 20% reduction in SIR (goal SIR 0.75 by 9/30/13)
  (Baseline = 2010 SIR data)

- Through data monitoring including CDC-release of state-level SIR figures, we work to link program resources to areas that may need them most.

- The Medicare Patient Safety Monitoring System (MPSMS), now led by AHRQ, is being used to compare broad trends in CLABSI and CAUTI.
Key Discussion Points: Progress to goal to date

• Midway targets have been set for this goal

• September 2012* CLABSI goal is 12.5% reduction in national SIR from baseline = 0.60

• September 2012* CAUTI goal is 10% reduction in national SIR from baseline = 0.85

• National CLABSI and CAUTI data has been reported through March 2012 and is 0.561 and 0.953 respectively

*There is a 6-month data lag for this goal so September 2012 data will be available for public reporting March 2013.
Key Discussion Points: Progress to Date

• CLABSI reductions are ahead of target goal with a SIR of 0.561 as of March 2012

• The absence of reduction in CAUTI SIR as of March 2012 reveals enhance need for CAUTI prevention efforts

• Increased reporting of CAUTI discharges as a result of CMS’ Hospital IQR program which began during this reporting period may be a contributing factor
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