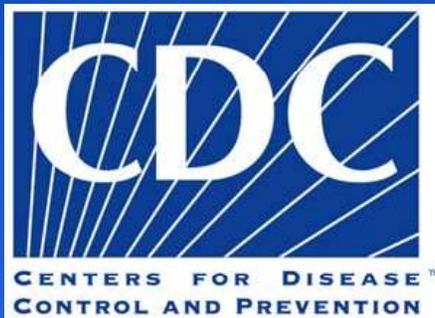


Lessons Learned from CDC's ARRA Funded HAI Prevention Program

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HAI Prevention- Then and Now

□ Then:

- HAI prevention was focused on efforts within individual facilities
- Public health generally not directly involved

□ Now:

- HAI prevention efforts focused at the regional, state and national level
- HAI prevention activities need to be coordinated across facilities
- Public reporting laws have engaged payers and consumers in HAI prevention

ARRA Funding for HAI Prevention

- ❑ ARRA provided \$40 million for CDC to give to states for HAI work
- ❑ States could apply for funds in three key areas
 - Developing/supporting HAI infrastructure
 - Monitoring HAIs
 - Preventing HAIs
- ❑ Funding distributed through a competitive process—more than \$60 million requested

ARRA Funding Distribution

- HAI Infrastructure: 49 states, DC, PR
 - Hired an HAI coordinator- each state now has a point person who is responsible for working to coordinate HAI prevention work.
 - Supported activities of the state HAI multi-disciplinary advisory group.
- Monitoring HAIs: 30 states
 - Training healthcare personnel to monitor HAIs through NHSN.
 - Validating HAI data being submitted to NHSN
- Preventing HAIs: 27 states
 - Multi-facility prevention collaborative projects focusing on a variety of HAIs.

Benefits: Improved HAI Infrastructure

- Helped states fold HAI prevention work into their core public health roles
 - Allowed states with existing HAI activities to improve and expand
 - Allowed states with no HAI activities to begin
- Help support the development of local expertise on HAI prevention
- Helped improve the visibility of HAI prevention among state public health officials

Benefits: Improved Coordination

- All states established multi-disciplinary HAI advisory groups to bring together all stakeholders with interests in preventing HAIs.
- State health departments worked with advisory groups to establish state specific HAI prevention plans
 - Helping to focus priorities
- Improved awareness of other HAI work allows groups to expand each other's efforts.

Examples: Improved HAI Coordination

- In TN the Health Department and QIO are working together on a *C. difficile* prevention effort
- Several states health departments are working with state hospital associations to expand enrollment in the "On the CUSP: Stop BSI" collaborative

Benefits: HAI Prevention

- ❑ Hundreds of front line healthcare personnel have received infection control training
- ❑ New HAI prevention collaboratives have been formed
- ❑ Infections are being prevented

Department of Health

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Health Care Provider Infection Control Training

In August 1992, legislation was passed establishing a requirement that certain health care professionals must receive training on infection control and barrier precautions every four years upon renewal of their license. In August 2008, [legislation was passed](#) requiring certain changes be made to the training curriculum, the training process, and those requiring training.

The Infection Control and Barrier Precaution law applies to the following professions: dental hygienists, dentists, licensed practical nurses, optometrists, physicians, physician assistants, podiatrists, registered professional nurses and specialist assistants. As of November 3, 2008, the requirement for training will also include medical students, medical residents, and physician assistant students.

For a summary of the changes made to infection control training, please see our [Frequently Asked Questions - Infection Control Updates](#)

- [Where to Obtain Training](#)
- [How to Obtain an Exemption](#)
- [Information for Providers of the Infection Control Training Course](#)
- [2010 Infection Control Training Syllabus](#)

Where to Obtain Training

Providers of infection control training are approved by the New York State Department of Health (NYSDOH) and the New York State Education Department (NYSED). The following lists include providers approved by both; approved on-line distance learning courses are available through the NYSED web site.

Indiana State
Department of Health

[ISDH Home](#) > [Health Facility Licensing](#) > [Health Care Quality Resource Center](#) > Healthcare Associated Infections Resource Center

Healthcare Associated Infections Resource Center



- Use Hand Hygiene
- Know Your Role
- Assess and Manage Risk
- Maintain a Clean Environment
- Review Antibiotic and Catheter Use

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 Meetings & Events
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 Food Protection
 Health Facility Licensing
 Information for Health Professionals
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 Maternal & Child Health
 Medical Errors Reporting System
 Office of Minority Health Home
 Office of Vital Records

- The Indiana State Department of Health is leading an initiative directed at preventing healthcare associated infection. This initiative began in September 2009 and continues through December 2011. The Initiative is a state collaborative effort to prevent healthcare associated infections.



Department of Health
Susan R. Cooper, MSN, RN, Commissioner



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Healthcare Associated Infections (HAI)

About Healthcare Associated Infections (HAI)

Healthcare associated infections (HAI) are acquired by patients during the course of receiving treatment for other conditions within a healthcare setting. HAIs are one of the top 10 causes of death in the United States. Both surveillance and prevention activities are vital in reducing the number of patients affected by HAIs.

In Tennessee, hospitals and long-term acute care facilities are required to reporting certain HAIs to the Tennessee Department of Health through the Centers for Disease Control and Prevention's National Healthcare Safety Network. This includes:

- ❑ TN HD using standardized infection ratio information to identify facilities with high infection rates and then working directly with those facilities.
- ❑ Rates of CLABSIs have dropped state-wide.
- ❑ “[Marion] Kainer said TN got its program off the ground with a shoestring budget. It took off, she said, with the help of \$1.7 million in federal recovery act money.”
 - Atlanta Journal Constitution, Aug 21, 2011



Lessons Learned

- ❑ Money helps. A lot.
- ❑ Money is not everything.
 - The most successful states are those that were already interested in HAIs and motivated to prevent HAIs
- ❑ Long term financial commitments would be ideal.
 - It's hard to build a program if support is year to year
- ❑ Spending money quickly is not easy

Lessons Learned

- An HAI prevention infrastructure has been critically important
 - This is certainly consistent with a long history of successful public health interventions- e.g. tuberculosis prevention programs
- HAI infrastructure has been critical to helping state health departments support HAI reporting mandates- now present in 27 states.

Lessons Learned

- ❑ Measuring outcomes is vitally important- not just reductions in infections, but numbers of people trained, calls hosted etc.
- ❑ There is tremendous interest in HAI prevention in non-acute care facilities
 - ARRA has helped several states expand HAI work outside of acute care

Lessons Learned

- We have to communicate what we are doing to lots of partners:
 - Healthcare
 - Consumers
 - Policy makers

- This is critical to ensuring coordination of activities and also for garnering future support

Lessons Learned

- HAI prevention works best when partners work together
 - HAIs are a multi-faceted problem and require a multi-faceted solution
- It takes leadership to bring the groups together and State Health Departments are well positioned to be that leader

Where Do We Go From Here?

- ❑ We must work to sustain what we have built
- ❑ Affordable Care Act funding will help, but there is more need than money
- ❑ We must find ways to leverage our partnerships and collaborations to extend our HAI work

Role of Health Departments in HAI Prevention

- ❑ The changing landscape of HAIs emphasizes the role of public health:
- ❑ A neutral and external group to help oversee HAI prevention efforts.
- ❑ Ensuring public reporting laws are implemented properly.
- ❑ Helping facilities address HAI problems.
- ❑ Ensuring that regional and statewide HAI prevention activities are working in unison.

CDC Support for State Based HAI Activities

- Historically, collaborations between states and CDC on HAI work had largely revolved around support for outbreak investigations and individual projects when funding was available
- ARRA fundamentally changed this
- Supported the expansion (and in some cases the creation) of a public health infrastructure to address HAIs

Questions & Answers

U.S. Dept of Health & Human Services
Office of the Assistant Secretary for Health
Office of Healthcare Quality

www.hhs.gov/ash/initiatives/hai/
www.hhs.gov/ash/ohq/

