

HHS Action Plan to Prevent Healthcare-Associated Infections

Development and Implementation



GAO

Testimony
Before the Committee on Oversight and
Government Reform, House of
Representatives

For Release on Delivery
Expected at 11:00 a.m. EDT
Wednesday, April 16, 2008

HEALTH-CARE- ASSOCIATED INFECTIONS IN HOSPITALS

Leadership Needed from HHS to Prioritize Prevention Practices and Improve Data on These Infections

Statement of Cynthia A. Bascetta
Director, Health Care



GAO-08-673T

GAO Report: Recommendations for HHS

- Improve central coordination of HHS-supported prevention and surveillance strategies
- Identify priorities among CDC guidelines to:
 - Promote implementation of high priority practices
 - Consider inclusion into CMS Conditions of Participation and Conditions for Coverage
- Establish greater consistency and compatibility of the HAI-related data across HHS systems to:
 - Increase reliable national estimates of HAIs



HHS Steering Committee for the Prevention of HAI

- Charge: Develop an Action Plan to reduce, prevent, and ultimately eliminate HAIs
- Plan:
 - Establish measurable national goals
 - Improve central coordination to enhance effectiveness of prevention, research, surveillance, and messaging strategies
 - Engage partnerships with stakeholders for transparency and to operationalize strategies
- Maintain as **“living document”**

Tier One Priorities

HAI Priority Areas

- Catheter-Associated Urinary Tract Infection
- Central Line-Associated Bloodstream Infection
- Surgical Site Infection
- Ventilator-Associated Pneumonia
- Methicillin-resistant *Staphylococcus aureus*
- *Clostridium difficile*

Implementation Focus

- Hospitals

HHS Commitment to Reducing Healthcare-Associated Infections Tier 2

- Ambulatory Surgical Centers (ASCs)
- End-Stage Renal Disease (ESRD) Facilities
- Influenza Vaccination of Healthcare Personnel



Growth in Outpatient Care

Shift in Healthcare Delivery:

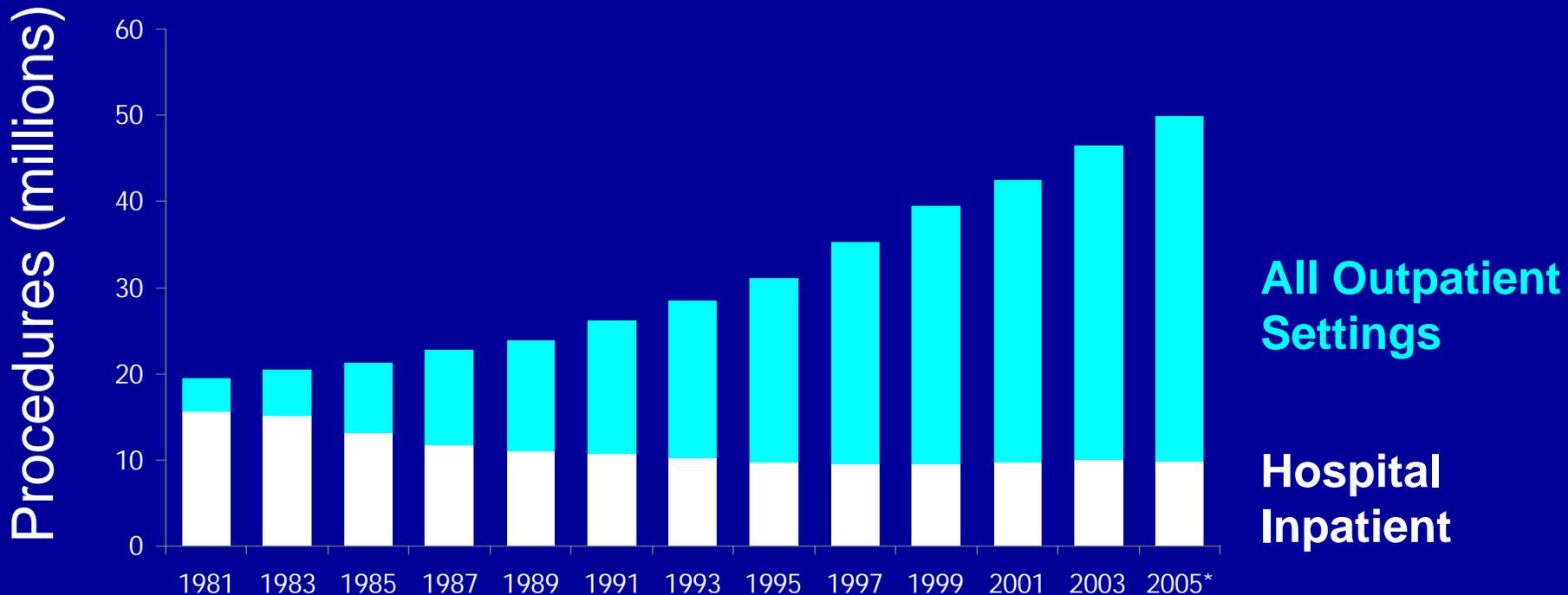
- From acute care settings to ambulatory care, long-term care and free standing specialty care sites
- 6 million+ surgeries performed in ASC paid by Medicare (2007)
- Infection control oversight often lacking
- Approximately 1.2 billion outpatient visits / year

Between 1996 and 2008:

- 72% increase in number of Dialysis Centers (to 4,950)
- 240% increase in number of Ambulatory Surgical Centers (to 5,100)



Increasing numbers of surgical procedures are moving from the inpatient to the outpatient setting



Source: Avalere Health analysis of Verispan's Diagnostic Imaging Center Profiling Solution, 2004, and American Hospital Association Annual Survey data for community hospitals, 1981-2004.
*2005 values are estimates.

HHS Action Plan to Prevent Healthcare-Associated Infections

- Status
 - Workgroups revising the 6 sections of the HHS Action Plan
 - Three new modules developed: ASC, ESRD, and Influenza Vaccination of Healthcare Personnel
- Next Steps
 - Public comment solicited on new modules
 - Incorporate comments/feedback from meeting into the revision
 - Submit revised HHS Action Plan for public comment (early 2011)



September 2010 Stakeholder Meeting

- “Progress Towards Eliminating Healthcare-Associated Infections”
- Stakeholder discussion, input, and participation on implementation strategies to accelerate progress



Meeting Purposes

- (1) Report on progress toward achieving the 2013 national prevention targets established in 2008
- (2) Obtain input on or identify candidate metrics and 5-year (2015) targets for potential use in ambulatory care settings



Meeting Purposes

- (3) Identify strategies and shared solutions for accelerating progress toward HAI elimination in acute care hospitals, ambulatory surgical centers (ASCs), and end-stage renal disease (ESRD) facilities

- (4) Increase alignment or harmonization of private and public sector HAI prevention efforts



Acute Care Hospitals: Day1

Summary



Day 2: Focus Areas

Ambulatory Surgical Centers

End-Stage Renal Disease Facilities

Ventilator-Associated Pneumonia
in Acute Care Hospitals



Meeting Goals – Day 2

- Enlist stakeholder involvement in identifying candidate measures and 5-year HAI prevention targets for potential use in ambulatory care settings (ASCs, ESRD facilities) and for ventilator-associated pneumonia (VAP) in acute care hospitals
 - *Notice for Proposed Rule Making titled “End-Stage Renal Disease Quality Incentive Program (CMS-3206-P)” published on August 12, 2010 in the Federal Register*
- Enlist stakeholder involvement to help identify and implement evidence-based practices to achieve HAI reductions in ASCs and ESRD facilities and for VAP in acute care hospitals



Progression of Day 2

- 9:00 am: Breakout into 3 separate tracks
 - ASC, ESRD, VAP
 - 2-3 breakout sessions in each track
- 1:45 pm: Summary of Sessions
- 3:00 pm: Adjourn



Next Steps

- HAI Recovery Act State Grantee & Coordinators Meeting
 - October 18-19 (Atlanta, GA)
- Model Approaches and Public Health Collaboration for Infection Prevention in Licensed Healthcare Settings: A Focus on Ambulatory Surgical Centers (ASCs)
 - October 20 (Atlanta, GA)
- HHS Action Plan Revision
 - Late 2010 to early 2011



Q & A



For more information regarding healthcare-associated infections, please contact:

DHHS

Office of Healthcare Quality
200 Independence Ave, SW
Room 716G
Washington, DC 20201

Website:

<http://www.hhs.gov/ophs/initiatives/hai/index.html>

- Rani Jeeva :
Rani.Jeeva@hhs.gov
- Danielle Doughman :
Danielle.Doughman@hhs.gov
- Daniel Gallardo
Daniel.Gallardo@hhs.gov
- Elizabeth Kane
Elizabeth.Kane@hhs.gov
- Tynetta Dreher
Tynetta.Dreher@hhs.gov