

“Preventing Health Care-Associated Infections: Updated Acute Care Hospital Targets and Measures” Webinar Questions and Answers

The following questions were raised during the webinar on March 24, 2017 but were not answered during the webinar due to time limitations. Answers were provided by subject matter experts from the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), and the Centers for Medicare and Medicaid Services (CMS).

1. How successful have been efforts to roll out the phase 3 in long-term care facilities?
 - a. CMS Answer: As part of the National Nursing Home Quality Care Collaborative (NNHQCC), the Quality Innovation Network – Quality Improvement Organization (QIN-QIO) program has an aim to reduce health care acquired conditions. To that end, the QIN-QIOs are working to prevent *Clostridium difficile* (*C. difficile*) infection. As of April 7, 2017 there are 2,336 nursing homes enrolled in the National Healthcare Safety Network (NHSN). Successful reporting into NHSN will allow for the first ever baseline for long term care facility onset of *C. difficile*. Additionally, the NNHQCC is working with 12,217 nursing homes on antibiotic stewardship. QIN-QIOs tailor their work to address infections that are problematic to the long term care setting, such as urinary tract infections, upper respiratory infections, and skin infections.

2. Are long-term care facilities part of the nursing home quality care collaborative?
 - a. CMS Answer: Yes, there are currently 12,217 nursing homes enrolled in the collaborative.

3. Why did the Partnership for Patients Hospital Improvement Innovation Networks (HIINs) decide to add total knee arthroplasty (TKA) and total hip arthroplasty (THA) to surgical site infection (SSI) surveillance when this is not a publicly reportable measure (i.e., NHSN)?
 - a. CMS Answer: CMS sought to expand the work to include all cause harm. These two areas represented an opportunity for which standardized metrics existed and where a benefit could be gained for Medicare beneficiaries.

4. Do the Health Care Associated Condition (HAC) targets within CMS’s Partnership for Patients align with the new HAI Action Plan targets?
 - a. CMS Answer: The aim of the Partnership for Patients is to reduce all cause harm, inclusive of health care-associated infections (HAIs). The work of the Hospital Engagement Networks (HENs), and now the newly awarded Hospital Improvement Innovation Networks (HIINs), focuses on a specific set of topics that includes catheter associated urinary tract infection (CAUTI), central line-associated blood stream infection (CLABSI), *C. difficile* infection, and surgical site infection (SSIs). The aim of the Partnership for Patients is a 20% reduction of all-

“Preventing Health Care-Associated Infections: Updated Acute Care Hospital Targets and Measures” Webinar Questions and Answers

cause harm in the acute care setting and a 12% reduction in readmissions by 2019. CMS participated in the development of the HAI Action Plan with CDC, AHRQ, and the Office of the Assistant Secretary for Health (OASH), and others, and believes there is good alignment.

5. Is there a plan to eventually collect HAI data from ambulatory non-surgery settings (ASCs), i.e. clinics?
 - a. CDC Answer: Ambulatory Surgery Centers (ASCs) currently report surgical site infection (SSI) and health care worker influenza vaccination coverage data to NHSN. Six states require ASCs to report SSI data to NHSN, and CMS requires ASCs to report health care worker influenza vaccination coverage data to NHSN. CDC is working on a new NHSN Outpatient Procedure Component, with an expected launch date of March or April 2018.
 - b. CMS Answer: At CMS, the QIN-QIO program is testing in this area through a special innovation project. Results are not yet available.
 - c. AHRQ Answer: AHRQ sponsors two large databases: the Healthcare Cost and Utilization Project (HCUP), and the Medical Expenditure Panel Survey (MEPS). HCUP provides demographic, clinical, and encounter data on all visits to emergency departments, hospital-owned ambulatory surgery centers, and the hospitals. HCUP can provide information about patients with HAIs seen in the emergency department, but not clinics. MEPS captures persons who reported an infection, but the origin of the infection is not captured.

6. Do any of the programs mentioned during the webinar focus on sepsis?
 - a. CDC Answer: CDC is focusing significant effort on sepsis across a variety of programs and initiatives through collaboration with CDC’s Prevention Epicenters and Emerging Infection Programs, as well as partnership with CMS, professional organizations, and patient advocates. Through these projects, CDC is working to collect and provide data about the burden of sepsis and populations at risk in order to promote early recognition, prompt response, and prevent sepsis and its consequences. A sepsis education effort to promote early recognition and management of sepsis is planned for Fall 2017 and will be shared broadly. More information can be found in CDC’s Vital Signs (<http://www.cdc.gov/vitalsigns/sepsis/index.html>).
 - b. AHRQ Answer: The Division of Healthcare-associated Infections at AHRQ currently focuses on prevention of infection, not treatment. AHRQ currently does not have active projects on sepsis, but would be supportive of proposals aimed at prevention of sepsis.

“Preventing Health Care-Associated Infections: Updated Acute Care Hospital Targets and Measures” Webinar Questions and Answers

- c. CMS Answer: At CMS, the Partnership for Patients has included sepsis in its required core areas of focus. We are in the early stages of gathering data across the expansive HIIN network to understand how sepsis rates are being impacted.

7. What efforts have been taken to reduce infection transmission between facilities?
 - a. CDC Answer: Through outbreak investigations, modeling analysis, and other programmatic work, CDC has demonstrated that it is crucial to prevent transmission between health care facilities in order to address infections caused by multi-drug resistant organisms and *C. difficile*. CDC works with health departments and health care facilities to detect, respond to, and contain emergence of resistant organisms across health care settings. In addition, CDC is currently funding programs in 28 state and local health departments to implement regional strategies to prevent infections during patient transfers and target prevention to health care facilities with higher burden of infections. CDC is also working closely with CMS to support the work of the HIINs in their efforts to reduce transmission across the continuum of care. More information can be found in CDC’s Antibiotic Resistance Investment Map (<https://wwwn.cdc.gov/arinvestments/>) and CDC’s Vital Signs (<https://www.cdc.gov/vitalsigns/stop-spread/index.html>).
 - b. AHRQ Answer: AHRQ has supported projects in this area through research funding. One such project involved a regional information system that tracked patients with MRSA between facilities. Also, in the recently released funding opportunity announcements for Combating Antibiotic-Resistant Bacteria (PA 16-422 and PA 16-423) we explicitly cite as an area of interest regional approaches to preventing transmission of antibiotic-resistant bacteria that span acute care hospitals, long-term care facilities, and ambulatory care settings.
 - c. CMS Answer: At the CMS in the Partnership for Patients, HIINs are coordinating across the continuum with community based stakeholders to identify opportunities to reduce transmission.

Collaboration/Innovation

1. What role does the med-tech industry play in national HAI prevention efforts? Is there an opportunity for more/better collaboration?
 - a. CMS Answer: At CMS, as part of the Partnership for Patients, best practices are shared across the HIIN network as they emerge, and they contribute to harm reduction efforts based on the evidence and data presented.

2. Have any agencies studied the use of ultraviolet light to decontaminate health care settings?

“Preventing Health Care-Associated Infections: Updated Acute Care Hospital Targets and Measures” Webinar Questions and Answers

- a. CDC Answer: CDC supports a variety of programs, including the CDC-funded Prevention Epicenter Program, to assess innovations to address hospital environments in an effort to prevent and control infections. For example, two Prevention Epicenters have selected to evaluate the use of ultraviolet light in hospital settings. CDC continues to look for innovations that can help prevent HAIs in hospitals and across all settings.
3. How have home health and in-home infusion care been included with infection assessment and prevention efforts?
 - a. CDC Answer: Home health care and hospice are among the health care settings in which CDC has worked to promote assessment and uptake of infection prevention activities. One highlight is the CDC-led One & Only Campaign, which promotes safe injection and infusion practices using materials that are based on CDC infection prevention guidelines. These efforts have benefitted from collaborative efforts with partners, including the Infusion Nurses Society and CMS
 - b. AHRQ Answer: AHRQ supports research in this area. A current project is evaluating a model to identify patients in home health care settings who are at increased risk for infection, and assessing infection control practices in the home health care setting.
4. What is the panel's opinion on the efficacy of copper as an antimicrobial agent in health care to reduce the incidence of HAI's? And do you see a future where copper surfaces are a mainstream feature in hospitals?
 - a. CDC Answer: Copper-containing materials, along with specialized surface textures, chloride ion release technologies, and other exciting innovations, might have beneficial impact on preventing infections among patients. CDC continues to look for published evidence of benefits to patients and health care personnel, any evidence regarding immediate and long-term safety in use, any unintended impacts on the patient care environment or other elements of health care, and practical aspects of implementation. The agency supports a range of investigators assessing innovations.