

Dear Stakeholder,

The [Office of the Assistant Secretary for Health \(OASH\)](#), the [Agency for Healthcare Research and Quality \(AHRQ\)](#), and the [Centers for Disease Control and Prevention \(CDC\)](#) contracted with IMPAQ International and the RAND Corporation (IMPAQ/RAND) to produce iterative and comprehensive evaluations of our 2010-2013 efforts. The first report of the evaluation program, entitled *Longitudinal Program Evaluation of the Health Care-Associated Infections (HAI) HHS Action Plan-Year 1 Report* (September 2011), examines measures of our initial progress.

Goals of the evaluation are to:

- ❖ record current and future design, content, and progress of the “*National Action Plan to Prevent Health Care-Associated Infections: Roadmap to Elimination*” (HAI Action Plan);
- ❖ provide feedback on how to strengthen monitoring capabilities; and
- ❖ provide insights to identify prospective high-yield opportunities to reduce HAIs.

The Year One Report brings “good news” evidenced by the fact that many of IMPAQ/RAND’s observations are consistent with observations already communicated to or noted by HHS. Through efforts across multiple HHS agencies, progress has been made in reducing HAIs. HHS is utilizing CDC’s National Healthcare Safety Network (NHSN), AHRQ’s [Healthcare Cost and Utilization Project \(HCUP\)](#), and other national systems to track the progress towards [national prevention targets](#) defined in the HAI Action Plan. When compared to baseline, in 2012 (figures are based on 2011 data) CDC reported:

- A 41-percent reduction in central line-associated bloodstream infections in patients throughout hospitals. In 2009 alone, reducing central line-associated bloodstream infections saved about 3,000-6,000 lives and about \$414 million in extra medical costs compared with 2001.
- A 7-percent reduction in catheter-associated urinary tract infections in patients throughout hospitals.
- A 17-percent reduction in surgical site infections. The 2010 [NHSN National and State Healthcare-associated Infections Standardized Infection Ratio Report](#) includes a snapshot of the infection risk linked to ten common surgical procedures. Importantly, only one procedure, coronary artery bypass grafting, showed a national change in SIR between 2009 and 2010.
- A 25-percent reduction in the incidence of health care-associated invasive methicillin-resistant *Staphylococcus aureus* (MRSA) infections.

In addition, data from the [Centers for Medicare and Medicaid Services \(CMS\)](#) and CDC demonstrated that healthcare provider adherence to proven surgical site infection prevention measures and central line insertion practices, respectively, improved.

One infection that remains at historic highs is *Clostridium difficile*, a germ that causes severe diarrhea, kills 14,000 Americans each year, and adds an estimated \$1billion in extra costs to the health care system. While many healthcare-associated infections declined in the 2000s, data from AHRQ showed that the number of hospital stays caused by *C. difficile* tripled. In addition, a recent [CDC report](#) showed that *difficile* infections have moved beyond hospitals; 75% of these infections now begin in medical settings outside hospitals, such as nursing homes and outpatient clinics. As part of its HAI prevention program, AHRQ has posted a [toolkit](#) on its website to help hospitals reduce *C. difficile* infections by implementing antimicrobial stewardship programs.

Even with the successes to date in reducing HAIs, the report identifies several areas for improved coordination and outreach. Specifically, the Year 1 evaluation recommends three strategies for consideration by the Federal Steering Committee for the Prevention of Healthcare-Associated Infections: (1) increase stakeholder engagement within and outside the Federal government, (2) acknowledge and address conceptual and practical tensions between differing HAI perspectives, and (3) create a supplementary document to outline the steps necessary to achieve each HAI Action Plan goal.

AHRQ, CDC and OASH have worked diligently on recommendation (1): increase stakeholder engagement within and outside the Federal government. In addition, the previously named HHS Steering Committee for the Prevention of Healthcare-Associated Infections changed its name to the Federal Steering Committee for the Prevention of Healthcare-Associated Infections to reflect the addition of the Department of Labor, Department of Veterans Affairs, and Department of Defense to the Steering Committee. Their collective input has been invaluable.

The HAI Action Plan goals cannot be achieved without a broad-based network of partners comprising all segments of the healthcare and public health sectors in the United States. In recognition of this, the Steering Committee committed to widespread stakeholder engagement and input into developing the first iteration of the HAI Action Plan. In September 2008, HHS, through CDC, convened a meeting of key stakeholders from academia, Federal and state governments, professional provider organizations, consumer groups, and others with the purpose of soliciting individual input to set potential national prevention targets for HAI elimination. At this meeting, participants identified near- and long-term process and outcome measures to benchmark progress in HAI prevention.

Since that initial meeting, HHS and its component Operating and Staff Divisions have held numerous stakeholder meetings to continue proactive engagement with groups and individuals involved in HAI elimination throughout the United States. The result of this ongoing engagement has been the development of a network of organizations comprising a broad range of private and public sector groups coordinated in part through OASH. This network, initially established through the Steering Committee to more closely link HHS Operating and Staff Divisions, has joined together governmental and non-governmental partners by leveraging established contacts already existing within each of the HHS component organizations. The network achieved rapid success in filling a clearly recognized need for better communication and bridging between bureaucratic and organizational silos both within and outside the Federal government, as well as at the state-level and among various components of the healthcare system.

As the second iteration of the HAI Action Plan is drafted and finalized and as the Steering Committee seeks to achieve the HAI Action Plan goals, the Federal government will increasingly look to its multidisciplinary partners to co-develop and amplify key messages, increase the adoption of recommended practices, and serve as local, state, regional, and national leaders in a coordinated effort to eliminate HAIs. More progress can and will be accomplished together, focused on the end goal of eliminating preventable infections and their associated consequences.

One significant way in which we have increased stakeholder engagement is to solicit public comments on each iteration of the HAI Action Plan before finalization. After hearing from our stakeholders that the initial public comment period was too brief, the Steering Committee lengthened the public comment period, allowing for more individuals and organizations to review and submit comments. HHS also held several meetings with non-governmental stakeholders in mind, and a sample of those meetings is listed in the [Framework section](#) of the HAI Action Plan.

By working with the various groups that attended the aforementioned meetings, as well as other partner organizations, work has been done to improve on recommendation (2): address and acknowledge the conceptual tensions among different HAI stakeholders. HHS acknowledges that various stakeholder groups will hold differing views on the same issue. One example is the five-year goals included in the HAI Action Plan. Some stakeholders believe that the infection reduction goals are too passive and that HAI elimination is the only acceptable goal of an overall HAI initiative. Other partners believe that the goals are too aggressive and cite gaps in the understanding of how to prevent certain types of HAIs as an explanation why HAI Action Plan reduction goals should not be too lofty. HHS has worked diligently through public and private meetings with various partners, as well as by thoroughly reviewing written comments submitted by the public, to identify and finalize HAI Action Plan goals that are grounded in science and also seek to balance multiple perspectives.

Last, the Framework section of the HAI Action Plan, now titled the [National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination](#), includes a section that addresses recommendation (3) to add “a supplementary document to outline the steps necessary to achieve each Action Plan goal.” Examples of the suggestions in the roadmap include: reducing inappropriate and unnecessary device use, implementing and improving antimicrobial stewardship, and engaging leadership at the highest level of a facility. HHS is considering the development of a supplementary document to the HAI Action Plan that would more clearly delineate the necessary steps to achieve each HAI Action Plan goal.

The complete evaluation report can be found at <http://www.hhs.gov/ash/initiatives/hai/projects/index.html>.

Though great progress has been made, the Steering Committee is aware of challenges that we have yet to address, and believe the results of the evaluation report will help guide us in addressing those challenges and further disseminate already-proven evidence based methods to reduce HAIs.

Sincerely,

The Federal HAI Steering Committee