

Arizona Initiatives to Prevent
Healthcare Associated Infections

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Senate Bill 1356

- Enacted September 2008
- Formed an Infection Prevention and Control Advisory Committee (IPCAC)
 - Multidisciplinary committee
 - Addresses healthcare-associated AND community associated infections

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Arizona Initiatives to Prevent Healthcare Associated Infections

Who's on the Committee

- ADHS Director designee
- State Epidemiologist
- Infection Preventionist
 - Public Hospital
 - Private Hospital
- Physician
- ER Physician
- Pharmacist
- Registered Nurse
- Representatives
 - Non-profit LTCF
 - For profit LTCF
 - Assisted Living
 - Health Care Consumer org.
 - Health Insurer
 - Infection survivor
 - State hospital Assn.

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Objectives of the Committee

- Elect a Chairperson
- Review federal and state efforts to address community (CI) and healthcare-associated infections (HAI)
- Recommend standard infection definitions

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Objectives contd.

- Review federal and state mandates relating to surveillance, prevention and control of HAI and CI
 - Reporting requirements
 - Value based purchasing requirements
 - Medicare conditions of participation requ.

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Objectives, contd.

- Determine if additional reporting is necessary to improve patient safety and outcomes
- Recommend best practices for prevention and control of CI and HAI
- Recommend components of a community education campaign to prevent CI and HAI
- Final report due December 31, 2009

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Overarching Conclusions

- Focus on prevention of infection, rather than just surveillance.
- If Committee recommends reporting of HAI, publicly reported data will be linked to ADHS website
- ICD-9 codes or administrative billing data in its current form is not sufficient for determining HAI rates

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Overarching Conclusions

- Tie Committee's recommendations to the availability of funding, recognizing that reporting of healthcare-associated infections is associated with significant costs, both to the health department and healthcare facilities.
- Two sets of recommendations
 - If adequate funding is allocated
 - If no or inadequate funding is allocated

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Overarching Conclusions

- Some public reporting of HAI information is already in place
- Performance improvement processes need to be included in the final recommendations
- Antimicrobial stewardship should be included in final recommendations
- Physician group partners (e.g. ARMA) should be included in dissemination of any provider education material regarding steps to reducing HAI

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Overarching Conclusions

- Funding, education, and prevention need to be the main focus when the Committee makes its recommendations – not reporting
- All recommendations need to be based on available evidence in the literature.
- Community infection surveillance is adequately addressed by state and local public health

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ARRA Healthcare Associated Infections Grant

- Supplemental to Epidemiology and Laboratory Capacity Grant
- Goal: Build and sustain state health department programs to prevent HAI
- Up to \$1.2 million available per state
- Funding only available for 2 years

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Three Main Activities

- Activity A: Coordination and Reporting of State HAI Prevention Efforts
 - Establish a state HAI Plan Coordinator
 - Convene a multidisciplinary group
 - Draft and submit HAI plan to HHS
 - State baseline for prevention targets
 - Quarterly reporting on HHS prevention targets

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Three Main Activities

- Activity B: Detection and Reporting of HAI data
 - Develop sustainable HAI reporting through NHSN
 - Monitor impact of prevention programs
- Activity C: Establish a Prevention Collaborative
 - Multicenter evidence-based HAI prevention collaborative among acute care hospitals
 - Focus on progress toward national prevention targets

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ADHS Grant Activities

- Received approximately \$200,000
- Enough to hire state HAI Plan Coordinator
- Funding primarily for Activity A
- Plan to continue multidisciplinary committee after 12/31/09 on voluntary basis
- Include HSAG and other stakeholders
- Review current evidence on HAI prevention

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ELC Grant – Another Funding Opportunity

- Purpose: Facilitate control of multidrug-resistant organisms (MDROs) including
 - MRSA
 - Multidrug Resistant Gram Negative Bacilli
 - *Clostridium difficile* Infection
- Up to \$150,000 available

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Three Strategies

- Preventing MDRO transmission
- Preventing infections
- Reducing unnecessary antimicrobial use
- Focus on NHSN MDRO modules
- Priority given to applicants who propose
 - Collection of facility level abx use data
 - Tracking of an outcome, such as CDI

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Other HAI Prevention Activities

- Continue invasive MRSA infection surveillance throughout state
- Continue to monitor antimicrobial susceptibility of MRSA and *S. pneumoniae*
- Possibly update Arizona MDRO manual if resources available

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