



# California Plan for the Prevention of HAI

HAI Advisory Committee  
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Oakland



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# Objective

To assess interest in the development of a revised state HAI plan with established prevention priorities and targets



# Current California State HAI Plan

- Written and submitted to US Department of Health and Human Services (HHS) in December 2009
- Required as a condition for state public health agencies to receive American Recovery and Reinvestment Act (ARRA) funds
- CDC/HHS feedback on the California plan suggested need to “work with your advisory committee to monitor the effectiveness of prevention initiatives and activities”
- Subsequent federal support for HAI Liaison prevention activities has come with expectations that the HAI AC
  - 1) updates and oversees the state HAI plan, and
  - 2) sets HAI prevention priorities and state goals



# 2009-2011 California HAI Plan

Planning efforts in 4 key areas:

1. HAI Program Infrastructure
2. Surveillance, Detection, Reporting, and Response
3. Prevention
4. Evaluation and Communication



# HAI Infrastructure

- Establish state HAI-AC
- Collaborate with local and regional partners
- Designate a state HAI Prevention Coordinator; hired trained staff
- Improve coordination among state government organizations
  - L&C surveyors, Division of Communicable Disease Control
- Identify specific HAI prevention targets; establish state goals
- Facilitate use of standards-based formats (e.g. Clinical Document Architecture) for electronic reporting of HAI data

# Surveillance, Detection, Reporting, Response

- Improve HAI outbreak detection and investigation
- Improve communication of HAI outbreaks and infection control breaches between CDPH and CDC, and among state and local governmental partners
- Adopt national standards (e.g. NHSN) for tracking HAI data, establish baseline measurements, make available risk-adjusted data
- Develop a validation plan to measure accuracy and reliability of HAI data collection
- Measure progress toward targeted state goals
- Enhance surveillance and detection of HAI in non-hospital settings

# HAI Prevention

- Develop strategies for implementing and/or promoting adherence to CDC/HICPAC guidelines
- Establish HAI prevention collaboratives with at least 10 hospitals (or partner with other partner organizations)
- Establish prevention working group under the state HAI-AC
- Establish collaboratives to prevent HAI in non-hospital settings



# Evaluation and Communication

- Provide consumers access to useful HAI measures
- Develop and implement a communication plan about the state HAI program and progress
- Disseminate state priorities for HAI prevention to hospitals and other healthcare organization, professional provider organizations, other governmental agencies, non-profit organizations and the public
- Conduct evaluation of the the state HAI Program to learn how to increase impact



# Building Confidence in Public Reporting

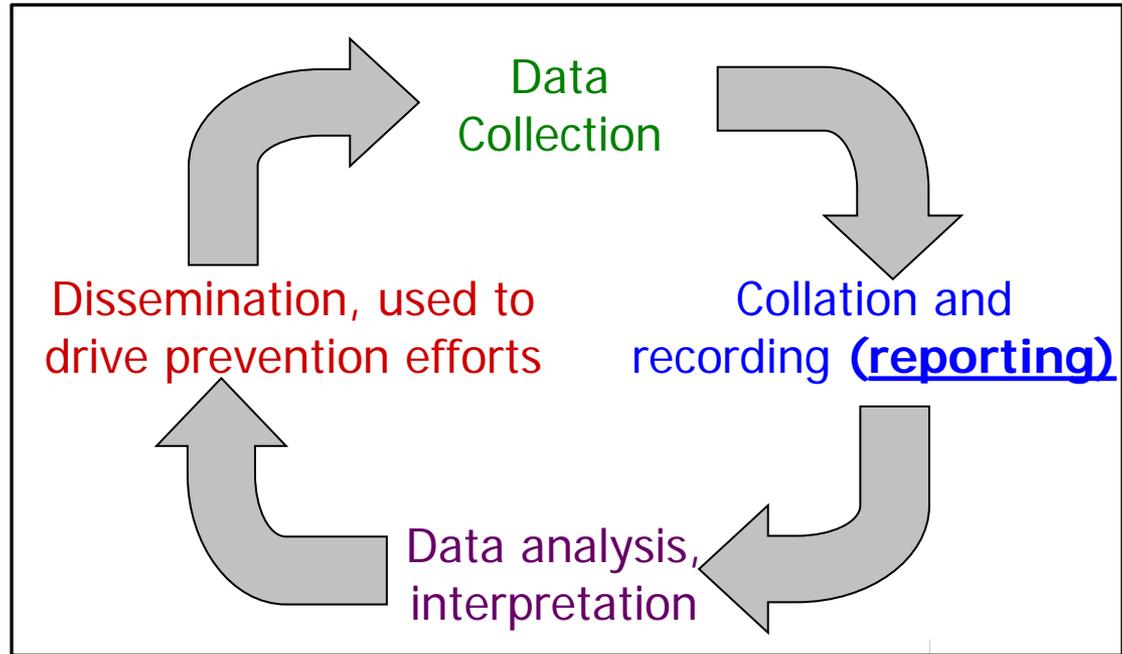
Acknowledge that there is wide variability among hospitals performing HAI surveillance. Can it be tolerated in era of public reporting?

- Consider how to accomplish data quality / validation in all hospitals
- Continue to support efforts toward electronic surveillance and reporting to remove subjectivity, decrease data burden

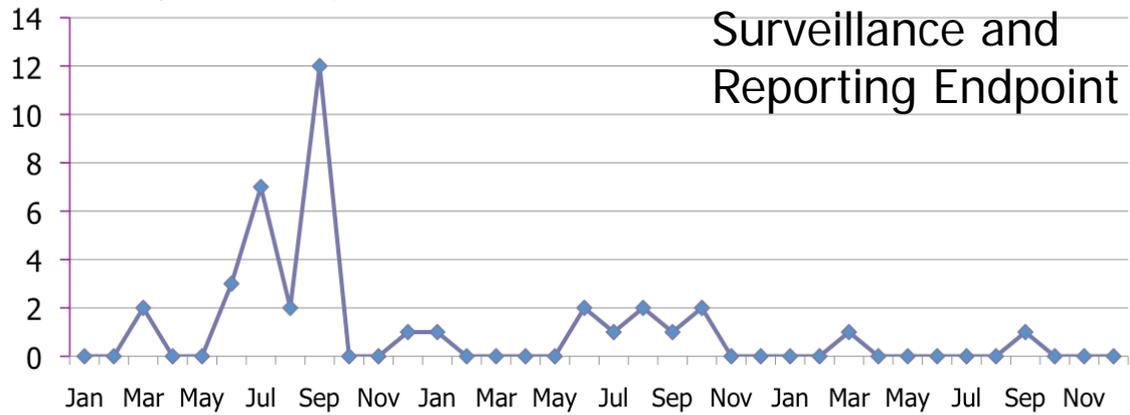


# HAI-AC Role: Beyond Public Reporting - ?

Surveillance and Reporting Process



Example: **CLABSI, 2009-2011**



# HAI Prevention Targets, HHS Action Plan, 2009-13

Metric	Data	Target
Central line bloodstream infections (SIR)	NHSN	↓ 50%
Adherence to central line insertion practices (CLIP)	NHSN	100%
Hospitalizations with <i>Clostridium difficile</i> (CMS claims)	Admin	↓ 30%
<i>Clostridium difficile</i> infections (SIR) - no data yet	NHSN	↓ 30%
Catheter-associated urinary tract infections (SIR)	NHSN	↓ 25%
MRSA incidence rate, healthcare-associated (active surveillance, 10 sites)	EIP	↓ 50%
MRSA bacteremia, facility-wide (SIR) - no data yet	NHSN	↓ 25%
Surgical site infections (SIR)	NHSN	↓ 25%
Surgical Care Improvement Program adherence (CMS/QIO)	SCIP	95%



Progress (2011 data): **Green**=on target **Red**=not on target



# Proposal and Next Steps

Proposed to CDC for 2012-2013 Funds	Process Steps	Timeline
<p>HAI Program Chief and HAI Liaison Program Coordinator will work with the HAI-AC to develop a draft update of the state HAI plan, with established annual goals and targets</p>	<p>Facilitate review and discussion of the state HAI Plan at HAI AC meeting</p> <p>Suggest establishment of HAI Plan Subcommittee</p>	<p>April 2013</p>
	<p>Work with Subcommittee to revise state HAI Prevention Plan</p>	<p>May-Aug 2013</p>
	<p>Present draft revision of new state HAI Prevention Plan to full HAI-AC</p>	<p>Sept 2013</p>
<p>Use data from California public reports to establish prevention needs and priorities</p>	<p>HAI Program to develop process and perform detailed review of 2010-2012 HAI data</p>	<p>April-July 2013</p>
	<p>Develop summary for informing HAI plan subcommittee</p>	<p>July 2013</p>
	<p>Develop outreach plan for targeted hospitals (Implement immediately following 2013 public reports)</p>	<p>Sept 2013</p>