

Indiana Healthcare Associated Infection Initiative

Overview

Origin of Initiative

- U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services
- U.S. Centers for Disease Control and Prevention

Funding of Initiative

- American Recovery and Reinvestment Act of 2009 (ARRA) ["Recovery Act"]
- Indiana received \$694,152
- Indiana also received \$98,052 to support enhanced surveys of Ambulatory Surgery Centers

Goals of Indiana Initiative

- Improve the identification of healthcare associated infections by health care providers
- Reduce the number of healthcare associated infections
- Increase consumer and healthcare worker awareness of healthcare associated infections

Objectives of Indiana Initiative

- Create a **State Plan** for healthcare associated infections
 - Indiana Plan for the Prevention of Healthcare Associated Infections – 2010 -2012
 - Designate State Coordinator for Healthcare Associated Infection Program
 - Create an Epidemiologist position with expertise in Healthcare Associated Infections
- Develop and implement a healthcare associated infections **surveillance and reporting** system
 - Improve coordination of infection control issues
 - Improve laboratory capacity to identify infections
 - Improve statewide infection outbreak detection
 - Assist healthcare providers in utilizing the National Healthcare Safety Network (NHSN) for tracking and analysis of infections

- Develop and implement a healthcare associated infections **prevention initiative**

Initiative Targets:

- *Clostridium difficile* infection (CDI)
- Catheter associated urinary tract infections (CAUTI)

Additional Optional Targets for Participants:

- Central line associated bloodstream infections (CLABSI)
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Surgical site infections (SSI)
- Ventilator associated pneumonia (VAP)

Initiative Prevention Goals: *Clostridium difficile* (CDI)

- CDC National 5-year Prevention Target:
 1. At least 30% reduction in hospitalizations with *Clostridium difficile* per 1000 patient discharges
 2. Reduce the facility-wide healthcare facility onset *Clostridium difficile* laboratory identification event Standardized Infection Rate by at least 30% from baseline or to zero
- Indiana 15-month Initiative Target:
 1. At least 15% reduction in hospitalizations with *Clostridium difficile* per 1000 patient discharges
 2. Reduce the facility-wide healthcare facility onset *Clostridium difficile* laboratory identification event Standardized Infection Rate by at least 15% from baseline or to zero

Initiative Prevention Goals: *Catheter associated urinary tract infections* (CAUTI)

- CDC National 5-year Prevention Target:
 - Reduce the CAUTI Standardized Infection Rate by at least 25% from baseline or to zero in ICU and other locations
- Indiana 15-month Initiative Target:
 - Reduce the CAUTI Standardized Infection Rate by at least 12% from baseline or to zero in ICU and other locations

Components and Timeline for Prevention Initiative

- Leadership Conference: March 2, 2010
- Application for participation: April 1 – May 14, 2010
- Participants begin self-assessments: July 2010
- Regional Learning Session 1: October 2010
- Participants begin implementation: October 2010 – March 2011
- Regional Learning Session 2: April 2011
- Continued participant implementation: April 2011 – September 2011
- Outcomes Congress: October 2011
- Initiative Concludes: December 2011

How Participants Will Benefit

- Team building through collaborative efforts
- Improved care coordination and transition processes
- In-person education programs
- Resources and toolkits
- Implementation assistance through coaching and webinars

Cost of Participation

- Resources, toolkits, educational programs, and Initiative activities will be provided at no cost to participants
- There will be fees for food and beverage at learning sessions.
- Facilities/agencies are responsible for travel costs to events.

Application for Participation

- Applications are due by May 14, 2010. Applications will be FAXed to the University of Indianapolis Center for Aging & Community.

Participant Selection Criteria

- Commitment by facility/agency to identify a 5-member team that will be engaged in the entire Initiative
- Geographic diversity
- Diversity of provider types (hospitals, nursing homes, home health agencies, hospice)
- Providers already using the National Healthcare Safety Network (NHSN) may be given priority

Expectations for Participants

- Send a 5-member team to all events and activities. The team will include:
 - Administrative-level individual (i.e., administrator, nurse administrator)
 - Infection preventionist or infection control officer
 - Staff registered nurse providing direct care
 - Aide-level staff (i.e., certified nurse aide, home health aide)
 - Professional support staff who would be beneficial in implementing improvements (i.e., physician, therapist, dietician, nurse)
- Have an enthusiastic interest in participating in the Initiative
- Be willing to implement improvements to the facility's/agency's infection control system. Facilities may implement the initiative across the facility or my select units for initial implementation.
- Maintain and analyze facility/agency data on healthcare associated infections and report data on the CDC National Healthcare Safety Network (NHSN).