

# HAI PREVENTION AND POLICY IMPLEMENTATION

Healthcare-associated infections (HAI) are preventable infections acquired by patients while receiving healthcare treatment. These infections account for up to \$33 billion in excess medical costs for hospitals every year—billions that could be saved through the implementation of comprehensive HAI prevention programs.

ASTHO and the Centers for Disease Control and Prevention (CDC) spoke with a broad spectrum of stakeholders from states with HAI policies in place. The stakeholders shared key initiatives that they thought would be helpful for states to consider when adopting HAI prevention programs.

## Public Reporting and Validation

Knowing the burden of HAIs is a critical first step in determining challenges and identifying policies and programs that can make the most impact. Mandatory reporting to the state health department with data validation ensures reliable data for HAI tracking and increases accountability. States can consider adopting a phased approach that accounts for time to establish an implementation plan, train staff, and plan a budget. States can link reporting to other regulatory requirements or data-quality efforts, such as data validation, to create a comprehensive program to eliminate HAIs.

## Advisory Council

States should seek guidance from healthcare professionals, hospital associations, consumers, and healthcare epidemiologists on all aspects of a state HAI prevention and reporting program. The critical role of an advisory council is to provide guidance to state health departments on the implementation of state HAI prevention and reporting programs.

## Accreditation, Licensure, and Training

Hospital safety is on consumers' minds. While some states have implemented online training and accreditation for facilities and certifications for practitioners, stakeholders have identified a need for more of these education and policy interventions.

## Incentives

States have employed innovative incentives to encourage providers to make the initial investments to sustain prevention efforts. These incentives vary from instituting subsidies to offsetting costs for updating electronic data systems to increasing the reimbursement rates for meeting HAI reduction targets.

## Oversight

Health agencies need the authority to quickly respond to emerging HAIs. States can adopt policies to establish authority for regulatory oversight to either the state health agency or commissioner of health.

## RECOMMENDATIONS FROM THE FIELD

In 2011, ASTHO and CDC spoke with 150 stakeholders from states with established HAI programs to garner insight and feedback on their experiences. Below are some considerations they shared for designing effective HAI programs:

<b>Identify</b>	Use data to identify and prioritize infections that represent either the gravest threat to health or the clearest opportunities for progress. Phase in other infections as interventions solve problems or capacity expands.
<b>Clarify</b>	Use standard definitions to implement consistent data surveillance.
<b>Fund</b>	Identify sustainable or creative streams of financial support for data collection and validation.
<b>Train</b>	Ensure that state health officials, facility staff, and practitioners receive regular training to recognize and enforce HAI regulations and policies.
<b>Coordinate</b>	Increase collaboration between health departments and facilities by aligning state and federal reporting requirements and improving communication.

### Establishment of Authority

Essential provisions in HAI statutes should define an agency's power to:

- 1 Implement HAI legal provisions
- 2 Enforce HAI laws
- 3 Ensure the program's sustainability
- 4 Protect confidentiality of data
- 5 Amend regulations as necessary

### Considerations for Implementation

Each state needs to implement or expand policies to reduce and eliminate HAI. In evaluating policies, states should:

- 1 Consider which HAI program requirements to include in statute and in regulations
- 2 Consult legal counsel to ensure policies comply with existing laws
- 3 Determine how funding can be authorized and allocated

**CULTURE CHANGE** Stakeholders supported innovative facility-level interventions that allow doctors, staff, and patients to drive culture change that promotes adherence to evidence-based guidelines to prevent HAIs. For example, while training helps to establish a basic understanding of necessary practices, in Tennessee stakeholders noted that institutional and professional culture change is imperative to successful implementation.

**MANDATORY PUBLIC REPORTING** In New York, adult and pediatric central line-associated bloodstream infection (CLABSI) rates decreased by 18 percent from 2007 to 2011 after adjusting for type of intensive care unit. Numerous participants attributed the success of disclosure policies in New York to the auditing of reported data and the initial pilot reporting program that allowed the state to refine requirements and educate facilities on reporting.

For additional information on these studies, please visit: [www.astho.org/Programs/Infectious-Disease/Healthcare-Associated-Infections/](http://www.astho.org/Programs/Infectious-Disease/Healthcare-Associated-Infections/)