Effective State Policy Interventions for the Prevention of Healthcare-Associated Infections

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Background
Healthcare-Associated Infections (HAIs) are an important healthcare safety issue. At any given time, about 1 in 20 patients have an infection while receiving healthcare treatment in U.S. hospitals. HAIs in hospitals alone result in up to $33 billion in excess medical costs every year. Policy interventions that facilitate and accelerate HAI prevention efforts can prevent infections, avoid deaths, and reduce healthcare costs. To accelerate the elimination of HAIs, it is vital to understand the impact of state policies that provide for public reporting, financial incentives, and oversight on HAI prevention.

Several federal initiatives are under way to advance HAI prevention, making this an opportune time for states to initiate or enhance their HAI programs. State health agencies play a central role in HAI elimination because they are responsible for protection of patients across the healthcare system and serve as a bridge between healthcare facilities and the community.

Design
CDC and ASTHO are conducting a two-phase project to assess best practices within states and provide opportunities to harmonize best practices across states to maximize HAI prevention.

Phase I: The first phase produced an interim toolkit to provide guidance to senior policy makers on promising legal and policy interventions as tools to implement comprehensive HAIs prevention programs. Following a review of existing state HAI laws and policies, an expert working group was convened to provide insights for the toolkit.

Phase II: In the second phase, consultations and in-depth meetings are being held in partnership with the Keystone Center to analyze the success of current HAI prevention policies and any barriers that have been encountered in implementing HAI programs.

Consultation States: CA, MA, NV, PA, SC, WA, and WI.

Objectives: To understand specific state policies and whether these are early indicators suggesting the policies will lead to a decrease in HAIs.

In Depth Meeting States: CO*, NY, and TN (See map, right)

Objective: To better understand how a “suite” of policies interact in a given state and determine whether early indicators suggest that a particular combination of policies is likely to lead to a greater reduction of HAIs.

Phase I Findings
Legal and policy interventions can help accelerate HAI prevention by promoting adherence to evidence-based practices and use of valid data to respond to emerging threats and focus prevention efforts. Laws that provide state health agencies with the authority to engage in HAI prevention activities can catalyze further policies that promote HAI prevention. The toolkit provides guidance to support those efforts.

HAI reporting provisions represent the most extensive component within existing state HAI statutes and have largely been driven by consumer demand for transparency and accountability on HAI in healthcare facilities. Financial or other incentives that encourage facility compliance and promote a culture of safety appear more beneficial for effective HAI prevention than disincentives. However, state regulatory and oversight tools, such as additional levels that can be implemented to ensure patient safety across the spectrum of care.

Healthcare-Associated Infections Reporting Laws

1 In 2004, only 4 states had public reporting mandates. The map shows a whorl in states in 2011. In-depth meetings will be held in circled states.

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Phase II Preliminary Findings
State HAI policies are relatively new. Even the policies that have long track records have yet to be in place long enough to understand the full impact of state policies. It may be too early to have accurate outcome data on whether specific policies or a suite of policies working together are leading to a reduction in HAIs, other indicators can serve as proxies for understanding best practices.

Most state stakeholders agree that public reporting is an important component of state HAI programs, especially with validation for facility-level data that is released in a timely manner. However, many are not confident that reporting alone will affect infections without other interventions, such as provisions that include HAI as reportable conditions.

Stakeholders supported innovative facility-level interventions to allow doctors, staff, and patients to play a role in driving cultural change in preventing HAIs. Policies rooted in evidence-based guidelines are needed to maximize HAI prevention efforts. Respondents were mixed on the effectiveness of positive versus negative incentives. It appears to be important that policies are not designed as reactive punishment, and that they do not include unfunded mandates.

Limitations for effective HAI policy impact include insufficient resources, personnel, or training; a lack of valid data; and inadequate incentives that promote adherence to evidence-based guidelines.

Next Steps
The final summary will be included in a report on best practices, including key statutory and regulatory considerations, to be used by state and federal policy makers to inform future HAI prevention policies.

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References