ASTHO Comments on the
"National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination"

June 25, 2012

The U.S. Department of Health and Human Services (HHS) Office of Healthcare Quality is soliciting public comments on the revised "National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination." Below, the Association of State and Territorial Health Officials (ASTHO) offers comments for consideration. ASTHO appreciates the opportunity to comment on this important topic.

ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. Territories, and the District of Columbia, as well as the 120,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and to assuring excellence in state-based public health practice. Our vision is healthy people thriving in a nation free of preventable illness and injury.

Addressing healthcare-associated infections (HAI) is a primary strategy to reduce the incidence of preventable illness and death in the United States, and is therefore a key area of focus for ASTHO. ASTHO encourages a central role for state and territorial public health agencies in HAI prevention, given their authority, responsibility, and experience in implementing communicable disease control measures and establishing prevention education programs for healthcare providers. State health agencies have a central role to play in HAI elimination because they are responsible for protection of patients across the healthcare system and serve as a bridge between healthcare and the community. Health agencies are an essential stakeholder in the continued dialogue around addressing HAIs, including with non-traditional partners.

ASTHO is working with HHS, CDC, and other partners to further determine roles of state health officials in decreasing and preventing HAIs, specifically addressing priorities, challenges, and solutions at the state and regional level. In March 2011, ASTHO and CDC jointly released the HAI policy toolkit - Eliminating Healthcare-Associated Infections: State Policy Options. The companion report, Policies for Eliminating Healthcare-Associated Infections: Lessons from State Stakeholder Engagement was released in January 2012. ASTHO also maintains situational awareness on HAI-related policies and initiatives, shares this information with members, and represents the state health agency perspective.

As more healthcare is being delivered in non-hospital settings, such as ambulatory surgical centers and dialysis clinics, there is a critical need for comprehensive programs to eliminate HAIs in all settings. ASTHO supports the extended scope of Phase 2 of the National Action Plan to Prevent HAIs. Specific comments on the sections of the revised plan are provided below. ASTHO looks forward to continuing to provide input and supporting the involvement of state health officials in HAI prevention efforts.
Ambulatory Surgical Centers
As mentioned in the Action Plan, “there is no standardized mechanism in ASCs to tie compliance with process measures to improved outcomes or reductions in HAIs.” ASTHO supports development and adoption of widely endorsed process (e.g., infection control practices) and outcome (e.g., HAI rates) measures related to HAIs resulting from procedures performed at ASCs.

- Process measures are important for promoting HAI prevention and measuring progress. In state policy, there are many examples of process measures focused on patient safety and quality that may be appropriate for inclusion in Action Plan recommendations, such as hand hygiene requirements.

- Outcome measures can especially be useful to assess progress in reducing infections. ASTHO recommends that HAI outcome measures be considered for inclusion in Action Plan recommendations as they are developed and validated. ASTHO recommends using the definitions, methodologies, and standards of NHSN to report HAI outcome measures where feasible.

ASTHO supports Goal ii of identifying existing quality measures and areas where additional quality measures are needed, and looks forward to providing input. The experiences of Colorado, Massachusetts, Nevada, and New Hampshire can be used to inform development of national measures and also to increase state-level reporting. ASTHO encourages states to address ASCs within the State Action Plans to Prevent HAIs.

Through stakeholder engagement activities, ASTHO heard that state health agencies and facilities prefer homogenized guidelines. ASTHO recommends the use of measures reported via CDC’s National Healthcare Safety Network (NHSN) for these guidelines, utilizing existing NHSN infrastructure and protocols, for standardization among programs and ease of reporting. State health agencies are a resource for training and educating ASC staff members on NHSN, surveillance, and reporting. Coordinating and sharing data with state health agencies will also ensure that the surveillance data are able to be used for prevention purposes.

End-Stage Renal Disease Facilities
Hepatitis: ASTHO supports the inclusion of hepatitis B and hepatitis C infections as priorities, and agrees with the need for hepatitis surveillance systems and increased screening. ASTHO is working to demonstrate the value of infrastructure and funding for hepatitis activities at the state public health level. ASTHO supports Priority Recommendation 2: Prevention of Bloodborne Pathogen Transmission, including offering hepatitis B vaccine to all susceptible hemodialysis patients and healthcare personnel, and practicing safe injection practices. ASTHO is a member of the Safe Injection Practices Coalition and supports safe injection practices, including through the “One and Only Campaign.”

Immunizations: Since immunizations are one of the most effective public health interventions for reducing the burden of infectious disease, ASTHO strongly supports the inclusion of the pneumococcal and influenza vaccinations in the recommendations. Our country currently lacks an adequate infrastructure for ensuring that adults receive the vaccines they need to protect
themselves from infectious disease; incentivizing provision of vaccines to this vulnerable population provides one avenue to address this challenge.

**Antimicrobial Resistance**: ASTHO commends HHS for recognizing the importance of care transitions in HAI and antimicrobial resistance. Promoting optimal antibiotic use across all settings is a critical strategy for reducing HAIs. ASTHO (in collaboration with NACCHO, PHF, CSTE, and CDC) has drafted an approach for state public health agencies to promote optimal antibiotic use. ASTHO is working to build the capacity of state and local health departments to promote best practices regarding antimicrobial resistance, and supports the research direction to inform development and implementation of best practices for judicious antimicrobial use in outpatient dialysis settings. State health agencies can continue to support efforts to address antimicrobial resistance in the areas of surveillance, prevention, and encouragement of antimicrobial stewardship.

**Financial Incentives**: Data collected to target HAI prevention efforts and measure progress provides accountability and transparency. There is a precedent for financial incentives (or disincentives) to encourage infection prevention practices and reporting and hold facilities accountable. ASTHO supports financial incentives as part of a comprehensive program to address HAIs, including both process measures and outcome measures where appropriate.

**Influenza Vaccination of Healthcare Personnel**
ASTHO strongly believes all healthcare personnel should be vaccinated annually against influenza illness, as a reasonable duty of care. Healthcare personnel are at high risk for acquiring influenza illness due to their close proximity to ill patients. Influenza vaccination protects healthcare personnel from developing illness and limits their ability to transmit illness to vulnerable patients at high risk for developing complications from the flu. The low influenza vaccination rates among healthcare personnel continue to be of concern for state public health officials as they work to reduce the transmission of illness in their jurisdictions. Every opportunity to engage state health officials in this multifaceted approach to increase influenza vaccine coverage among healthcare personnel is encouraged. In addition, other relevant vaccinations might be considered for inclusion in the Action Plan in the future, such as vaccination for pertussis.

**State Health Agency Capacity**
In addition to the recommendations above, ASTHO supports improving state health agency capacity for outbreak detection and reporting. State health agencies require effective and efficient systems for preventing morbidity and mortality and ensuring control of outbreaks. ASTHO is working to increase awareness of and support for our members' critical infectious disease infrastructure programs, including programs to address HAIs and antimicrobial resistance. ASTHO also supports improving capacity to work across state agencies and with nontraditional partners to provide education and address these issues across the spectrum of care.