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

August 22, 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 across all settings, and can serve as a partner in improving care transitions and reducing readmissions.

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 outside of acute care hospitals, there is a critical need for comprehensive programs to eliminate HAIs in all settings. ASTHO supports the extended scope of Phase 3 of the National Action Plan to Prevent HAIs, and appreciates the acknowledgement that facilities differ in their level of infection prevention experience. ASTHO looks forward to continuing to provide input and supporting the involvement of state health
officials in HAI prevention efforts. State HAI programs, as well as state epidemiology staff, can establish supportive relationships with facilities to provide technical assistance and give guidance to support infection prevention goals.

**Quality Measures**

In agreement with the Action Plan, ASTHO supports development and adoption of widely endorsed process (e.g., infection control practices) and outcome (e.g., HAI rates) measures related to HAI. ASTHO agrees that measures implemented in other care settings should be considered for inclusion in LTCFs, when appropriate.

- 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 and checklists.
- Outcome measures can especially be useful to assess progress in reducing infections. ASTHO recommends using the definitions, methodologies, and standards of NHSN to report HAI outcome measures where feasible.

**National Healthcare Safety Network (NHSN)**

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. ASTHO supports using NHSN and its methods when available, rather than using administrative data.

ASTHO agrees with recommendation 2.1 that HAI surveillance and reporting to NHSN should be encouraged as the industry norm. As mentioned in the Action Plan, NHSN is releasing a new LTCF Component to accommodate these facilities. Therefore, ASTHO supports Priority Area 1 and the goal of enrolling certified nursing homes in NHSN. Additional rationale for the goal of enrolling 5% of facilities (as opposed to a more ambitious goal) would be useful.

A variety of state policies have been employed in order to address HAIs. This is an opportune time for states to enhance their HAI programs and policies to additional settings, including policies for LTCFs to report to NHSN.

State health agencies are a resource for training and educating LTCF staff members on NHSN, surveillance, and reporting, including communicating the nuances of HAI data to the public. Coordinating and sharing data with state health agencies will also ensure that the surveillance data are able to be used for prevention purposes. ASTHO encourages LTCFs to work with state health agency staff to initiate NHSN reporting and as additional modules are added to ensure a more robust picture of the HAI issues relevant to LTCF.

**Vaccinations**

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 influenza and pneumococcal vaccinations in the recommendations (Priority Area 3). 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.
ASTHO strongly believes all healthcare personnel should be vaccinated annually against influenza illness, as a reasonable duty of care, and therefore also strongly supports Priority Area 4. 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.

Low influenza vaccination rates, especially 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 a multifaceted approach to increase influenza vaccine coverage is encouraged.

**Antimicrobial Resistance**
ASTHO commends HHS for recognizing the importance of antibiotic use and resistance in nursing homes. 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. State health agencies can continue to support efforts to address antimicrobial resistance in the areas of surveillance, prevention, and encouragement of antimicrobial stewardship. An assessment of current resources dedicated to antibiotic stewardship programs within NHs/SNFs (Recommendation 3.2), and identification of best practices for such programs in LTCFs (Recommendation 3.2.2), may reveal opportunities for facilities to work with state health agencies to maximize investments.

**Prevention Collaboratives**
Organizing a prevention collaborative is one strategy for addressing HAIs. ASTHO supports recommendation 3.1 to evaluate the use and success of the collaborative approach. State health agencies have demonstrated leadership in supporting prevention collaboratives and can work to implement evidence-based practices for prevention collaboratives.

**State 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 state financial incentives as part of a comprehensive program to address HAIs.

**State Health Agency Capacity**
In addition to the recommendations above, ASTHO supports improving state health agency capacity for prevention efforts, outbreak detection, and reporting. State health agencies require effective and efficient systems for preventing morbidity and mortality, communicating prevention messages to the community, 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.