What’s Happening in Infection Prevention Policy? 
The Important Role of Infection Preventionists

APIC Central Illinois 4th Annual
Illinois Statewide Conference
on Healthcare Associated Infections

November 21, 2013

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APIC Sr. Director of Government Affairs
Objectives

• Describe APIC advocacy efforts and how they work

• Provide an update on progress toward National Action Plan to Prevent HAIs metrics

• Provide information on the current status of Federal Regulatory issues related to infection prevention
Follow-up Questions?

Lisa Tomlinson, MA, Sr. Director of Government Affairs
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- Overall government affairs strategy
- Federal legislation.

Nancy Hailpern, Director of Regulatory Affairs
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- Federal regulatory issues
- HAI reporting at the federal level

Laura Evans, Government Affairs Associate
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- State issues
- Legislative maps

When in doubt, e-mail: legislation@apic.org
Strategic Goals

**Patient Safety:** Demonstrate and support effective infection prevention and control as a key component of patient safety.

**Implementation Science:** Promote and facilitate the development and implementation of scientific research to prevent infection.

**IP Competencies and Certification:** Define, develop, strengthen, and sustain competencies of the IP across the career span and support board certification in infection prevention and control (CIC®) to obtain widespread adoption.

**Advocacy:** Influence and facilitate legislative, accreditation, and regulatory agenda for infection prevention with consumers, policy makers, health care leaders, and personnel across the care continuum.

**Data Standardization:** Promote and advocate for standardized, quality and comparable HAI data.
Staff and APIC Members Working Together

**Staff**
- experience with legislators
- advocacy and influence
- insight into what motivates policymakers

**Members**
- clinical experience
- scientific knowledge
- insight into member needs and local issues
2013 Public Policy Committee and Regulatory Review Panel

Public Policy Committee
Patty Gray, RN, CIC, Chair
Annemarie Flood, RN, BSN, CIC, Vice Chair
Heather Gilmartin, MSN, NP, CIC
D. Kirk Huslage, RN, BSN, MSPH, CIC
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Patricia Jackson, RN, BSN, CIC
Patricia Rosenbaum, RN, CIC
Mary C. Virgallito, RN, MSN, CIC
Linda Greene, RN, MPS, CIC, Board Liaison

Regulatory Review Panel
Theresa A. Cain, RN, BSN, CIC
Tracy Cox, RN, CIC
Shannon Oriola, RN, BSN, CIC, COHN
Rachel L. Stricof, MT, MPH, CIC

You or one of your colleagues? legislation @apic.org
Chapter Legislative Representatives

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Mary Virgallito
Evelyn Cook
Stephanie Kreiling
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Cindy York
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Marsha Kemp
George Allen
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Jean Przykucki
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Vivian Nutsch
Chad Spangler
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Patricia Fekays
Julie Hertz
Ginna Maggard
Janet Bacon
Donna Dunton
Candece Adkins
Charlotte Wheeler
Barbara Hodo
DeeAnn Vaage
Colleen Bridier
Rouett Abouzelof
Areas of Advocacy

- Federal Legislation
- Federal Regulations
- State Legislation
Federal Agencies
Preparing Comments on Federal Regulatory Issues: The Process

- Staff review Federal Register, other reg. sources
  - Relevant to APIC SPs and IP
    - Y: Refer to PPC/Reg Review for comment development
    - N: Done
  - N: Staff review
- Comments drafted via multi-step review process in cooperation with staff
- To APIC President for approval
  - Y: Submitted to Agency
  - N: Revised for submission
    - Submitted to Agency
    - Done
- Done
Congress
• APIC and SHEA jointly outline our organizations’ annual funding priorities and submit testimony to the House and Senate Appropriations Committee.

• Meet with Appropriations Committee staff.

• Prepare materials so that our members can send letters to their legislator at the key times.

• Participate in Coalition activities that promote these priorities.
Preparing Comments on Federal Legislative Issues: The Process

Review budget or Background on Issue

- IP impact? [Y/N]
  - Y: Meet strategic goal? [Y/N]
    - Y: Other orgs? [Y/N]
      - Y: Reach out to other orgs
      - N: Draft document
        - [Y/N]: PPC input/review
          - [Y/N]: Submit to Congress
            - [Y/N]: Inform members
              - N: Broad support helpful? [Y/N]
                - N: Inform members
                  - Done
                - Y: Ask members to weigh-in
                  - Done
Centers for Disease Control and Prevention (CDC)
- NHSN and the Prevention Epicenters Program
- Advanced Molecular Detection (AMD) and response to infectious diseases program
- Core Infectious Diseases, which would include funding for:
  - HAIs
  - Antimicrobial Resistance
  - Emerging Infections Program (EIP)

Agency for Healthcare Research and Quality (AHRQ)
- HAI research grants
- HAI contracts including the Comprehensive Unit-Based Safety Program (CUSP)

National Institutes of Health (NIH)
- National Institute of Allergy and Infectious Diseases’ (NIAID) antibacterial and related diagnostics efforts
Building Coalitions Around Common Goals
Federal Oversight of Pharmaceutical Compounding

Pending legislation would:

• allow large-scale compounders to *voluntarily* register with the Food and Drug Administration (FDA) as outsourcing facilities.
• require outsourcing facilities to use approved bulk drugs substances.
• require that non-bulk ingredients must comply with applicable standards of USP or NF monographs.
• prohibit the compounding of drugs that have been withdrawn or removed from the market for being unsafe or ineffective or present demonstrable difficulties for compounding.
• prohibit the wholesaling of compounded drugs.
• subject outsourcing facilities to risk based inspection schedule.
• require the Secretary to develop a system to receive and review information from State Boards of Pharmacy concerning actions taken against compounders. The system will immediately notify State Boards of Pharmacy when it receives a submission and when a determination has been made.
• establish an advisory committee on compounding

**Status:** bipartisan legislation passed House and Senate and awaiting the President’s signature.
State Legislation
### Reports on State Legislation

**Kentucky 2012**

**Number:** KY HB 416  -  Updated (New 02/16/2012)

**Sponsor:** M. Marzian

**Title:** An ACT relating to health-facility-acquired infections

**Abstract:** Create new sections of KRS Chapter 216B to define terms; require health facilities to implement infection prevention program for high risk areas and, throughout the facility, by January 1, 2013; require implementation of effective infection prevention programs; require health facilities to report data on health-facility-acquired infections and MDRO; require the secretary to serve as the chief administrative officer for data collection; exempt cabinet employees from liability; require the use of

**Status:** Introduced in House - 02/16/2012

**Profiles:** +Search|HAI
                +Search|MRSA|General
                +Search|Non-hospital Facility
                +Search|Organizations
                +Search|Quality

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- Basic daily tracking reports containing list of state bills in which action has been taken in legislatures throughout the U.S.
- We receive general information about the bill (e.g. bill number, sponsor, title, broad summary, status) based on a key word search
- Each bill requires staff review to determine importance to APIC members and our strategic goals
  - If so, we put it in an appropriate category for continued monitoring, and
  - Draft a brief informative summary for our website to inform members how it relates to infection prevention
Reviewing State Legislation

What we look for when reading the bill:

- Does it relate to key issues? (HAIs, MRSA, ASCs, healthcare worker immunization, etc.)
- Does it mandate HAI reporting?
- Does it change status quo for infection prevention?
- Is it a bill that we need to inform CLRIs about and put on the website, or might it be a bill that only APIC staff should monitor because it might later be of interest?

Once we determine it is a bill we should follow, we ask:

- Is the sponsor a high-ranking member of the committee the bill is before? (If so, the bill generally has a better chance of eventual passage)
- Has the same bill been introduced in previous years?
- Has it moved forward in the legislative process or not? If not, why not?
- When does the state legislature in question adjourn for the year?
CRE and KPC have received increased awareness with the general public and legislators following the March issue of CDC’s Vital Signs report, which focused on CRE, and the media campaign that followed.

As part of the Vital Signs report CDC said:

“The US is at a critical time in which CRE infections could be controlled if address in a rapid coordinated, and consistent effort by doctors, nurses lab staff, medical facility leadership, health departments/states, policy makers and the federal government.”
Vital Signs: What Can Be Done at the State and Federal Level to Address CRE?

Federal Government is:
• Monitoring the presence of and risk factors for CRE infections through the National Healthcare Safety Network (NHSN) and Emerging Infections Program (EIP).
• Providing CRE outbreak support such as staff expertise, prevention guidelines, tools, and lab testing to states and facilities.
• Developing detection methods and prevention programs to control CRE. CDC's "Detect and Protect" effort supports regional CRE programs.
• Helping medical facilities improve antibiotic prescribing practices.

States and Communities can:
• Know CRE trends in your region.
• Coordinate regional CRE tracking and control efforts in areas with CRE.
• Areas not yet or rarely affected by CRE infections can be proactive in CRE prevention efforts.
• Require facilities to alert each other when transferring patients with any infection.
• Consider including CRE infections on your state's Notifiable Diseases list.

Source: CDC Vital Signs
In response to inquiries from APIC Chapters and the news media, APIC Government Affairs created a map and summary on state CRE Reporting requirements.
Legislative Advocacy
How-To Resources
With the help of the Greater St. Louis Chapter, APIC has developed a toolkit to help your chapter plan outreach out to state legislators.

The toolkit, which launched during 2012 International Infection Prevention Week includes:
- Tips for planning a legislative visit
- Tips for preparing materials
- Sample planning timeline
- Sample meeting request letters
- Sample talking points
- Sample follow-up letters

http://www.apic.org/Advocacy/advocacy-toolkit
Language Can Be Our Biggest Challenge

• **Positive:** personal experience and scientific expertise

• **Negative:** use of overly complex scientific language to communicate expertise and ideas
Helping the public better understand the Infection Preventionist’s role in protecting patients and how they can do their part:

- In healthcare settings
- At home, and
- In schools, at work and everywhere else
Who are infection preventionists?

Infection preventionists use their detective skills to find the bad germs and make sure everyone is doing the right things to keep you safe.

- Catheters or other devices will be placed in your body after your skin receives proper cleaning.
- Healthcare workers will clean their hands before and after they care for you.
- Your healthcare workers will wear gloves, gowns, and masks at the right times. If you are in isolation, you and your visitors may need to do this too.
- Your room and any equipment that is used on you will be clean.

http://consumers.site.apic.org/
What are healthcare-associated infections?

Healthcare-associated infections are a result of germs entering your body during medical care.

Catheter-associated urinary tract infections
When germs travel along a urinary catheter and cause an infection in your bladder or kidney.

Surgical site infections
An infection that happens after surgery in the part of the body where the surgery took place.

Bloodstream infections
When germs enter the blood by way of a catheter or tube that is placed in your vein.

Pneumonia
Infection of the lungs.
New Federal Regulations
2011
• CLABSI – Acute Care ICUs (Jan.)
• CAUTI – Acute Care ICUs (except NICUs) (Jan.)
• CAUTI – LTCH, IRF, Cancer Hospitals (Oct)
• SSI – Colon Surgeries and Abdominal Hyst. – Acute Care (Jan)
• Dialysis Events – ESRD (Jan)
• CLABSI – LTCH, Cancer Hospitals (Oct)

2012
• C. Diff LabID Events – Acute Care (Jan.)
• MRSA Bacteremia LabID Events – Acute Care (Jan.)
• HCP Influenza Vaccination – Acute Care (Jan.)
• HCP Influenza Vaccination – LTCH (Jan.)

2013
• HCP Influenza Vaccination – ASCs/Hosp Outpt Depts proposed (Oct.)
• SSI – Cancer Hospitals (Jan.)
• HCP Influenza Vaccination – IRF (Oct.)

2014
• CLABSI – Acute Care Med, Surg, Med/Surg Units (Jan.)
• CAUTI – Acute Care Med, Surg, Med/Surg Units (Jan.)
• MRSA Bacteremia LabID Events – LTCH (Jan.)
• C. Diff LabID Events – LTCH (Jan.)

2015
• CLABSI – Acute Care Med, Surg, Med/Surg Units (Jan.)
• CAUTI – Acute Care Med, Surg, Med/Surg Units (Jan.)
• MRSA Bacteremia LabID Events – LTCH (Jan.)
• C. Diff LabID Events – LTCH (Jan.)
Refinements to previously-approved measures

- **HCP Influenza Vaccination**
  - Data collection would coincide with the flu season – October 1 (or when vaccine becomes available) – March 31; data submission deadline May 15 of the calendar year in which the season ends

- **CAUTI and CLABSI reporting to NHSN**
  - Expanded beyond ICU to medical, surgical, and medical/surgical wards beginning with January 2015 events.

**Suspension of measure for FY 2016 payment determination**

- **IMM-1: Immunization for pneumonia**
  - October 2012 – ACIP released new guidelines for administration of pneumococcal vaccine. CMS does not want to use this measure for payment determination during period of rapid guideline changes
  - Despite suspension of this measure from Hospital IQR Program, hospitals expected to keep up-to-date with vaccine recommendations.
Modifications to Validation Process

• Align CMS validation templates with NHSN definitions
  – Replace requirement to note a “central venous catheter” (CVC) on the CLABSI validation template with “central line”
  – Exclude from CAUTI validation template all urine cultures with more than two organisms even if they have $> 1,000$ colony-forming units.

• Add MRSA and CDI to validation process
  – To reduce burden on hospitals, $\frac{1}{2}$ of selected hospitals will be randomly selected to submit CAUTI and CLABSI validation templates and the other $\frac{1}{2}$ of will be randomly selected to submit MRSA and CDI validation templates. No hospital will be required to submit more than 2 HAI validation templates per quarter.

• Exclude from HAI validation all patient episodes of care with lengths of stay $> 120$ days.

• Reduce # of validation records from 48 (12 per quarter) to 36 (9 per quarter)
Background

- 2010 -- Established by the Affordable Care Act as incentive program to improve quality of healthcare


- Total amount available for value-based incentive payments for a fiscal year will be equal to the total amount of the payment reductions for all participating hospitals for such fiscal year
  - FY 2013 – 1% of base-operating DRG payment to all participating hospitals
  - FY 2014 – 1.25%
  - FY 2015 – 1.5%
  - FY 2016 – 1.75%
  - FY 2017 and beyond – 2%

- Total Performance Score – determined by hospital’s achievement and improvement compared to a 9-month baseline period; calculated by a formula of process of care measures and patient experience of care (HCAHPS) measures.
New VBP Measures

• FY 2016
  • Add CAUTI outcome measure
  • Add SSI following colon surgery and abdominal hysterectomy

• FY 2017
  • Considering adding MRSA Bacteremia
  • Considering adding C. difficile standardized infection ratio (SIR)

• Disaster/extraordinary circumstance waiver
  • Allows a hospital struck by a natural disaster or other extraordinary circumstance to request a temporary waiver from reporting requirements under the Hospital VBP and IQR programs, but requires separate application processes.
Background

• Mandated by Affordable Care Act

• Hospitals that rank in the lowest-performing quartile of HACs would receive a 1% penalty

• Payment adjustment to account for HACs with discharges beginning October 1, 2014 (= FY 2015)
Domain 1: AHRQ Patient Safety Indicators

- PSI-3
- PSI 6
- PSI 90
- PSI-7 (CVC-related BSI rate)
- PSI-8 (Postoperative hip fracture rate)
- PSI-12
- PSI-13 (Postoperative sepsis rate)
- PSI-14 (Wound dehiscence rate)
- PSI-15

Domain 2: HAI Measures

- CLABSI (FY 2015 onward)
- CAUTI (FY 2015 onward)
- SSI
  - Following colon surgery (FY 2016 onward)
  - Following abdominal hysterectomy (FY 2016 onward)
- MRSA Bacteremia (FY 2017 onward)
- C.diff. (FY 2017 onward)
Previously-approved measures for FY 2014 payment determination
• NHSN CLABSI Outcome Measure (NQF #0139)
• NHSN CAUTI Outcome Measure (NQF #0138)
• Public display of previously-approved measures deferred while CMS completed testing and assessment of data quality

New measure for FY 2015 payment determination
• Surgical Site Infection (SSI) (NQF #0753) – Colon surgery and abdominal hysterectomy
  – Reporting period: 1/1/14 – 3/31/14
  – Data submission deadline: 8/15/14

New measures for FY 2016 payment determination
• SCIP-Inf-1
• SCIP-Inf-2
• SCIP-Inf-3
• SCIP-Inf-9
  – Reporting period: 4/1/14 – 12/31/14
  – Data submission deadline: Quarterly per NHSN protocol
HCP influenza vaccination (NQF #0431)

- Reporting begins October 2013
- Payment Determination beginning FY 2016
- **Modification** – reporting schedule to align with flu vaccination season beginning 2014 (October 1 or when vaccine becomes available through March 31).
  - Data collection: October 1 (or when vaccine becomes available) – March 31, 2015
  - Report to NHSN: by May 15, 2015
  - Payment determination FY 2016

**Note:** Long-Term Care Hospital (LTCH) (CMS definition) = Long-Term Acute Care Hospital (LTACH) (CDC definition)
Long-Term Care Hospital Quality Reporting

New quality reporting measures

• **MRSA bacteremia LabID events** (NQF #1716)
  – Reporting would begin January 2015
  – Payment determination beginning FY 2017

• **C. difficile infection LabID events** (NQF #1717)
  – Reporting would begin January 2015
  – Payment determination beginning FY 2017

Future HAI measures *under consideration* for LTCHQR

• Surgical site infection
• Ventilator-associated event
• Ventilator bundle

**Note:** Long-Term Care Hospital (LTCH) (CMS definition) = Long-Term Acute Care Hospital (LTACH) (CDC definition)
Other new provisions in IPPS rule

• Require including Medicare beneficiary # in NHSN reporting (for appropriate populations).

• Effort to align EHR incentive measures with Hospital IQR, encouraging electronic submission of data.
Previously-approved quality reporting measures

- **CAUTI** for ICU patients (NQF #0138)
  - Reporting began October 2012
  - Reporting requirement **remains unchanged**, but measure has been renamed “National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) outcome measure” following NQF endorsement for IRFs.

New quality reporting measures

- **HCP Influenza Vaccination** (NQF #0431) for FY 2016 payment determination
  - Reporting would begin for flu season 2014-2015
  - For the denominator count, IRFs will need to account for any staff that work within the unit for 1 day or more 10/1 and 3/31 of a flu season

- **All-cause unplanned readmission measure** for 30 days post-discharge from IRFs
  - Claims-based measure not requiring reporting of new data by IRFs

Update to reporting timelines

- CMS aligning the IRF QRP submissions deadlines to NHSN with the submission deadlines in the Hospital IQR and LTCQRP programs
Previously-approved quality reporting measures

- **CAUTI** for ICU patients (NQF #0138)

**Proposed** quality reporting measures for Hospital Outpatient Quality Reporting (HOQR) Program

- HCP Influenza Vaccination (NQF #0431)
  - Reporting begins October 2014
  - Data collection: October 1, 2014 (or when vaccine becomes available) – March 31, 2015
  - Report to NHSN: by May 15, 2015
  - Payment determination CY 2016

**Proposed** modification for ASC Quality Reporting Program

- HCP Influenza Vaccination
  - Data collection October 1, 2014 – March 31, 2015 (already approved)
  - Proposed extension for data submission from May 15, 2015 to August 15, 2015
**Proposed measures**

  - New measure based closely on NQF #1460 and would evaluate number of hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months.

- CMS recognized the CDC-published Core Interventions for BSI Prevention in Dialysis, and encourages facilities to adopt the nine listed interventions but did not propose to require facilities to adopt these interventions. CMS asked for comments on this proposal.
  - APIC recommended that CMS consider requiring compliance with core intervention 7 (use of alcohol-based chlorhexidine >.5%, the first line skin antiseptic for central line insertions and dressing changes); and core intervention 8 (reducing risk of intraluminal biofilm by “scrubbing hubs” prior to accession or disconnection).
The National Action Plan to Prevent HAIs: Roadmap to Elimination

Update Meeting: September 25-26, 2013
• **Phase I: Acute Care Hospitals**
  – HHS Action Plan to Prevent HAIs issued: 2009

• **Phase II: ASC, ESRD, HCP Flu Vaccination**
  – Update to Action Plan included these settings: 2010

• **Phase III: Long-Term Care Facilities (focus on nursing homes)**

• **Phase IV: To be determined**
  – All outpatient settings? Physicians offices? Injection safety?
  – HHS Steering Committee must approve the expansion

**HAI Action Plan to be Maintained as a “Living” Document**
General Recommendations for Updating the Action Plan

- Use 2015 as the new baseline year for all HAI Action Plan metrics supported by NHSN

- Set 2020 targets that take into account recent reductions achieved

- CDC will continue to monitor and report on progress in interim years before measurement with new baseline beginning in 2016

Source: Excerpted from Presentation of Paul Mal piedi, Health Scientist, CDC
Acute Care: Updates from CDC and AHRQ
### National Action Plan to Prevent HAIs
#### September Progress Report on Outcome Measures for Acute Care

<table>
<thead>
<tr>
<th>Metric</th>
<th>Baseline</th>
<th>Source</th>
<th>Target</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Line-Associated Bloodstream Infections</td>
<td>2006/2008</td>
<td>NHSN/SIR</td>
<td>50% reduction in ICU and ward-located patients</td>
<td>44% reduction (SIR = .56)</td>
</tr>
<tr>
<td>Invasive MRSA infections (population)</td>
<td>2007/2008</td>
<td>EIP/ABC</td>
<td>50% reduction in incidence of healthcare-associated invasive MRSA infections</td>
<td>31% reduction*</td>
</tr>
<tr>
<td>Surgical Site Infections</td>
<td>2006/2008</td>
<td>NHSN/SIR</td>
<td>25% reduction in SSIs following SCIP-like procedures on admission or readmission</td>
<td>20% reduction* (SIR = .80)</td>
</tr>
<tr>
<td>Hospital-Onset Clostridium difficile infections</td>
<td>2010/2011</td>
<td>NHSN/SIR</td>
<td>30% reduction in facility-wide inpatient healthcare facility-onset C. diff. LabID Events</td>
<td>2% reduction (SIR = .98)</td>
</tr>
<tr>
<td>Hospital-Onset MRSA bacteremia</td>
<td>2010/2011</td>
<td>NHSN/SIR</td>
<td>25% reduction in facility-wide inpatient healthcare facility-onset MRSA blood LabID Events</td>
<td>3% reduction (SIR = .97)</td>
</tr>
<tr>
<td>Catheter-Associated Urinary Tract Infections</td>
<td>2009</td>
<td>NHSN/SIR</td>
<td>25% reduction in ICU and ward-located patients</td>
<td>2% increase (SIR =1.02)</td>
</tr>
<tr>
<td>Clostridium difficile (hospitalizations)</td>
<td>2008</td>
<td>HCUP</td>
<td>30% reduction in hospitalizations with C. diff.</td>
<td>22% increase**</td>
</tr>
</tbody>
</table>

**Note:** Information based on federal agency presentations at National Action Plan to Prevent HAI’s meeting on September 25 and 26, 2013.


**Abbreviations:**
- EIP/ABC is the CDC’s Emerging Infections Program Antibacterial Core Surveillance program.
- NHSN is the CDC’s National Healthcare Safety Network.
- SIR is Standardized Infection Ratio which is observed # of HAIs/predicted # of HAIs
- HCUP is AHRQ’s Healthcare Cost and Utilization Project, an all-payer inpatient care database which uses an ICD-9 code for c. difficile.
• **Data Source:** National Healthcare Safety Network (NHSN)

• **Metric:** Standardized Infection Ratio (SIR) = \( \frac{\text{Observed # of HAIs}}{\text{Predicted # of HAIs}} \)

• **Baseline Period:** 2006-2008

• **5 year target:** in ICU and ward-located patients (SIR=.50)
  - 50% reduction
  - **2012:** 44% reduction (SIR .56)

• 47 states and DC have significant CLABSI reductions in 2012 compared to the baseline
• No states have significant increases
• Facility-level analysis shows that a large number of CLABSIs occur in a small number of facilities – targeted prevention efforts can yield big results

**Source:** Excerpted from Presentation of Paul Malpiedi, Health Scientist, CDC
Invasive MRSA Infections

- **Data Source:** Emerging Infections Program (EIP) Active Bacterial Core Surveillance (ABCs) System
  - ABCs surveillance ongoing since 2005
  - 33 counties in 9 states (19.6 million population)
  - National estimate adjusted for age, race, sex, and use of dialysis
  - Invasive MRSA infections identified from:
    - Medical Record Review
    - Determine if healthcare-associated

- **Metric:** incidence rate per 100,000 population

- **Baseline Period:** 2007-2008

- **5 year target:** 50% reduction in incidence of healthcare-associated invasive MRSA infections

- **2012 Preliminary:** 31% reduction (23,700 fewer cases)

*Source: Excerpted from Presentation of Paul Mal piedi, Health Scientist, CDC*
**Surgical Site Infections (SSIs)**

- **Data Source:** National Healthcare Safety Network (NHSN)

- **Metric:** Standardized Infection Ratio (SIR) = \( \frac{\text{Observed # of HAIs}}{\text{Predicted # of HAIs}} \)

- **Baseline Period:** 2006-2008

- **5 year target:** 25% reduction in SSIs following SCIP-like procedures on admission or readmission (SIR=.75)

- **2012 Preliminary:** 20% reduction (SIR=.80)

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**2012 Procedure Specific SIR**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>SIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>.80</td>
</tr>
<tr>
<td>Colon Surgery</td>
<td>.80</td>
</tr>
<tr>
<td>Abdominal Hysterectomy</td>
<td>.89</td>
</tr>
<tr>
<td>Knee Replacement</td>
<td>.76</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>.84</td>
</tr>
<tr>
<td>Coronary Artery Bypass</td>
<td>.71</td>
</tr>
<tr>
<td>Other Cardiac</td>
<td>.68</td>
</tr>
<tr>
<td>Vaginal Hysterectomy</td>
<td>.90</td>
</tr>
<tr>
<td>Rectal Surgery</td>
<td>.76</td>
</tr>
<tr>
<td>Peripheral Vascular Bypass</td>
<td>.74</td>
</tr>
</tbody>
</table>

*Source: Excerpted from Presentation of Paul Malpiedi, Health Scientist, CDC*
Differences in AHRQ’s HCUP and CDC’s NHSN CDI Measures

HCUP/AHRQ - C. Diff Hospitalizations
• Includes both hospital-onset and community-onset CDI
• Reflects trend in burden

CDC/NHSN – Hospital-onset CDI
• Specific to hospital-onset CDI
• Adjusted to the use of more sensitive diagnostics and the prevalence of CDI on hospital admission
• Reflects trend in hospital performance

Source: Excerpted from Presentation of Paul Mal piedi, Health Scientist, CDC
• **Data Source:** National Healthcare Safety Network (NHSN)

• **Metric:** Standardized Infection Ratio (SIR) = \( \frac{\text{Observed } \# \text{ of HAIs}}{\text{Predicted } \# \text{ of HAIs}} \)

• **Baseline Period:** 2010-2011

• **5 year target:** 30% reduction in facility-wide inpatient health care facility-onset *C. difficile* LabID Events (SIR = .70)

• **2012:** 2% reduction (SIR = .98)

*Source: Excerpted from Presentation of Paul Malpiedi, Health Scientist, CDC*
**C. Difficile Hospitalizations**

- **Measurement System:** Agency for Healthcare Quality and Research (AHRQ) Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (SID)
  - An all-payer inpatient care database with ~38 million stays from ~4800 State Inpatient Databases (SID)
  - Hospitals are stratified and discharge weights for each stratum are calculated and applied to achieve national estimates
  - **Numerator:** Any listed *C. difficile* (ICD-9-CD 008.45)
  - **Denominator:** Nonmaternal, adult discharges treated in community hospitals

- **Baseline Period:** 2008

- **Baseline Measurement:** Rate = 11.6 per 1,000 hospitalizations

- **Projected (CY2013):** Rate = 14.2 per 1,000 hospitalizations

- **Target:** 30% reduction in hospitalizations with *C. diff*

Source: Excerpted from Presentation of Claudia Steiner, Senior Researcher Physician, AHRQ
• **Data Source:** National Healthcare Safety Network (NHSN)

• **Metric:** Standardized Infection Ratio (SIR) = \( \frac{\text{Observed # of HAIs}}{\text{Predicted # of HAIs}} \)

• **Baseline Period:** 2009

• **5 year target:** 25% reduction in ICU and ward-located patients (SIR=.75)

• **2012:** 2% increase (SIR 1.02)
  - 16 states have significant CAUTI increases in 2012 compared to baseline
  - 14 states have significant CAUTI reductions

**Potential explanations for lack of progress in CAUTI:**

• Facilities starting to report in 2012 may not have previously implemented prevention efforts
• More accurate reporting due to better training and definitional clarification
• Slight decrease in number of catheter days
• Less prevention success in general

**Source:** Excerpted from Presentation of Paul Mal piedi, Health Scientist, CDC
Hospital-Onset MRSA Bacteremia

• **Data Source:** National Healthcare Safety Network (NHSN)

• **Metric:** Standardized Infection Ratio (SIR) = \( \frac{\text{Observed # of HAIs}}{\text{Predicted # of HAIs}} \)

• **Baseline Period:** 2010-2011

• **5 year target:** 25% reduction in facility-wide inpatient healthcare facility-onset MRSA blood LabID Events (SIR = .75)

• **2012:** 3% reduction (SIR = .97)

*Source: Excerpted from Presentation of Paul Mal piedi, Health Scientist, CDC*
Opportunities for Improvement

**CLABSI**
- More prevention in ICUs compared to wards – need to explore best practices for CLABSI prevention outside the ICU
- Research is needed to assess the current proportion of CLABSIs that are not preventable

**CAUTI**
- Reduce catheter use
- Broad implementation of best practices for catheter insertion
- Increase focus on catheter maintenance
- Education on appropriateness of diagnostic testing (urine cultures)

**SSI**
- Implement updated recommendations for SSI Prevention from upcoming HICPAC guideline
- Collaborate with external partners to produce procedure-specific recommendations for surveillance and prevention

**MRSA**
- Expand MRSA prevention efforts to healthcare-associated community onset cases

**C. difficile**
- Improve antimicrobial use in inpatient settings
- Improve environmental decontamination

Drawn from CDC recommendations at the 9/25&26/2013 meeting
QIO Update:
From CMS
· Outcomes Reported (based on NHSN data through 5/31/13):
  
  – **CLABSI**: SIR Stretch goal of .50 – 37.5% of QIOs met this goal
  – **CAUTI**: SIR stretch goal of .75 – 20% of QIOs met this goal
ASCs
By December 31, 2013, HHS with stakeholder input, will:

- Develop a plan for analysis of process measure data that are collected using the Infection Control Work Sheet (ICWS) as part of ASC inspections and disseminate these findings

Status of the data collection:

- FY 2010 and 2011: representative sample collection completed and analysis underway
- FY 2013: representative sample collection nearing completion
- FY 2015: anticipate next round

Source: Excerpted from Presentation of James Poyer, Director, Division of Quality Improvements Policy for Acute Care, CMS
By December 31, 2013, HHS, with stakeholder input, will:

- Identify existing quality measures (e.g. SREs, SCIP measures) that have been NQF-endorsed and are applicable to ASCs
- Identify new measures and establish a timeline and methods for adoption and implementation of select measures within ASCs

Current NQF-Endorsed Measures Applicable to ASCs:

- ASC Quality Collaboration-sponsored measures
  - Appropriate Surgical Site Hair Removal
  - Hospital Transfer/Admission*
  - Patient Burn*
  - Patient Fall in the ASC*
  - Prophylactic IV antibiotic timing*
  - Wrong site/side/patient/procedure/implant*
* Currently reporting to CMS via Medicare claims under the Ambulatory Surgical Centers Quality Reporting (ASCQR) Program

- CDC-sponsored Influenza Vaccination Coverage Among Health Care Personnel Measure
  - Data collection slated to begin October 1, 2014
  - Proposed data submission period in 2015

Source: Excerpted from Presentation of James Poyer, Director, Division of Quality Improvements Policy for Acute Care, CMS
• Potential for reporting ASC infection control worksheet measures and/or metrics based on facility self-audit

• Potential to adopt CMS’ Surgical Care Improvement Project (SCIP) for procedures that are being performed in ASCs

• Potential for additional measures that address HAI prevention, for example:
  – Endoscope and other equipment reprocessing
  – Staff and/or patient education
  – Safety culture

• Stakeholder involvement

• Ambulatory Surgical Centers Quality Program and NQF endorsement

Source: Excerpted from Presentation of James Poyer, Director, Division of Quality Improvements Policy for Acute Care, CMS
By December 31, 2013, HHS, with stakeholder input, will:

- Identify a set of ASC procedures for which HAI definitions and methods should be developed
- Establish a multi-year plan and phased approach to support their routine surveillance in a resource-efficient matter that can be implemented consistently across facility types
- Identify requirements and standards for ASCs to report notifiable diseases and potential outbreaks

Source: Excerpted from Presentation of Dan Pollock, Surveillance Branch Chief, DHQP, CDC
• Approximately 280 ASCs currently participate in NHSN
  – Most report SSI data to NHSN because of state-mandated surveillance (7 states)

• ASC enrollment in NHSN expected to surge to over 6,000 in 2014 because of new CMS health care worker influenza vaccination reporting requirements

• With CMS assistance, CDC is bringing new user support personnel on board to facilitate ASC enrollment in NHSN

• CDC plans to launch a new NHSN Outpatient Procedure Component in mid-2015 that includes several different outcomes:
  – Same day events
  – SSIs
  – Early returns to health care following outpatient procedures

Source: Excerpted from Presentation of Dan Pollock, Surveillance Branch Chief, DHQP, CDC
Unmet Needs in ASCs

- Sustain and expand improvements in oversight and monitoring
- Proactive HAI prevention at the clinic level
- Develop meaningful HAI surveillance and reporting procedures

Source: Excerpted from Presentation of Joe Perz, ASC Federal Steering Committee for the Prevention of ASCs Co-Chair, CDC
End-Stage Renal Disease (ESRD) Facilities
• All bloodstream infections (BSI), stratified by vascular access type
• Access-related BSI, stratified by access type
  • First “baseline year” expected to be reported in 2014
  • Once baseline is established, can begin to assess progress toward achieving targets

Timeline:
• 1999 – CDC began Dialysis Surveillance Network (DSN)
• 2006 – Dialysis surveillance moved to NHSN
• October 2011 - ~250 dialysis facilities enrolled, 180 reporting to NHSN
• November 2011-CMS ESRD Quality Incentive Program (QIP) rule released
  • Facilities were incentivized to enroll in NHSN and report for ≥ 3 consecutive months in 2012
• Early 2013: 5,400 facilities had met CMS enrollment and reporting requirements for 2012

Target: facilities reporting to NHSN ≥ 90% 5-year target already met

Using 2012 – 2013 Data for a Baseline – Gaps and Concerns
• Only 3 months of national reporting in 2012
• Concerns about 2013 data
• most facilities are new to NHSN

Source: Excerpted from Presentation of Priti Patel, Medical Officer, CDC
Target: Facilities following CDC-recommended HCV screening of hemodialysis patients
Screening for hepatitis C virus (HCV) antibody ≥ 70%

• Of 5,666 in-center hemodialysis facilities that completed the NHSN dialysis survey in 2012, 16% perform HCV antibody screening every 6 months

• CDC continuing to work with CMS on this issue
CrownWeb (CW) serves as a web-based patient registry for the ESRD community

- Quality Measure Reports for ESRD Network Quality Improvement Projects
- Infection related data for ESRD facilities is being collected by NHSN and CrownWeb
- CW data used for the following metrics:
  - Decrease CVC Use (fistula first)
  - Increase Influenza Immunization
  - Increase Hep C Screening/Increase Hep B Coverage
  - BSI and Access-Related BSIs

- CW can collect and analyze data and report information relating to the HAI Action Plan Metrics
- Moving forward to establish baseline for the metrics
- Implement data driving quality improvement activities

Source: Excerpted from Presentation of Indira Jevaki, ESRD Federal Steering Committee for the Prevention of HAIs Co-Chair, CMS
Long-Term Care Facilities (LTCFs)
**NHSN Enrollment Goal:** 5% of certified nursing homes enrolled during the first 5 years (LTCF Component launched in September 2012)

**Enrolled as of 9/3/13:** .8% (less than one percent in the first year of enrollment)

**Metric:** # certified nursing homes enrolled in the LTC Component/ # certified nursing homes in the U.S.

**Opportunity:**
- To promote a standardized HAI surveillance methodology within nationally available reporting infrastructure for LTCF’s
- Obtain national data on incidence of targeted HAIs from the SNFs/NHs

*Source: Excerpted from Presentation of Nimalie Stone, Medical Epidemiologist for LTC, CDC*
C. Difficile infection reporting in NHSN Goal: evaluate data in order to establish national baselines and set measurable 5-year goals

Challenges: insufficient data available to set benchmarks and targets

Metric: # laboratory-identified CDI events/10,000 resident days

Opportunity: To track the national incidence of nursing home-associated C. difficile infections

Source: Excerpted from Presentation of Nimalie Stone, Medical Epidemiologist for LTC, CDC
Urinary Tract infection reporting in NHSN Goal: evaluate data in order to establish national baselines and set measurable 5-year goals

Challenges: insufficient data available to set benchmarks and targets

Metrics: Incident symptomatic UTIs
- Non-catheter associated symptomatic UTI incidence rate: # events/1,000 resident days
- Catheter-associated symptomatic UTI incidence rate # events/1,000 urinary catheter days
- Urinary catheter utilization ratio: Urinary catheter days/resident days

Opportunity: To track the national incidence of nursing home associated urinary tract infections, catheter and non-catheter associated.

Source: Excerpted from Presentation of Nimalie Stone, Medical Epidemiologist for LTC, CDC
**Increasing healthcare personnel influenza vaccination Goal:** 75% of HCP working in LTC will receive influenza vaccination by 2015

Currently **47.9%** of HCP working in LTCF receive influenza vaccination

**Challenges:**
- Current vaccine coverage among LTCF HCP lags behind other settings
- Limited data on vaccination coverage available from specific LTC settings

**Metric:** Proportion of HCP working in LTC receiving influenza vaccine during annual influenza season

**Opportunity:** To increase influenza vaccination coverage among healthcare personnel working in SNF/NHs and other LTC settings

*Source: Excerpted from Presentation of Nimalie Stone, Medical Epidemiologist for LTC, CDC*
Increasing resident influenza and pneumococcal vaccination Goal: 85% of eligible residents receive both influenza and pneumococcal vaccinations in SNFs/NHs

Challenges: Disparities in vaccine coverage rates among residents

Metric: Proportion of residents receiving vaccinations

- **Influenza:** \( \frac{\text{# residents vaccinated for influenza}}{\text{# residents eligible for the vaccine (during the current influenza season)}} \)
- **Pneumococcus:** \( \frac{\text{# residents vaccinated for pneumococcus}}{\text{# residents eligible for the vaccine}} \)

Data reported to CMS through the Minimum Data Set 3.0 (MDS) resident assessment instrument

Opportunity:
Resident vaccination coverage is a NQF-endorsed, reportable quality measure for SNFs/NHs

Source: Excerpted from Presentation of Nimalie Stone, Medical Epidemiologist for LTC, CDC
Keeping up with APIC
Government Affairs Activity
Public Policy Action E-List

- Alerts you to the latest Public Policy news as soon as it is available.
- Links to additional information on APIC’s website.
- Let’s you know when critical action is needed on the latest infection prevention policy issues.

Sign up here:
http://capwiz.com/apic/mlm/signup/?ignore_cookie=1
The “What’s New” page provides the latest news.

[Link to website: www.apic.org/Advocacy/Advocacy-Updates]
This is a library of a wide range of Public Policy resources. For example:

- Federal regulations
- APIC comments on federal regulations
- APIC testimony to Congress
- Congressional hearings
For example, this is the CMS page, which includes for each issue:

- Proposed rule
- APIC comments
- Final rule

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<td>Rules from and comments to the U.S. Centers for Medicare &amp; Medicaid Services (CMS)</td>
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<tr>
<td>Below is information about Medicare and Medicaid regulations impacting infection prevention. The regulations are listed in reverse chronological order (most recent first), and every subject area includes APIC comments and CMS proposed and final rules, also in reverse chronological order. The final rule will be at the top of the subject area, when such a rule is published.</td>
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<tr>
<td>• Hospital Inpatient Prospective Payment System (IPPS) for fiscal year (FY) 2013, CMS final rule, August 31, 2012</td>
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<td>▪ APIC comments, June 25, 2012</td>
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<td>▪ CMS proposed rule, May 11, 2012</td>
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<td>• Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System for calendar year (CY) 2013, APIC and SHEA comments, August 30, 2012</td>
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<td>▪ CMS proposed rule, July 30, 2012</td>
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<td>• End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for CY 2013, APIC comments, August 29, 2012</td>
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<td>• Medicare and Medicaid hospital and critical access hospital Conditions of Participation, CMS final rule, May 15, 2012</td>
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<td>▪ CMS proposed rule, October 24, 2011</td>
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<td>• Medicare and Medicaid regulatory efficiency, transparency, and burden reduction provisions, CMS final rule, May 19, 2012</td>
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Checking for Legislative Updates

- This is where you can check for legislative updates for specific states and/or by issues we follow

- Options:
  - click on a specific issue
  - choose a state from the pull-down menu
  - click on a specific state on the map
This is what you see when you click on a state on the website.

Within state or issue, you can read about bills we’re following.

Link to read bill itself.

Summary provided by CQ.

Summary added by APIC.

**Kentucky - Adjourned 2012**

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<th>KY HB 416 - Updated (Status 02/22/2012)</th>
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<td>Sponsor</td>
<td>M. Marzian</td>
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<td>Title</td>
<td>AN ACT relating to health-facility-acquired infections</td>
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<td>Abstract</td>
<td>Create new sections of KRS Chapter 216B to define terms; require health facilities to implement infection prevention program for high risk areas and, throughout the facility, by January 1, 2013; require implementation of effective infection prevention programs; require health facilities to report data on health-facility-acquired infections and MDRO; require the secretary to serve as the chief administrative officer for data collection; exempt cabinet employees from liability; require the use of</td>
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<tr>
<td>Status</td>
<td>posted in committee - 02/22/2012</td>
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<tr>
<td>Notes</td>
<td>APIC 02/17/12</td>
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This bill would require healthcare facilities in the state, including hospitals, nursing homes, and ambulatory care centers, to implement infection prevention programs, and report to the state all HAI and MDRO infections, including MRSA and C diff. A similar bill was introduced in 2011.
Taking Action: Be A Voice For Infection Prevention

This is where Members can take action on APIC Action Alerts

The Voice for Infection Prevention

TAKE ACTION NOW!
Infection preventionists can communicate with their policymakers on issues affecting the profession by utilizing the tools provided below:

- Keep up to date on federal activity by entering your zip code in the box next to Congress & President
- View current alerts and activity by individual state using the drop-down menu next to State Officials
• “Public Policy Updates” added to the bottom of the APIC Home Page in the center column

• Weekly updates in E-News

• Big-picture issues covered in the Capitol Comments column in Prevention Strategist