



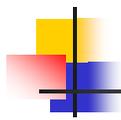
New Mexico Healthcare-associated Infections (HAI) Program

Presentation to the
New Mexico Health and Human Services Committee
August 2010



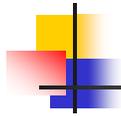
Adverse Events in Healthcare

- National Nosocomial Infections Surveillance System (NNIS) developed by the Centers for Disease Control and Prevention (CDC) in the 1970s
- 1999 "To Err is Human" Institute of Medicine (IOM) Report
 - At least 98,000 deaths yearly in the U.S. due to medical errors and nosocomial infections
 - New national agencies and goals established to decrease the adverse consequences of medical errors
- National Healthcare Safety Network (NHSN) developed by CDC to replace NNIS in 2005
 - Currently used by 2890 healthcare facilities in U.S.



Healthcare-associated Infections

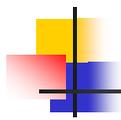
- Infections that occur while patients are receiving treatment for other conditions
- One of the top 10 causes of death in U.S.
- Most common complication of hospital care
- Can be expensive
- Evidence-based prevention guidelines
- Individual hospitals can use national benchmark data to design interventions



New Mexico Healthcare-associated Infections (HAI) Program

Vision: Improve health status of New Mexicans through improved healthcare outcomes

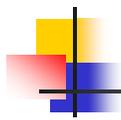
Goal: Work with healthcare facilities across New Mexico to reduce the number of healthcare-associated infections that occur while patients are in their facilities



New Mexico Healthcare-associated Infections (HAI) Program

Our beginning

- 2007: HJM 67 for New Mexico Department of Health to study the feasibility of gathering statewide information on healthcare-associated infections
- 2008: Department of Health established New Mexico Healthcare-associated Infections Advisory Committee and recruited 6 hospitals to report on 2 measures that can be improved.
 - The Advisory Committee identified a national, standardized electronic reporting database available free to all facilities for reporting
 - National Healthcare Safety Network (NHSN)
 - 2 measures were identified
 - Healthcare worker influenza vaccination rates
 - Central line-associated bloodstream infections (CLABSI), which can occur if a patient's central line is not properly cared for and organisms invade a patient's bloodstream



New Mexico Healthcare-associated Infections (HAI) Program

Next Phase

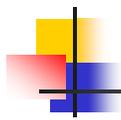
- 2009: Department of Health reported results of pilot project.
 - Healthcare worker influenza vaccination rates were 54.6%, better than the minimum national goal of 43% at that time.
 - Central line-associated bloodstream infections were also better than national rates.
 - 0.8 infections per 1,000 line days compared to national rates between 1.4 and 2.5
- 2009: NM Statute § 24-29-1 (2009) known as the Hospital-Acquired Infection Act was enacted which formalized the structure and role of the Healthcare-associated Infections Advisory Committee.
 - The Department of Health will lead the Advisory Committee to provide guidance for facilities to identify and prevent healthcare-associated infections.



New Mexico Healthcare-associated Infections (HAI) Program

HAI Advisory Committee Composition

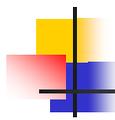
- Consumer
- New Mexico (NM) Association for Professionals in Infection Control and Epidemiology (APIC)
- New Mexico Department of Health (NMDOH)
- NM hospitals (including large and smaller rural settings)
- NM Hospital Association (NMHA)
- NM Infection Preventionists (IPs)
- New Mexico Medical Review Association (NMMRA)
- Society for Hospital Epidemiology of America (SHEA)



New Mexico Healthcare-associated Infections (HAI) Program

Expansion

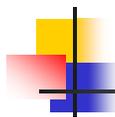
- Sept. 2009: Department of Health awarded American Recovery and Reinvestment Act of 2009 (ARRA) funds for HAI surveillance and prevention
 - Funding supports
 - Infrastructure of NM HAI Program through calendar 2011
Program Manager, Medical Epidemiologist, Epidemiologist, Nurse, Contractors
 - Learning Collaboratives that expand opportunities for healthcare facilities to share and implement best practices to prevent infections
- Jan. 2010: Submission of NM HAI Prevention Plan to U.S. Dept. of HHS



New Mexico Healthcare-associated Infections (HAI) Program

Current Activities

- 25 Healthcare facilities reporting influenza vaccination rates of healthcare workers
 - Increased from 6 facilities in 2009
 - Vaccination rate of 60.2% for 2009-2010 flu season
- 17 Intensive Care Units in 12 hospitals reporting central line bloodstream infections
 - Increased from 9 units in 6 hospitals in 2009
 - 0.76 infections per 1,000 line days in 2009-2010
 - National rates in similar types of ICUs were 1.4 to 2.5
- Building a CLABSI Learning Collaborative among hospitals, a proven mechanism that helps hospitals work together to reduce infections by sharing best practices



New Mexico Healthcare-associated Infections (HAI) Program

First Learning Collaborative

To prevent central line bloodstream infections

- 20 healthcare facilities participating
 - Rural, urban, large, small, private, governmental
- Prevention measures
 - Evaluate compliance with line insertion procedure practices
 - Educate employees on line insertion and care
 - Track checklists used, audits completed and infections reported
- Webinars and teleconferences
 - Group participants will gain professional knowledge through review of identified infections



New Mexico Healthcare-associated Infections (HAI) Program

Recent Progress

Selected 2 additional measures (current total = 4):

- Central line bloodstream infections that occur outside of ICUs*
- *Clostridium difficile* infection*

C. difficile is one of the most common causes of infection of the colon that causes a gastrointestinal illness. Symptoms can range from diarrhea to life-threatening inflammation of the colon.

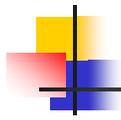
* Facilities will start entering data in the national database (NHSN) Nov. 1, 2010. The July 2011 annual report will include 6 months of aggregate data. The July 2012 annual report will include 12 months of facility-identified data.



New Mexico Healthcare-associated Infections (HAI) Program

Next Steps

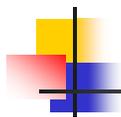
- August 2010: New Mexico and nine other states will pilot a study to determine HAI prevalence among patients in acute healthcare facilities – plans for nationwide implementation in ongoing fashion
- Fall 2010: Present to the NM Immunization Coalition and facilities statewide about ways to improve healthcare worker influenza vaccination rates
- Winter 2010: Scientifically validate the accuracy and completeness of data submitted by facilities for bloodstream infections
- Spring 2011: Start second Learning Collaborative on *C. difficile* when central line bloodstream infections Collaborative finishes



New Mexico Healthcare-associated Infections (HAI) Program

Communications

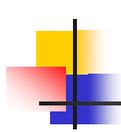
- Publish 2009-2010 findings in October 2010
- Launch public HAI website
- Publish series of newspaper stories highlighting facility-specific progress
- Continue recruitment/communication with healthcare facilities
- Publish first annual report with facility-specific data by July 2011



New Mexico Healthcare-associated Infections (HAI) Program

NM HAI Advisory Committee recommendations

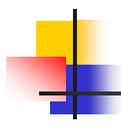
- Mandated reporting of specified HAIs
- Continue to study related legislative issues
- Offer expertise to NM Legislature on potential legislation
- Work with Legislature on future funding options



New Mexico Healthcare-associated Infections (HAI) Program

Some Implications for Facilities and NM HAI Program

- Upcoming: Centers for Medicare and Medicaid (CMS) passed a rule that includes reporting of central-line bloodstream infections (CLABSI) through NHSN beginning January 2011 that will influence Medicare payment determinations starting fiscal year 2013.
 - 12 NM facilities currently report CLABSI to NMDOH through NHSN and recruitment is ongoing for additional reporters.
- Ongoing: Search for sustained New Mexico HAI Program resources (state and federal).



New Mexico Healthcare-associated Infections (HAI) Program

For Additional Information

- www.hospitalcompare.hhs.gov
 - Medicaid-eligible hospitals will soon use NHSN to report CLABSI and surgical site infection (SSI) data to CMS which will post the information on Hospital Compare
 - Includes facility-specific information, including NM hospitals, on quality measures in the following categories: Process of Care, Outcome of Care, Use of Medical Imaging, Survey of Patient Experience, and Medicare Payment and Volume
- NM HAI Prevention Coordinator
 - Joan Baumbach, MD, MPH, MS
Infectious Disease Epidemiology Bureau Chief
New Mexico Department of Health
505.827.0011 or joan.baumbach@state.nm.us

NM Legislative Health and Human Services Committee Meeting: August 3, 2010 Update from the NM Healthcare-associated Infections Program

Background

Healthcare-associated infections (HAIs) are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting. Healthcare-associated infections are one of the top ten leading causes of death in the United States. Healthcare-associated infections reporting systems should collect and report data that is useful to the public and that healthcare facilities use for quality improvement efforts. The New Mexico HAI Program guides the collection of that information by healthcare facilities, validates and analyzes the data, and provides information to stakeholders as laid out in N.M. Statute § 24-29-1 (2009) known as the Hospital-Acquired Infection Act.

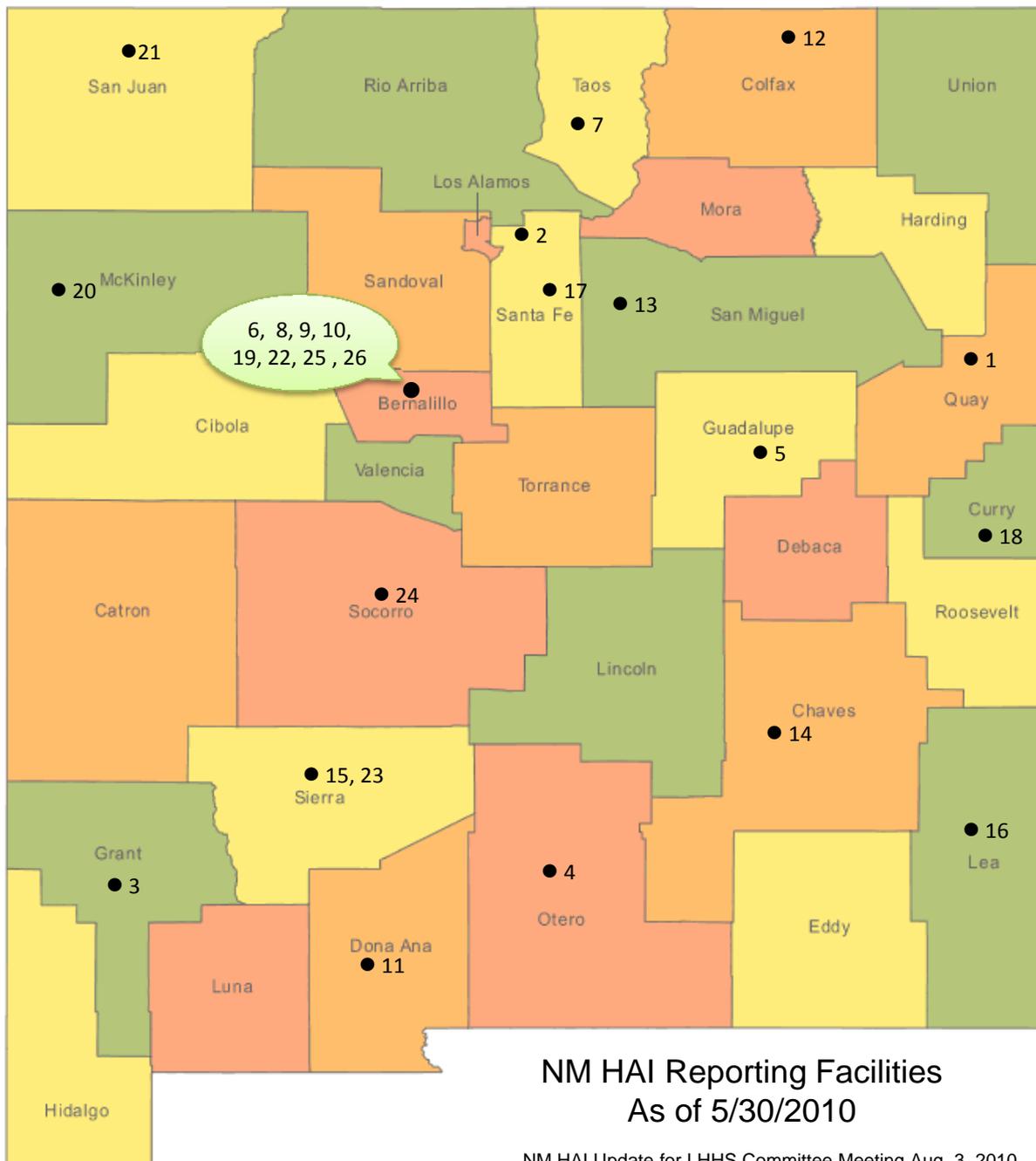
Review of Progress, Upcoming Changes, and Recommendations for the Future

1. NM has voluntary HAI reporting which has made significant progress over the last year:
 - a. Provided written report of the one year pilot to conduct surveillance for 2 HAI measures among 6 hospitals.
 - b. Submitted a NM HAI Prevention Plan to U.S. Department of Health and Human Services (HHS).
 - c. Was awarded American Recovery and Reinvestment Act of 2009 (ARRA) monies with which a HAI Program was started at the NM Department of Health (NMDOH).
 - d. Expanded the number of hospitals participating and number and types of measures reported.
 - i. Central line-associated bloodstream infections (CLABSI) pilot (adult intensive care units [ICUs] in 7 units from 6 hospitals) expanded to include pediatric and adult ICUs in 17 units from 12 hospitals.
 - ii. Reporting of CLABSI to NMDOH through the national healthcare safety network (NHSN) increased from 6 pilot hospitals to 12 today.
 - iii. Healthcare worker influenza vaccination rate reporting (previously 6 pilot hospitals) expanded to 25 healthcare facilities (not all are hospitals).
 - iv. Data collection of new measures that will start in November include CLABSI in non-ICU settings and *C. difficile* infection: recruiting will be ongoing until November and will allow for hospitals and other healthcare facilities without ICUs to report to NMDOH through NHSN.
 - e. Started new HAI prevention activities.
 - i. Current one-year CLABSI Learning Collaborative through April 2011.
 - ii. New one-year *C. difficile* Learning Collaborative to begin April 2011.
 - f. Plans to join nine other states in a pilot study to determine HAI prevalence among patients in acute healthcare facilities starting in August 2010. After this pilot, there are plans for nationwide implementation of this survey in ongoing fashion.
 - g. Plans for on-site validation and training on HAI reporting starting in Fall of 2010.
2. The NM HAI Advisory Committee believes that mandatory reporting of HAIs has advantages over the current voluntary system for the following reasons. Mandatory reporting should be guided by well-designed legislation taking into account national experience as well as state-specific needs and capacities.
 - a. Sets standards for reporting that provides more consistent and comparable data.
 - b. Provides broader set of reporting facilities to allow state and public to assess risks and prevention efforts.
 - c. Can provide confidentiality protections for patients, healthcare facilities, and NMDOH.
 - d. Levels the playing field requiring reporting facilities to dedicate resources and submit information in standardized fashion.

3. NM HAI Advisory Committee is working to define important components of potential legislation that is flexible enough to meet current and future needs. Such legislation should also take into account the ability of the state to conduct an effective program.
 - a. Components of an effective program include: maintenance of an effective HAI Advisory Committee; valid reporting of HAI measures by healthcare facilities; ongoing expansion of numbers of participating healthcare facilities and numbers and types of HAI measures; effective communication with the public and other stakeholders; ongoing training of healthcare facilities.
 - b. NM HAI Advisory Committee offers its expertise to the NM Legislature and potential sponsors of new legislation (e.g., amendment of N.M. Statute § 24-29-1 (2009) known as the Hospital-Acquired Infection Act).
4. Payment and federal reporting for healthcare-associated infections associated with the Patient Protection and Affordable Care Act (PPACA) of 2010.
 - a. The law establishes a hospital Value-Based Purchasing program (VBP) into Original Medicare. This program offers financial incentives to hospitals to improve the quality of care. Measures to be publicly reported will include some related to heart attacks, heart failure, pneumonia, surgical care, health-care associated infections, and patients' perception of care. The intention is that this will be effective for payments for discharges occurring on or after October 1, 2012. Details can be found at: <http://www.healthcare.gov/law/timeline/index.html>.
 - i. NM facilities currently report on a number of quality measures through HospitalCompare which can be accessed at: www.hospitalcompare.hhs.gov
 - b. Final rule was released by Centers for Medicare and Medicaid (CMS) in July 2010 which revised the inpatient prospective payment system (IPPS) in part to implement certain provisions of the Affordable Care Act. The rule requires hospitals to report on CLABSIs through NHSN starting in January 1, 2011 which would influence Medicare payment determinations starting in fiscal year 2013. Other measures would be required after 2011. Details can be found at: http://www.ofr.gov/OFRUpload/OFRData/2010-19092_PI.pdf.
 - i. The experiences of NM healthcare facilities reporting CLABSI through NHSN and participating in the current CLABSI Learning Collaborative are preparing them well for implementation of this new rule in early 2011.
5. Sustainability of current HAI Program is critical to assure training of healthcare facilities, validity of reported data, ongoing prevention activities, and communication with all stakeholders.
 - a. ARRA funding for HAI surveillance and prevention has been awarded through calendar 2011. Without ongoing funding, current level of activities could not be maintained. The HAI Program will actively seek funds through any available federal and/or state mechanisms.
 - b. Resources at the healthcare facility level are also critical to conduct surveillance for and actively work to prevent HAIs.

For questions or comments:

NM HAI Prevention Coordinator
Joan Baumbach, MD, MPH, MS
Infectious Disease Epidemiology Bureau Chief
Epidemiology and Response Division, New Mexico Department of Health
505.827.0011 or joan.baumbach@state.nm.us



NM HAI Reporting Facilities
As of 5/30/2010

	Facility	HCW	CLABSI Reporting
1	Dr Dan C Trigg Mem Hosp	Y	
2	Espanola Hosp	Y	
3	Fort Bayard Med Center	Y	
4	Gerald Champion Regional Med Center	Y	Y
5	Guadalupe County Hosp	Y	
6	Heart Hosp of NM	Y	Y
7	Holy Cross Hosp	Y	Y
8	Lovelace Med Center	Y	Y
9	Lovelace Westside Hosp	Y	Y
10	Lovelace Women's Hosp	Y	Y
11	Memorial Medical Center	Y	Y
12	Miners' Colfax Med Center	Y	
13	NM Behavioral Health Institute	Y	
14	NM Rehabilitation Center	Y	
15	NM State Veterans' Home	Y	
16	Nor-Lea General Hosp	Y	
17	Physician's Med Center	Y	
18	Plains Regional Med Center	Y	Y
19	Presbyterian Hosp	Y	Y
20	Rehoboth McKinley Christian Health Care		Y
21	San Juan Regional Med Center	Y	Y
22	Sequoyah Adolescent Treatment Center	Y	
23	Sierra Vista Hosp	Y	
24	Socorro General Hosp	Y	
25	Turquoise Lodge Hosp	Y	
26	UNMH	Y	Y

HCW = Healthcare Worker Influenza Vaccinations
CLABSI = Central Line-associated Bloodstream Infections

Findings to date on two original HAI measures

HAI Measure	# of Reporting Units/Facilities	Aggregate Finding	National Comparison*
2008-2009 HAI Pilot Findings			
Healthcare worker influenza vaccination rate for flu season 2008-2009	6 hospitals	54.6%	Better than Joint Commission minimum goal of 43% for that season
CLABSI infections / 1000 ICU central line days reported for 5/1/2008 - 4/30/2009	9 ICUs in 6 hospitals	0.80/1000 central line days	Significantly better than national NHSN rate
2009-2010 Reporting Period Findings			
Healthcare worker influenza vaccination rate for flu season 2009-2010	25 healthcare facilities	60.2%	Same as national CDC survey rate
CLABSI infections / 1000 ICU central line days reported for 5/1/2009 - 4/30/2010	17 ICUs in 12 hospitals	0.76/1000 central line days	Significantly better than national NHSN rate

* Further detail on national comparisons will be included in final October 2010 report

July 2011 report on four current HAI measures

<p>2010-2011 findings that will be reported as hospital-specific rates Healthcare worker influenza vaccination rate for flu season 2010-2011 CLABSI infections/1000 ICU central line days for 5/1/2010 - 4/30/2011</p> <p>2010-2011 findings for two new measures that will be reported in aggregate as there will not yet be 12 months of data CLABSI infections outside of ICUs/1000 central line days for 11/1/2010 – 4/30/2011 <i>Clostridium difficile</i>** infections for 11/1/2010 – 4/30/2011</p>
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***C. difficile* is a bacterium that is one of the most common causes of infection of the large bowel (colon) that causes a gastrointestinal illness. It is recognized as one of the most common causes of healthcare-associated diarrhea. Symptoms can range from diarrhea to life-threatening inflammation of the colon. *C. difficile* infection (CDI) most commonly affects older adults in hospitals or long-term care facilities. Patients taking antibiotics are at risk of becoming infected with *C. difficile*.

New Mexico Learning Collaboratives to prevent healthcare-associated infections (a proven mechanism that helps healthcare facilities work together to reduce infections by sharing best practices):

4/2010 - 4/2011 CLABSI Collaborative

24 (and growing) healthcare facilities (rural, urban, large, small, private, government)
Tracking performance measures and outcomes
Increasing professional knowledge through group case review webinars and teleconferences

4/2011 - 4/2012 *Clostridium difficile* Collaborative