

## **HHS Action Plan to Prevent Healthcare-Associated Infections: COORDINATION, EVALUATION, AND CONCLUSION**

### **Coordination of Efforts**

The success of a national healthcare-associated infection (HAI) prevention effort will require effective coordination within the Department of Health and Human Services (HHS) and between the Department and external stakeholders. A synchronized effort will involve consistent communication between all the agencies involved in the initiative. This enhanced communication will allow for problems to be approached in a more holistic fashion rather than in its disparate parts. Initiatives in existence or development within one agency can be identified, targeted, and leveraged to aid in the overall prevention of these infections.

Various agencies within HHS currently fund efforts related to prevention, research, information technology infrastructure, communication, and incentives to prevent HAIs. However, there has been no official mechanism to lead and align these efforts in a cohesive manner, reduce duplication, and capitalize on potential synergies to increase overall impact. As specific examples of potential coordination, the Centers for Medicare and Medicaid Services (CMS) could plan to introduce incentives into the payment system and could coordinate research on the effects of implementing payment policies with the Agency for Healthcare Research and Quality (AHRQ) and/or Centers for Disease Control and Prevention (CDC) or research projects could be aligned between the National Institutes of Health (NIH), CDC, and AHRQ.

The mechanism proposed to institutionalize this coordinated effort is the establishment of an Interagency Steering Committee (Committee) or “Steering Committee for the Prevention of Healthcare-Associated Infections.” The formation of the Committee will enable implementation of the Plan and provide a context for measuring progress in achieving the Plan’s goals.

Effective partnership with other segments of the federal government and private sector stakeholders will be essential to the success of the initiative. The Committee will seek to leverage the resources within and external to HHS to successfully implement the Plan.

At a minimum, objectives of the Committee will include:

- 1) Coordination of efforts across prevention, research, information technology infrastructure, incentives and oversight, and public messaging and outreach to reduce healthcare-associated infections nationwide.
- 2) Establish criteria and develop a plan to evaluate the Department’s progress in reducing healthcare-associated infections nationwide. As part of evaluating

the effort, designate a set of primary measures to track HAIs and formulate a plan to further develop these measures over time.

- 3) Serve as a contact point to communicate to external stakeholders on this issue so the Department's efforts are harmonized and linked to a broader national coalition.

The following structure and timeline is proposed:

- 1) The Committee will be established in January 2009.
- 2) The Committee will be chaired by the Principal Deputy Assistant Secretary for Health. It will initially be comprised of one member each from the HHS AHRQ, CDC, CMS, Food and Drug Administration (FDA), NIH, Office of the Assistant Secretary for Public Affairs (ASPA), Office of the Assistant Secretary for Planning and Evaluation (ASPE), Office of the National Coordinator for Health Information Technology (ONC), and Office of Public Health and Science (OPHS).
- 3) The Committee will meet at least quarterly.
- 4) The Committee Chairmanship and membership will be reassessed annually starting in 2010.

The Committee may elect to form working groups to address specific topics or implement project plans as determined. The work of these groups will be overseen and coordinated by the Committee. The working groups may be convened at any time and for the duration deemed best by the Committee.

### **Measuring Success**

The proposed "Steering Committee for the Prevention of Healthcare Associated Infections" will establish criteria and formulate a plan for evaluation of the national prevention effort. The evaluation criteria may include national measures of infection rates as well as assessment of specific programs and projects initiated by the Department and coordinated by the Committee.

Input from and partnership with external stakeholders will be valuable to the accurate measurement of the nation's progress in preventing HAIs. Measures and measurement plans in use or development by other segments of the nation will be harmonized with those of the Committee.

The Committee will evaluate progress towards the national prevention of these infections annually. Regular updates will be requested from Committee members and key external stakeholders regarding current and planned activities related to HAI prevention. These

inventories will be used for ongoing monitoring, coordination, and evaluation of efforts. Results from the regular assessments of the initiative will lead to adjustments to the program and issuance of Plan revisions in subsequent years. Updates to the Plan will be formulated and released on an annual basis.

### **Conclusion**

The Department has a long and proud history in steadily and substantially improving the health and welfare of Americans. Despite this progress, HAIs continue to take a significant toll on human life. As shared in the introduction, it is estimated that there are 1.7 million HAIs in hospitals each year, which result in approximately 99,000 deaths and nearly \$20 billion in additional healthcare costs. The good news is that many of these deaths can be prevented through increased awareness and implementation of recommended infection control practices. For these reasons, the prevention of HAIs is a top priority for the Department.

The Steering Committee for the Prevention of HAIs focused its efforts on the development of an Action Plan. This endeavor provided an unprecedented opportunity to gather the various HHS Offices and Operating Divisions to bring the Department's extensive resources to bear on this critical patient safety issue. In addition, the opportunity to collaborate with external stakeholders has helped us all achieve significant and sustainable success. The work is not complete, but will continue to require the concerted and focused effort of all involved, for the end result of helping to create a healthier America.