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CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC. Clearance Officer, 1600 Clifton Road, MS D-24 Atlanta, GA 30333, Attn: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☒ New ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: the following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE)	☒	☐
2. Proper Signature and Date on PHS-5161-1 "Certifications" page	☒	☐
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs)	☒	☐
4. If your organization currently has on file with DHHS the following Assurances, please identify which have been filed by indicating the Date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)		
☒ Civil Rights Assurance (45 CFR 80)	03/24/1997	
☒ Assurance Concerning the Handicapped (45CFR 84)	03/24/1997	
☒ Assurance Concerning Sex Discrimination (45CFR 86)	03/24/1997	
☒ Assurance Concerning Age Discrimination (45CFR 90 & 45 CFR 91)	03/24/1997	
5. Human Subjects Certification, when applicable (45CFR 46)	☐	☒

PART B: this part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	☐	☒
2. Has the appropriate box been checked for item #16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	☒	
3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE	☒	
4. Have biographical sketch(es) with job description(s) been attached, when required?	☒	☐
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	☒	
6. Has the 12 month detailed budget been provided?	☒	☐
7. Has the budget for the entire proposed project period with sufficient detail been provided?	☒	☐
8. For a Supplemental application, does the detailed budget address only the additional funds requested?	☐	☒
9. For Competing continuation and Supplemental applications, has a progress report been included?	☐	☒

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Name	John E. Lake
Title	Controller, Business & Financial Services
Organization	Arizona Department of Health Services
Address	1740 W. Adams, Phoenix, AZ 85007
E-mail Address	lakej@azdhs.gov
Telephone Number	(602) 542-6342
Fax Number	(602) 542-1095

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Name	Shoana Anderson
Title	Office Chief
Organization	Arizona Department of Health Services
Address	150 N 18th Avenue, Phoenix, AZ 85007
E-mail Address	anderssm@azdhs.gov
Telephone Number	602-364-3147
Fax Number	602-364-3199

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

8	6	-	6	0	0	4	7	9	1		

SOCIAL SECURITY NUMBER

			-			-				

HIGHEST DEGREE EARNED

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Arizona Department of Health Services

*b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
86-6004791	804745420

d. Address:

*Street 1: 1740 W Adams Street
Street 2:
*City: Phoenix
County:
*State: Arizona
Province:
*Country: USA
*Zip / Postal Code 85007

e. Organizational Unit:

Department Name:	Division Name:
Arizona Department of Health Services	Office of Infectious Diseases

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms. *First Name: Shoana
Middle Name:
*Last Name: Anderson
Suffix:

Title: Office Chief

Organizational Affiliation:
Arizona Department of Health Services

*Telephone Number: 602-364-3147 Fax Number: 602-364-3199

*Email: anderssm@azdhs.gov

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Centers for Disease Control and Prevention

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

CI07-70402ARRA09

*Title:

Healthcare-Associated Infections - Building and Sustaining State Programs to Prevent Healthcare-associated Infections

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

All counties in Arizona

***15. Descriptive Title of Applicant's Project:**

Preventing Healthcare-Associated Infections in Arizona

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: 02 *b. Program/Project: AZ-all

17. Proposed Project:

*a. Start Date: 09/01/2009 *b. End Date: 12/31/2011

18. Estimated Funding ($):

*a. Federal	$1,156,691.00
*b. Applicant	0.00
*c. State	0.00
*d. Local	0.00
*e. Other	0.00
*f. Program Income	0.00
*g. TOTAL	$1,156,691.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. *First Name: John

Middle Name: E

*Last Name: Lake

Suffix:

*Title: Controller, Business and Financial Services

*Telephone Number: 602-542-6342 Fax Number: 602-542-1095

* Email: lakej@azdhs.gov

*Signature of Authorized Representative: John E Lake *Date Signed: 6-26-09

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

OBM Approval No. 0348-004

BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Numbers (b)	Estimated Un-obligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)1.
1 ARRA - Preventing HAI	93.717			$1,156,691		**$1,156,691**
2						**$0**
3						**$0**
4						**$0**
5 **TOTALS**		**$0**	**$0**	**$1,156,691**	**$0**	**$1,156,691**

SECTION B - BUDGET CATEGORIES

6 Object Class Categories	**Grant Program, Function or Activity**				Total (5)
	(1) ARRA - Preventing HAI	(2)	(3)	(4)	
a. Personnnel	$569,333				**$569,333**
b. Fringe Benefits	$244,813				**$244,813**
c. Travel	$17,472				**$17,472**
d. Equipment	$9,000				**$9,000**
e. Supplies	$31,425				**$31,425**
f. Contractual	$42,000				**$42,000**
g. Construction	$0				**$0**
h. Other	$20,386				**$20,386**
i. Total direct charges (sum of 6a-6h)	$934,429	$0	$0	$0	**$934,429**
j. Indirect Charges	$222,262				**$222,262**
k. **TOTALS** (sum of 6i and 6j)	**$1,156,691**	**$0**	**$0**	**$0**	**$1,156,691**

SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals
8	ARRA - Preventing HAI				$0
9					$0
10					$0
11					$0
12	**TOTAL** (sum of lines 8 and 11)	$0	$0	$0	$0

SECTION D - FORECASTED CASH NEEDS

		Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13	Federal	$528,302	$168,283	$117,282	$121,432	$121,305
14	Non-Federal	$0				
15	**TOTAL** (sum of lines 13 and 14)	$528,302				

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

	(a) GRANT PROGRAM	FUTURE FUNDING PERIODS (Years)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16	ARRA - Preventing HAI	$470,807	$157,582		
17					
18					
19					
20	**TOTALS** (sum of lines 16-19)	$470,807	$157,582	$0	$0

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets if Necessary)

21 Direct Charges: 2.23036% ITS Direct Charge Indirect Charges: 27.3% of Personnel and Fringe

23 Remarks:

OMB Approval No. 0920-0428

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In eligibility, and Voluntary Exclusion – Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about –
(1) The dangers of drug abuse in the workplace;
(2) The grantee's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will –
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted –

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities, "in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

OMB Approval No. 0920-0428

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICAL	TITLE John E. Lake Controller, Business & Financial Services
APPLICANT ORGANIZATION ARIZONA DEPARTMENT OF HEALTH SERVICES	DATE SUBMITTED 6-26-09

OMB Approval No. 0348-0040

ASSURANCES – NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE John E. Lake Controller, Business & Financial Services
APPLICANT ORGANIZATION ARIZONA DEPARTMENT OF HEALTH SERVICES	DATE SUBMITTED 6-26-09

Approved by OMB
0348-0046

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action	3. Report Type:
[b] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[a] a. bid/offer/application b. initial award c. post-award	[a] a. initial filing b. material change **For Material Change Only:** Year ____ Quarter ____ date of last report ____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:
☒ Prime ☐ Swbawardee Tier _____, *if known:* Arizona Department of Health Services 1740 West Adams Phoenix, AZ 85007 **Congressional District,** *if known:*	**Congressional District,** *if known:*
6. Federal Department/Agency: Centers for Disease Control and Prevention	**7. Federal Program Name/Description:** ARRA ELC Healthcare-Associated Infections - Building and Sustaining State Programs **CFDA Number,** *if applicable:* 93.717
8. Federal Action Number, *if unknown:*	**9. Award Amount,** *if known:* $
10. a. Name and Address of Lobbying Entity Not Applicable	**b. Individuals Performing Services** *(including address if different from No. 10a.)* *(last name, first name, MI):* Not Applicable

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: John E. Lake

Print Name: John E. Lake

Title: Controller, Business and Financial Services

Telephone No.: 602-542-6342 **Date:** 6-26-09

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Standard Form – LLL (Rev. 7-97)

Abstract

Healthcare-associated infections are an emerging public health issue and have received increasing public attention. Multiple states have mandated public reporting of healthcare associated infections and, in Arizona, the Infection Prevention and Control Advisory Committee (IPCAC) was established in October 2008, to meet the objectives in Senate Bill 1356 (SB1356) and to provide recommendations to the Governor on HAI surveillance, reporting, and prevention in Arizona. This Committee consists of 15 representatives from: the Association for Professionals in Infection Control and Prevention (APIC), Arizona Hospital and Healthcare Association (AzHHA), a long term care facility, an assisted living facility, the health insurance industry, a healthcare consumer, a registered nurse, a physician and an emergency room physician with infection control experience, a pharmacist with experience in antimicrobial stewardship, as well as an HAI survivor, a Governor's representative, and the State Epidemiologist. AzHHA launched a campaign in the spring of 2008 in hospitals and the community called Preventing MRSA: It's In Our Hands. Blue Cross Blue Shield of Arizona partnered with AzHHA on this education campaign, along with the Association of Professional in Infection Control. With their support and input, AzHHA developed MRSA-prevention information for hospitals to distribute to their employees and patients as well as families.

The Arizona Department of Health Services will use these funds to expand activities for the surveillance and prevention of healthcare-associated infections in the state, based upon recommendations of the Infection Prevention and Control Advisory Committee. Proposed activities include: (1) development of a statewide strategic plan to prevent healthcare-associated infections (HAI); (2) working with stakeholders to identify key infections or process measures for surveillance; (3) recruit hospitals to participate in a sentinel healthcare-associated infections reporting module through the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) system; (4) validate data reported to NHSN to ensure that reporting methodology is accurate and consistent; (5) survey hospitals and healthcare associations to identify the current state of NHSN participation and to identify existing prevention collaboratives for potential partnerships; (6) use surveillance data to monitor the effectiveness of healthcare-associated infection prevention activities; and (7) identify and implement prevention activities as outlined in the Department of Health and Human Services (HHS) Action Plan to Prevent Healthcare-Associated Infections.

Background

ADHS Healthcare Associated Infection Activities

From 1990 to 2006, the Arizona Department of Health Services (ADHS) had a dedicated healthcare associated infection (HAI) epidemiologist who was responsible for surveillance of Methicillin-resistant *Staphylococcus aureus* (MRSA) and *Streptococcus pneumoniae* (*S. pneumoniae*), along with nosocomial outbreak investigation assistance, and other prevention efforts. During this period, ADHS developed a number of HAI educational campaigns covering topics such as hand hygiene, antimicrobial stewardship, and the importance of infection control in outpatient settings. In July 1999, ADHS developed its Guidelines for the Management of Patients with Antibiotic-Resistant Organisms and posted them on the internet. Reportedly, these guidelines are the primary resource available to Arizona long term care and assisted living facilities for infection control of multidrug resistant organisms and are still used today.

Per the Arizona Administrative Code, laboratories have been required to report invasive MRSA cases since approximately 2004 and *S. pneumoniae* cases since the early 1990's to the Arizona Department of Health Services. Surveillance activities for both pathogens had been managed by the HAI epidemiologist, within the Office of Infectious Disease Services (OIDS), since they can cause healthcare associated infections (HAI). ADHS continues to conduct routine surveillance on these infectious agents and evaluates trends in antibiotic resistance patterns of these organisms.

Unfortunately, the HAI epidemiologist position became vacant in 2006 and due to budgetary concerns, HAI surveillance activities were added to the duties of another infectious disease epidemiologist, who was primarily responsible for unexplained death investigations and outbreak management. As a result, HAI prevention and education activities declined. Since 2008, ADHS has maintained a passive surveillance system for both MRSA and *S. pneumoniae* where submitted laboratory reports with antibiotic susceptibility information included on the report is entered into a separate surveillance database and analyzed annually. For 2008, susceptibility patterns were reported through the passive surveillance system for approximately 37% and 22% of all reported invasive MRSA and *S. pneumoniae* isolates to ADHS, respectively.

As a part of the current ADHS Antibiotic Resistance and Surveillance Program, these passive surveillance systems are being validated to determine whether or not they are accurate representations of antibiotic susceptibility trends for all reported invasive MRSA and *S. pneumoniae* in Arizona. The validation studies will be completed by the end of 2009. In addition, a retrospective antibiotic susceptibility project is underway to define antibiotic susceptibility trends for MRSA and *S. pneumoniae* in Arizona from 2004 to 2008. These results will be compared to current data to determine the susceptibility patterns of these three pathogens in Arizona. Complementing this work, ADHS epidemiologists are working on producing a burden of disease analysis for these pathogens through the Hospital Discharge Database (HDD).

All of these projects will better define the state-wide antibiotic susceptibility patterns and burden of these reportable diseases.

Accomplishments and Proven Capacity

Because the infectious disease epidemiologist assigned to HAI from 1990 to 2006 was certified in infection prevention and control, she also served as a liaison to APIC and established a lasting relationship between this organization and public health, providing many opportunities for partnership. These have included assisting infection preventionists (IPs) with HAI outbreaks, presenting infectious disease surveillance data to APIC annually, inviting ADHS speakers to present at local APIC conferences, and enlisting IP support in communicating important public health information to healthcare providers both through APIC meetings and a designated IP Health Alert Notification listserv. Additionally, ADHS partners with APIC members through educational efforts, case follow-ups, community leadership on emergency preparedness issues, and most recently, through active involvement and leadership in the Arizona Infection Prevention Advisory Committee.

Because of the close relationship with APIC, hospital IPs rely on the Infectious Disease Epidemiology and Investigations Program within OIDS for technical assistance when they identify potential healthcare-associated outbreaks and/or clusters. Per the APIC membership, ADHS is considered by APIC members to be a sound resource for guidance regarding communicable disease within hospital and community settings.

Medical epidemiology consultation is critical for a successful HAI Prevention Program. The Medical Director, Cara Christ, MD, MS, of the Bureau of Epidemiology and Disease Control will devote 20% of her time to providing clinical and medical guidance to the newly proposed HAI Prevention Program. These activities will be provided from state funding and will ensure continued medical support to the HAI Prevention Program. Additionally, the Centers for Disease Control and Prevention (CDC) Career Epidemiology Field Officer (CEFO), Rebecca Sunenshine, MD, stationed at ADHS and board certified in internal medicine and infectious diseases will provide expertise in HAI surveillance and prevention. Dr. Sunenshine trained in the CDC Division of Healthcare Quality Promotion (DHQP) during her Epidemic Intelligence Service fellowship and is familiar with the National Healthcare Safety Network (NHSN). Dr. Sunenshine provides HAI surveillance, investigation, and prevention consultation as part of the CEFO mission to increase epidemiology capacity at the health department. ADHS has two additional experienced physicians trained in pediatric and adult infectious diseases who will also be available for medical and clinical guidance.

The CEFO trained the current HAI and unexplained deaths epidemiologist in HAI epidemiology and outbreak investigations. The HAI epidemiologist has led several "Epi-Aid" like investigations and provided consultation to hospitals during numerous nosocomial outbreak investigations in the past two years. Furthermore, the HAI epidemiologist coordinates specimen submission and acts as a liaison to the Arizona State Health Laboratory, which serves as a reference laboratory and provides laboratory support for HAI outbreak investigations. This

support includes isolate and resistance confirmation and molecular studies, such as Polymerase Chain Reaction (PCR) and pulse-field gel electrophoresis (PFGE) for various nosocomial pathogens.

Specific healthcare associated outbreak investigations performed by Arizona IPs in collaboration with ADHS include multiple outbreaks of multidrug-resistant (MDR) *Acinetobacter spp.*, one statewide and one associated with contaminated portable X-ray machines; a hospital outbreak of MDR *Pseudomonas spp.* associated with a contaminated video bronchoscope; Legionnaire disease associated with a bone marrow transplant unit; and an outbreak of *Burkholderia spp.* associated with contaminated mouthwash. ADHS works collaboratively with the healthcare facilities to provide infection control recommendations both during and after the investigation in order to optimize patient safety and alleviate the need for regulatory punitive action.

In September 2008, the Arizona Senate passed legislation, which established the Infection Prevention and Control Advisory Committee (IPCAC) to accomplish the objectives of Arizona Senate Bill 1356 (SB1356). One of the responsibilities of the committee is to develop recommendations for the Governor and Arizona Legislature regarding HAI surveillance, prevention, and reporting. This Committee consists of representatives from the Association for Professionals in Infection Control and Prevention (APIC), Arizona Hospital and Healthcare Association (AzHHA), a long term care facility, an assisted living facility, the health insurance industry, a healthcare consumer, a registered nurse, a physician and an emergency room physician with infection control experience, a pharmacist with experience in antimicrobial stewardship, as well as an HAI survivor, a Governor's representative, and the State Epidemiologist.

The Committee met for the first time in October 2008, and continues to meet at least monthly. Thus far, IPCAC has reviewed the Infectious Diseases Society of America (IDSA)/Society for Healthcare Epidemiology of America (SHEA) Healthcare Associated Infections Compendium, voted to use the National Healthcare Safety Network standard definitions for HAI surveillance, researched and reported on the HAI surveillance and reporting activities of most US states that have passed HAI legislation, and reviewed the HHS Action Plan to Prevent Healthcare-Associated Infections. Additionally, the Committee has heard talks from a representative of National Association for Professionals in Infection Control and Epidemiology and Dr. Robert Weinstein on surveillance and reporting of HAI. IPCAC scheduled a special meeting to review a draft of this grant application and voted to support the application unanimously at a subsequent meeting (Appendix A – Letters of Support).

Fortunately, six of the 53 acute care hospitals with intensive care units in Arizona currently participate in NHSN. One of the most active members of the IPCAC and APIC, Patty Gray, is the infection preventionist at one of these hospitals and has provided ongoing guidance both for this grant application and for the SB1356 final report. She will serve as a valuable resource in developing the Arizona HAI Prevention Plan and will continue to serve in the prevention collaborative once the Plan is submitted. Ms. Gray is dedicated to ensuring the successful establishment of evidence-based HAI surveillance and prevention efforts in Arizona.

From an informatics standpoint, ADHS has invested significant time and resources into electronic laboratory reporting of infectious disease surveillance data. Currently, there are two commercial laboratories (ARUP and Lab Corp) that transmit electronic laboratory reports (ELR) to ADHS. The agency is working with several more laboratories to begin electronic reporting in the near future. These laboratories have implemented programming that transmits reports from their internal databases and each day automatically uploads them to ADHS based upon reporting requirements. The short-term goal for Arizona's ELR project is to have three commercial laboratories engaged and reporting electronically, resulting in an output of greater than 50% of the state's reportable infectious disease-associated lab results received electronically. This goal is to be met by mid-August, 2010. The longer-term goals involve continually recruiting more laboratories (including those associated with hospitals) as ELR partners and incrementally increasing the percentage of lab reports received electronically. Additionally, ADHS is collaborating with the Arizona Health Care Cost Containment Service (AHCCCS), Arizona's Medicaid equivalent, on their implementation of a health information exchange system.

At present, infectious diseases surveillance data can be easily assembled and transmitted to CDC electronically using the state National Electronic Disease Surveillance System (NEDSS) compatible surveillance system, MEDSIS. A robust parsing engine (PHEDEX, a proprietary Biztalk-based product) is in place at ADHS and can be instructed to accept data in virtually any format and produce an output in HL7 or PHIN-MS for CDC transmission. A process for producing an HL7 or PHIN-MS message to send to NHSN can be designed. This work with ELR would provide the foundation for downloading antimicrobial susceptibility data on pathogens that can cause HAI.

Lastly, ADHS has a communicable disease rule for reporting of "emerging or exotic disease agents." This rule has been used in the past to make MDR *Acinetobacter spp.* reportable throughout the state for a limited time period and will be used in the future to investigate the increase in *Clostridium difficile* in Arizona. This tool can be used to investigate targeted HAI in the future, such as non-invasive healthcare associated MRSA or other MDR organisms.

Healthcare Associated Infection Activities of Arizona Partners

Arizona Grand Canyon APIC, Chapter 088, represents Infection Prevention and Control members in the state of Arizona. Membership includes Infection Preventionists from acute care hospitals, long-term care and hospice organizations, outpatient environments, and county and state public health jurisdictions. The Grand Canyon APIC chapter works diligently to promote infection prevention strategies throughout the state, and values strategic partnerships with other organizations, such as ADHS and the Arizona Hospital and Healthcare Association (AzHHA).

Grand Canyon APIC participated in a strategic partnership with the Arizona Hospital and Healthcare Association in a recent MRSA Initiative, resulting in a Toolkit for hospitals to use in their efforts to reduce MRSA occurrence. This initiative included not only hospitals, but community settings, as well. APIC and AzHHA worked jointly on developing and promoting the

Infection Prevention Advisory Committee through SB 1356 , along with promoting infection prevention efforts through AzHHA's Patient Safety Steering Committee.

Hospitals and healthcare organizations throughout the state of Arizona work to promote the most current infection prevention strategies, including the Institute for Healthcare Improvement (IHI) infection prevention "bundle" initiatives, the National Patient Safety Goals for hand hygiene, bloodstream infections, ventilator associated pneumonia and surgical site infection prevention and national Leap Frog Initiatives. Additionally, six hospitals in the state are participating in the Centers for Medicare and Medicaid Services (CMS) 9th Scope of Work for MRSA reduction, using the new NHSN module for data submission.

Grand Canyon APIC commits to ongoing efforts to target infections to zero, thereby enhancing healthcare quality and patient safety in Arizona, and contributing to the national efforts in infection prevention. We look forward to our ongoing work with our partners in this commitment.

As mentioned above, AzHHA launched a campaign in the spring of 2008 in hospitals and the community called Preventing MRSA: It's In Our Hands. Blue Cross Blue Shield of Arizona partnered with AzHHA on this education campaign, along with the Association of Professional in Infection Control. With their support and input, AzHHA developed MRSA-prevention information for hospitals to distribute to their employees and patients as well as families. All materials were developed in English and Spanish. The goal of the campaign was to provide hospitals reliable and consistent information on MRSA prevention. AzHHA was able to reach consumers through hospitals and tap into Blue Cross Blue Shield's network by including information in their newsletters about MRSA as well as providing them copies of the materials. AzHAA also developed frequently asked questions and background documents to educate the news media about MRSA prevention.

In addition to this, AzHHA created an online learning module on MRSA. Hospital educators/infection control professionals showed this to staff to demonstrate the potential prevalence of MRSA and then demonstrated hand-washing techniques. AzHHA also developed a comprehensive toolkit for infection control practitioners. This information and more is available at http://www.azhha.org/patient_safety/mrsa.aspx.

ADHS is also forming a partnership with the Health Services Advisory Group, Inc. (HSAG) to support HAI prevention activities. HSAG has been the Medicare quality improvement organization (QIO) for Arizona since 1979 and became California's QIO in 2008. The Centers for Medicare & Medicaid Services (CMS) goal for its QIO program is to improve the effectiveness, efficiency, economy, and quality of health care services delivered to Medicare beneficiaries. HSAG provides direct quality improvement support to nursing homes, hospitals, and physicians' offices. HSAG also responds to beneficiary quality-of-care complaints and appeals of provider-based notices.

There are three core areas HSAG covers as the QIO: 1) Beneficiary Protection – reviewing quality of care and appeals, reviewing hospital emergency rooms' adequate first response, and implementing quality improvement activities. 2) Patient Safety – part of the CMS National Patient Safety Initiative (NPSI) –addresses areas of potential patient harm. HSAG assists hospitals in reducing MRSA rates and incidence of pressure ulcers, as well as improving surgical care and surgical site infections. Within the nursing home setting HSAG provides quality improvement services to reduce pressure ulcers and the use of physical restraints. And 3) Prevention – HSAG is focusing on prevention activities that improve the quality and frequency of preventive health care services for Medicare beneficiaries. Specifically, HSAG provides education and assistance to physician practices that operate a certified electronic health record system (EHRS). The clinical focus is to help the physicians use their EHRS to improve and sustain their breast cancer and colorectal cancer screening rates, and their influenza and pneumococcal immunization rates.

Statement of Need

ADHS does not currently have a dedicated epidemiologist or program devoted to HAI surveillance and prevention. All of the HAI surveillance activities are performed by an epidemiologist, who is also responsible for unexplained death surveillance and investigations in addition to a number of other responsibilities. In order to expand our capacity to work on HAI, special projects have been assigned to student interns. The lack of a full time employee(s) being devoted to HAI surveillance and prevention efforts prevents ongoing surveillance from being performed and reported consistently. Additionally, current HAI surveillance is limited to invasive MRSA and *S. pneumoniae,* both of which can cause HAI but also cause infections in the community. Unfortunately, resources have not been available to differentiate community versus healthcare onset or association for these pathogens, nor are they consistently available to perform surveillance of other multidrug resistant organisms. Without a dedicated staff member to perform consistent HAI surveillance activities, the ability to target prevention measures and evaluate the impact of prevention activities is hindered.

One major barrier to understanding the HAI burden in our state is the lack of infrastructure and staffing to recruit hospitals in the state to participate in NHSN and to analyze reported data for progress towards prevention targets. Although SB 1356 was enacted to create a multi-disciplinary advisory committee to make recommendations regarding HAI surveillance and prevention to the Governor, it quickly became apparent that the most effective evidence-based activities could neither be initiated nor sustained without a dedicated funding source. Unfortunately, the current state budget shortfall makes it highly unlikely that the Arizona State Government will prioritize HAI surveillance and prevention over other basic needs of Arizonans.

If such an infrastructure were created, ADHS could facilitate the reporting of aggregate HAI information both to hospitals and the public using NHSN, so each could measure its performance against other hospitals in the state and the nation. Furthermore, if this infrastructure were already in place, additional hospitals would likely be willing to voluntarily join NHSN so that they can measure their own HAI burden. Creating a sentinel network of facilities reporting HAI

in Arizona would give us an estimate of the HAI burden and assist the state with targeting prevention strategies at healthcare associated infections that pose the greatest problems in Arizona hospitals. Once such a network is established, and prevention initiatives can be implemented, the success of these initiatives could be used to encourage additional hospitals to join NHSN, improve patient safety in Arizona, and encourage the State Legislature to fund these activities.

Regarding ELR, Arizona is just on the verge of being able to electronically download antimicrobial susceptibility patterns for HAI pathogens. Until now, we have relied on student interns to record the data manually and perform validation studies. If ADHS could complete the final steps for electronic download of statewide HAI antibiograms, it would assist clinicians throughout the state in making better choices for empiric antimicrobial therapy. This would lay the foundation for antimicrobial stewardship and education on judicious antimicrobial use in Arizona, which has been missing from public health activities since 2006.

Definitions: For the purposes of this application, hospitals will be defined as acute care inpatient facilities with an intensive care unit (either medical or surgical). HAI Public reporting refers to the reporting either through the media, internet or paper publication of HAI results in aggregate format.

Project Work Plan

Objective #1: Establish a healthcare-associated infection (HAI) Prevention Program at the Arizona Department of Health Services (ADHS) for coordinating surveillance, reporting and prevention of healthcare-associated infections in Arizona **(Activities A, B, and C)**.

Methods: A healthcare-associated infection (HAI) Prevention Program specific to addressing the grant deliverables will be created at the Arizona Department of Health Services (ADHS) in the Office of Infectious Disease Services (OIDS). The HAI Prevention Program will include a program manager, two epidemiology specialist II positions (epidemiologists), a program project specialist, and a prevention project coordinator. All HAI Prevention Program staff will receive training in healthcare epidemiology, through coursework developed by the Association for Professionals in Infection Control and Epidemiology (APIC) or by the Society for Healthcare Epidemiology of America (SHEA). In addition, due to the need for rapid development of a state prevention plan, ADHS will hire a contractor to coordinate and draft the state HAI Prevention Plan.

These jobs will be filled through hiring new, qualified individuals and recruiting current ADHS employees whose present positions are threatened or would be discontinued due to the state budget shortfall. Although we currently have a statewide hiring freeze, epidemiologists are exempt from the freeze, as this class of positions is deemed mission critical by the Arizona Department of Administration. We are confident that we can fully staff our program from existing employees at risk due to the economic situation or by hiring positions exempt from the hiring freeze.

The program manager will be the designated state HAI Prevention Coordinator, oversee the program and supervise the employees to ensure that the grant deliverables are being met in the appropriate time frame. This individual will possess epidemiology skills and knowledge of infection control and prevention, as well as familiarity with HAI surveillance so they can manage the multiple aspects of a rapidly developing HAI surveillance and prevention program. Job duties include working with the state multi-disciplinary prevention advisory group to identify metrics for HAI surveillance activities, working with epidemiologists to design and conduct scientifically sound validation studies for data being reported to NHSN, and to evaluate program HAI prevention efforts. This position will also work with the multi-disciplinary prevention advisory group to identify specific prevention strategies for the state as outlined in the HAI Prevention Plan and will coordinate implementation of these activities through the committee or contractors. Lastly, the program manager will work with the program project specialist to ensure that all Recovery Act and OMB tracking and reporting requirements are met fully and on time.

The epidemiologists assigned to this program will work collaboratively on objectives related primarily to Activity B. As one of the focus areas of this cooperative agreement, these positions are established to increase the capacity to conduct surveillance for HAIs. Towards these grant deliverables, these positions will be responsible for working with the multidisciplinary advisory group to select metrics for HAI surveillance. To achieve this, they will conduct a survey among hospitals already utilizing NHSN to determine the current scope of reporting practices in the state and to identify methods used in each hospital to identify cases as well as denominator data for surveillance activities. These data will be used by the multidisciplinary advisory group to determine which HAI metrics to implement and develop best practices for NHSN reporting and program evaluation activities. The epidemiologists will be trained by CDC in the NHSN modules for the metrics specified in the HAI Prevention Plan and will work with hospitals across the state to recruit and assist with enrollment and participation in NHSN.

The epidemiologists will then offer training for hospitals recruited to join NHSN and assist with the process of enrollment. Once additional hospitals have been trained and enrolled in NHSN, the epidemiologists will be responsible for analysis of reported data, ongoing validation studies to evaluate NHSN reported data for accuracy, and preparing reports of hospital progress toward HAI reduction. They will be responsible for routinely sharing information and results to key stakeholders, with specific attention to maintaining confidentiality of both individual patient level data and facility level data. The epidemiologists will also compare surveillance methodologies across hospitals to minimize differences in reporting and surveillance strategies to ensure data is comparable for all participating hospitals. These positions will also assist hospitals by providing shared experience from other hospitals and states.

Validation of the data will be completed and a review of individual data by each facility will be required prior to release of any data. This will include a review of hospital data to ensure that all cases meeting the case definition were reported to NHSN and to ensure that denominators were accurate for rates of infections. To accomplish this, the epidemiologist will conduct site visits with each hospital to review data and procedures, such as central line days, blood stream

infections, surgical site infections, and number of surgeries for selected time periods and compare these data to NHSN reports to verify data quality. During this process, the epidemiologist will review a sample of medical records to validate data reported to NHSN and to ensure cases meet case definitions as specified by NHSN or the HAI Prevention Plan. The epidemiologists will also work with hospitals to verify and investigate unusual reports of infections and/or disease clusters and provide technical support to infection preventionists for outbreak management.

Additionally, as part of these duties, the epidemiologists will be required to explore formats for presentation of NHSN data used by other states in their HAI public reporting and, with the input from the multi-disciplinary prevention advisory group, develop the format that best meets the needs of Arizona's hospitals and public. Other job responsibilities include writing the grant progress reports, evaluation reports, and fulfilling other objectives of the grant as needed.

The HAI Prevention Plan consultant will be responsible for activities specified to meet the objectives outlined in Activity A. To facilitate rapid progress and to meet the deadline for Activity A, ADHS plans to contract with a company and individual familiar with the activities and programs within the health department and experience developing plans for infectious disease surveillance and response within the agency. The contractor will need to be organized, a proficient writer, familiar with HAI, and possess good interpersonal skills to ensure that all partners [AzHHA, APIC, and HSAG] have input into the plan. The planner will establish and work with the existing advisory group to draft a state HAI Prevention Plan based on the Health and Human Services (HHS) Action Plan to Prevent Healthcare-Associated Infections for submission to HHS by January 1, 2010.

The Prevention Project Coordinator will be responsible for working with the multi-disciplinary prevention advisory group to share the results of surveillance activities and determine collaborative HAI interventions based on the surveillance done through Activity B. This position will work with hospitals across the state and the multi-disciplinary prevention advisory group to identify targeted prevention strategies and to identify methodologies for implementing these initiatives in participating facilities. The Prevention Project Coordinator will conduct site visits with each facility to monitor the progress of prevention efforts and identify metrics and process measures for improvement of prevention activities. This position will also coordinate with stakeholders' public information officers to ensure unified messaging and facilitate education initiatives.

The program project specialist will support the program's administrative needs and be responsible for the following activities: tracking, measuring and reporting on programmatic and fiscal activity and economic impact of using grant funds for all grant related activities according to ARRA funding requirements; coordination of contracts, the multi-disciplinary prevention advisory group meetings; hospital NHSN trainings; and answering public inquiries regarding HAI surveillance, prevention and reporting. This position will also assist with preparation of HAI surveillance reports for state and local health departments (including tribes); and assist with preparation of HAI surveillance data for public reporting including website coordination.

Although the positions described above will be fully funded by this grant, we are confident that the outcomes accomplished by meeting these objectives will receive considerable attention from the public and Arizona State Legislature, increasing the likelihood that the continuation of at least some of the program activities will be supported. Once the infrastructure has been created and a system developed to collect, analyze and report data acquired from hospitals through NHSN, fewer resources will be required to maintain HAI surveillance. Since the implementation and monitoring of effective HAI prevention strategies is a key component of programmatic activities, we will work with community partners and key stakeholders to ensure that enough resources are available to sustain prevention activities, as well as pursue additional grant opportunities.

Measures of Effectiveness: Development of a HAI Prevention Program within ADHS. Number of established, hired, or contracted positions by November 2009.

Objective #2: Utilize the existing multidisciplinary Infection Prevention and Control Advisory Committee (IPCAC) for guidance in developing Arizona's HAI Prevention Plan **(Activity A).**

Methods: Because the deliverables of SB 1356 and therefore the activities of IPCAC significantly overlap with those of Activity A, the HAI Prevention Plan consultant will attend Committee meetings to ensure that recommendations of IPCAC are captured in Arizona's HAI Prevention Plan. Since IPCAC meetings are open to the public, this will allow an opportunity to incorporate input from the public into the HAI Prevention Plan. Immediately after this funding opportunity was announced, the IPCAC voted to hold an extra meeting specifically to discuss and provide feedback regarding the grant application.

The only stakeholder not currently included in the Committee is the Health Services Advisory Group (HSAG), which serves as the Medicare Quality Improvement Organization (QIO). We have reached out to this organization and encouraged them to attend the IPCAC meetings and provide input into the HAI Prevention Plan separately. Once IPCAC has submitted its recommendations regarding healthcare and community associated infections to the Governor by December 31st, 2009, ADHS will be able to add additional members and form the multi-disciplinary prevention advisory group mentioned above, including a representative from HSAG and staff from participating healthcare facilities, to carry out the objectives of Activity C.

Measures of Effectiveness: Continued representation and participation by above stakeholders as documented in meeting minutes. Attendance of the HAI Prevention Plan consultant at the IPCAC meetings and incorporation of the IPCAC HAI related recommendations to the Governor and the Arizona Legislature into the HAI Prevention Plan. The addition of an HSAG representative in the multi-disciplinary prevention advisory group.

Objective #3: Complete the Arizona HAI Prevention Plan by January 1, 2010 by incorporating feedback from the following organizations: APIC, AzHHA, HSAG, IPCAC and the HHS Action Plan to Prevent Healthcare-Associated Infections **(Activity A).**

Methods: The HAI Prevention Plan consultant, who will be contracted by ADHS immediately upon receipt of funding, will thoroughly read and become familiar with the HHS HAI Action Plan to Prevent Healthcare-Associated Infections (HHS HAI Action Plan). The IPCAC has already elected to use the standard NHSN definitions for HAI. Additionally, the Committee has reviewed and discussed the HHS HAI Action Plan and determined that it will base many of its recommendations to the Governor and the Arizona Legislature on the content of this document.

Two metrics will be selected from the HHS HAI Action Plan by the Committee and will be included in the recommendations to the Governor and the Arizona Legislature. Although the IPCAC has not determined which HAIs it will target for prevention, central line associated bloodstream infections have been discussed as one of the preferred infections to target due to the existence of logistically feasible, evidence-based strategies for their prevention and the quality of the NHSN central line-associated bloodstream infections (CLABSI) module. Additionally, surveillance of selected surgical site infections (SSIs) through NHSN has been extensively discussed for similar reasons. If SSI is selected as one of the metrics, ADHS will recruit a surgeon to serve as a subject matter expert on the multidisciplinary advisory group. Surgical Care Improvement Project Measures (SCIP) have also been identified as a potential metric to target since all CMS compliant hospitals currently utilize these measures and, as process measures, all hospitals can achieve 100% compliance. Lastly, MRSA is a potential metric since all six Arizona hospitals currently participating in NHSN utilize the MRSA module and this pathogen has received considerable attention in the Arizona media and from the State Legislature over the last year.

Another important issue that will be addressed in the Arizona HAI Prevention Plan is antimicrobial stewardship and control of multidrug-resistant organisms (MDROs). The HAI Prevention Program will use the information contained in the plan to update and re-issue the ADHS guidance document for the prevention and control of multidrug-resistant organisms. This document is one of the primary resources utilized by long term care and assisted living facilities for the prevention and control of MDROs and they have requested an updated version from ADHS.

Once the IPCAC determines which HAIs it will recommend as the focus of HAI surveillance and prevention efforts and which NHSN modules would allow hospitals to accomplish these goals, the HAI Prevention Plan consultant will incorporate these recommendations into Arizona's HAI Prevention Plan. The Plan will be completed, vetted by IPCAC and HSAG, and submitted by January 1st, 2010.

After completion and submission of the Arizona HAI Prevention Plan, the HAI Prevention Plan consultant will focus on HAI prevention activities by establishing and working with the HAI Prevention Collaborative. This will provide continuity and ensure that the contents of the plan are carried out as written. The State Epidemiologist and Deputy State Epidemiologist, who are both on the IPCAC, will ensure that the plan is used as a template for HAI prevention activities after Recovery Act spending expires.

Measures of Effectiveness: Submission of the Arizona HAI Prevention Plan to the Governor, Arizona Legislature, HHS, and CDC by January 1, 2010.

Objective #4: Survey Arizona hospitals already participating in the National Healthcare Safety Network (NHSN) to determine the impact, benefits, and methods for modules and denominator collection **(Activity B)**.

Methods: The epidemiologists will work with IPCAC members who are also APIC members to conduct a brief survey among the six Arizona hospitals currently participating in NHSN. The survey will inquire about which NHSN modules the hospital currently utilizes; the resources required for completion of each module; the perceived barriers and benefits associated with each module; progress toward the goal of reducing HAI after initiation of the modules; and about specific methods for collecting denominator and process measure information. The results of this survey will be presented to IPCAC and considered in the development of both the recommendations regarding HAI prevention for the Governor and the Arizona Legislature and the Arizona HAI Prevention Plan.

Measures of Effectiveness: Report of NHSN hospital participant survey results by October 30, 2009.

Objective #5: Work with APIC and AzHHA to recruit new hospitals to volunteer to participate in a sentinel HAI surveillance network by joining NHSN, utilizing the modules specified in the Arizona HAI Prevention Plan, and sharing data with ADHS **(Activity B)**.

Methods: The epidemiologists will work with representatives of APIC and AzHHA to present the contents of the Arizona HAI Prevention Plan to Infection Preventionists and hospital administrators, including Chief Financial Officers, throughout Arizona. Hospitals will be approached based on a set of criteria determined by the HAI Prevention Program in conjunction with the multi-disciplinary prevention advisory group. An effort will be made to have a geographically representative and diverse group of hospitals in the sentinel network, however volunteer hospitals will not be excluded as long as they are willing participants and meet the criteria put forth by the advisory group. All participating hospitals must be acute care inpatient facilities with an intensive care unit (either medical or surgical). The evidence supporting the benefits of HAI surveillance, including the positive effects on HAI rates leading to increased patient safety and cost savings, will be discussed at length. The additional benefits of dedicated ADHS HAI prevention epidemiologists, who will train hospital staff and facilitate the NHSN enrollment process, will also be emphasized. Infection Preventionists at hospitals currently enrolled in NHSN will work with the epidemiologists to recruit these new hospitals effectively **(Activity B)**.

Measures of Effectiveness: Recruitment of six additional Arizona hospitals to enroll in NHSN for a total of 12 of 53 (23%) hospitals with intensive care units in the state.

Objective #6: The state health department will work with the CDC Division of Healthcare Quality Promotion to train health department employees regarding NHSN recruitment, enrollment, and user functionality to assist hospitals who elect to participate in NHSN sentinel surveillance **(Activity B)**.

Methods: The epidemiologists will work with the CDC Division of Healthcare Quality Promotion NHSN staff to learn how to assist hospital staff with NHSN enrollment and participation. The epidemiologists will participate in the monthly NHSN user and state NHSN calls, the NHSN web board, and answering questions from the hospitals in coordination with NHSN staff. Several individuals at ADHS are already familiar with NHSN and will assist the epidemiologists during their training. The Medical Director of the Bureau of Epidemiology and Disease Control and other physicians will also participate in NHSN training so they can provide clinical guidance to the epidemiologists and hospital staff during NHSN, recruitment, enrollment and participation.

Measures of Effectiveness: Completion of NHSN training by ADHS staff by November 1, 2009.

Objective #7: ADHS will offer supplemental training and support to hospitals joining and already enrolled in NHSN in order to achieve successful enrollment of all 12 sentinel network facilities in the NHSN modules specified in the Arizona HAI Prevention Plan by January 1, 2011 **(Activity B)**.

Methods: As part of this grant, the appropriate staff members within the HAI program will receive training from CDC Division of Healthcare Quality Promotion regarding NHSN recruitment, enrollment, and user functionality. This will be accomplished through teleconferences, webinars, and CDC-hosted meetings. The ADHS epidemiologists will become proficient with the NHSN system before assisting healthcare facilities that elect to participate in NHSN sentinel surveillance.

The epidemiologists within the HAI Prevention Program will coordinate optional trainings for each of the new hospitals that volunteer to report selected HHS prevention targets as described in the Arizona HAI Prevention Plan. These trainings will be done in-person with the ADHS epidemiologists providing trainings onsite at the hospital. Training materials will be developed or adapted from NHSN materials by the ADHS epidemiologists after they are trained by the CDC DHQP NHSN group and provided to the hospital. Continuous assistance will be accomplished through organized monthly (more frequent initially) conference calls with all participating healthcare facilities that will be coordinated by the program project specialist. Continuous support will also include assistance with data analysis and reporting by providing statistical and epidemiologic consultation. ADHS staff will work in conjunction with NHSN trainers and the NHSN health educator to facilitate obtaining prompt answers to hospital questions. Those hospitals currently enrolled in NHSN will be requested to enroll in the same modules referenced in the HAI Prevention Plan, if they are not already, and will be offered training and assistance from ADHS, beyond participation in the monthly calls.

Measures of Effectiveness: Completion of initial NHSN trainings of hospital staff; regular conference calls with Arizona HAI sentinel network participants; completion of all NHSN online enrollment modules by sentinel network facilities; successful enrollment of all 12 sentinel network hospitals.

Objective #8: Provide coordination and support to involved hospitals regarding submission of data in the timeframe outlined in the HAI Prevention Plan **(Activity B)**.

Methods: The epidemiologists within the HAI Prevention Program will continue to hold monthly conference calls (coordinated and set-up by the program specialist) and be available for individual consultation regarding HAI data collection, entry, and validation. The Prevention Project Coordinator will participate in the monthly conference calls in order to maintain familiarity with NHSN and participants of the HAI Sentinel Surveillance network. This will enable the coordinator to arrange surveillance activities in Activity B with prevention initiatives supported in Activity C. On-site epidemiology assistance will be available when needed. The epidemiologists will also participate in monthly NHSN user calls to learn about the system and get specific questions from the Sentinel Network facilities answered. The ADHS epidemiologists will acquire the necessary rights through NHSN to each healthcare facility's NHSN-reported HAI data and ensure that data are reported in the timeframe outlined in the plan. Reminders will be sent to each healthcare facility before submission of data is due to make sure data are reported in a timely and consistent matter to NHSN.

The epidemiologists will also analyze the data from all 12 facilities participating in the sentinel network and provide individual facility reports to each hospital and aggregate reports for the Arizona Department of Health Services, the Governor, and the Arizona Legislature with the assistance of the Program Project Specialist. Identified data from individual hospitals in the Sentinel Network will not be released to other hospitals in the network nor will these data be released to the Governor, Arizona Legislature or the public for the initial data submission(s).

Measures of Effectiveness: Production and dissemination of de-identified aggregate HAI data report derived from NHSN data submitted by the Sentinel Network hospitals; production and dissemination of analysis of individual facility data to each facility so that they can target and monitor HAI intervention strategies.

Objective #9: Assist hospitals with denominator validation prospectively and perform additional studies to assess data validity and accurate reporting **(Activity B)**.

Studies to assess data validity collected as part of this grant will be conducted by an ADHS epidemiologist within the HAI Prevention Program at ADHS. The HAI Prevention Program will review methodologies used by each facility to ensure that facilities are adhering to CDC and NHSN protocols. In addition, the epidemiologist will validate data collection methodology implemented at each facility to ensure all cases and individuals at risk are properly identified and classified. To ensure that cases are appropriately classified and reported to NHSN, the

epidemiologist will review medical records and laboratory reports for cases to determine if they meet NHSN criteria for that prevention target. Once hospitals have reported consistently to NHSN and validation studies have indicated good data quality, ADHS will work with facilities to determine the best practices for on-going validation.

The ADHS epidemiologist will conduct routine on-site visits to validate that the methodology each healthcare facility is using to collect data is consistent with the CDC protocols. Depending on the target measures selected for evaluation, the epidemiologist will work with the Infection Preventionist (IP) at each facility to document the methodology used by the hospital to identify cases and denominators for rates. Based on the HAI Prevention Plan, the ADHS epidemiologist will identify key variables each facility uses to identify the outcome and/or process measures reported to NHSN. For a specified time period, the epidemiologist and IP will independently collect these key variables, from paper, observation, and/or electronic medical record systems, and identify cases according to established protocols. These results will be compared to determine the level of correlation between the IP and ADHS epidemiologist. If the errors exceed a certain acceptable percentage, the ADHS epidemiologist will perform a second validation during a different time period.

The ADHS epidemiologist will review medical records and laboratory reports for a random percentage of identified cases entered into the NHSN database during a specific time period. These medical records will be reviewed to confirm that the cases met the CDC and/or NHSN definitions for that specific outcome. If the epidemiologist identifies classification errors that exceed a certain acceptable percentage, the ADHS epidemiologist will work with that facility to identify causes for misclassification and perform an additional medical record reviews for a new subset of cases. Since NHSN data is being used to validate case classification, this validation step will also be a proxy of accurate and complete data entry. All data entry inconsistencies will be identified and corrected before submission to NHSN for data analysis and report purposes.

As many states have already been using NHSN for collecting and analyzing data, The HAI Prevention Program epidemiologists will conduct outreach to CDC DHQP and those states to identify pre-established protocols for the modules chosen by the IPCAC in order to utilize lessons learned and collect validation comparable to other sites. Other activities may be considered if regional partners or CDC develop broader assessment plans.

Measures of Effectiveness:
Percent of healthcare facilities on NHSN for which validations have been completed.

For each facility:
Percent of cases and denominator data that were classified according to CDC/HHS criteria based on ADHS validation results.

Objective #10: Evaluate acceptability of NHSN among participating hospitals **(Activity B)**.

Methods: A standardized survey regarding usability, acceptability, and flexibility of NHSN for HAI surveillance, reporting, and prevention will be developed if not already available from CDC DHQP or the NHSN web board. The survey will be designed by the epidemiologists with input from the multi-disciplinary prevention advisory group including the participating hospitals' infection preventionists. Survey administration will be facilitated by the program project specialist. Data will be analyzed by the epidemiologists in collaboration with the participating hospitals and multi-disciplinary prevention advisory group. Strategies to improve the overall procedures and methods of HAI surveillance through NHSN will be discussed based on the survey results and implemented through the multi-disciplinary prevention advisory group. All information learned from the survey and resultant changes in procedure will be discussed with CDC DHQP NHSN staff.

Measures of Effectiveness: Development, dissemination, and analysis of acceptability survey; presentation of results to multi-disciplinary prevention advisory group and NHSN staff; implementation of appropriate changes in Arizona's HAI surveillance and prevention methods based on survey results.

Objective #11: Work with IPCAC and/or the multi-disciplinary prevention advisory group, to determine the best format, methodology and venue for reporting validated findings **(Activity B)**.

Methods: Data will be analyzed monthly and reports posted quarterly on the ADHS website and other venues as determined by HAI Prevention Program staff and the multi-disciplinary prevention advisory group.

If the IPCAC recommends the public reporting of facility-specific HAI data in the Arizona HAI Prevention Plan submitted to the Governor and Arizona Legislature, the HAI Prevention Program staff will work with IPCAC to determine if specific methodology for reporting should be included in the recommendations to the Governor and Arizona Legislature. If it is included, then the aforementioned parties will determine the methods and format by consensus and they will be included in the HAI Prevention Plan. If the HAI Prevention Program staff and IPCAC determine that the exact format and methodology for reporting HAI data to the public would be best determined after analysis and interpretation of the initial NHSN data, then the HAI Prevention Program staff will work with the multi-disciplinary prevention advisory group to determine the methods and format of HAI data for public reporting. The multi-disciplinary prevention advisory group, which will include representatives from the Sentinel Network hospitals, will determine the format of data to be released to the public, if not specified in the Arizona HAI Prevention Plan.

If the IPCAC does not recommend the public reporting of facility-specific HAI data to the Governor and Arizona Legislature, then aggregate de-identified HAI data from the sentinel hospitals will be reported on the ADHS website. Data will be reported in a way that individual facilities cannot be identified, either directly or indirectly. Formatting for this report will be determined by ADHS HAI Prevention Program staff in conjunction with the multi-disciplinary prevention advisory group.

Measures of Effectiveness: Quarterly production of facility specific and/or aggregate HAI data from sentinel network hospitals on the ADHS website.

Objective #12: Coordinate with ADHS informatics staff to determine the best way to incorporate electronic laboratory reporting of microbiology results into NHSN from facilities which currently utilize electronic laboratory reporting or initiate reporting during the grant period **(Activity B)**.

Methods: Since the choice of NHSN modules will heavily affect the microbiology results needed for HAI surveillance, the selection of metrics and NHSN modules must precede any work on incorporating laboratory results. If the NHSN MDRO module is selected as a metric by the IPCAC and therefore incorporated into the HAI Prevention Plan, ADHS informatics will work to download antimicrobial susceptibility results into NHSN. If the MDRO module is not selected as one of the two metrics for HAI surveillance, antimicrobial susceptibility data for reportable MDROs in Arizona will still be downloaded and reviewed in conjunction with the NHSN data. This will allow both public health and clinicians to receive antimicrobial susceptibility patterns throughout the state.

Measures of Effectiveness: Number of laboratories transmitting microbiology results to ADHS. Progress toward successful transmission of selected microbiology data to NHSN in a standard NHSN format, if the MDRO module is selected.

Objective #13: Conduct systematic confirmatory testing and pulsed-field gel electrophoresis (when appropriate) for certain multidrug resistant organisms, as requested, and/or when there is suspicion of a hospital-associated outbreak **(Activity B)**.

Methods: The Arizona State Laboratory will continue to provide confirmatory testing for epidemiologically significant MDROs, which is part of its role as a reference laboratory. Specific organisms of interest include vancomycin-resistant *Staphylococcus aureus* (VRSA), vancomycin-intermediate *Staphylococcus aureus* (VISA) and multidrug-resistant *Acinetobacter baumannii.*

Measures of Effectiveness: For organisms where PFGE testing is available, percent of reported hospital HAI outbreaks with at least two PFGE tests performed to assist in outbreak investigation.

Objective #14: Form a collaborative, multi-center workgroup utilizing the existing IPCAC members, which includes individuals with expertise in infection control and NHSN, to select and implement evidence-based HAI prevention initiatives from the HHS Action Plan based upon information learned from selected metrics in Activity B. **(Activity C)**

Methods: The prevention project coordinator will coordinate a Prevention Collaborative, a collaborative, multi-center workgroup, which will consist of willing participants from IPCAC

and include infection preventionists and hospital administrators from participating hospitals, as well as interested members of the public. This Collaborative will use the HHS HAI Action Plan to select prevention initiatives, taking into account the information learned from the HAI surveillance sentinel network in Activity B, the current evidence in the HAI literature, HHS, CDC, HICPAC, SHEA, AHRQ, APIC and IDSA guidelines, as well as resource utilization, feasibility, and cost. The epidemiologists will participate in the collaborative when necessary to present surveillance results and provide technical assistance.

A Prevention Collaborative web page will be developed on the ADHS website to facilitate information sharing activities among participating facilities. Monthly meetings will be held in person with an option to call into a conference line if in-person attendance is not possible to facilitate discussion and exchange of ideas and information. An e-mail list of all Prevention Collaborative participants will be compiled and submitted to the Arizona Health Alert Notification system to rapidly disseminate important information to its members. The prevention project coordinator will also collaborate with other states that have chosen the same targets for their HAI prevention initiatives and coordinate combined state calls for information exchange.

Measures of Effectiveness: Successful formation of Prevention Collaborative and attendance at monthly meetings of its members; determination of and implementation of prevention initiatives targeting at least one of the HAIs included in Activity B HAI surveillance; feedback to the participating facilities on effectiveness of the prevention initiative(s) including data from Activity B in the form of quarterly individual facility reports and aggregate reports of all sentinel network hospital data; dissemination of aggregate data reports to the Governor, Arizona Legislature and the public through the ADHS website.

Performance Measures and Evaluation Plan

The program manager and program project specialist will be responsible for monitoring all funds and activities awarded for health-care associated infections under ELC supplemental funding. The program manager will supervise the other four positions established under this funding and will be responsible for both technical and fiscal oversight of the Healthcare-Associated Infections Prevention Program established at ADHS with this funding. This position will also monitor all contracts awarded with this funding to ensure contractors are meeting deliverables specified in the contract. The program manager will oversee projects being conducted by programmatic staff and will monitor activities weekly to ensure projects are progressing towards goals outlined in the HAI Prevention Plan.

The program project specialist will monitor both programmatic and fiscal activities associated with the HAI Prevention Program. This position will work with the program manager to establish a template which includes: information on total amount of funds received under this award, including the states of spent, obligated, and unobligated funds; the number of jobs created or retained by this program; and project management updates including a description of the project and completion status for both program and contractor activities. The program project

specialist will also work with the manager and program staff to ensure that updates on project activities are submitted at the end of each quarter.

The program manager will monitor progress on the evaluation measures listed below and in the operational plan to ensure that objectives of the project are being met. Delays or deficiencies of greater than 1 month or 15% will be discussed with project and CDC staff to identify methods for improvement.

Table 1. Performance Measures for Healthcare-Associated Infection Prevention Program

Performance Measure	Target	Completion Date*	Frequency of Reporting	Data Source and Reporting Method
Number of staff hired	5	November 2009	quarterly	ADHS Organizational Charts. Reported on quarterly reports.
State HAI Prevention Coordinator designated	1	October 2009	quarterly	Reported on quarterly reports.
Number of IPCAC meetings held	12 per year	January 2010	quarterly	Meeting minutes. Reported on quarterly reports.
Development of State HAI Prevention Plan		January 2010	once	Submission to CDC and HHS.
Percent of hospitals completing survey on current NHSN use and acceptability	90%	November 2009	yearly	Survey results returned to ADHS.
Completion of NHSN training by ADHS HAI staff	4	December 2009	once	CDC verification. Reported on quarterly reports to CDC.
Number of trainings provided by ADHS to participating hospitals	4	May 2010	Quarterly	Meeting and training agendas. Reported on quarterly reports.
Number of prevention targets for HAI surveillance identified	2	January 2010	quarterly	NHSN reports, surveys with healthcare facilities, and HAI Prevention Plan.

Number of new healthcare facilities reporting to NHSN	6	April 2010	quarterly	Based on NHSN data and reported quarterly.
Percent of participating healthcare facilities reporting data at least quarterly	80%	January 2011	quarterly	Number and frequency of reports submitted to NHSN.
Percent of acute care hospitals participating in NHSN	20%	April 2010	quarterly	Based on NHSN data and reported quarterly.
Number of aggregate reports on surveillance data developed and disseminated to stakeholders	4 per year	December 2010	quarterly; ongoing	NHSN data reported to the state. Reported on quarterly reports to CDC.
Percent of healthcare facilities for which validations have been completed	100%	May 2010	yearly	NHSN data, medical record reviews, and site visits with facilities
Percent of cases and denominator data that were classified according to CDC/HHS criteria based on ADHS validation results	90%	May 2010	quarterly	NHSN data, medical record reviews, and site visits with facilities
Establishment of new HAI prevention collaborative	1	February 2010	monthly	Meeting minutes and attendance list. Reported on quarterly reports.
Number of hospitals and associations participating in HAI prevention collaboratives	20	February 2010	monthly	Surveys of health care facilities and associations. Reported on quarterly reports.
Number of labs submitting data to ADHS electronically	4	August 2010	monthly	Surveillance data. Reports submitted to Electronic Laboratory Reporting System (ELR)
For organisms where PFGE testing is available, percent of reported hospital HAI outbreaks with at least two PFGE tests performed	80%	December 2011	monthly	CDC verification.

Quarterly reports submitted to CDC and HHS within 10 days of the end of each quarter	100%	December 2009	quarterly	CDC verification. Compilation of data from above sources and performance measures.
Monthly update on the status of project and data for performance measures completed within 15 days of the end of each month	100%	December 2009	monthly	CDC verification. Compilation of data from above sources and performance measures.

* For ongoing performance measures, *Completion Date* is the first date that the activity will be evaluated and/or completed.

Budget and Justification

All supplemental grant funds awarded under ARRA will be loaded into separate program areas and will be monitored independently from other ELC funds. Personnel assigned to activities supported by ARRA funds are required to track hours related to grant activities and to submit Labor Activity Reports (LAR) documenting time spent on grant activities.

A SALARIES AND WAGES $ 569,333

Position &Title	Name	Annual	Time	Total Amount
Program Manager (State HAI Coordinator)	New	$57,000	2.33 years	$133,000 (Activity A, B, and C)
Program Project Specialist	New	$39,000	2.33 years	$91, 000 (Activities A, B, and C)
Epidemiologist	New	$47,877	2.33 years	$110,833 (Activities A and B)
Epidemiologist	New	$47,877	2.33 years	$110,833 (Activity B)
Prevention Project Coordinator	New	$53,000	2.33 years	$123,667 (Activity C)

Program Manager (Activities A, B, and C): The program manager will supervise all positions established under this funding and will serve as the state Healthcare-Associated Infection (HAI) Prevention Coordinator. This position will oversee the development of the HAI prevention plan in the state and will work with the states HAI prevention committee to identify metrics for surveillance activities. The Program Manager will work with epidemiologists to conduct validation studies for data being reported to NHSN and to evaluate program prevention efforts. This position will work with the HAI prevention committee to identify specific prevention strategies for the state as outlined in the HAI Prevention plan and will coordinate implementation of these activities through the committee or contractors. This position is responsible for meeting grant deliverables and providing quarterly updates and reports on progress.

Program Project Specialist (Activities A, B, and C): This position will be responsible for administrative tracking of fiscal and programmatic activities. This position will be responsible for monitoring ARRA funds to ensure appropriate spending and reporting requirements are being met. The position will also assist with monitoring programmatic activities including contracts, travel, and meetings. This position will ensure that quarterly reports on program activities and spending are being developed according to ARRA funding requirements.

Epidemiologist (Activity A and B): This position will be trained in NHSN

and will work with hospitals across the state to recruit and assist with enrollment and participation in NHSN. The epidemiologist will provide guidance on the metrics being utilized by the state to monitor HAI prevention activities. This position will also conduct a survey among hospitals already utilizing NHSN to determine the current scope of reporting practices in the state and to identify methods used in each hospital to identify cases as well as denominator data for surveillance activities. These data will be used to develop best practices for NHSN reporting and program evaluation activities. This position will also compare surveillance methodologies across hospitals to minimize differences in reporting and surveillance strategies to ensure data is comparable for all participating hospitals. This position will also assist hospital by providing shared experience from other hospitals and states.

Epidemiologist (Activity B): The Epidemiologist will analyze data reported to NHSN according to the HAI Prevention Plan. This report will include aggregated data to evaluate progress towards key prevention strategies or initiatives as identified by the plan or HAI Prevention Committee. This position will ensure that results are routinely disseminated to key stakeholders. This position will also be responsible for validating data reported to the NHSN system by each hospital for accuracy and completeness. This will include a review of hospital data to ensure that all cases meeting the case definition were reported to NHSN and to ensure that appropriate denominators were selected for rates of infections. The epidemiologist will review a sample of medical records to validate data reported to NHSN and to ensure cases meet case definitions as specified by NHSN or the HAI prevention plan. In addition, the epidemiologist will conduct site visits with each hospital to review data and procedures, such as central line days, blood stream infections, surgical site infections, and number of surgeries for selected time periods and compare these data to NHSN reports to verify data quality. The epidemiologist will work with hospitals to verify and investigate unusual reports of infections.

Prevention Project Coordinator (Activity C): The coordinator will be responsible for working with the HAI Prevention Committee to share the results of surveillance activities in order to target and monitor prevention initiatives or strategies. This position will work with hospitals across the state and the committee to identify targeted prevention strategies and to identify methodologies for implementing these initiatives in participating facilities. This position will conduct surveys of healthcare facilities and organizations to identify existing prevention collaboratives and evaluate interest in expanding prevention activities. The Planner will conduct site visits with each facility to monitor the progress of prevention efforts and identify metrics and process measures for improvement of prevention activities.

B FRINGE BENEFITS $244,813

Employee Related Expenses (ERE) –% of Salary and Wages
EDC: 43% of $569,333

C CONSULTATION COSTS $0

D EQUIPMENT $9,000

Computers and software (2 existing; 3 new)
$2,000/person x 3 people = $6,000

Laptop: for trainings and presentations
$2,000

Projector: for trainings and presentations
$1,000

E SUPPLIES $31,425

General Office Supplies and Telephone Charges:
$100/mo/person x 28 months x 5 people = $14,000

Conference Line Fees
$.055/line/min x 30 lines x 90 minutes x 50 calls=$7,425

These fees would be used for the Qwest conference bridge used by the state to arrange monthly meetings with key stakeholders for the prevention collaborative and meetings with hospitals for trainings and updates.

Printing Supplies: $10,000
To print epidemiologic reports on HAI prevention progress in Arizona. To develop and print material for regional HAI Prevention Committee meetings. To develop and print educational materials for prevention initiatives. To reproduce training documents for participating hospitals.

F TRAVEL $17,472

Out of State:

Travel to The Society for Healthcare Epidemiology of America/CDC Training Course in Healthcare Epidemiology

Registration: $625 x 2 staff = $1,250
Airfare: $600 x 2 staff = $1,200
Hotel: $140/night x 4 nights x 2 staff = $1,120
Per Diem: $55/day x 5 days x 2 staff = $500

Ground Transportation: $40/trip x 2 staff = $80
Total **$ 4,150**

Travel to the Fifth Decennial International Conference on Healthcare-Associated Infections, March 18 – 21, Atlanta, GA

Registration: $625 x 2 staff = $1,250
Airfare: $600 x 2 staff = $1,200
Hotel: $124/night x 4 nights x 2 staff = $992
Per Diem: $50/day x 5 days x 2 staff = $500
Ground Transportation: $40/trip x 2 staff = $80
Total **$ 4,022**

In-State:

Travel to hospitals to conduct validation studies and to review medical records. Site visits with hospitals for quality improvement measures for prevention initiatives. Travel to attend regional HAI Prevention Committee meetings

Mileage: 10,000 mi x $.55 = $5,500
Lodging: 20 nights x $80/night= $1,600
Per Diem: 50 days x $44/day = $ 2,200
Total **$ 9,300**

G OTHER

H INFORMATION TECHNOLOGY SERVICES $20,386
Required Department charges against salaries, wages, fringe benefits, consultant costs, travel, operating, and non-capital equipment
EDC: 2.23036% of $914,043

I CONTRACTUAL $42,000

In order to meet the January 1, 2010 deadline, the department will hire a state-sponsored contractor to assist with the development of the state HAI prevention plan outlined in Activity A. The contractor will have experience working at ADHS and an understanding of HAI activities ongoing in the state. The contractor will work with the IPCAC, ADHS administrative staff, and HAI Prevention Program staff to write the plan and receive approval from key stakeholders.

$60/hr x 700 hours = $42,000

J TOTAL DIRECT COSTS $934,429

K	INDIRECT COSTS Charges against Salaries, Wages & Fringe Benefits EDC: 27.3% of $814,146	$222,262
L	**TOTAL- Healthcare-Associated Infections**	**$1,156,691**

Table 1. Performance Measures for Healthcare-Associated Infection Prevention Program

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Percent of cases and denominator data that were classified according to CDC/HHS criteria based on ADHS validation results	90%	May 2009	quarterly	NHSN data, medical record reviews, and site visits with facilities
Number of new HAI prevention collaboratives established	1	February 2010	monthly	Surveys of health care facilities and associations. Reported on quarterly reports.

Table 1. Performance Measures for Healthcare-Associated Infection Prevention Program

Performance Measure	Target	Completion Date*	Frequency of Reporting	Data Source and Reporting Method
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Monthly update on the status of project and data for performance measures completed within 15 days of the end of each month	100%	December 2009	monthly	CDC verification. Compilation of data from above sources and performance measures.

* For ongoing performance measures, *Target Completion Date* is the first date that the activity will be completed.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

DCA Western Field Office
90 7th Street, Suite 4-600
San Francisco, CA 94103

MAR 24 2009

John E. Lake
Controller
Arizona Department of Health Services
1740 West Adams St., Rm. 305
Phoenix, AZ 85007-2670

Dear Mr. Lake:

A copy of an indirect cost Negotiation Agreement is attached. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

In order to implement the FINAL indirect cost rate contained in the enclosed Agreement, an adjustment to the indirect costs claimed under your Federal awards may be required. For HHS project grants these adjustments must be made in accordance with the procedures for settlement of indirect costs on HHS project grants with final negotiated rates described in the appropriate "Guide" book for your institution. Adjustments under HHS contracts must be made in accordance with the provisions of the contracts. Adjustments under awards with other Federal agencies must be made in accordance with the policies of those agencies.

An indirect cost proposal together with required supporting information must be submitted to this office for each fiscal year in which your organization claims indirect costs under grants and contracts awarded by the Federal Government. Thus, a proposal for your FY ending 06/30/09, will be due no later than 12/31/09.

Sincerely,

Wallace Chan
Director

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY FAX

Phone: (415) 437-7820 - Fax: (415) 437-7823 - E-mail: dcasf@psc.gov

STATE AND LOCAL RATE AGREEMENT

EIN #:

DATE: March 23, 2009

DEPARTMENT/AGENCY:
Arizona Department of Health Services
1740 West Adams St., Rm. 305

FILING REF.: The preceding Agreement was dated June 24, 2008

Phoenix AZ 85007-2670

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD FROM	TO	RATE(%)	LOCATIONS	APPLICABLE TO
FINAL	07/01/07	06/30/08	25.8	All	Comm. Family Health
FINAL	07/01/07	06/30/08	15.1	All	Behavioral Hlth Svcs (A)
FINAL	07/01/07	06/30/08	27.3	All	Emergency Med Svcs
FINAL	07/01/07	06/30/08	43.1	All	Health & Child Care
FINAL	07/01/07	06/30/08	19.5	All	State Lab Services (B)
FINAL	07/01/07	06/30/08	52.5	All	
FINAL	07/01/07	06/30/08	18.3	All	
PROV.	07/01/08	UNTIL AMENDED	Use same rates and conditions as those cited for fiscal year ending June 30, 2008.		

(A) Epidemiology and Disease Control Services
(B) Vital Records/Planning/Director's Direct

*BASE:
Direct salaries and wages including all fringe benefits and allocated Data Processing.

G30241

DEPARTMENT/AGENCY:
Arizona Department of Health Services

AGREEMENT DATE: March 23, 2009

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
This organization charges the actual cost of each fringe benefit direct to Federal projects. However, it uses a fringe benefit rate which is applied to salaries and wages in budgeting fringe benefit costs under project proposals. The fringe benefits listed below are treated as direct costs.

TREATMENT OF PAID ABSENCES:
Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

DEFINITION OF EQUIPMENT
Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

The following fringe benefits are treated as direct costs:
FICA, HEALTH/LIFE INSURANCE, AND RETIREMENT.

DEPARTMENT/AGENCY:
Arizona Department of Health Services

AGREEMENT DATE: March 23, 2009

SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which effect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-87 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

BY THE DEPARTMENT/AGENCY:
Arizona Department of Health Services
(DEPARTMENT/AGENCY)

James H. Humble
(SIGNATURE)

James H. Humble
(NAME)

Assistant Director - CFO
(TITLE)

March 31, 2009
(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)

Wallace Chan
(SIGNATURE)

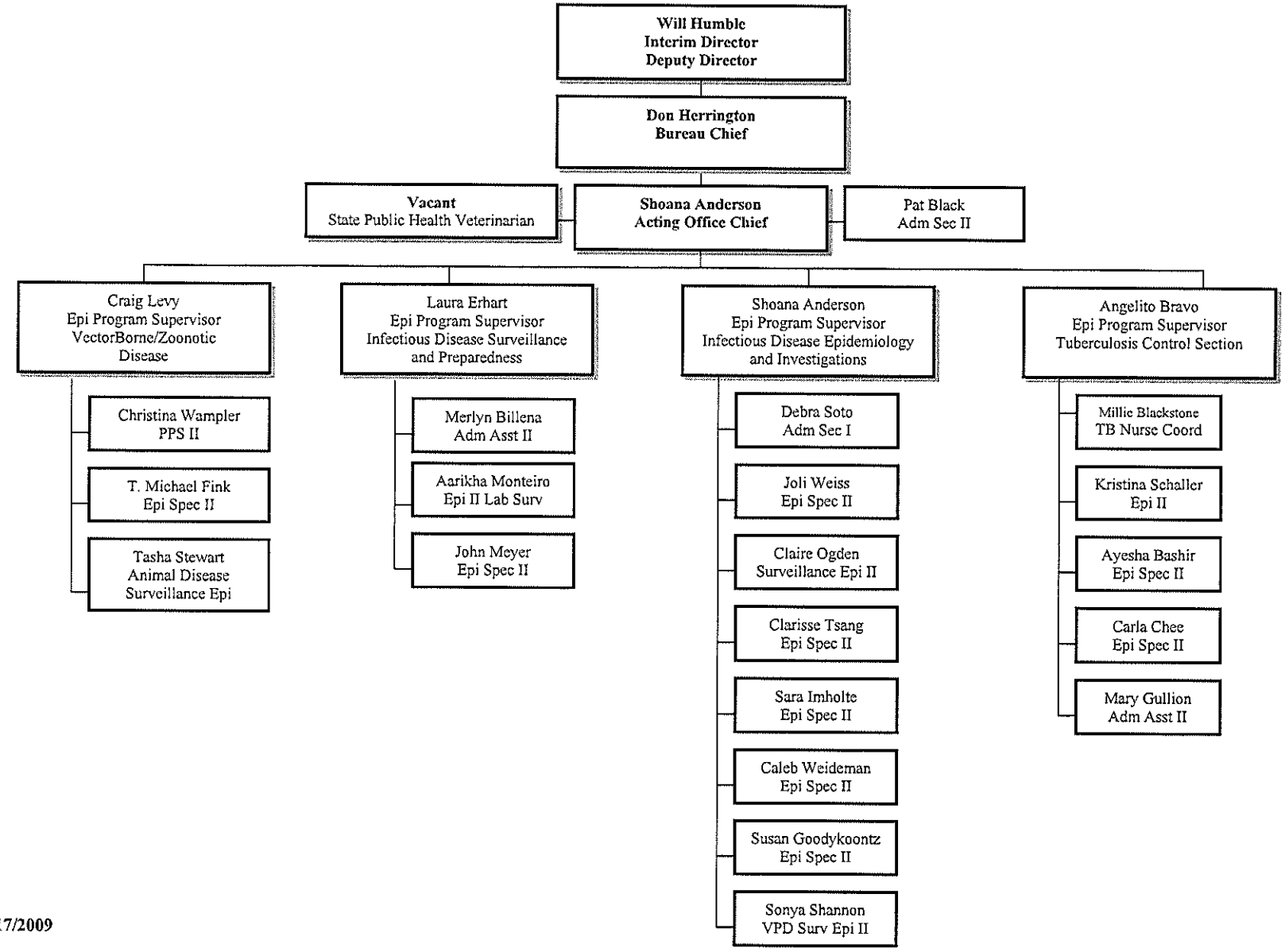
Wallace Chan
(NAME)

DIRECTOR, DIVISION OF COST ALLOCATION
(TITLE)

March 23, 2009
(DATE) 0241

HHS REPRESENTATIVE: Karen Wong
Telephone: (415) 437-7820

Arizona Department of Health Services
Division of Public Health Services
Office of Infectious Disease Services



6/17/2009

Senate Engrossed

State of Arizona
Senate
Forty-eighth Legislature
Second Regular Session
2008

SENATE BILL 1356

AN ACT

ESTABLISHING THE INFECTION PREVENTION AND CONTROL ADVISORY COMMITTEE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

Be it enacted by the Legislature of the State of Arizona:

Section 1. Infection prevention and control advisory committee; membership; duties

A. The infection prevention and control advisory committee is established consisting of:

1. The director of the department of health services, or the director's designee.

2. The state epidemiologist or the state epidemiologist's designee.

3. The following members who are appointed by the director of the department of health services:

(a) A representative from a public hospital who is an infection control practitioner, who is a member of an Arizona association for professionals in infection control and epidemiology and who is certified in infection control by the certification board of infection control and epidemiology.

(b) A representative from a private hospital who is an infection control practitioner, who is a member of an Arizona association for professionals in infection control and epidemiology and who is certified in infection control by the certification board of infection control and epidemiology.

(c) A physician who is licensed pursuant to title 32, chapter 13 or 17, Arizona Revised Statutes, who is affiliated with a hospital or medical school located in this state, who is an active member of a national organization specializing in epidemiology or infection control and who has demonstrated an interest and expertise in health care facility infection control.

(d) An emergency room physician who is licensed pursuant to title 32, chapter 13 or 17, Arizona Revised Statutes, who is affiliated with a hospital or medical school located in this state and who has experience in health care facility infection control.

(e) A pharmacist who is licensed pursuant to title 32, chapter 18, Arizona Revised Statutes, and who has demonstrated expertise in antibiotic stewardship programs.

(f) A registered nurse who is licensed pursuant to title 32, chapter 15, Arizona Revised Statutes, and who has experience as an infection control practitioner.

(g) A representative from a nonprofit long-term care facility who has experience in health care facility infection control.

(h) A representative from a for-profit long-term care facility who has experience in health care facility infection control.

(i) A representative from an assisted living facility who has experience in health care facility infection control.

(j) A representative from a health care consumer organization.

(k) A representative from a health insurer.

(l) A survivor of a health care or community associated infection.

(m) A representative from an organization that represents hospitals in this state.

B. The director may appoint additional members, as necessary, to address relevant issues.

C. The advisory committee shall:

1. At its first meeting, elect a person from among its membership to serve as committee chairperson.

2. Review federal and state efforts to address the problem of community and health care associated infections.

3. Recommend standard definitions for community and health care associated infections and other relevant terms that may be used to identify and monitor these infections.

4. Review current federal and state mandates relating to surveillance, prevention and control of community and health care associated infections, including reporting requirements, value based purchasing requirements and medicare conditions of participation requirements.

5. Determine if additional community and health care associated infection reporting and outcome improvement requirements are necessary to improve and promote patient safety and health care outcomes. In making this determination, the committee shall consider the potential differences in infection risks for health care institutions, taking into account factors such as case mix, the severity of the types of infections and resource implications.

6. Recommend best practices for the prevention and control of community and health care associated infections, including benchmarks based on national standards for improvement of health care associated infection prevention and control efforts in health care institutions.

7. Recommend components of a community education campaign that fosters awareness and education of the public regarding the risk factors, behaviors and prevention techniques associated with community and health care associated infections, as well as strategies to prevent antimicrobial drug resistance.

8. On or before December 31, 2009, submit a written report of its findings and recommendations to the governor, the president of the senate, the speaker of the house of representatives and the chairpersons of the health committees of the senate and the house of representatives. The committee shall provide a copy of its report to the secretary of state and the director of the Arizona state library, archives and public records.

Sec. 2. Delayed repeal

This act is repealed from and after September 30, 2010.

HSAG HEALTH SERVICES ADVISORY GROUP

June 12, 2009

Shoana Anderson, MPH
Principle Investigator
Office of Infectious Disease Services
Arizona Department of Health Services
Phoenix, AZ 85007

RE: Funding Opportunity # CI07-70402ARRA09

Dear Ms. Anderson:

Health Services Advisory Group, Inc. (HSAG), the Medicare Quality Improvement Organization for Arizona, strongly supports the Arizona Department of Health Services in its application for the Centers for Disease Control and Prevention (CDC), American Recovery and Reinvestment Act, Epidemiology and Laboratory Capacity for Infectious Diseases, Healthcare-Associated Infections – Building and Sustaining State Programs to Prevent Healthcare-associated Infections (HAI). HSAG contracts with the Centers for Medicare & Medicaid Services to provide quality improvement services, education, training, and technical assistance to hospitals in the reduction of surgical site infections and MRSA infection.

As a major stakeholder in addressing the monitoring and prevention of health care associated infections in Arizona, HSAG can provide experience and expertise in this prevention collaborative. We have a long standing relationship with ADHS and have over the years, successfully partnered on several public health related projects. We see this funding as a great opportunity to build upon the efforts started by the Governor's Infection Prevention Advisory Committee as well as helping to secure the health of our community for generations to come.

We look forward to working collaboratively with ADHS to lessen the impact of these infections on our patients and ultimately strengthen the quality of health care in our state.

Sincerely,

MEDalton

Mary Ellen Dalton, PhD, MBA, RN
Chief Executive Officer

/bh

ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY, INC.

GRAND CANYON CHAPTER

June 4, 2009

Shoana Anderson, MPH
Principle Investigator
Office of Infectious Disease Services
Arizona Department of Health Services
Phoenix AZ 85007

RE: Funding Opportunity # CI07-70402ARRA09

Dear Ms. Anderson:

The Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), Grand Canyon Chapter provides education and science-based information to strengthen and improve the practice of infection prevention and control. Our mission is to improve the health of all patients and promote safety by reducing risks of infection and other adverse outcomes. Thus, our organization is a major stakeholder in addressing the monitoring and prevention of healthcare associated infections (HAIs) in Arizona.

The APIC Grand Canyon Board of Directors strongly supports the Arizona Department of Health Services (ADHS) in their application for the USDHHS, Centers for Disease Control and Prevention (CDC), American Recovery and Reinvestment Act, Epidemiology and Laboratory Capacity for Infectious Diseases supplemental funding for Healthcare-Associated Infections – Building and Sustaining State Programs to Prevent Healthcare-associated Infections (HAI).

We have a long standing relationship with ADHS and have successfully partnered on several public health related projects. We see this funding as a great opportunity to build upon the efforts started by the Governor's Infection Prevention and Control Advisory Committee and to provide stimulation to our local economy. Members of APIC Grand Canyon will provide active participation in a prevention collaborative.

We look forward to working collaboratively with the ADHS to lessen the impact of these infections and ultimately improve the quality of health care in our state.

Sincerely,

Denise Pratt

Grand Canyon APIC Board of Directors
Denise Pratt, RN, CIC
President

Arizona Hospital and Healthcare Association

June 23, 2009

Shoana Anderson, MPH
Principle Investigator
Office of Infectious Disease Services
Arizona Department of Health Services
Phoenix AZ 85007

RE: Funding Opportunity # CI07-70402ARRA09

Dear Ms. Anderson:

I am writing on behalf of the Arizona Hospital and Healthcare Association (AzHHA) to express support for the Arizona Department of Health Services' (ADHS) grant application for the Centers for Disease Control and Prevention, American Recovery and Reinvestment Act (ARRA), Epidemiology and Laboratory Capacity for Infectious Diseases, Healthcare-Associated Infections – Building and Sustaining State Programs to Prevent Healthcare-associated Infections (HAI).

AzHHA is a membership organization comprised of hospitals and healthcare systems throughout the State of Arizona. Over the past several years, AzHHA's Board of Directors has designated patient safety as a key strategic initiative for the association. In 2008, we launched a campaign as part of this initiative called *Preventing MRSA: It's In Our Hands*. In partnership with our members and other stakeholders, we developed MRSA-prevention information for hospitals and their patients, the community at large, and the media. The campaign also included the development of learning modules and a comprehensive toolkit for hospitals and infection control practitioners. AzHHA is proud of the work we did with our members on the MRSA campaign, and we see ourselves as a major stakeholder in addressing the prevention of healthcare associated infections as a whole.

2901 North Central Avenue, Suite 900 ■ Phoenix, AZ 85012-2729 ■ (602) 445-4300 ■ Fax: (602) 445-4299 ■ www.azhha.org

AzHHA has a long standing relationship with ADHS, and we have successfully partnered on several public health-related projects. We currently have a representative on the state's Infection Prevention and Control Advisory Committee (Committee), which is housed at ADHS. As part of the Committee, we are working collaboratively with ADHS to promote patient safety and improve healthcare outcomes. We hope to continue this collaborative effort as ADHS pursues ARRA grant funding for HAI prevention. This funding is an opportunity build upon the efforts started by ADHS and the Committee, and we are hopeful it will ultimately assist us in lessening the impact of HAIs and improve the quality of health care in our state. If you have any questions, please do not hesitate to contact me at 602-445-4300.

Sincerely,

Debbie Johnston

Debbie Johnston
Director of Regulatory Affairs
Arizona Hospital and Healthcare Association

Arizona Department of Health Services

Division of Public Health Services
Office of the Assistant Director
Public Health Preparedness Services

150 N. 18th Avenue, Suite 100
Phoenix, Arizona 85007
(602) 364-3860
(602) 364-3266 FAX

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, INTERIM DIRECTOR

June 24, 2009

Ms. Shoana Anderson, M.P.H.
Principal Investigator
Office of Infectious Disease Services
Arizona Department of Health Services
Phoenix, Arizona 85007

RE: Funding Opportunity # CI07-70402ARRA09

Dear Ms. Anderson:

The Arizona Infection Prevention and Control Advisory Committee (IPCAC) strongly supports the Arizona Department of Health Services in your application for the funding opportunity (or grant) offered by the Centers for Disease Control and Prevention (CDC), American Recovery Act, Epidemiology and Laboratory Capacity for Infectious Diseases, Healthcare-Associated Infections – Building and Sustaining State Programs to Prevent Healthcare-associated Infections (HAI). IPCAC is a multidisciplinary committee established by Arizona Senate Bill 1356 whose members include the state epidemiologist, infection preventionists, physicians, nurses, a pharmacist, and representatives of health insurance, long term care and assisted living facilities, a consumer organization, and a survivor of a healthcare associated infection.

The Committee has been tasked by the Governor to review federal and state efforts to address HAI and to determine if additional HAI reporting and outcome improvement requirements are necessary to improve and promote patient safety and health care outcomes in Arizona. Additionally, the Committee must recommend best practices for the prevention and control of HAI, including benchmarks based on national standards for improvement of HAI prevention and control efforts in health care institutions.

Thus, our Committee is the multidisciplinary committee referenced in Activities A, B and C of the above named grant. Our members represent the major stakeholders in addressing the monitoring and prevention of healthcare associated infections in Arizona. Further, the Committee members will be requested to continue their participation after January 1, 2010 in the multidisciplinary HAI advisory group referenced in the Arizona Department of Health Services (ADHS) grant application. We will actively participate in a Prevention Collaborative with ADHS and healthcare facilities to optimize HAI surveillance, prevention, and reporting in Arizona. We view this funding, as an ideal opportunity to continue our efforts in HAI prevention beyond Senate Bill 1356 and provide stimulation to our local economy.

We look forward to working collaboratively with ADHS in prevention efforts in order to improve the quality of health care in our state.

Sincerely,

Don Herrington, Chairman
Infection Prevention and Control Advisory Committee

DH:dh:wms