Centers for Disease Control and Prevention: Healthcare-Associated Infections Program

A. Funding Table

(Dollars in Millions)

	Total Appropriated	Planned Obligations FY 2009	Planned Obligations FY 2010
State Health Department Efforts to Prevent Healthcare Associated Infections (CDC)	$40.0	$40.0	$0.0
Improvement of State Survey Agency inspection capability of Ambulatory Surgery Centers (CMS)	10.0	1.0	9.0
Total	50.0	41.0	9.0

B. Objectives

The American Recovery and Reinvestment Act (Recovery Act) appropriated $50 million to the Department of Health and Human Services (HHS) Office of the Secretary. These funds will be provided to states for the execution and implementation of healthcare-associated infection (HAI) reduction strategies. They will also be used for state prevention activities and enhancing oversight and accreditation at the state level.

This program is aligned to the HHS Action Plan to Prevent Healthcare-Associated Infections (HAIs) Action Plan to Prevent HAIs, which represents a culmination of research, deliberation, and public comment to identify the key actions needed to achieve and sustain progress in protecting patients from the transmission of serious, and in some cases, deadly infections. For more information, visit: http://www.hhs.gov/ophs/initiatives/hai/infection.html.

Traditionally, state health departments have had limited activities or workforce to address HAIs. However, in recent years more than 20 states have passed laws requiring reporting of hospital-specific HAI data to state health departments with public disclosure of hospital infection rates. In 19 states thus far, the CDC's National Healthcare Safety Network (NHSN) has been identified as the tool for reporting and NHSN participation has grown from 300 hospitals nationally to approximately 2,100 hospitals in two and a half years. This program will provide state health departments with the necessary workforce, training, and tools to rapidly scale up to meet this new effort to prevent HAIs, support the dissemination of HHS evidence-based practices within hospitals, support targeted efforts to monitor and investigate the changing epidemiology of HAIs in populations as a result of new prevention collaboratives, and address overall HHS HAI prevention priorities.

This program will provide funds for improvement of State Survey Agency (SA) inspection capability of Ambulatory Surgery Centers (ASCs) nationwide. This program will also enable SAs to identify and correct infection control deficiencies in ambulatory surgical centers.

Public Benefits

Healthcare-associated infections occur in all settings of care. It has been estimated that in 2002, 1.7 million infections and 99,000 associated deaths occurred in hospitals alone. The financial burden attributable to these infections is staggering with an estimated $33 billion in added healthcare costs (2009[1,2]). Recent research efforts supported by the CDC and the Agency for Healthcare Research Quality (AHRQ) have shown that implementation of CDC HAI prevention recommendations can reduce some healthcare-associated infections by as much as 70%. Broad implementation of HAI prevention guidelines can result in dramatic reductions in HAIs, which will not only save lives and reduce suffering, but will result in healthcare cost savings. A national effort to prevent HAIs also is expected to be an early "win" in health reform efforts on eliminating waste and reducing costs in the health delivery system while also improving quality for patients.

Investing in state health departments to promote HAI prevention is critical. States currently have limited activities and no funding from CDC to conduct HAI surveillance and prevention activities. Recovery Act funding will fill an essential gap for state health departments and will build capacity for HAI prevention. This funding will allow states to better promote and coordinate HAI prevention activities in all hospitals in their states. States that currently have this leadership and coordination role (e.g. New York) have shown major decreases in HAIs. This funding will enable states to build a sustainable program to decrease HAIs which is expected to lead to a reduction in healthcare costs. Recovery Act funding is restricted to state health department efforts to track and prevent HAIs.

ASCs in the United States have been the fastest growing provider type participating in Medicare, increasing in number by more than 38% between 2002 and 2007. A 2008 Hepatitis C outbreak in Nevada was traced to poor infection control practices at various ASCs (potentially affecting more than 50,000 people). Follow-up surveys throughout Nevada found infection control deficiencies at more than 40% of the ASCs.

C. Activities

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CDC will competitively award funding to eligible state health departments to support efforts to prevent HAIs as part of the HHS Action Plan to Prevent HAIs. Existing Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Programs (EIP) competitive cooperative agreement programs

[1] Scott, R. Douglas. The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention. March 2009. http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf
[2] Klevens RM, Edwards JR, Richards CL, Horan T, Gaynes R, Pollock D, Cardo D. Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002. Public Health Rep 2007;122:160-166.

will be utilized to make supplemental competitive awards to state health departments to carry out HAI activities as follows:

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

- Coordinating and reporting of state HAI prevention efforts
- Reporting progress toward reductions on two or more of the targets in the HHS Action Plan To Prevent Healthcare-Associated Infections
- Developing sustainable state HAI reporting using the NHSN and to evaluate NHSN data
- Increasing awareness among healthcare providers
- Estimating the burden of HAI
- Monitoring the impact of prevention programs and reporting using NHSN metrics for progress toward HHS HAI Prevention Targets
- Establishing prevention collaborations with healthcare facilities, healthcare professionals, state Hospital associations, and state-based Medicare Quality Improvement Organizations

Emerging Infections Programs (EIP)

- Monitoring and investigating the changing epidemiology of HAIs in populations as a result of prevention collaboratives
- Quickly expanding the EIP infrastructure to address a broader array of HAI epidemiology
- Providing additional training for EIP state staff on HAI epidemiology and surveillance
- Developing and implementing enhanced surveillance tools and methods, and add staff for targeted two year projects

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This initiative will significantly expand the awareness of proper infection control technique among ASCs and SAs, increase the extent to which infection control deficiencies are both identified and remedied, and prevent future serious infections in ASCs by:

- Improving SA inspection capability and frequency for onsite surveys of ASCs nationwide,
- Using a new infection control survey tool developed by the CDC and CMS,
- Improving the survey process through the use of a CMS tracer methodology, and
- Using multi-person teams for ASCs over a certain size or complexity.

A CMS pilot program tested the above survey process improvements in three States in 2008 and demonstrated superior results in the identification and remedy of serious infection control deficiencies. The particular focus on ASCs for this funding was chosen because the available tool was developed and tested for ASCs, because ASCs have not been surveyed with the frequency and attentiveness to infection control that is needed (about once every ten years on average nationally), and because of the likely continuing infection control deficiencies in this setting. The Recovery Act funds will enable the application of the above four-component new survey process nationwide.

D. Characteristics

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Type of Financial Award: The Code of Federal Domestic Assistance number for HAI is 93.717. CDC will utilize Code B – Project Grants to provide funding to state health departments using two existing competitive Cooperative Agreements:

1. **Epidemiology and Laboratory Capacity for Infectious Disease Program**
   - Coordination and Reporting of State HAI Prevention Efforts (Activity A) Award Amount: up to $200,000 per funded state
   - Detection and Reporting of Healthcare Associated Infection Data (Activity B) Award Range: $500,000 - $1,000,000 per funded state
   - Establishing a Prevention Collaborative (Activity C) Award Range: $200,000 - $500,000 per funded state

States may choose to apply for ARRA funding to complete one, two, or three of the activities (A, B, C) listed above. If a State chooses to apply for A and another activity, States must justify in their application their ability to fully complete all requirements described in Activity A in a timely manner so that funds within Category B and C will be fully implemented within the ARRA allotted timeframes. State HAI funds will be competitively awarded based on objective evaluation criteria, including sustainability. If a state applies for more than one activity, the state should describe how work done in each activity must be coordinated and complimentary. States will also need to discuss how funding supplements existing programs and does not supplant existing efforts. Spending under categories A, B, and/or C is contingent upon States ability to sustain activities after Recovery Act funding has ceased.

2. **Emerging Infections Program**
   - Resources will support targeted efforts to monitor and investigate the changing epidemiology of HAIs in populations as a result of prevention collaboratives.
     Award Range: $200,000 -$500,000 per funded site

Type of Recipient: States via the state health departments
Type of Beneficiary: States

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Type of Financial Award: The Code of Federal Domestic Assistance number for HAI is 93.777. Payments will be made to States separately from but in the same manner as they currently are made to operate the Survey and Certification program described under §1864 of the Social Security Act using funds from the Federal Hospital and Supplementary Medical Insurance Trust Funds. The SAs complete Form CMS-435, State Survey Agency Budget/Expenditure Report for current survey and certification requirements. Form CMS-435 is a multi-purpose form (budget request and approvals, expenditures reports, supplemental funding request, etc.) used in Medicare and Medicaid applications. The SA indicates the specific use of the form by checking the appropriate box. CMS will internally assess an allocation strategy based on the number of ASCs in the State, performance in meeting the prioritization of the objectives, and SA's capability to move forward expeditiously.

The use of the funds will be captured distinct from other Survey & Certification program funds using a modified version of the standard Form 435 – Expenditure form. Of the total funds, $9.95 million will be allocated to States and $50,000 will be used for Federal administration (e.g., training of States). In both FY 2009 and FY 2010, the Recovery Act funds will be separately tracked and monitored from the Federal Administration funds allocated for Survey and Certification program activities.

Type of Recipient: State Survey Agencies
Type of Beneficiary: States

E. Delivery Schedule

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The schedule of milestones for major phases (e.g. the procurement phase, planning phase, project execution phase, etc., or comparable) with planned delivery date(s) are described in the table below:

Milestone	Expected Completion Date
CDC Guidance issued for State HAI plans	May 2009
Supplemental Awards for ELC	July 2009
Draft state HAI plans submitted to CDC for review	August 2009
States identify NHSN coordinators and trained by CDC	August 2009
Baseline State reporting measures in NHSN due	September 2009
State Public Health-Healthcare Collaboratives established	October 2009
EIP Proposals Due to CDC	May 2009
State HAI Plans due by HHS	January 2010
Supplemental Awards to EIP	July 2009
Reporting of progress toward prevention targets using NHSN	Ongoing

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The table below shows the schedule of milestones for major phases (e.g. the procurement phase, planning phase, project execution phase, etc) with planned delivery date(s).

Milestone	Expected Completion Date
Notice to State Survey Agencies	April 2009
First Training on new Evidence-based tool	May 2009
Selection of States for 2009 Implementation	June 2009
Implementation in 2009 Volunteer States	July 2009
Second Training – all States	October 2009
Implementation in Remaining States-FY 2010	November 2009

F. Environmental Review Compliance

The grants and contracts addressed in this program are subject to a National Environmental Policy Act (NEPA) categorical exclusion reference 2d, 2e, 2g, 2i, 2j per HHS GAM 30-20-40 as promulgated by HHS [65 FR 10229 (2/25/2000)] and additional NEPA review is not required.

Categorical exclusions and other environmental reviews will be documented in writing and reported on the Section 1609(c) report.

G. Measures

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The investments for HAI prevention through September 30, 2010, are historic both in helping states to address HAIs and in their potential for rapidly building capacity in state health departments for promoting HAI prevention long term. CDC will provide technical assistance and support as necessary to ensure that states can effectively use these funds. With the successful implementation of this program, we anticipate some reductions in HAIs within two years, and potentially a greater than 50% reduction in HAIs within ten years of initiation of the program. The proposed outcome measure will address reductions within states and facilities by tracking the number of states in which the majority of healthcare facilities are experiencing low-incidence for five key HAIs.

Short-Term Economic Impact Measures

Grantees will be expected to report their direct job creation/preservation quarterly to the centralized RA gateway (once activated) as detailed in Section 1512 of the OMB Guidance. Guidance to recipients will detail this level of reporting, including:

- Title of the position
- Name of the incumbent
- Level of effort (i.e. percentage time, hours per week)
- Status of the jobholder (contractor, employee, fellow etc)
- Whether position was a new hire, rehire, or a job preserved

Methodology for reporting data on measures

Progress will be reported quarterly. For the flow and timing of activities, Project Officers will create a checklist of milestones based on the site's proposal. Grantees will report progress on that checklist in their progress reports. For the activity-specific outputs—attributes of collaboratives, status of plans, and the EIP outcome (research questions addressed)—grantees will report the status of these in their quarterly reports.

Data for all measures, whether derived from an existing database or from grantee progress reports will be collated by project officers and then reported to CDC's Recovery Act oversight office and to the FMO on a quarterly basis using an existing system.

Table 1A. CDC – Healthcare-Associated Infections Recovery Act Performance Measures: Type, Polarity, Target, and Frequency

Goal/Objective	Measure	Type	Direction of Measure	Target	Frequency
Epidemiology and Laboratory Capacity (ELC) Program					
(Increased/enhanced) Adoption of priority recommendations from CDC's HAI prevention guidelines	# of states with 25% or more of hospitals completing the Multidrug-resistant Organism (MDRO) practice module	Outcome	Positive	FY09-Q3: 0 FY09-Q4: 0 FY10-Q1: 10 FY10-Q2: 20 FY10-Q3: 30 FY10-Q4: 40	Quarterly
Reduction in (targeted or selected) HAIs	# of states for whom 50% or more of participating hospitals are in the 25th percentile in the 2008 NHSN for incidence of:	Outcome	Positive	FY09-Q3: 0 FY09-Q4: 10 FY10-Q1: 20 FY10-Q2: 30 FY10-Q3: 40 FY10-Q4: 50	Quarterly
	a. Central Line-associated Bloodstream Infections (CLABSI)				
	b. Clostridium difficile Infections (CDI)				
	c. Catheter-associated Urinary Tract Infections (CAUTI)				
	d. Methicillin-resistant Staphylococcus aureus (MRSA) Infections				
	e. Surgical Site Infections (SSI)				
Activity C [selected states]: Number of new HAI collaboratives established	# of states with one or more collaboratives possessing all 4 key attributes of a strong prevention collaborative [per checklist]	Output	Positive	FY09-Q3: 0 FY09-Q4: 0 FY10-Q1: 10 FY10-Q2: 20 FY10-Q3: 30 FY10-Q4: 40	Quarterly
Activity B [selected states]: Number of	% of all hospitals	Output	Positive	FY09-Q3: 40%	Quarterly

Goal/Objective	Measure	Type	Direction of Measure	Target	Frequency
new healthcare facilities participating in NHSN	participating in NHSN [can be broken down by state]			FY09-Q4: 50% FY10-Q1: 60% FY10-Q2: 70% FY10-Q3: 80% FY10-Q4: 90%	
	% of states in which 80% or more of hospitals are participating in NHSN	Output	Positive	FY09-Q3: 10% FY09-Q4: 25% FY10-Q1: 40% FY10-Q2: 55% FY10-Q3: 70% FY10-Q4: 90%	
Activity A [all funded states]: Number of states with HHS approved HAI prevention plans	% of states submitting plans	Output	Positive	FY09-Q3: 0 FY09-Q4: 20% FY10-Q1: 80% FY10-Q2: 100% FY10-Q3: n/a FY10-Q4: n/a	Quarterly
	% of states with approved plans	Output	Positive	FY09-Q3: 0 FY09-Q4: 0 FY10-Q1: 20% FY10-Q2: 80% FY10-Q3: 100% FY10-Q4: n/a	
	% of states with a prevention coordinator in place	Output	Positive	FY09-Q3: 0 FY09-Q4: 0 FY10-Q1: 20% FY10-Q2: 80% FY10-Q3: 100% FY10-Q4: n/a	
Emerging Infections Program (EIP)					
EIP projects provide new knowledge	% of research questions addressed in	Output	Positive	FY09-Q3: 0% FY09-Q4: 0% FY10-Q1: 0% FY10-Q2: 0%	Quarterly

Goal/Objective	Measure	Type	Direction of Measure	Target	Frequency
	reports of funded projects			FY10-Q3: 0% FY10-Q4: 100%	

Table 1B. CDC- Healthcare-Associated Infections Recovery Act Performance Measures: Data Source, Validation, and Reporting

Measure	Data Source	Validation	How Reported to Public
Epidemiology and Laboratory Capacity (ELC) Program			
# of states with 25% or more of hospitals completing the Multidrug-resistant Organism (MDRO) practice module.	National Healthy Safety Network (NHSN) system	NHSN's web application has internal data validity and consistency checks. Data are entered in participating hospitals by trained infection prevention staff using standardized definitions and surveillance methods. Data are reviewed by CDC staff for consistency. ARRA funds will provide States resources to conduct validation studies of data submitted to NHSN; see (http://www.cdc.gov/nhsn/index.html)	Reported by participating hospitals to NHSN. Extracted by Project Officers and Program staff for reporting.
# of states for whom 50% or more of participating hospitals are in the 25th percentile in the 2008 NHSN for incidence of: a. CLABSI b. CDI c. CAUTI d. MRSA e. SSI	National Healthy Safety Network (NHSN) system	NHSN's web application has internal data validity and consistency checks. Data are entered in participating hospitals by trained infection prevention staff using standardized definitions and surveillance methods. Data are reviewed by CDC staff for consistency. ARRA funds will provide States resources to conduct validation studies of data submitted to NHSN; see (http://www.cdc.gov/nhsn/index.html)	Reported by participating hospitals to NHSN. Extracted by Project Officers and Program staff for reporting.
# of states with one or more collaboratives possessing all 4 key attributes of a strong prevention collaborative [per checklist]	Reported by grantees in progress reports. Scored and compiled by Project Officer	Project Officer review of grantees' progress reports and frequent technical assistance, follow up and consultation with grantees on a monthly basis	Reported by grantees in progress reports. Scored and compiled by Project Officer
% of all hospitals participating in NHSN [can be broken down by state]	National Healthy Safety Network (NHSN) system	NHSN's web application has internal data validity and consistency checks. Data are entered in participating hospitals by trained infection prevention staff using standardized definitions and surveillance methods. Data are reviewed by CDC staff for consistency. ARRA funds will	Reported by participating hospitals to NHSN. Extracted by Project Officers and Program staff for
% of states in which 80% or more of hospitals are participating in NHSN			

Measure	Data Source	Validation	How Reported to Public
		provide States resources to conduct validation studies of data submitted to NHSN; see (http://www.cdc.gov/nhsn/index.html)	reporting.
% of states submitting plans % of states with approved plans % of states with a prevention coordinator in place	Reported by grantees in progress reports. Scored and compiled by Project Officer	Project Officer review of grantees' progress reports and frequent technical assistance, follow up and consultation with grantees on a monthly basis	Reported by grantees in progress reports. Scored and compiled by Project Officer
Emerging Infections Program (EIP)			
% of research questions addressed in reports of funded projects	Reported by grantees in progress reports. Scored and compiled by Project Officer	Project Officer review of grantees' progress reports and frequent technical assistance, follow up and consultation with grantees on a monthly basis; auditing component already part of EIP Cooperative Agreement. EIP Steering Committee including CDC staff will review each sites project progress	Reported by grantees in progress reports. Scored and compiled by Project Officer

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CMS will provide quarterly reporting on what work has been completed including milestones such as training, outreach efforts, allotments to SAs. To gauge effectiveness of the project, CMS will issue an evaluative report on the new ASC survey process. The report shall include SA & CDC input on the value from the enhanced survey infection control tool and other important aspects of the new survey process. CMS will post the report on its Web site at www.cms.hhs.gov.

Table 1C. CMS - Healthcare-Associated Infections Recovery Act Performance Measures: Type, Target, and Frequency

Goal/Objective	Measure	Type	Target	Frequency
1. Expand the State Survey Agency's capability for conducting ASC surveys: Train at least 200 Federal & State surveyors on HAIs survey tool.	Ensure that at least 200 survey staff are trained on the use of the new survey tool and protocols, and participation is verified.	Output	FY09-Q3: 50 FY09-Q4: 50 FY10-Q1: 100 FY10-Q2: 0 FY10-Q3: 0 FY10-Q4: 0	Quarterly
2. Improve Infection Control Deficiency Identification & Corrective Action: Improve the extent to which ASC infection control deficiencies are identified (through use of a new survey process) and are corrected through Plans of Correction.	(a) Increase by 100% the number of ASCs surveyed onsite compared to the same time period in the previous year in participating States.	Outcome	FY09-Q4: 50% FY10-Q1: 75% FY10-Q2: 125% FY10-Q3: 125% FY10-Q4: 100%	Quarterly
	(b) Ensure that at least one-third of all non-accredited ASCs		FY10-Q4: 33%	Annual - at end of FY10

Goal/Objective	Measure	Type	Target	Frequency
	have an onsite survey.			
	(c) For ASCs surveyed under the new survey process, increase by 50% the percentage of ASCs in which infection control deficiencies are identified.		FY10-Q4: 50%	Annual - at end of FY10
	(d) Ensure that at least 95% of identified Condition-level (serious) deficiencies are remedied within 14 -180 days pursuant to a Plan of Correction.		FY09-Q4: 95% FY10-Q1: 95% FY10-Q2: 95% FY10-Q3: 95% FY10-Q4: 95%	Quarterly Note: there will be a time lag in reporting as corrections are made.

H. Monitoring and Evaluation

All Recovery Act programs will be assessed for risk and to ensure that appropriate internal controls are in place throughout the entire funding cycle. These assessments will be done consistent with the statutory requirements of the Federal Manager's Financial Integrity Act and the Improper Payments Information Act, as well as OMB's circular A-123 "Management's Responsibility for Internal Control."

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Understanding that funds allocated as part of RA require additional accountability, CDC has established a centralized management/oversight function, the Recovery Act Coordination (RAC), at the agency level to oversee and coordinate all Recovery Act -funded activities. Quarterly reviews of Recovery Act programs will be conducted by ORAC in collaboration with CDC's FMO and PGO, as well as the HAI program managers. The roles and responsibilities for the RAC oversight function as well as the additional duties of PGO, FMO and the responsible program office are described in CDC's Recovery Act Implementation Plan.

Potential risks and their mitigation strategies have been identified to ensure Recovery Act funds are effectively and efficiently executed. Additionally, well-qualified specialists within FMO and PGO are in place to provide appropriate oversight and monitoring of recipient activity.

To ensure Recovery Act grantee accountability and performance, and to minimize risks associated with the misuse of Recovery Act funds, CDC will perform the following contract and grant management activities for Recovery Act-funded contractors and grantees:

- CDC will coordinate with the Office of Inspector General (OIG) to ensure that Recipient Capability Assessments are conducted on funded organizations that

may have had performance issues in the past, or are new recipients of CDC-awarded funds;
- CDC will ensure that ongoing technical assistance is provided to contractors and grantees that may need help in meeting the additional Recovery Act administrative and program requirements;
- CDC will conduct additional, more vigorous post-award management and monitoring of Recovery Act activities, to include site visits of Recovery Act grantees if necessary. As resources permit, CDC-sponsored meetings for award recipients will be convened;
- CDC will monitor the receipt of Recovery Act financial and performance reports, and will review those reports for purposes of monitoring compliance with Recovery Act's special financial requirements; and
- CDC will ensure the unique identification of Recovery Act funds in contractual and grant agreements, to include the use of a unique Recovery Act CFDA number for HAI grants.

CDC will ensure timely enforcement actions are taken on any non-performing Recovery Act contractor or grantee, and, if CDC determines that a contractor or grantee has misused Recovery Act funds, CDC will take appropriate actions, such as the disallowance of costs, the recovery of funds, the referral of suspected fraud to the OIG, the implementation of administrative corrective actions by the contractor or grantee, or the termination of funding

Program Specific Risk Mitigation Strategies
For EIP and ELC, funds will be specifically awarded for HAI activities only. Eligible applicants will outline a plan for reporting progress toward HHS Action Plan Prevention Targets using specified metrics compatible with NHSN. CDC will collaborate with AHRQ and work with grantees to eliminate duplication of effort, and the EIP and ELC supplemental funding opportunity announcements (FOAs) will require details on how CDC-funded work will link into existing efforts funded by AHRQ.

HAI state applicants to identify state plans for sustaining Recovery Act impact beyond the federal funding provided and demonstrate a continued plan for progress toward meeting HHS Action Plan prevention targets as evidenced through reporting metrics outlined in the Plan.

There will be frequent communication between grant recipients and program staff, including regular conference calls addressing allowable and unallowable expenditures. Appropriate penalties for misappropriation or misuse of funds will be enforced. Tables 2A and 2B includes a full presentation of the Agency specific Recovery Act Risks and Mitigations for Healthcare-Associated Infections.

Development and submission of HAI grantee plans and quarterly updates on progress towards specific economic and performance measures and targets, enumerated in the preceding Measures section, will help minimize the risk of such abuse, These indicators,, including targets for reduction in HAIs will serve as an evaluation of progress, allowing for early intervention to ensure timely mitigation of

issues. Lack of progress will serve as a warning for early intervention to ensure timely mitigation of issues.

The HAI proposal was shared with the Office of Inspector General (OIG), and CDC successfully responded to all questions.

Table 2A. CDC-Specific Recovery Act Risks and Mitigations for Healthcare-Associated Infections

Risk Description and Degree	Mitigation Description	Assessment Measure	Trigger for Contingency Plan	Responsible Office and Official
Lack of program-direct support to hire the necessary staff within CDC to oversee grantee performance and reporting. *(High degree of risk)*	CDC is planning to use FY 2009 appropriations funding to hire additional FTE and contract staff.	At least half of the proposed FTEs and contract staff are in place by July 2009.	Inability to hire new staff, and/or to meet RA reporting requirements.	CDC: Joni Young
Potential for NHSN performance to degrade with rapid influx of new users. *(High degree of risk)*	CDC is planning to use FY 2009 appropriations funding to hire additional FTE and contract staff, purchase more servers, and related software.	Through continued monitoring of system performance and feedback from state users.	Unacceptable performance of NHSN	CDC: Dan Pollock
Potential delay in the developing/ implementing prevention collaboratives and expansion of participation in NHSN due to lack of staff with HAI expertise in some states. *(Medium degree of risk)*	CDC will allow states to contract with outside entities (e.g. CSTE).	CDC will monitor states identifying and/or hiring of HAI coordinators through quarterly progress and financial reports.	State's inability to define needs and address barriers to implementation.	CDC: Dan Pollock
Potential impediments for state public health departments in hiring HAI Coordinator due to state hiring freezes and limitations of states to contract with out of state entities (e.g. Council of State and Territorial	CDC will work with states to define options; technical assistance to states with difficulty identifying a coordinator may receive additional technical assistance, but if an appropriate person is not	CDC will monitor states hiring of HAI coordinators through quarterly progress and financial reports.	State's inability to define needs and address barriers to implementation.	CDC: Mike Bell

Risk Description and Degree	Mitigation Description	Assessment Measure	Trigger for Contingency Plan	Responsible Office and Official
Epidemiologists). *(Medium degree of risk)*	readily identified, they may lose funding as per the ELC award conditions.			
Potential duplicative use of CDC's RA HAI funds for prevention collaboratives currently funded by the Agency for Healthcare Research and Quality (AHRQ). *(Medium degree of risk)*	The ELC supplemental FOA will require details on how CDC-funded work will link into existing efforts funded by AHRQ and reporting will be executed through CDC's systems. CDC will collaborate with AHRQ to ensure grantees are not duplicating efforts with OPDIV funds.	Through continued collaboration and discussion with AHRQ. Also through quarterly progress and financial reports.	State's inability to define their prevention collaboratives or how they complement any existing AHRQ efforts. If they cannot define their needs or address barriers to implementation.	CDC: Arjun Srinivasin
Delays in EIP reporting due to need for OMB Paperwork Reduction Act (PRA) clearance *(Low to Medium degree of risk)*	Recipients will report via their customary progress reporting; hence we do not anticipate a need for PRA clearance. In the unlikely event PRA clearance is needed, many project milestones that can be completed while awaiting clearance and work can stay on schedule	Reporting of progress milestones is occurring in the first quarter	Judgment by CDC's PRA office that EIP reporting of milestones would require PRA	CDC: Susan Conner

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CMS will obtain detailed information on the ASC infection control deficiencies identified through onsite surveys. CMS will analyze such information to discern patterns and correlates of such deficient practices. CMS will also evaluate the extent to which States conduct the onsite surveys. Risk mitigation will focus primarily on issues related to addressing State across-the-board personnel restrictions (due to State budget deficits) and obtaining the necessary data on survey results in a timely manner and with sufficient detail.

Table 2B. CMS-Specific Recovery Act Risks and Mitigations for Healthcare-Associated Infections

Risk Description & Degree	Mitigation Description	Assessment Measure	Contingency Plan Trigger	Responsible Official
1. Program Direction: Insufficient allocation of staff within CMS to provide proper direction and oversee grantee performance and reporting. *(High degree of risk)*	CMS is examining workload priorities to redeploy FTE resources and to contract for certain support where necessary.	At least half of the proposed FTEs and contract staff are in place by July 2009.	Inability to hire new staff, and/or to meet Recovery Act reporting requirements.	CMS: Marilyn Dahl
2. Training + Guidance: Potential for performance to be impaired if necessary training and guidance is not put in place effectively and timely. *(High degree of risk)*	CMS will use webinars or satellite broadcasts to reach surveyors quickly in May 2009, will seek assistance from CDC in training surveyors, will conduct a second training (face-to-face) for surveyors in October 2009, and may seek to augment TA to States through support contracts.	CMS will monitor system performance and obtain feedback from States and ASCs.	Unacceptable performance of States, lack of attendance at training.	CMS: Marilyn Dahl
3. State Surveyor Staffing: Potential impediments for State survey agencies due to State hiring freezes, furloughs, or other across-the-board limitations imposed due to the generalized budget deficits faced by States. *(High degree of risk)*	CMS will communicate the importance and urgency of this infection control initiative to State Governors and Public Health Departments, and encourage States to permit exceptions for State survey agencies from across-the-board personnel limitations. CMS will work with States to identify options and offer technical assistance.	CMS will monitor State hiring and personnel adjustments granted to State survey agencies.	State's inability to staff the ASC surveys.	CMS: Angela Brice-Smith

Risk Description & Degree	Mitigation Description	Assessment Measure	Contingency Plan Trigger	Responsible Official
4. **Evaluation**: Potential difficulties in obtaining results from surveys with the detail and timeliness required for an effective evaluation. *(Medium degree of risk)*	CMS will explore and implement stand-alone data collection strategies to improve the timeliness and detail of survey results, with possible contract assistance and collaboration with CDC.	Through continued collaboration and discussion with CDC. Also through quarterly progress and financial reports.	Delay or lack of necessary detail in survey findings reported.	CMS: Marilyn Dahl

I. Transparency

CDC and CMS will: be open and transparent in all of its contracting and grant competitions and regulations that involve spending of Recovery Act funding consistent with statutory and OMB guidance; ensure that recipient reporting required by Section 1512 of the Recovery Act and OMB guidance is made available to the public on Recovery.gov by October 10, 2009; inform recipients of their reporting obligation through standard terms and conditions, grant announcements, contract solicitations, and other program guidance; and provide technical assistance to grantees and contractors and fully utilize Project Officers to ensure compliance with reporting requirements.

Centers for Disease Control and Prevention

The system central to HAI efforts is the National Healthcare Safety Network. Although data are entered by facilities, healthcare facility data are confidential at the federal level. However, some state public health department websites may provide access to specific facility data for facilities in their state. Per Tables 1A and 1B, the proposed performance measures track the number of states with a "threshold" percentage of healthcare facilities meeting the designated benchmark. This does not require reporting data for specific facilities.

The program will pull grantee expenditure data from the quarterly reports and performance data from the grantee progress reports submitted to their Project Officers. CDC will provide the necessary recipient performance and financial data at the aggregate and disaggregated levels for public access on the CDC Web site (www.cdc.gov).

As noted, the program and its project officers will collect and collate this information from databases and grantee progress reports. It will be reported in an existing system to CDC's FMO and PGO, which have can readily provide the recipient financial and performance information required for Recovery Act-funded programs.

Centers for Medicare and Medicaid Services

CMS will publish on the CMS Web site (www.cms.hhs.gov) the public communications with States (Survey and Certification memoranda) as well as the survey Guidance and protocol documents. Results from the quarterly reporting will be made available. CMS will also publish the results of the research completed at the end of the project based on results from the onsite surveys. There will be frequent communication between grant recipients and program staff, including conference calls addressing costs, performance, and requirements with OMB, CMS, and other applicable guidance documents. All grant funds will be designated to State levels with consideration for the number of ASCs in that specific State.

J. Accountability

To ensure that managers are held to high standards of accountability in achieving program goals under the Recovery Act, CDC and CMS will build on and strengthen existing processes. Senior officials from CDC and CMS will meet regularly with senior Department officials to ensure that projects are meeting their program goals, assessing and mitigating risks, ensuring transparency, and incorporating corrective actions." The personnel performance appraisal system will also incorporate Recovery Act program stewardship responsibilities for program and business function managers.

Centers for Disease Control and Prevention

The HAI program has developed a CDC-approved Program Implementation Plan containing management and oversight processes. Additionally, a point of contact has been established for Recovery.gov to receive and answer public inquiry regarding programmatic efforts with Recovery Act funds.

Programs will be held accountable for performance of Recovery Act-related activities through both the programmatic review processes and annual performance evaluations. Internal program processes will include Division Directors and senior program managers meeting with project officers prior to the end of the quarter. At a minimum, these reviews will include progress to date and discussion of grantee performance. These data will be provided to leadership at the National and Coordinating Center levels. Additionally, CDC's RAC will receive quarterly financial and performance reports for review and discussion with HAI program leadership. Corrective actions will be identified specific to any recipient performance or financial issues, and progress on program improvement will be tracked quarterly. Additionally, execution of Recovery Act -related efforts will be assessed within the context of individual's performance plan evaluations for senior program managers.

Centers for Medicare and Medicaid Services

CMS will use its existing internal control fiscal infrastructure to implement this Recovery Act initiative.

CMS will establish additional procedures and practices, as necessary, to ensure proper transparency, accountability, and oversight. Training in the new survey process will be mandatory for relevant State and federal surveyors, with attendance tracked. Completion of the expected ASC surveys will be tracked through CMS' ASPEN surveyor information system. CMS will incorporate the ASC-HAI

performance expectations for States into CMS' State Performance Standards System (SPSS).

CMS will communicate to the SAs the intent, purpose, and process for the State grants consistent with the funding and the requirements of the Recovery Act. CMS will also communicate with State officials (such as State Governors) and leadership of state Departments within which the State Survey Agencies are organizationally located, in an effort to address any State gubernatorial or Department-level actions that may be taken to promote fulfillment of the goals of this initiative. SAs progress will be monitored and the agencies will be held accountable for outcomes through additions to the existing SPSS. CMS will utilize Regional Office environmental scanning to determine if States have applied the Recovery Act dollars consistent with this program's purpose. CMS will post on the CMS Web site the results of its pilot study as well as progress reports on the Recovery Act implementation and results.

K. Barriers to Effective Implementation

Barriers to effective implementation of Recovery Act-funded activities include:

Centers for Disease Control and Prevention

1. Potential delay in the development and implementation of prevention collaboratives and expansion of participation in NHSN due to lack of staff with HAI expertise in some states. Solution: The ELC supplemental FOA will allow states to use a portion of funds to contract with outside entities [e.g. the Council of State and Territorial Epidemiologists (CSTE)] to place fellows in states to address HAI prevention activities. Awards of ELC funds are anticipated in July 2009.
2. Potential impediments for state public health departments in hiring HAI Coordinator due to state hiring freezes and limitations of states to contract with out-of-state entities (e.g. Council of State and Territorial Epidemiologists). Solution: While the HAI program has offered the use of ELC funding for hiring of an HAI coordinator, CDC is not able to affect state restrictions regarding procurement policies and procedures. CDC's HAI program and the ELC will provide technical assistance to the extent possible to help mitigate this risk.

Centers for Medicare and Medicaid Services

1. State furloughs and hiring freezes may negatively affect State performance. Mitigation: CMS will perform outreach to State officials to inform them of the project, its purpose, and engage them in this mutually beneficial endeavor. CMS also plans to complete a formal survey of States in order to more accurately measure the scope of this risk. CMS will communicate with State Governors, State Public Health Commissioners, and national State associations to stress the importance of this initiative and the need to address personnel barriers to enable success.
2. Ineffective staffing. Mitigation: We expect to be able to monitor this by examining the amount of surveyor time and the number of surveyors trained, and assigned to complete the work. We have some comparative data from the ASC pilot that we plan to apply in our analysis. We will provide specialized training to

States and, through partnerships with other parties, seek to make physician consultants more readily available to State surveyors.

L. Federal Infrastructure

Not applicable.