

## Nebraska's State Healthcare Associated Infections Plan

### 1. Develop or Enhance HAI Program Infrastructure

Successful HAI prevention requires close integration and collaboration with state and local infection prevention activities and systems. Consistency and compatibility of HAI data collected across facilities will allow for greater success in reaching state and national goals.

**Table 1:** Nebraska infrastructure planning for HAI surveillance, prevention and control.

Planning Level	Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1.	1. Establish statewide HAI prevention leadership through the formation of multidisciplinary group or Nebraska HAI advisory council <ul style="list-style-type: none"> <li>i. Collaborate with local and regional partners (e.g., state hospital associations, professional societies for infection control and healthcare epidemiology, academic organizations, laboratorians and networks of acute care hospitals and long term care facilities (LTCFs))</li> <li>ii. Identify specific HAI prevention targets consistent with HHS priorities</li> </ul>	<b>02/17/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/> ii.		<b>07/01/2010</b>
	<i>Other activities or descriptions (not required):</i>			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Establish an HAI surveillance prevention and control program Designate a HAI Prevention Coordinator	<b>09/01/2009</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/> i. ii.	Develop dedicated, trained HAI staff with at least one FTE (or contracted equivalent) to oversee the four major HAI activity areas (Integration, Collaboration, and Capacity Building; Reporting, Detection, Response and Surveillance; Prevention; Evaluation, Oversight and Communication)	<b>07/01/2010</b>
	<i>Other activities or descriptions (not required):</i>			
	2. i. The state HAI Prevention Coordinator: Jude Eberhardt, RN, BSN, MS, serving in a liaison role currently. 2. ii. Through contract collaboration with CIMRO of Nebraska.			

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<b>Level I</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Integrate laboratory activities with HAI surveillance, prevention and control efforts. i. Improve laboratory capacity to confirm emerging resistance in HAI pathogens and perform typing where appropriate (e.g., outbreak investigation support, HL7 messaging of laboratory results)	<b>09/01/2009</b>
			<i>Other activities or descriptions (not required):</i> We currently contract with the Nebraska Public Health Laboratory (NPHL) to study unusual isolates, e.g., highly resistant. We will need to develop ability to move selected Electronic Lab Report (ELR) data into NHSN MDRO module.	
<b>Level II</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Improve coordination among government agencies or organizations that share responsibility for assuring or overseeing HAI surveillance, prevention and control (e.g., State Survey agencies, Communicable Disease Control, state licensing boards)	<b>07/01/2010</b>
			<i>Other activities or descriptions (not required):</i> Need to establish or piggy back onto existing meetings of interested parties, e.g., Nebraska State Health Department Hospital Licensure/Inspection Board; Nebraska Hospital Association, Association for Professionals in Infection Control, CIMRO of Nebraska, etc.	

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<b>Level II</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>5. Facilitate use of standards-based formats (e.g., Clinical Document Architecture, electronic messages) by healthcare facilities for purposes of electronic reporting of HAI data. Providing technical assistance or other incentives for implementations of standards-based reporting can help develop capacity for HAI surveillance and other types of public health surveillance, such as for conditions deemed reportable to state and local health agencies using electronic laboratory reporting (ELR). Facilitating use of standards-based solutions for external reporting also can strengthen relationships between healthcare facilities and regional nodes of healthcare information, such as Regional Health Information Organizations (RHIOs) and Health Information Exchanges (HIEs). These relationships, in turn, can yield broader benefits for public health by consolidating electronic reporting through regional nodes.</p>	<b>09/01/2009</b>
			<p><i>Other activities or descriptions (not required):</i>            Nebraska has been a leader in implementing PHIN standards-based electronic laboratory reporting using HL-7, LOINC/SNOMED, and secure messaging with PHIN-MS. We are continuing to deploy automated ELR and have made all the organisms in the NHSN MDRO module formally reportable by regulatory requirement for those labs with established automated ELR</p>	
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

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### 2. Surveillance, Detection, Reporting, and Response

Increased participation in systems such as the National Healthcare Safety Network (NHSN) has been demonstrated to promote HAI reduction. This, combined with improvements to simplify and enhance data collection, and improve dissemination of results to healthcare providers and the public are essential steps toward increasing HAI prevention capacity.

**Table 2:** State planning for surveillance, detection, reporting, and response for HAIs

Planning Level	Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Improve HAI outbreak detection and investigation <ul style="list-style-type: none"> <li>i. Work with partners including CSTE, CDC, state legislatures, and providers across the healthcare continuum to improve outbreak reporting to state health departments</li> <li>ii. Establish protocols and provide training for health department staff to investigate outbreaks, clusters or unusual cases of HAIs.</li> <li>iii. Develop mechanisms to protect facility/provider/patient identity when investigating incidents and potential outbreaks during the initial evaluation phase where possible to promote reporting of outbreaks</li> <li>iv. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings (e.g., hepatitis B, hepatitis C, multi-drug resistant organisms (MDRO), and other reportable HAIs)</li> </ul>	<b>07/01/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>07/01/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>07/01/2010</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>07/01/2010</b>
	<i>Other activities or descriptions (not required):</i>			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues.	<b>07/01/2010</b>
2.		<i>Other activities or descriptions (not required):</i>		

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<b>Planning Level</b>	<b>Items Underway</b>	<b>Items Planned</b>	<b>Items Planned for Implementation (or currently underway)</b>	<b>Target Dates for Implementation</b>
<b>Level II</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Improve communication of HAI outbreaks and infection control breaches <ul style="list-style-type: none"> <li>i. Develop standard reporting criteria including, number, size and type of HAI outbreak for health departments and CDC</li> <li>ii. Establish mechanisms or protocols for exchanging information about outbreaks or breaches among state and local governmental partners (e.g., State Survey agencies, Communicable Disease Control, state licensing boards)</li> </ul>	<b>07/01/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Other activities or descriptions (not required):</i>	<b>07/01/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Identify at least 2 priority prevention targets for surveillance in support of the HHS HAI Action Plan <ul style="list-style-type: none"> <li>Central Line-associated Bloodstream Infections (CLABSI)</li> <li><i>Clostridium difficile</i> Infections (CDI)</li> <li>Catheter-associated Urinary Tract Infections (CAUTI)</li> <li>iv. Methicillin-resistant Staphylococcus aureus (MRSA) Infections</li> <li>v. Surgical Site Infections (SSI)</li> <li>vi. Ventilator-associated Pneumonia (VAP)</li> </ul>	<b>Y?N - 07/01/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Other activities or descriptions (not required):</i>	<b>Y?N - 07/01/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Identify at least 2 priority prevention targets for surveillance in support of the HHS HAI Action Plan <ul style="list-style-type: none"> <li>Central Line-associated Bloodstream Infections (CLABSI)</li> <li><i>Clostridium difficile</i> Infections (CDI)</li> <li>Catheter-associated Urinary Tract Infections (CAUTI)</li> <li>iv. Methicillin-resistant Staphylococcus aureus (MRSA) Infections</li> <li>v. Surgical Site Infections (SSI)</li> <li>vi. Ventilator-associated Pneumonia (VAP)</li> </ul>	<b>Y?N - 07/01/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Other activities or descriptions (not required):</i>	<b>Y?N - 07/01/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Adopt national standards for data and technology to track HAIs (e.g., NHSN). <ul style="list-style-type: none"> <li>i. Develop metrics to measure progress towards national goals (align with targeted state goals). (See Appendix 1).</li> <li>ii. Establish baseline measurements for prevention targets</li> </ul>	<b>12/31/2011</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Other activities or descriptions (not required):</i> 2 Priority prevention targets will be chosen by the task force.	<b>12/31/2011</b>

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<b>Level II</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Develop state surveillance training competencies Conduct local training for appropriate use of surveillance systems (e.g., NHSN) including facility and group enrollment, data collection, management, and analysis  <i>Other activities or descriptions (not required):</i>	<b>12/31/2010</b>
			7. Develop tailored reports of data analyses for state or region prepared by state personnel	<b>07/01/2011</b>
			<i>Other activities or descriptions (not required):</i>	
			8. Validate data entered into HAI surveillance (e.g., through healthcare records review, parallel database comparison) to measure accuracy and reliability of HAI data collection Develop a validation plan Pilot test validation methods in a sample of healthcare facilities Modify validation plan and methods in accordance with findings from pilot project Implement validation plan and methods in all healthcare facilities participating in HAI surveillance Analyze and report validation findings Use validation findings to provide operational guidance for healthcare facilities that targets any data shortcomings detected	<b>07/01/2011</b> <b>08/01/2011</b> <b>09/01/2011</b> <b>12/31/2011</b> <b>12/31/2011</b> <b>12/31/2011</b>
<b>Level III</b>			<i>Other activities or descriptions (not required):</i>	
			9. Develop preparedness plans for improved response to HAI i. Define processes and tiered response criteria to handle increased reports of serious infection control breaches (e.g., syringe reuse), suspect cases/clusters, and outbreaks	<b>12/31/2011</b>
			<i>Other activities or descriptions (not required):</i>	

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<b>Level III</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Collaborate with professional licensing organizations to identify and investigate complaints related to provider infection control practice in non-hospital settings, and to set standards for continuing education and training	<b>12/31/2010</b>
			<i>Other activities or descriptions (not required):</i>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Adopt integration and interoperability standards for HAI information systems and data sources <ul style="list-style-type: none"> <li>i. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings (e.g., hepatitis B, hepatitis C, multi-drug resistant organisms (MDRO), and other reportable HAIs) across the spectrum of inpatient and outpatient healthcare settings</li> <li>ii. Promote definitional alignment and data element standardization needed to link HAI data across the nation.</li> </ul>	<b>12/31/2011</b>
			<i>Other activities or descriptions (not required)</i>	<b>On-going—no clear end in sight</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Enhance electronic reporting and information technology for healthcare facilities to reduce reporting burden and increase timeliness, efficiency, comprehensiveness, and reliability of the data  Report HAI data to the public	<b>On-going and will continue for the foreseeable future Pending state law</b>
			<i>Other activities or descriptions (not required):</i>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. 13. Make available risk-adjusted HAI data that enables state agencies to make comparisons between hospitals.	<b>Pending state law</b>
			<i>Other activities or descriptions (not required):</i>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Enhance surveillance and detection of HAIs in nonhospital settings	<b>Post-2011</b>
				<i>Other activities or descriptions (not required):</i>
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

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### 3. Prevention

State implementation of HHS Healthcare Infection Control Practices Advisory Committee (HICPAC) recommendations is a critical step towards the elimination of HAIs. CDC with HICPAC has developed evidence-based HAI prevention guidelines.

**Table 3:** State planning for HAI prevention activities

Planning Level	Items Underway	Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Implement HICPAC recommendations. i. Develop strategies for implementation of HICPAC recommendations for at least 2 prevention targets specified by the state multidisciplinary group.	<b>12/31/2010</b>
			<i>Other activities or descriptions (not required):</i>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Establish prevention working group under the state HAI advisory council to coordinate state HAI collaboratives Assemble expertise to consult, advise, and coach inpatient healthcare facilities involved in HAI prevention collaboratives	<b>07/01/2010</b>
			<i>Other activities or descriptions (not required):</i>	
	i.		Through a contract collaboration with CIMRO of Nebraska	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Establish HAI collaboratives with at least 10 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions) <ul style="list-style-type: none"> <li>i. Identify staff trained in project coordination, infection control, and collaborative coordination</li> <li>ii. Develop a communication strategy to facilitate peer-to-peer learning and sharing of best practices</li> <li>iii. Establish and adhere to feedback of a clear and standardized outcome data to track progress</li> </ul>	<b>08/01/2010</b>
			<i>Other activities or descriptions (not required):</i>	
			Through a contract collaboration with CIMRO of Nebraska	

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<b>Planning Level</b>	<b>Items Underway</b>	<b>Items Planned</b>	<b>Items Planned for Implementation (or currently underway)</b>	<b>Target Dates for Implementation</b>
<b>Level I</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>4. Develop state HAI prevention training competencies Consider establishing requirements for education and training of healthcare professionals in HAI prevention (e.g., certification requirements, public education campaigns and targeted provider education) or work with healthcare partners to establish best practices for training and certification</p>	<b>12/31/2011</b>
		i.	<i>Other activities or descriptions (not required):</i>	
<b>Level II</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>5. Implement strategies for compliance to promote adherence to HICPAC recommendations</p> <ul style="list-style-type: none"> <li>i. Consider developing statutory or regulatory standards for healthcare infection control and prevention or work with healthcare partners to establish best practices to ensure adherence</li> <li>ii. Coordinate/liaise with regulation and oversight activities such as inpatient or outpatient facility licensing/accrediting bodies and professional licensing organizations to prevent HAIs</li> <li>iii. Improve regulatory oversight of hospitals, enhancing surveyor training and tools, and adding sources and uses of infection control data</li> <li>iv. Consider expanding regulation and oversight activities to currently unregulated settings where healthcare is delivered or work with healthcare partners to establish best practices to ensure adherence</li> </ul>	<b>07/01/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>12/31/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>12/31/2010</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>12/31/2010</b>
			<i>Other activities or descriptions (not required):</i>	

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<b>Level II</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 6.	Enhance prevention infrastructure by increasing joint collaboratives with at least 20 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions)	<b>12/31/2011</b>
			<i>Other activities or descriptions (not required):</i>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Establish collaborative to prevent HAIs in nonhospital settings (e.g., long term care, dialysis)	<b>Post-2011</b>
			<i>Other activities or descriptions (not required):</i>	
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

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### 4. Evaluation and Communications

Program evaluation is an essential organizational practice in public health. Continuous evaluation and communication of practice findings integrates science as a basis for decision-making and action for the prevention of HAIs. Evaluation and communication allows for learning and ongoing improvement to occur. Routine, practical evaluations can inform strategies for the prevention and control of HAIs.

**Table 4:** Nebraska HAI communication and evaluation planning

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Conduct needs assessment and/or evaluation of the Nebraska HAI program to learn how to increase impact <ul style="list-style-type: none"><li>i. Establish evaluation activity to measure progress towards targets and</li><li>ii. Establish systems for refining approaches based on data gathered</li></ul>	<b>12/31/2011</b>
			<i>Other activities or descriptions (not required):</i> Through a contract collaboration with CIMRO of Nebraska	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Develop and implement a communication plan about the Nebraska's HAI program and progress to meet public and private stakeholders needs <ul style="list-style-type: none"><li>Disseminate Nebraska priorities for HAI prevention to healthcare organizations, professional provider organizations, governmental agencies, non-profit public health organizations, and the public</li></ul>	<b>12/31/2010</b>
			<i>Other activities or descriptions (not required):</i>	

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<b>Planning Level</b>	<b>Check Items Underway</b>	<b>Check Items Planned</b>	<b>Items Planned for Implementation (or currently underway)</b>	<b>Target Dates for Implementation</b>
<b>Level II</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Provide consumers access to useful healthcare quality measures  <i>Other activities or descriptions (not required):</i> With CIMRO of Nebraska.	<b>12/31/2011</b>
			4. <i>Other activities or descriptions (not required):</i> With CIMRO of Nebraska.	
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				