

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. Please select areas for development or enhancement of state HAI surveillance, prevention and control efforts.

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

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|--|---|--|--|
| Level I | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> | 1. Establish statewide HAI prevention leadership through the formation of multidisciplinary group or state HAI advisory council <ul style="list-style-type: none"> 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)) ii. Identify specific HAI prevention targets consistent with HHS priorities | 1.i: February 2010 1.ii: March 2010 |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|---|--|--|--|
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>1.i: The Utah Department of Health (UDOH) currently belongs to a multidisciplinary work group that has been working on HAI prevention, guidance, and surveillance since 2006 with a resulting rule set for reporting adopted in 2007. The HAI work group (HAIWG) is comprised of Infection Control Practitioners from all major healthcare systems in Utah, Infectious Disease physicians, Utah's Hospital Association, Utah's Quality Improvement agency (HealthInsight), Utah's Long Term Care Association, and members of Utah's Infection Control Association (Rocky Mountain Infection Control Association), Rocky Mountain PUS club (a regional Infectious Disease Society), the UDOH Epidemiology Bureau and Patient Safety Initiative.</i></p> <p><i>This group will be expanded to create a HAI Governance Committee. The expanded group will include all of the above, plus individuals from a HAI consumer or interest group, ambulatory surgery centers, and laboratorians.</i></p> <p><i>1.ii: Currently, the HAIWG has been collecting surveillance data on HHS HAI Prevention Target Metric 1 (CLABSI). The HAIWG has discussed over the past year expanding the Prevention Targets to include Metrics # 3b (C.Diff – lab module), and 7 (SCIP).</i></p> | |
| | <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <p>2. Establish an HAI surveillance prevention and control program</p> <p>i. Designate a State HAI Prevention Coordinator</p> <p>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)</p> | <p>2.i: December 2009</p> <p>2.ii: July 2010</p> |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|--------------------------|-------------------------------------|--|---------------------------------|
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>2.i: In accordance with ARRA grant funds for HAI activities, the UDOH has hired a State HAI Prevention Coordinator. The HAI Prevention Coordinator began work on December 14, 2009.</i></p> <p><i>2.ii: In conjunction with ARRA grant funds, UDOH will ensure that dedicated, trained HAI staff equivalent to 1 FTE will oversee the four major HAI activity areas. The current UDOH Infection Control Epidemiologist, as well as the Patient Safety Director will work closely with the State HAI Prevention Coordinator to meet the goals in the State HAI plan.</i></p> | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>3. Integrate laboratory activities with HAI surveillance, prevention and control efforts.</p> <p style="padding-left: 40px;">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)</p> | 3.i: January 2015 |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>3.i: As the UDOH did not receive funding beyond Activity A of the ARRA funds, and due to the complexity, cost, and resources needed to complete the activity described in 3.i UDOH will not address this activity until they are able to adequately ensure that laboratory capacity for everyday communicable diseases is met.</i></p> <p><i>The UDOH is currently working with the Utah Health Information Network to address these needs, but the UDOH does not foresee that addressing HAI pathogens in a laboratory capacity will begin before the 5th year. In the event that laboratory capacity for communicable diseases are adequately and timely met, this activity's planned Target Date for Implementation will be met at an earlier date.</i></p> | |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|---|-------------------------------------|---|---|---------------------------------|
| Level II | <input checked="" 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) | 4.: April 2010 |
| | | | <i>Other activities or descriptions (not required):</i> 4. Since the beginning of 2009, the UDOH has began working in close association with other government agencies to improve coordination of overseeing HAI surveillance, prevention and control though improved communication between State Survey agencies and Patient Safety. The UDOH Bureau of Epidemiology and Patient Safety plan to improve this working relationship and develop policies and protocols for working closely with other government agencies, such as State Licensing, in regards to notification of HAI events in long term care facilities, ambulatory surgical centers, and all licensed hospitals. | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 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. | 5.: NA |
| | | <i>Other activities or descriptions (not required):</i> 5. Due to lack of funding, the UDOH will not address this issue. | | |
| Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities. | | | | |

2. Surveillance, Detection, Reporting, and Response

Timely and accurate monitoring remains necessary to gauge progress towards HAI elimination. Public health surveillance has been defined as the ongoing, systematic collection, analysis, and interpretation of data essential to the planning, implementation, and evaluation of public health practice, and timely dissemination to those responsible for prevention and control.¹ 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.

The HHS Action Plan identifies targets and metrics for five categories of HAIs and identified Ventilator-associated Pneumonia as an HAI under development for metrics and targets (Appendix 1):

- Central Line-associated Blood Stream Infections (CLABSI)
- *Clostridium difficile* Infections (CDI)
- Catheter-associated Urinary Tract Infections (CAUTI)
- Methicillin-resistant *Staphylococcus aureus* (MRSA) Infections
- Surgical Site Infections (SSI)
- Ventilator-associated Pneumonia (VAP)

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

| 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. Improve HAI outbreak detection and investigation | |
| | | | i. Work with partners including CSTE, CDC, state legislatures, and providers across the healthcare continuum to improve outbreak reporting to state health departments | 1.i: April 2010 |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ii. Establish protocols and provide training for health department staff to investigate outbreaks, clusters or unusual cases of HAIs. | 1.ii: April 2010 |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|--------------------------|-------------------------------------|--|---------------------------------|
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <ul style="list-style-type: none"> 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 | 1.iii: July 2010 |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <ul style="list-style-type: none"> 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) | 1.iv: July 2010 |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|----------------------|---------------------|---|---------------------------------|
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>1.i: The UDOH, in conjunction with the HAI Governance Committee, will work with partners (local and national) and providers to improve HAI outbreak reporting to the UDOH. The UDOH currently has a communicable disease reporting system and a secure email system that is used between local and state health departments to report communicable diseases. These systems are planned to be expanded to include Infection Preventionists, and could be expanded to include physicians or the public who wish to report an HAI outbreak.</i></p> <p><i>1.ii: The State HAI Prevention Coordinator, working with members of the Governance Committee and the Bureau of Epidemiology will work to establish protocols and provide training for local health department staff to investigate outbreaks, clusters, or unusual cases of HAIs. The UDOH Bureau of Epidemiology currently has an Outbreak Response Team dedicated to investigating enteric diseases. An HAI Response team can be modeled after the enteric disease team to assure that protocols and training meet the needs of the investigation and the local health department investigating.</i></p> <p><i>1.iii: The UDOH and the HAI Governance Committee will work to establish mechanisms to protect facility/provider/patient identity when investigating incidents and potential outbreaks of HAI where possible to promote reporting of outbreaks or incidents. A State Rule will be considered that requires reporting, as well as offering staff protection for those reporting.</i></p> <p><i>1.iv: The UDOH will improve use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings. The UDOH will work closely with an internal UDOH surveillance group that includes participation from the Bureau of Epidemiology, Patient Safety, and State Licensing agencies.</i></p> | |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|-----------------|-------------------------------------|-------------------------------------|--|---------------------------------|
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues. | 2: October 2011 |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p>2. The UDOH, partnering with the Utah Health Information Network (UHIN) and cHIE (clinical health information exchange,) will work to enhance laboratory capacity. This current relationship will be extended to include new and emerging HAI issues.</p> | |
| Level II | <input type="checkbox"/> | <input type="checkbox"/> | 3. Improve communication of HAI outbreaks and infection control breaches | 3.i: NA |
| | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> i. Develop standard reporting criteria including, number, size and type of HAI outbreak for health departments and CDC 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) | 3.ii: NA |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p>3.i and ii: Due to limited funding provide for HAI activities, the UDOH will not specifically address these items for implementation. The UDOH will work with local and national agencies in regards to creating reporting criteria and establishing mechanisms and/or protocols for exchanging information regarding outbreaks or infection control breaches.</p> | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Identify at least 2 priority prevention targets for surveillance in support of the HHS HAI Action Plan | 4.i: Began January 2008. |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <ul style="list-style-type: none"> i. Central Line-associated Bloodstream Infections (CLABSI) ii. <i>Clostridium difficile</i> Infections (CDI) | 4.ii: January 2010 |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|--------------------------|-------------------------------------|---|--|
| | <input type="checkbox"/> | <input type="checkbox"/> | iii. Catheter-associated Urinary Tract Infections (CAUTI) | 4.iii: January 2014 implement in LTCF. |
| | <input type="checkbox"/> | <input type="checkbox"/> | iv. Methicillin-resistant Staphylococcus aureus (MRSA) Infections | 4.iv: NA |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | v. Surgical Site Infections (SSI) (SCIP) | 4.v: January 2011 |
| | <input type="checkbox"/> | <input type="checkbox"/> | vi. Ventilator-associated Pneumonia (VAP) | 4.vi: NA |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>4.i: Since January 2008, the UDOH has been collecting CLABSI data from acute care facilities with ICUs.</i></p> <p><i>4.ii: Discussions have taken place in a multidisciplinary HAI work group to begin collecting CDI lab module data in 2010.</i></p> <p><i>4.iii: Due to funding limitations received through ARRA funding, the UDOH will not actively pursue this HHS Prevention Target. Discussions held within the multidisciplinary HAI work group have indicated a desire to pursue this HHS Prevention Target at a later date.</i></p> <p><i>4.iv.: Due to funding limitations received through ARRA funding, the UDOH will not actively pursue this HHS Prevention Target. Discussions held within the multidisciplinary HAI work group have indicated a desire to pursue this HHS Prevention Target at a later date.</i></p> <p><i>4.v: Discussions have taken place in a multidisciplinary HAI work group to begin collecting SCIP surveillance data in 2010. This data is currently being collected in Ambulatory Surgical Centers as part of the CMS initiative.</i></p> | |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|--|--|---|---|
| | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 5. Adopt national standards for data and technology to track HAIs (e.g., NHSN). <ul style="list-style-type: none"> i. Develop metrics to measure progress towards national goals (align with targeted state goals). (See Appendix 1). ii. Establish baseline measurements for prevention targets | 5.i: Currently ongoing. 5.ii: Currently ongoing. |
| | | | <i>Other activities or descriptions (not required):</i> 5.i: Since 2007, the multidisciplinary HAI work group has been using local metrics, based on national standards, to measure progress towards state and national goals. 5.ii: Since January 2008, the UDOH has been collecting surveillance data on CLABSI using a UDOH developed web reporting system. 2008 data will be used as a baseline to compare future data to and establish prevention goals. Baseline aggregate healthcare immunization rate and CLA-BSI data is planned to be reported statewide in March 2010. | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 6. Develop state surveillance training competencies <ul style="list-style-type: none"> i. Conduct local training for appropriate use of surveillance systems (e.g., NHSN) including facility and group enrollment, data collection, management, and analysis | 6.: NA |
| | | | <i>Other activities or descriptions (not required):</i> 6.: Due to funding limitations received through ARRA funding, the UDOH will not pursue this item for implementation. | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Develop tailored reports of data analyses for state or region prepared by state personnel | 7.: Currently ongoing. |
| | | | <i>Other activities or descriptions (not required):</i> 7.: Since 2008, the UDOH has established a HAI Analytic Group that is comprised of UDOH members, as well as members | |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|------------------|--|--|---|---------------------------------|
| | | | <p><i>of the multidisciplinary work group. This group has been charged with developing tailored reports for data analysis. With recent funding from the ARRA grant, the UDOH has hired an Information Analyst to help in the analysis and development of these reports. This individual will began working on HAI project in January 2010.</i></p> | |
| Level III | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <p>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</p> <ul style="list-style-type: none"> i. Develop a validation plan ii. Pilot test validation methods in a sample of healthcare facilities iii. Modify validation plan and methods in accordance with findings from pilot project iv. Implement validation plan and methods in all healthcare facilities participating in HAI surveillance v. Analyze and report validation findings vi. Use validation findings to provide operational guidance for healthcare facilities that targets any data shortcomings detected | 8.i – vi: NA |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>8.i-vi: Due to funding limitations received through ARRA funding, the UDOH will not pursue these items for implementation.</i></p> | |
| | | | 9. Develop preparedness plans for improved response to HAI | |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|--------------------------|--------------------------|--|---------------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> 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 | 9.i: NA |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>9.i: Due to funding limitations received through ARRA funding, the UDOH will not pursue these items for implementation.</i></p> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <p>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</p> | 10.: NA |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>10.i: Due to funding limitations received through ARRA funding, the UDOH will not pursue this item for implementation.</i></p> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <p>11. Adopt integration and interoperability standards for HAI information systems and data sources</p> <ul style="list-style-type: none"> 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 ii. Promote definitional alignment and data element standardization needed to link HAI data across the nation. | 11.i-ii: NA |
| | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>11: Due to funding limitations received through ARRA funding, the UDOH will not pursue these item for implementation.</i></p> | |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|---|-------------------------------------|--------------------------|---|---------------------------------|
| | <input type="checkbox"/> | <input 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 i. Report HAI data to the public | 12.i: NA |
| | | | <i>Other activities or descriptions (not required):</i> 12: Due to funding limitations received through ARRA funding, the UDOH will not pursue this item for implementation. | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Make available risk-adjusted HAI data that enables state agencies to make comparisons between hospitals. | 13.: Currently ongoing. |
| | | | <i>Other activities or descriptions (not required):</i> 13: The multidisciplinary HAI work group is currently pursuing this item for implementation. Reports are being developed that enable hospitals to be 'peer-compared' based on number of hospital beds, ICU type, and patient type. | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 14. Enhance surveillance and detection of HAIs in nonhospital settings | 14.: NA |
| | | | <i>Other activities or descriptions (not required):</i> 14: Due to funding limitations received through ARRA funding, the UDOH will not pursue this item for implementation. | |
| Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities. | | | | |

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 cited in the HHS Action Plan for implementation. These guidelines are translated into practice and implemented by multiple groups in hospital settings for the prevention of HAIs. CDC guidelines have also served as the basis the Centers for Medicare and Medicaid Services (CMS) Surgical Care Improvement Project. These evidence-based recommendations have also been incorporated into Joint Commission standards for accreditation of U.S. hospitals and have been endorsed by the National Quality Forum. Please select areas for development or enhancement of state HAI prevention efforts.

Table 3: State planning for HAI prevention activities

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|-------------------------------------|-------------------------------------|--|---|
| Level I | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Implement HICPAC recommendations. <ul style="list-style-type: none"> i. Develop strategies for implementation of HICPAC recommendations for at least 2 prevention targets specified by the state multidisciplinary group. | 1.i: CLABSI ongoing, C.Diff. January 2010, and SCIP/SSI January 2011. |
| | | | <i>Other activities or descriptions (not required):</i> 1.i: The UDOH will enhance current HICPAC recommendations in regards to CLABSI prevention in acute care facilities reporting CLABSI rates to the UDOH. The UDOH, in conjunction with the HAI work group and the HAI Governance Committee, will develop strategies to implement HICPAC recommendations for C. Diff (lab module) and SCIP prevention targets. | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Establish prevention working group under the state HAI advisory council to coordinate state HAI collaboratives <ul style="list-style-type: none"> i. Assemble expertise to consult, advise, and coach inpatient healthcare facilities involved in HAI prevention collaboratives | 2.i: July 2011 |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|---|---|--|--|
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>2.i: A prevention work group will be created, with recommendations from the HAI Governance Committee, to act as an advisory council to coach inpatient healthcare facilities in HAI prevention collaboratives. Inpatient facilities will be expanded beyond acute care facilities to include LTCFs, Ambulatory Surgical Centers, and LTACs.</i></p> | |
| | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <p>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)</p> <ul style="list-style-type: none"> i. Identify staff trained in project coordination, infection control, and collaborative coordination ii. Develop a communication strategy to facilitate peer-to-peer learning and sharing of best practices iii. Establish and adhere to feedback of a clear and standardized outcome data to track progress | <p>3.i-iii: Currently ongoing and September 2010</p> |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|----------------------|---------------------|---|---------------------------------|
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>3: The HAI Governance Committee will establish a HAI Collaborative with at least 10 hospitals.</i></p> <p><i>3.i: The HAI Governance Committee will work together with the HAI work group and the UDOH to identify staff trained in project coordination, infection control, and collaborative coordination.</i></p> <p><i>3.ii: The UDOH and HAI work group has used technological communication strategies and in-person conferences to communicate learning among hospitals.</i></p> <p><i>In 2007, the UDOH and the HAI work group worked together to establish video-teleconferencing trainings to teach best practices for facilities reporting CLDs, CLABSIs, and influenza vaccination rates.</i></p> <p><i>In 2008, members of the HAI work group worked with Utah's major healthcare providers to create a web streamed video to train hospital staff the corrected bundled approach for inserting central lines. This video is currently available at this website: http://uha-utah.org/patientsafety/patientsafety.htm and is available for adult and pediatric care. In addition, Utah's Infection Control Association, Rocky Mountain Infection Control Association, conducts yearly infection control training for new infection preventionists, LTCFs, and an annual conference which attracts infection preventionists regionally. The HAI collaborative will work together to enhance these communication strategies to facilitate further peer-to-peer learning and sharing of best practices.</i></p> <p><i>In 2009, a face-to-face infection control training took place with Utah Ambulatory Surgical Centers to train them on current infection control practices.</i></p> <p><i>3.iii: The HAI Governance Committee, working with the UDOH, will work to establish clear and standardized outcome data to feedback to interested parties to track HAI prevention progress.</i></p> | |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|----------------|----------------------|---------------------|--|---------------------------------|
| | ☒ | ☒ | <p>4. Develop state HAI prevention training competencies</p> <p style="padding-left: 40px;">i. 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> | 4.i: April 2010-December 2010 |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p>4.i: <i>The UDOH and HAI work group has used technological communication strategies and in-person conferences to encourage education and training regarding infection control.</i></p> <p><i>In 2007, the UDOH and the HAI work group worked together to establish video-teleconferencing trainings to teach best practices for facilities reporting CLDs, CLABSIs, and influenza vaccination rates.</i></p> <p><i>In 2008, members of the HAI work group worked with Utah's major healthcare providers to create a web streamed video to train hospital staff the corrected bundled approach for inserting central lines. This video is currently available at this website: http://uha-utah.org/patientsafety/patientsafety.htm and is available for adult and pediatric care. In addition, Utah's Infection Control Association, Rocky Mountain Infection Control Association, conducts yearly infection control training for new infection preventionists, LTCFs, and an annual conference which attracts infection preventionists regionally. The HAI collaborative will work together to enhance these communication strategies to facilitate further peer-to-peer learning and sharing of best practices.</i></p> <p><i>In 2009, a face-to-face infection control training took place with Utah Ambulatory Surgical Centers to train them on current infection control practices.</i></p> | |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|------------------------|---|---|--|---------------------------------|
| | | | <p><i>Funding was requested in the ARRA grant to enable the UDOH, the Utah Hospital and Healthcare Systems Association, and Rocky Mountain Infection Control Association to ensure that new Infection Preventionists are trained and/or certified in infection control. This funding request was not granted. The UDOH and Governance Committee, working with other HAI partners, will work to the best of their abilities to see that these training competencies are met, and that education and training is available to healthcare professionals in HAI prevention.</i></p> | |
| <p>Level II</p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> | <p>5. Implement strategies for compliance to promote adherence to HICPAC recommendations</p> <ul style="list-style-type: none"> 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 ii. Coordinate/liaise with regulation and oversight activities such as inpatient or outpatient facility licensing/accrediting bodies and professional licensing organizations to prevent HAIs iii. Improve regulatory oversight of hospitals, enhancing surveyor training and tools, and adding sources and uses of infection control data 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 | <p>5.i-iv: NA</p> |

| Planning Level | Check Items Underway | Check Items Planned | Items Planned for Implementation (or currently underway) | Target Dates for Implementation |
|---|--------------------------|--------------------------|--|---------------------------------|
| | | | <i>Other activities or descriptions (not required):</i> 5.i-iv: Due to funding limitations received through ARRA funding, the UDOH will not pursue these items for implementation. | |
| | <input type="checkbox"/> | <input 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) | 6.: NA |
| | | | <i>Other activities or descriptions (not required):</i> 6. Due to funding limitations received through ARRA funding, the UDOH will not pursue this item for implementation. | |
| | <input type="checkbox"/> | <input type="checkbox"/> | 7. Establish collaborative to prevent HAIs in nonhospital settings (e.g., long term care, dialysis) | 7.: NA |
| | | | <i>Other activities or descriptions (not required):</i> 7. Due to funding limitations received through ARRA funding, the UDOH will not pursue this item for implementation. | |
| Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities. | | | | |

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. Please select areas for development or enhancement of state HAI prevention efforts.

Table 4: State 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 state HAI program to learn how to increase impact <ul style="list-style-type: none"> i. Establish evaluation activity to measure progress towards targets and ii. Establish systems for refining approaches based on data gathered | 1.i-ii: January 2010 and January 2011. |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| | <i>Other activities or descriptions (not required):</i> <i>1.i-ii: With funds received from the ARRA grant, the UDOH and the Governance Committee will conduct a needs assessment and/or evaluation of the State HAI program to increase impact, measure progress towards targets, and establish systems for refining approaches based on data gathered. A baseline survey was conducted in 2008 to determine the need for refining the statewide healthcare reporting system. Efforts will be made to adapt the current reporting system for more efficient reporting. Changes are currently underway.</i> | | | |
| | | | 2. Develop and implement a communication plan about the state's HAI program and progress to meet public and private stakeholders needs | 2.i: November 2010 |

| | | | | |
|---|--------------------------|-------------------------------------|---|--------|
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | - | |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>2.i: The UDOH, working with the HAI Governance Committee, will create a communication plan to disseminate state priorities for HAI prevention to Utah's healthcare organizations, provider organizations, other governmental agencies, non-profit public health organizations, and the public.</i></p> | |
| Level II | <input type="checkbox"/> | <input type="checkbox"/> | 3. Provide consumers access to useful healthcare quality measures | 3. NA |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>3.: Due to funding limitations received through ARRA funding, the UDOH will not pursue this item for implementation.</i></p> | |
| Level III | <input type="checkbox"/> | <input type="checkbox"/> | 4. Identify priorities and provide input to partners to help guide patient safety initiatives and research aimed at reducing HAIs | 4.: NA |
| | | | <p><i>Other activities or descriptions (not required):</i></p> <p><i>7. Due to funding limitations received through ARRA funding, the UDOH will not pursue this item for implementation.</i></p> | |
| Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities. | | | | |

