



Health Care–Associated Infections: Is There an End in Sight?

FORUM SESSION ANNOUNCEMENT

A DISCUSSION FEATURING:

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Control of Infectious Diseases
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The Joint Commission

WEDNESDAY, APRIL 8, 2009
11:45AM–12:15PM—Lunch
12:15PM–2:00PM—Discussion

LOCATION

Reserve Officers Association
One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor
(Across from the Dirksen
Senate Office Building)

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SESSION

Health care–associated infections (HAIs, also sometimes known as hospital-acquired infections) have emerged as a significant concern in policy as well as clinical circles. An HAI is an infection acquired during treatment for another condition.¹ Some of the HAI-causing bacteria have become drug-resistant; methicillin-resistant *Staphylococcus aureus*, or MRSA, is a familiar example. Responsible, by some estimates, for 100,000 deaths and \$20 billion in health care costs each year, HAIs have given rise to state laws, legislative proposals at the federal level, public-private initiatives, and much work at the hospital system and individual hospital level. A change in Centers for Medicare & Medicaid Services payment policy drew more attention to HAIs by suspending payment for the additional costs associated with treatment of certain “reasonably preventable” infections.

The task of reducing HAIs is not small by any measure. A 2007 survey by the Leapfrog Group (an employer-backed group focused on hospital quality) found that 87 percent of U.S. hospitals have failed to implement recommended guidelines to prevent avoidable infections.² A survey by the Association for Professionals in Infection Control & Epidemiology revealed that more than half of respondents did not think their hospitals were doing as much as they could to prevent the spread of MRSA.³ Infection preventionists report that they have struggled all along to garner sufficient hospital resources and top management attention to support prevention efforts.

The Joint Commission, which accredits hospitals and has the authority to deem that accredited hospitals satisfy Medicare’s Conditions of Participation, has incorporated additional infection control expectations in both its accreditation standards and its 2009 national patient safety goals. Standards relate to surveillance, prevention, control and documentation. The Joint Commission joined with three major infection control associations and the American Hospital Association to issue a “Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals.”⁴

While all parties seem to be in agreement that zero is the infection rate to strive for, there is debate about the best strategies for achieving it. Some steps, such as scrupulous hand-washing, are universally endorsed without being universally carried out in practice. Other initiatives, such as on-admission MRSA screening for all patients, have been adopted in some locations but also have their critics.

This meeting will review the prevalence of HAIs, the strategies for controlling them, and the barriers—technical, practical, and human—

to their elimination. Speakers will address the roles of public- and private-sector entities in monitoring, reporting, and reducing the incidence of infection, and consider further policy development in these areas.

KEY QUESTIONS

- What can hospital systems or individual hospitals do to reduce their infection rates? What guidance and technical assistance are available to them?
- What can a patient do to protect himself or herself from hospital-acquired infection?
- Is voluntary compliance with infection control guidelines sufficient to drive down infection incidence? Is there a role for government mandates?
- How has the Joint Commission changed its requirements to direct more attention to infection control?
- To what extent is further research necessary, versus widespread implementation of what we already know?
- What is the role of reporting and transparency in driving improvement?

SPEAKERS

Denise M. Cardo, MD, director of Division of Healthcare Quality Promotion in the National Center for Preparedness, Detection, and Control of Infectious Diseases in the Centers for Disease Control and Prevention (CDC) will begin with an explanation of the scope of the problem, CDC's role, and research that is under way and/or still needed. **Jonathan B. Perlin, MD, PhD**, president, clinical services and chief medical officer of the Hospital Corporation of America (HCA), will explain his system's infection control initiatives and culture change they incorporate. **Robert A. Wise, MD**, the Joint Commission's vice president of the Division of Standards and Survey Methods, will wrap up with a discussion of how his organization has built infection control into standards and goals, and what needs to be done going forward, including by policymakers.

ENDNOTES

1. For a more detailed introduction of HAIs and the issues involved, see Issue Brief No. 830, available at www.nhpf.org/library/details.cfm/2725.

2. Leapfrog Group, "Eighty-Seven Percent of U.S. Hospitals Do Not Take Recommended Steps To Prevent Avoidable Infections," press release, September 10, 2007; available at www.leapfroggroup.org/media/file/Leapfrog_hospital_acquired_infections_release.pdf.
3. Association for Professionals in Infections Control & Epidemiology (APIC), "MRSA Pace of Progress Report," June 2008; available at www.apic.org/AM/Template.cfm?Section=Search§ion=News_Release&template=/CM/ContentDisplay.cfm&ContentFileID=11280.
4. Deborah S. Yokoe *et al.*, "A Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals," *Infection Control & Hospital Epidemiology*, 29, no. 10, suppl. 1 (October 2008): pp. S12–S21; available at www.journals.uchicago.edu/doi/full/10.1086/591060. The five organizations are The Society for Healthcare Epidemiology of America, the Infectious Diseases Society of America, the American Hospital Association, the Association for Professionals in Infection Control and Epidemiology, Inc., and the Joint Commission.