CMS and Joint Commission

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Disclaimer

The views and opinions expressed in this lecture are those of this speaker and do not reflect the official policy or position of any agency of the U.S. government.
Objectives

1. Discuss the CMS Hospital Conditions of Participation (CoPs)
2. Discuss the CMS revised infection control worksheet and survey process
3. CMS TJC Crosswalk
4. Other initiatives related to HAI reduction
Organization of SCG

Division of Acute Care Services (DACS)
- Acute Care Hospitals, LTACs, CAHs, ASCs, Rehab, Psychiatric

Division of Nursing Homes (DNH)
- Nursing Homes

Division of Continuing Care Providers (DCCP)
- Home Health and Hospice, ESRD, Psychiatric Residential Treatment Facilities

Clinical Laboratory Improvement Amendments (CLIA)
CMS Survey and Certification Group (SCG) Structure

Federal
CMS Headquarters ------- AOs

10 Regional Offices

State Agencies

https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/RegionalMap.html
Where to Submit a Question or Inquiry?

Division of Acute Care Services (DACS)
PFP.SCG@cms.hhs.gov

Division of Nursing Homes (DNHs)
DNH_TriageTeam@cms.hhs.gov

ESRD Survey & Certification Group
ESRDSurvey@cms.hhs.gov

Find resources for compliance with the ESRD Conditions for Coverage here:
www.cms.gov/GuidanceforLawsAndRegulations/05_Dialysis.asp

SCG General Information
http://www.cms.gov/SurveyCertificationGenInfo/
CMS Conditions of Participation (CoPs) & Conditions for Coverage (CfCs)

CMS develops CoPs - (hospitals, CAHs, ASCs)

CfCs - (ESRD, LTC/NH, ASCs)

Minimum health and safety standards that providers and suppliers must meet in order to be Medicare and Medicaid certified and receive reimbursement.

The Interpretive Guidelines (IGs) provide instructions to the surveyors on how to survey the CoP. Note: key are “should” versus “must” statements

cms.gov
CMS Hospital Infection Control Conditions of Participation (CoPs)

- Provide a sanitary environment and have an active program for prevention, control, investigation of infections/communicable diseases (A-0747)

- Have a designated person(s) as infection control officer(s) to develop and implement policies (A-0748)

- Infection control officer(s) must develop a system for identifying, reporting, investigating and controlling infections/communicable disease of patients/personnel (A-0749)

- CEO, medical staff, and Director of Nursing must (A-0756)
  - Ensure hospital-wide QAPI and training programs address problems identified by IPs
  - Be responsible for implementation of successful corrective action plans
CMS Hospital Interpretive Guidance

Program must:

- Be incorporated into hospital-wide QAPI program
- Include nationally recognized practices, guidelines, and regulations
- Conduct surveillance facility-wide (all locations, departments, services, campuses), follow NHSN
CMS Hospital Interpretive Guidance

Program must:

• Appropriately monitor housekeeping, maintenance, and other activities to ensure sanitary environment

• Have active surveillance component covering patients and personnel

• Develop and implement IC interventions to address issues identified through detection, and monitor effectiveness of interventions
CMS Hospital Interpretive Guidance – Organizational Policies

• Designate in writing infection control officer(s)
  ➢ Must be qualified
  ➢ No specification on number of IPs or hours

• Develop and implement policies governing control of infections/communicable disease
CMS Hospital Interpretive Guidance

IP(s) must

- Develop and implement infection control measures for HCPs
- Mitigate risk (POA and HAI)
- Active surveillance
- Monitor compliance with policy and procedures
- Program evaluation and revision
- Report communicable diseases
- Maintain sanitary physical environment
Notice of Proposed Rule Making (NPRM) Hospital and CAH Changes to Promote Innovation, Flexibility, and Improvement in Patient Care, 2016

Hospital-wide IPC and antibiotic stewardship programs (ASP);

Designate leaders of the IPCP and the ASP respectively, who are qualified through education, training, experience, or certification.

Quality Assessment and Performance Improvement (QAPI) program incorporate quality indicator data related to hospital readmissions and hospital-acquired conditions;

Competencies documented for IPC training

Assess for IPC during Transitions of Care
NC Rules for Licensing Hospitals – Section .5100 – Infection Control

Infection Control Committee required to meet at least quarterly

All policies and procedures must be reviewed at least every three years

Except Exposure Control Plan and Infection Control Plan (Annual)
Infection Control Worksheet
CMS ICW Structure

Module 1 – Infection Control/Prevention Program
Module 2 – General Infection Control Elements
Module 3 – Equipment Reprocessing
Module 4 – Patient Tracers
Module 5 – Special Care Environments
Module 1 Elements

Section 1.A. – Infection control/prevention program and resources

Section 1.B. – Hospital QAPI systems re: Infection Prevention and Control

Section 1.C. – Systems to prevent transmission of MDROs and promote antibiotic stewardship, surveillance

Section 1.D. – Personnel education system/IC training
Module 2 Elements

Section 2.A. – Hand Hygiene

Section 2.B. – Injection Practices and Sharps Safety (Medications, Saline, Other Infusates)

Section 2.C. – Personal Protective Equipment/Standard Precautions

Section 2.D. – Environmental Services
Module 3 Elements

Section 3.A. – Reprocessing of Semi-Critical Equipment
Section 3.B. – Reprocessing of Critical Equipment, Sterilization of Reusable Instruments and Devices
Section 3.C – Single-Use Devices (SUDs)
Module 4 Elements

Section 4.A. – Urinary Catheter Tracer
Section 4.B. – Central Venous Catheter Tracer
Section 4.C. – Ventilator/Respiratory Therapy Tracer
Section 4.D. – Spinal Injection Procedures
Section 4.E. – Point of Care Devices
Section 4.F. – Isolation: Contact Precautions
Section 4.G. – Isolation: Droplet Precautions
Section 4.H. – Isolation: Airborne Precautions
Section 4.I. – Surgical Procedure Tracer
Using Worksheet for Self-Assessment

CoPs set minimum standard
Worksheet also includes best practice
Recommendations that are not scored

This version of worksheet is “ideal” self assessment tool

Final version will change to accommodate surveyor needs
TJC Scoring

Elements of Performance (EPs) are scored on a 3-point scale:
0 = insufficient compliance
1 = partial compliance
2 = satisfactory compliance

EPs are divided into two scoring categories
A – Structural, NPSGs, CoPs (scored as 0 or 2)
C – Scored based on number of found deficiencies
2 = one or no occurrences of noncompliance
1 = two occurrences
0 = ≥ three occurrences

All 0s and 1s have to be addressed by Evidence of Standards Compliance (ESC) submissions
Chapter Outline

PLANNING (IC.01)
- Responsibility (IC.01.01.01)
- Resources (IC.01.02.01)
- Risk (IC.01.03.01)
- Goals (IC.01.04.01)
- Activities (IC.01.05.01)
- Influx (IC.01.06.01)

IMPLEMENTATION (IC.02)
- Plan Implementation (IC.02.01.01)
- Medical Equipment, Devices, Supplies (IC.02.02.01)
- Transmission of Infections (IC.02.03.01)
- Influenza Vaccinations (IC.02.04.01)

Evaluation and Improvement (IC.03.01.01)
Crosswalk for Tag A-0747

CMS

A-0747
Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

EC.02.05.01 – Hospital manages risk associated with its utility systems.

  EP 1 – Designs and installs utility systems that meet patient care and operational needs.
  EP 5 – Minimizes pathogenic biological agents in cooling towers, domestic water systems, and other aerosolizing water systems
  EP 6 – In areas designed to control airborne contaminants, the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration
Crosswalk for Tag A-0747

CMS

A-0747

Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

EC.02.05.05 –

Hospital inspects test, and maintains utility systems

EP 4 – Hospital inspects, test and maintains the following: infection control utility system components on the inventory. Activities are documented
Crosswalk for Tag A-0747

CMS

A-0747

Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

EC.02.06.01 – Hospital establishes and maintains a safe, functional environment

   EP 13 – Hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment and services provided

   EP 20 – Areas used by patients are clean and free of offensive odors
Crosswalk for Tag A-0747

CMS

A-0747
Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

EC.02.06.05 – Hospital manages its environment during demolition, renovation, and new construction to reduce the risk to those in the organization

EP 2 – When planning for demolition, construction, or renovation, the hospital conducts a preconstruction risk assessment for air quality, infection control, utility systems, noise, vibration, and other hazards that affect care

EP 3 – The hospital takes actions based on its assessment to minimize risk during demolition, construction and renovation
CMS

A-0747

Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.01.02.01 – Hospital leaders allocate needed resources for IC program

   EP 1 – Provides access to information
   EP 2 – Provides laboratory resources
   EP 3 – Provides equipment and supplies
Crosswalk for Tag A-0747

**CMS**

**A-0747**

Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

**TJC STANDARDS**

**IC.01.03.01 – Hospital identifies risk for acquiring and transmitting infections**

- **EP 1** – identifies risk for acquiring and transmitting infections based on: its geographic location, community, and population served
- **EP 2** – IDs risk based on: The care treatment and services it provides
- **EP 3** – IDs risk based on: analysis of surveillance activities and other IC activities
- **EP 4** – Reviews and identifies its risk at least annually and whenever significant changes occur with input from IPs, medical staff, nursing, leadership
CMS

A-0747
Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.01.05.01 – Hospital has an infection control plan (ICP)
   EP 1 – When developing plan, hospital uses evidence-based national guidelines, or expert consensus
   EP 2 – ICP includes written description of the activities, including surveillance, to minimize, reduce, or eliminate risk of infection
   EP 3 – ICP includes description of the process to evaluate ICP
CMS

A-0747
Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.01.05.01 – Hospital has an infection control plan (ICP)
  EP 5 – describes the process for investigating outbreaks
  EP 6 – All hospital components and functions are integrated into IC activities
  EP 7 – Hospital has method for communicating responsibilities about preventing and controlling infections to LIPs, staff, visitors, patients, and families.
CMS

A-0747
Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.01.06.01 – Hospital prepares to respond to influx of potentially infectious patients

   EP 4 – Hospital describes in writing how it will respond to influx of potentially infectious patients

   EP 6 – When necessary, hospital activates its response to influx of potentially infectious patients
Crosswalk for Tag A-0747

**CMS**

A-0747

Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

**TJC STANDARDS**

IC.02.01.01 – Hospital implements its ICP

- EP 1 – Hospital implements its IC activities, including surveillance, to reduce risk of infection
- EP 2 – Hospital uses Standard Precautions to reduce the risk of infection
- EP 3 – Hospital implements Transmission-based Precautions
Crosswalk for Tag A-0747

**CMS**

A-0747

Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

**TJC STANDARDS**

IC.02.01.01 – Hospital implements its ICP

EP 5 – Investigates outbreaks
EP 6 – Minimizes risk of infection with storing and disposing of infectious waste
EP 7 – Implements methods to communicate responsibilities for IC to LIPs, staff, visitors, patients, and families
EP 8 – Reports infection surveillance, prevention, and control information to the appropriate staff within hospital
Crosswalk for Tag A-0747

CMS

A-0747
Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.02.02.01 – Hospital reduces the risk of infection associated with medical equipment, devices and supplies

EP 1 – Implements IC activities during: Cleaning and low-level disinfection

EP 2 - Implements IC activities during: intermediate and high-level disinfection and sterilization

EP 3 – Disposing of medical equipment, devices, supplies

EP 4 – Storing medical equipment devices and supplies
Crosswalk for Tag A-0747

CMS

A-0747

Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.02.03.01 – Hospital works to prevent transmission of infectious disease among patients, LIPs, and staff

EP 1 – Makes screening for exposure/immunity to infectious diseases available to LIPs and staff

EP 2 – Refers/provides LIPs and staff with an infectious disease for assessment, testing, prophylaxis/treatment, and counseling

EP 3 – Refers/ provides occupationally exposed LIPs and staff for assessment, testing...

EP 4 – Patients exposed to infectious diseases, hospital provides/refers for assessment, testing...
CMS
A-0747

Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.03.01.01 – Hospital evaluates the effectiveness of the IC plan
  EP 1 – Hospital evaluates IC Plan annually and whenever risk change
  EP 4 – Evaluation includes: implementation of IC plan activities
  EP 6 – Findings from evaluation communicated annually to individuals/group that manages patient safety program
  EP 7 – Uses findings from evaluation if IC plan when revising IC plan
Hospital must provide a sanitary environment to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

NPSG.07.01.01 – Comply with CDC or WHO hand hygiene guidelines

EP 1 – Implement program that follows categories 1A, 1B and 1C recommendations
Organization and Policies: A person(s) must be designated as infection control officer(s) to develop and implement policies governing control of infections/CD. The infection control officer(s) must develop a system for identifying, reporting, investigating, and controlling infections/CD of patients and personnel.

IC.01.01.01 – Hospital identifies individual(s) responsible for the IC program
  EP 1 – Identifies individual(s) with clinical authority over the IC program
  EP 2 – When individual with authority over IC program does not have expertise in IC, he or she consults with someone who has such expertise to make decisions
Organization and Policies: A person(s) must be designated as infection control officer(s) to develop and implement policies governing control of infections/CD. The infection control officer(s) must develop a system for identifying, reporting, investigating, and controlling infections/CD of patients and personnel.

TJC STANDARDS
IC.01.01.01 – Hospital identifies individual(s) responsible for the IC program.

EP 3 – Hospital assigns responsibility for daily management of IC activities

EP 4 – Deemed status purposes: Individual with clinical authority is responsible for:

- Developing polices
- Implementing policies
- Developing system for identifying reporting, investigating and control infections/CD
Infection control officer(s) must develop as system for identifying, reporting, investigating, and controlling infections/CD of patients and personnel.

**CMS**

A-0749

**TJC STANDARDS**

HR.01.04.01 – Hospital provides orientation to staff

EP 4 – The hospital orients staff on the following:

Specific job duties, including those related to infection control and assessing and managing pain

Orientation completion is documented
Crosswalk for Tag A-0749

CMS

A-0749

Infection control officer(s) must develop as system for identifying, reporting, investigating, and controlling infections/CD of patients and personnel

TJC STANDARDS

IC.01.01.01 – Hospital identifies individual(s) responsible for the IC program

EP 4 – Deemed status purposes: Individual with clinical authority is responsible for:

- Developing polices
- Implementing policies
- Developing system for identifying, reporting, investigating and control infections/CD
Crosswalk for Tag A-0749

CMS

A-0749
Infection control officer(s) must develop as system for identifying, reporting, investigating, and controlling infections/CD of patients and personnel

TJC STANDARDS

IC.01.05.01 – The Hospital has an IC Plan
   EP 8 – Hospital identifies method for reporting infection surveillance and control information to external organizations
Infection control officer(s) must develop as system for identifying, reporting, investigating, and controlling infections/CD of patients and personnel.

**TJC STANDARDS**
IC.02.01.01 – Hospital implements IC plan

EP 9 – Hospital reports infection surveillance, prevention, and control information to local, state, and federal public health authorities.
Responsibilities of CEO, Medical Staff and Director of Nursing must:

1) Ensure that the hospital-wide QAPI program and training programs address problems identified by the infection control officer(s)

2) Be responsible for implementation and corrective actions

TJC STANDARDS
HR.01.05.03 – Staff participate in ongoing education and training

EP 1 – Staff participate in ongoing education and training to maintain/increase competency. Staff participation is documented
Crosswalk for Tag A-0756

CMS

A-0756
Responsibilities of CEO, Medical Staff and Director of Nursing must:

1) Ensure that the hospital-wide QAPI program and training programs address problems identified by the infection control officer(s)

2) Be responsible for implementation and corrective actions

TJC STANDARDS

IC.01.01.01 – Hospital identifies individual(s) responsible for the IC program

   EP 3 – The hospital assigns responsibility for the daily management of infection prevention and control activities
Responsibilities of CEO, Medical Staff and Director of Nursing must:

1) Ensure that the hospital-wide QAPI program and training programs address problems identified by the infection control officer(s)

2) Be responsible for implementation and corrective actions

IC.01.05.01 – The hospital has an infection prevention and control plan

EP 6 – All hospital components and functions are integrated into the infection prevention and control activities
Responsibilities of CEO, Medical Staff and Director of Nursing must:

1) Ensure that the hospital-wide QAPI program and training programs address problems identified by the infection control officer(s)

2) Be responsible for implementation and corrective actions

TJC STANDARDS

LD.01.02.01 – The hospital identifies the responsibilities of its leaders

   EP 4 – Deem purposes: CEO, Medical Staff, and nurse executive make certain that the hospital-wide QAPI and training programs address problems identified by the individual(s) responsible for infection prevention and control and that corrective action plans are successfully implemented
IC.02.04.01 – Hospital offers vaccination against influenza to LIPs and Staff (9 EPs)

1. Establish a program
2. Provide education
3. Make vaccination convenient
4. Goal for improving vaccination rates
5. Sets incremental vaccination goals (achieve 90% by 2020)
6. Written description of determining vaccination rates (NQF/NHSN def’n)
7. Evaluates reasons given for declination
8. Improves its vaccination rates
9. Provides vaccination rates to key stakeholders annually
Other Important TJC Standards

NPSG.07.03.01 – Implement evidence based practices to prevent HAIs due to MDROs (9 EPs)

1. Periodic risk assessment for MDRO acquisition and transmission
2. Education LIPs/Staff about HAIs, MDROs, and prevention strategies annually
3. Educate patients and families about MDROs
4. Surveillance for MDROs based on risk assessment
5. Measure and monitor MDRO prevention processes and outcomes
6. Proved MDRO outcomes and process data to key stakeholders (LIPs, leadership, staff)
7. Implement polices and procedures based evidence-based MDRO guidelines
8. Implement laboratory alert system that identifies new pts. with MDROs
9. Implement alert system that identifies readmitted or transferred patients positive for MDROs
Other Important TJC Standards

NPSG.07.04.01 – Implement evidence-based practices to prevent CLABSI (13 EPs)

1. Educate staff and LIPs involved in central lines annually (include involvement into job descriptions)
2. Education patients/families about CLABSI
3. Implement polices and procedures based on evidence-based guidelines
4. Periodic risk assessments for CLABSI, compliance with practices, and evaluate prevention efforts
5. Provide data (rates and outcome measures) to stakeholders
6. Use standardized insertion checklist
7. Perform hand hygiene
8. Do not use femoral vein (adults only), unless other sites unavailable
9. Use standardized supply cart/kit
10. Use standardized protocol for sterile barrier precautions
11. Use aseptic skin preparation
12. Use standardized protocol to disinfect catheter hubs/ports before accessing
13. Evaluate all CVCs routinely and remove non-essential catheters
Other Important TJC Standards

NPSG.07.05.01 – Implement evidence-based practices to prevent SSIs (8 EPs)

1. Educate all LIPs/Staff involved in surgical procedures
2. Educate patients and families about SSI prevention
3. Implement polices and procedures based on evidence-based guidelines
4. Conduct periodic risk assessments, select SSI measures based on evidence-based guidelines, monitor compliance with best practices, and evaluate effectiveness of prevention efforts
5. Measure SSI rates for first 30 days following procedure (1 year for implantables)
6. Provide process and outcome measure results to stakeholders
7. Administer antimicrobial prophylaxis according to method cited in scientific literature or endorsed by professional organizations.
8. When hair removal necessary, use method cited in scientific literature or endorsed by professional organizations.
NPSG.07.06.01 – Implement evidence-based practices to prevent CAUTI (3 EPs)

1. Insert indwelling urinary catheters according to established evidence-based guidelines
   
   *Limit use and duration to situations necessary for care*
   
   *Using aseptic techniques*

2. Manage indwelling urinary catheters according to evidence-based guidelines
   
   *Securing catheters*
   
   *Maintaining sterility of collection system*
   
   *Replacing collection system when required*
   
   *Collecting urine samples*

3. Measure and monitor CAUTI prevention processes and outcomes
Federal Initiatives to reduce HAIs
Federal Initiatives to Reduce HAIs

HHS HAI Action Plan
Partnership for Patients (PfP)
NHSN
QIOs
HENs
CMS required reporting, VBP
<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Baseline Years</th>
<th>Baseline Data</th>
<th>2013 Target</th>
<th>Progress</th>
<th>Proposed Target for 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce <em>central-line associated bloodstream infections</em> (CLABSI) in ICU and ward-located patients</td>
<td>CDC/ NHSN</td>
<td>2006-2008</td>
<td>1.0 SIR</td>
<td>50% reduction or .50 SIR</td>
<td>46% reduction or .54 SIR (2014)</td>
<td>50% reduction from 2015 baseline¹</td>
</tr>
<tr>
<td>Reduce <em>catheter-associated urinary tract infections</em> (CAUTI) in ICU and ward-located patients</td>
<td>CDC/ NHSN</td>
<td>2009</td>
<td>1.0 SIR</td>
<td>25% reduction or .75 SIR</td>
<td>6% increase or 1.06 SIR (2014)</td>
<td>25% reduction from 2015 baseline²</td>
</tr>
<tr>
<td>Reduce the incidence of <em>invasive healthcare-associated methicillin-resistant</em> Staphylococcus aureus (MRSA) infections</td>
<td>CDC/EIP/ ABC</td>
<td>2007-2008</td>
<td>27.08 infections per 100,000 persons</td>
<td>50% reduction or 13.5 infections per 100,000 persons</td>
<td>31% overall reduction or 18.6 infections per 100,000 persons (2012)</td>
<td>75% reduction from 2007-2008 baseline³</td>
</tr>
<tr>
<td>Reduce <em>facility-onset methicillin-resistant</em> Staphylococcus aureus (MRSA) in facility-wide healthcare</td>
<td>CDC/ NHSN</td>
<td>2010-2011</td>
<td>1.0 SIR</td>
<td>25% reduction or .75 SIR</td>
<td>8% reduction or .92 SIR (2013)</td>
<td>50% reduction from 2015 baseline</td>
</tr>
<tr>
<td>Reduce <em>facility-onset</em> Clostridium difficile infections in facility-wide healthcare</td>
<td>CDC/ NHSN</td>
<td>2010-2011</td>
<td>1.0 SIR</td>
<td>30% reduction or .70 SIR</td>
<td>10% reduction or .90 SIR (2012)</td>
<td>30% reduction from 2015 baseline</td>
</tr>
<tr>
<td>Reduce the rate of <em>Clostridium difficile</em> hospitalizations</td>
<td>AHRQ/ HCUP</td>
<td>2008</td>
<td>11.6 hospitalizations with C. difficile per 1,000 discharges</td>
<td>30% reduction</td>
<td>13.6 hospitalizations per 1,000 discharges (2012 Projected)</td>
<td>30% reduction from 2015 baseline</td>
</tr>
<tr>
<td>Reduce <em>Surgical Site Infection</em> (SSI) admission and readmission</td>
<td>CDC/ NHSN</td>
<td>2006-2008</td>
<td>1.0 SIR</td>
<td>25% reduction or .75 SIR</td>
<td>19% reduction or .81 SIR (2012)</td>
<td>30% reduction from 2015 baseline</td>
</tr>
</tbody>
</table>
Partnerships for Patients

Hospital Engagement Networks
26 National, Regional, State and Hospital System level HENs
  CAUTI
  CLABSI
  SSI
  VAP/VAE

Hospital Improvement and Innovation Networks (HIINs)
The period of performance for the HIINs begins in September 2016 through 2019 and consists of one 24-month base period and one 12-month option year, to implement and spread well-tested, evidence-based best practices.

-12% reduction in 30 day readmission

-20% decrease in overall harm
QIO Activity in 11\textsuperscript{th} SOW: HAIs

QIOs will work to reduce the following HAIs in hospitals (ICU and non-ICU wards) the 11\textsuperscript{th} SOW:

- Central line bloodstream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)
- Clostridium difficile infections (CDI)
- Surgical site infections (SSI)
Thank You!