

Slide 1



Slide 2



As the APIC Chapter Legislative Representative, I will be updating you on the work of the APIC Public Policy Committee and on federal initiatives that impact infection preventionists and our work.

The March 2015 NHSN e-Newsletter included information on:

- CDC's Targeted Assessment for Prevention (TAP) reports (page 1);
- Clarifications and modifications to updated NHSN protocols (page 2);
- Revisions to 2015 changes in Inpatient and Outpatient operating room procedure definitions (page 2);
- Information on a new tool to determine secondary bloodstream infection (page 3);
- Upcoming reporting deadlines (page 4);
- Availability of NHSN training resources (page 6);
- CMS Quality Reporting Program Resources (page 11).

The screenshot shows the APIC logo at the top left, the title "March 2015 NHSN e-Newsletter released", and a table of contents for the newsletter. The table of contents includes sections like "TAP Reports Now Available", "NHSN e-News", and "NHSN Training".

The Centers for Disease Control and Prevention (CDC) released the March 2015 NHSN e-Newsletter. I highly recommend that everyone read through the newsletter very carefully as it contains important information about recent additions, updates and revisions to National Healthcare Safety Network reporting requirements and protocols. Some highlights of the Newsletter content are shown on the slide along with the corresponding page number.

There is one correction to the availability of NHSN training resources. CDC incorrectly stated that APIC live training will take place in April. However, live training will actually take place during APIC's 2015 Annual Conference in Nashville during June 27-29. An APIC webinar with NHSN subject matter experts on NHSN frequently asked questions will be held on April 27. Registration information for the webinar can be found under the webinars section of the APIC website. The March 2015 NHSN e-Newsletter can be found on the NHSN section of the CDC website.



Recent Public Policy Committee activities

- **Federal Health IT Strategic Plan 2015-2020**
 - Plan to expand widespread adoption of health IT and increase interoperability among users to improve healthcare.
 - **Status:** Submitted comments to HHS
- **Ethical considerations of Ebola Emergency Response**
 - Request for comments on the ethical considerations and implications of public health emergency response with a focus on the Ebola epidemic.
 - **Status:** Submitted comments to Presidential Commission for the Study of Bioethical Issues
- **Possible revisions to the Medicare Conditions for Coverage for ESRD facilities**
 - CMS has signaled their intention to revise the CfCs for ESRD facilities.
 - **Status:** Provided suggestions to CMS
- **Electronic Health Records (EHR) Incentive Program (Meaningful Use) Stage 3**
And
- **2015 Health Information Technology (HIT) Certification Criteria**
 - Final stage of voluntary incentive program
 - Includes the option for hospitals to qualify for EHR incentive payments by electronically reporting antimicrobial use and resistance data to NHSN.
 - **Status:** Public Policy Committee is currently drafting comments

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APIC Government Affairs staff reviews and monitors federal regulations for infection prevention implications. When appropriate, the Public Policy Committee will provide clinical expertise to offer input to federal agencies on proposed regulations.

APIC submitted comments to the Office of the National Coordinator for Health Information Technology within Department of Health and Human Services (HHS) on the Federal Health IT Strategic Plan 2015-2020. APIC comments included recommendations that infection preventionists be involved in the clinical development and design of robust HIT systems in order to ensure interoperability across the continuum of care and facilitate informed decision making.

APIC also submitted comments on the need for rapid dissemination of reliable information to healthcare providers and the public to the Presidential Commission for the Study of Bioethical Issues.

The Centers for Medicare and Medicaid Services (CMS) has indicated that it is considering possible revisions to Conditions for Coverage (CfCs) for ESRD facilities. APIC offered suggested language that would strengthen infection prevention and control requirements and staffing in ESRD facilities.

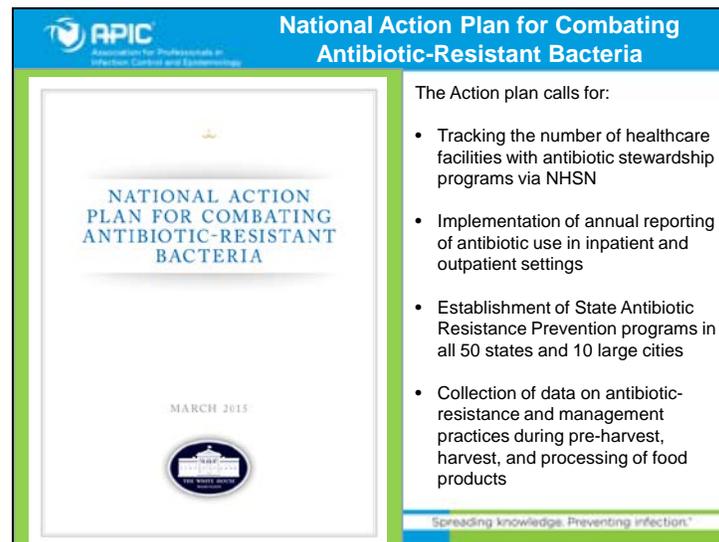
Currently under review by the Public Policy Committee are the Electronic Health Records Incentive Program (Meaningful Use) Stage 3 proposed rule and the 2015 Health Information Technology Certification Criteria.

The proposed rules and APIC's comments can be found on the Regulations page of the APIC website.

The screenshot shows the APIC website page titled "Endoscope Challenges and Transmissible Pathogens". On the left, a sidebar lists resources for clinicians, including CDC interim guidance, FDA safety communications, key talking points for Infection Preventionists, and a multisociety guideline on reprocessing flexible gastrointestinal endoscopes. The main content area features a "Resources" section with a "CRE" article. The article title is "Healthcare-associated CRE linked to contaminated endoscopes have been reported in U.S. healthcare facilities, the following resources may assist healthcare facilities in preventing infections associated with endoscopy". Below the title, there are sections for "For healthcare professionals" and "For consumers". The URL <http://www.apic.org/Resources/Topic-specific-infection-prevention/cre> is displayed at the bottom of the screenshot. The APIC logo and tagline "Spreading knowledge. Preventing infection." are visible at the top and bottom of the page respectively.

An outbreak of CRE, linked to contaminated endoscopes, has been reported at UCLA's Ronald Reagan Medical Center and other healthcare facilities.

APIC has compiled resources from government agencies and professional organizations, including guidelines and education, for both healthcare professionals and consumers in one webpage. This page can be found under the Resources tab of the APIC website, and includes the resources listed on the slide plus many more.



The White House released the National Action Plan for Combating Antibiotic-Resistant Bacteria, a comprehensive plan that identifies critical actions to be taken by key Federal departments and agencies to address antibiotic resistance.

The goals of the National Action Plan include:

1. Slow the emergence of resistant bacteria and prevent the spread of resistant infections
2. Strengthen national “one-health” surveillance efforts to combat resistance
3. Advance development and use of rapid and innovative diagnostic tests for identification and characterization of resistant bacteria
4. Accelerate basic and applied research and development for new antibiotic and other therapeutics, and vaccines
5. Improve international collaboration and capacities for antibiotic-resistance prevention, surveillance, control, and antibiotic research and development

Many of the initiatives of the National Action Plan, such as the establishment of state prevention programs and an antibiotic resistant isolate bank, require funding from Congress. APIC is supporting many of these incentives in our Congressional appropriations testimony, and our help will be needed to our educate Members of Congress on the importance of slowing antibiotic resistance.

National Progress on HAIs

CLABSI 6% decrease
 CLABSI rates decreased 6% between 2008 and 2013. This is a significant improvement over the 2009-2010 period when rates increased 10%.
 Among the 50 states and DC, 26 states performed better than the national SIR on at least two infection types.

CAUTIs 6% increase
 CAUTI rates increased 6% between 2009 and 2013. This is a significant increase over the 2009-2010 period when rates decreased 10%.
 Among the 50 states and DC, 26 states performed better than the national SIR on at least two infection types.

MRSA Bacteremia 8% decrease
 MRSA bacteremia rates decreased 8% between 2011 and 2013. This is a significant improvement over the 2011-2012 period when rates increased 10%.
 Among the 50 states and DC, 26 states performed better than the national SIR on at least two infection types.

SSI 19% decrease
 SSI rates decreased 19% between 2011 and 2013. This is a significant improvement over the 2011-2012 period when rates increased 10%.
 Among the 50 states and DC, 26 states performed better than the national SIR on at least two infection types.

C. difficile Infections 10% decrease
 C. difficile infection rates decreased 10% between 2011 and 2013. This is a significant improvement over the 2011-2012 period when rates increased 10%.
 Among the 50 states and DC, 26 states performed better than the national SIR on at least two infection types.

<http://www.cdc.gov/media/pdf/releases/2015/p0114-mrsa-hospitals-report.html.pdf>
<http://www.cdc.gov/HAI/progress-report/index.html>

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The HAI Progress Report was released using 2013 NHSN data. The report provides a first snapshot of state efforts to prevent MRSA and *C. difficile*. Key findings include:

- A 46% decrease in CLABSI between 2008 and 2013
- An 8% decrease in hospital-onset MRSA bacteremia between 2011 and 2013
- A 6% increase in CAUTI between 2009 and 2013.

Earlier this year, CDC released updated data on the national and state progress towards eliminating HAIs. In the report, among 50 states, Washington, D.C., and Puerto Rico, 26 states performed better than the national SIR on at least two infection types.

In addition to the findings on the slide, the report also found a 19 percent decrease in surgical site infections (SSI) related to 10 select procedures, and a 10 percent decrease in *C. difficile* infections between 2011 and 2013.

The report contained the first snapshot of state efforts to prevent MRSA and *C. difficile*. A study released by CDC in February found that *C. difficile* caused almost half a million infections in the United States in a single year with an estimated 15,000 deaths directly attributable to *C. difficile* infections.

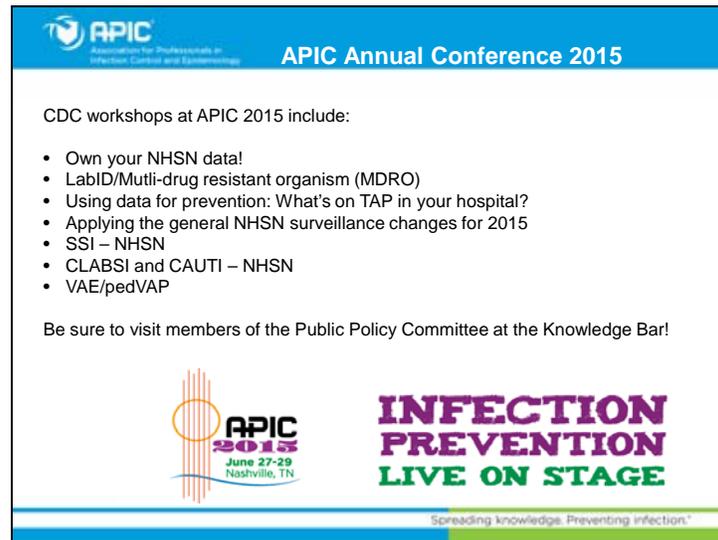
CDC anticipates that healthcare-associated *C. difficile* infections will drop 60 percent within 5 years through improved antibiotic prescribing and stewardship, outbreak surveillance, targeted prevention, and coordinated response during care transitions. Congressional funding will provide the resources for facilities to implement these actions and are just another reason we should voice our support for federal infection prevention programs.



APIC partners with other organizations and agencies in order to advance our mission and strategic goals. Sometimes these partnerships are in the form of a coalition. Coalitions serve to amplify the influence of several organizations around a common interest. Whether the issue may affect a broad group of stakeholders, such as antibiotic resistance, or a few, such as vaccine access, strategic coalition memberships can expand APIC's reach and impact.

So far this year APIC has participated in coalitions with organization listed on the slide on issues such as ending mandatory federal budget cuts, supporting federal legislation that would create new antibiotic approval pathways, urging Congress to fund infection prevention and antibiotic resistance programs, requesting consumer and public health representation on antibiotic resistance advisory panels, and supporting a Congressional resolution recognizing the importance of vaccines and immunizations.

The partnerships are approved by the APIC Public Policy Committee and, when appropriate, the Board of Directors. The Committee carefully considers if subject matter affects infection prevention, is within APIC's scope, and advances our mission and strategic goals. If a coalition does not meet those elements, APIC does not join. It is important that APIC's credibility as the experts in infection prevention is upheld.



The slide features a blue header with the APIC logo and the text 'APIC Annual Conference 2015'. Below the header, the text 'CDC workshops at APIC 2015 include:' is followed by a bulleted list of topics. At the bottom, there are two logos: one for 'APIC 2015 June 27-29 Nashville, TN' and another for 'INFECTION PREVENTION LIVE ON STAGE'. A tagline 'Spreading knowledge. Preventing infection.' is located at the very bottom of the slide.

APIC
Association for Professionals in
Infection Control and Epidemiology

APIC Annual Conference 2015

CDC workshops at APIC 2015 include:

- Own your NHSN data!
- LabID/Multi-drug resistant organism (MDRO)
- Using data for prevention: What's on TAP in your hospital?
- Applying the general NHSN surveillance changes for 2015
- SSI – NHSN
- CLABSI and CAUTI – NHSN
- VAE/pedVAP

Be sure to visit members of the Public Policy Committee at the Knowledge Bar!

APIC
2015
June 27-29
Nashville, TN

**INFECTION
PREVENTION
LIVE ON STAGE**

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APIC's 42nd Annual Conference will be held in Nashville, TN, June 27-29. As referenced in the March 2015 NHSN e-Newsletter, CDC will have several live trainings and workshops available for attendees. Additionally, some members of the APIC Public Policy Committee have been invited to participate in the Knowledge Bar at conference, so feel free to stop by during their allocated time slot with any of your legislative/regulatory questions. Of course, as your CLR, you can also pass along any questions to me and I will forward it to APIC National.



Additional Resources

March 2015 NHSN e-Newsletter

http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN-NL-March_2015.pdf

APIC Regulations Page

<http://www.apic.org/Advocacy/Regulations>

National Action Plan for Combating Antibiotic-Resistant Bacteria

https://www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibiotic-resistant_bacteria.pdf

APIC and SHEA joint appropriations testimony to the U.S. Senate

http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/APIC_SHEA_FY16_Joint_Testimony_Senate_FINAL.pdf

CDC *C. difficile* study and digital media kit

<http://www.cdc.gov/media/dpk/2015/dpk-deadly-diarrhea.html>

APIC 2015 Annual Conference site

<http://ac2015.site.apic.org/>

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Links to the documents referenced in this presentation can be found here. As always, please let me know if you have any questions. Additionally, you can send any questions or concerns to legislation@apic.org.

