

Public / Private Partnership Success Stories: What Works – Tennessee Department of Health & Hospital Association

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2005: Consumers Union Bill → Study Bill Study Committee Members

- › Infection control professionals & hospital epidemiologists
 - › Large and small hospitals
 - › Urban and rural hospitals
 - › Hospital administration
 - › State hospital association (THA)
 - › Department of Health (TDH)
- *Early decision: “We want to drive the train” - rather than try to fight the legislation”*

Emphasis was placed on collection of **actionable, verifiable** data.

Outcome Measures

- Central line associated blood stream infection (CLABSI) rates in ICU patients
 - › NHSN definitions, methodology, software
- Surgical site infection rates for CABG patients
 - › NHSN definitions, methodology, software

2007: Implementation Of Reporting (on shoe-string budget)

- Study Committee reconvened and assisted in implementation
- Pooled Resources:
 - › TDH- conducted training, prepared slides
 - › APIC chapters- provided venues, copied handouts, did some of training
 - › THA- registration

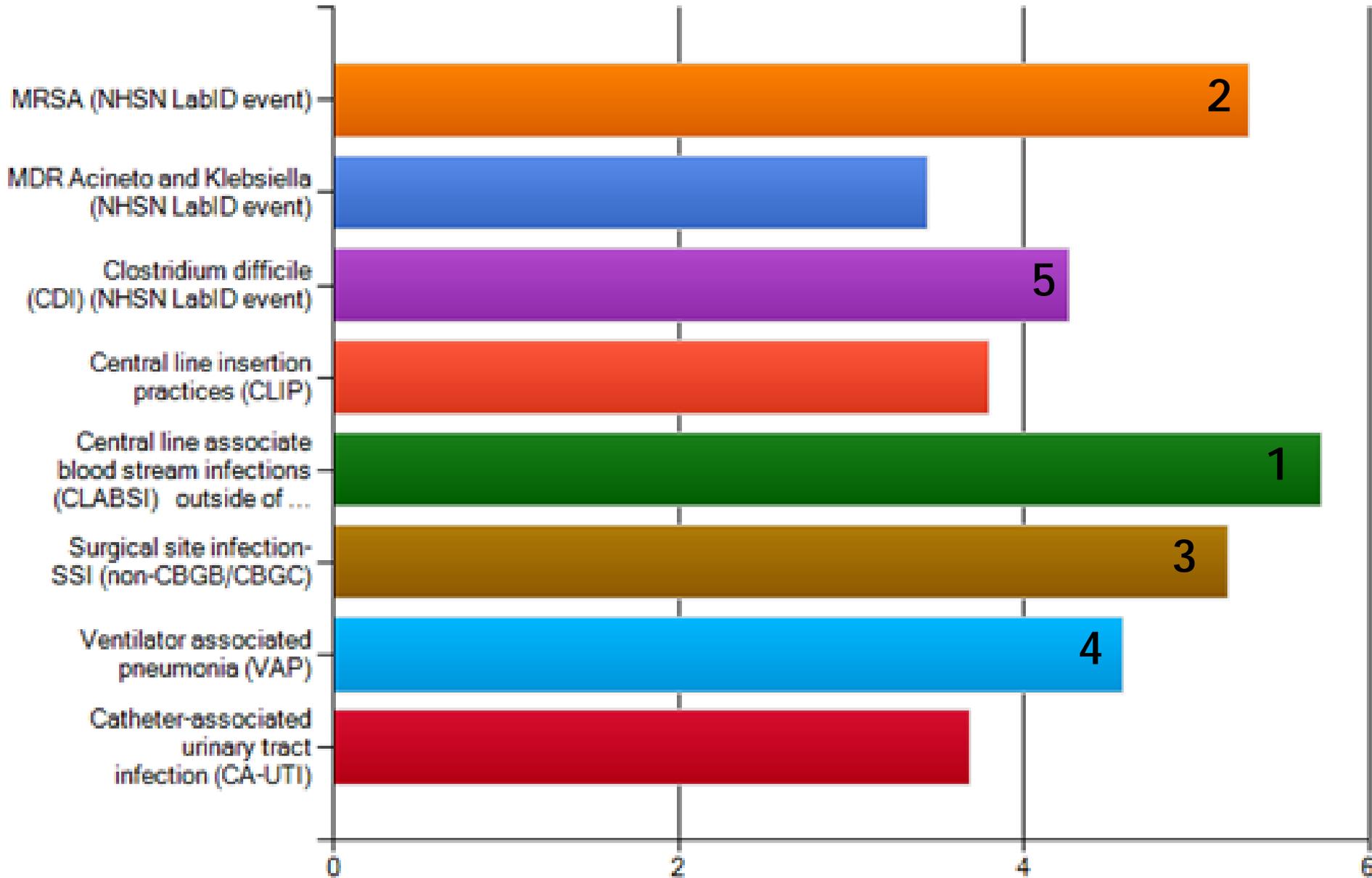
2009: HHS Action Plan- HAI-ARRA funding

- Conducted needs assessment on prioritization of additional surveillance activities and prevention collaboratives
- Sent to all infection preventionists
- Convened MDAG (multi-disciplinary advisory group) on HAI
 - › Many of initial members of infection committee represented (including THA), added additional partners and stakeholders

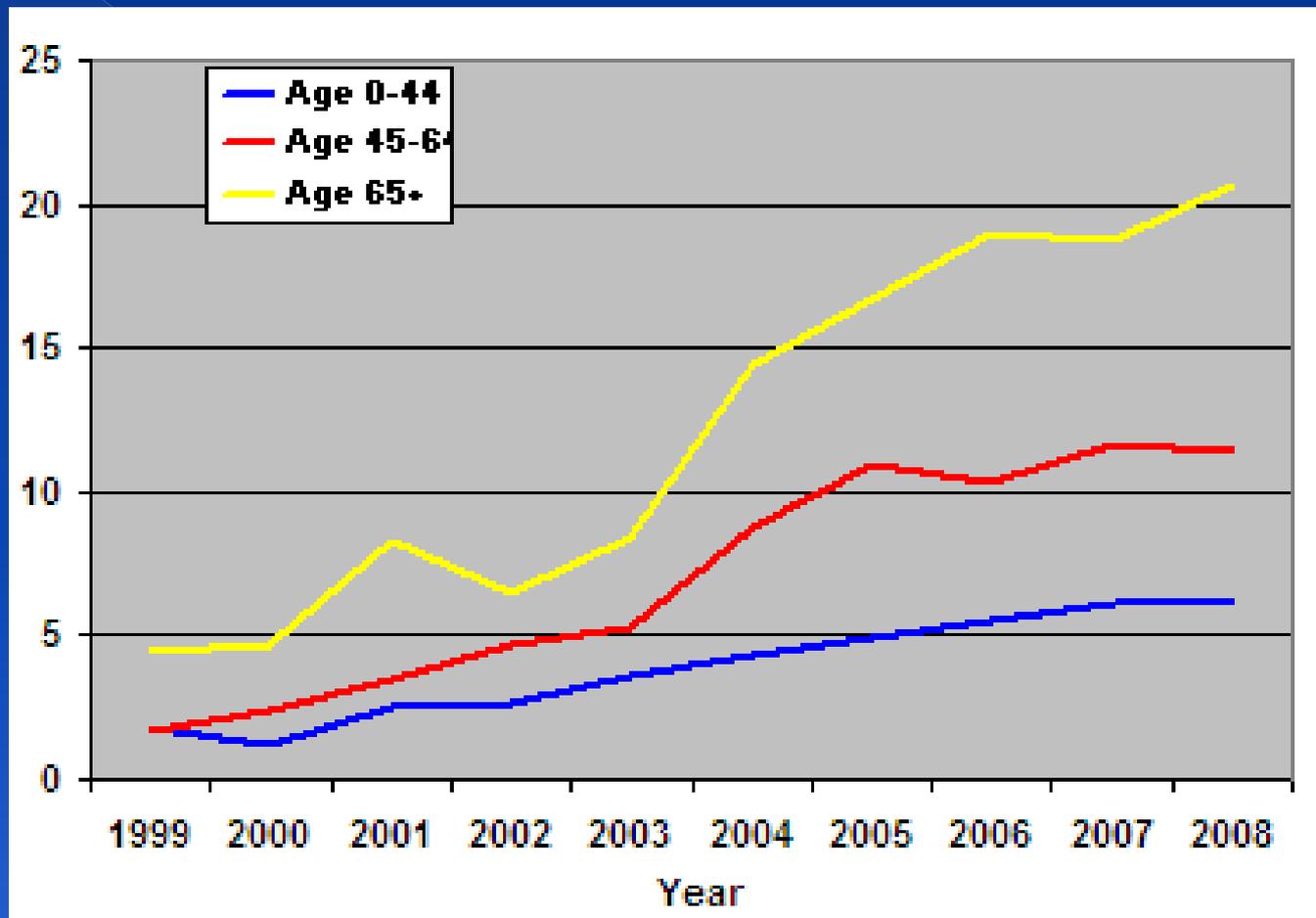
MDAG

- 1st meeting Oct, 2009
- Update on data from TN wrt CLABSI
 - › TCPS participants vs non-participants
- Gained very helpful input into TN's Action Plan for HAI
 - › Consistent with HHS Action Plan
 - › Prioritization of surveillance activities
 - › *Emphasis: "What is the right thing to do" rather than mechanics of getting it done*

Prioritization of Surveillance



C. difficile Diagnosis by Age per 10,000 Patient Days, TN, 1999-2008



Revision: Rules and Regulations for Communicable and Environmental Diseases (2010)

○ Chapter 1200-14-01

- > Reportable diseases (1200-14-01.-02):
- > (1) All healthcare providers and other persons knowing of or suspecting a case, culture or specimen of a reportable disease or event shall report that occurrence to the Department of Health in the time and manner set forth by the Commissioner in the List.

<http://www.state.tn.us/sos/rules/1200/1200-14/1200-14-01.20100329.pdf>

Intention: Flexibility/ Emergency Response

- ◉ Add conditions of public health importance rapidly- when needed (e.g., H1N1)
- ◉ Remove conditions when no longer needed
- ◉ Very helpful as federal requirements change for HAIs!

TN HAI Reporting Requirements

- CLABSI ICUs, SCA:
Acute care facilities, ADC_{≥25}; all LTAC
- SSI CBGB; CBGC; HPRO; CARD
HYST and COLO in 1/2012
- MRSA LABID event BC only, FACWIDE-IN plus ED,
Acute care facilities, ADC_{≥25}; all LTAC
- C.diff LABID event, FACWIDE-IN plus ED,
Acute care facilities, ADC_{≥25}; all LTAC
- CAUTI ICUs (Adult & Pediatric) in 1/2012:
Acute care facilities (not CAH)

CLABSI SIR: Tennessee, 2008-2010

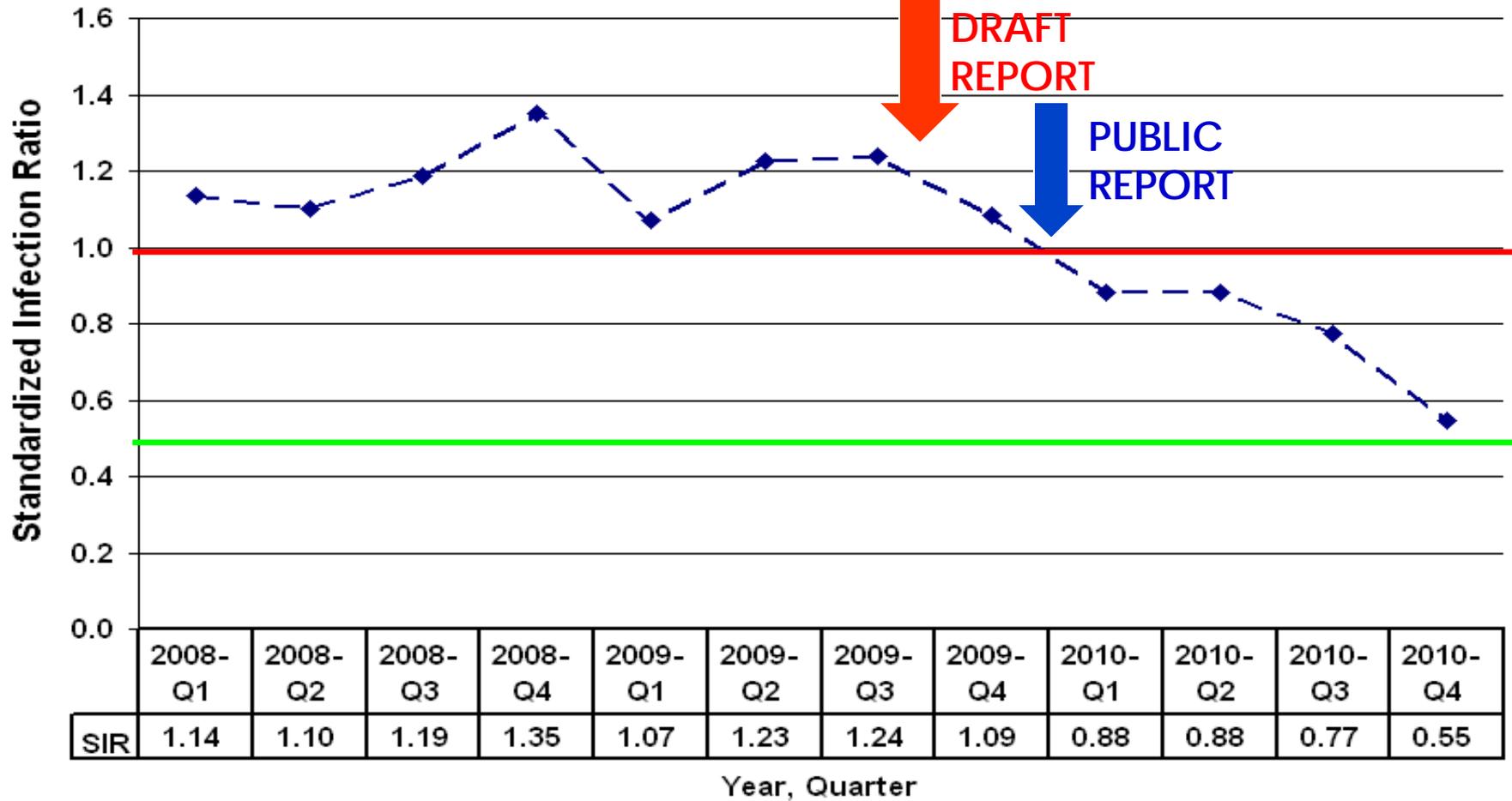
Adult & Pediatric ICUs

| YEAR | No. | SIR | LL | UL | 10% | 25% | 50% | 75% | 90% |
|------|-----|------|------|------|------|------|------|------|------|
| 2010 | 79 | 0.75 | 0.67 | 0.84 | 0.00 | 0.00 | 0.45 | 0.85 | 1.83 |
| 2009 | 79 | 1.15 | 1.05 | 1.26 | 0.00 | 0.00 | 0.64 | 1.39 | 2.04 |
| 2008 | 79 | 1.19 | 1.09 | 1.30 | 0.00 | 0.00 | 0.90 | 1.57 | 2.65 |

Preliminary data, includes burn and trauma ICU data for July-December 2010

Dataset as of July 25, 2011

CLABSI SIR, Adult & Pediatric ICUs, Tennessee, by Quarter, 1/2008-12/2010



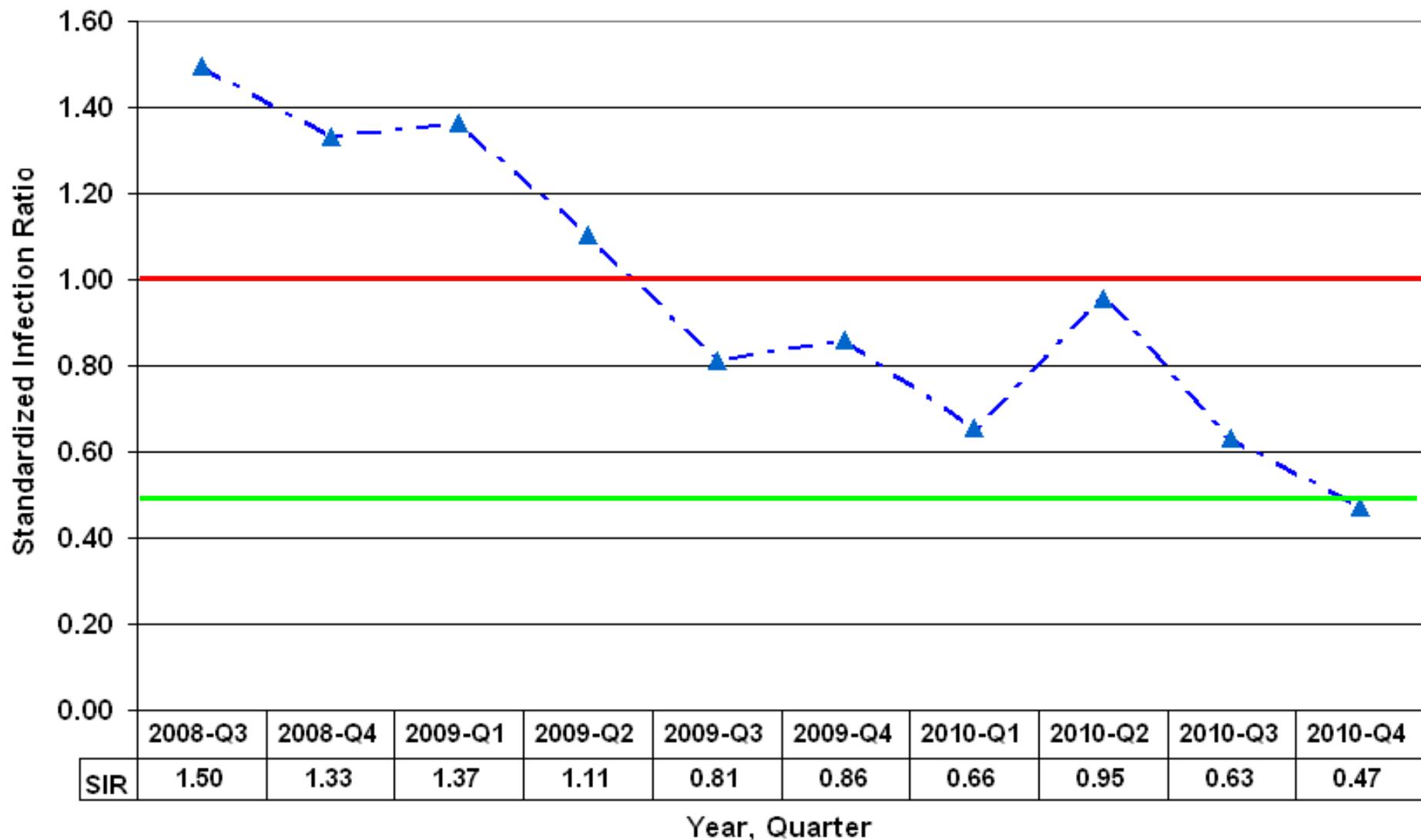
CLABSI SIR: Tennessee, 2008-2010

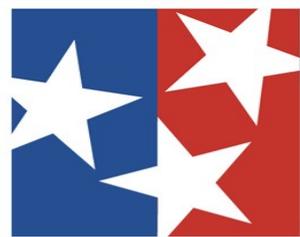
Neonatal ICUs

| YEAR | No. | SIR | LL | UL | 10% | 25% | 50% | 75% | 90% |
|------|-----|------|------|------|------|------|------|------|------|
| 2010 | 24 | 0.68 | 0.53 | 0.85 | 0.00 | 0.00 | 0.43 | 0.97 | 1.28 |
| 2009 | 24 | 1.02 | 0.85 | 1.22 | 0.00 | 0.00 | 0.16 | 1.21 | 2.12 |
| 2008 | 25 | 1.41 | 1.14 | 1.73 | 0.00 | 0.00 | 0.69 | 1.65 | 2.35 |



CLABSI SIR, Neonatal CUs, Tennessee, 7/2008-12/2010





TENNESSEE CENTER FOR

Patient Safety

An initiative of the Tennessee Hospital Association

Making Safe Quality Care the Top Priority

Tennessee Center for Patient Safety

- Established in 2007
- Funding provided by Blue Cross Blue Shield of TN Health Foundation
- 122 hospitals
- Created permanent infrastructure for quality and patient safety programs
- Built on past relationships among agencies and prior successful projects
 - › IHI Campaigns
 - › RWJ Partners Investing in Nursing
 - › Rural Patient Safety Project



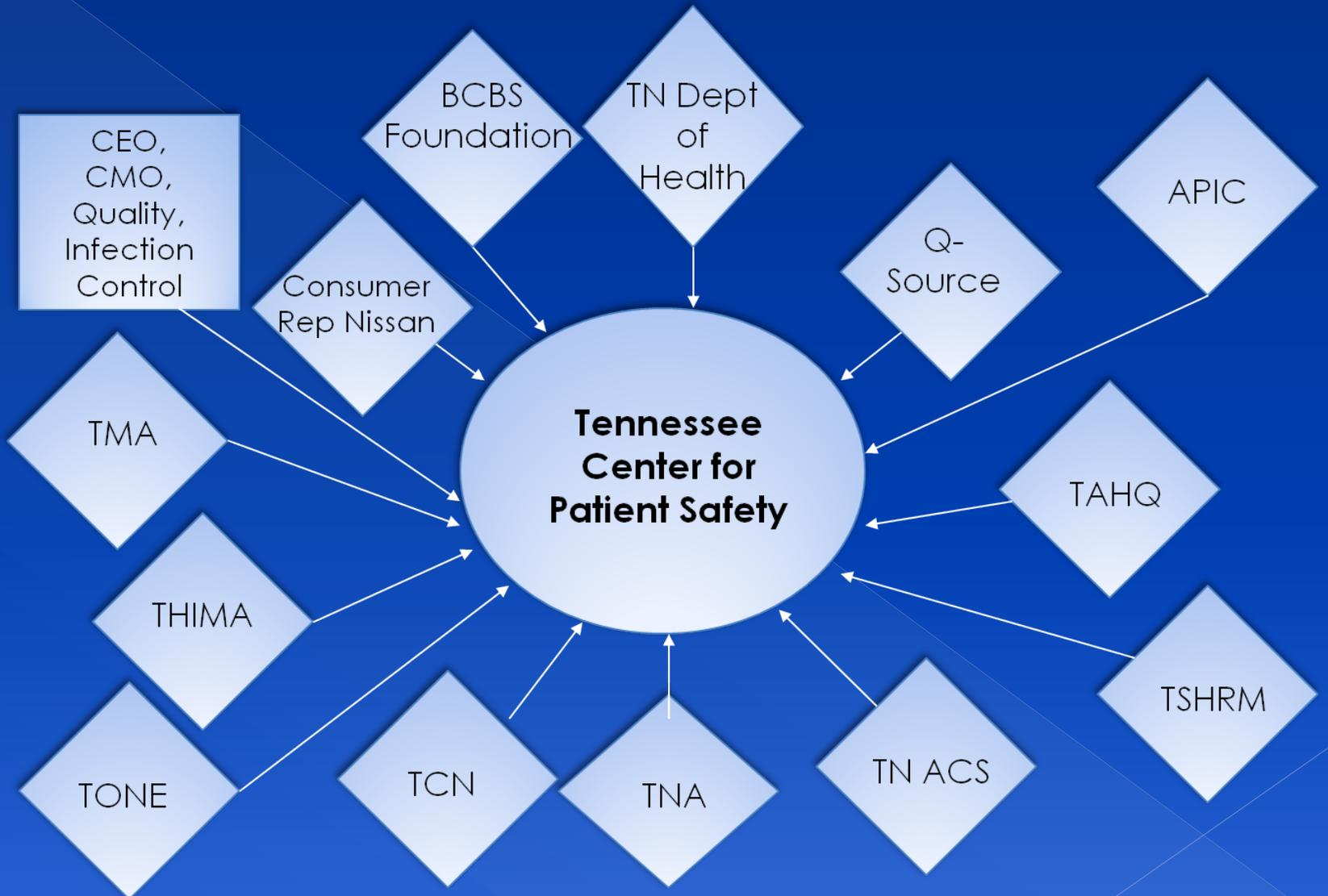
Tennessee Center For Patient Safety

Aim:

Accelerate adoption of proven strategies to improve the reliability and quality of care received by patients in Tennessee hospitals



Collaboration Participation



TN Safety Center Initiatives

- **Leadership Engagement**
 - › THA Board Aim Zero Preventable Harm
 - › Trustee Education
 - › CMO Society
- **Organizational Culture**
 - › AHRQ Culture Survey
 - › Comprehensive Unit Based Safety Program
- **Nursing Partners Collaborative**
- **Tennessee NSQIP Surgical Quality Collaborative**
- **Collaborative to Reduce HealthCare Acquired Infections**
 - › Central Line Bloodstream Infections
 - › MRSA (Methicillin Resistant Staph Aureus)
 - › Surgical Care Improvement Project (SCIP)
- **PSO Program**

Lessons Learned

Essential Components for Success:

- Collaboration and Partnerships
- Leadership Engagement
 - › Association Board as driver
 - › Prioritize initiatives
 - › C-suite reports and scorecards
 - › Transparency
 - Internal and public reporting
- Physician Champions
- Valid Measures
 - › Timely Feedback
 - › Sensitive to data collection burden
 - › Strength of evidence for interventions

If you want to go fast,
go alone,
If you want to go far,
go together

-African Proverb

