March 27, 2014

Don Wright, MD
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion
Office of the Assistant Secretary for Health
Department of Health and Human Services
1101 Wootton Parkway, Suite LL100
Rockville, MD 20852

Re: Comments on the proposed HAI Action Plan 2020 acute care hospital targets

Dear Dr. Wright:

The Association for Professionals in Infection Control and Epidemiology (APIC) applauds the efforts of the Department of Health and Human Services (HHS) to coordinate the activities of federal agencies and develop a federal road map in our efforts to eliminate healthcare-associated infections. APIC is a nonprofit, multi-disciplinary organization representing over 15,000 infection preventionists, whose mission is to create a safer world through prevention of infection. Our comments primarily reflect the views of our members who rely on sound targets and measures as they take steps to prevent HAIs in the populations they serve.

In general we support the proposed acute care targets for 2020; however we bring the following comments and concerns to your attention:

(1)   **Reduce <u>central line-associated bloodstream infections (CLABSI)</u> in intensive care units and ward-located patients**
      Data Source: Centers for Disease Control and Prevention (CDC)/National Healthcare Safety Network (NHSN)
      Proposed 2020 Target: 50% reduction from 2015 baseline

      Comment: APIC supports this target; however, we suggest that the target not only reflect aggregate data, but that interim assessments of the rate also be stratified by ICUs and non-ICUs. This methodology will help to better understand the areas needed for improvement and is also currently proposed for the CAUTI metric.

      We applaud the CDC for their efforts in working with oncologists, infection preventionists, and hospital epidemiologists to develop and evaluate a Mucosal Barrier Injury (MBI) bloodstream infection definition and for excluding MBI from the target. However, because this is a new designation, it is difficult to predict how using the new definition and excluding those cases will impact the 2015 baseline.

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(2)   **Reduce <u>catheter-associated urinary tract infections (CAUTI)</u> in intensive care units and ward-located patients**
Data Source: CDC/NHSN
Proposed 2020 Target: 25% reduction from 2015 baseline

Comment: We support this target, but with reservations. We are concerned about the existing NHSN definition and the influence of the fever criteria. Further, we believe flaws in the definition may impede accurate measurement. We urge the development and testing of an electronic definition incorporating data that most facilities would have electronically available.

(3)   **Reduce the incidence of <u>invasive</u> health care-associated <u>methicillin–resistant *Staphylococcus aureus* (MRSA)</u> infections**
Data Source: CDC's Emerging Infections Program Network (EIP) Active Bacterial Core Surveillance (ABCs)
Proposed 2020 Target: 75% reduction from 2007-2008 baseline (Healthy People 2020 Goal)

Comment: We generally support this target, and note its inclusion as a Healthy People 2020 goal; however, we want to point out that it is particularly aggressive given the prevalence of the community-onset MRSA strain in the general population.

We believe that, in order to assist with achieving this target HHS should more widely disseminate information such as lessons learned from the CDC's EIP/ABC network.

(4)   **Reduce <u>facility-onset methicillin-resistant *Staphylococcus aureus* (MRSA)</u> in facility-wide health care**
Data Source: CDC/NHSN
Proposed 2020 Target: 50% reduction from 2015 baseline

Comment: We support this target, but recommend that the title indicate that it only includes bloodstream infection and is a proxy measure for infection, using lab identification.

(5)   **Reduce facility-onset <u>*Clostridium difficile* infections</u> in facility-wide health care**
Data Source: CDC/NHSN
Proposed 2020 Target: 30% reduction from 2015 baseline

Comment: We support this target, but recommend that the title indicate that it is a proxy measure for infection.

(6)   **Reduce the rate of _Clostridium difficile_ hospitalizations**
        Data Source: Agency for Healthcare Research and Quality (AHRQ) Healthcare Cost
        and Utilization Project (HCUP)
        Proposed 2020 Target: 30% reduction from 2015 baseline

        Comment: We appreciate the value of understanding both hospital-onset and
        community-onset _C. difficile_ infection (CDI). However, since community-onset _C.
        difficile_ is, by definition, not an HAI, we believe that including both hospital-onset
        and community-onset _C. difficile_ as a measure in a plan intended to eliminate
        healthcare-associated infection is misleading. We also believe that consumers
        would be better served by the use of more precise data to identify HAIs.

(7)   **Reduce Surgical Site Infection (SSI) admission and readmission**
        Data Source: CDC/NHSN
        Proposed 2020 Target: 30% from 2015 baseline

        Comment: We support this target and encourage CDC to continue with efforts to
        more adequately adjust for risk in certain specialty populations such as pediatrics
        where current risk adjustment criteria are primarily adult focused.

(8)   **Surgical Care Improvement Project (SCIP) Measures: Adherence to process
        measures to prevent Surgical Site Infection (SSI)**
        Data Source: Centers for Medicare and Medicaid Services' (CMS) Hospital Compare
        Proposed 2020 Target: Suspend from HAI Action Plan

        Comment: We support this proposal because, as noted in the draft document, these
        processes are widely accepted as standards of practice.

In conclusion, we greatly appreciate the efforts of HHS to update targets for the prevention
of HAIs. We have enjoyed partnering with the agencies involved in these efforts and look
forward to continuing in this effort.

Sincerely,

Jennie L Mayfield

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2014 APIC President