



KANSAS HEALTHCARE  
**COLLABORATIVE**



January 12, 2011

Dear Colleague:

As you are aware, healthcare-associated infections (HAI) have gained recognition from healthcare professionals, policy-makers, and the general public as preventable conditions amenable to public health approaches to prevention. The Kansas Department of Health & Environment (KDHE) released the Kansas Healthcare-associated Infections State Plan in March 2010. As a component of this plan, a multidisciplinary advisory committee of subject matter experts covering clinical medicine, epidemiology, infection control, and hospital administration was organized. Plans are currently under way for the next advisory committee meeting on Friday, January 14 where information will be shared on the status of HAI Plan implementation, next steps and updates on related HAI efforts in our state.

The advisory committee includes in addition to other organizations, KDHE, the Kansas Medical Society (KMS), Kansas Hospital Association (KHA), and their affiliated organization, the Kansas Healthcare Collaborative (KHC). Recently, our organizations met to discuss ways we can work more closely together to effectively coordinate and streamline our efforts related to HAIs and this joint correspondence is one example of our commitment to align our efforts to support the work of hospitals and health care providers to prevent HAIs.

Implementation of the State Plan and its HAI Reporting Program using the Centers for Disease Control & Prevention's (CDCs) National Healthcare Safety Network (NHSN) system was a particular focus of discussion during our meeting. Among the State Plan's initial priorities is the need to better understand, in Kansas, the impact of certain infections acquired in healthcare settings. To that end, KDHE is currently working to gather information (through the NHSN reporting mechanism) on select infections (see attached list) to assist hospitals and providers in their prevention and control efforts. To enable KDHE to accomplish the priorities established in the HAI plan, we encourage you to confer rights to the Kansas HAI Reporting Group inside your "Groups" section in NHSN when engaged in these KDHE projects.

As you may know, our partner in this effort is KHC, a private, non-profit organization founded in 2008 by KHA and KMS to transform health care through patient-centered initiatives that improve quality,

safety and value. During our discussion, we identified an opportunity to develop a stronger linkage with KHC and their Comprehensive Unit-based Safety Program (CUSP), a groundbreaking national patient safety program to reduce and/or eliminate central line-associated blood stream infections (CLABSIs). CUSP includes a measurement component to inform hospitals and providers on the impact of this intervention in their facilities and one of two data reporting tools are available for hospitals to select for this project: NHSN or MHA Care Counts. Kansas hospitals will have the option to use NHSN as their reporting tool for the CUSP project, by conferring rights to the Kansas Healthcare Collaborative Group inside your "Groups" section in NHSN.

NHSN is the standard reporting tool which has been adopted by public and private entities on the national, state and local level to report HAIs. Currently, Inpatient Prospective Payment System (IPPS) hospitals are required to report CLABSI data to the Centers for Medicare and Medicaid Services (CMS) for the FY 2013 payment determination using NHSN and it will continue to be the tool CMS uses for future reporting. We encourage you to consider using this tool as your hospital makes decisions about HAI reporting.

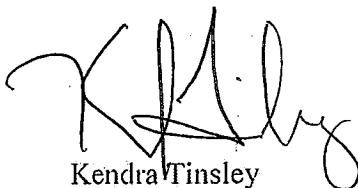
If you have questions about the State HAI Plan or Reporting Program, please contact Joseph Scaletta, Director of the KDHE Kansas Healthcare-associated Infections Program, at 785-296-4090 or [jscaletta@kdheks.gov](mailto:jscaletta@kdheks.gov). For questions about KHC's Kansas on the CUSP: STOP BSI project, contact Tonya Crawford at KHC, 785-235-0763 or [tcrawford@khconline.org](mailto:tcrawford@khconline.org).

On behalf of our organizations, thank you for your efforts to enhance quality and patient safety.

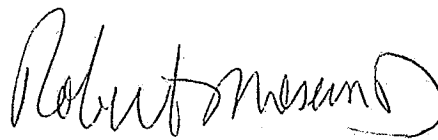
Sincerely,



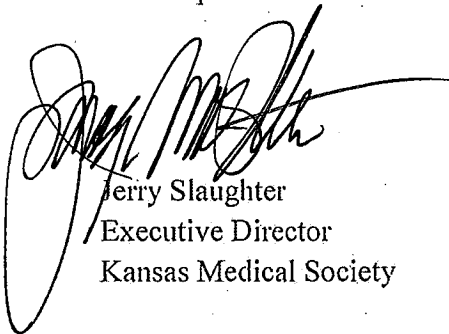
Thomas L. Bell  
President & CEO  
KS Hospital Association



Kendra Tinsley  
Executive Director  
KS Healthcare Collaborative



Robert Moser, MD  
Acting Secretary  
KS Department of Health & Environment



Jerry Slaughter  
Executive Director  
Kansas Medical Society

**Attachment: Priority Prevention Targets from Kansas Healthcare-associated Infections State Plan** ([http://www.kdheks.gov/epi/download/KS\\_HAI\\_Plan\\_Public.pdf](http://www.kdheks.gov/epi/download/KS_HAI_Plan_Public.pdf))

Metric	Original HAI Elimination Metric	National Baseline Established (State Baselines Established)	National 5-Year Prevention Target	Target Date	Care Unit/ Setting
CLABSI <sup>1</sup>	CLABSIs per 1000 device days by ICU and other locations	2006-2008 (proposed 2009, in consultation with states)	Reduce the CLABSI standardized infection ratio (SIR) by at least 50% from baseline or to zero in ICU and other locations	2010	ICU (excluding PICU or NICU) – either Medical or Surgical or combination ICU
CAUTI <sup>2</sup>	# of symptomatic UTI per 1,000 urinary catheter days	2009 for ICUs and other locations 2009 for other hospital units (proposed 2009, in consultation with states)	Reduce the CAUTI SIR by at least 25% from baseline or to zero in ICU and other locations	2010	ICU (excluding PICU or NICU) – either Medical or Surgical or combination ICU
C diff <sup>3</sup>	Case rate per patient days: administrative/discharge data for IDC-9 CM coded <i>Clostridium difficile</i> Infections	2008 (proposed 2008, in consultation with states)	At least 30% reduction in hospitalizations with <i>C. difficile</i> per 1000 patient discharges.	2010	Medical or surgical, non-ICU unit
SSI <sup>4</sup>	Deep incision and organ space infection rates using NHSN definitions (SCIP procedures)	2006-2008 (proposed 2009, in consultation with states)	Reduce the admission and readmission SSI SIR by at least 25% from baseline or to zero	2012	TBD

<sup>1</sup>Central Line-associated Bloodstream Infections (CLABSI) <sup>2</sup> Catheter-associated Urinary Tract Infections (CAUTI) <sup>3</sup> *Clostridium difficile* Infections (CDI)

<sup>4</sup>Surgical Site Infections (SSI)