



# States Targeting Reduction in Infections via Engagement



## Frequently Asked Questions

### What is the STRIVE program?

The States Targeting Reduction in Infections via Engagement (STRIVE) is a national infection prevention and control program, funded by the Centers for Disease Control and Prevention and administered by the Health Research & Educational Trust (HRET) of the American Hospital Association and has two goals:

1. Improve implementation of infection prevention and control (IP & C) efforts in acute care hospitals and long-term acute care hospitals (LTACHs) with a disproportionately high burden of HAIs (CDI and MRSA, CAUTI, and/or CLABSI) and/or evidence of inadequate IP & C efforts across the United States.
2. Facilitate and foster relationships between state hospital associations (SHAs), state health departments, and other key state organizations focused on reducing inpatient healthcare-acquired infections (HAIs) such as QINs, QIOs and/or HIIN to improve and enhance IP & C implementation across states, reduce redundant efforts and address gaps.

The program is coordinated at the state and regional levels by SHAs, LTACH corporate offices and HIINs. The staff members at these organizations who coordinate the program and monitor hospital engagement and progress are called organizational leads.

### How long is the program?

Hospitals participate for 12 months. Organizational leads participate for approximately 14 months to allow for hospital recruitment, as well as organizational Lead and state HAI partner training.

### How does STRIVE compare to HIIN?

- Both programs aim to reduce patient harm from healthcare-associated infections. HIIN is a broader umbrella patient safety program, whereas STRIVE is a targeted IP & C program.
- STRIVE focuses on eight fundamentals of IP & C, whereas HIIN does not.
- STRIVE hospitals use a pre-implementation IP & C practice assessment that hospitals use to customize their educational experience. The STRIVE project also includes a post-implementation assessment. The HIIN statement of work does not include these assessments.
- STRIVE provides guidelines and a manual on how to address IP & C in existing and new construction.
- STRIVE was purposely designed to coordinate and align existing IP & C efforts and reduce redundant HAI prevention work.

### My hospital is participating in STRIVE and HIIN. May we coordinate efforts?

We strongly encourage hospitals participating in both the STRIVE and the HIIN programs to coordinate their efforts as appropriate.

### Who is eligible to participate?

Short-stay and long-term acute care hospitals are eligible to participate in this program.

### What types of education are included?

Education, developed by national expert faculty, is presented in four phases:

- **Phase One:** Four onboarding webinars occur during the first two months of the project. These webinars enable hospitals to get acquainted with the program and learn about upcoming educational programming, project requirements and data monitoring.
- **Phase Two:** The foundational elements of effective infection and control practices are reviewed.

- **Phase Three:** Specific HAI interventions presented in two tiers: Tier One focuses on basic interventions and Tier Two addresses more complex interventions to be use when HAI rates remain elevated.
- **Monthly Learning Action Forums:** Participants explore topics in more depth on live webinars with expert faculty.

**Does my hospital have to focus on all four HAIs?**

No, participating hospitals may focus on CDI or on CDI and one or more of these three HAIs: MRSA, CLABSI and CAUTI.

**What types of coaching are provided?**

Organizational leads determine the type(s) of coaching they provide to their participating hospitals. Coaching may be in the form of monthly group calls with all participating hospitals and/or monthly one-on-one calls between each participating hospital and the organizational lead. Coaching may take the form of learning groups in which groups of participating hospitals focusing on a particular infection prevention program or specific HAIs may meet to engage in peer learning and problem-solving. STRIVE coaching may also be coupled with relevant HIIN coaching efforts. State HAI prevention partners are encouraged to support organizational lead coaching efforts.

**What are the data requirements and how will progress be measured?**

Data that hospitals are already submitting via CDC’s National Healthcare Safety Network (NHSN) will be used to measure progress in reducing all four HAIs (CDI, MRSA, CLABSI and CAUTI). Participants will be asked to confer NHSN rights to project-specific measures during the registration phase. The national project team will also work closely with the state partners in administering and utilizing the CDC’s Infection Control Assessment and Response Tool (ICAR). Please see table below for a breakdown of the data measures reviewed.

Tool/Metric	Data Reviewed
<b>Outcome Measures</b>	
Unit-level <ul style="list-style-type: none"> <li>• CAUTI SIR*</li> <li>• CAUTIs per 1,000 catheter days</li> <li>• CAUTIs per 10,000 patient days</li> <li>• CLABSI SIR*</li> <li>• CLABSIs per 1,000 central line days</li> <li>• CLABSIs per 10,000 patient days</li> </ul>	Unit-level data <ul style="list-style-type: none"> <li>• Number of CAUTIs</li> <li>• Number of CLABSIs</li> <li>• Number of indwelling urinary catheter days</li> <li>• Number of central line days</li> <li>• Number of patient days</li> </ul>
Hospital-level <ul style="list-style-type: none"> <li>• CDI SIR*</li> <li>• CDI events (HO<sup>s</sup>) per 10,000 patient days</li> <li>• MRSA SIR*</li> <li>• MRSA events(HO<sup>s</sup>) per 10,000 patient days</li> </ul>	Hospital-level data <ul style="list-style-type: none"> <li>• <i>C. difficile</i> laboratory ID events</li> <li>• MRSA laboratory ID events – blood specimens only</li> <li>• Number of patient days</li> </ul>
<b>Process Measures</b>	
Unit-level rates <ul style="list-style-type: none"> <li>• Indwelling urinary catheter utilization</li> <li>• Central line utilization</li> </ul>	Unit-level data <ul style="list-style-type: none"> <li>• Number of indwelling urinary catheter days</li> <li>• Number of central line days</li> <li>• Number of patient days</li> </ul>
<ul style="list-style-type: none"> <li>• Infection control assessment for acute care hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Demographics</li> <li>• Infection prevention policies and practices</li> </ul>

\*SIR = Standardized Infection Ratio HO<sup>s</sup> = Healthcare Facility-Onset

**How does my hospital confer NHSN rights?**

To monitor and track progress in reducing HAIs, participating hospitals will be required to confer rights to NHSN, either to HRET's NHSN group or your state hospital association's NHSN group. Because the data collection is specific to this project, hospitals will need to complete this process even if they are a part of other HRET initiatives. This will allow HRET to use data already submitted by hospitals to NHSN and reduce data submission burden for participating hospitals. An NHSN rights conferral guide will be made available with instructions.

**Where do I turn for other questions I may have?**

Additional questions can be directed to the project lead at your state hospital association. If you are unsure who to contact, please email the HRET team at [STRIVE@aha.org](mailto:STRIVE@aha.org).

**How do hospitals receive more information?**

HRET will be hosting a Hospital Informational Webinar to provide hospitals with more information on the STRIVE program, and will allow time for questions and answers.

**Date/Time:** May 1, 2-3pm CT (3pm ET)

<http://hret.adobeconnect.com/strivec4/>

\*HRET will provide state leads with an invitation to forward to interested hospitals.

**How do hospitals register?**

HRET will be following up shortly with a survey link for hospitals to register. Once a hospital is registered, they will receive an enrollment confirmation email providing additional details on getting started in the program.