

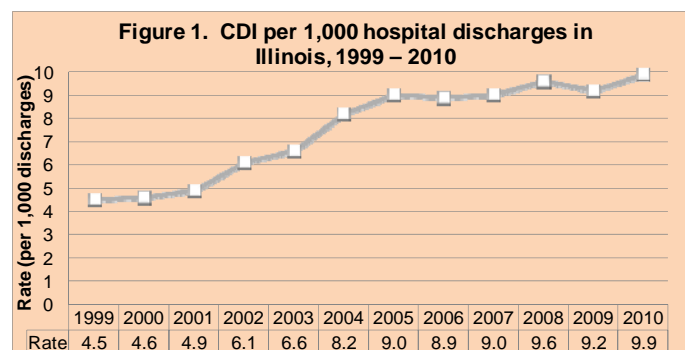
Spreading HAI Reduction Initiatives through State Health Department and Quality Improvement Organization Collaboration

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BACKGROUND

- Healthcare-associated infections (HAIs) cost the U.S. health care system \$28 to \$33 billion dollars annually
- US Department of Health and Human services declared HAI reduction a priority goal and CDC has identified it as a “Winnable Battle”
- Prevention of HAIs – particularly *Clostridium difficile* infections (CDIs) is a priority for Illinois



Clostridium difficile in Illinois Hospitals, 2010

Available at <http://www.healthcarereportcard.illinois.gov/files/pdf/cdiff2010.pdf>

ESTABLISHING COMMON GROUND

- The Triple AIM provides the framework for aligning strategic priorities toward HAI prevention
- In 2009, IDPH and Telligen began partnering to decrease HAIs in the state with a focus on CDIs
- Focus on quality aligns the organizations’ interests and health care facilities’ performance improvement initiatives with federal and financial incentives



The Triple Aim

A framework to optimize U.S. health system performance developed by the Institute for Healthcare Improvement (IHI)

MARKETING HAI PREVENTION

- Consistent messaging and approach
- Iterative multimodal health communication strategy
- Coordination with partners to get word out to healthcare facilities

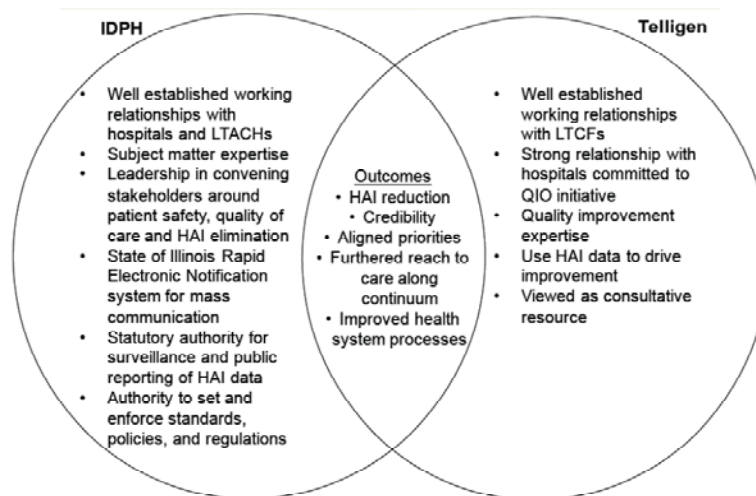
RESULTS

- Illinois Campaign to Eliminate *Clostridium difficile* (ICE C. diff) – March 2012 – September 2012
- Illinois Antimicrobial Stewardship Summit – June 2013

Illinois HAI Prevention Progress Overview	2012 National SIR	2012 Illinois SIR	% difference Illinois' SIR 2012 vs. National SIR 2012	2013 Illinois SIR	% change Illinois SIR 2013 vs. Illinois SIR 2012
Central Line Associated Infections (CLABSI)	0.56	0.54	↓ 3%	0.46	↓ 15%
*Surgical Site Infection (SSI) knee prosthesis (KPRO)	0.77	0.58	↓ 24%	0.36	↓ 36%
*Surgical Site Infection (SSI) coronary artery bypass graft (CABG)	0.71	0.56	↓ 21%	0.48	↓ 14%
Hospital-onset MRSA bacteremia	0.96	0.85	↓ 11%	0.71	↓ 17%
C. difficile infections (CDI)	0.98	0.93	↓ 5%	0.91	↓ 2%
SSI – all procedures combined	0.80	0.63	↓ 21%	Not available Includes data not reported to state	
*SSI measures for Illinois analyzed by state fiscal year, 2012=7/2011-6/2012; 2013=7/2011-6/2013					

CONCLUSIONS

- Collaboration promoted changes in health care facilities' processes to improve patient care and outcomes
- IDPH and Telligen met respective contract and grant requirements through thoughtful, targeted education programs
- Regulatory and voluntary organizations working together is a very successful strategy



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