

**Health Facility-Acquired Infections (HAI)**

A State Rural Health Policy Issue

Harvey Licht  
NH Department of Health  
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**HAI**

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**Extent of the Problem**

- The U.S. Centers for Disease Control and Prevention (CDC) estimates that **1.7 million HAI** occur in U.S. medical facilities each year. [based on 2002 data]
- These infections result in as many as **99,000 deaths**. [based on 2002 data]
- Nearly **\$20 billion in additional healthcare costs** incurred annually. [based on 2002 data]
- These are largely hospital-based data – HAI in nursing care and other settings is additional.
- Rates and costs have increased significantly since the 2002 assessment.

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**Impact of the Problem**

- **Public Health Issue:** HAI is major prevention target.
  - Preventable mortality.
  - Preventable disease.
  - Preventable disability.
- **Cost Containment Issue:** HAI is a major source of unnecessary health care expenditure.
  - Advanced, costly treatment.
  - Extended hospital stays.

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### State Level HAI Analysis

- NM Total Discharges (2007) : **218,083**
- Estimated HAI associated hospital stays (10%): **21,808**
- Estimated **preventable charges** (\$75,000 per discharge): **\$1,635,600,000**
- Estimated **rural portion** (45%): **\$736,020,000**
- Estimated **Medicaid portion**: **\$327,120,000**
- Estimated **rural portion of Medicaid**: **\$147,204,000**

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### Possible State Involvement

- **Possible Interventions:**
  - Reporting/Monitoring.
  - Collaborative Plan Development
  - Hospital Quality Improvement Program.
- **Rationale:**
  - Low cost of intervention.
  - Very high payback for intervention, in both health status and expenditure.
  - Pays for itself many times over.
  - Major component of health care cost reduction strategy.

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### Possible Approach for SORHs

- **Aims**
  - Assure targeting of rural health facilities in state HAI efforts.
  - Use the rural health care system as a demonstration test bed for a statewide HAI reduction strategy [low-cost, high-impact].
- **Steps:**
  - Meet with collaborative members (hospitals associations, QIOs, etc.) to build consensus on rural investment.
  - Work with rural hospitals to facilitate HAI reporting and HAI reduction strategies.
  - Document rural health system improvement efforts and HAI rate reductions.

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### ARRA Support for HAI Reduction

- **Eligible Agencies:** States.
- **Purpose:** "State-based HAI prevention collaboratives that will implement HHS recommendations and measure outcomes and prevent HAIs" – modeled after PA/MI.
- **Targeted Outcome:** 70% HAI rate reduction.
- **Total Appropriation:** \$40 million of total appropriation (\$50 million) to Prevention and Wellness Fund at CDC.

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### Web Links on HAI

- **Institute for Healthcare Improvement (IHI)**
  - <http://www.ihl.org/IHI/Topics/HealthcareAssociatedInfections/>
- **Centers for Disease Control and Prevention (CDC)**
  - HAI Information: <http://www.cdc.gov/ncidod/dhqp/healthdis.html>
  - HAI/NHSN: <http://www.cdc.gov/nhsn/>
  - HAI/ARRA Program: <http://www.cdc.gov/nhsn/ra/index.html>
- **Scotland – NHS Patient Safety Programme**
  - <http://www.ihl.org/IHI/Programs/StrategicInitiatives/ScottishPatientSafetyProgramme.htm>
- **Agency for Healthcare Research and Quality (AHRQ)**
  - <http://www.ahrq.gov/qual/halfyear.htm>

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