Healthcare-associated infections (HAI) are the most common complication of hospital care, resulting in 1.7 million infections and 99,000 deaths each year in the United States. The Agency for Healthcare Research and Quality has shown that the implementation of recommendations for HAI prevention from the Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC) can reduce HAI by 70% overall and virtually eliminate some specific types of infections. Broad implementation of the CDC guidelines saves lives, reduces suffering, and decreases healthcare costs. Through partnerships and the commitment of stakeholders, we strive to prevent HAI in people who interact with Florida's healthcare system.

The FDOH HAI prevention program began in 2010 with support from federal grant funds provided by the CDC. The program is guided by an advisory board, comprised of technical experts and partner organizations, and provides guidance to the FDOH on the development, implementation, evaluation, and sustainment of a statewide HAI prevention program. This program strives to maximize resources, improve healthcare culture for patient safety, and coordinate HAI-related initiatives across the healthcare continuum.

We recently began our second cohort of prevention collaboratives which includes two statewide collaboratives and one new regional collaborative. The statewide collaboratives focus on preventing Catheter-associated urinary tract infections (CAUTI) and preventing multi-drug resistant organisms (MDRO) infections. The new regional collaborative was launched on November 18, 2011, in concert with the Northeast Florida Association for Professionals in Infection Control and a physician champion from Mayo Clinic in Jacksonville, and focuses on the prevention of *C. difficile* in the 5-county area comprising Metropolitan Jacksonville.

The collaboratives include acute care hospitals, long-term acute care hospitals, rehabilitation facilities, and nursing homes and builds on the experiences of our first cohort of collaboratives. Participating facilities benefit from additional training, as well as opportunities to network, collaborate, and problem solve with their peers during monthly conference calls and/or meetings. Facilities also interact with FDOH staff via regional face-to-face meetings or a site visit.

Healthcare facilities that choose to participate in a HAI prevention collaborative sponsored by the FDOH are required to demonstrate senior level support and leadership through commitment letters and the establishment of teams to implement prevention strategies.
prevention strategies. The collaboratives consists of two phases: the first phase focuses on baseline measurements and the second focuses on implementation of evidence-based prevention strategies. During phase 1 the importance of proper data collection, interpretation of case definitions, and analysis and reporting of data is reinforced. Acute care, long-term acute care, and inpatient rehabilitation facilities will use the National Healthcare Safety Network to measure outcomes. The nursing homes may provide outcome measurement data using the DOH's Excel tool and submit their data to Florida's Quality Improvement Organization. Baseline data, in addition to information collected from the facilities in a pre-assessment, give a concrete starting point on which to begin developing a facility-specific action plan to address any areas for improvement. During the second phase, facilities are presented with tools and training to assist them with implementing evidence based prevention strategies.

Our program goals are to:
1. increase the quality of HAI surveillance by promoting the use of NHSN in Florida's hospitals.
2. encourage the uniform use of NHSN case definitions in Florida's hospitals.
3. prevent HAIs and decrease HAI rates in Florida's hospitals and long-term-care facilities.
4. reduce HAI risk factors by supporting evidence-based prevention strategies.

**Catheter-Associated Urinary Tract Infection (CAUTI) Prevention Collaborative**
The CAUTI collaborative began it's initial cohort in September 2010 with 17 acute care facilities and is currently working with 18 facilities in its second cohort. Cohort 2 began in January 2012 and will end December 31, 2012. The collaborative consists of two phases: the first phase focuses on surveillance, data collection, and establishing baseline measurements for CAUTI in participating facilities. The second phase involves implementation of evidence-based prevention strategies for CAUTI. Participating facilities use the National Healthcare Safety Network (NHSN) as a means of reporting data for collaborative participation.

**Multi-drug Resistant Organism/Clostridium difficile Collaborative**
The Multi-drug Resistant Organism (MDRO) and *Clostridium difficile* Infection (CDI) Prevention Collaborative begins in the fall of 2011. The collaborative includes acute care, long-term acute care, and skilled nursing facilities/nursing homes and builds on the activities of our *Clostridium difficile* collaborative that ends December 2011. Participating facilities will have the opportunity to learn about evidence based prevention strategies and antibiotic stewardship, evaluate adherence to isolation precautions and cleaning of high-touch surfaces, and monitor progress using laboratory identified events. Facilities may elect to focus on one organism such as *Clostridium difficile* or several organisms such as Methicillin-resistant staphylococcus aureus, vancomycin resistant *Enterococcus* spp., multi-drug resistant *Acinetobacter* spp, and/or carbapenem resistant Enterobacteriacea (CRE) such as the *Klebsiella* spp.

**Clostridium Difficile Infection (CDI) Prevention Collaborative**
The FDOH will launch its third *Clostridium difficile* infection prevention collaborative in the fall of 2012. FDOH continues to partner with key stakeholders such as APIC chapters, physician champions, and healthcare systems to assist healthcare facilities with reducing the burden of *C. difficile* in their communities. Collaborative participants are provided additional training, tools to support the implementation of evidence based practices, and the opportunity to share best practices and network with their peers during face-to-face and web based meetings. Participants are asked to review current practices, such as adherence to isolation precautions and cleaning of high touch surfaces, make improvements, and track progress throughout the collaborative period.
surfaces, make improvements, and track progress throughout the collaborative period. The Jacksonville regional collaborative includes hospitals and nursing homes and is currently in progress. The Orlando regional collaborative Kicks-off on September 13, 2012 and will include hospitals, nursing homes and home health.

Central Line-Associated Bloodstream Infections (CLABSI)
FDOH has partnered with the Florida Hospital Association (FHA) on their initiative to reduce CLABSI, On the CUSP: Stop BSI in Florida's Hospitals. This program is sponsored by AHRQ and Johns Hopkins University and based on the Michigan Keystone project for improving the culture of patient safety, the Comprehensive Unit Based Safety Program (CUSP), and CLABSI reduction protocols. The collaborative goals are to reduce CLABSI rates to less than 1 per 1000 catheter days and improve the patient safety culture. This collaborative began in July 2010. For more information on reducing CLABSI and the On the CUSP: Stop BSI collaborative, please visit the national website at [http://www.onthecuspstopbsi.org/](http://www.onthecuspstopbsi.org/)

National Healthcare Safety Network Resources

HAI Training and Collaborative Activities Calendar

Antimicrobial Resistance Related Resources

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

For questions or to join a collaborative, please email us at HAI_Program@doh.state.fl.us.