U.S. Department of Health and Human Services
and Critical Care Societies Collaborative

National Awards Program to Recognize Achievements in Eliminating Healthcare-Associated Infections

This national awards program will annually recognize teams of critical care professionals and healthcare institutions that achieve excellence and notable, sustained improvements in preventing healthcare-associated infections, specifically infections in the critical care setting.

Awards for the program's initial phase will emphasize **sustained success related to reducing and eliminating central line-associated bloodstream infections** and **ventilator-associated pneumonia**.

The awards intend to **motivate the healthcare community to achieve wide-scale reduction and elimination of healthcare-associated infections.** It also intends to motivate clinicians, hospital executives and facilities to **improve clinical practice through utilization of evidence-based guidelines**, in order to **achieve similar or superior results, advance best practices** and **improve patient outcomes.**

The awards program is cosponsored by the **U.S. Department of Health and Human Services**, Office of the Assistant Secretary for Health, Office of Healthcare Quality and the **Critical Care Societies Collaborative** — composed of the American Association of Critical-Care Nurses, American College of Chest Physicians, American Thoracic Society and Society of Critical Care Medicine.

Awards will be conferred at two levels and granted according to specific criteria tied to national standards. The first awards will be presented in the spring of 2011.

- **<u>Outstanding Leadership Award</u>**
  HHS and CCSC Award for Outstanding Leadership in Eliminating Healthcare-Associated Infections
  Recognizes benchmark systems of excellence that have resulted in sustained success of 25 months or greater in the prevention and elimination of targeted healthcare-associated infections. This is demonstrated by measures that show consistent reductions associated with a decreased and/or stabilized incidence of the targeted infections enumerated in the *HHS Action Plan to Prevent Healthcare-Associated Infections*. Recipients also demonstrate national leadership in sharing and disseminating information.

- **<u>Sustained Improvement Award</u>**

  HHS and CCSC Award for Sustained Improvement in Outcomes in Eliminating Healthcare-Associated Infections

  Recognizes progress in implementing systems of excellence that, while perhaps not yet mature, have resulted in consistent and sustained reductions in infection rates over at least 18 to 24 months. This is demonstrated by measures that show consistent reductions associated with a decreased and/or stabilized incidence of the targeted infections enumerated in the *HHS Action Plan to Prevent Healthcare-Associated Infections*.

AWARD

- Each awardee (unit, hospital, team, enterprise or healthcare system) will receive a plaque.
- The first cycle of awards will be presented on Monday, May 2, during the American Association of Critical-Care Nurses 2011 National Teaching Institute & Critical Care Exposition in Chicago.
- Travel and lodging expenses for one representative to accept the 2011 awards on behalf of the awardee will be provided. Amount of support will be determined according to the travel reimbursement policy of the American Association of Critical-Care Nurses, which will coordinate the first cycle of awards.
- Each CCSC organization will determine additional recognition of awardees in its publications and events.
- In future years, awardees may request to have their award presented at an event of their preferred CCSC organization.

SELECTION

A national panel of multidisciplinary critical care experts in the disciplines represented by the four organizations in the CCSC will evaluate the applications according to criteria for leadership and results. The panel will recommend award recipients to the U.S. Department of Health and Human Services, which will select the awardees.

ELIGIBILITY

To apply for the award you:

- May be a unit, hospital, team, enterprise or healthcare system providing care for critically ill patients
- May be of any size and in any geographic location
- Must have at least one team member who belongs to one of the CCSC member organizations — American Association of Critical-Care Nurses, American College of Chest Physicians, American Thoracic Society or Society of Critical Care Medicine.

TO APPLY

Please use the following checklist to ensure a complete application:

- ❑ The deadline for receipt of applications is **January 29, 2011.**
- ❑ 5 to 10 pages (Microsoft Word file, at least 10-point font, single-spaced including narrative and illustrations)
  - ❑ Operating bed count (This will be used for context, not to include or exclude.)

    - Total hospital

    - Unit

- ❑ Provide data for at least the following timeframes:
  - Baseline data for the first 3 to 6 months after your program began
  - For the **Outstanding Leadership Award**, achievement data for 25 months or longer
  - For the **Sustained Improvement Award**, achievement data for 18 to 24 months
- ❑ A concise introductory section in which you tell us your story "as if you had one minute at the microphone" (250 words or less)
- ❑ In the rest of the application please deconstruct the story and support it with evidence according to the criteria listed above.

❑ Indicate a designated person and contact information for the application.

❑ There is no cost to apply.

❑ Submit a complete application as a Microsoft Word file in a single email to awards@aacn.org. Incomplete applications will not be processed.

❑ Email subject line: "HHS-CCSC Award"

❑ Application must be received no later than January 29, 2011.

PROJECTED TIME FRAME

- Application deadline: January 29, 2011
- Evaluation process: February 1 - March 15, 2011
- Recommendations from CCSC to HHS: March 15, 2011
- Final selection decisions by HHS: March 30, 2011
- The first cycle of awards will be presented on Monday, May 2, during the American Association of Critical-Care Nurses 2011 National Teaching Institute & Critical Care Exposition in Chicago.

FOR QUESTIONS AND INFORMATION

Please contact AACN Recognition Team, 800.394.5995 Ext 507 or 371, awards@aacn.org

CCSC AWARDS STEERING COMMITTEE

Representing AACN—American Association of Critical-Care Nurses

Vicki Good, MSN, RN, CCNS, CENP
Administrative Director of Patient Safety
Cox Healthcare
Springfield, Mo.

Beth Hammer, RN, MSN, APN-BC
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Aliso Viejo, Calif.
Clinical Associate Professor
Yale University School of Nursing
New Haven, Conn.

Justine Medina, RN, MS
Director, Professional Practice & Programs
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Aliso Viejo, Calif.

Representing ACCP—American College of Chest Physicians

William Andrews, MD, FCCP
Assistant Professor, Critical Care Anesthesia
Wake Forest University Bowman Gray School of Medicine
Winston-Salem, N.C.

Steven Simpson, MD, FCCP
Associate Professor of Medicine and Director of Fellowship Training, Division of Pulmonary and Critical Care Medicine
University of Kansas Medical Center
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Representing ATS—American Thoracic Society

Robert Hyzy, MD
Associate Professor of Internal Medicine
University of Michigan Health System
Ann Arbor, Mich.

Steven Palazzo, MN, PhD
Fellow
University of Washington
Seattle, Wash.

Representing SCCM—Society of Critical Care Medicine

Sean Berenholtz, MD, MHS, FCCM
Associate Professor, Departments of Anesthesia/Critical Care Medicine and Surgery, Department of Health Policy & Management
Johns Hopkins University School of Medicine & Bloomberg School of Public Health
Baltimore, Md.

Scott Micek, PharmD, BCPS
Clinical Pharmacist, Critical Care Medicine
Barnes-Jewish Hospital
Adjunct Clinical Associate Professor
St. Louis College of Pharmacy
Saint Louis, Mo.

CRITERIA

LEADERSHIP

- **Leadership Within and Beyond Your Hospital**
  - What systems enhanced implementation of programs for preventing healthcare-associated infections?
  - How were barriers surmounted?
  - To be considered for the **Outstanding Leadership Award**, show evidence of a measurable and sustained culture of safety.

- **Team Progression Toward Achieved Outcomes**

  Show how your team progressed toward its outcomes by describing:
  - Interdisciplinary participation (disciplines involved, each discipline's leader and each discipline's unique contributions; disciplines may include medicine, nursing, respiratory therapy, pharmacy, infection prevention, materials management, management/administration)
  - Tools used by the team
  - Education activities
  - Coaching and mentoring activities
  - Conditions that facilitated or impeded implementation of your plan and achievement of your outcomes
  - Outcome measures and process for validating accuracy of measurement

- **Innovation**
  - Describe innovation within your unit/hospital beyond what is generally acceptable. This may include surpassing institutional standards in order to achieve sustained outcomes.
  - To be considered for the **Outstanding Leadership Award**, show how innovation extends beyond your team and provide examples of how innovations were shared with others and disseminated beyond your unit and hospital.

- **Sharing Results**
  - Describe coaching and mentoring activities within and beyond your hospital that facilitated sharing your results.

- **Return on Investment**

  Describe return on investment (ROI) beyond clinical outcomes including:
  - Dollars saved including decreased length of stay and changes in DRG/reimbursement
  - How ROI metrics were calculated

- **Clinical Outcomes**

  Describe improvements beyond actual reduction of infections.
  - Morbidity and mortality
  - Length of stay

RESULTS

- **Quantitative Data Related to Ventilator-Associated Pneumonia (VAP)**
  - Provide and define the indicators your team used to assess and improve VAP (for example, application of a VAP process bundle:
    - continuous assessment of head-of-bed elevation
    - daily oral care
    - daily assessment of readiness to extubate and sedation levels)
  - VAP rate, ventilator utilization (ventilator days), intermediate outcomes, duration of ventilation
  - Describe how you defined excellence for your program and the benchmarks used to define it. For example, "Performance up to 100% compliance in relation to national targets must be present for each metric in the VAP process bundle within 2 years."

- **Quantitative Data Relating to Central Line-Associated Blood Stream Infections (CLABSI)**

  Please provide:
  - CLABSI per 1,000 device days by ICU (and other locations if appropriate) below present NHSN 25th percentile (75% or better percentage reduction in surgical site infections). If using administrative discharge data, please describe.
  - Laboratory detected bacteremia per 1,000 patient days (reduction of 50% or more)
  - CLABSI per 100 patient months (reduction of 50% or more)
  - Percentage compliance of non-emergent insertions with central line bundle
  - Describe how you defined excellence for your program and the benchmarks used to define it.

SCORING GUIDELINES

- *Team* means the applying unit, hospital, team, enterprise or healthcare system.
- Scoring information is provided so your team can measure improvement and understand the selection processes.
- Reviewers will score your team's responses according to the criteria based on two dimensions: Process and Results.
- **Process** means the methods your team uses and improves to address leadership structures, systems and best practices. Three factors — approach, application and learning — are taken into account when evaluating process responses:

  Approach refers to
  - The methods used to accomplish the process
  - The effectiveness of your use of the methods
  - The degree to which the approach is repeatable and systematic

  Application refers to the extent to which
  - The methods are applied consistently
  - The methods are used by all appropriate stakeholders (nurses, patients, physicians, etc.)

  Learning refers to
  - Refining your methods through cycles of evaluation and improvement
  - Encouraging change through implementation of best practices
  - Sharing refinements and best practices with other relevant entities internal or external to your hospital or team.

- **Results** refer to your team's VAP and CLABSI outcomes. Three factors — levels, trends and comparisons — are taken into account when evaluating results responses.

  Levels refers to your current level of performance

  Trends refers to the rate of your performance improvements or the sustainability of good performance over time

  Comparisons refer to your performance relative to appropriate national standards, other units in your hospital, or benchmarks or industry leaders.

- Your team will receive separate scores for the Process and Results sections. Those scores will be tallied as an overall numeric score to determine the award for which your team may be eligible.

Process Evaluation Factor Score Summary For Leadership Criteria				
	0% - 25%	30% - 50%	55% - 75%	80% - 100%
Approach Policy Procedures Processes	No systematic approach is evident, although there may be some anecdotal evidence	The beginning of a systematic approach to formal policies, procedures and/or processes is evident	An effective, systematic approach is evident, although there may be gaps in some areas. May include basic or surveillance approaches.	An effective, systematic approach with no gaps is evident.
Application 100% know and can apply	The approach is in the early stages of application in most components. This may represent little or no application of a systematic approach.	The approach is applied to some components and/or in the early stages of others. Some gaps or weaknesses may be evident.	The approach is well applied to most components, although some gaps may be evident.	The approach is fully applied without significant weaknesses or gaps in any components.
Learning In-Process Measures Evaluation	The leadership or team is in the early stages a transition from reacting to problems to a general improvement orientation.	The leadership or team is beginning a systematic approach to evaluation and improvement of key processes.	This team uses a fact-based, systematic evaluation and improvement process and some use of evidence-based approaches, subject matter experts, and/or benchmarks.	This team uses fact-based, systematic evaluation and improvement strategies. Tools, refinements and innovations are backed by analysis and sharing and are evident throughout the 24/7 operations.

Results Evaluation Factor Score Summary For Outcomes Related to Eliminating VAP and CLABSI				
	0% - 25%	30% - 50%	55% - 75%	80% - 100%
Levels	None to few performance results or poor performance levels in areas reported.	Some performance results are reported, and early good performance levels are evident in a few areas.	Performance results are reported for many to most areas, and good performance levels are evident in most areas of relevance to the practice setting.	Performance results are reported for all areas, and good to excellent performance levels are reported in most areas of relevance to the practice setting.
Trends	Trend data either are not reported or show mainly adverse trends.	Some trend data are reported, and majority of the trends presented are favorable.	Trend data is reported for many to most areas of importance or relevance to the practice setting, representative of the population served, and the majority of the trends presented are favorable.	Trend data is reported for all areas of importance or relevance to the practice setting, representative of the population served. Favorable trends have been sustained over time.
Comparisons	Little or no comparative information is reported. If comparative information is reported, unit's results are not at national minimum requirements.	Some current performance measures have been evaluated against relevant comparisons, benchmarks, national measurement criteria, or national nursing sensitive outcome indicators, and show areas of good relative performance.	Many to most current performance measures have been evaluated against relevant comparisons, benchmarks, national measurement criteria, or national nursing sensitive outcome indicators and show areas of very good performance. There may be evidence of achieving better than benchmark results in some areas.	Evidence of industry and benchmark leadership is demonstrated in many areas.

The overall score does not represent a numeric average of the elements. The reviewer identifies the range and score that are most descriptive of the achievement level for each item.