April 16, 2008

HEALTH-CARE-ASSOCIATED INFECTIONS IN HOSPITALS

Leadership Needed from HHS to Prioritize Prevention Practices and Improve Data on These Infections

What GAO Found

In its March report, which is summarized in this statement, GAO found the following:

- CDC has 13 guidelines for hospitals on infection control and prevention, which contain almost 1,200 recommended practices, but activities across HHS to promote implementation of these practices are not guided by a prioritization of the practices. Although most of the practices have been sorted into categories primarily on the basis of the strength of the scientific evidence for the practice, other factors to consider in prioritizing, such as costs or organizational obstacles, have not been taken into account.

- While CDC’s guidelines describe specific clinical practices recommended to reduce HAIs, the infection control standards that CMS and the accrediting organizations require of hospitals describe the fundamental components of a hospital’s infection control program. The standards are far fewer in number than CDC’s recommended practices and generally do not require that hospitals implement all recommended practices in CDC’s guidelines.

- Multiple HHS programs have databases that collect data on HAIs, but limitations in the scope of information collected and a lack of integration across the databases constrain the utility of the data.

GAO concluded that the lack of department-level prioritization of CDC’s large number of recommended practices has hindered efforts to promote their implementation. GAO noted that a few of CDC’s strongly recommended practices were required by CMS or the accrediting organizations but that it was not reasonable to expect CMS or the accrediting organizations to require additional practices without prioritization. GAO also concluded that HHS has not effectively used the HAI-related data it has collected through multiple databases across the department to provide a complete picture of the extent of the problem.