

**California Healthcare-Associated Infection Prevention Initiative (CHAIFI)
A Program of the Blue Shield of California Foundation**

Frequently Asked Questions (FAQs) about CHAIFI

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Frequently Asked Questions (FAQs) about CHAIFI

1. What is CHAIFI?

CHAIFI is the California Healthcare-Associated Infection Prevention Initiative (CHAIFI). CHAIFI is a program of Blue Shield of California Foundation. CHAIFI aims to reduce unnecessary morbidity, mortality, and cost associated with HAIs in California hospitals through clinical and technological innovation. In Phase I (2005-2007), CHAIFI pioneered a comprehensive technology services model that automatically identified and tracked infection outbreaks and early intervention opportunities in 11 pilot hospitals.

Beginning in 2008 with Phase II, CHAIFI will dramatically expand efforts to eliminate HAIs in adult, acute care hospitals in California. In Phase II, BSCF will award technology and quality improvement (QI) grant funds to support 100 California hospitals' participation in a statewide CHAIFI Collaborative focused on HAI elimination. Designed and staffed by world renowned experts in hospital QI and HAI reduction (from the Institute for Healthcare Improvement (IHI) and other leading organizations), the CHAIFI Collaborative will foster peer learning and QI excellence among California hospitals, together with use of electronic HAI surveillance technology to reduce the incidence of HAIs. The goals of the CHAIFI Collaborative will be to enable each participating hospital to "get to zero" in one to three of their most harmful HAIs; to build improvement capacity in every hospital so that each can continue the work of eliminating HAIs after the Collaborative is complete; and to help hospitals using electronic surveillance technology in support of their HAI reduction efforts to apply this technology effectively within a framework of systematic quality improvement.

2. Who is behind CHAIFI? Who is involved?

CHAIFI is a program of Blue Shield of California Foundation. Blue Shield of California Foundation (BSCF) is one of the largest healthcare grantmaking organizations in California. All program funding is provided by BSCF.

Core faculty for CHAIFI is drawn from the following organizations:

- *Institute for Healthcare Improvement (IHI)*
Based in Cambridge, MA, IHI works to catalyze change by cultivating innovative concepts for improving patient care, working directly with providers to put those ideas into action. Thousands of healthcare providers, including many of the finest hospitals in the world, participate in IHI's 5 Million Lives Campaign and other groundbreaking programs.
- *Association for Professionals in Infection Control and Epidemiology (APIC)*
APIC's mission is to improve health and patient safety by reducing risks of infection and other adverse outcomes. The Association's more than 11,000 members have primary responsibility for infection prevention, control, and hospital epidemiology in healthcare settings around the globe. APIC advances its mission through education, research, collaboration, practice guidance, public policy, and credentialing.
- *California Institute for Health Systems Performance (CIHSP)*
CIHSP is a Sacramento, California based not-for-profit dedicated to improving the quality of healthcare in California and to increasing the accountability of the provider community. One of CIHSP's primary objectives is to lead and collaborate with others to promote transformational change through healthcare performance improvement.

- *Cardinal Health/MedMined*

MedMined's HAI electronic surveillance technology helps reduce the human and economic cost of infections. Providing real-time access to and management of infection-related data throughout the facility, MedMined helps hospitals produce measurable cost savings and quality of care improvements. With more than 250 clients nationwide, MedMined has repeatedly produced a 300 percent rate of return for client hospitals within 12 months, with objective measurement of clinical and financial benefits.

3. What is the CHAIFI Collaborative?

The CHAIFI Phase II Collaborative will be a two year, statewide educational program led by BSCF in partnership with CIHSP, and staffed by faculty experts from IHI, APIC, and MedMined. The CHAIFI Collaborative will feature Breakthrough Series Collaborative methodology – IHI's demonstrated model for achieving breakthrough improvements in quality of care. The Collaborative's HAI Elimination Core Curriculum will be organized around Breakthrough Series QI processes and best practices established by renowned organizations such as IHI, the Centers for Disease Control and Prevention (CDC), and APIC. CHAIFI faculty will staff and administer the curriculum to meet the educational needs and interests of participating hospitals. A prominent feature of the curriculum will be peer learning and hospital mentoring to identify, spread, and sustain best practices. Active hospital participation will be encouraged. Content experts, guest speakers, and mentor hospitals from across the nation will be invited to enhance the curriculum.

Topics planned for the core curriculum include HAI risk assessment and surveillance methodology (using data – MedMined and other - to guide HAI prevention activities), Methicillin-Resistant Staphylococcus Aureus (MRSA), surgical site infection, central line-associated blood stream infection, ventilator-associated pneumonia, catheter-associated urinary tract infection, Clostridium Difficile infection, vancomycin-resistant Enterococci, sepsis, and getting hospital leadership and “boards on board” with CHAIFI. For each topic, nationally recognized experts will define the challenge, offer state-of-the-art educational content, and illustrate best practices. Hospital “take-aways” - practical implementation strategies and resources - will be disseminated. Direct technical assistance from CHAIFI faculty and continuing education credit from the California Board of Registered Nursing (BRN) will be available to CHAIFI participating hospitals.

4. How often will the Collaborative meet?

Beginning in June 2008, the CHAIFI Collaborative will convene monthly through webinars and conference calls. Four in-person summit meetings are planned over two years, alternating in northern and southern California locations. Specialized content sessions and conference calls staffed by MedMined will be organized for CHAIFI Technology Cohort grantees. In addition, special sessions on Collaborative curriculum content areas will be staffed by IHI.

5. What hospitals are eligible to participate in CHAIFI?

All California hospitals are welcome to participate in CHAIFI and to benefit from deeply discounted MedMined HAI electronic surveillance system pricing, the HAI Elimination Core Curriculum, and peer learning opportunities of the CHAIFI Collaborative. In addition, California not-for-profit hospitals are eligible to apply for one of three levels of BSCF grant funding through a competitive Request for Proposal process. Selection preference will be given to safety net hospitals and to hospitals expressing interest in Technology Cohort participation (see table below).

6. What are the grants given for? How long are they?

California not-for-profit hospitals may apply for participation in one of three grantee Cohorts, and are eligible to receive the benefits summarized below. For-profit hospitals are not eligible for BSCF grant funds, but reduced MedMined technology pricing and participation in the CHAIFI Collaborative are open to for-profit hospitals. Grant and non-grant opportunities for CHAIFI participants are summarized below:

Cohort	Eligibility	Grant Opportunity	Non-grant Opportunity
Technology Cohort 1 (Phase I pilot hospitals)	By invitation only to CHAIFI Phase I hospitals	Collaborative (QI) and mentor hospital grant: Up to \$25,000 over 21 months	Technology opportunity: Reduced vendor pricing, HAI Benchmarking Suite, and MRSA add-on feature available at no cost
Technology Cohort 2 (Phase II hospitals)	Open to not-for-profit hospitals new to CHAIFI in Phase II (up to 60 hospitals)	Technology grant: \$45,000 (\$30,000 in year 1; \$15,000 in year 2) Collaborative (QI) grant: Up to \$20,000 over 21 months	None
Process & Education Cohort	Open to not-for-profit hospitals new to CHAIFI in Phase II (up to 40 hospitals)	Collaborative (QI) grant: Up to \$20,000 over 21 months	None
For-profit Hospitals	NA	None	(1) Technology opportunity: reduced vendor pricing (2) CHAIFI Collaborative: eligible to participate

7. How do hospitals apply for a grant?

Not-for-profit California hospitals will be invited to apply for technology and QI grants through a competitive Request for Proposal process beginning March 5, 2008 and ending May 1, 2008. **All grant seekers must apply for CHAIFI funds using the BSCF Cybergrants online application system.** The Cybergrants system can be accessed through the home page of the BSCF Web site at www.blueshieldcafoundation.org. Grant awards will be announced by BSCF during the week of May 19, 2008.

For-profit hospitals interested in CHAIFI participation are requested to complete the CHAIFI application, which can be accessed through the home page of the BSCF Web site at www.blueshieldcafoundation.org. Completed applications should be e-mailed to CHAIFI@blueshieldcafoundation.org.

8. How can BSCF grant funds be used?

CHAIFI grantee hospitals may use QI grant funds to support staff training, data analysis, internal communications, relevant consulting services, travel to CHAIFI events, and other direct expenses for implementation of HAI reduction interventions included in the CHAIFI curriculum.

Cohort 2 technology grant funds must be applied toward the purchase of discounted electronic HAI surveillance technology offered by MedMined for the CHAIFI program.

9. Do you have to purchase technology to be part of CHAIPI?

No. MedMined technology purchase is not required for CHAIPI funding or participation. Participating hospitals are free to use any HAI surveillance products. However, BSCF technology grant support and preferred pricing are negotiated through one vendor for the benefit of participating hospitals. CHAIPI grant funds may not be used to purchase other electronic HAI surveillance systems. A detailed description of MedMined products and services is available at <http://www.cardinal.com/medmined>.

BSCF's grantee selection process will emphasize the technology grants and it is expected that the majority of applicants will qualify. However, for hospitals who do not qualify, up to 40 Process and Education (only) grants of up to \$20,000 each to support HAI-focused QI activities will be awarded based on these criteria:

- a) The hospital is too small in size to make a cost-effective case for technology acquisition.
- b) The hospital lacks an adequate IT infrastructure for technology support.
- c) The hospital lacks an HL7 secure line for data transmission.
- d) The hospital already owns/operates an electronic HAI surveillance system.
- e) The hospital is unable to get executive buy-in for technology adoption but is able to obtain executive support for QI activities for reducing HAIs.

10. What participatory commitment do hospitals have to make to get a grant? What's required?

All CHAIPI grantees are asked to:

- Participate in Collaborative meetings and conference calls, and share regular activity/progress updates with the Collaborative so that "all teach and all learn".
- Commit to make in-kind contributions (staff time, financial, and organizational resources) to support program success at their facility.
- Submit a written progress report and financial report to BSCF every six months.
- Participate in BSCF media outreach activities as requested.
- Develop at their facility and share with the Collaborative at least one HAI elimination-focused QI project. Grantees will be asked to select at least one HAI topic from the CHAIPI curriculum for focused intervention at their facility, and to measure change in observed rates of HAI for their chosen topic pre-and post-intervention.

In addition, Technology Cohort 1 grantees are asked to serve as educational mentors/advisors in support of CHAIPI hospitals that are new to electronic HAI surveillance technology.

11. What financial commitment do hospitals have to make to get a grant?

Technology Cohort 2 grantees must enter into a 2-year technology contract with MedMined, and agree to pay \$20,000 in year one and \$35,000 in year two to cover hospital share of costs for the purchase of MedMined technology and services (after BSCF grant subsidy).

12. What are the implementation costs for Technology participants?

The upfront implementation fee has been waived for CHAIPI participants. Additionally, all hardware is provided to the hospital by MedMined.

13. Do you have to join the CHAIPI Collaborative if you only want support to purchase the technology?

Yes. Participation in the Collaborative is required of all CHAIPI grantees.

14. Are there any opportunities for hospitals that already have electronic HAI surveillance systems?

Yes. All California hospitals may participate in the CHAIFI Collaborative. In addition, not-for-profit hospitals may apply for a Process and Education Cohort grant if they already have electronic HAI surveillance in use.

15. Who has access to my hospital's individual data?

Information contained in BSCF progress reports will be analyzed by BSCF for grant program evaluation purposes. Individual hospital data will not be released without hospital permission.

16. Why did BSCF decide to give grants for support of one vendor only?

CHAIFI Phase 2 features a vendor relationship with MedMined (BSCF's CHAIFI Phase I demonstration partner) to support California hospitals interested in purchasing electronic HAI surveillance technology at a deeply discounted price negotiated by BSCF for this program. A national market leader in electronic HAI surveillance technology, MedMined guarantees discounted preferred pricing for CHAIFI that will extend BSCF's reach in supporting California hospitals in technology adoption and HAI reduction efforts. Phase I grantee hospitals consistently rated MedMined customer support as outstanding. An excellent source vendor in Phase I, MedMined is aggressively positioned to support California hospitals' HAI elimination efforts in CHAIFI Phase II.

17. What kind of training is required to participate?

Technology Cohort participants will receive training from MedMined staff in the use of electronic HAI surveillance technology. Hospitals participating in Technology Cohort 2 will be required to send at least one staff member to MedMined University in Birmingham, Alabama, for a three-day technology training session. Travel expenses will be covered by MedMined.

18. How much will the investment in MedMined services be after the grant period ends?

Following the grant period (2 years), hospital investment in MedMined services will be tiered based on annual hospital admissions.

Annual hospital admission tiers:

Tier 1: Less than 7,500 annual hospital admissions

Tier 2: 7,500 to 20,000 annual hospital admissions

Tier 3: Greater than 20,000 annual hospital admissions

The range of investment within these tiers will be \$50,000 to \$100,000 annually. Please contact Jason Hopper at jhopper@medmined.com or 205-314-8593 for specific hospital pricing information.

19. What data support this initiative?

Phase I of CHAIPI demonstrated impressive results. An evaluation of its first 18 months showed over 600 infections prevented. Across all participating hospitals, the overall rate of HAIs dropped 3.2 percent, including declines in blood, respiratory, and urinary infections. Some hospitals reported dramatic reductions of 20 percent. CHAIPI financial results were equally striking. Among CHAIPI hospitals, reductions in HAIs resulted in 4,641 fewer hospital days (and associated claims savings) and \$2.2 million in hospital bottom line savings. BSCF's initial \$1 million investment in CHAIPI lowered costs of care by more than \$9 million. In just 18 months, CHAIPI showed that automated reporting, prevention, and surveillance technology can decrease HAI's.

CHAIPI Phase II combines demonstrated excellence in QI training and best practices staffed by experts at IHI and APIC, and peer learning and mentoring among California hospitals, together with CHAIPI Phase I's proven innovation - use of electronic HAI surveillance technology to reduce the incidence of HAIs.

20. Why is BSCF offering these grants?

CHAIPI's goal - to reduce unnecessary morbidity, mortality, and cost associated with HAIs in California hospitals through clinical and technological innovation – is solidly aligned with the grantmaking goals of BSCF's Health and Technology Program. In addition, HAI's are a significant problem. Each year across the nation, one in 20 patients acquires an infection during their hospital stay. It is estimated that 240 patients die each day from a hospital acquired infection (HAI). Of the 2 million people who suffer from HAIs each year (including 150,000 cases annually in California), five percent (99,000) die, making HAIs a leading cause of death in the United States. What makes the impact of HAIs particularly tragic is that a large number of these infections are preventable. In addition, HAIs have a similarly profound impact on cost of treatment. Each year in California, \$2.2 billion additional dollars are reimbursed for these deadly, yet preventable, breakdowns in the care process. Nationwide, HAIs account for an estimated \$25 billion annually - an average cost of \$11,260 per case.

21. Who can I talk to if I have questions about CHAIPI, MedMined™ services, or the BSCF grant process?

All CHAIPI questions should be e-mailed to CHAIPI@blueshieldcafoundation.org. Questions will be reviewed by Foundation staff and responded to within a few business days.

In addition, if you have specific questions about the CHAIPI Collaborative, you may contact Lisa Payne Simon, CHAIPI Program Director, at 510-453-4633 or lisapsimon@comcast.net.

If you have questions about MedMined™ services, please contact Jason Hopper at 205-314-8593 or Jason.hopper@medmined.com.

22. What is Blue Shield of California Foundation?

Blue Shield of California Foundation is one of the largest healthcare grantmaking organizations in California. The Foundation's goals are expanding access to health coverage, advancing the use of technology to improve access to quality health care, and ending domestic violence. The Foundation was formed by Blue Shield of California, a not-for-profit corporation with more than 3.2 million members, 4,300 employees and 20 offices throughout California. For more information, please visit www.blueshieldcafoundation.org.