

DIRECT AWARD NOTIFICATION

Emerging Infections Program
ARRA – HAI Grant

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BACKGROUND:	<p>The Georgia Department of Community Health (DCH) was created in 1999 (Senate Bill 241) with the responsibility for insuring over two million people in the State of Georgia to maximize the State’s health care purchasing power, to coordinate health planning for state agencies, and to propose cost-effective solutions to reducing the numbers of uninsured. Within the Department, the Division of Public Health is responsible for disease control and prevention, the reduction of avoidable injury-related deaths and disabilities, and the promotion of healthy lifestyles. The three basic functions of public health include assessing the health status of the population; assuring that people have the resources and skills necessary to remain healthy; and establishing and implementing sound public health policy.</p>
PROGRAM BACKGROUND:	<p>The American Recovery and Reinvestment Act of 2009, Public Law 111-5 (ARRA) was signed into law on February 17, 2009. The Prevention and Wellness Fund section of ARRA provides funding to the Office of the Secretary (OS) of the Department of Health and Human Services (HHS) to be provided to States as an additional amount to carry out activities to reduce healthcare-associated infections (HAIs). In January 2009, the Department of Health and Human Services released the HHS Action Plan to Prevent Healthcare-Associated Infections. The purpose of this ARRA-HAI supplement to the CDC Emerging Infections Cooperative Agreement is to address the HHS Action Plan by using the existing EIP network, capacities, and infrastructure to support targeted efforts to monitor and investigate the changing epidemiology of HAIs.</p> <p>The Prevention and Wellness Fund section of ARRA provides funding to the Office of the Secretary (OS) of the Department of Health and Human Services (HHS) to be provided to States as an additional amount to carry out activities to reduce HAIs. In January 2009, the Department of Health and Human Services released the HHS Action Plan to Prevent Healthcare-Associated Infections. The purpose of this ARRA-HAI supplement to the CDC Emerging Infections Cooperative Agreement is to address the HHS Action Plan by using the existing EIP network, capacities, and infrastructure to support targeted efforts to monitor and investigate the changing epidemiology of HAIs. Also, in 2008, legislation was passed in Georgia providing authority to the Department of Community Health to oversee and publicly report information regarding cost and quality of healthcare in Georgia (O.C.G.A. § 31-5A-7)</p>

<p>PROGRAM DESCRIPTION:</p>	<p>The purpose of the overall EIP cooperative agreement is to assist in local, state, and national efforts to prevent, control, and assess the public health impact of emerging infectious diseases including HAIs. The EIPs are a network of 10 State health departments (including Georgia) working with collaborators in laboratories, healthcare facilities, and academic institutions. Although the project takes place in Georgia, similar projects will occur simultaneously in the other 9 EIP sites. The EIPs present an existing network with the capacity and infrastructure to support targeted efforts to monitor and investigate the epidemiology of HAIs in the population and correlate these changes to local HAI prevention efforts. These investigations will increase the knowledge base in this area and facilitate HAI prevention efforts.</p> <p>HAIs constitute a major public health problem in the United States, affecting an estimated 5 to 10% of hospitalized patients annually. It has been estimated that in 2002, 1.7 million infections and 99,000 associated deaths occurred in hospitals alone. In addition to the substantial human suffering associated with HAIs, the financial burden attributable to these infections is staggering with an estimated \$33 billion in added healthcare costs. Recent research efforts supported by the CDC and Agency for Healthcare Research and Quality (AHRQ) have shown that implementation of CDC HAI prevention recommendations can reduce HAIs by 70%, and virtually eliminate some types of infections. Broad implementation of these guidelines can result in dramatic reductions in HAIs, which will not only save lives and reduce suffering, but will result in healthcare cost savings, especially in the Medicare and Medicaid programs. A national effort to prevent HAIs will also be an early “win” for healthcare reform, by eliminating waste and reducing costs in the healthcare system while also improving quality for patients.</p> <p>Given evidence that many HAIs are preventable, establishing and sustaining a coordinated, standardized surveillance system is essential to setting priorities, focusing prevention activities, evaluating impact of interventions, and developing policies at the state level. Recovery Act funding will provide a critical short-term investment to develop state capacity with regard to HAIs in Georgia. The end result of most of the HAI surveillance activities will be to build knowledge of and capacity for HAI prevention and surveillance at acute facilities throughout GA.</p> <ol style="list-style-type: none"> 1) The GRANTEE will comply with all ARRA requirements (see ARRA Division A Title XVI); 2) The GRANTEE will comply with the following Health and Human Services (HHS) Grant Policy requirements for purchasing and maintenance of equipment, as defined as tangible nonexpendable
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	<p>personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$5000 or more per unit, (See 45 CFR Part 74 Grant Requirements;</p> <p>3) The GRANTEE agrees to:</p> <ul style="list-style-type: none"> a. Evaluate the epidemiology of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) HAIs in non-hospital settings to develop prevention measures; b. Develop innovations in HAI surveillance through the CDC National Healthcare Safety Network (NHSN); c. Conduct a comprehensive HAI prevalence survey in a single hospital to assess the accuracy and relevance of NHSN HAI data reported to state health departments and CDC; and d. Collaborate with CDC to assess the role and potential for interruption of inter-facility transfer of multi-drug resistant organisms (MDROs) and <i>Clostridium difficile</i> infections (CDI) between healthcare facilities.
<p>AWARD JUSTIFICATION:</p>	<p>This ARRA funding was awarded through CDC’s Emerging Infections Program (EIP) <u>only</u> to the 10 EIP sites, including Georgia. The Georgia Division of Public Health has contracted with the Atlanta Research and Education Foundation (AREF) to conduct Emerging Infections Program activities in the Atlanta MSA since first receiving EIP funding from CDC in 1996. AREF has developed the extensive experience and infrastructure necessary to support this system, including the retention of many of the original staff who are highly trained and experienced in the implementation of active surveillance methodologies and project protocols associated with the Emerging Infections Program. The Principal Investigator at AREF has overseen the system for 14 years and has attended all CDC’s annual meetings related to leading this project. Staffing continuity is critical to the continued success of the EIP since the AREF EIP Team has developed extensive relationships over the last 14 years with many hospital and community partners necessary for efficient implementation of these ARRA-funded HAI surveillance and point prevalence studies.</p>
<p>AWARD(S):</p>	<p>TOTAL DIRECT AWARD FUNDS AVAILABLE: \$497,911.</p>
<p style="text-align: center;"><u>TO SUBMIT INQUIRIES TO THIS DIRECT AWARD NOTIFICATION</u> Contact Romero Stokes, DCH Grant Compliance Monitor at rstokes@dch.ga.gov no later than 2:00 on Friday, November 20, 2009.</p>	