



Alignment between Activities related to HAI and AR and Public Health Accreditation (HAI/AR and Accreditation Crosswalk): Overview and Guidance

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The Centers for Disease Control and Prevention (CDC) Division of Healthcare Quality Promotion (DHQP) and [Center for State, Tribal, Local and Territorial Support \(CSTLTS\)](https://www.cdc.gov/stltpublichealth/) (<https://www.cdc.gov/stltpublichealth/>), in collaboration with [Public Health Foundation \(PHF\)](http://www.phf.org/Pages/default.aspx) (<http://www.phf.org/Pages/default.aspx>), developed a crosswalk to highlight potential linkages between healthcare-associated infection (HAI) and antibiotic resistance (AR) program activities and the population-based accreditation standards and measures for health departments, established through the Public Health Accreditation Board (PHAB). The crosswalk can aid health departments' HAI/AR Programs and accreditation staff demonstrate specific examples of HAI/AR activities that help fulfill accreditation objectives and strengthen crosscutting health department performance improvement efforts.

Developing and Vetting the Crosswalk

Starting in 2013, CDC staff from DHQP and CSTLTS have collaborated to identify alignments and areas of connection between HAI/AR activities and accreditation requirements. Using this collective experience, the crosswalk was updated in late 2017. In early 2018, CDC engaged PHF to conduct

interviews with seven health departments (four state, three local) to obtain input and perspectives on the crosswalk. PHF captured perspectives from both HAI/AR Programs and accreditation/performance improvement staff. Overall, health department staff felt the crosswalk was helpful in promoting collaboration, new ideas, and conversations across the two programs and offered suggestions for changes and improvements to the crosswalk. CDC used the feedback to refine the crosswalk and welcomes additional input as health departments begin to use it in practice.

“The crosswalk reiterates that everybody in this agency has a part in accreditation”
– State Health Department Accreditation Coordinator

About the Content of the Crosswalk

What is Public Health Accreditation?

Many health-related entities have accreditation programs, but until 2011, there was no national accreditation program for public health departments. Accreditation through PHAB is a voluntary process that measures the performance of state, tribal, local, and territorial health departments against a national set of evidence-based standards focusing on population-based public health services. Health departments report

that accreditation helps them better identify strengths and weaknesses, document their capacity to deliver the core functions and 10 Essential Public Health Services, increase their accountability to community members, stakeholders, and policymakers, and improve their communication with the governing entities/boards of health.

Since exploratory work on accreditation began in 2004, CDC has served as a co-funder (along with the Robert Wood Johnson Foundation) and partner in developing, establishing, and improving the national accreditation program. CDC's CSTLTS supports accreditation as a means to enhance accountability and quality across the public health enterprise. Given CDC's many programmatic areas of interest, the agency plays an ongoing role in identifying connections and highlighting where accreditation standards bolster or reinforce programmatic efforts.¹

The crosswalk uses the [PHAB Standards and Measures Version 1.5 \[PDF - 264 pages\]](http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf), (<http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>), which were released in 2014 and are used by sites currently seeking initial accreditation. While the measures for reaccreditation are different, the domains and standards are the same and those seeking reaccreditation should find the crosswalk valuable as well. (See [Guide to National Public Health Department Reaccreditation: Process and Requirements \[PDF - 90 pages\]](http://www.phaboard.org/wp-content/uploads/2018/11/PHABGuideReacc.pdf) (<http://www.phaboard.org/wp-content/uploads/2018/11/PHABGuideReacc.pdf>)).

What is the focus of health department HAI/AR Programs?

HAIs are infections caused by a wide variety of bacteria, fungi, and viruses during the course of receiving medical care. The most serious infections are caused by antibiotic resistant organisms, which can be difficult or impossible to treat. HAI/AR Programs use a multi-factorial approach to prevent and respond to infectious disease threats in healthcare settings including:

- **Surveillance/Data for Action:** HAI/AR Programs use available data sources to understand the HAI/AR burden in their communities
- **Containment/Response:** HAI/AR Programs monitor and assist healthcare facilities with responding to HAI/AR outbreaks and new and emerging threats.
- **Prevention:** HAI/AR Programs facilitate activities to prevent outbreaks and new and emerging HAIs.
- **Laboratory:** state labs provide test and investigation results and may provide HAI/AR surveillance data.
- **Policy:** HAI/AR Programs may participate in the implementation of policy and strategy related to HAI prevention.
- **Partnerships:** HAI/AR Programs may participate in partnerships to build capacity or facilitate HAI/AR prevention.
- **Communications:** HAI/AR Programs may communicate about data, policy, legislation or activities to state, local, tribal or territorial health departments.

¹ Corso L, Thomas C. Driving change and reinforcing expectations by linking accreditation with programmatic and strategic priorities. Supplement, Impact of Public Health Accreditation. J Public Health Manag Pract. 2018;24(suppl 3):S109–S113.

CDC supports HAI/AR activities through dedicated funding in the [Epidemiology and Laboratory Capacity \(ELC\) Cooperative Agreement](https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html) (<https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html>). Much of the crosswalk content draws from expectations of ELC grantees and the evidence-based interventions advanced through the CDC HAI/AR Program, although the crosswalk can be helpful for health departments that are not grantees as well.

How to Use the Crosswalk

The crosswalk provides content in three columns.

- Column 1 cites PHAB’s Standards and Measures (Version 1.5) for each of the 12 Domains.
- Column 2, “HAI/AR-specific Programs or Activities” describes relevant HAI/AR Programs and activities drawn largely from ELC guidance for grantees.
- Column 3, “Opportunities/Considerations for Connections between HAI/AR and Accreditation.”

The crosswalk can be used to foster engagement between HAI/AR programmatic work and cross-cutting health department accreditation efforts. More concretely, it can aid staff in identifying or highlighting opportunities for documentation or activities that align with accreditation requirements, and/or identifying areas for improving health department activities. Accreditation coordinators can use this to clarify how HAI/AR staff can participate in accreditation documentation efforts.

Conversely, HAI/AR staff can use this crosswalk to consider aspects of their work in categories that align with PHAB Domains. Although the crosswalk is structured around the PHAB Domains, Standards and Measures, it may be more useful for HAI/AR staff to consider categories of their program that align with PHAB standards, such as surveillance, response, partnerships, and communications. The following section includes highlights of connections across areas of activity in HAI/AR Programs. HAI/AR staff may find this useful as they participate in accreditation or agency-wide performance improvement efforts.

Accredited health departments should also find the crosswalk valuable, as it can highlight HAI/AR activities that may not have been previously considered across the PHAB domains (which remain the same for reaccreditation). In particular, the crosswalk can prompt ideas for areas for improvement that can be used as additional examples within annual reports or reaccreditation efforts.

This document is not intended to provide definitive information on all possible linkages between PHAB Standards and Measures and HAI/AR programmatic activities, nor is it a guarantee of conformity to PHAB documentation requirements. The crosswalk is intended to support accreditation coordinators and health department HAI/AR program staff as they identify important points of connection, emphasizing collaboration across the health department and in population-based efforts.

Key Areas of Connection between PHAB Standards and HAI/AR Programs

Crosswalk results and health department staff indicate that while there are connections across almost all PHAB Domains, PHAB Domains 1 and 2 contain the most relevant and robust opportunities to demonstrate where HAI/AR activities can contribute to accreditation documentation requirements. Potential documentation examples may include reports of HAI surveillance data; MOUs and other arrangements with other agencies; demonstration of laboratory resources; communications regarding antimicrobial resistance; and coordination with other areas of public health such as preparedness. The tables below provide a snapshot of areas for collaboration and coordination opportunities.

Health departments' HAI/AR Programs reported that PHAB Domains 1 and 2 contained the most relevant and robust opportunities to demonstrate where HAI/AR activities can contribute to accreditation documentation requirements. Potential documentation examples may include reports of HAI surveillance data; MOUs and other arrangements with other agencies; demonstration of laboratory resources; communications regarding antimicrobial resistance; and coordination with other areas of public health such as preparedness. The table below provides a snapshot of the areas with the strongest potential for collaboration and coordination.

Most Relevant Connections between PHAB Domains and HAI/AR Programs

● = stronger connection; ○ = weaker connection

PHAB Domain	Surveillance/ Data for Action	Containment/ Response	Prevention	Lab	Policy	Partnerships	Communication
1 - Assess	●	○	○	○	○	●	●
2 - Investigate	●	●	●	●	○	●	●
3 - Inform and Educate	○	○	○	○	○	●	●
4 - Community Engagement	○	○	○	○	●	●	●
5 - Policies and Plans	●	●	●	○	●	●	●
6 - Public Health Laws	○	○	●	○	●	○	●
7 - Access to Care	○	○	○	○	○	●	○
8 - Workforce	○	○	○	○	○	●	○
9 - Quality Improvement	●	○	●	○	●	○	●
10- Evidence-based Practices	●	○	●	○	○	●	○
11- Administration and Management	○	○	○	○	○	○	○
12- Governance	○	○	○	○	○	○	○

Examples of Connections from the Crosswalk

PHAB Domains/Standards/Measures

Language in this column is extracted exactly from the PHAB Standards and Measures, V 1.5, at the Domain, Standard and Measure levels.

HAI/AR Specific Programs or Activities

Programs and activities reflect relevant HAI/AR activities. While they are drawn largely, but not exclusively, from ELC guidance for Recipients, they may be applicable to health departments that do not receive ELC funds.

Opportunities / Considerations for Connections Between HAI/AR and Accreditation

This column represents both conceptual and concrete opportunities that can prompt new collaborations between HAI/AR and accreditation efforts and/or possibilities for accreditation documentation that can be drawn from HAI/AR work.

Context statements are provided paraphrasing all or some elements of the PHAB expectations with follow up statements about where HAI/AR connections can be made.

Crosswalk Tool Example

DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment

PHAB Domains/Standards/Measures	HAI/AR Specific Programs or Activities	Opportunities / Considerations For Connections Between HAI/AR and Accreditation
<p>Measure 1.1.1:</p> <p>(S) A state partnership that develops a comprehensive state community health assessment of the population of the state.</p> <p>(TL) Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department.</p>	<p>HAI/AR Programs or responsible parties in HDs build capacity for HAI and AR prevention. They coordinate and collaborate with multi-disciplinary advisory groups and various healthcare and community partners to facilitate HAI/AR surveillance and prevention activities. Assessments and robust partnerships are key components for all HAI/AR Programs, including improving antibiotic use across healthcare and the community.</p>	<p>Context: A comprehensive community health assessment includes many stakeholders and participation from a variety of sectors. HAI/AR surveillance and prevention activities, as well as improving antibiotic use across healthcare and the community, are areas that rely on engagement and relationships with different partners to ensure quality data and evidence-based decision-making.</p> <p>Opportunity: A HD’s HAI/AR partnerships and assessment activities can be drawn from or incorporated into broader community health assessment activities.</p>

Acronyms

Acronym	Term
AAR	After Action Report
AR	Antimicrobial Resistance or Antibiotic Resistant Infections
ARLN	Antibiotic Resistance Laboratory Network
AU	Antibiotic Use
AUR	Antibiotic Use and Resistance
CMS	Centers for Medicare and Medicaid
CRE	Carbapenem-resistant Enterobacteriaceae
EIP	Emerging Infections Program
ELC	Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases
EOP	Emergency Operations Plan
HAI	Healthcare-Associated Infections
HAN	Health Alert Network
HD	Health Department
HIP	Health Improvement Plan
L or LHD	Local Health Department
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MDRO	Multidrug-resistant organism
NHSN	National Healthcare Safety Network
NNDSS	Nationally Notifiable Data Detection System
PMS	Performance Management System
PHAB	Public Health Accreditation Board
PHF	Public Health Foundation
QI	Quality Improvement
S	State Health Department
S/T	State/Tribal Health Department
TA	Technical Assistance
T	Tribal Health Department
T/L	Tribal/Local Health Department