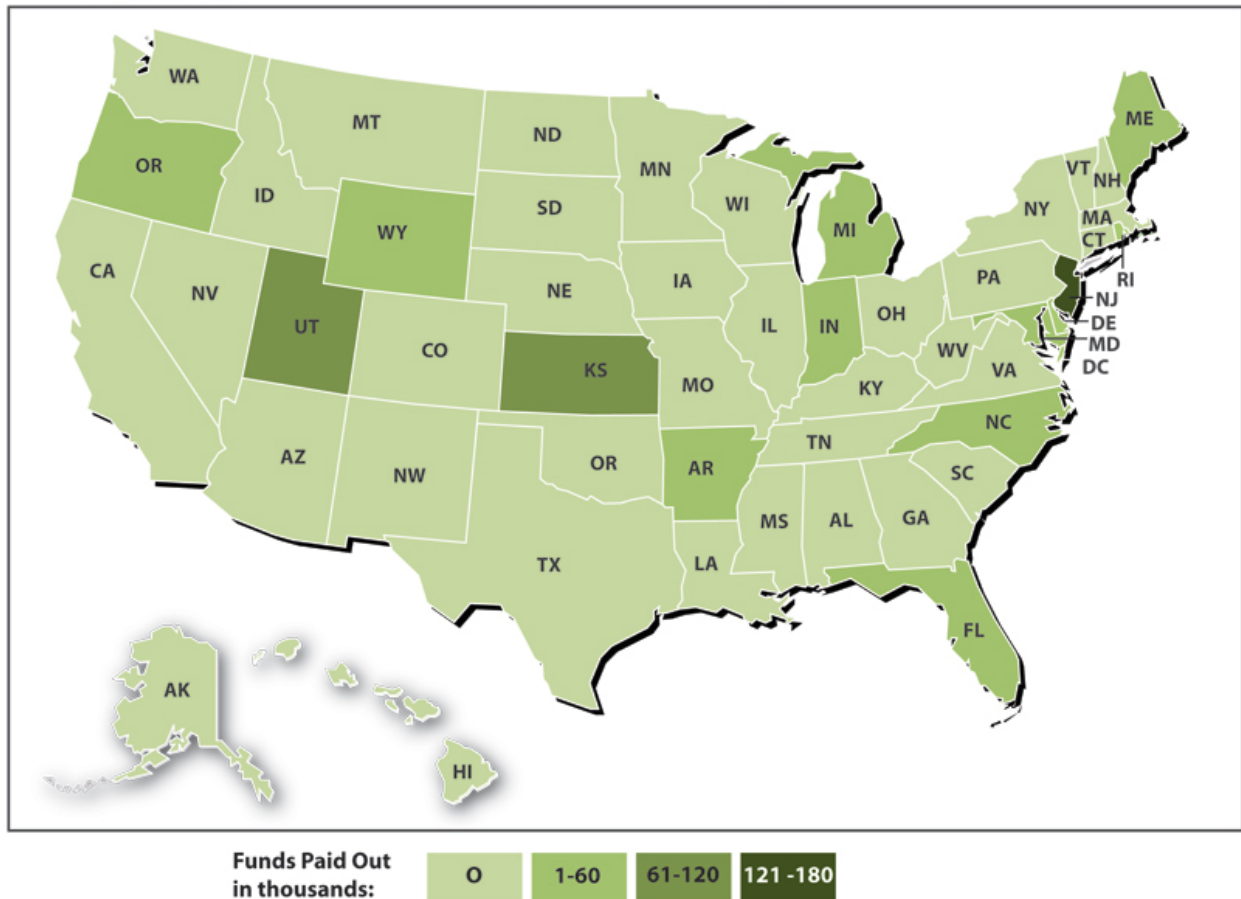


**Ambulatory Surgical Center (ASC)
Healthcare-Associated Infection (HAI) Initiative
Recovery Act – FY 2009 Plan Approvals**

Funds Paid Out *



The American Recovery and Reinvestment Act (Recovery Act) appropriated \$50 million to the Department of Health and Human Services (HHS) Office of the Secretary. These funds will be provided to States for the execution and implementation of healthcare-associated infection (HAI) reduction strategies. They will also be used for State prevention activities and enhancing oversight at the State level.

Of the total \$50 million appropriated to reduce HAIs, \$10 million is provided for State Survey Agencies (SAs) to improve the survey process for Medicare-participating Ambulatory Surgical Centers (ASCs).

ASCs account for 43 percent of all same-day (ambulatory) surgery in the United States, amounting to about 15 million procedures every year and have been the fastest growing provider type participating in Medicare, increasing in number by more than 38% between 2002 and 2007. Typical surgical procedures conducted in ASCs include endoscopies and colonoscopies (including removal of identified polyps), orthopedic procedures, plastic/reconstructive surgeries, and eye, foot, and ear/nose/throat surgeries.

A 2008 Hepatitis C outbreak in Nevada was traced to poor infection control practices at various ASCs (potentially affecting more than 50,000 people). Follow-up Medicare surveys throughout

Nevada found serious deficiencies at 64% of the ASCs surveyed, primarily with infection control practices.

This initiative will significantly expand the awareness of proper infection control practices among ASCs and SAs, increase the extent to which infection control deficiencies are both identified and remedied, and prevent future serious infections in ASCs by:

- (a) Improving SA inspection capability and frequency for onsite surveys of ASCs nationwide,
- (b) Using a new infection control survey tool developed by the CDC and CMS,
- (c) Improving the survey process through the use of a CMS tracer methodology, and
- (d) Using multi-person teams for ASCs over a certain size or complexity.

The Recovery Act funds will enable the application of the above four-component new survey process nationwide.

12 states – Maine, New Jersey, Maryland, Florida, North Carolina, Indiana, Michigan, Arkansas, Oregon, Utah, Wyoming and Kansas – will survey more than 125 ambulatory surgical centers (ASCs) before September 30, 2009, at an estimated cost of up to \$1 million. The onsite reviews, paid for out of Recovery Act funds, are designed to ensure that the facilities are following Medicare’s health and safety standards.

An additional \$9 million will be available in October 2009 for all States to make additional inspections of ASCs with the new, improved survey tool. The CDC will also make \$40 million available to State public health departments to create or expand State-based HAI prevention and surveillance efforts, and strengthen the public health workforce trained to prevent HAIs. These funds support activities outlined in HHS’ 2009 Action Plan to Prevent Health care-Associated Infections, available at <http://www.hhs.gov/ophs/initiatives/hai/prevention.html>

The map above depicts, in varying shades of green, the amount of funding CMS is providing to the 12 States participating in the FY09 portion of the initiative. The specific breakdown is below.

State	FY 09 Award Amount
Arkansas	\$14,000
Florida	\$16,250
Indiana	\$62,500
Kansas	\$53,500
Maine	\$13,500
Maryland	\$73,000
Michigan	\$53,000
New Jersey	\$125,000
North Carolina	\$34,000
Oregon	\$53,500
Utah	\$62,500
Wyoming	\$11,500
Total for States & DC	\$572,250