

Texas Healthcare Safety Plan

2025-2026



TEXAS
**Health and Human
Services**

**Texas Department of
State Health Services**

Prepared by:
Healthcare Safety Unit

List of Acronyms

Acronym	Full Name
AR	Antimicrobial Resistance
AS	Antimicrobial Stewardship
ASC	Ambulatory Surgery Center
ASP	Antimicrobial Stewardship Program
CAUTI	Catheter-Associated Urinary Tract Infection
CDC	Centers for Disease Control and Prevention
CDI	<i>Clostridioides difficile</i> Infection
CLABSI	Central Line-Associated Bloodstream Infection
CRE	Carbapenem-resistant <i>Enterobacterales</i>
DSHS	Department of State Health Services
HAI	Healthcare-Associated Infection
HSU	Healthcare Safety Unit
ICAR	Infection Control Assessment and Response
IPC	Infection Prevention and Control
LHD	Local Health Department
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
PAE	Preventable Adverse Events
PHR	Public Health Region
SIR	Standardized Infection Ratio
SSI	Surgical Site Infection
TxHSN	Texas Healthcare Safety Network
VISA	Vancomycin-intermediate <i>Staphylococcus aureus</i>
VRSA	Vancomycin-resistant <i>Staphylococcus aureus</i>

Background

According to the [Texas Comptroller's 2024 Statewide Report](#), Texas has 261,000 square miles of land and 254 counties. The Texas Department of State Health Services (DSHS) is the State's health department, divided into eight public health regions (PHRs). Each PHR has local health departments (LHDs) operating at the county or city level. The PHR serves as the HD for counties or cities that do not have an LHD. According to the [Health and Human Services Commission](#) and [Texas Health and Human Services](#), there were 4,671 licensed healthcare facilities in Texas as of October 2025. This number includes general and special hospitals, ambulatory surgery centers (ASCs), free-standing emergency medical centers, nursing homes, and assisted living facilities.

Healthcare Safety Unit (HSU) of Texas DSHS conducts surveillance and infection prevention control activities guided by [Texas Administrative Code \(TAC\) Chapter \(Ch.\) 558](#), [Texas Health and Safety Code \(THSC\) Ch. 81](#) and [Ch. 98](#). The [THSC Ch. 98](#) mandates Texas general hospitals (e.g., acute care, pediatric, critical access, oncology, surgical and women's hospitals) and ASCs to report certain HAIs via National Healthcare Safety Network (NHSN) and Preventable Adverse Events (PAEs) through Texas Healthcare Safety Network (TxHSN). [TAC Ch. 97](#) and [THSC Ch. 81](#) require providers to report notifiable conditions, including *Candida auris* (*C. auris*), Carbapenem-resistant *Enterobacterales* (CRE), Vancomycin-intermediate *Staphylococcus aureus* (VISA), and Vancomycin-resistant *Staphylococcus aureus* (VRSA). The notifiable conditions data is reported by Texas epidemiologists to Centers for Disease Control and Prevention (CDC) via Texas version of National Electronic Disease Surveillance Systems (NEDSS).

NHSN is a secure internet-based surveillance system for monitoring and reporting data nationally. TxHSN is a web-based system that was developed to help coordinate and simplify the communication process between Texas and reporting healthcare facilities. HAI data reported via NHSN by Texas facilities are transferred to TxHSN. The reportable HAIs include Central Line-Associated Bloodstream Infections (CLABSIs), Catheter-Associated Urinary Tract Infections (CAUTIs), Surgical Site Infections (SSIs) following colon and abdominal hysterectomy procedures, Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia, and *Clostridioides difficile* Infection (CDI) Laboratory Identified (LabID) events. Reportable PAEs include [specific event types](#) in the following categories: care management, surgical or invasive procedures, environmental, patient protection, product or devices, potential criminal or radiologic.



Responsibilities

The HSU consists of two groups, HAI/AR Investigations and Healthcare Safety Data and Training. The HAI/AR Investigations Group is comprised of HAI and AR epidemiology teams. The Healthcare Safety Data & Training Group is comprised of Training and Outreach, Data Validation, and TxHSN application support teams. These groups work together to increase and sustain infection prevention and control (IPC) expertise for LHDs and healthcare facilities in Texas.

HAI/AR Investigations Group

The HAI/AR Investigations Group, alongside LHDs, promptly investigate reported cases of HAIs and AR organisms to ensure that proper containment measures are in place to prevent further spread across healthcare facilities. Texas DSHS Laboratory has participated in the Antimicrobial Resistance Laboratory Network (ARLN) since 2016, which has enhanced the state's ability to identify novel or high concern AR organisms and corresponding resistance mechanisms. The HAI/AR Investigations Group utilizes the [Texas ARLN Response Plan and Epi-Lab Work Plan](#), developed in collaboration with Texas DSHS Laboratory, to guide Texas epidemiologists on the containment of AR organisms.

Recognizing the complexity of care received within different healthcare settings, the HAI/AR Investigations Group can conduct both response-driven and prevention-based Infection Control Assessment and Response (ICARs) and IPC education across a variety of healthcare settings. The HAI/AR Investigations Group also provides training on how to conduct an HAI-outbreak investigation for LHDs, including conducting an ICAR, coordinating colonization screenings, implementing mitigation strategies, and conducting retrospective and prospective laboratory surveillance.

Healthcare Safety Data and Training Group

The Training and Outreach Team develops and maintains Texas HAI/AR workforce capacity. The team facilitates access to professional IPC education, identifies and fills infection control gaps, and addresses deficiencies in facility infection control. These objectives are met through coordination of IPC webinars, learning needs assessments, continuing education for multiple disciplines, and the annual Healthcare Safety Conference. The team also leads a statewide promotion of [CDC's Project Firstline](#), a training collaborative providing infection control education for healthcare workers in multiple formats to meet a variety of learning needs and preferences.

The Data Validation team validates the HAI data submitted from Texas facilities reporting to NHSN. This external validation process ensures quality data for DSHS to analyze and drive evidence-based surveillance efforts in Texas. The Data Validation and TxHSN teams also developed a [Healthcare Safety Annual Report](#) summarizing HAI and PAE data across the calendar year. This report includes information on each PAE, HAI, types of units and facilities, specific pathogens, and antibiograms. The antibiogram data combines two years of isolates to monitor trends in antimicrobial susceptibility in Texas.



The Data Validation Team coordinates Antimicrobial Stewardship (AS) activities which supplement HAI and Antimicrobial Resistance (AR) activities and provide long-term sustainable reduction in AR. The implementation of Antimicrobial Stewardship Programs (ASPs) across all spectrums of healthcare in tandem with coordinated, evidence-based surveillance, prevention, and response activities increases DSHS' capacity to positively impact patient safety, patient outcomes, and healthcare expenditures. HSU collaborates statewide to promote CDC's 'Five D's' of AS: (1) diagnosis, (2) drug choice, (3) dose, (4) duration of therapy, and (5) de-escalation. Successful ASPs implement the Core Elements of AS and emphasize leadership commitment, accountability, drug expertise, action, tracking, reporting, and education.

The TxHSN Team oversees PAE and HAI reporting, generates facility-specific healthcare safety summary reports, and supports the TxHSN application. DSHS continues to enhance the existing TxHSN framework by incorporating additional functionality to ICAR tools and TxHSN data. This allows DSHS staff to better utilize healthcare safety data to address PAEs and to prevent and contain the spread of HAIs and AR in Texas. Through the TxHSN enhancement, HSU hopes to build relationships with a variety of healthcare facilities, providers, labs, quality and patient safety professionals, and infection preventionists to improve PAE and HAI related responses across all regions in Texas.

Healthcare Safety Unit Vision, Mission, and Values

Vision: Help achieve safe and quality healthcare that improves the well-being of everyone in Texas.

Mission: Promote safe and quality healthcare through awareness, education, transparency, monitoring, and response.

Values:

1. Empower Texans to make informed decisions about their healthcare.
2. Conduct duties with respect and dignity for all members of our community.
3. Provide expertise to maintain the highest healthcare safety standards.
4. Collaborate with stakeholders to identify and implement evidence-based practices.
5. Strive for continuous improvement, excellence, professionalism, and innovation.
6. Respond rapidly to public health threats in Texas.



Priorities	Implementation Strategies
Contain HAI/AR threats	1. Provide technical expertise to healthcare facilities when HAIs and AR threats are identified, such as performing ICARs using CDC's standardized tool; expert IPC training; precautions resources, coordinating laboratory testing; and workforce training. 2. Track and contain MDRO and infectious disease outbreaks in healthcare facilities. Response activities can include conducting infection control assessments, providing ongoing guidance, and tracking cases until the outbreak is contained. 3. Collaborate with LHDs and other external stakeholders to ensure consistent infection control guidance is provided to healthcare providers and facilities across the state. 4. Follow the Texas ARLN response plan for AR threat containments.
Enhance infection control practices in healthcare facilities	1. Promote IPC best practices in healthcare settings and provide recommendations to healthcare facilities according to evidence-based guidelines and accreditation standards of care. 2. Maintain IPC expertise HSU to support the healthcare community. 3. Conduct ICARs in healthcare facilities to identify areas for improvement and to prepare them for future HAI/AR threats. 4. Engage with internal and external partners to collaborate on healthcare safety activities (e.g., End Stage Renal Disease Network, quality improvement organizations, regulatory/licensing entities, academic centers, and non-profit organizations).
Implement interventions to support AS	1. Consult on AS-related public health interventions and promote appropriate antimicrobial prescribing practices and policies. 2. Strengthen the capacity to identify, develop, and implement the CDC's Core Elements of AS. 3. Create and share AS assessment tools and education materials for healthcare professionals and the public.

Ensure HAI data quality	1. Provide education to Texas healthcare facilities to ensure proper usage of NHSN surveillance definitions. 2. Provide education and training for healthcare facilities regarding HAI reporting requirements at the national and state level. 3. Review the infection control and reporting activities of health care facilities to ensure the data provided by the facilities is valid and does not have unusual data patterns or trends that suggest implausible infection rates.
Analyze data to drive prevention strategies	1. Analyze HAI and AR data from TxHSN, NHSN, NEDSS, and the ARLN to identify healthcare facilities that could benefit from additional IPC support. 2. Utilize NHSN data to produce annual antibiograms and track trends in antimicrobial susceptibility of organisms causing HAI infections.
Monitor PAEs	1. Track reportable PAEs and monitor the data to identify outliers and trends. 2. Share evidence-based best practices with public health and healthcare stakeholders to prevent and reduce PAEs in general hospitals and ASCs.
Address knowledge gaps by providing training and education	1. Identify IPC learning needs by surveying Texas healthcare workers, public health, and allied professionals. 2. Partner with public health and healthcare stakeholders to promote the Project Firstline training modules and educational materials. 3. Work to reduce healthcare safety events by providing training and educational resources based on learning needs surveys, increasing IPC capacity in healthcare facilities and LHDs.

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