MARYLAND HEALTH CARE COMMISSION

Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

June 24, 2009

Committee Members Present
Sara E. Cosgrove, MD, MS
Carol Payne (via telephone)
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Maria E. Eckart, RN, BSN, CIC
Anthony Harris, MD, MPH
Lynne V. Karanfil, RN, MA, CIC
William Minogue, MD (via telephone)
Michael Anne Preas, RN, BSN, CIC
Brenda Roup, PhD, RN, CIC

Committee Members Absent
Steven Goodman, MD, PhD
Beverly Collins, MD, MBA, MS
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Andrea Hyatt
Peggy A. Pass, RN, BSN, MS, CIC
Eli Perencevich, MD, MS
Jack Schwartz, Esq.

Public Attendance
Mary Mussman, M.D., DHMH
Nicole Stallings (via telephone)

Commission Staff
Pam Barclay
Theressa Lee
Eileen Hederman
Deme Umo

1. Welcome and Introductions

Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m and stated all who were present in person and on the phone.

2. Review of Previous Meeting Summary (May 27, 2008)

There were no changes to the previous meeting summary.

3. Health Care Worker (HCW) Influenza Vaccination Survey

2008-2009 Pilot Survey Results

Ms. Barclay explained that the2008-2009 HCW Influenza Vaccination Survey was a first year pilot survey and changes need to be made before the next survey release. She said hospitals would be receiving their survey results data compared to the statewide average as well as the average of the top 5 hospitals and bottom 5 hospitals. She said there was a wide range of vaccination rates reported by Maryland hospitals. She also stated several hospitals provided feedback, which was outlined in the memo handout.

Issues for 2009-2010 Survey Development

Dr. Roup said the time period that defines the reporting period for flu vaccination data collection should be extended for the next survey. The group decided to change the reporting time from October 1st- March 31st to

September 1st - April 15th. Dr. Cosgrove recommended that the survey clearly state that the data collection effort does not include the H1N1 flu vaccine, only seasonal flu. Ms. Karanfil suggested adding seasonal influenza to the definition.

Ms. Barclay stated NHSN does not have their HCW influenza vaccination module available yet, but they do have declination reasons available. She stated a small number of hospitals reported that they do not collect declination reasons, but added that hospitals should start collecting this data. Dr. Harris suggested limiting the number of declination categories so people cannot opt out on non-medically proven reasons. Ms. Karanfil had concerns about the philosophical declination reason given by the CDC, as this could be checked for any number of reasons. Dr. Cosgrove said she would follow-up with CDC on the status of the HCW module and current thinking on declination issues. Ms. Daley said it was difficult to get employees who declined the vaccine to fill out a form. Ms. Karanfil said there are SurveyMonkey surveys that can be sent out to employees who declined the vaccine to obtain more information from them or to provide best practices. Ms. Barclay stated the survey should be sent to hospitals no later than the end of July. After further discussion, the committee decided to only keep medical exemptions as a declination reason. It was the consensus of the Advisory Committee to use the medical contraindications wording from the vaccine insert to capture data on medical declinations for the survey form.

Ms. Barclay stated MHCC staff will revise the survey and bring it back to the Advisory Committee for a final review and then send it to the hospitals for completion by the end of July.

4. Summary of the 2009 Annual Survey of Hospital Infection Prevention and Control Programs

Ms. Barclay explained that MHCC staff is currently working on a report summarizing data from the 2009 Annual Survey of Hospital Infection Prevention and Control. Eileen Hederman provided an overview of the survey results. She indicated there was a slight increase in overall infection prevention and control staff from 2007 to 2009 in most regions. Overall, total FTEs remained relatively constant at approximately 111.5 in 2007 to approximately 110.9 in 2009 and the total number of Infection Preventionists increased from 85 in 2007 to 91.9 in 2009. Regarding use of NHSN device associated modules, CLABSI surveillance is performed in all hospitals and VAP and CAUTI surveillance are done in almost all hospitals. The number of hospitals performing CAUTI surveillance has increased from 2007 to 2009. The majority of hospitals perform surveillance on VAP, SSI, MRSA, VRE, ESBL, and MDR gram negative. Dr. Cosgrove suggested clarifying the type of surveillance or monitoring done for ESBL and other organisms. All hospitals are currently using or plan to use the central line bundle this year. This number increased from 32 in 2007. Thirty-three hospitals are currently using or plan to use the severe sepsis bundle.

The survey results showed an increase in use of the VAP bundle. The number of hospitals increased from 39 in 2007 to 45 this year. As expected, all hospitals reported that they are performing active surveillance testing (AST) for MRSA in their ICUs. The majority of hospitals are using chromagar plates for their AST for MRSA. Ms. Hederman reported that most hospitals are not using NHSN modules other than CLABSI. Ms. Hederman indicated that of the thirteen hospitals currently using NHSN to report surgical site infections, all are reporting hip and knee replacements.

Finally, Ms. Hederman reported only three hospitals require hospital staff to receive the influenza vaccination and three more hospitals are considering a requirement in the future. Ms. Barclay stated the trend over time for this question may be interesting, especially with new interest with the H1N1 flu.

5. Update on Development of a Statewide Hand Hygiene Campaign

HAI Subcommittee Conference Call Held on June 3rd

Ms. Barclay stated a subcommittee on Hand Hygiene conference call took place on June 3rd. Another conference call will be scheduled shortly to identify issues to take back to the full committee for discussion.

Update on Governor's Health Quality and Cost Council Meeting Held on June 10th

Ms. Barclay reported that at the last Governor's Health Quality and Cost Council Meeting, the group adopted a work plan and implementation timetable for a statewide hand hygiene campaign. She indicated that given the attention associated with the H1N1 flu strain, this campaign should be implemented quickly. She said funding may be available from the American Reinvestment and Recovery Act to assist with a statewide Hand Hygiene campaign.

6. Other Business

Update on the American Reinvestment and Recovery Act (ARRA) Funding Opportunity for HAI Elimination Plans

Ms. Barclay reported the Maryland ARRA funding application will be sent to CDC before the June 26th deadline. She reviewed the draft DHHS template for development of a state HAI plan. All participating states must develop a plan for submission by January 2010. She said the HAI Advisory Committee members' input will be needed for the plan. She said the funds will be awarded by August 30th and will go through December 2011. She also stated that the plan must show where Maryland is right now and where we want to be in five years with regard to HAI prevention and reduction. DHHS will also require quarterly reporting to show progress toward reduction of HAIs. Dr. Roup added that there will be two-year funding commitment that will support some job creation.

Status of the Procurement for Data Validation and Review of CLABSI Data

Ms. Barclay reported that a RFP has been released for the CLABSI data auditing. Responses to the RFP are due by July 2nd. She also said that an evaluation committee will be established to review the responses. She said it would be beneficial to have a representative from SHEA (Society for Healthcare Epidemiology of America) and APIC (Association for Professionals in Infection Control and Epidemiology) help to review the responses.

7. Adjournment

The meeting adjourned at approximately 3:00 p.m. The next meeting is scheduled for July 22, 2009.