

MARYLAND HEALTH CARE COMMISSION

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

January 28, 2015

Committee Members Present

Sara E. Cosgrove, MD, MS (conference call)
Maria E. Eckart, RN, BSN, CIC
Anthony Harris, MD, MPH
Emily Heil, PharmD
Debra Illig, RN, MBA, CLNC
Lynne V. Karanfil, RN, MA, CIC
Brenda Roup, Ph.D, RN, CIC
Jack Schwartz, JD
Kerri Thom, MD (conference call)
Renee Webster, RS
Lucy Wilson, MD, ScM

Committee Members Absent

Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Andrea Hyatt, CASC
Robert Imhoff
Peggy A. Pass, RN, BSN, MS, CIC
Michael Anne Preas, RN, BSN, CIC
Patricia Swartz, MPH, MS

Public Attendance

Mary Clance (conference call)
Katie Richards (conference call)
Deb Smith (conference call)
Elizabeth Vaes (conference call)
Carol Whalen (conference call)
Justin Ziombra (conference call)

Commission Staff

Theresa Lee
Evanson Mukira
Eileen Witherspoon

1. Call to Order

Theresa Lee, Director, Center for Quality Measurement and Reporting, called the meeting to order at 1:00 p.m.

2. Review of Previous Meeting Summary

The minutes of the previous meeting on November 19, 2014 were accepted by the committee with no corrections.

3. Update on New Health Care Quality Reports website

Ms. Lee stated the website was reviewed at the last meeting. She stated there has been a lot of positive press about the new website, including several newspaper articles and the Executive Director being interviewed. She stated MHA and the Maryland Patient Safety Center have stated they will add links to the new website from their websites. MHA has asked hospitals to also add a link to MHCC's new website. There has also been work with consumer advocacy groups to increase exposure and awareness. A brief write-up was sent to CDC for inclusion in their Newsletter as well.

Ms. Lee also noted that the performance colors were changed to green for better performance and blue for worse performance. Gray remains the color for average (no difference) performance.

4. Discussion on Newly Released CDC's National and State HAI Progress Report

Ms. Lee stated that CDC recently released the National and State Healthcare-Associated Infections Progress Report. She said that CDC is reporting on 59 Maryland hospitals and it is unclear what additional hospitals beyond the 46 acute care facilities are included as well as their contributions to the overall findings. CDC will not identify the hospitals. There was discussion about the additional 13 hospitals and if there was a way to determine which hospitals were included. Ms. Webster suggested federal facilities may be included. The group thought it would be important to find out what hospitals are included. Ms. Lee said other hospitals could be surveyed in an attempt to identify the 13 additional hospitals.

CLABSI shows the most improvement with an almost 50% reduction. Ms. Lee said there was awareness of the *C. diff* issue in Maryland and this data will be publicly reported soon. She mentioned that future work in antimicrobial stewardship programs could hopefully impact this as well.

5. Update on Display of CDI Data

Ms. Lee said that one of the updates to the new website will include the release of calendar year 2014 *C. diff* data. A mock-up of the data display was shared with the group. Ms. Lee reviewed the display. Ms. Karanfil noted that SIR risk adjusts for several factors, including the *C. diff* test. Ms. Karanfil offered to send the CDC documentation on how the data is adjusted. Dr. Harris noted that CDC has been updating and changing risk factors for different HAIs, but they are limited by the data that is provided by the hospitals. He agreed about the importance for adjusting for the type of test. Ms. Lee asked if trending over time would be impacted by the changes in risk adjustments. The group discussed how the baseline year will be reset next year by CDC for the SIR calculations. Dr. Harris noted that trending would not be possible over the year of the reset with the change in the baseline. He said this needs to be communicated clearly on the website. Ms. Lee said this data should be up on the website around April. Ms. Karanfil

said it should be noted on the website that this data is a proxy measure based on lab data and these cases are not necessarily infections.

6. Discussion on New HAI Reporting Requirements: CLABSI and CAUTI in Adult and Pediatric Medical, Surgical, and Med/Surg Wards

Ms. Lee clarified that the new reporting requirements covered only adult and pediatric medical, surgical, and medical/surgical wards. A previous email that was sent by MHCC described the new reporting requirement as hospital-wide and this has been corrected. Ms. Lee asked the group if they thought a webinar would be needed for the hospitals or if there were any potential issues with the expansion. Ms. Karanfil said a list from each hospital would be needed to identify the units in NHSN. Ms. Smith said there is a capability to sort the units in NHSN. Ms. Lee said a reminder could be sent to hospitals to make sure they are naming and mapping their locations correctly in NHSN.

Dr. Harris asked if NHSN was adjusting SSIs by present on admission. He said these SSIs are still being entered but then teased out. He asked what the plans were in regards to reporting these SSIs by MHCC. Ms. Witherspoon noted that the SSI form was going to be changed to identify these cases. Dr. Harris said he thought these SSIs were going to be removed from the SIR calculation. MHCC staff will research. The group will need to review this again in the near future.

7. Review of Annual Survey of IPC Programs: ASP Questions

Ms. Witherspoon said the majority of the survey questions would not be changed. One question will be updated to remove answer options that are currently requirements (CAUTI, MRSA, and CDI). She asked if the group wanted to keep two questions asking about MRSA screening and decolonization. Dr. Harris said a paper is coming out on the topic of chlorhexidine bathing having no effect on infections. However, he thinks that the infection prevention community still agrees CHG bathing is beneficial. He said that intensivists may start pushing back on the use of CHG bathing with this new article though. He thinks it's important to keep asking to see if the hospitals continue to use this or not in ICUs and non-ICUs.

The group discussed environmental cleaning and suggested adding questions to determine what strategies the hospitals are using. There is a concern that this is being outsourced to third party companies and taking away from IP resources. Mr. Schwartz cautioned that asking may come across as endorsing these practices. Ms. Lee asked if this would be an area for education. Ms. Whalen said VHQC could partner with MHCC and potentially be a resource for providing training on environmental cleaning. She said best practices could be moved forward to hospitals and feedback could be provided back to the group. Ms. Lee said staff would follow up with VHQC and report back to the group next month.

Ms. Witherspoon suggested the removal of the question asking about hospital participation in the NHSN AUR module as no hospitals have the capability to use it presently. It was noted that the next EPIC upgrade will have the capacity to use the AU section of the module in NHSN. Dr.

Cosgrove suggested making the question more specific by asking when the hospitals will have an EMR to allow submission to the AU module.

Ms. Witherspoon stated that one of the ASP questions will be changed from a write-in response to a checklist. Dr. Cosgrove suggested adding additional options including appropriate use, CDI rates, and length of stay, among others. She offered to provide that list to MHCC staff. Dr. Harris noted that there were some upcoming changes to some of the software vendors. Dr. Roup asked what date hospitals have to have EMRs in place for meaningful use.

Dr. Harris asked that last year's survey results be sent to the group for review before this year's survey is finalized. Dr. Harris noted that IP resources seem to stay the same while their responsibilities have increased dramatically. Dr. Harris said it would be interesting to trend the data. Dr. Roup said the results show about 1 IP per 100 beds which does not take into account a lot of the functions of IPs. Dr. Harris said more resources are needed and the old formulas are no longer relevant. Ms. Karanfil said the time it takes for surveillance has gone up exponentially and nobody has studied this. Dr. Harris said performance has improved but the resources remain flat. Dr. Harris asked if the survey could highlight that. Dr. Roup said research assistants should follow IPs and figure out how much time each job function takes for a descriptive study. Ms. Lee noted that the survey could put the data out there but could not make a recommendation about the staffing ratio. Ms. Karanfil suggested adding questions that ask about non-IP functions. Ms. Lee said the survey could highlight the increase in responsibilities with no increase in resources. Dr. Roup suggested adding a question about what the IPs would do if they had the resources. Ms. Lee said the results need to be shared this year to get the information out to the hospitals. Dr. Roup said Ebola could have impacted IP resources and the results are not known yet. Ms. Smith noted that a question could ask how much time is spent on the job at home.

Ms. Lee stated that CMS is focusing on readmissions and complications including infections. She noted that IP resources and quality of care could be tied to the value-based purchasing. Ms. Illig said that the results of the survey should be actionable. Ms. Webster said the first year the group was unclear about what hospitals were currently doing. Ms. Lee said questions are changed and trends may not be possible but the results do need to be disseminated to IPs and others. Ms. Lee said the group could review the survey and then MHCC staff could send it out to the hospitals. Results could be sent to CEOs and CFOs. Ms. Webster discussed that many hospitals have additional corporate support. Ms. Smith asked about surveying the C-suite to see what they think the IPs are doing.

Ms. Karanfil and Dr. Harris discussed the difficulty in understanding the impact of reductions in CLABSIs and CAUTIs on the HSCRC Quality Based Reimbursement methodology. Dr. Harris said it would be helpful to understand how the metrics impact the reimbursement to determine how to allocate limited resources. Ms. Smith said the hospitals are asking how decreasing HAIs impacts reimbursement. Ms. Lee noted that information is available in the HSCRC QBR program documentation and said staff would see if HSCRC has additional information that can be shared with the group.

8. Adjournment: Next Meeting Date- February 25, 2014

Ms. Lee adjourned the meeting at 2:45 pm.