MARYLAND HEALTH CARE COMMISSION

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

April 27, 2016

Committee Members Present
Veronica Black
Sara E. Cosgrove, MD, MS (conference call)
Maria E. Eckart, RN, BSN, CIC
Anthony Harris, MD, MPH (conference call)
Emily Heil, PharmD
Robert Imhoff
Lynne V. Karanfil, RN, MA, CIC
Stephanie Mayoryk, RN, BSN, CIC
Bryan T. Meehan, Sr.
Brenda Roup, Ph.D, RN, CIC
Jack Schwartz, JD
Rajesh Shah (conference call)
Darlene Smith, RN, CIC
Geeta Sood, MD (conference call)
Renee Webster, RS
Lucy Wilson, MD, ScM

Committee Members Absent
Andrea Hyatt, CASC
Michael Anne Preas, RN, BSN, CIC
Kerri Thom, MD

Public Attendance
Mary Clance (conference call)
Katie Richards, DHMH
Deb Smith, VHQC (conference call)
Carol Whalen, VHQC (conference call)
Justin Ziombra, MHA

Commission Staff
Theressa Lee
Mariam Rahman
Eileen Witherspoon

1. Call to Order

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

2. Introduction of New Committee Members

Ms. Lee introduced two new committee members: Veronica Black from DHMH Office of Preparedness and Response and Darlene Smith from Adventist HealthCare Shady Grove Medical Center who is replacing Debra Illig.

3. Review of Previous Meeting Summary

The minutes of the previous meeting on February 24, 2016 were accepted by the committee with no corrections.

4. Review of Committee Mission Statement

Ms. Lee noted that Mr. Meehan had shared an article on mission, vision, and values to help with the review of the current mission statement. She noted the mission statement was created in 2009 when the focus of the committee was to determine measures and data to collect for public reporting for consumers. She said since the state is now aligned with CMS, the role of the committee has changed. The focus shifts to developing prevention activities and monitoring these activities to help facilitate and collaborate among stakeholders. The committee can also distribute information to hospitals and other healthcare providers. These changes need to be incorporated into the updated mission statement along with language about the new Maryland waiver and the need for care coordination across settings. The committee can work with hospitals to promote prevention activities as well as support hospitals. There is a new focus on reimbursement that is now impacted by infection prevention with quality based reimbursement and MHACs (Maryland Hospital Acquired Conditions). Dr. Sood recommended a statement be included about population health and improving the health of the community. Ms. Lee said a modified mission and vision statement will be sent to members for discussion at the July meeting. Ms. Lee stated the vision statement is for Maryland to become a national leader among the states in the area of preventing and controlling HAIs. She noted that prevention targets were identified through 2013 by HHS with the first CDC grant; however, 2020 targets have not been finalized yet. Staff will forward the finalized prevention targets to members once that is available. Mr. Meehan researched mission and vision statements of other groups doing similar work and he will share that information with the group.

5. Maryland Health Care Quality Reports (MHCQR)

Review April Updates to the Website

Ms. Witherspoon noted that updates to HAI data are currently staggered with CLABSI, CDI, and MRSA bacteremia updated in April. SSI, CAUTI, and the HCP flu vaccination data will be updated in July. CLABSIs continue to be lower than expected compared to the national baseline with 40% reduction in adult and pediatric ICUs. She noted a state total has been added to the website tables. Ms. Witherspoon stated that reporting expanded in 2015 to adult and pediatric medical, surgical, and medical/surgical wards and performance is better than expected in those locations as well. The display of the table was updated to include these new locations. There was an increase in the number of CLABSIs in 2015 compared to 2014. CDC is seeing the trend at the national level as well. While more analysis is needed, this is likely impacted by the change in definition in 2015 and decreasing central line days. Ms. Witherspoon noted that the 2016 CDC HAI Progress Report with 2014 data showed a 47% decrease in CLABSIs for all locations.

Ms. Witherspoon noted the state continues to have more *C. diff* LabID (CDI) infections than expected with 10% higher than the national baseline. However, there has been an improvement over last year when the infections were 18% higher than expected. CDC's HAI Progress Report

with 2014 data showed 20% higher than expected number of infections. Ms. Witherspoon noted 33% of users are clicking on the arrow in these tables for additional information on the HAI data.

Ms. Witherspoon stated that while the number of MRSA bacteremia infections decreased in 2015, there are other factors impacting the number of expected infections. The state is showing 32% more infections than expected. This is an increase over last year when the state was showing 16% more infections. The number of patient days and MRSA prevalence decreased in 2015 which is impacting the state's performance. The CDC's HAI Progress Report with 2014 data shows 20% more infections. Two hospitals had better than expected performance. Dr. Sood asked if there was data available on nasal swab cultures as the community prevalence may be under-represented with current data in NHSN. Ms. Witherspoon stated that data was not currently available. MHCC used to collect data on active surveillance testing for MRSA but that stopped a few years ago. Dr. Harris noted that was a compliance measure, and data on positive testing was not reported. The members discussed ways to obtain data on community prevalence such as hospitals reporting on percent positive cultures. Ms. Mayoryk noted that MRSA infections can be transient and it may be difficult to report this information. Dr. Sood suggested the use of the first nasal swab result. Ms. Mayoryk noted that a 2008 JAMA article noted that Maryland was an outlier in MRSA colonization and infections due to the high hemodialysis and intravenous drug user population in the state. Dr. Sood recommended that this statement needs to be confirmed with new data. Ms. Smith asked if the hospital lab could provide the lab data instead of the Infection Preventionists. The members discussed that this may vary by hospital. Ms. Smith stated that if the hospital uses PCR, the lab should be able to pull a rate although it may not be completely accurate, it would be similar to antibiograms. Ms. Witherspoon stated a question could be added to the annual survey to ask hospitals if reporting this data would be feasible. Ms. Mayoryk noted that not all hospitals use PCR for active surveillance MRSA.

Ms. Witherspoon noted that the CDC's HAI Progress Report is showing more CAUTIs than expected with 2014 data. Preliminary 2015 data for the state is showing less infections than expected. Ms. Witherspoon stated that CDC changed the CAUTI definition in 2015 and while this is likely impacting the results, additional analysis shows there was a real decrease in infections in 2015.

In terms of SSIs, Ms. Witherspoon stated that the CDC's HAI Progress Report is showing 18% more abdominal hysterectomy SSIs in 2014 but that is not statistically significant. Preliminary data for 2015 is showing 11% fewer infections but not statistically significant. Colon surgery SSIs for 2014 are 4% lower, which is the same for preliminary 2015 data, but neither year is statistically significant. Ms. Witherspoon noted that the national baseline will be changing to 2015 by the end of the year. This change will erase any progress or non-progress that has been made.

Ms. Mayoryk stated that in the CDC's HAI Progress Report only a small number of states are validating the data. She said Maryland has a robust validation with Infection Preventionists and hospitals held accountable to report correctly. She noted that validation is a key component. Ms. Lee stated that states with data validation have higher rates of infections in the report. Ms. Webster suggested a note be added to the HAI tables on the website to state that unlike many states, Maryland audits data for completeness and accuracy. Mr. Meehan asked if states were not

validating the data, was it possible that the CDC definitions were not being adhered to correctly. Ms. Mayoryk stated that incorrect definition adherence is a national issue. She stated that case studies done by CDC in AJIC show the variability in applying definitions. She said that validation studies reduce the variability and ensure definitions are being applied in the same way. Ms. Lee said staff had been checking data regularly in NHSN and reminding hospitals of definition changes. However, with limited resources and expanding reporting requirements, the state is getting closer to the experience of other states where there is limited support for hospitals from the staff. Ms. Lee stated that CMS is auditing NHSN data in a limited way. Dr. Wilson asked if *C. diff* and CAUTI data had been validated. Ms. Witherspoon stated that CAUTI is being done right now with a targeted onsite review. *C. diff* data was reviewed last year in a limited way by reviewing NHSN data against laboratory data and administrative data.

Ms. Rahman stated that the price transparency section of the website was also updated. She showed the functionality of the table. She stated the quality indicators data was updated through quarter three of 2015 with the ICD-10 transition impacting the last quarter. Ms. Rahman reviewed updates to the private side including news and events, and the resource sections for hospitals, long term care facilities, and health benefit plans. She noted that the HAI section under hospitals includes schedules, audit information, and additional information will be added. Ms. Lee noted that once the HAI resources are available, an email will go out to the Infection Preventionists to notify them. Ms. Lee stated the concept is to communicate from this centralized location with links to other sites/programs including MHA, the Maryland Patient Safety Center, VHQC, and DHMH's Antimicrobial Stewardship workgroup. Mr. Meehan asked if consumers could sign up for updates to receive newsletters and be notified of changes. Ms. Lee said an automatic email blast with website updates will be sent. Mr. Meehan said he was impressed by the information and quality of the information. He said the information should be disseminated.

Promotion Strategy

Ms. Lee said staff have been interviewing various advertising companies through a Request For Information (RFI) that was posted. Some ideas include better marketing of the website and increasing consumer engagement and awareness. The RFI was very useful in gathering information on how to jump start the proposals including the use of social media and the need for a search engine optimization audit. Ms. Lee noted that last year the focus was on developing the website with new HAI data and the health plan guide information. Dr. Roup and Ms. Webster said it was difficult to get to the MHCQR website from the MHCC homepage. They suggested adding a prominent link directly to the website from the MHCC homepage. Ms. Lee discussed the need to keep people on the site with interesting topics. She said it may also not be clear what information is available and she encourages all comments. Ms. Lee noted that the website is complete and live in regards to a request from Dr. Roup to beta test the next version. Ms. Lee said the focus now is on updating the data, promoting the website and continuing to modify and update the sliders and content. Ms. Webster noted that she uses the website as a resource for new nurses at orientation. The nurses can use the website to check hospitals if they get a complaint. Dr. Roup suggested separating out healthcare- associated infections from healthcare quality data on the main MHCC webpage for clarity for consumers.

6. Update on Ongoing Stakeholder Initiatives

Antimicrobial Stewardship- CAAUSE

Ms. Richards from DHMH stated the CAAUSE group meets monthly on the 4th Wednesday of the month at MHCC. She noted that federal requirements for stewardship are coming especially for acute care hospitals. CAAUSE will help hospitals get ahead of the curve on the requirements as well as reduce inappropriate antibiotic use, reduce resistant infections, and decrease *C. diff*. There are 49 people on the CAAUSE mailing list representing 15 acute care hospitals and 3 long term care facilities with a mix of professionals. The workgroup is working on a mission and vision statement, a website, and a statement of support from hospital administrators for facilities.

Maryland Hospital Association (MHA)

Mr. Ziombra from MHA stated that after viewing the CDC's HAI Progress Report, MHA brought members together. There was discussion with executives and the CCQI (Council on Clinical Quality Issues). MHA asked hospitals to do a deeper dive analysis on areas in need of improvement. MHA staff reviewed the data and performance. There were discussions with the hospitals to determine what activities the hospitals were doing to improve. These included decolonization of ICU patients, surveillance nasal swabbing, and restructuring environmental services, among others. The interventions continue and MHA is setting up virtual networks for hospital staff in prevention work so they can talk to each other and ask each other questions.

Mr. Ziombra stated that MHA's main focus is on strategy. Most hospitals report monthly data for the hand hygiene (HH) initiative. MHA staff have brought the project back to CCQI for guidance to ensure the HH initiative is actually helping to prevent infections. He stated HH compliance has been holding steady at 90%. There has been discussion that the methodology of the HH tool may need to be re-evaluated to capture HH compliance more effectively. The current methodology will continue for 6 months while the re-evaluation is done. Mr. Ziombra asked to present to the committee at the next meeting for feedback on revamping the HH initiative going forward including what form the HH project should take. Currently hospitals are measuring entry and exit and the WHO 5 points of HH. There are other methodologies for HH to review. Mr. Ziombra noted that the HAI Advisory Committee recommended HH in 2009 and a collaborative was built off of that recommendation. The committee's feedback is requested again for the next iteration. Ms. Lee noted that HH was a focus at the national level as well. Mr. Ziombra noted that the Maryland HH initiative could be separate or possibly rolled into the national project. Areas to track are how well people are completing HH and if they are doing it consistently. The goal is to release enhanced infection reports. MHA has rights to NHSN data and staff are pulling monthly statewide aggregate numbers for benchmarks to compare hospital specific data/performance. The new report will be released in a few days. Mr. Ziombra is working towards a platform where hospitals can create their own exports by picking units and time periods in Tableau. MHA is working with partners: Maryland Patient Safety Center on the clean collaborative and sepsis in hospitals, DHMH- CAAUSE on antimicrobial stewardship, and VHQC on preventing HAIs and sepsis in long term care facilities. MHA does encourage participation in collaboratives and helps with recruiting. Dr. Wilson noted that May 5th is the World HH Day and CDC is releasing a packet on Clean Hands Count that has both a healthcare professional and patient component. Mr. Shah asked if hospitals could provide feedback to MHA. Mr. Ziombra said yes, he will share results and explain how HH data is currently collected.

VHQC

Ms. Whalen said the Maryland-Virginia HAI Improvement Network (MVHIN) has 27 hospitals participating in Maryland and 36 in Virginia. An increase in CLABSIs was seen in Maryland and VHQC partnered with MHCC to do onsite validation of the data. She noted that 2016 data through February was sent to hospitals with trending information including TAP reports. The leadership report will be going out soon. 2016 training materials have been posted. The VHQC ASP Affinity Group is aligned with CAAUSE and looking to provide future education. Ms. Whalen stated a project is underway for nursing homes to report CDI data in NHSN. Another project is focusing on sepsis in nursing homes and long term care facilities. Ms. Whalen noted she would like to provide a direct link from the VHQC site to the MHCC MHCQR website.

Maryland Patient Safety Center- Clean Environment

Mr. Imhoff stated the Clean Collaborative is a recent initiative focusing on proper cleaning and disinfection of high touch surface areas in healthcare facilities. This initiative is a progression from the HH project that went from Oct. 2010-14 that focuses on disrupting transmission of HAIs. Mr. Imhoff noted that HH data collection continues with MHA. He said HH compliance improved from 72% to 90% which was sustained. He stated MHA's CCQI was consulted on which project to focus on next to reduce HAIs. The new collaborative focuses on increasing cleanliness and reducing surface contamination. There are 28 facilities participating: 17 hospitals, 6 ambulatory surgery centers, and 5 long term care facilities. April is the first month of data collection. The project is using ATP technology through Hygiena. Specific areas are swabbed and measured for cleanliness which is a standard throughout the collaborative. An independent third party is receiving the samples from the different areas from participating facilities and are establishing benchmarks. The goal is 10% reduction in contamination. This is a one year collaborative with the possibility to continue if there is progress and interest. May 6th is the deadline for facilities to join. Ms. Webster asked what the expectations are for a facility to participate. Mr. Imhoff stated the Infection Preventionist swabs the areas, puts the swabs in the machine and the data goes to Hygiena and ultimately to the Patient Safety Center. The Patient Safety Center creates a report that goes to the Infection Preventionist through a secure portal. Recruitment letters were sent to all the hospitals. The collaborative is also looking for a correlation with this effort and reduction in HAIs. There will be an education component highlighting best practice via webinars. These will be open to all hospitals. Ms. Mayoryk stated she had a site visit yesterday that went extremely well. She collects 100 samples a month from 17 touch points in each of four rooms. She said it was a quick process and very eye opening. Public space areas are included such as waiting rooms, cafeterias, and elevator buttons. Ms. Lee suggested a blast email could be sent encouraging hospitals to participate in the collaborative.

7. Other Business

Dr. Sood asked if catheter utilization rates for the state or hospital specific could be posted to the MHCQR website. Ms. Witherspoon noted that the data was available and could potentially be publicly reported. Ms. Lee said a narrative would need to be added to explain why this information is important.

8. Adjournment: Next Meeting Date- July 27, 2016

Ms. Lee ended the meeting at 2:30 pm.