

# MARYLAND HEALTH CARE COMMISSION

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

April 25, 2018

### **Committee Members Present**

Veronica Black, MBA  
Sara E. Cosgrove, MD, MS (conference call)  
Stephanie Mayoryk, RN, BSN, CIC (conference call)  
Darlene Smith, RN, CIC (conference call)  
Geeta Sood, MD (conference call)

### **Committee Members Absent**

Anthony Harris, MD, MPH  
Emily Heil, PharmD  
Andrea Hyatt, CASC  
Robert Imhoff  
Lynne V. Karanfil, RN, MA, CIC  
Bryan T. Meehan, Sr.  
Peggy Pass, MS, BS, RN, CIC, FAPIC  
Michael Anne Preas, RN, BSN, CIC  
Jack Schwartz, JD  
Rajesh Shah, MD  
Kerri Thom, MD  
Renee Webster, RS  
Lucy Wilson, MD, ScM

### **Commission Staff**

Courtney Carta  
Julie Deppe

### **Public Attendance**

Jennifer Berry – JHH  
Tim Blood - MDH  
Richard Brooks – MDH  
Irene Chakravathy – Bon Secours  
Jammie Cheung – St. Agnes  
Colleen Clay - UCHS  
Jennifer Foster – Holy Cross  
Germantown  
Laurie Hart – GBMC  
Joan Hebden  
Colleen Hordesky – Carroll Hospital  
Beverly Kingsland – St. Agnes  
Denise Marsh - WMHS  
Cynthia Mitchell – Peninsula  
Mark Moore – JH Bayview  
Daphne Morgan – GBMC  
Jean Murray - AAMC  
Barbara O’Connor – Howard County  
General  
Rebecca Perlmutter - MDH  
Lillian Regel – Holy Cross Germantown  
Donna Saunders – Shore Regional –  
Chestertown  
Polly Trexler – JHH  
Elisabeth Vaeth – MDH  
Teresa Ward – St. Agnes  
Jill Wheeler - GBMC

## 1. Call to Order

Courtney Carta, Chief, Hospital Quality Initiatives, Center for Quality Measurement and Reporting, called the meeting to order at 1:00 p.m.

## 2. Results of CY2017 HAI Public Reporting

Courtney Carta, gave a brief report about the results of the first round of public reporting for CY2017 HAI data. Maryland hospitals performed “Better” than then national experience for both Central Line Associated Blood Stream Infections (CLABSI) and Clostridium Difficile (c. diff) infections. Maryland hospitals performed about the “Same” as the national experience. There was a reduction in total number of each infection type. Because this is the first year of MHCC reporting with the NHSN 2015 Baseline, results are not comparable from previous years. The next round of public reporting will include Catheter Associated Urinary Tract Infections (CAUTI), Surgical Site Infections (SSI) and Healthcare Personnel Influenza vaccination rates.

### **3. Hospital Presentations – Catheter Associated Urinary Tract Infection Prevention**

Ms. Carta noted that six hospitals continued to perform significantly better than the national experience for CAUTI measures over the past three reporting years – Johns Hopkins Hospital, Johns Hopkins Bayview, Greater Baltimore Medical Center, Doctors Community Hospital, Pringe George’s Hospital, and Holy Cross Hospital. Three facilities presented on their best practices. Three hospitals presented on their best practices.

#### *Johns Hopkins Bayview – CAUTI Reduction at JHBMC*

Bayview noted that the CAUTI rates were exceptionally high so they knew they needed to do something about it. They used HICPAC guidelines as a basis for improvement. Bayview noted approved indications for CAUTI and noted that Foley catheters are NOT indicated. Bayview completed insertion assessments and Foley maintenance assessments to identify areas of improvement. They provided education and maintenance reminders to staff. They also focused on improving culturing practices using an assessment tool. Additionally, they focused on decrease use of Foley catheters. Bayview noted that they approached the problem from all angles to help reduce CAUTIs and no single intervention was solely responsible. They also noted that leadership provided valuable buy-in and the free AHRQ infection cost calculator tool offered an eye-opening glimpse in to the cost of one infection.

#### *Johns Hopkins Hospital – CAUTI Prevention Efforts*

JHH focuses on 4 primary efforts to prevent CAUTIs – appropriate indications, insertion practices, maintenance practices, and multidisciplinary CAUTI prevention efforts. Staff look for appropriate indications to identify if a Foley is really needed. They also described alternatives if a Foley is not really needed. If a Foley is really needed, staff ensure proper insertion practices of the Foley including hand hygiene, insertion techniques, sterile equipment, and appropriate staff training. Staff also ensure appropriate maintenance of the Foley through bladder scanning, perineal care, securement devices, etc. Staff also aim to remove the Foley as soon as possible once it’s identified that it is no longer needed. Maintenance audits help staff to determine if and when the Foley should be removed. Finally, staff complete root cause analysis for every CAUTI identified. Staff developed a tool for collecting data and duigind discussions. The findings are shared with the CAUTI Work Group, which is made up of nursing staff, infection control, and others. The Work Group meets monthly to review root cause analysis findings, evaluate new products, develop new protocols, etc.

*Greater Baltimore Medical Center – GBMC CAUTI Prevention*

GBMC noted their number of CAUTIs was high so they implemented interventions to reduce the number of CAUTIs. They participated in CUSP and Partnership for Patients programs and have developed and refined process strategies. One strategy included the use of a urinary retention protocol algorithm to determine the need for a Foley. They internally assessed their performance and noticed several areas where they could improve. They offered an educational Foley Champion class to 51 nurses and other staff. The champions were representatives from each unit/discipline and were then responsible for educating staff on their units about appropriate use and standards of competency of Foley use. After the Foley Champion program, GBMC noted zero CAUTIs for 6 months. They also mandated annual Foley competency and other requirements for certain staff (RNs, NPs, Pas, etc). GBMC described promising research about the use female external catheters as an alternative to the Foley catheter.

**4. Other Business**

Ms. Carta noted that the next round of public reporting is scheduled for May/June 2018 and will include CAUTI, SSI, and HCP Influenza vaccination rates. Ms. Carta also thanked hospitals for completing the updated NHSN agreement to participate and consent. Ms. Carta asked participants to send their feedback about the new format of the HAI Advisory Committee Meetings and any ideas/topics for the future.

**5. Adjournment: Next Meeting Date- Tentative July 25, 2018**

Ms. Lee ended the meeting at approximately 2:15 pm. The next meeting is tentatively scheduled for July 25, 2018.