

**MARYLAND HEALTH CARE COMMISSION**

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

**July 25, 2018**

**Committee Members Present**

Veronica Black, MBA  
Bryan T. Meehan, Sr.  
Peggy Pass, MS, BS, RN, CIC, FAPIC  
Michael Anne Preas, RN, BSN, CIC  
Darlene Smith, RN, CIC (conference call)  
Renee Webster, RS (conference call)  
Lucy Wilson, MD, ScM

**Committee Members Absent**

Sara E. Cosgrove, MD, MS  
Anthony Harris, MD, MPH  
Emily Heil, PharmD  
Andrea Hyatt, CASC  
Robert Imhoff  
Lynne V. Karanfil, RN, MA, CIC  
Stephanie Mayoryk, RN, BSN, CIC  
Jack Schwartz, JD  
Rajesh Shah, MD  
Geeta Sood, MD  
Kerri Thom, MD

**Commission Staff**

Courtney Carta  
Julie Deppe  
Theresa Lee

**Public Attendance**

Tim Blood - MDH  
Richard Brooks – MDH  
Denise Cameron – Upper Chesapeake  
Irene Chakravathy – Bon Secours  
Jammie Cheung – St. Agnes  
Mary Clance – AAMC  
Rebecca Cook – MedStar SOMD  
Alexandra Durso – MedStar  
Norton Elson - AHM  
Jennifer Foster – Holy Cross  
Germantown  
Colleen Hordesky – Carroll Hospital  
Beverly Kingsland – St. Agnes  
Denise Marsh – WMHS  
Sheryl Poretz – AAMC  
Brent Riha – UMD Ortho & Rehab  
Cindy Rosenberger – Prince George’s  
Donna Saunders – UMM  
Gita Shah – Dimensions  
Allyson Smith – Holy Cross  
Sue Stallone – Holy Cross  
Teresa Ward – St. Agnes

**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), Catheter Associated Urinary Tract Infections (CAUTI) and Clostridium Difficile (C. diff) infections. Maryland hospitals performed about the same as the national experience for MRSA. For Surgical Site Infections (SSI), Maryland hospitals performed better than the national experience for both colon surgery (COLO) and knee replacement procedures (KPRO). Maryland hospitals performed about the same as the national experience for coronary artery bypass grafts (CABG), hip replacement procedures (HPRO), and abdominal hysterectomy (HYST). Because this is the first year of MHCC reporting with the NHSN 2015 Baseline, results are not comparable from previous years. Finally, Maryland hospitals continue to have high employee flu vaccination rates. For the fifth year in a row, 97% of Maryland hospital employees received the flu vaccine.

The MHCC continues to collaborate with partners and to promote the website. Website promotion is important to help let consumers know where to find infection data and other important health care measures. MHCC will also continue to host peer learning webinars due to the positive feedback received.

Peggy Pass suggested sharing this information with the local APIC chapter, as they have a large membership and would be interested in this information.

## **3. Presentations – Emergency Preparedness and Infection Control**

Ms. Carta introduced Veronica Black, Deputy Director of the Office of Emergency Preparedness and Response at the Maryland Department of Health. Ms. Black is a committee member and presented on emergency preparedness and infection control. Ms. Black’s presentation goals included bringing awareness of public health and medical emergency preparedness activities across the state as well as foster greater collaboration between preparedness and infection control practitioners. She gave an overview of the Office’s Public Health Preparedness Program, with activities including surveillance and infectious disease outbreak response efforts. She also described the Maryland Hospital Preparedness Program, an initiative to prepare for any emergencies or disasters.

Ms. Black described one exercise the Office conducted called “No Notice Drills.” This goal of the exercise was to assess notification procedures at certain facilities following a potential patient under investigation for an infectious disease. The Office also wanted to evaluate the timing of notifications between hospitals and health departments compared to national goals from the Assistant Secretary for Preparedness and Response (ASPR). Results of the exercise showed that local health departments has strong investigation processes, and that information sharing and notification processes were successful across hospitals, health departments, and state agencies. Areas of improvement included being able to contact the appropriate personnel with the appropriate contact information and education for properly sharing the necessary information with the correct individuals.

Peggy Pass also shared her difficulties with keeping contact lists up to date. She offered to share her list of infection preventionists (IPs) with Veronica.

Irene Chakravarthy asked if the Pandemic Flu plan was publicly available and some of the lessons learned from the exercise were shared with the hospitals? Ms. Black said that the no-notice drills were shared with the designated emergency coordinator at each facility. Ms. Chakravarthy noted that she gets the information because she's involved with emergency planning at her facility but sharing this through other avenues would also be beneficial for those IPs who may not otherwise find out about the results.

**4. Discussion of FY2019 IPPS Proposed Rule**

Ms. Carta noted that there are some changes in the FY2019 Inpatient Prospective Payment System proposed rule regarding which program the NHSN measures will be reimbursed under. Dianne Feeney, of the Health Services Cost Review Commission, described how NHSN measures are currently used for reimbursement under the Maryland waiver. MHCC will continue to require the current reportable NHSN measures, regardless of the results of the final rule.

**5. Other Business**

Ms. Carta noted that the next NHSN deadline for Q1 2018 data is August 15. Ms. Carta also noted that NHSN announced a new HAI checklist tool to help IPs make determinations for specific cases. This tool is available on the CDC NHSN website. NHSN also debuted a new software feature that allows group users to create subgroups. This means that MHCC and other group users can now look at data by hospital system, region, etc.

**6. Adjournment: Next Meeting Date – Tentative October 24, 2018**

Ms. Carta ended the meeting at approximately 2:15 pm. The next meeting is tentatively scheduled for October 24, 2018.