

MARYLAND HEALTH CARE COMMISSION

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

January 25, 2012

Committee Members Present

Sara E. Cosgrove, MD, MS
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Wendy Gary, MHA (conference call)
Anthony Harris, MD, MPH
Debra Illig, RN, MBA, CLNC (conference call)
Peggy A. Pass, RN, BSN, MS, CIC (conference call)
Brenda Roup, PhD, RN, CIC
Kerri Thom, MD
Renee Webster, RS
Lucy Wilson, MD, ScM
Lynne V. Karanfil, RN, MA, CIC
Michael Anne Preas, RN, BSN, CIC
Jack Schwartz JD

Public Attendance

Ashley Otori, DHMH
Nancy Hoyt, AGS, LLC
Maria Caschetta, AGS, LLC

Committee Members Absent

Beverly Collins, MD, MBA, MS
Andrea Hyatt, CASC
Patricia Swartz, MPH, MS
Maria E. Eckart, RN, BSN, CIC
Jean E. Lee, PharmD, BCPS

Commission Staff

Theresa Lee
Kendall Kodey
Evanson Mukira
Mariam Rahman
Mohamed Badawi

1. Welcome and Introductions

Theresa Lee, Chief, Hospital Quality Initiatives, called the meeting to order at 1:05 p.m. and each person in the room and on the phone gave their name and affiliation.

2. Review of Previous Meeting Summary

The meeting summary for November 16, 2011 was accepted by the committee as written.

3. Brief Update on the January 2012 Hospital Performance Evaluation Guide Release

Ms. Lee provided a brief overview of the January 12th update to the Hospital Performance Evaluation Guide. The update includes HCAHPS and Core measures data for the twelve month period ending June 30, 2011. In addition, MHCC has added 30 day Readmission measures data for AMI, Heart Failure, and Pneumonia. CLABSI data has also been updated to include FY2011 hospital performance data.

4. Review of Maryland Request for Exemption from CMS Value based Purchasing Initiative

Ms. Lee provided a brief review of the status of the Maryland Value Based Purchasing (VBP) exemption request to CMS. She noted that HSCRC's exemption request was approved, which means that Maryland does not have to adhere to the same measures data requirements imposed by CMS for VBP. Despite the exemption, Maryland must maintain a comparable pay for performance system and will add new performance measures as needed. She noted that the exemption status will be reviewed on an annual basis by CMS for comparability. Lynne Karanfil suggested that MHCC send a communication to hospitals informing them that they are not required to perform surveillance on colon and abdominal hysterectomy procedures for surgical site infections and CAUTI data reporting is not required by MHCC. Ms. Lee agreed that a communication will be sent to the hospitals to avoid any confusion.

5. Presentation on the CY2011 CLABSI Data Audit - Preliminary Findings

Ms. Lee introduced Maria Caschetta, President and Nancy Hoyt, Project Director, from Advanta Government Services, LLC (AGS). AGS serves as the contractor to MHCC for the performance of HAI data quality review and chart audits. AGS recently completed the review and chart audit of FY2011 CLABSI data and attended the meeting to present preliminary findings to the committee and to solicit feedback.

Ms Hoyt began her presentation of the CLABSI data audit by providing an overview of the purpose and scope of the contract. The purpose of the contract to review the completeness and accuracy of HAI data collected from acute care hospitals in Maryland via the National Healthcare Safety Network (NHSN). The duration of the contract is 5 years with the first year focused on validating CLABSI data. Ms Hoyt added that through post audit hospital surveys, AGS reviewed surveillance methods used to detect infections and processes used for denominator data collection. As part of the contract, Ms. Hoyt noted that AGS will also provide recommendations and training to facilitate data quality improvement.

Ms. Hoyt discussed the project sampling strategy which included the review of a total of 200 medical charts selected from across all hospital Intensive Care Units. Of the 45 hospitals reviewed, 34 hospitals reported at least one CLABSI event while 11 hospitals did not report any CLABSIs for FY2011. Of the 91 ICUs sampled, 72 ICUs reported at least one CLABSI event; 19 ICUs reported no CLABSI; and 3 ICUs reported no CLABSI events and submitted no positive blood cultures for the data period.

Ms. Hoyt reviewed the data collection strategy which included on-site chart review to validate the accuracy of the infections reported and to identify any under reporting of cases. An exit conference was conducted with each hospital to provide opportunity for clarification of discrepant findings. During the exit conference, an interview/survey was conducted to determine data collection and quality procedures in use. The survey included questions on the process for collection of central line days (denominator data). Based on the preliminary findings, AGS found that of the 72 reported CLABSIs in the sample, 71 (99%) were reported accurately to NHSN. One of the cases should not have been reported as it did not meet current NHSN definitions. Of the 128 charts reviewed with no reported CLABSI, 117 (91%) contained no evidence of a

reportable CLABSI in the record. This group had 11 cases that should have been reported. This meant that a total of 12 (6%) of the 200 sampled cases were not reported correctly to NHSN.

Ms. Hoyt noted several data quality issues that were encountered during the audit and expressed concern over the lack of consistency in use of nomenclature for reporting organisms recovered from positive blood cultures across hospital laboratories (labs). For example, some labs reported a skin commensal as a contaminant when this decision to declare the organism as a contaminant had not been made in the context of clinical manifestations. Maria Caschetta, AGS suggested that a survey be conducted to assess hospital information and laboratory systems. She noted that she and Ms. Lee had discussed the possibility of performing a survey of several volunteer hospitals to gain greater insight on how to improve data accuracy and the data collection process.

Ms Hoyt reviewed the exit interview process and hospital survey instrument. The survey consisted of 16 questions and was developed for completion during the exit conference by Infection Preventionists (IPs) and other staff involved in collecting or reporting CLABSI data to MHCC. With respect to Patient Days and Central Line Days data collection, Nancy noted that the data was collected by IP staff in 25 hospitals; Business Office staff in 20 hospitals; Charge Nurses in 18 hospitals; Unit Clerks or Secretaries in 9 hospitals; and IT staff in 6 hospitals. Six hospitals reported they were uncertain who collected the information.

Ms. Hoyt concluded by providing some preliminary recommendations for the next CLABSI audit. These recommendations include 1) requiring hospitals to report both positive and negative blood culture data; 2) expanding education and training for denominator data collectors to include the process for data collection and data quality monitoring; 3) involving other hospital services such as information technology, medical records and hospital administration staff in training programs; and 4) sending audit notification letters to hospital administration. Maria Caschetta noted that negative blood culture reporting would help in the analysis of under-reporting, especially if it would be done frequently (e.g., monthly). Theresa noted that a Preliminary Audit Findings Report has been sent to each hospital and a deadline was provided for hospital submission of unreported cases through NHSN.

Jackie Daley asked if AGS was able to identify any differences in audit or survey results between hospitals with data mining systems (like SafetySurveillor®, TheraDoc™) as compared to those without systems. Ms. Caschetta responded that they were not able to verify which hospitals had these systems. She noted that one of the differences between this year's audit and the last audit was that this year the audit included cases from every ICU in each hospital. Lynne Karanfil asked whether the Maryland rate for CLABSI and SIR changed after addition of the under reported cases. Evanson Mukira responded that although there will be ten additional CLABSI events added to the 296 reported CLABSIs for FY2011, MHCC cannot determine whether the rate and the SIR will change until the number of Central Line days are verified. Anthony Harris suggested that the next CLABSI audit look at the trends in reporting the positive blood culture data by hospital and by ICU. Theresa Lee noted that AGS will prepare a final report for the committee's review after hospitals have had an opportunity to respond to the audit findings. A training webinar will be held for hospital IPs and related staff to review findings and educate industry staff on problem areas identified through this data validation project.

6. **Adjournment**

The meeting adjourned at approximately 3:00 p.m. The next meeting will be held on March 28th, 2012