

# MARYLAND HEALTH CARE COMMISSION

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

May 23, 2012

### Committee Members Present

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

### Committee Members Absent

Beverly Collins, MD, MBA, MS  
Patricia Swartz, MPH, MS  
Jean E. Lee, PharmD, BCPS  
Kerri Thom, MD  
Renee Webster, RS

### Public Attendance

Dan Mary – St. Mary  
Nancy Hoyt, AGS, LLC  
Maria Caschetta, AGS, LLC  
Linda Dailey, AGS, LLC  
Geetika Sood, MD, Instructor of Medicine and Hospital  
Epidemiologist, Johns Hopkins Bayview Medical Center

### Commission Staff

Theresa Lee  
Kendall Kodey  
Evanson Mukira  
Mariam Rahman

#### 1. Welcome and Introductions

Theresa Lee, Chief, Hospital Quality Initiatives, called the meeting to order at 1:07 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 January 25, 2012 was accepted by the committee as written.

#### 3. Brief Update on the April 2012 Hospital Performance Evaluation Guide Release (CLABSI)

Ms. Lee provided a brief overview of the April 11<sup>th</sup> update to the Hospital Performance Evaluation Guide. She noted that CLABSI data had been updated to include CY2011 hospital performance data.

**4. Request from Johns Hopkins Bayview to Modify CLABSI Reporting for the Burn Unit**

Dr. Geeta Sood from Johns Hopkins Bayview Medical Center presented an overview of the hospital's request to modify how CLABSI data is publicly reported on the Hospital Guide for the Bayview Burn Unit. Dr. Sood discussed the results of a CDC survey of Burn Units across the country designed to investigate differences in the patient mix and acuity of units using the Burn Unit classification in NHSN. Dr. Sood reported that CDC found that most Burn ICUs were not truly BURN ICUs but were "Mixed" Units. She noted that the major issue with burn patients is that they are expected to have higher rates of infection compared to other ICU patients. The current practice of including Bayview's Burn Unit patients in the summary data is misleading to consumers and unfair to the hospital. After consideration of Dr. Sood's presentation, the Committee agreed that the Commission should report patients in the Burn Unit separately from the hospital on the Consumer Section of the Guide. Currently, the Burn Unit is reported as a separate category on the Hospital Leader Section of the Guide. Ms Lee stated that MHCC will explore ways to report the Burn ICU as a separate category for the October update to the Guide.

**5. Presentation on the CY2011 CLABSI Data Audit – Final Report**

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 audit of 2011 CLABSI data and is in the process of preparing for the next CLABSI audit and a first audit of surgical site infections data.

Ms Caschetta presented an overview of the final 2011 CLABSI results that have been reviewed by hospitals. She then reviewed recommendations for the 2012 CLABSI data audit and a proposal for how the SSI audit would be conducted. The proposed approach to the SSI audit would include a comparison of NHSN and HSCRC administrative discharge data for reasonableness of the denominator data (procedures) and for initial screening for infections. The committee expressed concern over the use of administrative data for identifying infections given coding issues, differences in surveillance and clinical definitions, etc. Ms. Lee reiterated that the administrative data would be used as a screening tool only. It provides a resource for checking the reasonableness of denominator case counts and a tool for identifying cases for auditing or further study. Ms Lee indicated that the recommendations will be forwarded to the committee for review and comment in advance of the next advisory committee meeting. Ms Lee noted that the group will finalize the strategy for FY 2012-13 CLABSI and SSI audit at the next meeting.

**6. Hip, Knee, CABG Surgical Site Infection (SSI)- Preliminary Analysis of FY 2011 Data**

Evanson Mukira provided a brief summary of surgical site infection across the state of Maryland. He noted that for the FY2011, 38 CBGB infections were reported. Of the 38 CBGB infections, 14 were identified during the admission, 1 through post discharge surveillance and 23 were identified through re-admission. There were 7 CBGC infections reported; of which 1 was identified during admission, 1 through post discharge surveillance and 5 were identified through re-admission. There were 90 Hip infections reported statewide. Of the 90 Hip infections, 8 were identified during admission, 12 through post discharge surveillance and 70 were identified through re-admission. Mr. Mukira also reported that

there were 79 Knee infections reported in Maryland of which 4 were indentified during admission, 13 through post discharge surveillance and 62 were indentified through re-admission.

Evanson concluded his presentation by noting some of the questions that must be considered as the Commission moves forward with publicly reporting SSI data.

Should public release of SSI data include infections detected through admission and re-admission only?

What types of SSIs (superficial, deep incision, organ/space) should be included in the first public reports?

Should events associated with primary and secondary incision sites be included?

What type of risk adjustment should be used?

How should we display the data on the Hospital Guide (ex., Raw Rate, Adjusted Rate, SIR, use of symbols)?

What data period should be used for the first public release of SSI data?

Sara Cosgrove added the need to determine the appropriate threshold for the minimum number of cases required for public reporting. Theresa Lee stated that future meeting of the Committee must focus on SSI in order to initiate reporting of the data on the Hospital Guide by the end of the year.

#### **7. Preliminary Results of the 2011-2012 Health Care Worker Influenza Vaccination Survey**

Ms. Lee gave a brief update on the preliminary results of the hospital employee vaccination survey. She indicated that the results showed an increase in the 2011-2012 statewide vaccination rate over last year - about 87% compared to 81%. She noted that final results will be presented at the July meeting.

#### **8. Other Business**

Lucy Wilson reported that DHMH is an active participant in the Maryland Hand Hygiene Collaborative with other partners and asked for the Committee's continued support and guidance in this ongoing effort. The Committee expressed support for the initiative and agreed to continue to play an advisory role in the project.

#### **9. Adjournment**

The meeting adjourned at approximately 3:00 p.m. The next meeting will be held on July 25<sup>th</sup>, 2012