MARYLAND HEALTH CARE COMMISSION

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

June 27, 2012

Committee Members Present
Sara E. Cosgrove, MD, MS
Jacqueline Daley, HBSc, MLT, CIC, CSPDS(conference call)
Elizabeth P. (Libby) Fuss, RN, MS, CIC (conference call)
Anthony Harris, MD, MPH
Emily Heil (conference call)
Debra Illig, RN, MBA, CLNC (conference call)
Robert Imhoff
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
Maria E. Eckart, RN, BSN, CIC
Wendy Gary (conference call)
Kerri Thom, MD
Renee Webster, RS

Committee Members Absent
Beverly Collins, MD, MBA, MS
Patricia Swartz, MPH, MS
Jean E. Lee, PharmD, BCPS
Andrea Hyatt, CASC

Public Attendance
Malorie Givan
Jeanne DeCosmo
Rebecca Perlmutter
Carolyn Jackson

Commission Staff
Theressa Lee
Kendall Kodey
Evanson Mukira
Mariam Rahman
Mohamed Badawi

1. Welcome and Introductions

Theressa 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. Ms. Lee introduced two new members of the HAI Advisory Committee; Emily Heil, Pharmacist and Co-Chair of the Antibiotic Stewardship Committee from University of Maryland Medical Center and Robert Imhoff, President and CEO, from the Maryland Patient Safety Center.

2. Review of Previous Meeting Summary

The meeting summary for May 23, 2012 was accepted by the committee with two corrections; Renee Webster should be noted as present for the meeting and on page 2, item 6, the word identified was misspelled. The staff will make the corrections before posting the summary on the Commission's website.

3. Review of the 2008 Recommendation of the HAI Technical Advisory Committee

Ms. Lee summarized the 2008 recommendations of the original HAI Technical Advisory Committee to show the progress achieved to date and the remaining areas of focus for the MHCC HAI data collection and reporting system. The 2008 recommendations are summarized below:

Recommendation 1. The first phase of public reporting of data on healthcare-associated infections should be initiated with the following three measures: Central Line-Associated Bloodstream Infections (CLABSIs) in All Intensive Care Units (ICUs), Health Care Worker (HCW) Influenza Vaccination, and Compliance with Active Surveillance Testing (AST) for MRSA in All ICUs.

Recommendation 2. The second phase of the public reporting system should add further HAI outcome and process measures including, but not limited to, select Class I and II deep and organ space Surgical Site Infections (SSIs) and Ventilator-Associated Pneumonia (VAP) Bundle Compliance.

Recommendation 3. The collection and reporting of the Surgical Care Improvement Project (SCIP) measures relating to HAIs should be continued and expanded to include additional surgeries defined by the SCIP strata and additional process measures not reported by Maryland hospitals. Reporting for SCIP-Infection Measures 1-3 regarding surgical antimicrobial prophylaxis were historically reported on the Hospital Guide for hip, knee and colon surgeries. The Technical Advisory Committee recommended expanding these measures to include the other SCIP strata (i.e., hysterectomy, CABG, other cardiac surgery and vascular surgery). The remaining SCIP measures related to HAIs, but not reported in Maryland should be implemented (i.e., SCIP-Inf 4 and 6 relating to cardiac surgery patients with controlled 6 a.m. postoperative serum glucose and surgery patients with appropriate hair removal). SCIP-Inf 7, colorectal surgery patients with immediate postoperative normothermia, should be added if endorsed by the National Quality Forum.

Recommendation 4. The National Healthcare Safety Network (NHSN) should be the vehicle for collecting data on CLABSI, HCW Influenza Vaccination, Surgical Site Infections, and future HAI process and outcome measures as appropriate, and that hospitals receive training in the NHSN system. Appropriately trained and certified infection control professionals, when eligible, should be designated to perform surveillance involved in the documentation of HAIs to ensure infections are identified similarly among institutions.

Recommendation 5. Strategies for validating publicly reported HAI measures should be developed.

Recommendation 6. The MHCC should establish a permanent standing HAI Advisory Committee.

Recommendation 7. Given the importance of hand hygiene in reducing HAIs, a state-wide hand hygiene campaign should be developed.

Recommendation 8. A research agenda that addresses the impact of public reporting, the development of appropriate risk adjustment methods, and the development of improved measures for VAP, Hand Hygiene, and Pediatric Respiratory Syncytial Virus (RSV) should be developed

Ms Lee noted that significant progress has been made on the 2008 TAC recommendations. Recommendations 2 and 8 must now be addressed. The staff is moving forward with a process to support publicly reporting SSI data for Hip, Knee and CABG procedures by the end of 2012. We should now focus on VAP issues and the development of a research agenda moving forward.

Brenda Roup suggested adding resource requirements and workforce development for Infection Prevention staff as a research agenda item, given the increasing demands placed on IP staff. The committee agreed to add the issue as a priority for the Committee's activities.

The committee discussed the idea of retiring the Active Surveillance Testing (AST) for MRSA measure and discontinuing the survey. Ms. Lee noted that for the last two years, Maryland hospitals (in aggregate) have performed above 95%. The Committee agreed that this measure should be retired after the second quarter of 2012 and recommended that an explanation be posted on the Guide to explain why the measure is being retired.

4. Presentation of 2011-2012 Healthcare Workers Influenza Vaccination Rates

Carol Christmyer and Theressa Lee gave a joint presentation on the results of 2011-2012 employee influenza vaccination surveys for nursing homes and hospitals in Maryland. Ms. Christmyer noted that the statewide average vaccination rate for 2011-2012 was 65.1% for the nursing homes. She noted that while that rate does not compare favorably to the hospital vaccination rate, it represented a 7% increase from the previous year. She noted that 19% of nursing homes reported implementation of a mandatory employee influenza vaccination policy and 18% reported no current mandatory employee influenza vaccination policy, but plans to implement a policy for the 2012-2013 flu season. .

Ms. Lee also noted that there was an increase in the overall vaccination rate for acute care hospitals in Maryland; from 81.4% for the 2010-2011 flu season to 87.8% for the 2011-2012 season. The number of hospitals with a rate above 85% also increased from 21 hospitals in 2010-2011 to 31 in 2011-2012 season. In addition, the number of hospitals that reported having a mandatory vaccination policy increased from 15 hospitals in 2010-2011 to 25 in 2011-2012 season. The staff presentation will be posted on the MHCC website.

5. Final Recommendations of CLABSI/SSI Audit protocol

Ms. Lee provided a brief summary of CMS plans to audit CLABSI and SSI data. She noted that CMS plans to sample 800 randomly selected hospitals for CLABSI data validation. Of the sampled hospitals, each hospital will provide a list of all positive blood cultures drawn from patients in the ICU. This information will be used to identify cases to be reviewed.

The next MHCC CLABSI data audit will include a request for all positive and negative blood cultures from the ICUs. Ms Lee emphasized that the MHCC staff will work with hospitals on an individual basis

to facilitate compliance with the data collection request and to address specific challenges on an individual basis.

The proposed approach to the SSI data quality review and validation includes use of HSCRC inpatient discharge data as a screening tool for analyzing the reasonableness of the numerator and denominator data submitted through NHSN. . Ms. Lee emphasized that the administrative data would be used as a screening tool only. The denominator data (procedures) should be reasonable close when comparing the two data sets. The numerator (infections) data will be different due to the use of different definitions (clinical vs surveillance). Despite these data limitations, Ms. Lee argued that some source of comparative information is necessary to establish a cost effective SSI data quality review process. Some committee members expressed concern over the use of administrative data for screening the numerator data and agreed that the issue should be discussed further at the next meeting.

6. Review of Preliminary Analysis of Hip, Knee, and CABG SSI data

The MHCC staff prepared a preliminary report of FY2011 surgical site infections (SSI) for hip, knee, and CABG procedures using the display format currently used for CLABSI data reporting. The preliminary report was distributed to the committee for discussion purposes. Ms. Lee explained that the report included incisional and Organ/Space SSIs detected during hospital admission or readmission and was extracted from NHSN on June 25th. For public reporting purposes, the group agreed that the SSI report should be simplified for the consumer audience.

Ms. Lee also noted certain NHSN definition changes that impact SSI reporting. Effective January 2013, post discharge surveillance requirements will be limited to 30 days after the procedure date for all procedures for which an implant is not included. For procedures with implants, the new requirement is 90 days after the date of the procedure.

7. Update on the Maryland Hand Hygiene Collaborative

Lucy Wilson gave a brief update on the Maryland Hand hygiene Collaborative. She noted that there is some renewed effort to increase participation in the collaborative and mentioned the desire to develop options for reducing the reporting burden on small hospitals.

8. Presentation of Maryland Hospital Association HAI prevention Initiatives

Jean DeCosmo presented an overview of Maryland Hospital Association's (MHA) Quality Strategic Plan and new initiatives. She reviewed current activities including the Hand Hygiene Collaborative, the CLABSI and CAUTI prevention projects. She also briefly reviewed a new VAP project and a SSI prevention initiative, both planned or later this year. Finally, she mentioned Re-admissions initiative planned for 2015.

***9.* Adjournment**

The meeting adjourned at approximately 3:00 p.m. The next meeting will be held on July 25th.