MARYLAND HEALTH CARE COMMISSION

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

February 27, 2013

Committee Members Present
Sara E. Cosgrove, MD, MS
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Andrea Hyatt, CASC (conference call)
Debra Illig, RN, MBA, CLNC (conference call)
Lynne V. Karanfil, RN, MA, CIC
Michael Anne Preas, RN, BSN, CIC (conference call)
Jack Schwartz JD (conference call)
Kerri Thom, MD
Renee Webster, RS

Committee Members Absent
Beverly Collins, MD, MBA, MS
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Maria E. Eckart, RN, BSN, CIC
Wendy Gary
Anthony Harris, MD, MPH
Andrea Hyatt, CASC
Emily Heil
Robert Imhoff
Jean E. Lee, PharmD, BCPS
Peggy A. Pass, RN, BSN, MS, CIC
Brenda Roup, PhD, RN, CIC
Patricia Swartz, MPH, MS
Lucy Wilson, MD, ScM

Public Attendance
Malorie Givan
Rebecca Perlmutter
Elisabeth Vaeth
Carolyn Jackson
Christine Mister-Ward
Jeanne DeCosmo
Diane Feeney

Commission Staff
Theressa Lee
Kendall Kodey
Evanson Mukira
Mariam Rahman
Mohamed Badawi
Paul Parker
Eileen Witherspoon

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.

2. Review of Previous Meeting Summary

The minutes of the previous meeting on November 28, 2012 were accepted by the committee with no corrections.

3. Discussion of New Hospital Quality Measures Data Collection Policy

Ms. Lee informed committee members that a memo was sent to hospital CEOs and CFOs outlining the Commission's new expanded data collection policy. The new policy will create alignment between Maryland and CMS reporting requirements and will support the Maryland rate setting system and the State's exemption from CMS value based purchasing. Ms. Lee reviewed the new HAI measures including surgical site infections data for abdominal hysterectomy and colon surgery, CAUTI in ICUs, and MRSA bacteremia. Reporting of *C. difficile* will begin July 1, 2013 using the CDC NHSN surveillance system. NHSN reporting for Healthcare Personnel Influenza Vaccination will begin with the 2013/2014 flu season. The burden of expanded data collection on infection prevention and control staff was discussed. Concern was expressed over the continuation of SSI surveillance for CABG, hip, and knee procedures since these procedural categories are not CMS required. Ms. Lee noted that MHCC would be sponsoring a webinar on March 5th to discuss these new reporting requirements. MHCC staff will also be participating in a webinar with Delmarva to discuss changes to HCAHPS and outpatient measures on February 28th.

4. CLABSI and SSI Audit Update

Ms. Lee provided a brief summary of the two audits. The onsite review of FY2012 CLABSI data has been completed. The contractor, Advanta Government Services (AGS) is performing internal quality control activities and preparing hospital specific reports. Eleven CLABSI case discrepancies have been identified and are being sent to CDC for arbitration. Findings will be sent to MHCC and the hospitals. MHCC plans to hold an educational webinar to review the findings of the audit in mid-April. The discrepant cases will be used for education during the webinar and for updating the MHCC's CLABSI FAQ document.

The SSI audit for CY2011 data has begun with a preliminary review of the NHSN denominator data compared to HSCRC discharge data. The main issue identified is that patient IDs in NHSN are not matching the medical record numbers in the HSCRC data set. Hospitals are required to use the patient medical record number as the NHSN patient identifier. A consistent patient identifier will allow for a more robust database for analysis of hospital performance and quality as well as the financial burden of SSIs. Hospitals with patient identifier discrepancies are in the process of correcting their data. The next stage of the audit will entail chart review of a sample of cases. Ms. Lee asked for feedback on transitioning the audit from onsite chart review to requiring hospitals to scan records identified for review and submit to the MHCC or auditor through secure electronic submission. The results would be shared in a face-to-face discussion with the hospitals. Ms. Karanfil noted that SSI patients may have more than one chart including outpatient records which may be difficult to obtain. She stated the process for SSI auditing needs to be clearly defined. Ms. Preas and Dr. Cosgrove noted that the charts may contain a large amount of data from various sources. The consensus of the committee was that the first SSI audit should be conducted on-site until the process and information requirements are better defined and known. The committee expressed willingness to transition from on-site chart review to submission of scanned medical records for the next CLABSI audit.

5. 2012 Survey of Hospital Infection Prevention and Control (IPC) Programs - Preliminary Results

Ms. Witherspoon reviewed the preliminary results of the 4th annual IPC survey. Highlights include:

- The majority of hospitals continue to report to quality departments in their hospitals.
- IPC staff has increased slightly from last year.
- All hospitals reported CLABSI and CAUTI surveillance as well as CDI, MRSA, VRE and ESBL surveillance.
- Increases were seen in the use of CAUTI, VAP, and CDC's checklist terminal cleaning bundles;
- MDROs
    - In regards to MRSA detection, PCR test use increased from last year;
    - There was an increase seen in PCR testing for *C. difficile*. Dr. Cosgrove noted however, that hospitals are still using toxin A/B EIA test for *C. difficile* and this test has low sensitivity. She noted the need for additional confirmatory testing with PCR.
    - The majority of hospitals maintain databases of patients colonized with MDROs.
- SSIs: Post discharge surveillance activities
    - Majority of hospitals are involved in most of these activities- there were increases in the number of hospitals doing each activity.
    - Dr. Cosgrove provided suggestions for improving the response categories used in the survey instrument
- Majority of hospitals are currently using EMRs and electronic medication administration.
- Half of the hospitals do not have additional analytic software. Dr. Cosgrove said this information would be helpful to publish if hospitals had no objections. Hospitals could seek information from other hospitals on the different software available.
- Influenza vaccination
    - Majority of hospitals using several strategies to facilitate access for their staff members. Ms. Lee suggested removing these questions going forward as the responses are unlikely to change annually.
    - All hospitals are providing flu vaccine to full-time and part-time employees, and the majority of hospitals are providing the vaccine to unpaid workers as well.
    - Majority of hospitals are requiring documentation for offsite vaccination and medical contraindications.
    - Majority of hospitals are keeping some form of documentation on employee vaccination.
    - Majority of hospitals are not tracking employees, non-employed, or physicians/providers for flu infection; a little over half are tracking patients.
    - Majority of hospitals have policies for termination of employment for non-physician staff who do not get vaccinated.
    - More than half of the hospitals have suspension of privileges for physician staff who do not get vaccinated. Ms. Lee noted that almost all hospitals have or plan to implement mandatory policies and there has been a lot of progress in this area.
    - Many IPs noted they did not have data on termination, suspension, resignation of staff. It was discussed that next year- a specific time period should be added to obtain that information.
- Next steps include a data quality review, preliminary report and final report to the Committee along with short topic briefs on key findings.

6. Maryland Hospital Association (MHA) HAI Prevention Activities Update

Ms. DeCosmo from MHA reviewed statewide quality initiatives that are currently underway or planned. The CLABSI Elimination Campaign saw an increase of 78 units to 137 ICU and Non-ICUs, along with decreasing infection rates. In regards to CAUTI, Maryland hospital utilization of catheters is below national average. However, infection rates are higher. MHA is looking for opportunities for improvement of insertion and maintenance practices. There is a Maryland/Pennsylvania joint effort to eliminate VAP- currently they are familiarizing themselves with the data entry tool and collecting "process" measures. Under the Armstrong Institute, twenty acute care institutions are participating in an program that focuses on SSI prevention of colon surgeries. Their Readmission initiative has 36 hospitals participating. This initiative is related to HCAHPS and reimbursement. MHA and Delmarva support community care transition program applications and an initiative aimed at reducing VTE and pressure ulcers is in the planning stage. Hand Hygiene continues to be an important focus with participating hospitals achieving 82% compliance.

7. Other Business

Ms. Karanfil asked for an update on the work group for IP staffing. Ms. Lee envisioned using this work group to define new roles that could help with IPs' data issues and outline resource requirements for IPs. Ms. Karanfil noted that with increased surveillance and public reporting, IPs are losing time for prevention and epidemiology. She mentioned New Jersey (NJ) has a minimal number of IPs needed per number of beds in hospitals and Pennsylvania (PA) required hospitals to have data mining software. Dr. Thom suggested creating an expert panel recommendation. Ms. DeCosmo noted PA had to enhance their workforce for public reporting of hospital data. She said the NJ hospital association supports education and other pipeline activities. Members discussed the need for assistance to support these initiatives. Dr. Thom suggested an ideal number of IPs and data analysts to support the surveillance and public reporting would be a helpful recommendation from the work group. Ms. Webster suggested linking staffing numbers on the IPC annual survey to infection numbers. Ms. Lee reiterated the statement that a recommendation should focus on the problem of IP workloads and the need to focus on providing resources and staff to help.

8. Adjournment

The meeting adjourned at 2:30 p.m. The next meeting will be held on March 27, 2013.