

MARYLAND HEALTH CARE COMMISSION

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

April 24, 2013

Committee Members Present

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

Public Attendance

Malorie Givan
Carolyn Jackson
Christina Mister-Ward
Rebecca Perlmutter
Katie Richards
Janet Robinson
Maria Caschetta, AGS
Nancy Hoyt, AGS

Committee Members Absent

Beverly Collins, MD, MBA, MS
Wendy Gary
Robert Imhoff
Jean E. Lee, PharmD, BCPS
Patricia Swartz, MPH, MS
Kerri Thom, MD

Commission Staff

Theresa Lee
Kendall Kodey
Evanson Mukira
Mariam Rahman
Mohamed Badawi
Eileen Witherspoon

1. Welcome and Introductions

Theresa Lee, Chief, Hospital Quality Initiatives, called the meeting to order at 1:00 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 February 27, 2013 were accepted by the committee with no corrections.

3. Review of the April Update to the Hospital Guide

Ms. Lee reviewed the latest update to the Hospital Guide which included updated CLABSI data for calendar year 2012. Ms. Pass mentioned the fact that some hospitals would never be able to reach a “better than” designation, even with no CLABSIs, compared to the CDC’s NHSN national performance due to their small denominator size i.e. central line days. Ms. Lee mentioned the possibility of comparing Maryland hospitals to a statewide standard, not a national standard. She noted that there were limitations to using the CDC national performance standard. Ms. Lee also mentioned that with the Hospital Performance Evaluation Guide redesign there could be more explanation about the data and its limitations. Ms. Daley suggested comparing similar hospitals with each other and perhaps using rates instead of the standard infection ratio (SIR). Dr. Harris noted that the problem stems from the confidence interval and having a small sample size. The additional cost of a CLABSI was discussed with a realistic range being between \$10,000 and \$15,000.

4. Update on *C. difficile* Training for Hospitals

Ms. Lee stated that a training session will be planned for hospitals to go over any questions about the upcoming *C. difficile* data collection requirement that becomes effective July 1, 2013. The hospitals will be notified by MHCC that an archived training is available on CDC’s NHSN website. Hospitals will be asked to review that training material before the question and answer session led by MHCC with a CDC NHSN staffer is held. The training is slated for May.

5. Review of Staff Issue Briefs: CDI and IP Staffing

Ms. Witherspoon reviewed the two issue briefs on CDI and IP Staffing. There was discussion concerning the use of administrative data for determining the number of CDI cases. It was suggested that once hospitals begin reporting to NHSN, that data could be used to track CDIs over time. Ms. Fuss also noted that community versus healthcare onset was not distinguishable from the administrative data. Ms. Pass stressed the need for public education on ways patients can protect themselves from this infection including discouraging inappropriate use of antibiotics. Dr. Cosgrove noted that IDSA and SHEA were researching the possibility of creating a quality measure related to antibiotic stewardship but that it would be difficult to implement.

Ms. Roup discussed APIC’s position on determining an ideal ratio of IPs per number of hospital beds. Ms. Karanfil discussed the need to identify the time and intensity of all the demands currently made on IPs. Funding issues were discussed as well. Ms. Pass said hospital executives need to be aware of the data collection burdens. The need for more efficient, electronic transfer of data to replace manual entry was discussed. Ms. Preas stated that each facility has different challenges.

6. Preliminary Review of 2013 CLABSI Audit Results

Nancy Hoyt, Project Coordinator with AGS (the audit contractor), provided an overview of the CLABSI audit results. The CLABSI audit reviewed data reported through NHSN for the twelve month period ending June 30, 2012. She stated 35 hospitals were audited and 206 cases in total were reviewed. Ms. Hoyt noted that hospital-specific reports would be available for hospital review in the next week or two. There was discussion about the discrepant cases where the auditor and hospital IP disagreed on the determination of a CLABSI. Ms. Preas stated these cases should be reviewed with all IPs in the state. Maria Caschetta, President, AGS, said these cases would be reviewed with all the IPs during the upcoming webinar. Ms. Hoyt noted that higher risk patients were targeted with this audit which may explain the increase in discrepant cases over the last audit. NHSN staff were contacted for arbitration of 12 cases for which agreement could not be reached between the auditor and the IP. Hospitals will be able to review their reports before the educational webinar.

7. MHA HAI Prevention Activities Update

Ms. Jackson from Delmarva Foundation spoke to the Committee about an audit of Central Line Insertion Practices (CLIP) that will take place in June and July. She discussed the need to standardize CLIP practices in hospitals across the state. She was seeking hospital volunteers for the audit in which hospitals will need to complete the NHSN CLIP module for a two month period. Ms. Lee stated that hospitals were asked about CLIP usage in the IPC Annual Survey and this information may be beneficial to the audit. Ms. Jackson said there would be a webinar for more details on May 23rd.

8. Other Business

There was no additional business.

9. Adjournment

The meeting adjourned at 3:10 p.m. The next meeting will be held on May 22, 2013.