

MARYLAND HEALTH CARE COMMISSION

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

October 23, 2013

Committee Members Present

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

Public Attendance

Mary Clance (conference call)
Julia Gardner (conference call)
Carolyn Jackson
Erin Jones
Daryl Lazaro
Rebecca Perlmutter
Katie Richards (conference call)
Sheena Siddiqui
Karen Smith, AGS

Committee Members Absent

Beverly Collins, MD, MBA, MS
Jacqueline Daley, HBSc, MLT, CIC, CSPDS
Wendy Gary, MHA
Robert Imhoff
Peggy A. Pass, RN, BSN, MS, CIC
Patricia Swartz, MPH, MS
Kerri Thom, MD

Commission Staff

Theresa Lee
Evanson Mukira
Mariam Rahman
Eileen Witherspoon
Carol Christmyer
Julie Deppe

1. Call to Order

Theresa Lee, Director, Center for Quality Measurement and Reporting, called the meeting to order at 1:00 p.m.

2. Review of Previous Meeting Summary

The minutes of the previous meeting on July 24, 2013, were accepted by the committee with no corrections.

3. Update on FY2013 CLABSI Data & CY2012 SSI Reporting

Ms. Lee announced that the October update will not be occurring due to several issues including a change in vendor. The next update to the Hospital Guide will be January 2014. Mr. Mukira provided an overview of the CLABSI data, noting it was preliminary. He said the trend of decreasing numbers of CLABSIs is continuing from FY2010 for both adult/pediatric ICUs and NICUs. There has been 65% reduction in CLABSIs from FY2010 to FY2013 with 183 total CLABSI cases for FY2013. Ms. Lee noted that the decrease appears to be leveling off. Ms. Karanfil suggested calculating the number of CLABSIs that were prevented, which may be easier to understand than a percentage reduction. Ms. Lee mentioned that focus groups will be occurring soon to ask consumers about their opinions and views on the Hospital Guide. She said it needs to be meaningful and understandable to consumers which can be challenging.

Mr. Mukira reviewed the preliminary SSI data. He noted there has been an improvement of 13% reduction in total numbers of SSIs. CY2012 had 161 total SSIs reported, down from 186 SSIs in CY2011. The number of procedures has increased from 22,380 to 23,508. Three procedures are being reported: CABG, hip, and knee surgeries. The number of procedures in each group (CABG, HPRO, KPRO) has increased, while the infections have decreased as well for the three procedures. The SIR has improved for each surgery and overall from 1.06 to 0.88.

Ms. Lee reminded the group that SSIs will be expanded to colon and abdominal hysterectomy effective January 1, 2014.

4. Discussion on Upcoming SSI Audit

Ms. Lee noted that this year the focus will be solely on SSIs. Ms. Smith from AGS was introduced as the new project director for the auditing project. She mentioned that eight CIC auditors will be completing the SSI audit. She reviewed the process including on-site training of the auditors and finalizing the sample. 400 cases in total will be reviewed. She stressed the collaborative nature of the audit and educational opportunities that may be identified. She noted that the sample will only include cases identified within 90 days of the surgery. She discussed the process of validating NHSN data and choosing cases, including focusing on discrepant cases between NHSN and HSCRC administrative data. Ms. Lee stated that the administrative data set was used for screening purposes that may identify potential under or over- reported infections. Ms. Preas asked if there was utility in looking at the HSCRC data for infections as there are differences between surveillance and clinical definitions. Ms. Smith said that the HSCRC data is used as a first pass at reviewing the NHSN data and they are aware of the differences in definitions. Ms. Smith noted that over 21,000 NHSN procedures were matched to the HSCRC data. Numerator and denominator accuracy will also be checked.

Ms. Lee said there may be issues where procedures are not identified and it could be helpful for the hospitals to pinpoint any problem areas. Ms. Karanfil said she appreciated that, since identifying procedures is not always straightforward as information is needed from different departments and procedures can be changed in the middle of the surgery. Ms. Karanfil asked how SSIs will be identified if the patient does not come back to the hospital. She asked if it was

known how NY validated SSIs. Mr. Mukira noted NY only reviewed what was entered into NHSN. Ms. Lee stated this first audit will be a learning process.

Ms. Smith noted that Joan Hebden will be reviewing any cases that are discordant between the auditors and hospitals. She noted that cases will be discussed with IPs before finalizing the results of the audit as there may be information available that the auditor does not have access to. At the end of the audit, the IP can agree, disagree, or say he/she is not sure so everyone is on the same page. If an email goes to CDC for final determination, the hospital will be included in that correspondence.

5. Update *Clostridium difficile* Reporting through NHSN

Ms. Witherspoon stated that the CDI data has been entered by the majority of hospitals for July and August. Ms. Fuss asked how this data will be publicly reported. Ms. Lee said the earliest reporting would be late 2014 and the HAI Committee would be consulted before the data is added to the Hospital Guide.

6. Review of Upcoming 2013-2014 HCP Influenza Vaccination Reporting Requirement

Ms. Lee noted that the NHSN module will be used going forward. Ms. Witherspoon stated that a Q&A document was sent to the hospitals recently. The flu season began on October 1, 2013, and a reminder will be sent to the hospitals in spring as the data will be due in mid-May 2014. She reiterated that the NHSN module is more in-depth than the in-house survey that has been used in the past.

7. Discussion on Upcoming 2014 Infection Prevention and Control Annual Survey

Ms. Witherspoon stated that feedback had been received on updating a few IPC Annual Survey questions. Staff were in touch with a group at Columbia University School of Nursing who created a similar survey which may have pertinent questions for the MHCC survey. Updates to the next survey will include, among others:

- Definitions added for common terms including “episodic” and “continuous,” among others.
- The staffing question will be split into two questions to ask about IPs and support staff separately.
- A question will be added asking IPs what other settings they are responsible for including long term care, ambulatory surgical center, hospice, etc.
- Update the inpatient antimicrobial stewardship program question to include additional types of programs and remove the headings for the selections.
- A question will be added asking about universal decolonization: mupirocin only, mupirocin plus chlorhexidine or chlorhexidine only.
- A question will be added asking the number of hours IPs spend on various activities.
- Questions will be added asking:
 - Do the IPs have access to an MD epidemiologist or others (hospitalists or intensivists) in the hospital?
 - How much time does the epidemiologist spend in infection control?

Ms. Illig asked what other hospitals were doing in terms of TB (tuberculosis) exposures and conversions from an occupational perspective. The group discussed that TB was an occupational health responsibility and the IP survey was probably not the best place for that question.

8. Update on MHA Activities

Ms. Siddiqui reviewed updates to Maryland Hospital Association (MHA) initiatives including CLABSI, CAUTI, and VAP. She discussed that units will be separated out from ICU and non-ICUs. Reports are generated monthly. MHA is also receiving data on colon SSIs.

9. Other Business

Ms. Perlmutter introduced two new members of the HAI team at DHMH: Erin Jones and Daryl Lazaro.

Dr. Cosgrove mentioned there are a couple of states with statewide antimicrobial stewardship initiatives: CA, IL, and MA. She said MD should look into starting an initiative on antimicrobial stewardship, especially antibiotic overuse. Ms. Lee agreed the group should look into this. Ms. Webster mentioned the need for public education on correct use of antibiotics. Ms. Fuss mentioned the CDC website was a good source for educational material. Ms. Karanfil noted that proton pump inhibitors (PPI) usage should also be decreased as this has been linked to CDIs. Ms. Lee asked the group about measures that would provide this information for public reporting. Dr. Cosgrove mentioned that the CDC was working on standard definitions and this would be piloted in the next point prevalence survey. Ms. Richards from DHMH noted that appropriate antimicrobial use forms had been pilot tested at a couple MD hospitals and would be rolled out to all hospitals in the HAI prevalence survey in 2014. Dr. Cosgrove stated that the state does not have to require reporting, but perhaps focus on providing information and training for the hospitals via webinars. Dr. Heil stated that she chairs a group focused on antimicrobial stewardship among pharmacists across the state. She would be interested in collaborating on this initiative. Ms. Lee stated MHCC would be happy to facilitate trainings on this topic. She told the group to mention other topics that MHCC could facilitate going forward as well. Dr. Roup mentioned that information could be added to the Hospital Guide for consumers' information.

10. Adjournment

The meeting adjourned at approximately 2:47 p.m. The next meeting is scheduled for December 18, 2013.