



Health Care Quality Performance (HCQP) Program

HOSPITAL-ACQUIRED INFECTIONS AND PREVENTION ADVISORY SUBCOMMITTEE

8:00-9:00 am, November 3, 2008
HEALTH, Room 401

Goals/Objectives

- To discuss potential HAI measures to report during Quarter 1 FY 2009, as well as measures to begin collecting and reporting subsequently

Voting Members

- | | | |
|------------------------------------|--|--------------------------------|
| ✓ Utpala Bandy, MD | <input type="checkbox"/> Andrew Komensky, RN | ✓ Harold Picken, MD |
| ✓ Margaret Cornell, MS, RN | <input type="checkbox"/> Cindy Lussier | ✓ Lee Ann Quinn, RN, BC, CIC |
| ✓ Robert Crausman, MD | ✓ Pat Mastors | ✓ Janet Robinson, RN, MEd, CIC |
| ✓ Marlene Fishman, MPH, CIC | ✓ Leonard Mermel, DO, ScM | ✓ Nancy Vallande, MSM, MT, CIC |
| ✓ Julie Jefferson, RN, MPH, CIC | ✓ Kathleen O'Connell, RN | ✓ Sam Viner-Brown, MS |
| ✓ Diane Kitson-Clark, RN, MSN, CIC | ✓ Aurora Pop-Vicas, MD | ✓ Gloria Williams, MS |

Time

Topic/Notes

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| 8:00 am | <p>Welcome & Meeting Objective
Samara Viner-Brown, MS (<i>Co-Chair</i>)
Leonard Mermel, DO, ScM (<i>Co-Chair</i>)</p> <ul style="list-style-type: none"> – Len opened the meeting at 8:05 and meeting participants introduced themselves. – Len and Sam reviewed the results of the 10/20 meeting, as well as the materials sent with the minutes. Several of the attachments were quite long, and participants were asked to bring copies if they wanted to reference them. |
| 8:10 am | <p>Subcommittee Expectations
David Gifford, MD, MPH</p> <ul style="list-style-type: none"> – Dr. Gifford discussed the expectations for reporting HAI. The timeframes in the legislation should be viewed as the outer limits, but data should be reported as quickly as possible. |

Time	Topic/Notes
	<ul style="list-style-type: none"> - Dr. Gifford emphasized that he would like the Subcommittee to view reporting as an incremental, ongoing process, with the 'low hanging fruit' reported quickly and then successive measures added over time. - For example, it may be a quick win to report: <ul style="list-style-type: none"> • Influenza vaccination rates for RNs/MDs, • SCIP I, II, III measures (already reported on Hospital Compare), • ICU Collaborative data (available for all but one hospital) - Additionally, Dr. Gifford felt strongly that a MRSA measure was needed, because of widespread interest in MRSA.
8:30 am	<p data-bbox="402 562 787 588">Discuss Options for 1st Measure</p> <p data-bbox="402 598 706 661">Samara Viner-Brown, MS Leonard Mermel, DO, ScM</p> <ul style="list-style-type: none"> - Dr. Gifford recommended not letting "perfect" get in the way of "good enough," the Subcommittee discussed criteria to evaluate potential measures. These included (but are not limited to): <ul style="list-style-type: none"> • Ability to benchmark (e.g., locally or nationally) • Applicability to all hospitals • Applicability to various adult and pediatric patients • Applicability to various care settings • Ease of collecting data (e.g., availability, staff burden) • Ease of validating data • Evidence base • Frequency of event (e.g., is it too rare to report meaningful data?) • Meaningfulness to the lay public (e.g., can they understand it? Act on results?) • Room for improvement • Usefulness for hospital internal quality improvement - In addition to the measures noted above, others suggested include: <ul style="list-style-type: none"> • Hand hygiene compliance, • C-diff incidence, or • VRE incidence. - Action items: <ul style="list-style-type: none"> • HCQP staff will create a measure evaluation grid with the above criteria, and circulate it to the Subcommittee with the minutes. • Subcommittee members will complete the grid and return it to HCQP staff prior to the 11/24 meeting.
8:55 am	<p data-bbox="402 1638 722 1663">Action Items & Next Steps</p> <p data-bbox="402 1673 722 1736">Samara Viner-Brown, MS Leonard Mermel, DO, ScM</p> <ul style="list-style-type: none"> - Len adjourned the meeting at 9:05 am. - Next meeting: November 24, 2008