



Health Care Quality Performance (HCQP) Program

HOSPITAL-ACQUIRED INFECTIONS AND PREVENTION ADVISORY SUBCOMMITTEE

8:00-9:00 am, January 26, 2009
HEALTH, Room 401

Goals/Objectives

- To discuss the details related to data collection for 1st round HAI measures.

Voting Members

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

Time Topic/Notes

- | | |
|---------|--|
| 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 8am, and reviewed the meeting objectives. |
| 8:05 am | <p>Data Collection/Submission
Samara Viner-Brown, MS
Leonard Mermel, DO, ScM</p> <ul style="list-style-type: none"> – The Subcommittee continued discussion of the three 1st tier measures: <ul style="list-style-type: none"> • <u>Employee flu vaccine compliance:</u> <ul style="list-style-type: none"> ▪ ‘Healthcare workers’ are defined in the legislation for flu vaccination reporting, and the Subcommittee may want to adopt the same definition. This definition is what Employee Health staff use in submitting data to HEALTH, although there may be some variability from one hospital to another. ▪ The Subcommittee proposed a multi-stage approach to expanding the definition ‘employee flu vaccination’: <ul style="list-style-type: none"> ○ Current season (2008-2009) – Stay as-is. ○ Next season (2009-2010) – Stratify nurses vs. other employees. |

- Subsequent season (2010-2011) – Consider adding hospital-based physicians (e.g., hospitalists, house staff, and intensivists) to employees already captured.
- **Action items:** Rob will invite John Fulton to attend the next Subcommittee meeting and share the HEALTH’s vaccination data. Len will ID the schedule for the Employee Health meetings hosted by Rhode Island hospital.
- SCIP I, II, and III:
 - Quarter 2, 2008 and Quarter 3, 2008 are available, and the Program can obtain the data directly from Hospital Compare.
 - **Action item:** Sam and Rosa will research the minimum denominator size publicly reported on Hospital Compare. Hospitals are not required to submit fewer than 5 cases per quarter to CMS’s Data Warehouse.
- ICU CLABSI:
 - All hospitals switched to the NHSN definition on January 1, 2009. As a result, it makes sense to postpone reporting this measure until we have data reflecting the new definition. Quarter 1, 2009 data will be available ~May 30, 2009.
 - **Action item:** Margaret will share the Quarter 1, 2009 data with Rosa.
 - The ICU Collaborative data (and database) are restricted to adult ICUs. The Subcommittee would like to include pediatric and neonatal ICUs, so we will need a mechanism for Women & Infants Hospital and Rhode Island Hospital to submit additional NICU and PICU data, respectively, to HEALTH.
 - **Action item:** Rosa will create a secure online survey to collect pediatric and neonatal ICU numerators/denominators.
 - This measure should be stratified by ICU type, but it will not be possible to do in-state comparisons if we stratify the data. There are NHSN data against we can compare local ICUs with national data; but this differs from the usual public reporting intent, which is to provide consumers with information with which to compare and choose amongst local providers.
 - The report may also look within facility, over time (e.g., longitudinal trends). The Subcommittee will need to make a methodology recommendation for the Steering Committee’s approval.
- Continue discussion of 2nd tier measures:
 - The Subcommittee briefly reviewed the MRSA survey.
 - **Action items:** Subcommittee members will review the survey and come to the February 9th meeting prepared to talk about process measures that can be calculated from these questions. Len will also share aggregate survey results.

8:45 am **Hospital CEO Letter**
 Samara Viner-Brown, MS
 Leonard Mermel, DO, ScM

- The Subcommittee reviewed the draft CEO letter, and provided feedback on the content and audience.

- **Action items:** Rosa will update the draft letter. The final version will be mailed in hard copy to hospital CEOs, and copied electronically to Quality Directors, CMOs, CNOs, and ICPs. Rosa will also work with Rob to send a blast fax to the CEOs.

8:55 am

Action Items & Next Steps

Samara Viner-Brown, MS
Leonard Mermel, DO, ScM

- Please see above.
- Upcoming meeting schedule (every 2 weeks):
 - Monday, February 9th, 8-9am (Meeting will be in the Beck Conference Room)
 - Monday, February 23rd, 8-9am
 - Monday, March 9th, 8-9am (Meeting will be in the Beck Conference Room)

MRSA Survey
January 6, 2009

1. Are you conducting active surveillance screening (nares swab) on **high risk admissions** to your facility? *High risk admissions are as defined by the R.I. MRSA Best Practice Guidelines 2001 which include residents of LTC facilities; transfers from other hospitals; admissions to rehab units; dialysis patients and readmissions within 30 days of last discharge.*
 - Yes – All high risk admissions groups
 - Yes – Some high risk admissions groups
 - No

2. Are contact precautions implemented for ALL patients colonized or infected with MRSA in accordance with HICPAC guidelines?
 - Yes
 - No If no, please explain _____

3. Do you require gown and gloves to be donned **before entry** into a patient's room in contact precautions for MRSA?
 - Yes
 - No If no, please explain _____

4. Does your hospital have a method (e.g. flag system; alert system) to identify new admissions previously known to be colonized or infected with MRSA?
 - Yes If yes, is this an automated system?
 - Yes
 - No
 - No If no, please explain _____

5. Are you measuring compliance of active surveillance screening cultures indicated in question 1 (i.e. % of high risk admissions that actually get nares screening culture)?
 - Yes
 - No If no, please explain _____

6. Are you measuring compliance with contact precautions indicated in question 3 (i.e. % of times gown and gloves are donned before entry into a patient's room in contact precaution for MRSA)?

Yes

No If no, please explain _____

7. Are you measuring hand hygiene compliance?

Yes

No If no, please explain _____

8. Is your compliance data reported to the Executive Leadership or CEO at your hospital?

Yes If yes, please indicate which data is reported.

Compliance data for active surveillance screening of high risk admissions as indicated in questions 1 and 5?

Yes

No

Compliance data for contact precautions (gown and glove use) as indicated in questions 3 and 6?

Yes

No

Hand hygiene data as indicated in question 7?

Yes

No

No If no, please explain _____

9. If it becomes necessary to report hospital acquired primary MRSA bloodstream infections would you be able to comply with that data request at this time?

Yes If yes, would you be able to report this data for FY 2008?

Yes

No

If yes, would you be able to report this data for calendar year 2008?

Yes

No

No If no, please explain _____



Department of Health

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January 26, 2009

Dear Hospital CEO:

We are writing to ask for your help ensuring sufficient resources for your infection control staff to comply with the legislative requirements for HAI reporting starting this month. Hospital-acquired infections (HAI) are a leading cause of morbidity and mortality in the U.S. As a result, recent legislation (attached) mandates that the Rhode Island Department of Health (HEALTH) publicly report HAI data for Rhode Island hospitals.

Guided by a HAI Subcommittee comprised of experts and stakeholders (see attached list), HEALTH identified the below measures for reporting in early 2009. This follows the timeline specified in the legislation:

Measure(s)	Population	Submission Deadlines	Reporting Frequency
1. Surgical Care Infection Program (SCIP) I, II, and III measures	Hospitals that perform surgery	Jan 31, 2009: Quarter 1, 2008 and Quarter 2, 2008 data*	After initial report, quarterly data updates, each with 6-month lag time
2. Employee influenza vaccination compliance	All hospitals	May 1, 2009: Employee compliance/declination rates**	Annual, updated each summer for the previous flu season
3. ICU Central Line Associated Bloodstream Infection (CLABSI)	All hospitals ICUs	May 30, 2009: CLABSI rates for Quarter 1, 2009	After initial report, quarterly data updates, each with 3-month lag time
4. Pathogen-specific measures, based on the RI Best Practice MRSA Guidelines (2001)***	All hospitals	TBD	TBD

* Data will be obtained directly from the CMS Data Warehouse; hospitals do not need to submit anything to HEALTH.

** Your hospital already submits these data to HEALTH routinely, and does not need to submit anything new or different to meet this deadline.

***Discussion is ongoing; additional information will be forthcoming once the measures are defined and operationalized.

The above measures were recommended by the Subcommittee in part because of the availability of existing measures/data, ease of submitting the data to HEALTH, and usefulness of the measures for consumer choice and hospital quality improvement. **Over the coming months, the Subcommittee will recommend additional HAI measures, such as hand hygiene and MRSA screening compliance.** As we expand our reporting efforts, we may need additional help from you and your staff.

Again, we are asking for your help to ensure sufficient resources to ensure that infection control staff can comply with these data submission requirements, starting this month, and future reporting needs. Your hospital's Infection Control Program is what ultimately reduces patient risk; as such, your attention to the staffing and resources will not only help the public reporting program, but is of paramount importance to ensuring patient safety.

Thank you in advance for your assistance. Please contact Sam Viner-Brown (Samara.Viner-Brown@health.ri.gov) or Dr. Leonard Mermel (lmermel@lifespan.org), Co-Chairs of the Subcommittee, with questions.

Sincerely,

David R. Gifford, MD, MPH
Director, HEALTH

Leonard Mermel, DO, ScM
Co-Chair, HAI Subcommittee

State of Rhode Island and Providence Plantations