



Health Care Quality Performance (HCQP) Program

HOSPITAL-ACQUIRED INFECTIONS AND PREVENTION ADVISORY SUBCOMMITTEE

8:00-9:00am, March 9, 2009

HEALTH, Beck Conference Room (Lower Level)

Goals/Objectives

- To discuss the details related to data collection for 1st and 2nd round HAI measures

Voting Members

- | | | |
|--|---|--|
| <input type="checkbox"/> Utpala Bandy, MD | <input checked="" type="checkbox"/> Andrew Komensky, RN | <input checked="" type="checkbox"/> Lee Ann Quinn, RN, BS, CIC |
| <input checked="" type="checkbox"/> Margaret Cornell, MS, RN | <input checked="" type="checkbox"/> Pat Mastors | <input checked="" type="checkbox"/> Janet Robinson, RN, Med, CIC |
| <input checked="" type="checkbox"/> Robert Crausman, MD (rep) | <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 type="checkbox"/> Kathleen O'Connell, RN | <input checked="" type="checkbox"/> Sam Viner-Brown, MS |
| <input 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 type="checkbox"/> Aurora Pop-Vicas, MD | |

Time

Topic/Notes

- | | |
|---------|---|
| 8:00 am | <p>Welcome & Meeting Objective
Leonard Mermel, DO, ScM (<i>Co-Chair</i>)</p> <ul style="list-style-type: none"> – Len opened the meeting and reviewed the meeting objectives. |
| 8:05 am | <p>Data Collection/Submission
Leonard Mermel, DO, ScM</p> <ul style="list-style-type: none"> – Finalize outstanding 1st tier measure issues: <ul style="list-style-type: none"> • <u>Employee flu vaccine compliance:</u> <ul style="list-style-type: none"> ▪ The group reviewed the revised HEALTH data collection forms (see handouts), which incorporated edits discussed at the 2/23 meeting. Several additional edits were discussed: <ul style="list-style-type: none"> ○ Including NPs and PAs in the 'Physician' category ○ Deleting "in a healthcare facility" from "direct patient contact" definition ○ Aligning the flu season end-date with CMS's definition (March 31st) ▪ For 2009/2010 season, we have consensus on reporting the data currently collected by HEALTH (not stratified). There are currently several options on the table for 2009/2010 season: |

- Data collection:
 1. Collect data for hospitalist/house staff/other
 2. Collect data stratified by HCW type (CNA, nurse, physician, other)
 - Public reporting:
 1. Report as-is
 2. Report as-is, while providing stratified pilot data back to hospitals
 3. Report stratified by hospitalist/house staff/other
 4. Report stratified by HCW type (CNA, nurse, physician, other)
 - The Subcommittee voted on 2/9 to collect data by HCW type for 2009-2010, and report aggregate data in 2009-2010 and stratified data in 2010-2011; but would like to revisit this decision based on Employee Health Directors' input re: feasibility.
 - **Action items:**
 - John Fulton to discuss flu season end-date with Drs. Bandy & Crausman.
 - Rosa, Sam, and Len to draft letter to Employee Health Directors (CC CNOs) sharing revised forms and asking for input on timeline feasibility.
- Continue discussion of 2nd tier measures:
- MRSA survey:
 - The group reviewed survey results of RI Infection Control Professionals, which indicate whether or not each hospital has a specific MRSA-related process in place (Y/N), and can guide the Subcommittee's identification/development of MRSA process measures.
 - Where possible, the public reporting program uses nationally-developed and endorsed measures; however, there are currently no MRSA outcome measures.
 - The overall consensus was that hand hygiene would be an ideal starting measure, since it relates to MRSA and also other infections; but there was ongoing discussion about whether or not asking if hospitals assess hand hygiene (Y/N) was meaningful enough to consumers; or if the Subcommittee should obtain and report compliance rates. If the latter, we will need to create standard definitions, measurement processes, and sampling guidelines for the hospitals.
 - **Action item:** The program will determine a strategy for performing outreach to the ICPs to learn more about the hospitals' existing processes for measuring hand hygiene compliance.

8:30 am **Reporting Format(s)**

Leonard Mermel, DO, ScM

- Len asked Subcommittee members to review the proposed reporting format (see handout), which mimics the existing reports available through HEALTH's website, and come to the April 6th meeting prepared to discuss it.

8:55 am **Action Items & Next Steps**

Leonard Mermel, DO, ScM

- See above action items.
- Proposed upcoming meeting: 8-9am, April 6th, 2009

INSTRUCTIONS: This form may be used to record information on influenza vaccination of healthcare workers (HCWs) engaged in direct patient contact in your facility between September 1st and April 30th (influenza vaccination season). Information should be collected from each HCW who is employed by you during that period of time. Information aggregated from the responses recorded on this form or its equivalent must be reported to the Rhode Island Department of Health between May 1st and June 30th (inclusive), in a manner prescribed by the Department. (The Department will specify modes of report transmission prior to May 1st.)

FACILITY NAME: _____ **DATE:** ____ / ____ / ____

HCW Name: _____

HCW Status: Employed by facility? YES NO **HCW Type:** CNA Nurse (RN, LPN) Physician (MD, DO) Other (e.g., student) **HCW ID:** _____

YES NO Did you have any direct patient contact (defined as any face-to-face interaction with patients in a healthcare facility) at this facility between September 1st and April 30th (influenza vaccination season)?

IF YES, which one of the following statements best describes you? (**Check one option.**)

- I **RECEIVED** the influenza vaccine* **offered by THIS facility** for this year's influenza season (September 1st to April 30th)
- I **RECEIVED** the influenza vaccine* **at ANOTHER location** (facility or site) for this year's influenza season (September 1st to April 30th)
- I **DID NOT RECEIVE** the influenza vaccine* for this year's influenza season (September 1st to April 30th)
- I **DO NOT KNOW** whether or not I received the influenza vaccine* (offered by this or any other facility) for this year's influenza season (September 1st to April 30th)

DECLINATION

➡ If you **DID NOT RECEIVE** the influenza vaccine,* what is the **main** reason? (**Check one option.**)

- I have a medical exemption.**
- I do not think I am at risk for getting the flu – or – I do not think my patients are at risk of getting the flu from me.
- I do not want to put anything unnatural in my body.
- I do not think the vaccine works.
- I think the vaccine makes me sick.
- Other reason. Specify: _____

HCW Signature: _____

HCWs are defined based on R23-17-HCW: <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4465.pdf>

* Vaccine includes either intranasal vaccine (e.g. Flu Mist) or injected vaccine

** HCWs are considered exempt if: (1) They produce a written document signed by a physician, physician assistant, or certified registered nurse practitioner, stating that they have a medical exemption from the vaccine offered, or (2) A physician, physician assistant, or certified registered nurse practitioner acting for the health care facility in which they are employed determines that they have a medical exemption from the vaccine offered. ACIP Guidelines specify the following medical exemptions: 1) severe egg allergy; 2) hypersensitivity to thimerosal; and/or 3) Hx of Guillian-Barre Syndrome within 6 weeks of flu vaccination.

FORM 2a

AGGREGATE **EMPLOYEE** HCW INFLUENZA VACCINATION ASSESSMENT

Revised 02/28/09 RRB

INSTRUCTIONS: This form may be used to aggregate information on influenza vaccination of **employee** healthcare workers (HCWs) engaged in direct patient contact in your facility between September 1st and April 30th (influenza vaccination season). (The Rhode Island Department of Health will specify modes of report transmission prior to May 1st)

FACILITY NAME: _____

DATE: ___ / ___ / _____

Facility Administrator: _____

Phone: (_____) _____ - _____

Email: _____

Person Reporting: _____

Phone: (_____) _____ - _____

Email: _____

Vaccinations for this year's flu season (September 1st to April 30th):

	CNA	Nurse (RN, LPN)	Physician (MD, DO)	Other (e.g., student)	Total (sum rows)	
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who RECEIVED the influenza vaccine* offered by THIS facility
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who RECEIVED the influenza vaccine* at ANOTHER location
C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who DID NOT RECEIVE the influenza vaccine*
D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs for whom it is UNKNOWN whether or not they received the influenza vaccine* (offered by this or any other location)
E				<input type="text"/>	<input type="text"/>	TOTAL NUMBER of HCWs engaged in direct patient contact (any face-to-face interaction with patients in a healthcare facility) that worked in this facility between September 1 st and April 30 th (influenza vaccination season) (= sum of Total column)



Primary reasons for **declinations**:

	CNA	Nurse (RN, LPN)	Physician (MD, DO)	Other (e.g., student)	Total (sum rows)	
C1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Have a medical exemption**
C2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not think they are at risk for getting the flu – or – do not think their patients are at risk of getting the flu from them
C3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not want to put anything unnatural in their bodies
C4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not think the vaccine works
C5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Think the vaccine makes them sick
C6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other reason. Specify most common: _____
C6				<input type="text"/>	<input type="text"/>	TOTAL NUMBER of declinations (= C row total)

HCWs are defined based on R23-17-HCW: <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4465.pdf>

* Vaccine includes either intranasal vaccine (e.g. Flu Mist) or injected vaccine

** HCWs are considered exempt if: (1) They produce a written document signed by a physician, physician assistant, or certified registered nurse practitioner, stating that they have a medical exemption from the vaccine offered, or (2) A physician, physician assistant, or certified registered nurse practitioner acting for the health care facility in which they are employed determines that they have a medical exemption from the vaccine offered. ACIP Guidelines specify the following medical exemptions: 1) severe egg allergy; 2) hypersensitivity to thimerosal; and/or 3) Hx of Guillian-Barre Syndrome within 6 weeks of flu vaccination.

FORM 2b

AGGREGATE **NON-EMPLOYEE** HCW INFLUENZA VACCINATION ASSESSMENT

Revised 02/28/09 RRB

INSTRUCTIONS: This form may be used to aggregate information on influenza vaccination of **non-employee** healthcare workers (HCWs) engaged in direct patient contact in your facility between September 1st and April 30th (influenza vaccination season). (The Rhode Island Department of Health will specify modes of report transmission prior to May 1st)

FACILITY NAME: _____

DATE: ___ / ___ / _____

Facility Administrator: _____

Phone: (_____) _____ - _____

Email: _____

Person Reporting: _____

Phone: (_____) _____ - _____

Email: _____

Vaccinations for this year's flu season (September 1st to April 30th):

	CNA	Nurse (RN, LPN)	Physician (MD, DO)	Other (e.g., student)	Total (sum rows)	
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who RECEIVED the influenza vaccine* offered by THIS facility
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who RECEIVED the influenza vaccine* at ANOTHER location
C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs who DID NOT RECEIVE the influenza vaccine*
D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of HCWs for whom it is UNKNOWN whether or not they received the influenza vaccine* (offered by this or any other location)
E				<input style="border: 2px solid orange;" type="text"/>	<input style="border: 2px solid orange;" type="text"/>	TOTAL NUMBER of HCWs engaged in direct patient contact (any face-to-face interaction with patients in a healthcare facility) that worked in this facility between September 1 st and April 30 th (influenza vaccination season) (= sum of Total column)



Primary reasons for **declinations**:

	CNA	Nurse (RN, LPN)	Physician (MD, DO)	Other (e.g., student)	Total (sum rows)	
C1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Have a medical exemption**
C2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not think they are at risk for getting the flu – or – do not think their patients are at risk of getting the flu from them
C3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not want to put anything unnatural in their bodies
C4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Do not think the vaccine works
C5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Think the vaccine makes them sick
C6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other reason. Specify most common: _____
C6				<input style="border: 2px solid orange;" type="text"/>	<input style="border: 2px solid orange;" type="text"/>	TOTAL NUMBER of declinations (= C row total)

HCWs are defined based on R23-17-HCW: <http://www2.sec.state.ri.us/dar/regdocs/released/pdf/DOH/4465.pdf>

* Vaccine includes either intranasal vaccine (e.g. Flu Mist) or injected vaccine

** HCWs are considered exempt if: (1) They produce a written document signed by a physician, physician assistant, or certified registered nurse practitioner, stating that they have a medical exemption from the vaccine offered, or (2) A physician, physician assistant, or certified registered nurse practitioner acting for the health care facility in which they are employed determines that they have a medical exemption from the vaccine offered. ACIP Guidelines specify the following medical exemptions: 1) severe egg allergy; 2) hypersensitivity to thimerosal; and/or 3) Hx of Guillian-Barre Syndrome within 6 weeks of flu vaccination.

MRSA Survey
January 6, 2009

Total number of hospitals surveyed = 16

Total number of surveys returned = 14 (one survey may represent 2 hospitals, but no response to request to clarify)

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 10 (71%)

Yes – Some high risk admissions groups 3 (21%)

No 1 (7%)

2. Are contact precautions implemented for ALL patients colonized or infected with MRSA in accordance with HICPAC guidelines?

Yes 12 (86%)

No If no, please explain 2 (14%)

3. Do you require gown and gloves to be donned **before entry** into a patient's room in contact precautions for MRSA?

Yes 13 (93%)

No If no, please explain 1 (7%)

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 12 (86%)

If yes, is this an automated system?

Yes 9 (75%)

No 3 (25%)

No If no, please explain 2 (17%)

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 7 (50%)

No If no, please explain 6 (43%)

NA 1 (7%)

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 10 (71%)

No If no, please explain 4 (29%)

7. Are you measuring hand hygiene compliance?

Yes 13 (93%)

No If no, please explain 1 (7%)

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

Yes If yes, please indicate which data is reported. 10 (71%)

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

Yes 5 (50%) No 4 (40%) NA 1 (10%)

Yes 5 (36%) No 7 (50%) NA 1 (7%) DNA 1 (7%)

Note: The above numbers reflect the overall responses to this sub-question, even though the respondent answered "no" to main question of reporting to ExL/CEO. The denominator of 14 was used.

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

Yes 3 (30%) No 6 (60%) NA 1 (10%)

Note: The above numbers reflect the denominator of 10 above for main question re. which data is reported to ExL/CEO.

Yes 4 (29%) No 8 (57%) NA 1 (7%) DNA 1 (7%)

C. Hand hygiene data as indicated in question 7?

Yes 10 (100%) No 0

Note: The above numbers reflect the denominator of 10 above for main question re. which data is reported to ExL/CEO.

Yes	12 (86%)	No	1 (7%)	DNA	1 (7%)
-----	----------	----	--------	-----	--------

The numbers above reflect the overall responses to this sub-question, even though the respondent answered “no” to main question of reporting to ExL/CEO. The denominator of 14 was used.

No	If no, please explain	4 (29%)
----	-----------------------	---------

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	11 (78%)
-----	----------

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

Yes	10 (91%)
-----	----------

No	0
----	---

Did not answer	1 (9%)
----------------	--------

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

Yes	10 (91%)
-----	----------

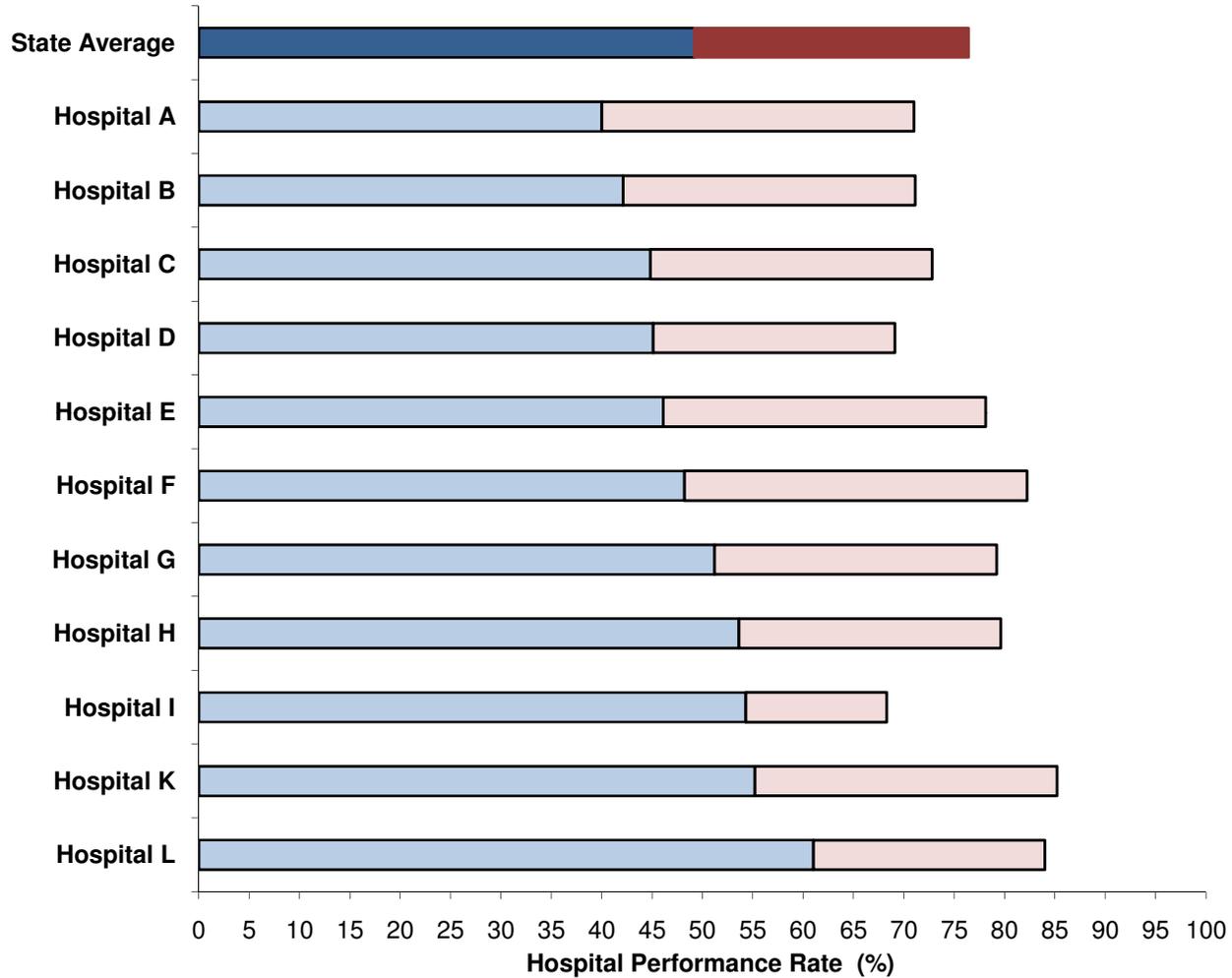
No	1 (9%)
----	--------

Did not answer	1
----------------	---

No	If no, please explain	2 (14%)
----	-----------------------	---------

NA	1 (7%)
----	--------

Employee Influenza Vaccination September 1, 2008-April 30, 2009



For the employee influenza vaccination measure, a higher performance rate means better healthcare quality