



Health Care Quality Performance (HCQP) Program

HOSPITAL-ACQUIRED INFECTIONS AND PREVENTION ADVISORY SUBCOMMITTEE

8:00-9:00am, April 6, 2009
HEALTH, Room 401

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 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 | <input checked="" type="checkbox"/> Leonard Mermel, DO, ScM | <input 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 type="checkbox"/> Aurora Pop-Vicas, MD | |

Time Topic/Notes

- | | |
|---------|--|
| 8:00 am | <p>Welcome & Meeting Objective
Leonard Mermel, DO, ScM (<i>Co-Chair</i>)
Samara Viner-Brown, MS (<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"> - The Subcommittee reviewed the draft letter and survey for the Employee Health Directors (see handouts) and provided suggestions. - Action items: <ul style="list-style-type: none"> • Subcommittee members to send any additional suggestions to Rosa by Wednesday at rbaier@rigio.sdps.org (COB 4/8). • Sam to obtain Dr. Gifford's sign-off (4/10). • Rosa to send the letter (ASAP, after edits and sign-off). • Sam and Len to share the letter and survey with John Fulton, to consider adapting for other licensed healthcare providers (after edits). - The Subcommittee reviewed the results of the MRSA survey distributed all hospitals, and recommended two process measures and one outcome measure for reporting: <ul style="list-style-type: none"> • Active surveillance program (Y/N), |

- Hand hygiene compliance (Y/N), and
 - Hospital-acquired MRSA primary bloodstream infection (BSI) rate (relative to hospital's own baseline).
- Discussion centered largely on the outcome measure. Because there is no risk adjustment method for MRSA BSI, Rob suggested choosing a reporting format that is relative to each hospital's baseline (i.e., report change over time, not absolute rates for one hospital vs. another). In January 2009, hospitals in RI switched from NNIS definitions to NHSN definitions for hospital-acquired infections. Thus, reporting of hospital-acquired MRSA primary BSIs will likely begin with Q1 2009 data.
 - Discussion also ensued regarding the importance of including links to HEALTH's website on MRSA and other related topics, as well as other links (e.g., to the CDC website) when HAI data are publically reported.
 - **Recommendation:** HEALTH require hospitals to monitor process measure compliance and regularly report compliance data to the hospital staff and administration.
 - **Action items:**
 - Len will contact Elaine Larson to learn more about the upcoming Jt. Commission recommendations about hand hygiene (ASAP).
 - Len, Sam, and Rosa will operationalize all three measures (e.g., to determine what constitutes "yes" for the process measures) and get the Subcommittee's input (next 1-2 meetings).
 - HEALTH will request 2008 MRSA bloodstream infection data from the hospitals, and then base reporting recommendations (e.g., timeframe, report format, denominator) on lessons learned from these data (date TBD).

8:45 am

Reporting Format(s)

Leonard Mermel, DO, ScM

- The Subcommittee discussed the draft employee vaccination report format (see handout), which included stacked bar graphs with vaccination and declination rates for each hospital. This format is consistent with the other publicly reported hospital data available through HEALTH.
- **Action items:**
 - Rosa to sort the employee vaccination report graphs by combined rates (vaccination plus declination).
 - Len, Sam, and Rosa to populate graph reports for the SCIP I, II, and III measures and CLABSI measures and then obtain the Subcommittee's input (next 1-2 meetings). Note: While report formats are being finalized, data will be blinded.
 - Len, Sam, and Rosa to ID a CLABSI data collection method for hospitals not participating in the ICU Collaborative (ASAP).

8:55 am

Action Items & Next Steps

Leonard Mermel, DO, ScM

Samara Viner-Brown, MS

- See above action items.
- Proposed upcoming meeting: 8-9am, April 27th, 2009



April 2009

Dear Hospital Employee Health Directors:

We’re writing to ask for your input on the Department of Health’s (HEALTH’s) proposed revisions to the employee influenza vaccination forms. The existing forms (attached) are being updated as part of a legislative requirement to report measures related to hospital-acquired infections (HAIs). Because you and your staff complete these forms, your feedback is invaluable.

What HEALTH Will Report

Employee influenza vaccination compliance will be one of the first HAI measures that HEALTH publicly releases. This measure was selected, in part, because it relies on data that you already collect and submit to HEALTH. For the 2008-2009 influenza season, the public report will reflect data that you routinely collect (without any changes to the forms).

Beginning with the 2009-2010 influenza season, we will implement some changes to the forms you currently use.

Some of these changes will be reported immediately (in 2009-2010) and some may follow in subsequent years. As we finalize these changes and the reporting timeline, we want your input.

Summary of Major Proposed Changes

The revised forms (attached) include some minor changes, such as clarifications of definitions and a link to the regulations. They also include some more major changes, which will affect your workflow. These major changes are summarized below:

Current	Proposed Revisions	Notes/Rationale
Collect vaccination/declination information for all healthcare workers (HCWs), without specifying HCW type	Collect information about HCW type (e.g., CNA, nurse, physician, other)	<ul style="list-style-type: none"> Allows reporting for specific HCWs Reporting by HCW status may occur over time (e.g., beginning with certain hospitalists and house officers, then expanding over time) Enables hospitals to target education at specific HCWs, based on their compliance rates
Collect vaccination/declination information for all employees, without specifying employee status	Collect information about employment status (i.e., employee vs. non-employee)	<ul style="list-style-type: none"> Allows reporting by employment status May be useful to limit reporting to populations that the hospital “controls” (e.g., employees)* Avoids ‘penalizing’ hospitals by including non-employees’ vaccination status in public reports
Two forms: 1. Individual (1) 2. Aggregate (2)**	Three forms: 1. Individual (1), 2. Aggregate Employee (2a)* 3. Aggregate Non-Employee (2b)	<ul style="list-style-type: none"> Currently, Form 2 is submitted. Proposal is for hospitals to submit Form 2a (not 2b).

* Reporting may also include other groups, such as non-employees who are full-time HCWs at the facility

** Form submitted to HEALTH

What You Submit to HEALTH

Currently, HEALTH provides you with forms but you can substitute your own forms, as long as you capture the same information. The same will be true for the revised forms. If it is easier for you to collect the information in a different format, please feel free to do so—**what we want is your input about the feasibility of collecting and submitting that information.**

How to Provide Feedback

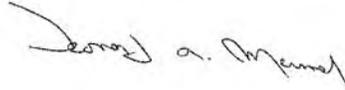
Please submit your feedback at https://www.surveymonkey.com/s.aspx?sm=2odE_2bvY2B9dFoAAuhLd_2bdg_3d_3d by close of business on Wednesday, April 22nd.

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

Sincerely,



David R. Gifford, MD, MPH
Director, HEALTH



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

Department of Health (HEALTH) Influenza Vaccination Form

Request for Feedback

We would like Hospital Employee Health Directors to provide input on the Department of Health's (HEALTH's) proposed revisions to the employee influenza vaccination forms. The existing forms are being updated as part of a legislative requirement to report measures related to hospital-acquired infections (HAIs). Because you and your staff complete these forms, your feedback is invaluable.

Please respond to the following questions by close of business on Wednesday, April 22nd. To answer these questions, please refer to the existing and revised forms mailed to you.

Feedback on Forms

1. Please indicate the level of difficulty or ease of collecting information for the following types of healthcare workers (HCWs):

	Very difficult	Somewhat difficult	Somewhat easy	Very easy
CNAs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses (RNs, LPNs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians (MDs, DOs, NPs, PAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others (e.g., students)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any comments on collecting data by HCW type:

2. Please indicate the level of difficulty or ease of collecting information by employee status:

	Very difficult	Somewhat difficult	Somewhat easy	Very easy
Employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any comments on collecting data by employee status:

3. Can your hospital collect these data for the 2009-2010 influenza season? (beginning Oct 2009)

Yes

No. Please explain why not:

Contact Information

4. Please provide any additional feedback about the suggested revisions or your hospital's ability to collect these data.

Department of Health (HEALTH) Influenza Vaccination Form

5. Please provide the following information, so that we can follow-up with you for clarification or more information:

Hospital:	<input type="text"/>
Your Name:	<input type="text"/>
Your Title:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

Thank You

Thank you for providing your input.

If you have questions, please contact Sam Viner-Brown (Samara.Viner-Brown@health.ri.gov) or Dr. Leonard Mermel (lmermel@lifespan.org), Co-Chairs of the Subcommittee that is advising HEALTH on HAI reporting.

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%)
-----	----------

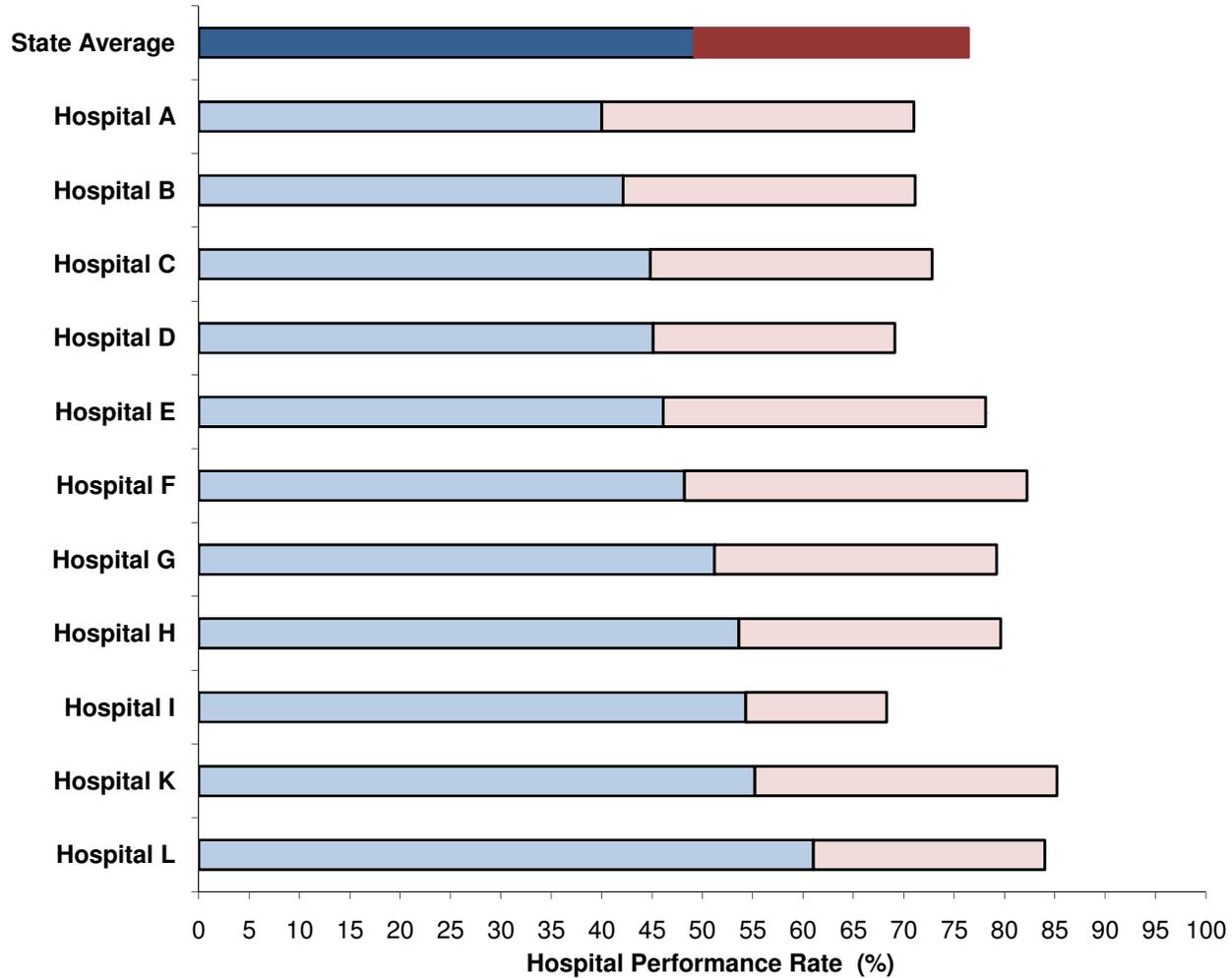
No	1 (9%)
----	--------

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