Healthcare Quality Reporting Program

HOSPITAL-ACQUIRED INFECTIONS AND PREVENTION ADVISORY SUBCOMMITTEE

8:00-9:00am, 5/20/13 at Healthcentric Advisors

Goals/Objectives
▪ To discuss HAI work to date and make policy recommendations for pending and upcoming reports

Members		
☐ Nicole Alexander, MD	✓ Maureen Marsella, RN, BS	☐ Lee Ann Quinn, RN, BS, CIC
✓ Rosa Baier, MPH	☐ Linda McDonald, RN	✓ Janet Robinson, RN, Med, CIC
☐ Utpala Bandy, MD	✓ Leonard Mermel, DO, ScM	☐ Nancy Vallande, MSM, MT, CIC
✓ Emily Cooper, MPH	☐ Pat Mastors	☐ Cindy Vanner
✓ Marlene Fishman, MPH, CIC	☐ Robin Neale, MT (ASCP), SM,CIC	✓ Samara Viner-Brown, MS
✓ Yongwen Jiang	✓ Kathleen O'Connell, RN,BSN,CIC	
✓ Julie Jefferson, RN, MPH, CIC	☐ Sheila Turner, RN, MA	

Time	Topic/Notes

8:00am **Welcome & Administrative Updates**

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

- Len welcomed participants and reviewed the meeting objectives.
- Rosa asked participants to introduce themselves to Emily Cooper, who is joining the public reporting program as a program coordinator. She is a recent MPH graduate from Emory's Rollins School of Public Health. Although the program is currently on hiatus until state funding resumes in July, Emily will be part of the team when the program resumes full activities.
- Len then reviewed the previous meeting's action items:
  - **Share published letter to the editor, when available** (Rosa/Len) – Complete

    Rosa sent the *Infection Control and Hospital Epidemiology* letter to the editor with the minutes to the last meeting.
  - **Share summary of Yongwen's CDI article** (Rosa/Yongwen) – Pending

    Yongwen will present the analyses from her *Infection Control and Hospital Epidemiology* paper about hospital onset *C. difficile* infections (CDI) during this meeting. She anticipates that the paper will be published in July; Rosa and Emily will share it with the group when it is available.

Time	Topic/Notes

- **Outreach to partners re: potential CRE point prevalence survey funding** (Len) – Complete

  Len outreached to contacts at the CDC about funding for a CRE point prevalence survey in RI. He reported that some states are doing this and that there is no CDC funding currently available for such an initiative. He also commented that it is important to estimate point prevalence and trends, to determine if there are changes and bring additional attention to CRE.

  Discussion also ensued re: the CRE toolkit and recommendation to determine prevalence of CRE in regions seeing sporadic cases. Additionally, the group discussed the infection control challenges not only in hospitals but in skilled nursing facilities in RI where there are patients colonized or infected with CRE. The question was asked whether or not HEALTH could assist in education re: infection control interventions to reduce risk of CRE spread in SNFs, as well as control of other highly resistant microbes such as multi-resistant Acinetobacter.

  Rosa shared that Len had an editorial about CRE published in the current issue of *Brown Medicine* (the alumni journal). Although we can't yet publicly report CRE, communications such as this will help to spread awareness.

- **Discuss potential CRE surveillance project** (Len/Nicole/Sam) – Pending

  This action item is dependent on funding and will be kept on the active list for future discussion if new developments arise.

  The group continued to discuss CRE, with Janet reporting that East Side Clinical Labs was told several years ago to report (submit) all CREs from SNFs to HEALTH. She was unsure about what has been done with those data; Sam offered to follow up with Dr. Bandy. Julie said that the hospitals report CREs only when clusters are identified.

8:05am **Discussion Topics**
Rosa Baier, MPH

- Meeting frequency

  Rosa reminded the group about a 4/3 email sent notifying the group about plans to begin meeting every two or three months, instead of monthly. She asked for preferences regarding meeting frequency.

  Several committee members commented that every three months would be ideal, unless topics warrant more frequent meetings. Rosa agreed, and also reminded the group that this is an opportunity to shift the discussion and focus from recurring reports to new topics that we want to highlight within the community and for the public.

  Emily will draw up a new meeting schedule and we will notify meeting participants of that schedule when funding resumes in July. (The first meeting may be less than three months from today's, but meetings with FY 2014 will be spaced three months apart.)

- MRSA CLABSI data submission

  Rosa asked the group to make a recommendation regarding MRSA CLABSI data submission. Currently, those data are submitted via SurveyMonkey, but our goal is to make the process as easy and efficient as possible for infection preventionists. Since the data are also in NHSN, Rosa asked the group if they wanted the program to begin using those data instead of requiring the data to be submitted twice.

Time	Topic/Notes
	At Healthcentric Advisors, Maureen and Blake have access to the data in NHSN; using NHSN data for reporting does not mean giving HEALTH access to NHSN. Maureen also clarified for Julie that it does not involve conferring any additional rights. Additionally, Rosa and Blake have compared all SurveyMonkey vs. NSHN data submitted to date and confirmed that the data in NHSN matches the data in SurveyMonkey. The group agreed that eliminating the SurveyMonkey data submission requirement would be preferable, but asked that Ann continue to send four-week and two -week reminders. Maureen reminded everyone that the NHSN deadlines are set by CMS and are therefore communicated and enforced outside the public reporting program, but Marlene commented that the reminders are helpful. Once Blake completes the reports, the preview reports will be sent to the hospitals, as usual, for the five-day preview period. Marlene asked if HEALTH could mail a letter regarding this change to the hospital CEOs for their information. Len responded that different hospitals may have different cultures and preferences regarding the level of detail that senior administration want or need to see—so Rosa suggested that the program draft a letter for the committee, and then committee members can share that letter internally with whomever is appropriate in their facility.
8:35	**Burden of Hospital-onset CDI in RI: Application of Present on Admission Indicators** Yongwen Jiang - <u>Guest presentation</u> Rosa introduced Yongwen, who is a member of the committee and an epidemiologist at HEALTH. Yongwen has a paper in press with *Infection Control and Hospital Epidemiology*, and agreed to present the paper's results today. Yongwen began by reminding the group that the information is confidential, and is not to be shared outside of the subcommittee. She then reviewed her results (see handout), explaining that she chose to calculate hospital-onset CDI using the Hospital Discharge Data Set's present on admission (POA) indicator, because the POA was new in 2010; this analysis is one of the first to calculate hospital-onset CDI using the POA. She also chose to use propensity score matching, which is relatively novel in the infectious disease world, because it allows us to determine true between-group differences for the patients with hospital-onset CDI (cases) and the those without CDI (matched controls). Yongwen's results demonstrate that patients with hospital-onset CDI have significantly higher mortality, longer length of stay and higher costs. - *<u>Comments and Discussion on Presentation</u>* The group discussed Yongwen's slides and results. In answer to a question about the data, Yongwen reported that she used hospital discharge data, and that is coded data. There was a discussion re: comparisons of coded data vs. data derived from infection control. Maureen reported that diagnosis (which is needed for coded data and the POA) cannot be extracted from a lab test unless the diagnosis is documented in progress notes by a physician.
8:55am	**Open Forum & Action Items** *Rosa Baier, MPH* - **Action items:** • Share Yongwen's published paper with the group, when available (Rosa/Emily)

Time	Topic/Notes
	• Follow up with Dr. Bandy re: SNF CRE reporting (Sam) • Share a new quarterly meeting schedule for FY 2014 (Emily/Ann) • Align four- and two-week submission reminders with CMS calendar (Ann) • Write letter about obtaining MRSA CLABSI from NHSN (Rosa/Emily) - **Next meeting:** New quarterly schedule to be communicate in July