



Department of Health

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## Healthcare Quality Reporting Program

### HOSPITAL-ACQUIRED INFECTIONS SUBCOMMITTEE

9-10am, May 16, 2016

Healthcentric Advisors, 235 Promenade Street, Suite 500

#### 1. Welcome & today's meeting objectives (9am)

- Meeting chairs: L. Mermel, S. Viner-Brown
- Program staff: E. Cooper, V. Carroll, T. Mota (via phone)
- Voting members in attendance (8/17): U. Bandy, M. Fishman, J. Jefferson. M. Marsella, J. Robinson, N. Vallande
- Other attendees: R. Reece, G. Rocha (via phone), M. Mimnaugh (via phone)

#### 2. Review of the previous meeting's action items (9:05am)

- Request hospital flu data from State Epidemiologist (Emily) – Complete
- Draft recommendations for Immunization Program (Emily) – Complete
- Review Infection Prevention Assessment request letter (all) – Complete
- Send additional comments on the proposed CME recommendations by 4/20/16 (All) – Complete
- Update CME letter, share draft before sending (Emily) – Complete
- Send additional comments on the proposed letter to Senator Whitehouse by 4/20/16 (All) - Complete
- Update letter to Senator Whitehouse, share draft before sending (Emily) – Complete

#### 3. Program Updates (9:10am)

- *Final letter to Senator Whitehouse*  
Emily thanked the committee for their comments and noted that Dr. Alexander-Scott had recommended the letter to Senator Whitehouse be sent jointly by the Department of Health and Healthcentric Advisors. The letter was sent to Senator Whitehouse on May 3<sup>rd</sup>, and a copy was distributed to the committee with today's agenda.
- *CDC grant proposals*  
Emily explained that the CDC had previously provided funds through the Epidemiology and Laboratory Capacity Grant for HAI Prevention Infrastructure. For the next fiscal year of this grant (which is scheduled to begin 8/1/16) we significantly increased the amount of funds we are requesting. Some of the work included in the scope of this funding would go beyond the scope of the existing Healthcare Quality Reporting Program; however, the HAI Subcommittee will be asked to advise on these activities, should the funding be granted by the CDC. These activities would help to provide more oversight and education, including training aids, which will hopefully take some of the burden off of hospitals and nursing homes. Additionally it would provide opportunity for data quality checks for hospital NHSN data and assistance with NHSN adoption for nursing homes. We expect to be notified of the grant award and funding amount in July.

#### 4. Hospital Acquired Flu (9:20am)

- *Review data*
- *Discussion*  
Dr. Mermel began the discussion by reviewing the blinded data and asking the committee if they felt



there would be benefit to moving forward with this report. He also suggested that we track hospital-acquired respiratory viruses more broadly, rather than focusing specifically on influenza. Dr. Mermel noted that this information could be helpful in creating new policies regarding masking and visitor requirements as well as evaluation of facilities' sick-leave policies.

There was discussion among the attendees about varying hospital practices for running Respiratory Viral Panels. This testing is currently more common at some hospitals than at others. The committee also discussed the additional burden further reporting may cause, especially if facilities would need to validate the data. The majority of the committee felt that it would be valuable to collect the lab report information and draft a review from that information in order to be able to better investigate the value of the data. Dr. Bandy and Dr. Reece noted that currently the Department of Health only has this additional data from the Lifespan Hospitals. It was suggested that we gather the data from Lifespan and review it at the next meeting to determine how to move forward.

Dr. Bandy explained that collecting data on additional respiratory viruses would require her office to create a new data reporting platform, but that this would be a possibility for the next flu season if we decided to move forward with this.

## 5. Recommendations to Immunization Program (9:35am)

- *Review draft recommendations* (handout)

Emily opened by noting that these recommendations, which were discussed at our March meeting, are in regard to the summary document, rather than the actual regulations. Emily drafted suggested changes based on that discussion. The changes discussed and approved by the group are:

- **There is need for further clarification of the "4-hour rule" mentioned in the first bullet of the guidance document. The guidance states that:**

*"Unvaccinated healthcare workers do not have to wear a mask for an entire shift unless they have direct patient contact the entire shift. Infectious disease experts recommend using a new mask at least every four hours or sooner if the mask becomes too moist or soiled. The mask may be removed if no patients are near, or approaching near, the healthcare worker."*

### **Make the following changes:**

1. [Replacement for first bullet] Unvaccinated healthcare workers do not have to wear a mask for an entire shift unless they have direct patient contact the entire shift. The mask may be removed if no patients are near, or approaching near, the healthcare worker. If the mask is removed for any reason it should be discarded in the appropriate receptacle and hand hygiene should be performed. A new mask should be used once the healthcare worker is once again in a situation (per the regulations) that requires them to wear a mask.
  2. [New bullet after the existing, updated, first bullet] Infection control experts recommend using a new mask at least every four hours during continuous use or sooner if the mask becomes too moist or soiled. Some brands of masks are only designed for continuous use of a shorter duration than 4 hours. Healthcare workers should use the masks supplied by their facility as directed if the suggested time of use is less than 4 hours. Masks should not be worn continuously if doing so would contradict infection prevention and control guidance or practices (e.g. after caring for a patient on contact precautions).
- **There is need for additional clarification that, per the regulations, masking is required during each "direct patient contact in the performance of his or her duties at any health care facility" [R23-17-**



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**HCW, Sections 5.3 and 5.4].** As it is currently written, the first paragraph of the guidance and the third bullet in the guidance suggest that the masking requirement extends to any time a healthcare worker could potentially come into direct contact with a patient (e.g. a nurse purchasing food in the cafeteria during a break). However, the regulations as they are written only apply to times when the healthcare worker is “performing his or her duties”.

#### **Suggested Changes**

1. [Updated first paragraph] Immunization regulations in Rhode Island require healthcare workers who are not vaccinated against seasonal influenza to wear a surgical face mask during direct patient contact while performing their duties if the Director of the Rhode Island Department of Health (HEALTH) declares influenza to be widespread. When the Director of Health declares this period to be over, the masking requirement is no longer be in effect (unless a new declaration is made at a later time).
2. [New bullet to precede existing third bullet] The regulations apply to direct patient contact during the performance of a healthcare worker’s duties at any health care facility.

*The group discussed whether this clarification, though accurate, would create added confusion around when masks are required. The group did not reach a consensus on these changes, so we are asking for additional feedback from those who were not in attendance before making a final decision.*

#### **6. MRSA CLABSI White Paper (9:45am)**

- Review latest draft report (handout)
- Discussion

Emily briefly reviewed the MRSA CLABSI White Paper, noting that the national SIR that is being used as a comparison uses baseline data collected from 1997-2007. Also, all of our hospitals are consistently achieving fewer than expected infections meaning there is no variation to compare across hospitals. While such a consistently positive report is nice, there is some question as to whether this is an actionable report for consumers. Emily asked the committee if they felt there would be a better HAI to put these resources towards tracking. The committee felt that there was not sufficient time at this meeting to discuss the issue. The preview report will be sent out and then the final report will be posted online, according to our program guidelines. We will revisit this topic at our next meeting.

#### **7. Action Items:**

- Request the currently reported RVP data from the Department of Health (Emily)
- Provide feedback on the Recommendations to Immunization Program (All)
- Update the Recommendations to Immunization Program (Emily)
- Send out the preview of the MRSA CLABSI report for review (Val)

**Next Meeting: June 20, 2016 at Healthcentric Advisors**