

**UHIP Governance Committee Meeting**  
**Wednesday, October 24, 2012**  
**State Capitol, Senate Office Building**  
**Olmsted Room**

**Attendees**

Last Name	Title	Facility	2/16	4/25	6/27	8/29	10/29	12/19
Abouzelof, Rouett	RN	Primary Children's MC	X	Exc.	X		X	
Betit, Rod	Mr.	UT Hospital & Health System Assoc.		Exc.			X	
Clemmer, Terry	DR	Intermountain Healthcare		Exc.	Exc.		Exc.	
Daly, Judy	DR	Primary Children's MC		X	X		X	
Draxler, Jack	Rep	Utah House of Representatives	X				X	
Evans, Lisa	RN	Uintah Basin Medical Center		X	X		X	
Guseman, Melissa	RN	Salt Lake Surgical Center		X	X		X	
Heikens, Brett	RN	Kolff Dialysis Center	X	X	X		X	
Hull, Dan	Mr.	Home Care and Hospice						
James, Brent	DR	Intermountain Healthcare	Exc.	X	X			
Jarrett, Arlen	DR	asis Healthcare Utah Division	Exc.	X	X			
Keene, Peggy	RN	Mountain West Medical Ctr.	X	X	X			
Kinsey, Wayne	RN	Promise Hospital of Salt Lake	X	X	X		X	
Kurrus, Tom	DR	Mountain Star/St. Marks						
Markewitz, Boaz	DR	University of Utah Pulmonary	X					
Mayer, Jeanmarie	DR	Univ. Health Care/University Hospitals & Clinics	X	X	Exc.		X	
Miner, Joe	DR	Utah County Health Dept.			X		X	
Olsen, Rex	JD	Asst. Attorney General	Exc.	X	X		X	
Petrolonis, Patty	RN	Salt Lake Regional Medical Center	X	X				
Preston, Juliana	Ms.	HealthInsight		X	X			
Prothero, Marie	CEO, RN	Utah Valley Specialty Hospital		X	X		X	
Reese, Carolyn	RN	Utah Healthcare Association	X	X			X	
Rolfs, Robert	DR	State Epidemiologist, Division Director	X	X	X		X	
Sanpei, Dean	Rep.	Utah House of Representatives			X			
Smith, Doug	DR	Intermountain Healthcare	X	X	X		X	
<b>UTAH DEPARTMENT OF HEALTH</b>								
Alvarez, Felicia	Ms.	Epidemiologist	X	X	X		X	
Crook, Jacob	Mr.	Analytical Epidemiologist						
Matheson, Karla	Ms.	Admin Assistant	X	Exc.	X		X	
Eutropius, Louise	Ms.	Infection Preventionist					X	
Reed, Carrie	Ms.	CAUTI Prevention Collaborative Leader	X		X			
Varley, Sherry	RN	Infection Preventionist	X	X	X			
<b>GUESTS</b>								
Dimond, Melissa	Ms.	Utah Department of Health					X	
Dupont, Cathy	Ms.	Legislative Staff					X	
Horne, Scott	Mr.	UT Hospital & Health System Assoc.					X	
Inzunza, Trel	Ms.	Univ. Health Care/University Hospitals & Clinics					X	
Johnson, Linda	RN	HealthInsight	X	X	X		X	
Spilker, Aaron	Mr.	Promise Hospital of Salt Lake					X	

## Action Items highlighted in yellow.

- **Welcome & Introductions: Jeannie Mayer, MD**
  - Meeting began at 3:00 P.M. Introductions were made by attendees and phone participants.

- **June Minutes Review & Approval: Jeannie Mayer, MD**

- First Motion: Judy Daly, PhD
- Second Motion: Wayne Kinsey, RN.
- Minutes approved as presented.

- **HAI Preventive Collaborative Summation:**

Sherry Varley: CAUTI Prevention in Long-term Care Facilities (LTCF)

- Project with 17 LCTF ended July 2012; additional federal grant monies were requested but not awarded.
- Collaborative objectives were met. Catheter utilization rate was 4-5%, which is lower than national average for LTCFs, however sample size is small.
- Desire to implement another prevention collaborative in the future especially in LTCFs.

Linda Johnson: CUSP/CLABSI Prevention Collaborative

- Project completed in August 2012.
- Plans are for the group to meet again in November for an After Action Review to evaluate the benefits of the collaborative.
- Data through 2012 showed rate below national average. Results show progress trending in the right direction.

“Learning from Defects” methodology, one of the CUSP tools available to participating hospitals- was used by Promise and University of Utah Health Care.CUSP/CLABSI Facility Presentations

Wayne Kinsey/Aaron Spilker : [Promise Hospital of Salt Lake](#)

- Presented a poster demonstrating the “Learning from Defects Analysis Tool” and how it was used in their facility using a C. diff transmission scenario.
  - Determine if in-house transmission and if so how can this better be prevented?
  - Identified variables; training staff, policies and procedures, room signage, hand sanitizer use vs hand washing habits.
  - Implemented process improvements, including reinforcing hand wash when caring for C diff patients by removing hand sanitizer and accessibility to bleach wipes in room
  - This tool will be used throughout the hospital in many different scenarios and was a very helpful in creating a process for interventions to address identified problems.

Trell Inzunza: [University of Utah Health Care \(UHC\) IMCU/CNC](#)

- Presented a PowerPoint presentation regarding CUSP CLABSI project
  - Used the CUSP safety survey with additional unit specific questions; 100% unit staff participation.
  - Determined processes were not standardized which led to the development of new policies and procedures.
  - Goal: to improve line insertion, line blood draws and line dressing maintenance
  - Outcome:
    - Developed a competency program for line dressings

- Using grant monies, developed a new line dressing change kit with a “built in” check list
- Staff Identified Areas for Improvement:
  - Make line dressing changes easier by having kits easily accessible
  - Education on recognizing when to change a dressing change.
  - Education on knowledge and skills needed to properly perform line dressing changes
- Each nurse assessed on kit use both on the mannequin and on a human
- Kit will be placed in each patient room
- Standardized process has decreased variation and improved outcome.

Dr. Mayer thanked both presenters for the great job their facilities have done to demonstrate the Comprehensive Unit-based Safety Program (CUSP) model.

**MDRO Detection and Prevention Collaborative: Jeannie Mayer, MD**

- Utah awarded a CDC funded project for MDRO situational awareness and prevention- Utah has a very low incidence of Carbapenem-resistant organisms currently
- Opportunity to look at how we can implement strategies to contain transmission by improved communication and standardized processes during patient transfers across facilities
- Will establish a regional MDRO prevention collaborative
  - Will partner with selected acute and long-term acute care facilities (LTACF) and Gold Cross ambulance
  - Funding available to compensate participating entities
- Surveillance will build on pilot project currently under way with UUHC and IH reporting de-identified patients with selected MDROs to the UDOH
- Interfacility communication will occur a part of a standardized process and build on the infection prevention transfer form

Dr. Mayer proposes that we use this CDC funded project as our statewide prevention collaborative.

**CD Rule and HAI Administrative Rule Update: Felicia Alvarez**

- CD rule amended to add reporting of Carbapenem-resistant E Coli, Acinetobacter and Klebsiella pneumoniae.
  - Intent is to track organisms across spectrum of healthcare settings and help identify acquisition/transmission patterns.
  - Promote healthcare facility awareness; hospitals could implement isolation/ interventions more readily.
  - LHD concern re: investigation responsibilities; meeting will be held on November 1, 2012 with an Epi. Affiliate to discuss further.
  - Amendment has healthcare facility’s support.
  - Anticipate it will pass as amended.
- HAI Administrative rule has been updated due to new regulatory requirements from CMS and passage of HB 55; proposed rule is out for public comment until November 14, 2012.

- Replaced reporting requirements related to HAI and data sharing requirements by Utah facilities to NHSN.
- Enables facilities to that report HCW influenza vaccination data to NHSN to share data with UDOH
- Updates the definition of HCW to be consistent with the CDC definition..

#### **HAI Work Group Update- Rouett Abouzelof**

- Oct 24<sup>th</sup> UHIP agenda items (HB 55, CD and HAI administrative rule) were discussed at the HAI Work Group Meeting; more Infection Preventionists (IP) representation/involvement at HAIWG than UHIP-GC.
  - Broad audience to update Utah IPs regarding issues related to HAIs, regulatory agency requirements
  - How can APIC chapter help, in partnership with HealthInsight, IPs with NHSN-related trainings
  - Potential to serve as forum for discussing difficult HAI surveillance cases
- Validation issues
  - Concern about HB 55 data validation process and IP time involvement/commitment major concern voiced.
- Discussed CMS required HCW influenza vaccination reporting to NHSN:
  - How information should be shared, validations and how to proceed.
  - Need for an educational meeting for IPs to understand processes and to share questions.

#### **House Bill 55 Implementation – Sherry Varley, Louise Eutropius**

- Ms. Varley clarified HB 55 concerns raised at last UHIP-GC meeting regarding time lines, data collection and data validation.
  - Met with Cathy Dupont from Legislative Staff to clarify intent.
- Ms. Varley updated committee regarding UDOH plan to implement of House Bill 55
  - May 1, 2013 HAI report will focus on CLABSI identified in acute care facility intensive care units
  - To comply with May 1, 2013 HB 55 public reporting requirements, in order to generate adequate data for the report, data submitted prior to July 2012 when the bill came into effect will need to be used for the report
    - Data submitted to NHSN prior to July 1, 2012 was likely presumed by hospitals not to be subject to public reporting, e.g.; would be reported in aggregate but not publically identified by hospital name.
    - Due to the protracted “end of the quarter” reporting timelines set forth by CMS, deadline for data submitted to NHSN is 4.5 months after close of prior quarter
      - From July 1, 2012 forward, only data submitted for 3<sup>rd</sup> quarter 2012 would be available for a May 1, 2013 report.
  - Proposed validation data methodologies presented

- Internal (hospital-based ) validation UDOH staff
- Internal (hospital-based) validation by UDOH staff and external validation by CMS
- External validation by UDOH staff
- Rep. Jack Draxler stated that his intentions with HB 55 are not to be complicated/burdensome for anyone, but must be assessable to the public and presented in an easy to understand/meaningful manner.

**Reporting Discussion Points:**

- Issue: In order to have an adequate data set will need to access previously submitted data
  - Facilities not aware of proposal/need to report previously de-identified data by facility name for May 2013 report, we will need support from UHA
- Issue: Limited funds for validation; each methodology has merits and limitation

**Consensus on how to report CLABSI data for May 1, 2013 report is as follows:**

- Transparency is KEY - do not want to violate trust of stakeholders
  - Data is available on UDOH website currently, by hospital but hospitals are de-identified
  - Data is available, by hospital name, in aggregate form at Hospital Compare for public already
  - Reporting will not require any additional work for hospitals/IPs
  - In the public's interest to report meaningful data set.
- For initial report in May 2013, it was proposed calendar year 2011 data and first two quarters of 2012 will be used.
- In October 2013, an additional report will be published to reflect Quarters 1-4, 2012 data.
- Starting in 2014, the Annual Report will be published in October to reflect the past calendar year.
  - Intent for data to be comparable year by year
- Internal validation was method chosen; report will include validation process and overall summary.
- Proposal meets intent of HB 55; it was determined that no changes will need to be made to House Bill 55 or administrative rule if all parties voluntarily agree to proposal.
  - Sherry Varley, Louise Eutropius and Dr. Mayer will draft a letter and draft memo outlining the proposal, justifications and solicit participation by affected hospitals
  - "Good faith" effort by all parties to met intent of law.
    - Rod Betit intends to support proposal and forward UHIP-GC letter to affected hospitals endorsing the proposal via memo

It was proposed that the memo and letter would go forward without further review by entire committee.

- First Motion: Wayne Kinsey, RN
- Second Motion: Rouett Abouzelof, RN
- Approved by all meeting participants.

## **Discussion on House Bill 55 Validation Methodology – Sherry Varley**

- HB 55 has requirement for “valid validation method” but not specific criteria
- HB 55 requires validation summary for annual report.
- Many states are trying to validate reported HAI data, but each state is doing it differently.
- The CDC is developing a Validation Tool Kit for states to use but has not been finalized/released to-date.
  - Due to time constraints, internal validation will be used for 2013 report.
- Presented all three proposed versions with time/cost estimates for UDOH staff and hospital (IP) staff for future reports, including proposed Oct 2013 report.
  - Option 1: Internal (hospital-based ) validation UDOH staff
  - Option 2: Internal (hospital-based) validation by UDOH staff and external validation by CMS
  - Option 3: External validation by UDOH staff
- Comments: Rouett Abouzelof believes that many more hours will be required by the IP for the internal validation process, then the proposed estimate. Rep. Draxler reiterated he does not want this to be another bureaucratic burden or become labor intensive for anyone. He also feels some of the proposed validation choices are beyond what House Bill 55 envisioned.
- Rep. Draxler believes Option 1 is reasonable and meets the intent for “validation” as required by HB 55.

### **Consensus on validation methodology:**

- Option 1 will be used as the HAI validation method for future annual reports.
- Ms. Abouzelof suggested that an internal validation template guideline be developed to help the IP prepare for the validation survey in advance of the audit.

Dr. Doug Smith requested a copy of the CMS HAI audit template tool currently being used to audit hospitals in Utah- Ms. Varley will get a copy from Linda Johnson and then forward a copy to him.

In closing, Representative Draxler thanked everyone for their thoughtful and open discussions and was impressed with all the work/efforts that have been expended in implementing HB 55.

### **Other Business;**

Dr. Mayer announced that the last meeting for 2012 would be held Wednesday December 19, 2011 at 3:00 pm in the Olmsted Room. In 2013 meetings will be held once a quarter. However, Wed from 3-5pm is in conflict with her work schedule; she members for a change in meeting day/time. UDOH staff will send out a survey to UHIP-GC members to determine best day/time for the majority of attendees.

**Meeting Adjourned at 4:55 pm.**

**Next meeting: Wednesday, December 19, 2012 Olmsted Room, Senate Office Bldg., Utah State Capitol**