

UHIP Governance Committee Meeting ~ March 19, 2013

Attendees: Rouett Abouzelof, Melissa Guseman, Brett Heikens, Arlen Jarrett, Wayne Kinsey, Boaz Markewitz, Jeanmarie Mayer, Joe Miner, Allyn Nakashima, Rex Olsen, Patty Petrolonis, Doug Smith, Felicia Alvarez, Karla Matheson, Louise Eutropius, Jordan Pyper, Kim Rasmussen, Sherry Varley, Linda Johnson, Kristine Hegmann. **Excused:** Judy Daly, Marie Prothero. **Action Items Highlighted in Yellow**

| Agenda Item | Resp. Person | Discussion |
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| Welcome and Introductions | Dr. Mayer | Meeting commenced at 3:00 pm. Attendees and phone participants introduced themselves. |
| Minutes from last meeting | Dr. Mayer | <ol style="list-style-type: none"> 1. First Motion: Rex Olsen 2. Second Motion: Rouett Abouzelof 3. Minutes approved as presented. |
| Prevention Collaborative Summation | Linda Johnson | <p>Ms. Johnson presented the Utah CUSP Executive Summary UHIP Governance Committee Report.</p> <p>In January there was an after action review conducted in response to Dr. Rolf's question of the CUSP collaborative impact and should UT continue to support/participate in them.</p> <p>Evaluation of the CLABSI collaborative results revealed a noticeable reduction in CLABSI rates in participating facilities as well as a change in staff attitudes/unit-based culture change re: communication/ thought processes about safety, even if their rates did not decline. There was also a desire within the facilities to spread the project principles/tools beyond CLABSI to other units.</p> <p>Participants rated the collaborative 8.6/10 compared to other activities. They also expressed a strong interest in continuing the collaborative format, either to expand the BSI work to more units or to address other concerns, e.g., CAUTI, <i>C difficile</i>.</p> <p>The three key points from this collaborative were:</p> <ol style="list-style-type: none"> 1. The need for structure and accountability to keep the project moving forward and to provide a platform for sustainability 2. The value of external experts (Johns Hopkins facility) 3. Personal satisfaction gained from participating and being successful; the value of sharing personal experiences among participants. <p>In conclusion, the collaborative format is a useful one and should be continued, and the results/lessons learned could be used in designing future collaborative. It is anticipated CAUTI and <i>C difficile</i> will be a focus of this collaborative process in the near future.</p> <p>Ms. Rasmussen presented an overview of the current status of the MDRO program; accomplishments to</p> |

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| <p>MDRO Detection & Prevention Collaborative</p> | <p>Kim Rasmussen</p> | <p>date and objectives still in process. All subcommittees have meet at least once; the second in-person MDRO Detection and Prevention Collaborative Team meeting was held March 19th during which all subcommittees reported their progress to-date and ongoing strategies/projects were discussed. Although it is difficult to get all professionals available at the same time, things are moving forward. The MDRO surveillance system is being created. The specified MDROs (Carbapenem Resistant Enterobacter and Acinetobacter, or CRE/CRAB) have been added to the CD Rule as a proposed addendum. The revised Rule has been posted and is currently out for public comment. The Rule change requires mandatory, rather than voluntary, reporting to the UDOH/LHD whenever CRE/CRAB are identified by healthcare facilities/laboratories. Reporting by healthcare facilities will be limited to demographics and essential patient information, LHD will complete the case report forms.</p> <p>A report on work from various subcommittees of the collaborative was presented:</p> <p>Patient Transfer - ED, Gold Cross EMS, a Human Factors expert, and facility stakeholders are in the midst of developing a standardized patient transfer process for implementation across all participating facilities. The current process for transfers is being evaluated by ED and EMS vehicle observations, with the purpose of identifying critical areas where transmission may occur and proposing feasible solutions. Various individuals have participated in observations of ambulance transfer/ED admission practices, including Dr. Mayer/Dr. Drews/RS Davis (ED Nurse Educator) at UH and O. Gray (EMS paramedic/Public Health Masters student)/J. Mearsman (EMS supervisor) on ambulance transports. K. Rasmussen will begin observations at St. Marks' ED on March 26th. The team is in the process of finalizing an ED survey to query staff awareness, attitudes, and perceived adherence to infection control practices to reduce transmission of MDROs.</p> <p>Environmental Services - Developing a feasible standardized protocol for cleaning during patient transfers across facilities High risk items and surfaces have been identified. Photos of the interior of the EMS transport vehicle with high touch surfaces marked for cleaning between patients are being created. Once Infection Preventionists working with front line EMS staff finalize a cleaning process, this will be added to patient transfer protocol.</p> <p>Signage and PPE - Developing standardized simple isolation verbiage and easily visible stickers/cues to be used when transporting patients with MDROs across facilities. Dr. Drews, a Human Factors expert, is providing guidance.</p> <p>Laboratory - Collected and reviewed all MDRO testing protocols and report interpretations from participating laboratories; although there are some difference in testing methods, all have the capacity to identify CRE/CRAB. Have agreed to standardize a reporting process to the facility Infection Preventionist (IP) when CRE/CRAB isolates are identified. The facility IP will be responsible to report CRE/CRAB to the UDOH/LHD.</p> <p>Surveillance - A simple case form for reporting CRE/CRAB has been developed. Stakeholders have been working on processes to internally disseminate CRE/CRAB information within their facilities, as well as</p> |
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| | | <p>how IPs will communicate to those facilities patients have been discharged to. Discussions regarding healthcare facility access to CRE/CRAB data access to appropriately care for patients (including isolation) are undergoing and will be evaluated and granted as indicated/appropriate. Reported data on CRE/CRAB patients will be entered into a MDRO data repository at the UDOH. F. Alvarez will work with Jon Reid at UDOH to outline specifications of the repository.</p> <p>Data Sharing - The MDRO collaborative has deemed the region would be more effective at reducing transmission of emerging CRE/CRAB across facilities that share patients if those facilities could be transparent and share MDRO data. Dr. Mayer has created a draft white paper document for administrators at participating facilities within the collaborative that provides: background of the local problem with shared transmission of MDROs across healthcare systems; previous limited interventions to reduce MDRO transmission; the proposed network analysis using data once available from the revised CD rule to create situational awareness for emerging CRE/CRAB; and a proposed data sharing agreement across stakeholders at participating facilities to disclose facility CRE/CRAB status in order better understand and reduce transmission. The white paper outlines the details for sharing limited reported data which may be a concern to participating facilities, such as in identifying facilities on network analysis charts. In addition, lead Hospital Epidemiologists at each of the major Healthcare Systems are interested in collecting more detailed patient level data to better understand and describe risk factors for acquisition of CRE/CRAB. This more detailed data would include a limited dataset with scrambled patient identifiers that would be entered into a shared database behind a firewall. The white paper outlines what data would be shared, who would have access, how data would be handled and stored.</p> |
| Communicable Disease Rule Update | Felicia Alvarez | The CD Rule is out for public comment. The comment period will end 3/31/2013. If there are no significant public comments that would require language changes, the Rule will be effective approximately April 8, 2013. |
| HAI Workgroup Update | Rouett Abouzelof | <p>The HAIWG has been working on an Infection Preventionist (IP) Needs Assessment survey to determine current status of the IP workload and resource need; the last needs assessment was conducted 2010. L. Eutropius created a web-based Survey Monkey to administer the survey electronically. The survey will undergo final review at the March 21st HAIWG meeting; once finalized the survey will be sent electronically to the IPs in Utah hospitals and LTACs the following week.</p> <p>The workgroup also discussed what event and which facilities should be validated for the October 2013 HAI annual report as additional facilities and events were added to the 2012 reporting timeline by CMS. The audit event was determined to be CLABSI in acute care facility ICUs based on the results/needs identified during January's audit; an additional 5 reporting hospitals will be randomly chosen. There was positive feedback from the IPs at the 5 hospitals initially surveyed. UHIP IP participants relayed that information from the audits would be helpful to Hospital Administrators as well, to portray the complexities of reporting and to convey the importance of adhering to surveillance definitions. There was discussion of instances of clinician frustration with discordance between clinical diagnosis and surveillance criteria.</p> <p>There has been interest expressed in S. Varley and L. Eutropius giving additional presentations, including at the Utah APIC Chapter and a healthcare system's regional IP and Quality meeting.</p> |

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| | | <p>UHIP suggested that that a webinar be held to share the surveillance lessons learned during the audit as well as updated NHSN CLABSI HAI surveillance criteria as a resource to further statewide IP education. To clarify reporting criteria and purpose to key physicians, Dr. Mayer offered to do brief presentations on NHSN HAI reporting at a city wide weekly Infectious Disease conference and the semi-annual regional “Pus Club” for Infectious Disease physicians.</p> |
| <p>House Bill 55 and 2011 CLABSI report</p> | <p>Sherry Varley</p> | <p>The 2011 and 2012 Interim Central Line Associated Bloodstream Report for Utah Hospitals has been sent to all reporting hospitals for their 30 day review and comment period. Once comments are reviewed and any revisions made, the report, which identifies hospitals by name, will be published for the public on the UDOH Website: http://health.utah.gov/epi/HAI/. In review, Rep Draxler’s intent with HB55 was for HAIs to be reported to the public annually on the UDOH website every May1st. However, given the CMS mandated HAI reporting timelines to NHSN, the lag between data collection and data entry into NHSN is 4½ months after the end of the data collection quarter. Therefore, while we have a complete year of data to report for 2011, only 2 quarters are available for 2012. To remedy this situation, Rep Draxler agreed that starting with October 2013 annual reports will hereafter be published Oct 1st. Hence, the May 2013 report will cover calendar year 2011 and Q1 & 2, 2012. A report with calendar year 2012 data will be published Oct 1st.</p> <p>Discussion centered on how the figure included in the hospital report that depicted overall CLABSI SIR rates with accompanying confidence intervals for each by hospital name, was likely too difficult for the public to interpret. The UHIP group was concerned that this level of statistical detail could lead to incorrect and inflammatory conclusions. A second table using simpler symbols to represent CLABSI comparisons based on a similar depiction used by Hospital Compare was also presented. The UHIP group agreed this second table would better represent the data and be more useful to the public. The original figure would still be included and available to the public in the report through a link if they were interested in a more in-depth analysis or sought further information.</p> <p>It was suggested that a “Media Incentive Day” be held whereby the UDOH would provide a “sneak preview” of the report to the media before it is released to the public. The preview would provide education on how to interpret the findings in order that the media better inform the public on what the data means, what hospitals are currently doing to address and prevent CLABSIs, as well as provide information for consumers regarding recommended actions they can take to help reduce HAIs.</p> |
| <p>Utah Influenza Vaccination</p> | <p>Felicia Alvarez</p> | <p>F. Alvarez presented the Influenza Vaccination Report, detailing vaccination rates for all of Utah’s licensed hospitals, including rehab facilities. Beginning in 2007 the UHIP required that facilities report their annual vaccination rates to the UDOH. For the first time, the UDOH reported 2011 healthcare worker vaccinations rates identifying facilities by name; reported rates have since increased. Many acute care hospitals have</p> |

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| <p>Coverage Report</p> | | <p>mandated employees be immunized, and may be a factor in the increased vaccination rates. The draft report was sent out in mid-March to all facilities for review/comment.</p> <p>In response to comments received from some healthcare facilities, discussion centered on the merits of following the NHSN criteria/timeline for reporting healthcare worker vaccination rates. The NHSN data set is larger and breaks out by healthcare worker category, but since additional healthcare worker categories have been added, the rates would likely be lower and not compare with currently collected rates. In addition, the CMS reporting timeframe is such, like HAIs, data collection and reporting would not be as timely as when done using the current UT Rule. Therefore, the decision was made to continue using influenza reporting criteria as required under the HAI Rule. Secondly, given that many high risk patients are cared for in LTACs, it was felt LTACs should be required to report and these rates included in the annual report. While long-term care facilities (LTCF) also report their vaccination rates via another mechanism (not under the HAI rule), it was determined that in the future LTCF should also be folded into the reporting rule. As such, education needs to be provided to facilities on how to collect and report information. (Example: if the employee was vaccinated but not at your facility, do you report it?)</p> |
| | | <p>Meeting Adjourned Next meeting will be held June 18, 2013 Olmsted Room, State Capitol</p> |