Connecticut Healthcare Associated Infections Advisory Committee Minutes
August 1, 2012

Attendees: Lauren Backman, Louise Marie Dembry, Carol Dietz, Kelly Galanopoulos, Brenda Grant, Alison Hong, Diana Kelly, Cynthia Kohan, Alessandra, Kris Magnussen, Richard Melchreit, Jean Rexford, Richard Rodriguez, Trini Mathew, Karen Taylor

Phone Attendees: Jaya Bhargava, Dale Cunningham, Marie Sudsbury

Call to Order: Richard Melchreit called the meeting to order at 9:05 am

Review and approval of prior advisory Committee meeting minutes (5/16/12): The draft minutes were reviewed and approved without changes.

DPH HAI Reporting Updates Rich presented data showing that the new reporting mandate has increased the number of reporting locations from 32 to 58. Even with the added locations, aggregate data showed that we experienced less CLABSIs than expected in the first half of 2012, as evidenced by a statistically significant SIR of less than 1. Rich also presented aggregate CAUTI data for the first half of 2012 which showed that we experienced more CAUTIs than expected and this finding is statistically significant. Rich also pointed out that the data for the first half of 2012 is un-validated and incomplete (some hospitals still need to complete submissions in the second quarter).

Education Activities-
To assist healthcare facilities in CT with HAI reporting via NHSN to meet CMS requirements, DPH HAI program staff will conduct educational trainings this fall that will review using CDC's National Healthcare Safety Network (NHSN). The first set of training will involve the CMS requirement that Long Term Acute Care Hospitals report via NHSN Central Line-associated Bloodstream Infections (CLABSI) and Catheter-associated Urinary Tract Infections (CAUTIs). The CMS Definition of Long Term Care Hospitals (LTACs using the Medicare prospective payment system (PPS)) defines a LTCH as an acute care hospital that must have an average inpatient length of stay of greater than 25 days and the last 4 digits of CMS Certification Number (CCN) between 2000-2299 (*Section 1886(d)(1)(B)(iv) of the Social Security Act).* In the state of Connecticut we have 6 facilities that meet that definition which are Gaylord Hospital, Hebrew Home and Hospital, Hospital for Special Care, Masonicare Health Center, Mount Sinai Rehabilitation Hospital, and the State of CT, Dept. of Veterans Affairs – Rocky Hill. These facilities will need to be reporting CAUTI and CLABSI to CMS beginning 10/1/12 for their annual Medicare payment. The challenge for these facilities will be the need for them to be enrolled and trained on NHSN. Because of the complexity of NHSN and the CAUTI/CLASBI surveillance definitions, DPH will be holding two separate trainings for the LTAC staff on August 22 and September 12, 2012.

In addition, CMS is requiring Inpatient Rehabilitation Facilities to report CAUTIs via NHSN beginning October 2012. The CMS definition of an IRF is a free-standing, inpatient rehabilitation hospital or rehabilitation unit of an acute care hospital, 60 percent of an IRF total inpatient population must meet at least one of 13 medical conditions, several IRF documents are required for eligibility and for Free-standing IRF, the last 4 digits of CMS Certification Number (CCN) is between 3025-3099 and for a CMS IRF unit within a hospital, the 3rd digit of the Medicare CCN provider number is either a "T" or an "R". Eight facilities in CT meet the CMS criteria, seven of which are hospitals currently conducting CAUTI surveillance in ICUs. DPH HAI program staff are planning to hold a 1 hour training on the IRF enrollment process which is unique to IRFs.

Furthermore, beginning January 2012, to meet CMS rules, acute care hospitals in CT will be required to report to NHSN the facility wide inpatient C. difficile Lab ID event, facility wide inpatient MRSA bacteremia, and Healthcare Worker Influenza Vaccination module. To assist hospitals with these NHSN modules, DPH will be conducting training in October 2012 as well as reviewing SSI and CAUTI reporting. DPH will also extend an invitation to attend this training to new IPs from other reporting facilities (ie., acute care hospitals).

Validation Activities: Laruen Backman from the DPH HAI program discussed a proposal to make certain optional fields in NHSN mandatory for CLABSI and CAUTIs reporting. To determine a CLABSI/CAUTI case, the Infection Preventionist (IP) must determine the device date of insertion and the location of insertion, but those fields are currently not a NHSN required field. Discussion was held as whether NHSN allows <u>any</u> location code to be entered, such as the ED, OR or IR even though denominator data isn't collected, or only allows inpatient units where denominator data is collected. Lauren will research these issues and report at the next meeting.

HAI Advisory Committee Structure: Richard Melchreit and Alessandra Litro showed the committee a proposed new advisory structure that they propose to roll out before the end of this year. The DPH wishes to have a potential of 4 committees that will each serve a different purpose. The committees will be:

> **The Multi-Disciplinary Group** will focus on policy proposals affecting healthcare associated infection surveillance, prevention and evaluation, education campaigns such as promoting hand hygiene and others within our state; and the evaluation of hospital resources associated with healthcare associated infection prevention. The group will also focus on strategic planning and the future of HAI prevention within our state. The CDC requires all states to have a MDG as a condition of the CDC funding. The group will be comprised of different partners such as payors, consumers, and people from many different healthcare sectors.
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> **The Technical Advisory Group** (TAG) will provide technical advice to the DPH Healthcare Associated Infections Program for HAI surveillance including advice on medical care,

epidemiology, statistics, infectious diseases etc. This group will discuss high level statistics and give sophisticated technical advice needed.

Advisory Committee (Public Reporting Group) is a committee charged with making recommendations to the Connecticut Department of Health on the public reporting of healthcare-associated infections. The group will focus on public reporting as mandated by Connecticut general statute 19a-490n-o.

The Education Sub Committee provides education and training about healthcare associated infections and prevention of healthcare associated infections to applicable persons and healthcare disciplines. CGS Sec. 19a-490n (3). states that the members of the HAI Committee shall "Identify, evaluate and recommend to the Department of Public Health appropriate methods for increasing public awareness about effective measures to reduce the spread of infections in communities and in hospital settings and any other healthcare settings deemed appropriate by the committee.

The committee discussed the members who will serve on these different groups of the groups and had suggestions and comments. It was suggested that a consumer advocate be present on each group, and it was also suggested that the groups or committees be called work groups. The DPH stated that the current HAI Advisory Committee had made the point that the focus of the group is specified in law, and it is not a wide ranging advisory group. Richard Melchreit also stated that the HAI Program also needs broader input from the community than just what to make reportable. There was also discussion of the relationships between the groups and it was decided that the Advisory Group and the Multi-Disciplinary Group would both report to the commissioner and make recommendations. The DPH agreed to incorporate the comments and continue to work on committee definitions and define roles.

The meeting was adjourned at 10:59 am

The next quarterly HAI Advisory Committee meeting will be Wednesday November 7th at CHA in Wallingford, 9 to 11 am.