

Healthcare Acquired Infections
December 15, 2006
CT Hospital Association
9:00 a.m. – 11:30 a.m.
Minutes

Attendees: Karen Buckley-Bates, Wendy Furniss, Pat Monahan, Julie Petrellis, Jean Rexford, Ray Andrews, Kevin Lembo, Harry Mazadoorian, Diane Dumigan, Jon Olson, Brian Cooper, Douglas Waite, Susan McArthur, Jennifer Barrows, Diane Selvidio, Matt Cartter, Jennifer Cox, Chuey Kwak, Eric George, Joseph Garner, Louise Dembry, Richard Garibaldi, Christy Vale

The meeting was called to order at 9:10 a.m. by Karen Buckley-Bates.

The minutes of the November 16, 2006 meeting were approved.

Susan Manganello, the parent of a child who suffered with a hospital acquired infection, shared her experience with the group. She stressed that many things can prevent MRSA but little can be done once the infection has taken hold.

Julie Petrellis facilitated phone conversations with:

- **Marc Volavka, Executive Director of the Pennsylvania Health Care Cost Containment Council**

The Pennsylvania Council is much like the CT HAI Committee. It began collecting data in January of 2004. Discrepancies in CDC definitions were clarified and a manual was created for hospital use. They used the current UB Bill and used two state fields to identify if a HAI was present and what type. 95% of admissions are not HAI. Screening codes narrowed what cases needed further review. They report total admissions, total HAIs, infection rate per 1000 admissions, type of infection, mortality, average length of stay and average charge. Disparities in reporting were addressed. After a potential under reporting model was created and hospitals were audited, reporting drastically improved. 2005 data was publicly reported. There was no additional cost to his staff, nor any additional cost to use the UP fields. There were some incremental costs to hospitals. More ICPs were hired in Pennsylvania but the reduction in HAIs more than offset those costs.

Lessons Learned: Don't reinvent the wheel; Don't let "perfect" be the enemy of the good; Educate the media (the print media understood immediately, the TV media focused on the more sensational aspects).

- **Rachel Stricof, Epidemiologist, New York State Department of Health**

New York standardized procedures and definitions. 82% of infections were identified post surgery. NY uses the CDC system. It is "tried and true" and there was no additional cost to develop it. Also, the NHSN system is a very valuable tool and is free. Staff

includes a Program Manager, Data Manager and 5 regional people, each were assigned 50 hospitals. The legislature appropriated \$564,000 the first year to establish positions. No money was appropriated for hospitals. 2007 is the pilot year. Data collection and public reporting will take place in 2008. The buy-in from hospitals has been good.

- **Neil Fishman, Epidemiologist, Associate Professor of Medicine, Division of Infectious Diseases, University of Pennsylvania**

From a hospital perspective, public reporting requires accuracy and integrity of information and data. The staff of ICPs doubled. Because ICPs are off the floors gathering data, infection control programs (hand washing programs, etc.) have been scaled back. There is a significant increase in expenditures. It is difficult to make comparisons because cases are not necessarily comparable, (i.e., delivery of a baby and a bone marrow transplant.) Mortality rates are not always attributable to infection. There needs to be a method to address inconsistencies. He suggests that the system start smaller, be perfected and then expanded. The NY Council is not heavy on physicians. There is an advisory group but they have ignored the concerns of the hospitals. No state funding has been made available to hospitals to fund infrastructure improvements. He questions if hospitals will be able to use the data to decrease infections. Some data is useful to hospitals but not all. Prior to legislation data was collected from the ICU and the oncology unit.

Harry Mazadoorian suggested that the HAI committee be expanded to include business and other partners. Karen Buckley-Bates responded that they will be invited to the next meeting.

Theresa Horan will be contacted to report on the NHSN system at the next meeting.

Information received thus far needs to be discussed to design a blueprint for what a Connecticut Infection Control System will look like. A DPH Information Technology person needs to be involved in the process soon.

Other partners who might benefit financially from decreases in infections rates might be called on to help fund this project.

The meeting adjourned at 11:35 a.m.

The next meeting will take place on **January 19, 2007 at 9:30 a.m. at CHA**