

Connecticut Healthcare Associated Infections Advisory Committee Minutes August 3, 2011

Attendees: Lauren Backman, Laurie Brentlinger, Karen Buckley-Bates, Dale Cunningham, Louise-Marie Dembry, Carol Dietz, Diane Dumigan, Brenda Grant, Alison Hong, Diana Kelly, Alessandra Litro, Kristin Magnussen, Meghan Maloney, Trini-Ann Matthew, Richard Melchreit, Gayle Nobert, Julie Petrellis, Richard Rodriguez, Carl Schiessel, Ethel Smith, Karen Taylor, Sylvia Van Heerden, Douglas Waite

Attendees on the Telephone: Cathy Ligi, Jack Ross, Joyce Sauve

Call to order: Richard Melchreit called the meeting to order at 9:04 a.m.

Review and approval of prior Advisory Committee meeting minutes (05/04/11): The draft minutes were reviewed and approved with the addition of Jean Rexford as a telephone call-in attendee.

HAI Program, Stimulus and New application update (ELC, EIP)

DPH applied for Affordable Care Act (ACA) funding (Health Care Reform) under the Epidemiology and Laboratory Capacity (ELC) cooperative agreement with CDC, and received funding for one HAI staff person that will continue to support the work of the advisory committee, planning, and administrative HAI program duties. The CT DPH also applied for and did not receive monies for prevention collaboratives in non-hospital settings. This cooperative agreement will also fund the continuation of our federally-funded epidemiologist, though the duties will need to shift from the Emerging Infections Program studies to ELC-specified epidemiological activities, many of which will not be HAI related. However, we are also planning to apply for continuation of the HAI EIP activities through the upcoming reapplication for EIP. If this is successful, the position will continue to focus exclusively on our important and time-consuming HAI EIP projects.

The state concession package is up for a revote, as you all know. Pending this, the HAI program has been directly impacted by layoffs, if the package is not passes, there will be a personnel change. We are making contingency plans for a transition if necessary.

DPH plans to fully expend the federal stimulus (ARRA) funds by the end of the year, when the funds expire. ELC ARRA funds will be used for the education initiatives discussed later in the meeting.

Prevention Collaboratives update (CUSP: Stop BSI/CAUTI, MDRO):

CUSP: Stop BSI – CUSP: Stop BSI has been operating for 18 months, is beginning to wind down, and is now in the sustainability phase. CHA has a final meeting with John Hopkins in October to officially end the project. The data found that there was a decrease in CLABSI by 40% among participating Connecticut hospitals, and several reached a median of zero. The CUSP: CAUTI project is in the enrollment phase and has completed enrollment in the first two cohorts. The project has been delayed pending release of federal funding, and is now expected to start in the fall of 2011.

There is a third project by Health Research and Educational Trust (HRET) is called on the CUSP: STOP HAI will that will end in September 2012. CHA is still waiting for guidelines.

Qualidigm finished the 9th Scope of Work contract with CMS in July 2011. Data from the MDRO prevention collaborative is still being analyzed. The 10th scope of work started in August of 2011 which will focus on CLABSIs, CAUTIs, and SSIs it will not focus on MDROs.

DHHS is convening an invitation-only conference in September in Dallas that will update state partners (including state health department HAI programs, QIOs, hospital associations, and dialysis networks on the current status of HAI surveillance and prevention from a federal perspective, and aims to foster and strengthen state-level collaborations and partnerships for HAI surveillance and prevention. DPH staff will attend this conference along with staff from CHA, Qualidigm and the End Stage Renal Disease Network of New England.

Partnership for Patients:

The federal Department of Health and Human Services (DHHS) Center for Medicaid and Medicare Services (CMS) has launched the a new public-private partnership initiative that aims to improve the quality, safety, and affordability of health care, called the ***Partnership for Patients*** . It appears to be based on the IHI 1 Million Lives and similar initiatives. The Partnership brings together leaders of major hospitals, employers, physicians, nurses, and patient advocates along with state and federal governments in a shared effort to make hospital care safer, more reliable, and less costly. Leaders of these various organizations sign a pledge to join the Partnership. CMS is funding an “Innovations Center” for the Partnership that will be making \$1B available for Partnership-related activities. One of these is \$250 million for up to 100 “hospital engagement contractors.” CHA is applying for a hospital engagement contractor grant. CHA will lead prevention collaboratives focusing on seven to 10 focus areas for patient outcome improvement. CHA will group these into six collaboratives, as some measures can be efficiently addressed together by the same collaborative. If CHA is selected, the collaboratives are open to all 30 acute care hospitals, and the project will run for 36 months.

Dialysis Update:

The End Stage Renal Disease Network of New England has recruited a staff person to work on the HAI project and they are moving forward with this initiative to enroll 30 centers in NHSN, to validate the data, and to offer training and technical assistance on BSI surveillance. They will also subcontract with Association for Professionals in Infection Control (APIC) to develop a second national APIC webinar on Dialysis.

HAI State Plan & Planning Process:

On June 14th the HAI Program held a planning conference at Wesleyan University in Middletown. The conference focused mostly on planning, priority setting and resources. The conference was a huge success and all those who attended and facilitated were thanked. A contract has been signed with the APIC for them to deliver the EPI 101 and 201 courses this fall. Trainings will be held in the fall of 2011 and DPH will send out notices to all IPs to determine which days are better in terms of scheduling, probably early November and early December (to avoid the annual APIC New England meeting, influenza vaccination campaign activities, and Infection Prevention Week).

CMS has recently published a rule that specifies CMS pay for reporting requirements (IPPS). A summary table of these reporting expectations was shared with the Committee. It was noted that the Committee has been considering for some time whether and how Connecticut might want to expand public reporting of HAIs. As all hospitals will be publicly reporting the IPPS data through the federal Hospital

Compare website in any case, this might be a good list of reportable conditions and a timeline that could be followed, in general, for state public reporting in Connecticut. This would only require that hospitals confer rights to data they would be already collecting and submitting to CMS via NHSN. Subsequent Committee discussion highlighted the importance of training and validation of the data collected on these measures before public posting, a process which would take 9 to 12 months after the measure starts to be collected from the hospitals via NHSN. CMS also plans a 9 to 12 month lead time from the date data collection begins in the NHSN database on each measure before that measure is publicly reported.

The motion made was: The Committee recommends to the Commissioner that additional Connecticut HAI public reporting requirements be aligned with those that are being reported to CMS in “pay for reporting” programs (e.g., IPPS and QIP). Facilities impacted by the "current" (not "proposed") CMS HAI reporting expectations (starting January 2011 and beyond) will be sent a letter by the Commissioner alerting them to upcoming CMS “pay for reporting” expectations, and that these measures will become publicly reportable in Connecticut on the DPH HAI website after a period of training and data validation by DPH. The facilities will need to be trained in NHSN, registered on NHSN, and confer rights to DPH for the measure(s) required by CMS before reporting to DPH can begin.

The motion passed unanimously (7 yeas, 0 nays). In the meantime, DPH will add SSI and CAUTI surveillance to the list of topics that will be addressed in regional trainings for Connecticut hospital Infection Preventionists that will be held in late August through September 2011.

CLABSI Data Validation and Education Initiatives

Lauren Backman will reschedule a date to give presentation on data collected thus far on the CLABSI validation study. The date will be sent out to all committee members once it's final. A public information and social marketing firm from the state vendor list is being hired to assist with the federal stimulus-funded public education campaign. The campaign will focus on educating the public the importance of HAI prevention and their vital role in prevention activities. The request for proposals from vendors (RFP) was distributed to the state vendor list on August 2nd and DPH will choose a vendor by August 31st. Infection Prevention week is held in October and that would be an ideal time to launch the new campaign. Lauren shared a one page overview of the RFP and the campaign.

EIP Studies Status Report:

Denominator Simplification Project Phase 1 -, data from 6 units was received from 4 hospitals. Three others have agreed and require follow up.

Denominator Simplification Project Phase 2 -, 3 units are reporting monthly and 4 others have agreed and require follow up.

Six units from 5 hospitals (goal 10 units) have been recruited for phase 2. Data collected during April at some of the sites should be received this month. Efforts continue to recruit the additional four units needed to reach goal.

HAI & Antimicrobial Use Prevalence Survey - a total of 15 hospitals have been enrolled in the survey (goal 25). Primary team data collection is complete at 12 hospitals. Chart reviews have been completed at four hospitals. Three per-diem staff have been trained and have completed some chart reviews.

Legislative/Government Relations:

Karen Buckley-Bates announced that she was affected by the changes at DPH. She received her lay-off notice and her last day with the department is currently scheduled to be September 15th. She thanked the committee for working hard and for the progress and effort to date on such an important issue. The committee wished Karen well on her future endeavors and hopes to cross paths with her in the future.

Adjournment

The meeting was adjourned at 10:49

The next quarterly HAIC meeting will be held November 2nd at 9:00 to 11:00 am at the Connecticut Hospital Association.