

## **Connecticut Healthcare Associated Infections Advisory Committee Minutes February 2, 2012**

### **DRAFT**

**Attendees :** Ray Andrews, Lauren Backman, Matthew Bizzaro, Dale Cunningham, Kathryn Cusano, Louise-Marie Dembry, Anne Elwell, Wendy Furniss, Brenda Grant, Alison Hong, Diana Kelly, Jenny Kitsen, Cynthia Kohan, Liz Lemiska, Cathy Ligi, Alessandra Litro, Kris Magnussen, Trini-Ann Mathew, Harry Mazadoorian, Richard Melchreit, David Neville, Julie Petrellis, Richard Rodriguez, Carl Schiessl, Marie Sudsbury, Douglas Waite

**Attendees on the Telephone:** Laurie Brentlinger, Jack Ross

**Call to Order:** Richard Melchreit called the meeting to order at 9:04 am

**Review and approval of prior advisory Committee meeting minutes (11/2/11):** The draft minutes were reviewed and approved with the spelling correction of Trini-Ann Mathew's name.

**Expanded Public HAI Reporting in Connecticut:** The committee discussed its legislatively-designate role, which was to make recommendations to the Commissioner about which healthcare associated infection measures to publicly report, and to raise public awareness about HAIs. Further discussion may be necessary going forward. DPH staff reported that to date 28 of the 30 hospitals conferred rights to DPH for data covered under the expanded mandate for HAI reporting to be consistent with CMS pay for reporting programs. DPH HAI and hospital IP activities that were conducted before January 2012 and after January 2012 were summarized for the Committee's information. Validation for the CLABSIs continues but now needs to expand to include CLABSI for all ICUs, Level II/III and III NICUs, CAUTI in ICUs, and inpatient colon surgeries and abdominal hysterectomies. DPH is developing the validation protocols for the additional reportable HAIs. DPH will validate the data by looking at the data over time and look for trends and outliers.

**Staffing Changes:** Meghan Maloney has been transferred to the EIP FoodCORE Project, due to a reduction in federal funding for the program. Meghan will continue to work with the HAI program on a limited basis to finish the HAI hospital prevalence study and present the data at an upcoming conference in Atlanta. DPH reported that other HAI staff will continue to help Lauren Backman with chart reviews and validation. The committee also noted that while CMS reporting measures are continually being added each year, there are no additional resources being allocated for the hospitals to do this reporting, so there is concern for being able to hold the gains we are making.

**APIC Courses:** Scheduling of the EPI201 course was discussed. DPH confirmed that the course will be held in the spring but a date has not been confirmed. The first full week in April and May were both possibilities.

**Looking at the Data:** DPH presented slides to the Committee showing Connecticut CLABSI SIR data, from January 2009 to June 2011. During this time period, Connecticut is better than expected compared to the 2006-2008 reference group (SIR .79 with statistical significance) , and over time by quarter, the overall trend is downward. DPH also reported the data by type of ICU showing that during this time period, Connecticut is doing better than expected in the MICUs and the MSICUs with the overall trend in these locations going down over time. In the PICUs, the CLABSI SIR was in the expected range, with a slight upward trend. It was noted that the PICU location is a small sample and data should be interpreted with caution. Finally DPH showed the statewide CLABSI SIR graphed against the statewide central line device utilization ratio. The data showed that while the SIR has decreased, the device utilization ratio has stayed relatively consistent over time.

Members of the committee noted the data shows the overall reduction of CLABSI statewide, and the efforts made by clinicians to reduce CLABSIs appears to be effective. The group did note that the data does show that it is not easy to standardize processes of care. State-specific SIR data will be available from CDC with Connecticut specific data by the end of February 2012.

**Connecticut Hospital Association:** CHA is working on a new CMS-funded patient safety initiative: *Partnerships for Patients*. The goals of this new partnership are to decrease hospital-acquired conditions by 40%, and decrease all hospital readmissions by 20%, compared to 2010. Webinars are being held to educate particularly hospital staff about the initiative, and CHA is still actively recruiting participants.

On February 7, CHA will host a member briefing meeting during which those hospitals in Connecticut that have mandated influenza vaccinations as a condition of employment to share their experiences.

**Qualidigm:** Qualidigm is focusing on education and “learning networks” which are prevention collaboratives. On February 21<sup>st</sup> they are hosting a ½ day conference with Dr. Michael Parry of Stamford Hospital and others to review strategies for hospitals and staff to meet the challenges associated with the expansion of HAI surveillance to CAUTI, and SSI.

**State Health Improvement Plan Update:** A presentation was given on the timeline of events that had taken place thus far pertaining to the HIP and the things that still needed to be completed. Highlights and key points from the planning conference were also discussed. The planning conference showed that representatives from various sectors of the healthcare system are supportive of increased public reporting.

**Scheme for HAIP Advisory Structures:** DPH presented a schema to update and expand the HAI program advisory structures. This would include the formation of a Technical Advisory Group for subject matter expertise on advanced aspects of data analysis, interpretation, and reporting; and the continuation of the Health Improvement Planning Group on a permanent basis to guide implementation of the plan after launch.

The meeting was adjourned at 11:04 am.

The next quarterly HAI Advisory Committee meeting will be Wednesday May 2<sup>nd</sup> at CHA in Wallingford.