



Colorado Department
of Public Health
and Environment

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
4300 CHERRY CREEK DRIVE SOUTH
DENVER, COLORADO 80246

**COLORADO HEALTH FACILITY
ACQUIRED INFECTIONS ADVISORY COMMITTEE
FEBRUARY 28, 2012 MINUTES**

Note: These minutes are a summary of the proceedings and motions of the February 28, 2012, meeting of the Colorado Health Facility Acquired Infections Advisory Committee.

CALL TO ORDER

Ms. Debbie Teetzel, chairperson, called the February 28, 2012, Colorado Health Facility Acquired Infections Advisory Committee (CHFAIAC) to order at approximately 2:05 p.m. at the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado, 80246.

Members Present (In Person)

Ms. Debbie Teetzel (chairperson); Ms. B. Burton; Mr. Paul Poduska; Mr. Kerry O'Connell and Ms. Cindy Thistel.

Members Present (via teleconference)

Ms. Denise de Percin; Dr. Allison Sabel-Soteres and Ms. Peggy Sabell.

CDPHE Staff Present

Dr. Sara Reese; Ms. Karen Rich; Ms. Tamara Hoxworth; Dr. Wendy Bamberg; Ms. Sara Jackson; Ms. Julie Duran; Ms. Katie Conrath; Ms. Idana Espinoza and Ms. Alexa Nordic (minutes recorder).

Guests and Visitors Present

Ms. Christina Ewers (Medical Center of Aurora).

APPROVAL OF MINUTES

Ms. Debbie Teetzel presented the draft minutes from the January 24, 2012 meeting of the Colorado Health Facility Acquired Infections Advisory Committee.

MOTION

MOVED BY PAUL PODUSKA, SECONDED BY DEBBIE TEETZEL, TO APPROVE THE DRAFT MINUTES FROM THE JANUARY 24, 2012, MEETING OF THE COLORADO HEALTH FACILITY ACQUIRED INFECTIONS ADVISORY COMMITTEE.

MOTION CARRIED

MOTION PASSED

EXECUTIVE SESSION: NEW COMMITTEE MEMBER DISCUSSION

The legal authority for closing this portion of the meeting is in Colorado Revised Statute 246-402(3)(a)(III). The executive session was called to discuss potential new committee members. The topic and information being discussed are confidential in nature and are protected under Colorado Revised Statute §25-3-605.

Debbie Teetzel called for a motion to discuss the confidential data in executive

session rather than in an open meeting.

MOTION

MOVED BY B BURTON, SECONDED BY CINDY THISTEL, TO BEGIN EXECUTIVE SESSION.

MOTION CARRIED

MOTION PASSED

Executive session began at 2:07 p.m. and was attended by: Ms. Debbie Teetzel (chairperson); Ms. B. Burton; Mr. Paul Poduska; Mr. Kerry O'Connell; Ms. Cindy Thistel; Ms. Denise de Percin (teleconference); Dr. Allison Sabel-Soteres (teleconference); Ms. Peggy Sabell (teleconference); Dr. Sara Reese; Ms. Karen Rich; Ms. Tamara Hoxworth; Dr. Wendy Bamberg; Ms. Sara Jackson; Ms. Julie Duran; Ms. Katie Conrath; Ms. Idana Espinoza and Ms. Alexa Nordic (minutes recorder).

During the executive session, the committee discussed the applications and qualifications of the potential new committee members.

By unanimous consent, the executive session was adjourned and the meeting was returned to open session at 2:25 p.m.

CRE TRACKING

Wendy Bamberg

Dr. Wendy Bamberg presented the new project at CDPHE to track and research carbapenem-resistant enterobacteriaceae that are resistant to antibiotics and have few options for treatment. CDC research found high levels of the bacteria in LTACH and LTC facilities so another role of CDPHE may be to assist facilities in preventing transmission of the bacteria. CDC plans to do national population based surveillance through the emerging infections program and Colorado has been chosen as a site. CDPHE hopes to partner with metro area labs and sentinel labs to review line lists from sterile sites, urine and isolates for CRE and CRA (carbapenem-resistant acinetobacter). CDPHE would like to eventually track the organisms on an individual patient basis through CDRs to determine which facilities the bacteria are prevalent in. The next step is to present a request for rulemaking in June to go for official rulemaking in August.

HOSPITAL-WIDE SIR FEEDBACK

Sara Reese

Christina Ewers from the Medical Center of Aurora presented concerns with the hospital-wide SIR table in the annual report. The argument was that combining device and SSI doesn't make sense and that an average consumer will review that table and make their decision based solely on the data presented in that table. The table was included in the report to provide one measure for each hospital that reports more than one procedure or ICU with the expectation that a consumer will review the tables for the procedure(s) they are going to be receiving.

AHRQ GRANT – PUBLIC REPORTING

Sara Reese

Sara informed the committee that the patient safety program is applying for a grant that will be used to explain how public reporting is useful to consumers. If they receive the grant they will be attempting to find ways to give consumers more power and education or knowledge when choosing surgeons and hospitals. This will be done through focus groups with a variety of populations that could be utilizing the annual report with the goal of determining how to make the report better and/or more useful to those populations.

SPRING BULLETIN TOPICS

Sara Reese

Sara presented a couple of potential topics for the Spring Bulletin. The topics included highlighting infection prevention, highlighting an infection or procedure or how to prevent infections in your personal life and at home. The committee determined that highlighting infection prevention will be the topic in the Spring Bulletin. The bulletin will highlight IP champions, include what an infection preventionist is, and provide tables of how many IPs facilities have per how many beds and how many IP hours per week at each hospital pulled from NHSN self

reported data. Sara will have a draft to present at the March meeting.

**SSI VALIDATION STUDY
UPDATE**

Sara Reese

Sara updated the committee on the validation study. So far 32 facilities have been visited and 9 remain. The study is expected to be complete by March 31. A total of 336 charts have been reviewed, 60 of which have reported infections. 6 cases of over-reporting were found and have been removed from NHSN and 2 cases of under-reporting were found. Sara also presented the patient interview template regarding what surveillance questions will be asked to patients. The intent is to find where patients go if infection or surgical complication takes place.

The next validation will be hips and knees followed by dialysis at the end of the year.

**UPDATES FROM
COMMITTEE
MEMBERS/NEW
DEVELOPMENTS**

The committee will be electing a new committee chair at the next meeting.

ADJOURNMENT

The meeting was adjourned at 3:37 p.m.