



**Colorado Department  
of Public Health  
and Environment**

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

**COLORADO HEALTHCARE-ASSOCIATED INFECTIONS  
ADVISORY COMMITTEE  
April 26, 2016**

*Note: These minutes are a summary of the proceedings and motions of the April 26, 2016 meeting of the Colorado Healthcare-Associated Infections Advisory Committee.*

<b><u>CALL TO ORDER</u></b>	Tara Janosz called the April 26, 2016 Colorado Healthcare-Associated Infections Advisory Committee (CHAIAC) to order at approximately 2:16 p.m. at the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado, 80246.
<b><u>MEMBERS (in person)</u> (via teleconference)</b>	Ann Kokish, Colleen Casaceli, and Tara Janosz (Via tele) Katie Cary, April Burdorf and Cindy Thistel
<b>CDPHE STAFF</b>	Tamara Hoxworth, Dale Spencer, Carolyn Elliott, Rosine Angbanzan and Alana Cilwick
<b>Non CDPHE STAFF</b>	Deanna Curry, Telligen
<b><u>APPROVAL OF MINUTES</u> Tara Janosz</b>	<b>Motion to approve minutes by Colleen Casaceli and seconded by Ann Kokish</b>  <b>Motion Approved</b>
<b><u>COMMITTEE BUSINESS</u>  Tara Janosz</b>	<b><u>Presentation on TAP reports at APIC</u></b> Tara suggested that Dale's presentation on NHSN TAP reports be brought to the APIC monthly meeting as some members expressed interest in the topic. Tamara shared that Dale will present his slides during an upcoming CDPHE training in May if the audience is diversified (from different facility types).  <b><u>Entering 2015 procedures in NHSN</u></b> Tara mentioned although she had made some progress this week, she is still having difficulties entering 2015 procedures in NHSN especially for Hip and knee procedures.  <b><u>AU/AR Module</u></b>

	<p>Tara reported that APIC members would like more info about the CDPHE’s objectives for requiring the implementation of the AU/AR module. In addition, the EHR EPIC has a AU/AR module with several capabilities to track and monitor antibiotics usage facility wide. Therefore, if NHSN’s AU/AR module shall be implemented for Colorado facilities, most of them using EPIC or transitioning to EPIC, it will raise questions such as:          What additional efforts will it require from IP?          Will it be duplicating EPIC’s AU/AR module?          Tara suggested that NHSN collaborate with EPIC developers to streamline and align efforts before presenting the module for NHSN users.</p>
<p><b><u>PROGRAM UPDATES</u></b></p> <p><b>Tamara Hoxworth (Updates)</b></p>	<p><b><u>Flagging non-reporting facilities?</u></b></p> <p>Tamara asked for discussion on highlighting non-reporting facilities in the next annual report. She clarified that by law CDPHE could impose fines and withhold licenses for non-compliant facilities, but these consequences have never been implemented. Cindy Thistel suggested that non-compliant facilities should be flagged. It was also recommended to notify the leadership of that facility. Tamara should draft a letter to notify these facilities before the next annual report. Some facilities such as ASCs may not fully understand mandatory reporting requirements. Therefore, there should be some communication and education efforts before going punitive. Tamara is presenting next month to the Colorado Ambulatory Surgery Centers Association (CASCA)</p> <p><b><u>Outpatient Surgery Centers affiliated to hospitals</u></b></p> <p>NHSN recently required outpatient surgery centers with same CCN number as acute care hospitals to report HAI data combined with the acute care hospitals. This requirement contradicts the state of Colorado requirements and also raises several other concerns:</p> <ul style="list-style-type: none"> <li>• Problematic for infection control purposes</li> <li>• Fewer ASC in annual report</li> <li>• Flu reporting may not be reporting separately as per Colorado’s law.</li> </ul> <p>Tara experienced some difficulties implementing this new requirement. She added a location under her hospital but when adding procedures there was no option for adding location. Therefore, she could not distinguish procedures from outpatient surgery centers to those of the acute care centers. NHSN suggested creating a custom field to allow for distinction.</p> <p><b><u>Amended Statute</u></b></p> <p>Tamara shared that all the modifications proposed for the HAI disclosure statute were approved and signed off by the governor on April 15. Those recommendations were:</p> <ul style="list-style-type: none"> <li>• Remove requirement to produce of two semi-annual bulletins</li> <li>• Include representatives of other facility types on the HAI advisory board</li> <li>• Allow for HAI reporting to be required for other facility types (i.e., nursing homes)</li> <li>• Give flexibility to advisory board to select and prioritize surveillance parameters.</li> <li>• Establish new sunset in 2021</li> </ul> <p>This revised statute will go into effect on July 1<sup>st</sup>, 2016.</p> <p><b><u>Reporting expectations for Critical Access Hospitals (CAHs)</u></b></p> <p>The question is whether or not to require critical access hospitals (CAHs) to report C-difficile and MRSA lab ID events.</p> <p>Deanna for Telligen reported her organization started a program in which they enrolled 8 CAH for C-Diff reporting. No C-diff cases were reported for the entire length of the study supporting the assumption that c-diff cases are rare in rural areas. The general consensus was that since there have been so few cases at CAHs, they should not be an area to focus on and there is little need increase IP burden in CAHs</p>

	<p><b><u>Collecting personal identifiers</u></b>  The board reviewed a document detailing the rationale for collecting additional personal identifiers.  Tamara explained CDPHE encountered some difficulties in their efforts to validate population based surveillance through EIP using patients' information in NHSN. Tara alluded that using data in NHSN for other research projects is beyond the statutory purposes of the Colorado's disclosure law.</p> <p><b><u>Facility selection for validation</u></b>  CDPHE shared a written document explaining how facilities were selected to be included into validation studies. The board suggested that for future validation studies, CDPHE must provide facilities' selection process to each enrolled facility.</p>
<p><b><u>Action Items</u></b></p>	<p>Draft a letter to non-compliant facilities before next annual report</p>
<p><b><u>ADJOURNMENT</u></b></p>	<p>Meeting adjourned at 3:12PM and the next meeting is scheduled for May 24, 2016</p>