



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
June 28, 2016**

Note: These minutes are a summary of the proceedings and motions of the June 28, 2016 meeting of the Colorado Healthcare-Associated Infections Advisory Committee.

<u>CALL TO ORDER</u>	Tara Janosz called the June 28, 2016 Colorado Healthcare-Associated Infections Advisory Committee (CHAIAC) to order at approximately 2:09 p.m. at the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado, 80246.
<u>MEMBERS (in person)</u> (via teleconference)	Ann Kokish, Colleen Casaceli, Tara Janosz, Renee Peters, Paul Hill, and Tracy Filtcraft (Via tele) Peggy Sabel, and Heather Young
CDPHE STAFF	Tamara Hoxworth, Dale Spencer, Carolyn Elliott, Rosine Angbanzan, Karen Strott, Wendy Bamberg, Helen Johnston, and April Burdorf
Non CDPHE STAFF	Deanna Curry, Telligen Kellie Rusin – Children’s Hospital (via tele)
<u>APPROVAL OF MINUTES</u> Tara Janosz	Motion to approve minutes by Ann Kokish and seconded by Colleen Casaceli Motion Approved
<u>COMMITTEE BUSINESS</u> Tara Janosz	<u>Introduction of new committee member: Tracy Filtcraft</u> Tracy is the Field Vice President of Clinical Quality for Fresenius Kidney Care. He oversees 260 dialysis facilities in 15 states and has been instrumental in promoting and educating quality improvements projects using evidence based practices to reduce BSI and monitoring of antibiotic use.

<p><u>PROGRAM UPDATES</u></p> <p>Helen Johnston Emerging Infections Program Overview</p> <p>April Burdorf Infection Prevention Program Overview</p> <p>Tamara Hoxworth Health Facilities HAI Surveillance Unit Overview</p> <p><u>Committee Discussion</u></p>	<p>EIP consists of 5 staff members. The program receives CDC’s Domestic Ebola Response Funding, the grant was established to support better response to Ebola and other infectious diseases. Current EIP programs:</p> <ul style="list-style-type: none"> • Active surveillance of HAIs through medical record review, facility survey, and collaborative programs to improve communication and quality reporting • Population based surveillance to include Clostridium difficile and Carbapenem-resistant organisms exploring assessment of facility prevention activities and educational resources needed to improve infection recurrence • Applied public health epidemiologic and laboratory activities-e.g., unit assists facilities in submitting infection cases to the local lab • Implementation of new antimicrobial data projects: <ul style="list-style-type: none"> ○ Data collected identified long term care facilities with high rates of C. difficile, EIP is collaborating with state quality improvement organizations to develop prevention interventions and educational programs to improve the rates of those facilities ○ Epidemiology of sepsis project – review the diagnosis of sepsis and sepsis shock <p>IPP consists of 4 staff members, current programs:</p> <ul style="list-style-type: none"> • Injection Safety and Point Care Testing, with support of CDC • Drug Diversion Investigation-working with health facilities to develop a toolkit to offering guidance for internal quality improvement activities, toolkit would be available on the CDPHE website • Infection Control Assessment Readiness (ICAR) visits, have completed 25 out of 72 scheduled visits to outpatient dialysis centers. Expansion of ICAR visits to ambulatory surgery centers (ASCs) and nursing homes to promote HAI prevention and educational training <p>Unit consists of 4 staff members working to fulfill reporting requirements set forth in the Disclosure Law, unit is funded through federal grants and partially from state general funds and unit activities include:</p> <ul style="list-style-type: none"> • Monitor facilities reporting HAI into National Healthcare Safety Network (NHSN) • Ensure public HAI reporting through annual report and semi-annual bulletins • Conduct validation studies to ensure data is reliable and complete • Implement HAI prevention initiatives (e.g. collaboratives, outreach & education) • Coordinate HAI Advisory Committee <p>Kellie Rusin from Children’s Hospital raised the question of minimum number of procedures to report; currently SIRs from facilities that report less than 20 procedures per year are suppressed in the annual report. Kellie agrees there is value in having to report denominator data from all facilities no matter how minimal the count was discussed because volume of procedures is can be an important quality metric. It was also pointed out that without those counts, similar facilities have nothing to compare their own numbers.</p>

<p style="text-align: center;"><u>Motions</u></p>	<p>Currently hospitals are required to report CAUTI into NHSN per CMS IPPS requirement. CAUTI reporting will help in assessing trends statewide. Heather Young does not object to conferring rights to CAUTI data, however due to the broad nature of the NHSN CAUTI definition, she does not believe it is a good indicator for quality assessment.</p> <p>Motion by Tara Janosz to change Confer Rights to include CAUTI reporting, and to include reporting data for the following locations: Adult and Pediatric ICUs, Adult and Pediatric Medical/Surgical, Adult and Pediatric LTAC ICUs and Wards, and Adult and Pediatric IRF Wards to align with CMS reporting requirements, seconded by Colleen Casacelli.</p> <p>Motion Passed</p> <p>Tara proposed a second motion to exclude CAUTI rates from the 2017 HAI Annual Report for 2017, seconded by Ann Kokish.</p> <p>Motion Passed</p>
<p style="text-align: center;"><u>Action Items</u></p>	<p>Discussion of Goals and directions of the committee:</p> <ul style="list-style-type: none"> • Ensure ICAR findings and other relevant HAI findings are reported more broadly like at APIC meetings and other venues • Review reporting metrics at least annually to ensure they are useful and relevant and align with CMS requirements and changes • Continue discussion of future development of an XDRO registry type system like Illinois'
<p style="text-align: center;"><u>ADJOURNMENT</u></p>	<p>Meeting adjourned at 3:57PM and the next meeting is scheduled for July 26, 2016</p>