



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  
August 26, 2014 Minutes**

*Note: These minutes are a summary of the proceedings and motions of the August 26, 2014, meeting of the Colorado Healthcare-Associated Infections Advisory Committee.*

<b><u>CALL TO ORDER</u></b>	Colleen Casaceli called the August 26, 2014, Colorado Healthcare-Associated Infections Advisory Committee (CHAIAC) 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.
<b><u>Members Present (in person)</u></b> <b>(via teleconference)</b>	Colleen Casaceli, Peggy SaBell, Carole Hemmelgarn, Paul Poduska, Linda Burton, and Cindy Thistel  Heather Young, Allison Sabel, and Debbie Teetzel
<b><u>CDPHE Staff Present</u></b>	Tamara Hoxworth, Wendy Bamberg and Carolyn Elliott
<b><u>Guests and Visitors Present</u></b>	Linda Klepacki (Telligen), and Teri Hulett (CHA) Jeanne Negley guest speaker via telephone webinar Georgia HAI Advisory Committee and CDC
<b><u>APPROVAL OF MINUTES</u></b>  <b>MOTION</b>	Colleen Casaceli presented the draft minutes from the May 27, 2014 meeting of the Colorado Healthcare-Associated Infections Advisory Committee.  <b>MOTION BY PAUL PODUSKA, SECONDED BY CINDY THISTEL TO APPROVE THE DRAFT MINUTES FROM THE JULY 22, 2014 MEETING OF THE COLORADO HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE.</b>  <b>MOTION PASSED</b>

<p><b><u>Program Presentation Jeanne Negley of the Georgia:</u></b></p> <p><b>The Role of the Georgia HAI Advisory Committee</b></p>	<p>Information on the Georgia Health Department and the HAI Advisory Committee; membership, function of committee, reporting and surveillance processes</p> <ul style="list-style-type: none"> <li>• Georgia is 9th largest state in the U.S., population approximately 10 million</li> <li>• Advisory Committee consists of extensive membership, many types of health facilities and healthcare organizations are represented. The Committee has no problem getting volunteers for the committee.</li> <li>• Committee meets quarterly (advises as needed), meetings last 2 ½ hours</li> <li>• Each meeting has 3 sections: 1.) Educational Presentation from one of the committee members 2.) New and old business 3.) Reporting by Prevention Partners</li> <li>• Educational topics presented by members or member guests include: CRE toolkit and EIP CRE data, Internal and External Validation, Antimicrobial Stewardship, Infection Prevention in Dialysis Centers, Strategic Planning, Back to the future: E-Surveillance for Infections Prevention, Infection Prevention in Long-Term Care, Using Data to Drive Improvement in Tennessee, and Patient Engagement in Healthcare.</li> <li>• Many of the presenters can be contacted if the CHAIAC would like a webinar</li> <li>• The GHAIAC issued a written a position statement: Laboratory Diagnosis of Clostridium difficile for Healthcare Facilities, April 2014</li> <li>• GHAIAC issued companion document: Guidance on C. difficile testing for long-term care providers</li> <li>• State partners (non-members who attend from hospital associations, QIOs) provide an update of activities at each meeting.</li> <li>• CHAIAC expressed interest in having monthly updates from CHA and Telligen and on having members arrange educational presentations.</li> </ul>
<p><b><u>General Committee Business:</u></b></p> <p>Colleen Casaceli Peggy Sabell</p>	<ul style="list-style-type: none"> <li>• To improve communications and transparency, a synopsis of decisions and activities will be prepared by CDPHE to be shared at the monthly APIC meetings</li> <li>• An announcement to IPs about new reporting requirements will be distributed along with a list of FAQs on C.diff and MRSA reporting.</li> <li>• C.diff reporting requirements discussion and questions: <ul style="list-style-type: none"> <li>- Currently Children’s Hospitals do not report C.diff, they are exempt from reporting to CMS, should Children’s Hospitals be required?</li> <li>- What is NHSNs definition for Age Reporting?</li> <li>- What are other states doing regarding reporting by Children’s Hospitals and what is the rationale?</li> <li>- What are the types of reporting required by Children’s Hospitals to CMS or any other agencies?</li> <li>- What are National Association of Children’s Hospitals (NACH) reporting requirements and what type of benchmarks do they use?</li> <li>- If Children’s Hospitals start reporting, need to give them more time based on the additional burden.</li> <li>- Invite Susan Dolen of Children’s Hospital to attend meeting to explain pediatric reporting requirements.</li> </ul> </li> </ul>
<p><b><i>MOTION</i></b></p>	<p><b>COLLEEN CASACELI MOVED TO PROCEED WITH PLAN FOR ALL HOSPITALS EXCEPT CHILDRENS HOSPITALS TO REPORT THEIR C.DIFF, MOTION SECONDED BY CINDY THISTEL.</b></p> <p><b>MOTION PASSED</b></p>

<p><b><u>Hospital Report Card Discussion</u></b></p> <p>Terri Hulett</p>	<ul style="list-style-type: none"> <li>• The CLABSI data to be presented on CHA’s Hospital Report Card will be presented in tabular format that is cut and pasted from CDPHE’s Annual HAI Report</li> <li>• The website will include links to CDPHE’s report.</li> <li>• CHA may not present the SIR, because it is not easily understood by the public but will present the Better, Same, and Worse labels</li> <li>• Report all three types: NICU, LTACH and Critical Care</li> <li>• CHA will continue to attend APIC meetings for improved communication, collaboration and exchange information</li> </ul>
<p><b><u>MOTION</u></b></p>	<p><b>COLLEEN CASACELI MOVED THAT CLABSI REPORTING IN CHAs HOSPITAL REPORT CARD SHOULD CONSIST OF THE SAME DATA AS REPORTED IN THE CDPHE ANNUAL REPORT, MOTION WAS SECONDED BY CAROL HEMMELGARN.</b></p> <p><b><u>MOTION PASSED</u></b></p>
<p><b><u>Terms and Elections Guest Participation</u></b></p>	<ul style="list-style-type: none"> <li>• Try to recruit members from APIC, possibly someone from a Pediatric Hospital or Unit, Long-Term Care, or Dialysis</li> <li>• Due to Annual Reporting Cycle, New members would begin February 2015</li> <li>• It was determined that there is no maximum number of committee members, so committee could increase in size, if warranted</li> <li>• We need to send out a communiqué asking for membership</li> <li>• The Committee is encouraging its members to present educational topics or arrange for such presentations. Educational topics presented at Georgia’s HAI meetings include CRE toolkit and EIP CRE data, Internal and External Validation, Antimicrobial Stewardship, Infection Prevention in Dialysis Centers, Strategic Planning, Back to the future E-Surveillance for Infections Prevention, Infection Prevention in Long-Term Care, Using Data to Drive Improvement here in Colorado, and Patient Engagement in Healthcare.</li> </ul>
<p><b><u>ADJOURNMENT</u></b></p>	<p>The meeting adjourned at 4:05 pm. The next meeting will be September 23, 2014, 2-4 pm at CDPHE in Room C1A.</p>