



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
July 22, 2014 Minutes (Draft)**

Note: These minutes are a summary of the proceedings and motions of the July 22, 2014, meeting of the Colorado Healthcare-Associated Infections Advisory Committee.

<u>CALL TO ORDER</u>	Colleen Casaceli called the July 22, 2014, 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 Present (in person)</u> (via teleconference)	Ryan Biehle, Linda Burton, Colleen Casaceli, Peggy SaBell, Carole Hemmelgarn, and Heather Young Dawn Benham, Allison Sabel, Debbie Teetzel, Cindy Thistel
<u>CDPHE Staff Present</u>	Tamara Hoxworth, Rosine Angbanzan, and Carolyn Elliott
<u>Guests and Visitors Present</u>	Linda Klepacki (CFMC), Christine LaRocca (CFMC), and Teri Hulett (CHA)
<u>APPROVAL OF MINUTES</u> MOTION	Colleen Casaceli presented the draft minutes from the May 27, 2014 meeting of the Colorado Healthcare-Associated Infections Advisory Committee. MOTION BY RYAN BIEHLE, SECONDED BY CAROLE HEMMELGARN TO APPROVE THE DRAFT MINUTES FROM THE MAY 27, 2014 MEETING OF THE COLORADO HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE. MOTION PASSED

<p><u>New Committee chairs- Introduction-future direction ideas for future meetings:</u> Colleen Casaceli Peggy SaBell</p>	<ul style="list-style-type: none"> • One objective should be to standardize the HAI surveillance process <ul style="list-style-type: none"> - Devise a “position statement” – perhaps based upon Heather Young’s study of HAI surveillance practices. One finding was that surveillance was considered more thorough when IP followed at least two of the following surveillance processes: <ul style="list-style-type: none"> - Post-op visit (readmissions) - OR communication-notes (surgeon notes) - Labs (positive cultures, blood cultures, etc) • Heather will give a presentation of findings at our Sept. meeting • We need to assess what other state committees are doing and should arrange presentations by California and Georgia HAI committees at future meetings • Communication Processes – Create a summary of committee meeting – outlining decisions and points of discussion to be presented to APIC along with FAQ’s • Ideas will be generated from the entire committee and added to the agenda as it circulates prior to the next meeting • As of July 2016 “sunset” of statute and to stay ahead of that deadline
<p><u>Program Updates and General Committee Business</u> Tamara Hoxworth</p>	<ul style="list-style-type: none"> • The CDPHE has a new website that is topic focused • Finalizing the Healthcare Worker Influenza Report 2014 <ul style="list-style-type: none"> - Submitting immunization data was down from last year 72% 2013 and 62% 2014. Perhaps due to so many new homecare healthcare agencies - Reporting agency compliance was up from last year, hospitals 82% and ASCs 98%. • Grant monies were received from CDC for funding to cover: <ul style="list-style-type: none"> - Infrastructure to continue for HAI surveillance and NHSN reporting, technical assistance and training - Data validation studies expanded to new procedures and MDRO - Program will likely to add personnel
<p><u>Confirm Metric Change and Start Date of Data Collection: Clostridium difficile (C diff) and Methicillin-Resistant Staphylococcus Aureus (MRSA) implementation</u></p>	<ul style="list-style-type: none"> • Department planning to release written notification to all healthcare facilities by the end of August 2014 on C diff and MRSA reporting <ul style="list-style-type: none"> - Healthcare facilities will need to confer rights to State as soon as possible - APIC has expressed some concerns about whether these data will be aggregate or facility specific and what does that mean - The CHAIAC members agreed to start collecting C diff and MRSA data starting January of 2013 and report the data from August 2013 to July 2014 and will be included in the 2015 Annual Report. - Decide if it should be hospital onset or community onset - Does our data have to match the reporting timeframe of CMS (standardization of reporting by IPs is important, is there more burden) • MRSA will not be reported in the Annual Report • C Diff will be reported in Annual Report because it is a good way to measure success for patient safety and value-based care <ul style="list-style-type: none"> - Discussion on whether to use SIR or Rates in reporting in the Annual Report, it is easier for the public to understand - CDC uses the SIR perhaps we will report both • Hospitals will no longer be required to report vaginal hysterectomy as of Aug 2014 • There is no limit on the number of metrics the committee could decide to collect data, however there is a minimum

<p><i>MOTION</i></p> <p><i>MOTION</i></p> <p><i>MOTION</i></p>	<p>MOTION BY RYAN BIEHLETO NOTIFY FACILITIES THEY WILL NEED TO CONFER RIGHTS FOR C.DIFF AND MRSA. THE STATE WILL HAVE ACCESS TO FACILITY DATA FROM JANUARY 2013. C.DIFF WILL BE REPORTED IN THE 2015 ANNUAL REPORT, MOTION SECONDED BY LINDA BURTON.</p> <p>MOTION PASSED</p> <p>MOTION BY CAROLE HEMMELGARN THAT C DIFF REPORTING WILL BE FACILITY SPECIFIC AND NOT AGGREGATE, AND THAT RATES WILL BE REPORTED INSTEAD OF SIR BECAUSE THE PUBLIC WILL BETTER UNDERSTAND AND BECAUSE THERE IS NOT MUCH VARIABILITY IN THE SIR. MOTION SECONDED BY HEATHER YOUNG.</p> <p>MOTION PASSED</p> <p>MOTION BY COLLEEN CASACELI TO PUBLISH C DIFF RATES & SIRs IN ANNUAL REPORT. MOTION SECONDED BY PEGGY SABELL</p> <p>MOTION PASSED</p>
<p><u>Hospital Report Card Discussion</u> Terri Hulett</p>	<ul style="list-style-type: none"> • Hospital Report Card is on the CHA website since 2007 Bill 1278 • Report links to the health department, but working to change the report card format to make it more user-friendly on the new CHA site • CHA agrees it should go to APIC for discussion to improve communication, collaboration and exchange information • Committee needs to assess how it releases facility information to the public and how to align its reporting with the CHA reports released to the public
<p><u>Discussion of Heather Young's Survey on IP Procedures and Processes</u></p>	<ul style="list-style-type: none"> • Heather Young talked about the study she did related to techniques for surveillance to improve results and be more consistent. She found there is a correlation between actively monitoring for prevention and more supervised infections being reported. IPs that spend more time searching for surgical site infections tend to find more superficial infections. A future deliverable for this committee could be to look at this data and expand on it. • Heather agreed to presentation on findings for the September meeting
<p><u>ADJOURNMENT</u></p>	<p>The meeting adjourned at 4:06 pm. The next meeting will be August 26, 2014, 2-4 pm at CDPHE in Room C1A.</p>