



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  
March 25, 2014 Minutes (DRAFT)**

*Note: These minutes are a summary of the proceedings and motions of the March 25, 2014, meeting of the Colorado Healthcare-Associated Infections Advisory Committee.*

<b><u>CALL TO ORDER</u></b>	Cindy Thistel called the March 25, 2014, Colorado Healthcare-Associated Infections Advisory Committee (CHAIAC) to order at approximately 2:04 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>	Dawn Benham, Ryan Biehle, Linda Burton, Colleen Casaceli, Carole Hemmelgarn, Cindy Thistel  Paul Poduska, Allison Sabel, Debbie Teetzel
<b><u>CDPHE Staff Present</u></b>	Tamara Hoxworth, Rosine Angbanzan, Carolyn Elliott, Gillian Franklin
<b><u>Guests and Visitors Present</u></b>	Susan Grayson (CFMC), Wendy Bamberg (DCEED CDPHE), Helen Johnston (DCEED CDPHE)
<b><u>APPROVAL OF MINUTES</u></b>  <b>MOTION</b>	Cindy Thistel presented the draft minutes from the January 28, 2014 meeting of the Colorado Healthcare-Associated Infections Advisory Committee.  <b>MOTION BY COLLEEN CASACELI, SECONDED BY DAWN BENHAM TO APPROVE THE DRAFT MINUTES FROM THE JANUARY 28, 2014 MEETING OF THE COLORADO HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE.</b>  <b>MOTION PASSED</b>

**Change in Metrics: C diff and MRSA**

Tamara Hoxworth  
Wendy Bamberg  
Helen Johnston

**Change in Metrics: Clostridium difficile (C diff)**

Description of change

- The committee evaluated replacing vaginal hysterectomy with C diff data collecting in hospitals.
- Wendy Bamberg and Helen Johnston from the Disease Control and Environmental Epidemiology Division (DCEED) at CDPHE talked about DCEED's EIP system used to collect data for outpatient in the Denver metro area. NHSN collects statewide inpatient data. These two systems complement each other; neither could replace the other.
- DCEED offered to share their data with the committee. Wendy will send the data to Tamara to share with the committee. Some statistics are already posted on CDPHE's website.
- ASC will continue to collect data on hernias, breast surgeries, and vaginal hysterectomies.
- LTACHs will not be included until a later date.
- Infants and the VA are not included.
- Pediatrics are included, but this is not common.
- If the committee votes to include C diff, then hospitals will just need to confer rights to CDPHE and the data will start January 1, 2014.

Support for change

- C diff is the most common pathogen causing HAI according to a recent press release.
- Including C diff data aligns with CMS requirements.
- The committee could use the EIP system to validate. NHSN will need to include patient identifiers in order to validate.
- There will be no extra burden to hospitals; they just need to confer rights.

Concern: PCR testing

- Not all hospitals have access to PCR testing. PCR testing increases C diff rates.
- EIP collects the testing method (EIA toxin or PCR) and factors it into the statistics.
- NHSN tracks the testing type. Cindy tasked Paul to write to NHSN to see if the testing method is factored into the statistics.
- Smaller facilities are less likely to do PCR testing.
- The annual report can notate if the methodology changed in a footnote or graph.

**Change in Metrics: No more vaginal hysterectomy**

Support for change

- Vaginal hysterectomies are not on CMS's list of perspective infections to collect data in the future.
- Vaginal hysterectomies have a very low infection rate and are mostly not performed in hospitals.
- The benchmark has been reached; the committee needs to focus on other areas.

**MOTION**

**MOTION BY COLLEEN CASACELI, SECONDED BY LINDA BURTON THAT THE 2014 HOSPITAL REPORTING REQUIREMENTS WILL BE ALTERED TO ELIMINATE VAGINAL HYSTERECTOMIES AND INCLUDE CLOSTRIDIUM DIFFICILE (C DIFF), AND RIGHTS WILL BE CONFERED TO CDPHE FOR C DIFF.**

**MOTION PASSED**

<p><i>MOTION</i></p>	<p><b>Change in Metrics: Methicillin-Resistant Staphylococcus Aureus (MRSA)</b></p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> <li>- MRSA rates are going down.</li> <li>- DCEED will stop collecting MRSA data in December 2014, because the data is not being used. DCEED only tracks invasive infections in the Denver metro area, but this data could be used in the annual report to show trend or aggregate data (not facility specific data).</li> <li>- The committee thought about voting to confer rights for just aggregate data.</li> <li>- The committee also thought about tabling the vote since EIP will continue to collect data until December 2014.</li> <li>- The committee was concerned about initially using the data aggregately and then maybe later wanting to use facility specific data. They were also wondering about how this will be communicated to facilities.</li> <li>- The committee decided to vote and not mention anything about how the data will be used.</li> </ul> <p><u>Support for change</u></p> <ul style="list-style-type: none"> <li>- There will be no extra burden to hospitals; they just need to confer rights. Data is already reported to CMS since January 2013.</li> <li>- This data will provide education to the consumer population.</li> <li>- Other states are requesting this data.</li> <li>- Data will be used to identify trends and surveillance to determine outbreaks.</li> </ul> <p><b>MOTION BY CINDY THISTEL, SECONDED BY CAROL HEMMELGARN THAT ACUTE CARE HOSPITAL REPORTING REQUIREMENTS FOR 2014 WILL BE ALTERED TO CONFER RIGHTS FOR METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) BLOOD DATA (ALREADY REPORTED TO CMS) TO CDPHE AND THE DATA WILL BE REVIEWED BY THE COMMITTEE BEFORE REPORTING.</b></p> <p><b>MOTION PASSED</b></p> <ul style="list-style-type: none"> <li>- CDPHE will revise the confer rights form with the three changes in metrics in the next month or so.</li> <li>- These motions may be communicated to hospitals; the department will let CHA know.</li> </ul>
<p><b><u>Program Updates and General Committee Business</u></b>          Tamara Hoxworth          Rosine Angbanzan          Carolyn Elliott</p>	<ul style="list-style-type: none"> <li>• HAI Grant recommendation and discussion           <ul style="list-style-type: none"> <li>- HAI is covered under the Epidemiology and Laboratory Capacity (ELC) Grant and a new five year period is starting.</li> <li>- HAI wants to apply for some new activities and collaborate with DCEED:               <ol style="list-style-type: none"> <li>1. Prevention Infrastructure – basis of the HAI program</li> <li>2. Anti-microbial stewardship award – DCEED may apply</li> <li>3. Clostridium difficile Infection Prevention – a collaborative approach with DCEED</li> <li>4. CRE – HAI will not apply</li> <li>5. Data Validation – part of HAI’s ongoing business</li> <li>6. Hemodialysis BSI project – HAI is maybe interested</li> <li>7. Injection safety – DCEED will apply</li> </ol> </li> <li>- Grant applications are due on April 28, 2014.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Letters of support are not required but helpful.</li> <li>- Renewals are yearly.</li> <li>• Suppression of data will be discussed more during the next meeting.</li> <li>• Flu vaccination reporting <ul style="list-style-type: none"> <li>- Facilities are continuing to enter their influenza data which is due on May 15 as a CMS requirement.</li> <li>- HAI has been overwhelmed with calls about influenza reporting.</li> <li>- Influenza vaccination has a separate annual report, which is not facility specific yet.</li> </ul> </li> </ul>
<p><b><u>Reporting Validation</u></b>  <b><u>Project Updates</u></b>  Rosine Angbanzan</p>	<ul style="list-style-type: none"> <li>• Outpatient dialysis centers validation <ul style="list-style-type: none"> <li>- One validation is left</li> <li>- Preliminary observations: <ol style="list-style-type: none"> <li>1. Fewer instances of over-reporting</li> <li>2. Positive blood cultures from hospitals are not reported in NHSN which leads to under-reporting. The reasons for this vary.</li> <li>3. Redness and swelling are not reported into NHSN</li> </ol> </li> <li>- Recommendation: Do an analysis by organization (i.e. DaVita, Liberty, Kidney Center, and Fresenius) and fix the problem on an administration level.</li> </ul> </li> </ul>
<p><b><u>Updates from Committee</u></b>  <b><u>Members/New</u></b>  <b><u>Developments</u></b></p>	<ul style="list-style-type: none"> <li>• New committee chairman <ul style="list-style-type: none"> <li>- Cindy Thistel's term ends at the end of March</li> <li>- Colleen Casaceli and Peggy SaBell may be interested.</li> <li>- This item will be added to the agenda for next time.</li> </ul> </li> </ul>
<p><b><u>ADJOURNMENT</u></b></p>	<p>The meeting adjourned at 3:55 pm.  The next meeting will be April 22, 2014, 2-4 pm at CDPHE in Room C1A.</p>