



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 24, 2015**

Note: These minutes are a summary of the proceedings and motions of the March 24, 2015 meeting of the Colorado Healthcare-Associated Infections Advisory Committee.

<u>CALL TO ORDER</u>	Colleen Casaceli called the March 24, 2015, Colorado Healthcare-Associated Infections Advisory Committee (CHAIAC) to order at approximately 2:10 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)	Colleen Casaceli, Linda Burton, Tara Janosz, Ryan Biehle, Paul Hill Carole Hemmelgarn, Deborah Teetzel, Katie Cary, Tiffany Richens, Allison Sabel, Heather Young, and Cindy Thistel
CDPHE STAFF GUESTS	Wendy Bamberg, Tamara Hoxworth, Carolyn Elliott, Rosine Angbanzan, and Karen Strott Teri Hulett, and Renee Peters from Rose Surgical Center on the phone
<u>APPROVAL OF MINUTES</u> Colleen Casaceli	Motion to approve Minutes by Linda Burton and seconded by Allison Sabel Motion Approved
<u>COMMITTEE BUSINESS</u> Colleen Casaceli	Review Committee Decision Process, 11 voting members Linda Burton is retiring from the Committee and was presented with a Certificate of Appreciation for her years of service and commitment to HAI prevention.

<p><u>PROGRAM UPDATES</u></p> <p>Tamara Hoxworth Rosine Angbanzan Wendy Bamberg</p>	<p>Introduce Karen Strott to the Health Facilities Surveillance Unit as the Dialysis Infection Preventionist. This is a newly created position which will assist dialysis facilities in their infection prevention efforts. Among her duties will be to educate and assist in implementing the CDC recommended infection prevention tools, and monitoring use of these interventions, monthly monitoring and feedback reports.</p> <p>Rosine gave an update on the colon validation she is currently working and has visited 10 facilities that report into NHSN. She will complete validation by end of May and will have visited 20 facilities in total. By this meeting, she has found 33 non-reported events, and 9 over-reported events primarily due to not enough evidence for an infection. The “Scope” variable is not denoted for laparoscopic and robotic procedures in many facilities. It is suggested that IPs rely on ICD-9 codes to capture this variable. The “Emergency” variable has similar problems, and it is suggested that ASA score be used to derive info. for this variable. A couple facilities included ICD-9 codes that should not have been used. Most IPs appeared to understand NHSN surveillance definitions and changes, however due to “burn-out” may have missed surveillance of certain sources. Communication problems exist between doctor’s offices and reporting events, primarily with superficial incisional primary (SIP) infections. It is suggested that data mining systems be used to help with surveillance. One IP was not updated on changes in NHSN reporting. And one procedure had wrong procedure duration. They are using patient in room and patient out room versus incision cut time and incision close time. Rosine will present a complete report in July.</p> <p>CDC has asked Colorado to conduct a breast validation study of ASCs to develop quality measures and reliability testing. The study is entirely for educational purposes and not at all regulatory/punitive in nature. The study will begin in July 2015 with a final report due to the CDC in Dec 2015.</p> <p>Wendy gave an update on the funding opportunity through CDC to expand HAI planning and assessment, as well as expansion of the HAI Advisory Committee. Monies are to be distributed over a 2-3 year period concentrating on HAI control policies and strategies, identifying infection control gaps and areas for improvement. The first year would be devoted to acute care hospitals, the second ASCs, and the third year long term care hospitals. Wendy will know more about the award the first week in April.</p>
<p><u>DISCUSSION</u></p>	<p>HAI reporting issues: IPs need more educational reinforcement when dealing with all the new changes in NHSN reporting and monthly “tip” sheets would be beneficial. Each facility should have a policy indicating who has the final authority in determining the infection reporting. The CDC recommends a multi-step review process; however reporting is still contingent upon the NHSN definition and NHSN criteria.</p>
<p><u>ADJOURNMENT</u></p>	<p>Meeting adjourned at 3:17 PM. Next meeting is scheduled for April 28, 2015</p>