



<p><b><u>PROGRAM UPDATES</u></b></p> <p><b>Tamara Hoxworth Rosine Angbanzan Wendy Bamberg April Burdorf Carolyn Elliott</b></p>	<p>Rosine reported results of completed colon validation. She visited 19 facilities and found a total of 52 non-reported SSIs and 10 over-reported SSIs. Characteristics for non-reported events included criteria misinterpretation, missed surveillance, and most facilities do not accurately report of primary positive cultures. The “Scope” variable was not denoted for laparoscopic and robotic procedures in many facilities, and had the highest level of discrepancy when reporting. This was followed by wound class, and procedure length of time. It is suggested that IPs rely on ICD-9 codes to capture this variable, however most often, ICD-9 codes used were inaccurate. 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 reporting of superficial incisional primary (SIP) infections.</p> <p>Rosine gave an update on the ASC breast validation that should be completed by December 2015. She has visited 15 out of 18 facilities and reported only 4 SSIs. Most facilities did not understand that if a bi-lateral procedure was done, they would have to report two separate procedures; most often only one was reported. The CDC has requested that the breast validation continue in the hospital outpatient surgery centers to compare methodologies.</p> <p>Wendy gave an update to BOH changes that will go into effect November 14, 2015 and will come from the DCEED. Isolates are required to be submitted for Acute Flaccid Myelitis, Viral hemorrhagic fever, CRP, Enterobacterio, and MERS 68 Virus. The state would like to match the definitions used by the CDC, and will do so by changing or adding some definitions to current BOH rule. CRE will have a new definition, carbapenem-resistant Pseudomonas aeruginosa (CR-PA) will be added, and MRSA will be taken off.</p> <p>A state-based CRE toolket/guidance was discussed.</p> <p>Committee recommends using Illinois’ XDRO electronic data reporting system that searches patients when a communicable disease is reported by a facility.</p> <p>Tamara discussed the State HAI Plan and submitted a draft to the CDC on September 15. Committee members think the plan will be a useful tool to all Colorado stakeholders. Plan should be used as a “road map” with standing agenda items to be reviewed at each HAI committee meeting. Carole said this would be very helpful for new HIA Committee members in understanding the reportable/surveillance process and areas of improvement.</p> <p>Carolyn announced two NHSN MDRO/CDI Reporting trainings to be held at the department.</p>
<p><b><u>SPECIAL REPORT</u></b> <b>Paul Hill</b></p>	<p>Paul Hill attended the CHA Antimicrobial Stewardship Resort Regional Meeting held at Aspen Valley Hospital on August 25<sup>th</sup>. Representatives from Advanced Track shared hospital success stories, shared helpful tools and resources, and answered IP questions. There was a presentation by Kati Shihadeh, PharmD from Denver Health on “The role of the Pharmacist in Antimicrobial Stewardship.” Presentation by John Hammer, MD, ID Physician at Rose Medical Center on the “How Tos of Stewardship.” There was informal, open and candid discussion about growing a stewardship focusing on provider buy-in. CHA is planning on scheduling two more regional meetings at sites on the western slope and southern Colorado.</p>
<p><b><u>ADJOURNMENT</u></b></p>	<p>Meeting adjourned at 3:17 PM. Next meeting is scheduled for October 27<sup>th</sup>, 2015.</p>