



Colorado Department  
of Public Health  
and Environment

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
4300 CHERRY CREEK DRIVE SOUTH  
DENVER, COLORADO 80246

**COLORADO HEALTH FACILITY  
ACQUIRED INFECTIONS ADVISORY COMMITTEE  
FEBRUARY 26, 2013, MINUTES**

*Note: These minutes are a summary of the proceedings and motions of the February 26, 2013, meeting of the Colorado Health Facility Acquired Infections Advisory Committee.*

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| <b><u>CALL TO ORDER</u></b>                        | Cindy Thistel, chairperson, called the February 26, 2013, Colorado Health Facility Acquired Infections Advisory Committee (CHFAIAC) to order at approximately 2:03 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>          | Cindy Thistel, Linda Burton, Colleen Casaceli, Peggy SaBell, Deborah Teetzel   |
| <b><u>Members Present (via teleconference)</u></b> | Dawn Benham, Dede de Percin, Paul Poduska, Allison Sabel-Soteres   |
| <b><u>CDPHE Staff Present</u></b>                  | Karen Rich, Tamara Hoxworth, Carolyn Elliott, Gillian Franklin   |
| <b><u>CDPHE Staff Not Present</u></b>              | Rosine Angbanzan (excused)   |
| <b><u>Guests and Visitors Present</u></b>          | Jennifer Cummins (CHA)   |
| <b><u>APPROVAL OF MINUTES</u></b>                  | Cindy Thistel presented the draft minutes from the November 27, 2012, meeting of the Colorado Health Facility Acquired Infections Advisory Committee.  |
| <i>MOTION</i>                                      | <b>MOVED BY COLLEEN CASACELI, SECONDED BY PAUL PODUSKA TO APPROVE THE DRAFT MINUTES FROM THE NOVEMBER 27, 2012 MEETING OF THE COLORADO HEALTH FACILITY ACQUIRED INFECTIONS ADVISORY COMMITTEE.</b>   |
| <i>MOTION CARRIED</i>                              | <b>MOTION PASSED</b>   |

**PROGRAM UPDATES**

Tamara Hoxworth & Karen Rich

Administrative Changes (Tamara)

- We are no longer the Patient Safety program. Name changed to the Health and Safety Data Services Program.
- Staff: Tamara Hoxworth (Program Manager) , Karen Rich (Nurse Consultant), , Rosine Angbanzan (Quality Specialist), Carolyn Elliott (Intern, temporary)
- New Team Members: Steve Boylls (Data Analyst/Stats Programmer) and new hire (Statistical Analyst) TBD, formerly part of Emergency and Trauma Services.

Program Changes (Tamara)

- Flu reporting – Facilities can either enter information via the state portal or NHSN, but not both.
- If entering information into NHSN, facilities need to join the Colorado Influenza Reporting Group. CDPHE is working with Colorado Hospital Association (CHA) sending out instructions on how to enter data into NHSN.
- Law passed requiring immunization reporting of 60% of staff for first year.
- We are looking at each licensed facility, so duplication does not matter
- Need to get a pop up box in portal to let people know that their information was submitted. CDPHE staff working on this.
- CDPHE will develop instructions on how to do influenza reporting.

Recruitment for new committee members (Karen)

- Terms are expiring for 3 members of the committee: Connie Price, Allison Sabel-Soteres, and Dede de Percin.

Dr. Sabel-Soteres wanted to stay. The rules state a member may have no more than 2 consecutive terms unless they are in a specialty in which there is a shortage. Dr. Sabel-Soteres is a Medical Statistician. The committee determined this was a specialty area and extended her current term for another 3 years.

*MOTION*

**MOVED BY DEBORAH TEETZEL, SECONDED BY PAUL PODUSKA TO EXTEND THE MEMBERSHIP TERM FOR ALLISON SABEL-Soteres ON THE COLORADO HEALTH FACILITY ACQUIRED INFECTIONS ADVISORY COMMITTEE.**

*MOTION CARRIED*

**MOTION PASSED**

- Connie Price recommended two qualified individuals for her position: Dr. Heather Young, M.D. from Denver Health and Dr. Ann-Christine Nyquist, M.D. from Children’s Hospital Colorado. Linda Burton recommended Dr. Michelle Barron. All three candidates are involved in infectious disease and have several years of experience. There are no written guidelines for choosing subsequent committee members so the committee agreed to offer the position in the following order: 1) Dr. Young, 2.) Dr. Barron, 3.) Dr. Nyquist.
- No names offered from a consumer health care organization. Dede de Percin will think of another person from a consumer representative group. Karen will research groups as well.

Meeting Schedule (Karen)

- The bylaws require that the committee have a minimum of 2 meetings a year. A tentative schedule was proposed. The committee approved the meeting schedule.

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| <p><b><u>Hernia Validation Report</u></b><br/>Karen Rich</p>  | <p>Karen Rich discussed the findings and lessons learned from the Hernia Validation study completed in 2012. 41 facilities were visited.</p> <p>Findings:</p> <ul style="list-style-type: none"> <li>• Under-reported SSI: 2</li> <li>• Over-reported SSI : 8</li> <li>• Errors: 2</li> <li>• All risk factors had mismatches when compared to NHSN data submitted by facilities. <ul style="list-style-type: none"> <li>Duration was the largest mismatch.</li> <li>Gender was the least mismatched finding.</li> </ul> </li> <li>• There were misunderstandings of NHSN definitions such as what constituted an emergency and trauma. NHSN defines trauma in their Key Terms as blunt or penetrating. Hospitals often thought of trauma as a motor vehicle accident, not falls which would meet NHSN terms.</li> <li>• Some ASCs had limited follow up due to the fact patients were seen in emergency rooms, physician offices, and/or hospitals for follow up and this information was not always obtained by the IPs.</li> <li>• It was sometimes difficult to ascertain where drains were placed, in or outside the incisions.</li> <li>• There were different cut times noted by the anesthesiologist and the circulating nurse. Members of the committee felt the anesthesiologist was probably the most accurate. The committee agreed that a discrepancy of less than 10 minutes should not be a concern in future validation studies.</li> </ul> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Onsite audits necessary.</li> <li>• Problems with looking at patient records with IP because they were rushed and reviewers could not see medical records. A solution for this would be to review information on a larger screen for all parties to see.</li> <li>• Verify NHSN information prior to survey. Do not go onsite blinded. Use outside experiences auditors if possible.</li> <li>• NHSN could possibly provide some validation training. Need money for validation experts.</li> <li>• Should more than one auditor complete onsite validation? No final decision made by committee at this time.</li> <li>• Continue to talk with IP at the end of day to validate discrepancies and discuss issues.</li> <li>• Study should be more robust and scientific next time.</li> </ul> |
| <p><b><u>Hip/Knee Validation update</u></b><br/>Karen Rich</p>                                      | <p>Karen presented preliminary findings of the Hip/Knee validation study via a handout provided by Rosine Angbanzan.</p> <ul style="list-style-type: none"> <li>• 10 out of 25 facilities have been visited so far</li> <li>• 154 charts reviewed</li> <li>• No over reporting or underreporting found</li> <li>• 27% mismatch between validation findings and those values entered into NHSN by facility staff</li> </ul>  |
| <p><b><u>CDPHE Annual Report evaluation and feedback</u></b><br/>Tamara Hoxworth<br/>Karen Rich</p> | <p>Tamara presented the CDPHE Annual Report which compares each Colorado facility with the national infection rate standard in infection performance to help consumers make informed decisions.</p> <p>Interesting notes:</p> <ul style="list-style-type: none"> <li>• We saw some improvements in actual HAI and reporting.</li> <li>• Of the health facilities that reported in 2011 and 2012, more reports met or exceeded the national standard for infection rates in 2012.</li> </ul>   |

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|   | <ul style="list-style-type: none"> <li>• Reporting volume has increased over the years</li> <li>• Increase in surveillance leads to an increase in infection prevention.</li> <li>• The committee agreed that the new format is more user-friendly.</li> <li>• Pre-release briefing should continue each year.</li> </ul> <p>Karen asked for the committee’s thoughts on a facility asking for an addendum to the annual report because of incorrect reporting.</p> <ul style="list-style-type: none"> <li>• The committee agreed that facilities are given plenty of time to report the correct numbers. No addendums will be allowed.</li> <li>• Trending reports will use the corrected data.</li> </ul> <p>It was noted that CMS bases initial reimbursement on reporting compliance, but will eventually be pay-for-performance.</p> <p>Alicia Cole Report - tabled until next meeting.</p> <p>Minimum Yearly Procedures (Tamara)</p> <ul style="list-style-type: none"> <li>• Do small rural facilities with less than 5 procedures a year still need to report? The committee agreed that they do need to report because one never knows how many procedures will be done in a year.</li> </ul> |
| <p><b><u>Dialysis Collaborative Update</u></b><br/> Tamara Hoxworth<br/> Karen Rich</p> | <ul style="list-style-type: none"> <li>• CDPHE did an Infection Prevention Collaborative last year where we showed some real improvements between collaborative facilities and non-collaborative facilities.</li> <li>• This year we were funded for a Patient Education Collaborative in which we are developing a couple modules on patient access and infection prevention.</li> <li>• Plan a pilot test in 8-10 dialysis centers focusing on more educational development, a very challenging effort. It is a challenge for many reasons, but a major reason is that patients do not feel well when they go for dialysis, and are therefore not very receptive to teaching at this time.</li> <li>• The Dialysis Collaborative ends July 31, 2013.</li> </ul>  |
| <p><b><u>Spring Semi-Annual Bulletin</u></b><br/> Karen Rich &amp; committee</p>        | <ul style="list-style-type: none"> <li>• Karen provided a list of all the bulletins since July 2008.</li> <li>• Two bulletins are required each year – Spring and Fall.</li> <li>• We have not done a report for hysterectomies since August 2009 or breast surgeries since August 2011.</li> <li>• It was determined that there was insufficient data on breast surgeries.</li> <li>• The committee decided that CLABSI rates by LTAC facility (last done July 2007 to December 2008) should be the focus of the spring 2013 bulletin; and a comparison of abdominal and vaginal hysterectomies to include advantages and disadvantages of each procedure will be the focus for the fall bulletin.</li> </ul>   |
| <p><b><u>Updates from Committee Members/New Developments</u></b></p>                    | <p>Dede asked for ideas on how to keep CEOs and facilities engaged in HAI prevention, how to provide adequate resources to this end, challenges, and how to remind each facility’s administration to take the annual report and reporting accuracy more seriously.</p> <ul style="list-style-type: none"> <li>• Eric Whitney could possibly help in public radio.</li> <li>• Possible bulletin on this</li> <li>• Committee members to consider and bring ideas to future meetings.</li> </ul>   |
| <p><b><u>ADJOURNMENT</u></b></p>  | <p>The meeting was adjourned at 3:55 pm.<br/> The next meeting is scheduled for <b>March 26, 2013, 2-4pm in C1A.</b></p>   |