



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
MARCH 26, 2013, MINUTES**

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

<u>CALL TO ORDER</u>	Cindy Thistel, chairperson, called the March 26, 2013, Colorado Health Facility Acquired Infections Advisory Committee (CHFAIAC) 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 Present (In Person)</u>	Cindy Thistel, Linda Burton, Colleen Casaceli, Paul Poduska, Heather Young
<u>Members Present (via teleconference)</u>	Dede de Percin, Deborah Teetzel
<u>CDPHE Staff Present</u>	Karen Rich, Rosine Angbanzan, Carolyn Elliott, Gillian Franklin
<u>CDPHE Staff Not Present</u>	Tamara Hoxworth (excused)
<u>Guests and Visitors Present</u>	Marcy Cameron (CFMC), Jennifer Cummins (CHA), Leslie O'Day (CFMC)
<u>APPROVAL OF MINUTES</u> <i>MOTION</i> <i>MOTION CARRIED</i>	Cindy Thistel presented the draft minutes from the February 26, 2013, meeting of the Colorado Health Facility Acquired Infections Advisory Committee. MOVED BY PAUL PODUSKA, SECONDED BY LINDA BURTON TO APPROVE THE DRAFT MINUTES FROM THE FEBRUARY 26, 2013 MEETING OF THE COLORADO HEALTH FACILITY ACQUIRED INFECTIONS ADVISORY COMMITTEE. MOTION PASSED

<p><u>Committee Membership Update</u> Karen Rich</p>	<ul style="list-style-type: none"> • Karen Rich introduced Dr. Heather Young, M.D. from Denver Health as our new consultant infectious disease physician. • Karen brought up the Association for Professionals in Infection Control and Epidemiology (APIC) and their concerns about our procedures for adding new members to the committee <ul style="list-style-type: none"> – The committee does not have explicit rules and regulations, except term limits. – At the last APIC meeting, APIC wanted the committee to communicate with them about how we recruit new members. – APIC also wanted another member of APIC to attend our committee meetings but not as a board member. – The committee agreed to send our approved minutes or agenda to APIC. – The committee agreed to be more intentional about how we report at APIC meetings through improved coordination of members of both APIC and the committee. • Karen updated the committee on the Consumer Healthcare Organizations opening. <ul style="list-style-type: none"> – Dede’s second term expired March 2013. – Karen reached out to 7 Consumer Healthcare Organizations: 3 have declined; Kate Kiefert from Colorado Regional Health Information Organization and Sara Schmitz from the Colorado Health Institute responded that they are considering the position. – The APIC President sent a list of 75 organizations to Karen and she will forward this list to Dede. • Karen discussed possibly giving a certificate of appreciation for past committee members. She will look into this further to see if CDPHE has any guidance.
<p><u>Hip/Knee Validation Project Update</u> Rosine Angbanzan</p>	<p>Rosine presented preliminary findings of the Hip/Knee validation study.</p> <ul style="list-style-type: none"> • 21 out of 25 facilities have been visited so far • No over reporting or underreporting found • Mismatching with some variables such as anesthesia, trauma, and procedure time • Some IPs have misinterpreted the definition of trauma and/or their coding of trauma and automated downloads. • Recommendations: <ul style="list-style-type: none"> – In order to account for trauma mismatch, facilities can ask the question in the OR: Is this surgery related to injury? – Educate the IPs • There were several glitches involving anesthesia and the coding based on the definition of spinal or general anesthesia.
<p><u>Alicia Cole Report</u> Karen Rich</p>	<ul style="list-style-type: none"> • Karen presented the Alicia Cole Report for Kerry O’Connell. • Alicia Cole conducted a consumer survey in California that focused on their public infection rate reporting. Overall, the public reporting website of the California Department of Public Health (CDPH) was rated by most of the respondents (n=59) as “challenging” to “very difficult”. • The article included comments from the public largely calling for more data and a simpler rating system. • The committee talked about changing the rating system in the annual report. <ul style="list-style-type: none"> – Currently we rate hospitals as “worse,” “same” or “better.” – We could possibly rate hospitals similar to restaurants (i.e. 1-5 stars, letter grade, or color code). – We could have percentiles or ranges with 10 increments which correspond with star ratings.

	<ul style="list-style-type: none"> • The committee also talked about conducting a consumer review of the annual report. <ul style="list-style-type: none"> – Maybe organize a survey of questions before the next annual report – Maybe organize small focus groups of 5 people or use an existing consumer group. Jennifer Cummins from CHA will investigate how CHA has done this in the past with the Colorado Hospital Report Card. – Ask what legislators think about our annual report? (Keep on the agenda in the future) • In order to make next year’s annual report more consumer friendly and better, we could possibly include quotations from IPs or CEOs talking about what they are doing in their particular facility to prevent infections. • The committee also talked about setting up a FAQ website and making the annual report available at local libraries.
<p><u>Semi-Annual Bulletin: CLABSI in LTAC</u> Karen Rich</p>	<ul style="list-style-type: none"> • Karen presented the Central Line-Associated Bloodstream Infection (CLABSI) rates for LTAC in 2009-2012 with an anticipated published date by the end of April. • The rates appear to be decreasing. • Karen asked for the committee’s comments on the diagrams. <ul style="list-style-type: none"> – The committee agreed that the report should include the facility identification, but inform the IPs prior to publication. – Show statistical significance when comparing 2011 and 2012 – Include a dotted line signifying the national average benchmark rate of 1.3 • The committee and CDPHE upper management will review the report before it is published.
<p><u>Updates from Committee Members/New Developments</u> Karen Rich and Committee</p>	<ul style="list-style-type: none"> • Karen introduced Leslie O’Day from Colorado Foundation for Medical Care (CFMC). Leslie is a program manager for patient safety. • Karen talked about CLABSI being a winnable battle for CDPHE and possibly doing a validation study on it. • The committee agreed to do a validation study on CLABSI because there were several concerns last time and hopefully there have been some improvements. • The study should include approximately 20 facilities made up of the facilities with concerns from the last study and the rest are randomly selected. • A tool kit is available for CLABSI validation from NHSN that will be considered.
<p><u>ADJOURNMENT</u></p>	<p>The meeting was adjourned at 3:11 pm. The next meeting is scheduled for May 28, 2013, 2-4pm in C1A.</p>