

Healthcare-Associated Infection Advisory Committee
February 24th, 2010
2:00 PM – 4:00 PM

1. Welcome and introductions

The HAI Advisory Committee was created based on recommendations from the CDC and the Infection Prevention and Control Advisory Committee (IPCAC). It is an attempt to pull together key players in HAI prevention in the state. ADHS wants this committee to be as representative as possible. Please let Jessica (riglerj@azdhs.gov) know if there is anyone not represented here. Suggestion to involve hospice or home health representative. Later suggestions to include representatives from the Arizona Medical Association, the American College of Surgeons, the Arizona Academy of Pediatrics, the American Academy of Family Physicians, the Osteopathic Association, nurse practitioners and physician assistants.

The committee will not operate under open meeting laws – minutes will be kept for reference but will not be publically disseminated and no quorums or formal votes will be necessary. Pat Black will tape record meetings in order to keep minutes unless there are any objections.

2. Review and discussion of Arizona HAI Plan

The goal of the plan is to work toward a coordinated approach to HAI prevention. The plan will focus initially on acute care hospitals, but will eventually be expanded to other healthcare facilities (e.g., assisted living, long term care, ambulatory surgical centers, and outpatient facilities).

The plan is a living document that will evolve based on newly identified priorities and additional input from partners. Please refer to the attached slideset for an overview of the HAI plan.

Initial discussion of the plan focused on the availability of HAI data. Currently ADHS does not have a good estimate of the state's HAI burden because facilities are not required to report HAI incidence to ADHS. As it stands now, if facilities were to voluntarily report HAI data to ADHS, this information would be subject to Freedom of Information Act (FOIA) requests and could not be kept confidential at the facility level.

Discussion of ways to collect HAI data without violating facilities' confidentiality: ADHS is consulting with legal counsel and other states about data use agreements, which are in use in some states that have voluntary reporting to the health department through the National Healthcare Safety Network (NHSN). These data use agreements allow facilities to report HAI data to the state health department through NHSN but contain a confidentiality clause that allows the health department to protect data from FOIAs. Michigan is piloting data use agreements right now and currently has 5 facilities participating with a goal of 30 facilities by October. We will have to explore this option with facilities in the state and ADHS legal.

Charlie Chapin (HSAG) mentioned that quality improvement organizations (QIOs) contract with CMS and are under a confidentiality agreement that is exempt from FOIA. Any NHSN data reported to HSAG maintains confidentiality of patient, provider, and healthcare facility.

Depending on data structure, HSAG could be a kind of clearing house to which facilities could report data that would be deidentified and passed along to ADHS. In any situation, facility participation would remain voluntary unless federally mandated.

3. Scope and purposes of committee

Proposal that the committee purpose be two fold:

- a) The committee can advise on what role ADHS should have in HAI prevention and how to best support current activities.

Recommendation that ADHS can help coordinate HAI prevention efforts and bring facilities together to discuss their own HAI prevention activities.

ADHS has an opportunity to educate IPs about resources available at the county and state level for preventing and controlling HAI transmission and investigating outbreaks. There is a need for ADHS/county health departments to develop protocols for IPs to work with county and state epidemiologists. ADHS Licensing discussed distinction between a rule violation and an infectious disease outbreak.

- b) Committee members can come together to identify areas of interest and key priorities that the group can address.

Proposals for priority areas included:

- Prevention recommendations – the committee could review literature that might support strategies or practices for HAI prevention and can make evidence-based recommendations to facilities through the advisory committee.
- Provider education – the committee could coordinate strategies for antimicrobial stewardship across facilities; make sure doctors and nurses are educated about best practices for HAI prevention.
- Public education
- Surveillance – the committee could explore ways of enhancing HAI surveillance in the state, including voluntary NHSN use

The committee concluded that it would be beneficial to create four subcommittees to address each of the priority areas listed above.

4. Future meetings

Advisory committee meetings will be held quarterly with subcommittee meetings in the interim. These will be scheduled at a later date.