

# Healthcare-Associated Infection Advisory Committee

August 17<sup>th</sup>, 2010  
2:00 PM – 4:00 PM

## Members in attendance:

Janette Biorn	Michelle Humphreys	Diane Kubala	Judy Sgrillo
Charlie Chapin	Joyce Hospodar	Don Lauer	Tammy Sylvester
Mike Dietrich	Debbie Johnston	Elizabeth Lueck	Donna Wolk
Deborah Dutton	Clare Kioski	Orion McCotter	Mary Ann Yahl
Greg Garcia	Ron Klein	Jessica Rigler	
Patty Gray	Kris Korte	Mike Saubolle	

## 1. Welcome and introductions

### 2. Logo

Stephen Herchak, a graphic designer, has put together three logo sketches for the Advisory Committee. These logos were based on the [CDC HAI Recovery Act logo](#), but Stephen was asked to give them an Arizona flair and incorporate the subcommittees into them. The logos will serve the purpose of unifying the work of the Committee and Subcommittees by branding each of our products.

Members provided Stephen with feedback on the logos and will be asked to vote on their favorite via email. Stephen will incorporate feedback into the favorite logo of the Committee and Subcommittees. Feedback included:

- Make the colors match with the state flag
- Consider including “Arizona” or “AZ” somewhere in the design
- Create a logo that will reproduce well in either color or black and white
- Make the idea of prevention stand out more
- Instead of subcommittee names, limit the descriptors to the key areas on which the subcommittees work – prevention, surveillance, and education.

### 3. ADHS Updates

#### a. Outbreak investigation process

A working group of IPs has agreed to come together with ADHS Epidemiology and Licensing to refine this process based on discussions at the last Advisory Committee meeting. Jessica and Shoana presented the draft process at the AzHHA Healthcare Compliance Taskforce meeting on August 10<sup>th</sup> and will incorporate that feedback into revisions.

#### b. [HAI webpage](#)

ADHS is hosting an HAI webpage with information for local health departments, healthcare providers, and the public. This page has recently been updated to include National Healthcare Safety Network (NHSN) links in light of the new CMS rule. Ron Klein spoke at the Arizona Local Health Officers Association meeting in July to urge local health departments to link to the HAI webpage from their sites. Maricopa County currently links to this page.

**c. [CDC's NHSN state summary report](#)**

This report was released in May and presents state-specific CLABSI rates for states that have mandatory reporting. Arizona was not included in this report. CDC intends to publish this report on a bi-annual basis. The next report will also include SSI rates.

**d. [ADHS Infectious Disease Training and Exercise](#)**

The [ADHS Infectious Disease Training and Exercise](#) was held in July and was well attended by IPs, sanitarians, local health department staff, and others. There were two HAI presentations during the training. One was given by Alice Guh from CDC, who gave an overview of the national HAI picture and initiatives. A panel presentation was given by Patty Gray, Jessica Rigler, and Tammy Sylvester (graciously filling in for Rebecca Sunenshine) to communicate state, county, and facility perspectives on HAIs. This was the first time a wider audience has actively asked questions about NHSN.

**e. [Personnel Changes](#)**

Laura Erhart, Advisory Committee member and ADHS Infectious Disease Epidemiology Section (IDES) Program Manager is moving. She will vacate this position, but will stay on with ADHS remotely as an epidemiologist. Until the Program Manager position is rehired, Jessica Rigler will serve as the Acting IDES Program Manager and will remain as the State HAI Coordinator. Due to this increase in responsibilities, please be patient if Jessica's response time or HAI involvement decreases.

**4. Current topics**

**a. [CMS NHSN rule – Debbie Johnston](#)**

Debbie Johnston provided an overview (attached) of the newly passed CMS rule, which requires inpatient acute care facilities to report CLABSI rates to CMS through NHSN beginning January 1, 2011, and SSI rates beginning January 1, 2012. This information will be publically reported through Hospital Compare.

SSIs will include procedures that are NQF endorsed, but will be fine tuned over the next year. Decisions on the validation process have been delayed. It is currently unclear which facilities will be exempted from the rule, however facilities exempt from RHQDAPU will probably be exempt from this rule as well.

AHA is working with CMS and CDC to provide NHSN training for facilities. National APIC may have training opportunities. Arizona APIC is also working on pulling together trainings. More information will be forthcoming from these organizations. Committee members discussed some of the difficulties with using NHSN including lack of a training environment. Charlie states that with the CMS QIO collaborative, NHSN set up a dummy site for QIOs, but it seems as though this does not exist for general facilities.

In order to successfully participate in NHSN, it is necessary to have close involvement with your IT department. In addition, data may be able to be electronically transmitted to NHSN from various software systems, but each facility would need to check with their vendor to inquire about this capability.

**b. [LeapFrog survey/On the CUSP](#)**

Many facilities completing the most recent LeapFrog survey may have become aware of the On the CUSP initiative, about which the survey inquired. This initiative is facilitated

by state hospital associations and was initiated through Peter Pronovost's BSI initiative. [LeAnn Swanson](#) from AzHHA will coordinate the Arizona cohort, which begins January 6<sup>th</sup>. A minimum of 10 hospitals from the state must participate for Arizona to be included in the cohort. More information about the initiative is available from the [On the CUSP website](#) and the AHA [Hospitals in Pursuit of Excellence website](#).

**c. National Conference of State Legislatures – [HAI reporting](#) – Patty Gray**

Patty Gray provided a summary of the National Conference of State Legislatures report on HAI reporting. This document reviews experiences of states who have been pioneers in HAI reporting. Findings almost mimic the findings of the Infection Prevention Control and Advisory Committee (IPCAC), which submitted their [report](#) to the Arizona Governor and Legislature in December, 2009. Common themes across states included the following:

- The effect of public reporting is unknown
- It is difficult to develop meaningful reporting initiatives
- There are advantages to a phased-in approach for reporting requirements
- A multidisciplinary advisory committee is useful to inform reporting program development
- Funding is imperative to support reporting requirements

**d. Other topics**

*HAI Public Reporting*

Members briefly discussed whether states will pull back on their public reporting because information will be shared on Hospital Compare.

Clare Kioski informed the group about a [former policy](#) in Missouri in which the health department only posted the previous 12 months of data due to the resources required to maintain and disseminate older data. This policy has recently been reversed.

*Media Interaction*

Jessica recently gave an interview about HAIs and the committee's activities to Arizona Business Weekly for their annual healthcare issue. Thanks to Debbie Johnston and AzHHA for asking the magazine to highlight Advisory Committee efforts. Rebecca Sunenshine gave an interview to Channel 3 News about C. diff, which ran on 8/19.

**5. Subcommittee updates**

Jessica solicited comments about the format of the subcommittee highlights being sent out monthly. Members liked that they were user friendly and succinct. Patty Gray reported sharing the first page with the Scottsdale Healthcare Infection Control Committee.

**a. Public Education**

The subcommittee is still working on a public education campaign to launch during Infection Prevention Week (10/17-10/23). The subcommittee is submitting a proclamation for the Governor's signature, which will declare this week Arizona Infection Prevention Week in alignment with International Infection Prevention Week. Members compiled a list of preferred educational materials from which to reference. Members are working on drafting educational pamphlets on MRSA, C. diff, VRE, and general hygiene. Graphic artist Stephen Herchak is laying out the pamphlets.

The subcommittee is rolling out a video contest on general infection prevention. APIC is providing the prize money. The subcommittee has drafted key points, of which at least

five must be included in the video. Members are also working on contest rules, the contest announcement, and a hosting site. Suggestions from the Advisory Committee included considering a Spanish and English video contest, using sports tickets as prizes, and recruiting students to produce videos as part of their coursework.

Maricopa County has about \$8000 for educational materials and has already purchased CDs, DVDs, and thumb drives on which to disseminate materials to local health departments and facilities. The subcommittee will also apply for funds from pharmaceutical companies and hospital supply organizations and is in the process of finding a 501c3 with which to place the money.

A public survey was undertaken to assess knowledge of HAIs and general infection prevention. This was distributed to Maricopa County immunization clinics, Northern Arizona VA clinics, the general public, and electronically to HOAs in retirement communities. The survey had 576 responses with no overly surprising results. Survey responses can be viewed [here](#), password: HAIPublicEd.

#### **b. Antimicrobial Stewardship**

The subcommittee voted to change its name to the Subcommittee on Antimicrobial Stewardship (SAS) to better reflect the group's charge. While the public is probably unfamiliar with the idea of stewardship, this concept should be known to most healthcare providers. The Advisory Committee approved the name change. Dr. Po is working on creating a mission statement for the group.

During the last meeting, the subcommittee discussed a stewardship pilot project facilitated by CDC and the Institute of Healthcare Improvement. Members also discussed resources that can be used to educate providers including a slide deck released by the American Society of Health-System Pharmacists (ASHP) and the Making a Difference in Infectious Disease Pharmacotherapy (MAD-ID) certificate program. The group is committed to providing access to existing resources without recreating programs.

The subcommittee will put together a webinar series on stewardship highlighting facilities that already have stewardship programs. Members have been asked to submit resource ideas to Jessica. A survey of hospital pharmacists will also be developed to find out what kind of stewardship resources are desired.

One infectious disease physician, two infectious disease pharmacists, and one microbiologist will form the stewardship work group for the Prevention Strategies Subcommittee's C. diff toolkit.

The Advisory Committee made suggestions about involving small rural hospitals. AzHHA and the Rural Health Office can assist with this. The subcommittee has not yet started this process, but plans to.

#### **c. Surveillance**

The Surveillance Subcommittee partnered with the Prevention Strategies Subcommittee to create a survey of infection preventionists at acute care facilities aimed at assessing

current HAI surveillance and prevention strategies. Surveillance Subcommittee members are in the process of reviewing the remainder of the survey. The subcommittee plans to send the survey out to committee members to pilot test prior to widespread distribution.

Along with the survey, the subcommittee is considering how it can support hospitals with the new CMS NHSN rules. In order to sign up for NHSN, hospitals have to attest that they've undergone appropriate training. Unfortunately, some training tools are problematic, with ones that include voice and video being the easiest to use.

#### **d. Prevention Strategies**

In order to further work on the C. diff toolkit, the subcommittee will break into working groups at the next meeting (8/18). Working groups will be asked to select a leader and start outlining their plan of action. Information in the toolkit will be presented across the continuum of care with the strength of evidence defined for each facility type. The working groups are: surveillance, staff education (pathogenesis, modes of transmission, diagnosis), patient education, environmental cleaning, patient care (hand hygiene, isolation, and patient placement), and stewardship/treatment.

### **6. Committee mission statement and objectives**

*The Arizona Healthcare Associated Infection (HAI) Advisory Committee's mission is to reduce the number and impact of HAIs in Arizona by convening a multidisciplinary group of partners to standardize best practices for monitoring and preventing HAIs, educate the public and healthcare providers on effective methods to reduce HAIs, and proactively address emerging HAI issues.*

The group discussed this proposed mission statement and provided suggestions for revisions. Members also discussed the measurability of this statement and decided that objectives should be measurable, but the mission statement should be overarching.

The group also discussed the need for a short tagline that could quickly identify the purpose of the committee.

New proposed mission statement:

*The Arizona Healthcare Associated Infection (HAI) Advisory Committee's mission is to minimize the incidence and impact of HAIs in Arizona through a multidisciplinary partnership to promote best practices for monitoring and preventing HAIs, educate the public and healthcare providers on effective methods to reduce HAIs, and proactively address emerging HAI issues.*

### **7. Future agenda items**

**Next meeting – Tuesday, November 16<sup>th</sup>, 2010 – 2:00-4:00 PM**