HAI Collaborating Partners

Rita Owsiak, MS, MT(ASCP), CIC

April 14, 2017

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor   Mary C. Mayhew, Commissioner

MAINE QUALITY FORUM
MONITOR AND IMPROVE
QUALITY OF HEALTH CARE

AGENDA

HAI Collaborating Partners Committee

Friday, Apr. 14, 2017
12:00 noon - 4:00 p.m.

2 Anthony Avenue
Augusta, Maine
OCFS Training Room
(next to the Pine Tree Room)

Or call: 877-455-0244
Conf. Code: 1546316229

Revised Allergy Alert!

Due to a *severe medical condition*, all types of peanuts and tree nuts or foods, beverages and other products containing them are banned from the 2 Anthony Avenue building effective immediately. It is the expectation that all employees and visitors will comply with this directive.

Please remember that 2 Anthony Avenue is a fragrance-free building.

12:00 – 12:10 pm	Introductions and opening comments
12:10 – 12:20 pm	Review of the minutes
12:20 – 12:40 pm	Charter / Membership Housekeeping
12:40 – 1:30 pm	HAI data and new national baselines
1:30 – 2:30 pm	Review of state plan
2:30 – 3:30 pm	Discussion topics: • Chapter 270 • External validation
3:30 – 3:45 pm	Public Comments
3:45 – 4:00 pm	Meeting Evaluation/Adjournment

Operating Guidelines: Proposed Revisions

- Name of Group
  - HAI/AR Collaborating Partners Committee

- Membership
  - Define active membership as attendance at any of the last four meetings held
  - Once member falls into inactive status, send a ‘we need to hear from you’ letter
  - Add listing of required member positions (see bolded categories on membership list)
  - If required member position is vacant, it will be filled by co-chairs
  - Adding membership categories, filling of current category vacancies, or adding categoies will be by consensus of active membership
  - Retiring inactive members/categories will be by consensus of active membership

- Schedule
  - 2-4 meetings annually

- Subcommittees
  - With upcoming additions of Antibiotic Resistance – do we desire a subcommittee?

Membership

Maine HAI Collaborating Partners Membership List

# Reps		Category (bold = required member)	Title	Representative	2016 29-Apr	2016 30-Sep	2016 28-Oct	2017 14-Apr
6/8		**State Public Health / QIN-QIO**						
1	QLTY	**Maine Quality Forum**	Executive Director	**Karynlee Harrington**	x			
1	HAI	**HAI/AR Program**	HAI Coordinator	**Rita Owsiak**	x	x	x	
1	HAI/AR	**State Epidemiologist**	State Epidemiologist	Siiri Bennett	x	x	x	
0	AR	**HAI/AR Program**	AR Coordinator	*(Coming in May 2017)*				
1	AR/EP	**State Public Health Laboratory**	BioSafety Officer	Rick Danforth	x	x	x	
1	EP	**PHEP**	Director	William Jenkins		x	x	
0	HAI/AR	**DLRS**	Health Surveyor	Dale Payne				
1	HAI/AR	**QIN-QIO**	Director	Danielle Hersey	x	x		
8/16		**Health Care**						
1	Acute	**Maine Hospital Association**	VP & General Counsel	Sandy Parker		x	x	
1	Acute	Infection Preventionist	Acute: IPPS	Gwen Rogers	x		x	
1	Acute	Infection Preventionist	Acute: CAH	Ann Graves	x	x	x	
1	LTC	Infection Preventionist	LTC	Lynn Johnston	x		x	
1	AR	**ME Society Health System Pharm.**	Assistant Professor	Anthony Casapao, PharmD	x	x	x	
1	HAI/AR	**ID Physician**	ID Physician – Middle ME	Dr. Sandy Harris	x	x	x	
0	HC	Infection Preventionist	Home Care	Bob Abel*				
1	ASC	Infection Preventionist	Ambulatory Surgery	Linda Ruterbories	x			
0	DLYS	Infection Preventionist	Dialysis	(open)				
0	AR	ME Society Health System Pharm.	Pharmacist - Mercy	Frank Mack				
1	AR	Laboratory	NorDx	Cathy Dragoni	x			
0	AR	Laboratory	ALI	(open)				
0	HAI	OMNE – Nursing Leaders of ME	Nursing Executive	Bob Abel*				
0	HAI	Hospital Administration	Administration	(open)				
0	HAI/AR	ID Physician	ID Physician - South ME	Dr. August Valenti				
0	HAI/AR	ID Physician	Physician – South ME	Dr. Josh Cutler				
1/2		**Public**						
0	PUB	Consumer Advocate	Consumers for Affordable Healthcare	Emily Brostek				
1	PUB	Consumer Advocate	Individual	Kathy Day	x	x	x	
		TOTAL ACTIVE MEMBERS	**Person representing more than one position.*		17	17	16	
		MEMBERS ATTENDING MEETING			13	10	11	
		Percent of Active Members			**76%**	**59%**	**69%**	

Membership Recommendations

- Member/Category recommended from retirement
  - Josh Cutler (ID Physician): Inactive since 03/2015 and now enjoying retirement
  - Frank Mack (Pharmacy): Inactive since 03/2015
  - NORDX/ALI (Lab): Invite as guest as needed
    - NORDX: Active (attended only 1 of 4 meetings in 2016)
    - ALI: Inactive since 03/2015
  - Hospital Administration: Position was never filled

- Membership List Action Plan:
  - Any other inactive members will receive a letter (if not attending this meeting)
  - Seek Dialysis representative
  - Maintain two Infectious Disease Physicians

- Addition of New Members/Categories
  - AR Coordinator as required position to be filled by Jennifer Liao Pharm D
  - MHCA as required position to be filled by Bonnie Small MHCA QI/Regulatory Affairs
  - Donna Dunton, representative of general public

HAI-CP Recommendation:

Recommendation: Charter / Membership	In Favor
	/
If consensus is not obtained, list major issues/concerns:	
1. 2. 3.	

Healthcare in Maine is Making the Grade

LEAPFROG HOSPITAL SAFETY GRADE

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How Safe is Your Hospital? Search By City/State | City | - Choose - | Search

State Rankings

Does your state make the grade? Hospitals across the country show a lot of variation when it comes to patient safety.

Here, states are ranked based on the number of "A" hospitals they have compared to the total number of hospitals that operate in that state.

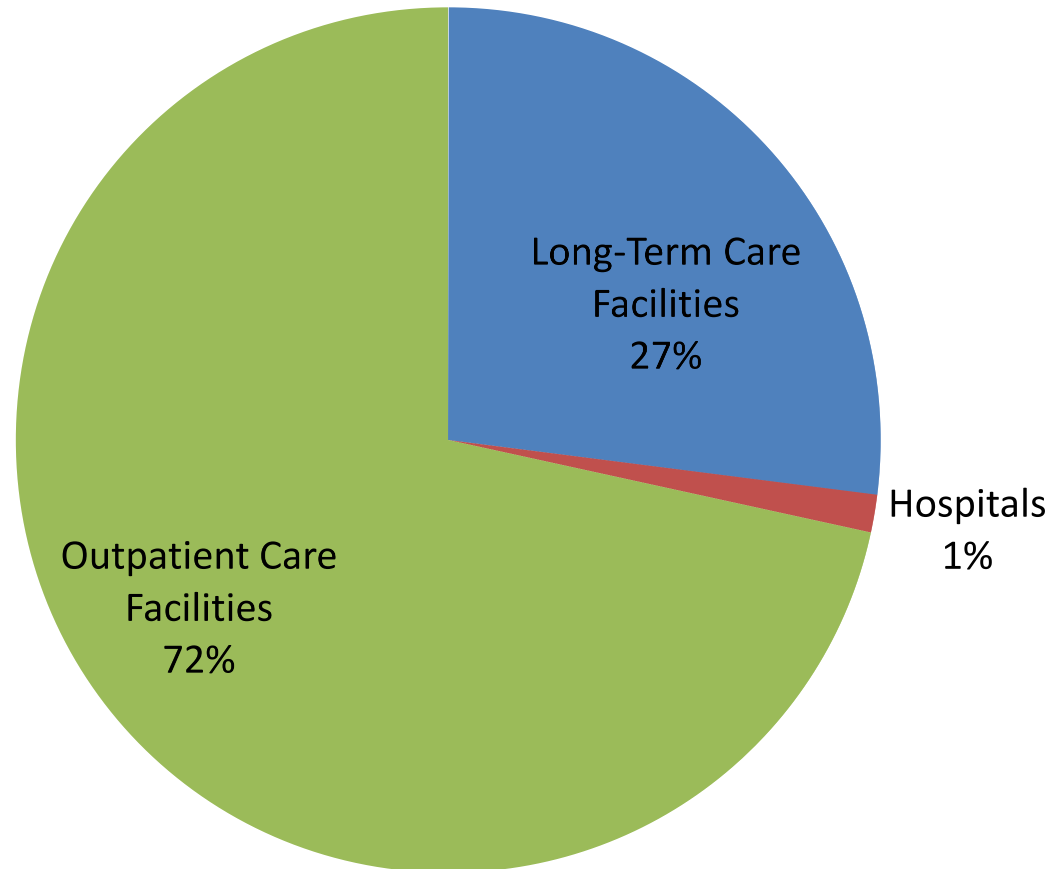
Note: Maryland is not ranked because hospitals are not required to publicly report their hospital safety data.

States that are shown in a darker green have a higher percentage of "A" hospitals

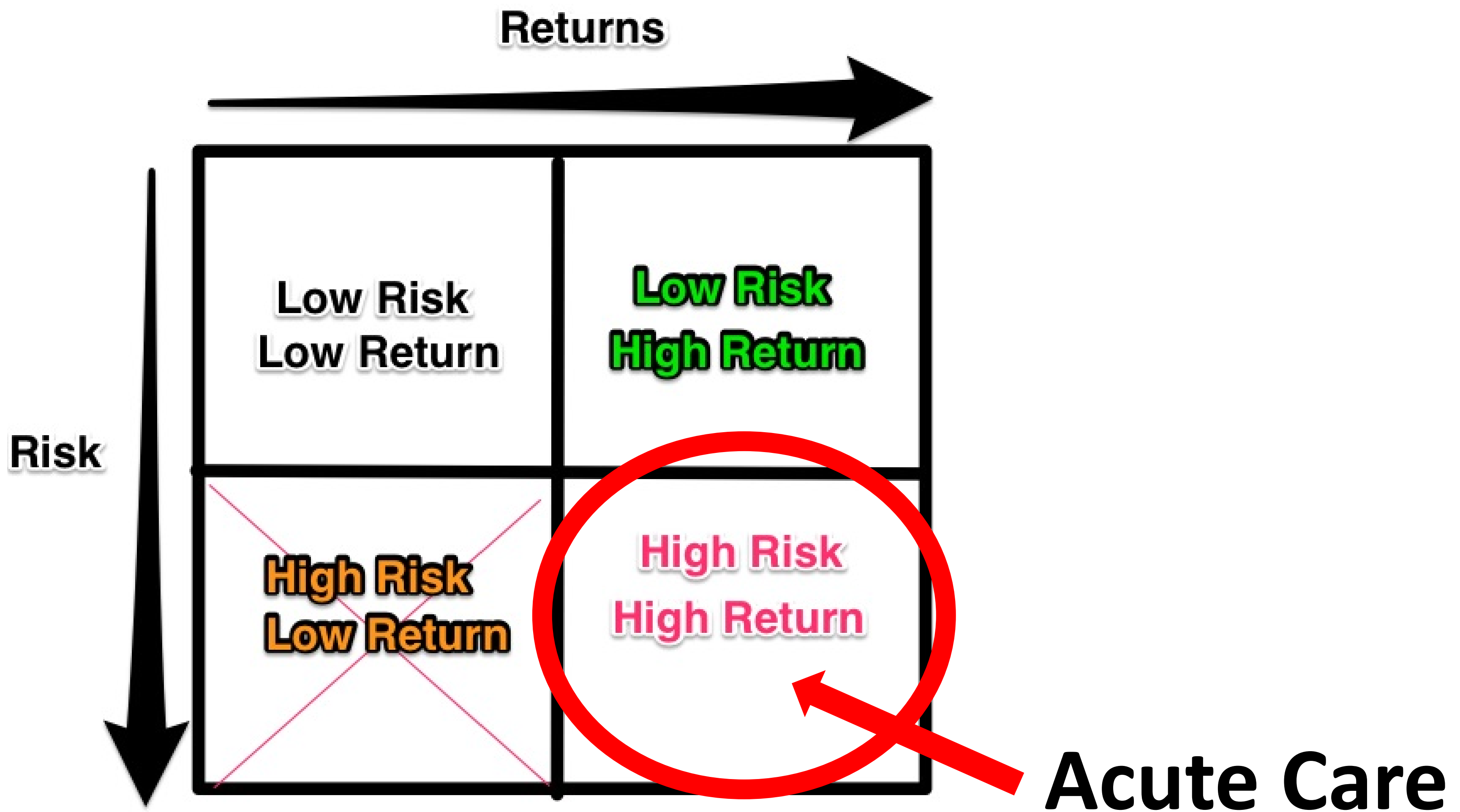
Rank	State	Total # Hospitals Scored	Total # A Hospitals	% A Hospitals
1	Hawaii	12	8	66.7%
2	Idaho	11	7	63.6%
3	Maine	16	10	62.5%
4	Wisconsin	57	35	61.4%
5	North Carolina	78	43	55.1%
6	Utah	23	12	52.2%
7	Massachusetts	60	31	51.7%
8	Vermont	6	3	50.0%
9	Oregon	33	16	48.5%
10	Virginia	66	31	47.0%

Healthcare in Maine

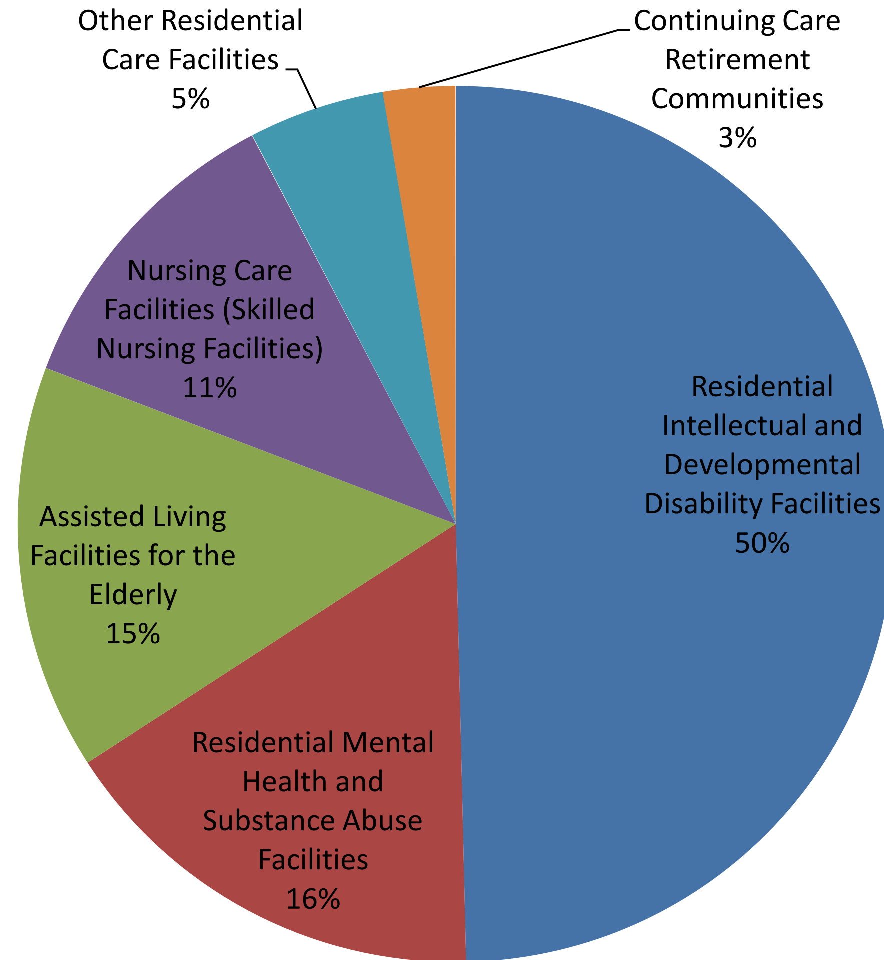
3,468 Healthcare Facilities in Maine per US Census, 2014



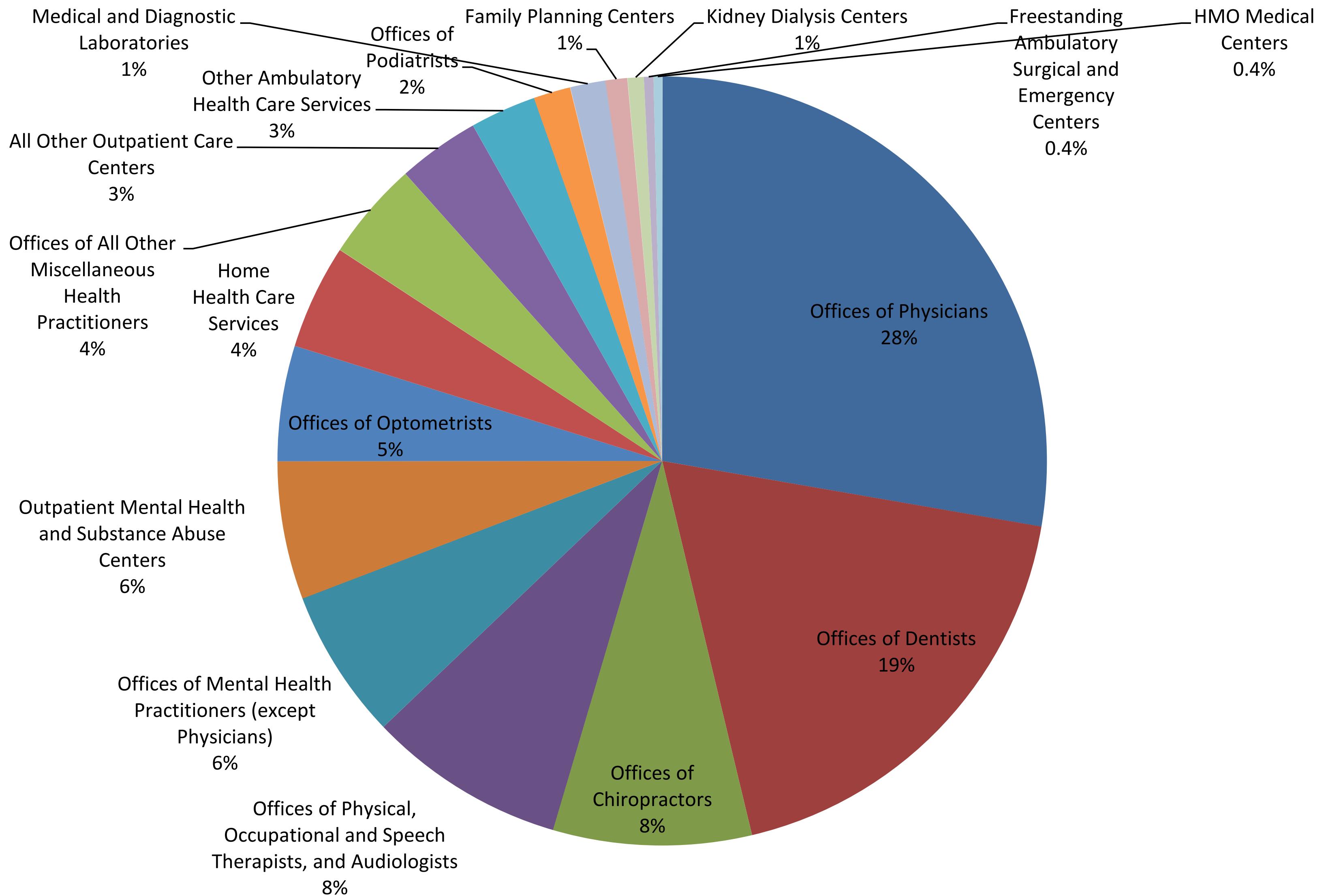
Focus to Date



937 Extended Care Facilities per US Census, 2014



2,499 Ambulatory Care Facilities per US Census, 2014



Maine HAI Data

NHSN ReBaseline Crosswalk

Old to New Baseline

NHSN ReBaseline 2015

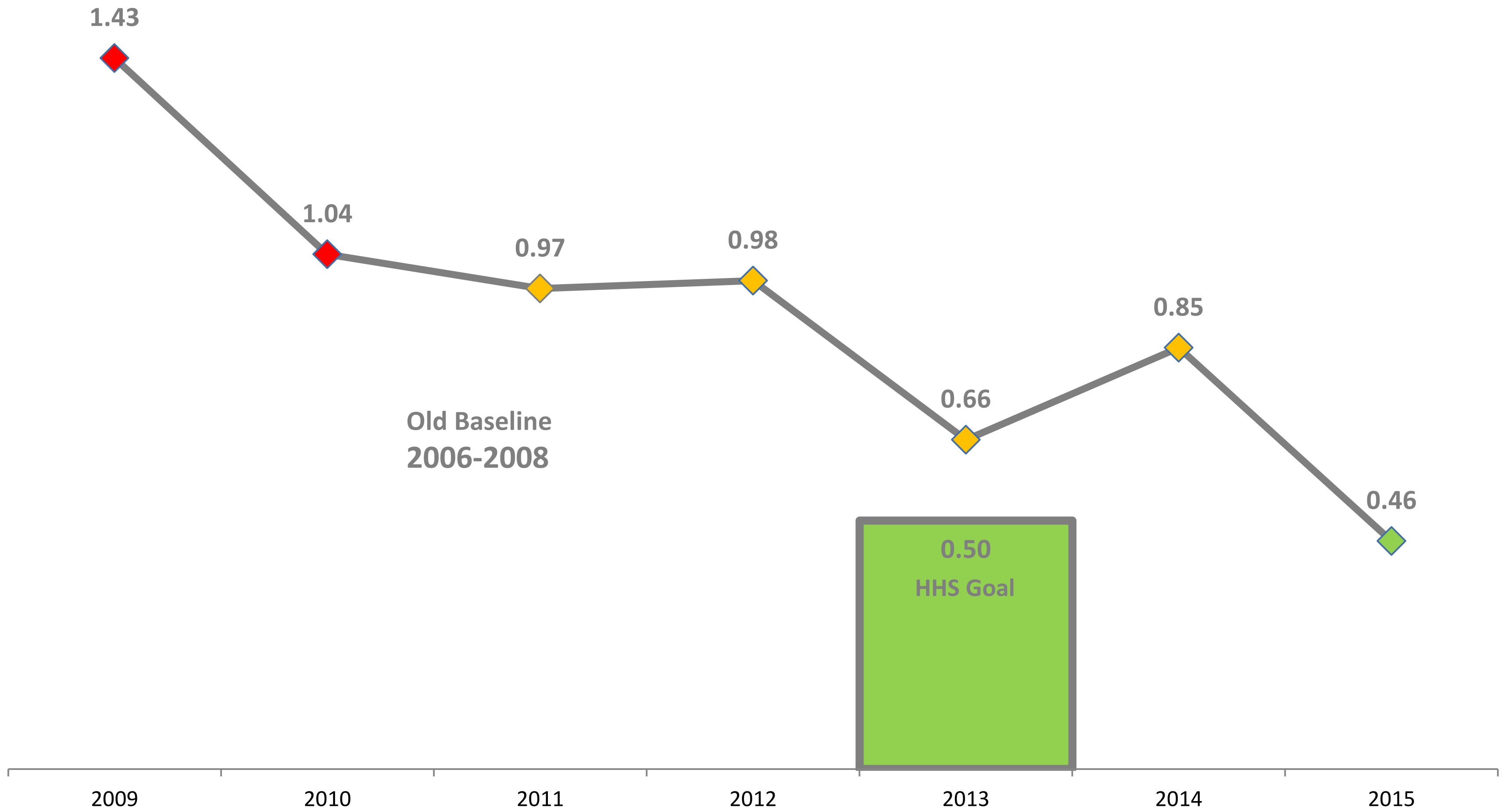
- The NHSN baseline is a measure of the 'average' national experience for HAIs, adjusted for certain risk factors.

- Original baselines were getting 'old'
  - CLABSI, SSI = 2006-2008 data
  - CAUTI = 2009 data
  - CDI, MRSA-BSI = 2010-2011 data

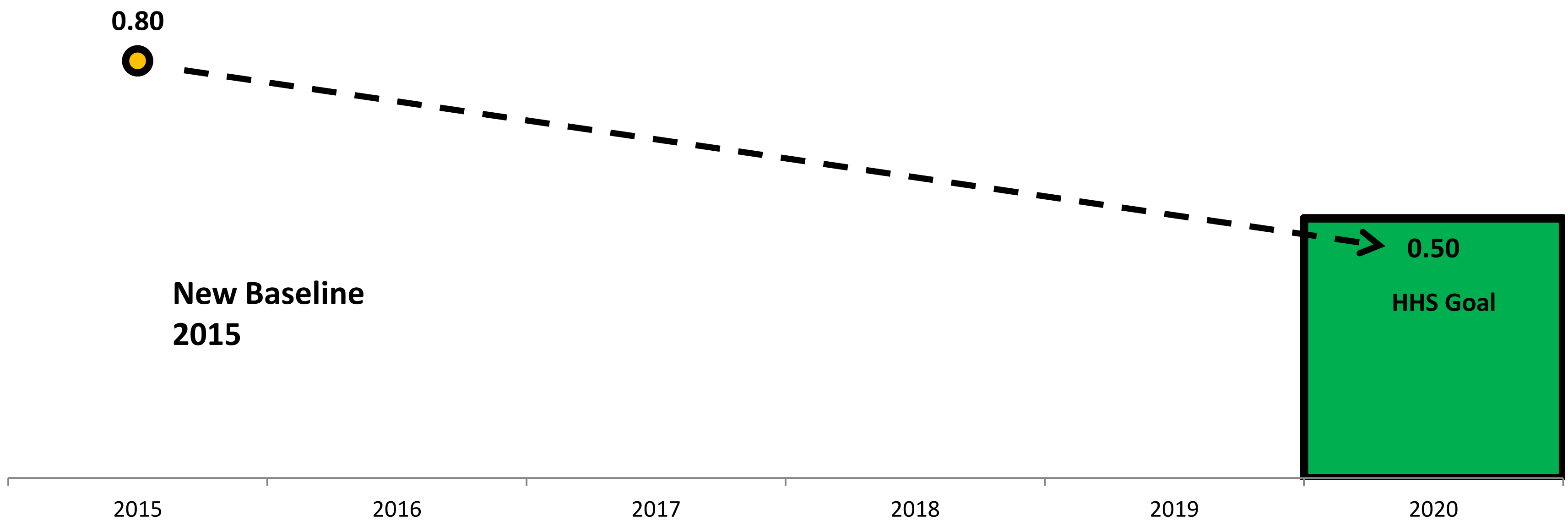
- In January 2017,
  - All baselines were updated, using CY2015 data
  - Risk stratification changes were incorporated

- This will take place every few years

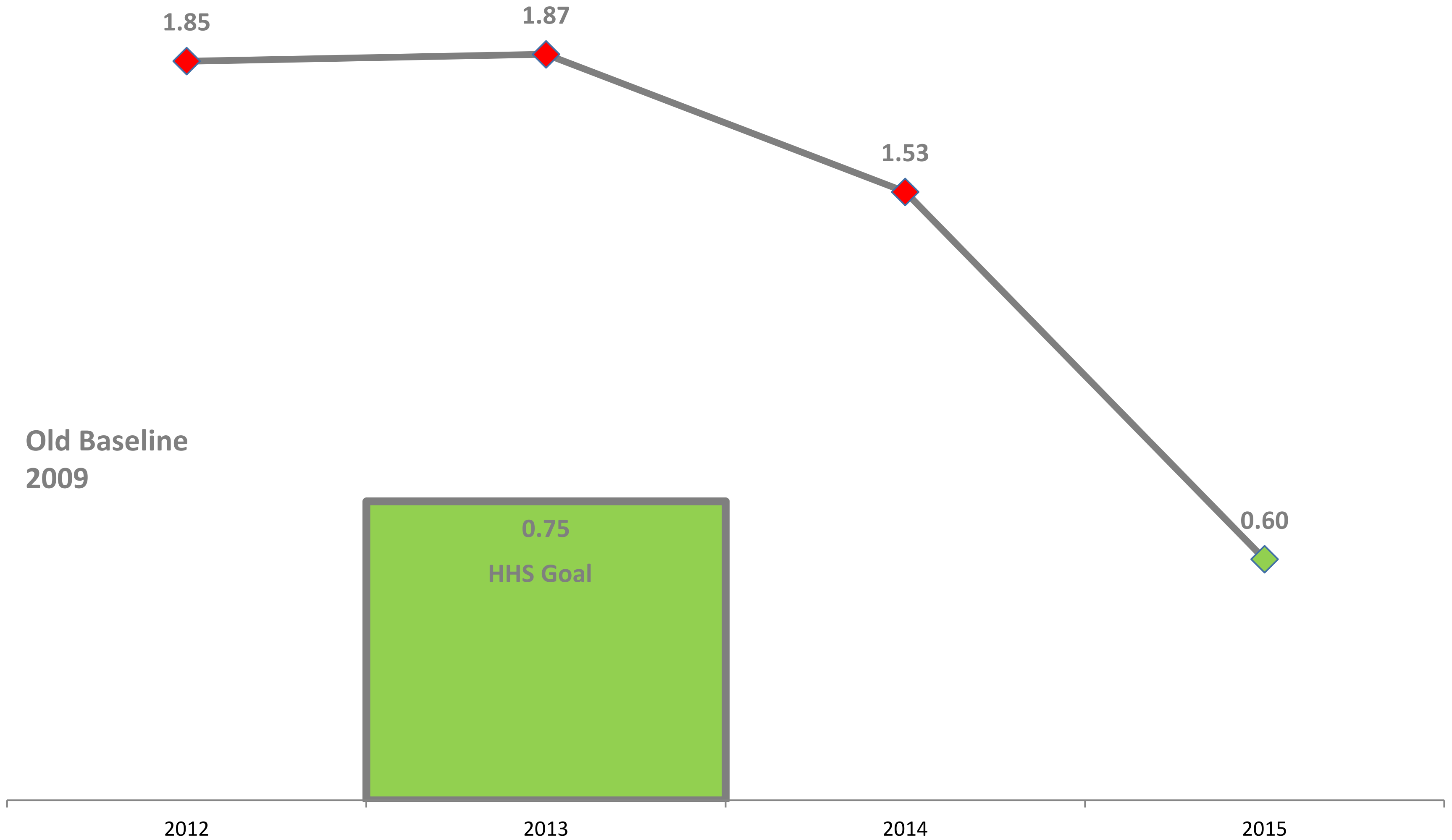
Maine CLABSI SIR



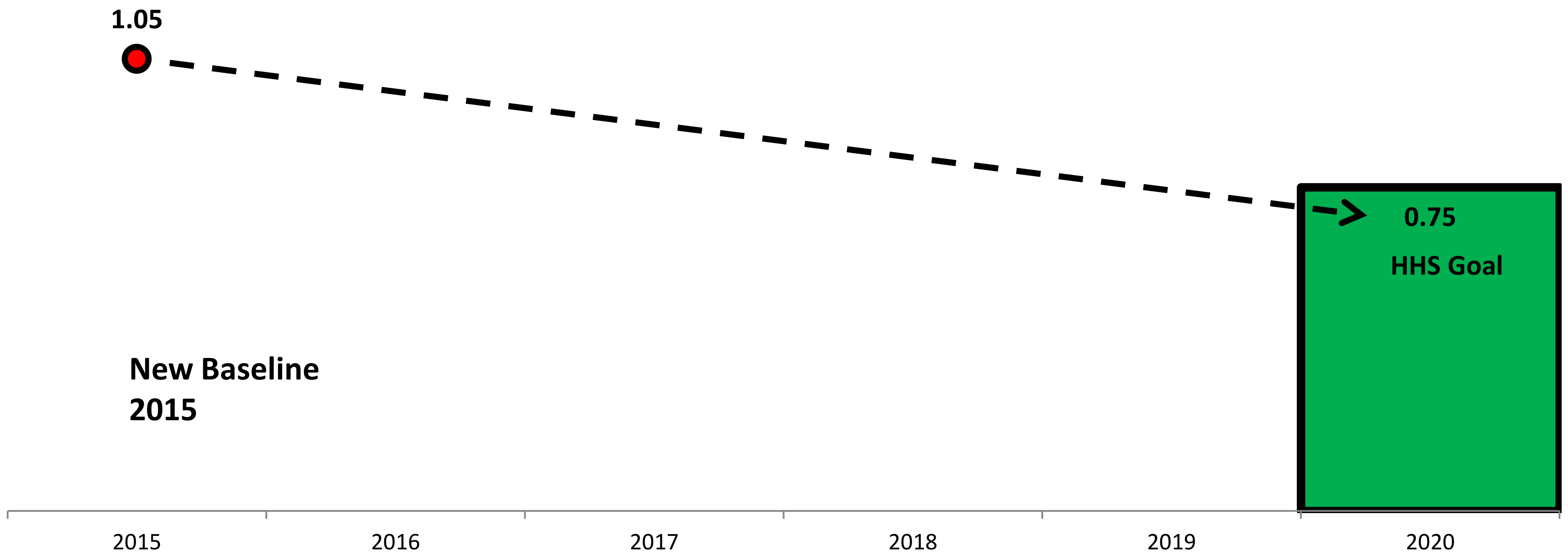
Maine CLABSI SIR



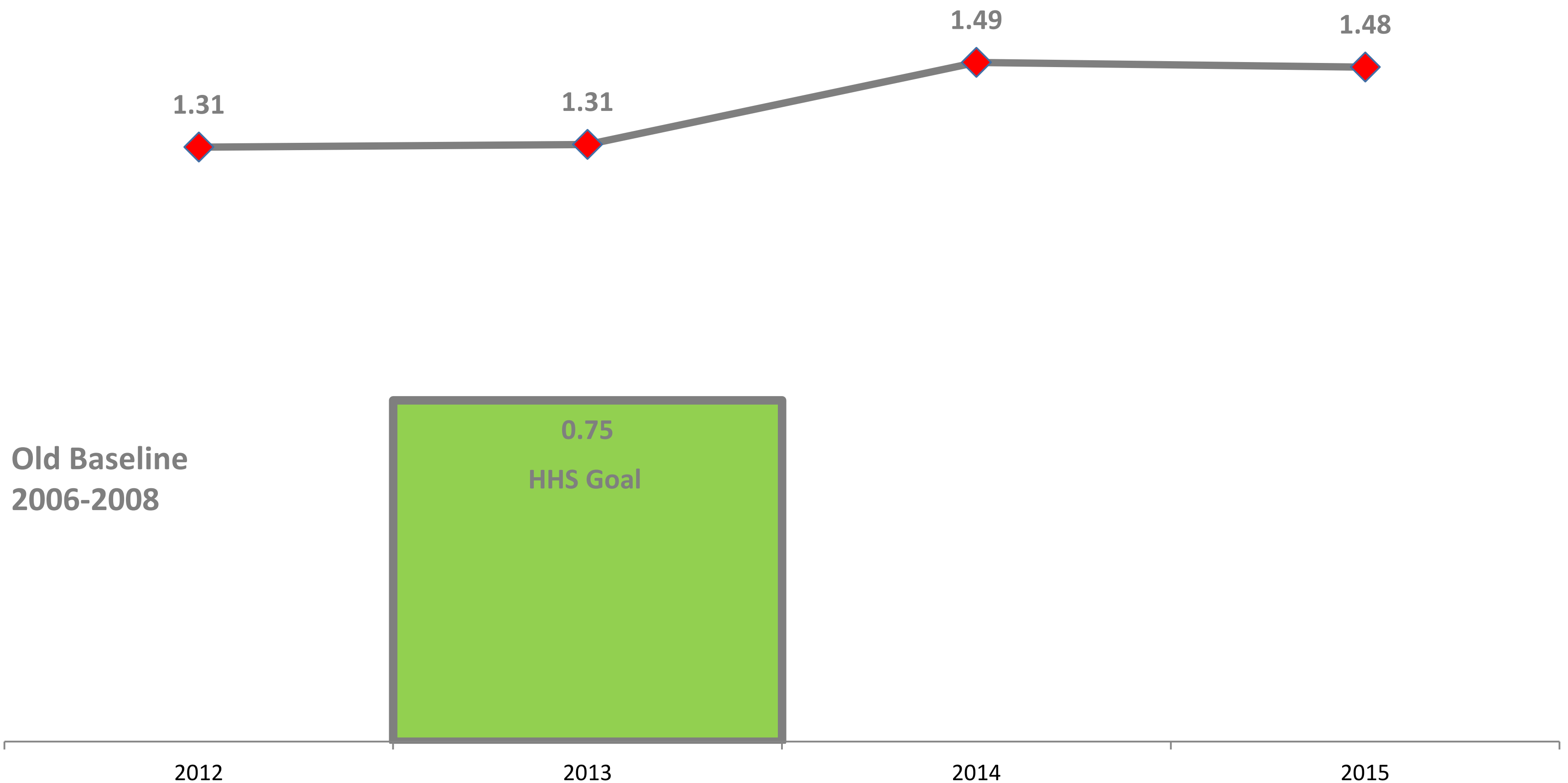
Maine CAUTI SIR



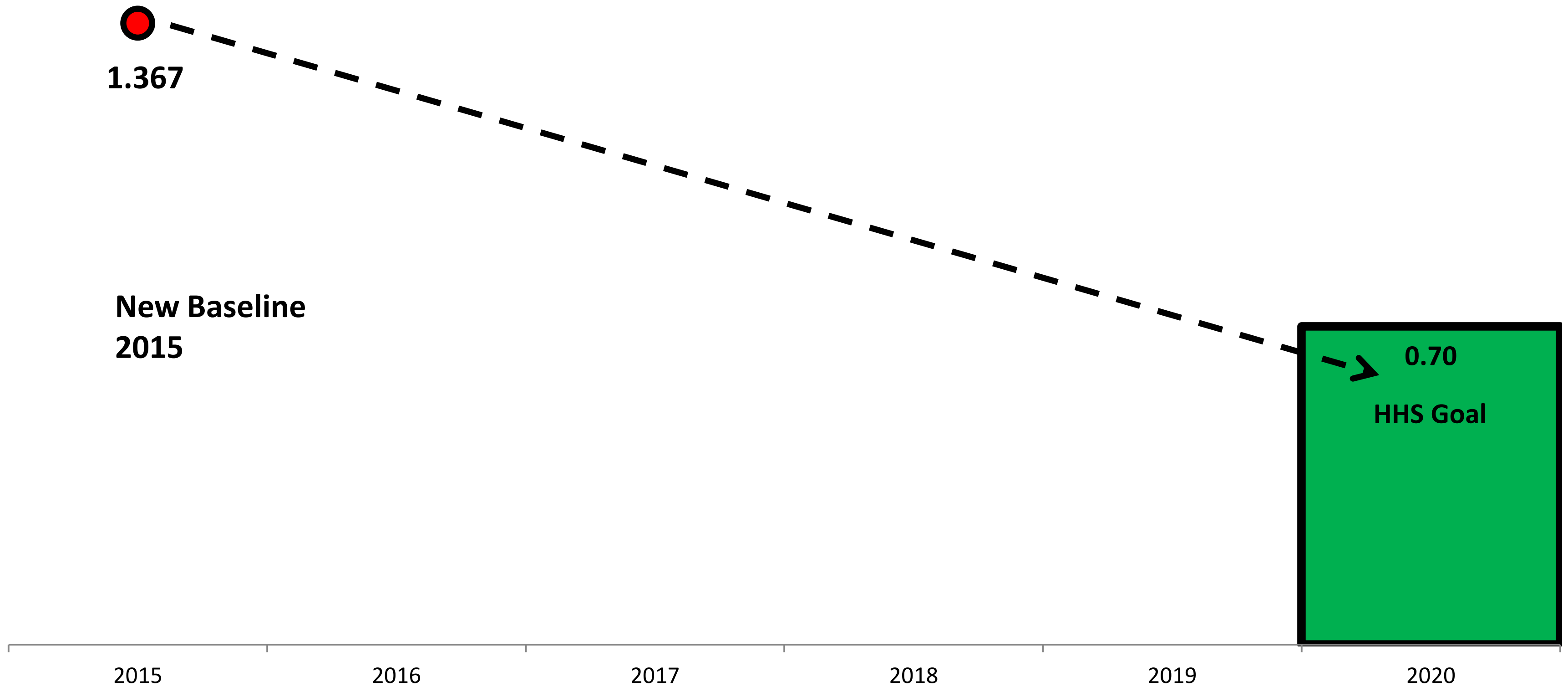
Maine CAUTI SIR



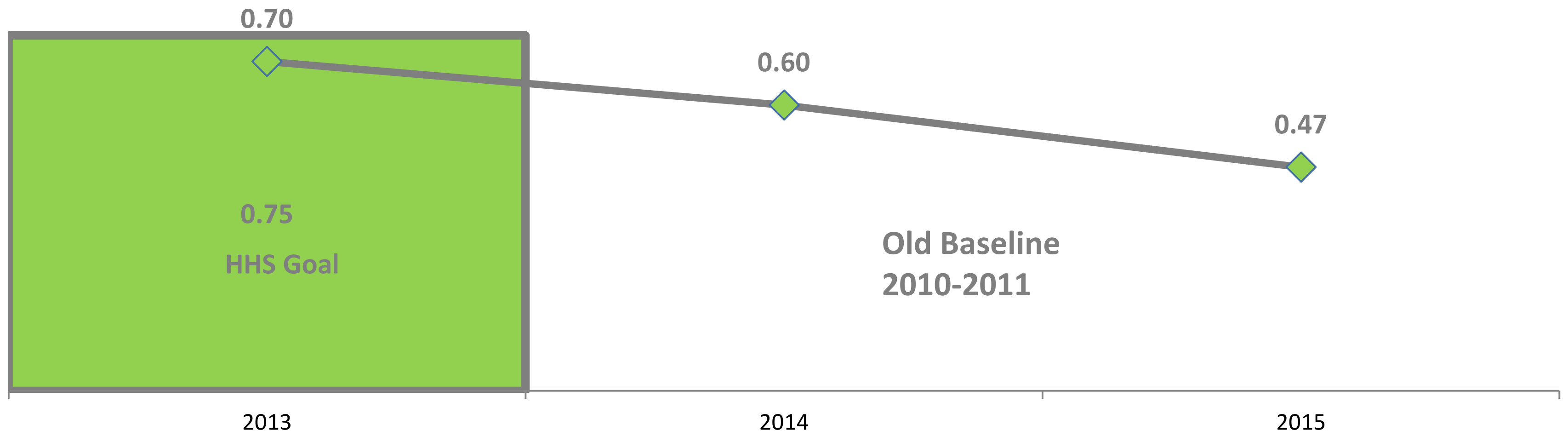
Maine SSI SIR (COLO + HYST)



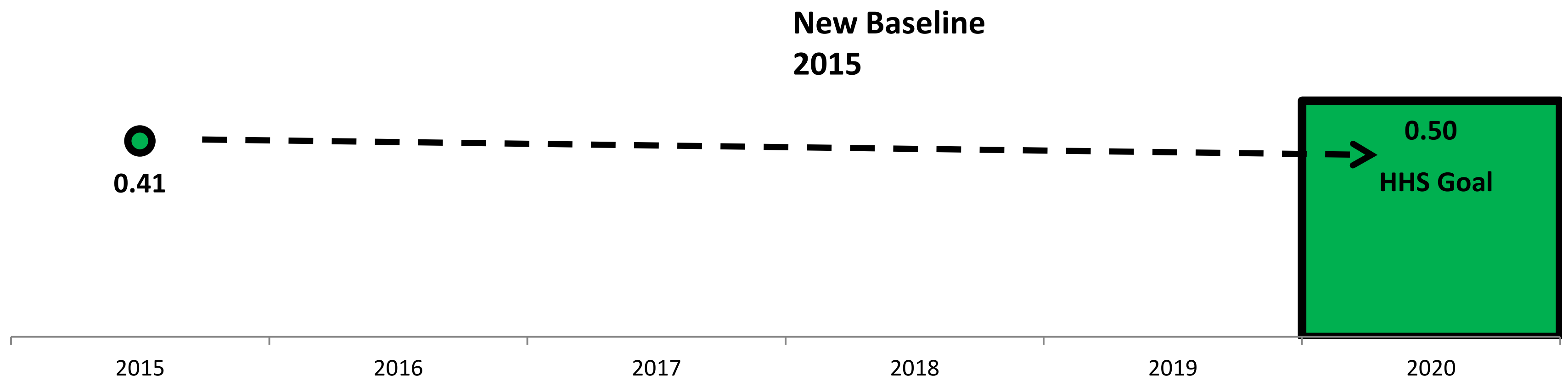
Maine SSI SIR (COLO + HYST)



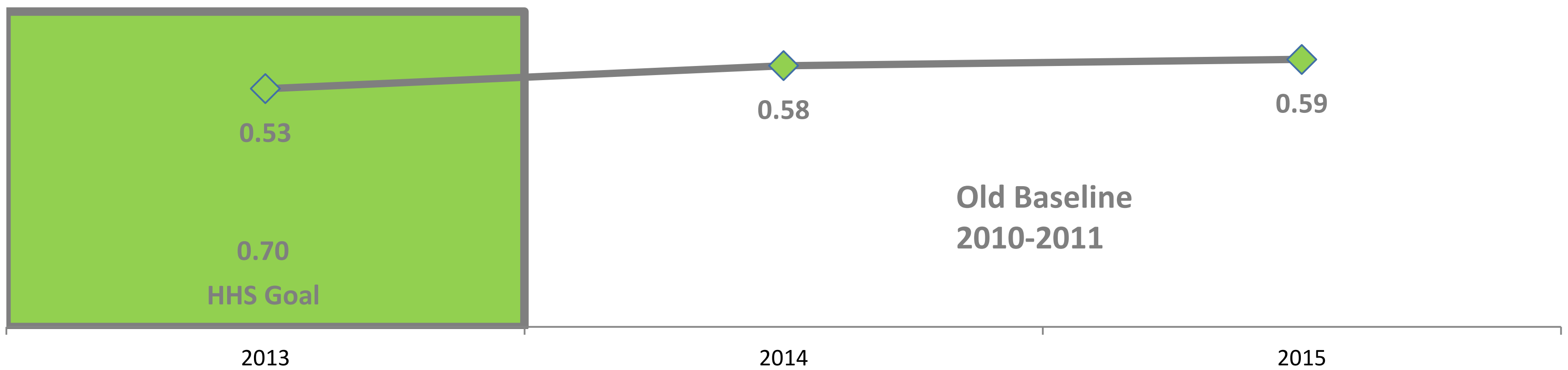
Maine MRSA-BSI SIR



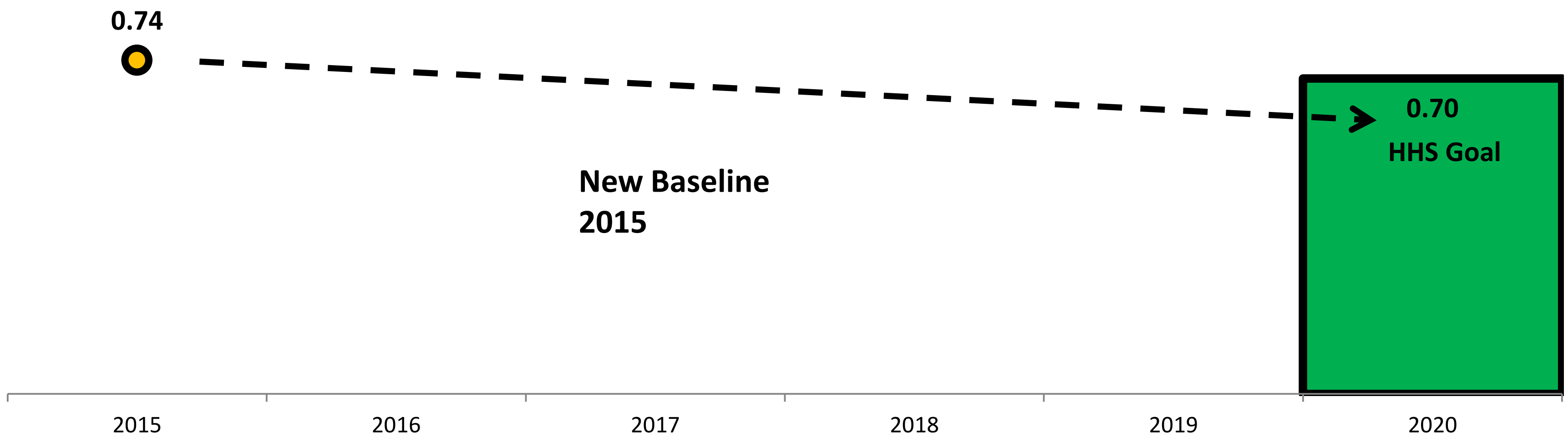
Maine MRSA-BSI SIR



Maine CDI SIR



Maine CDI SIR



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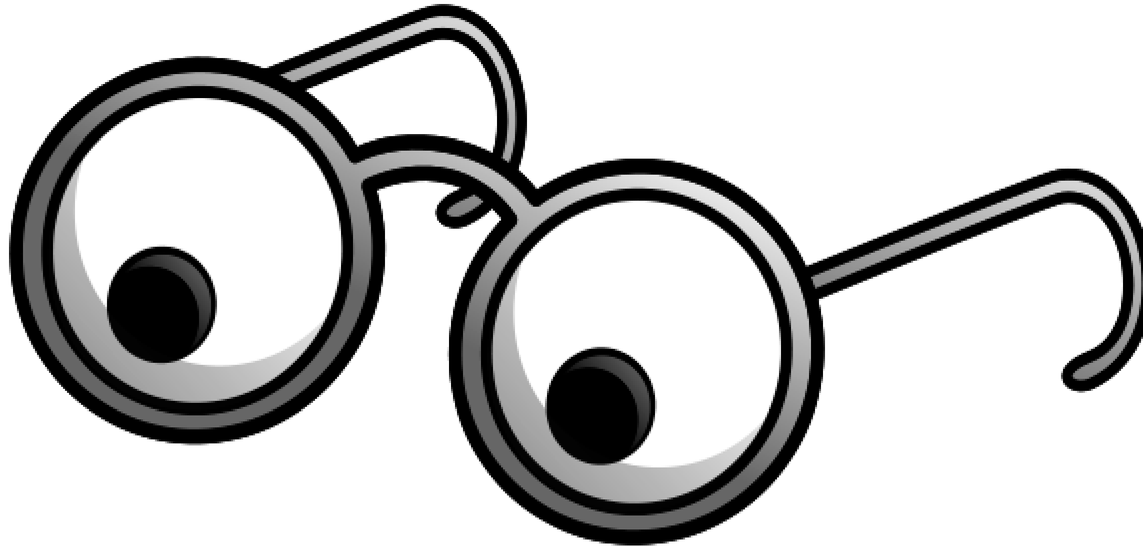
Other ways to Look at HAI Data…



Cost and Mortality

HAI Quality Indicator	Impact (# events in 2015)	Estimated Average Healthcare Cost per HAI	Estimated Maine Healthcare Cost	Estimated Mortality (literature)	HHS Goal for 2020	Where are we? 2015 SIR on 2015 baseline	Target SIR 2020
CLABSI	49	$20,000 2009	$1.0 M	19%	**50% ⇩**	0.80	≤ 0.50
CDI (HO)	256	$15,000 2008	$3.8 M	18%	**30% ⇩**	0.74	≤ 0.70
MRSA (BSI, HO)	16	$34,500 2010	$0.60 M	20%	**50% ⇩**	0.41	≤ 0.50
SSI (COLO, HYST)	77	$21,000 2014	$1.6 M	3%	**30% ⇩**	1.48 2006-2008	≤ 0.70
CAUTI	76	$900 2013	$0.07 M	2%	**25% ⇩**	1.05	≤ 0.75

Transparency

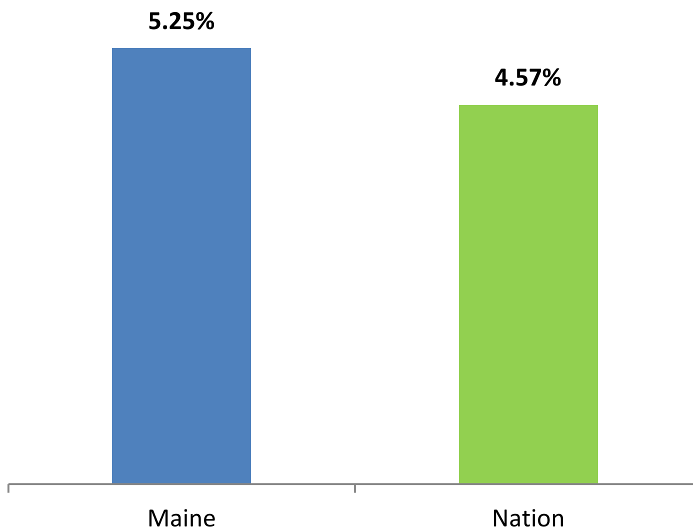
http://www.comparemaine.org/

- Top Ten "most viewed" (over 18,000 hits in 15 months)

Order	CPT Code	Description
1	59400	Vaginal delivery
2	27447	Knee replacement
3	27130	Hip Replacement
4	47562	Gallbladder removal
5	45380	Colonoscopy (with biopsy noncancerous)
	45378	Colonoscopy (without biopsy)
6	99385	New patient preventative care visit for adult
7	97001	PT Evaluations
8	99396	Preventative care visit for adult
9	59510	C-section
10	73721	MRI scan of leg joint

Non-Acute Care Data

UTI in LTC/NHs:



CMS's RAI Version 3.0 Manual

Item I2300 Urinary tract infection (UTI):

The UTI has a look-back period of 30 days for active disease instead of 7 days.

Code only if all the following are met:

1. Physician, nurse practitioner, physician assistant, or clinical nurse specialist or other authorized licensed staff as permitted by state law diagnosis of a UTI in last 30 days,
2. Sign or symptom attributed to UTI, which may or may not include but not be limited to: fever, urinary symptoms (e.g., peri-urethral site burning sensation, frequent urination of small amounts), pain or tenderness in flank, confusion or change in mental status, change in character of urine (e.g., pyuria),
3. "Significant laboratory findings" (The attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained), and
4. Current medication or treatment for a UTI in the last 30 days.

Dialysis (Outpatient)

CMS mandates reporting of Dialysis Events to NHSN

- Positive blood cultures
- Number IV antibiotic starts
- Signs of vascular access infection

This data is currently not publically reported on Dialysis Compare.

HAI Plan
Progress Report

State HAI Plan Review: HAI Outbreak

Year	Task	Report	Completed
2015	Define HAI Outbreak	List of examples created, posted	✓
2015	Tracking system for HAI Outbreaks at MeCDC	HAI Outbreak templates built and electronic system updated	✓
2016	Assess capacity of healthcare facilities to detect, report, and respond, using CDC tool.	Changed to assessment of public health department	✓
2016	Explore authority statement for public health to conduct investigations	Recommendation was to maintain existing authority channels	✓
2017	Address gaps identified by CDC assessment	Assessment findings being addressed by CORHA	✓
2017	Explore inter-facility communication plans to minimize risk of transmission	Compiling materials for future discussion at HAI-CP	
2018	Explore public reporting of outbreak data	Exploring public outbreak reporting landscape at Maine CDC.	

State HAI Plan Review: Emerging Pathogens

Year	Task	Report	Completed
2015	Conduct Ebola Readiness Assessments at all Ebola Assessment Hospitals	All EAH facilities have completed 10 of 11 domains of readiness **Gap: Laboratory Testing** Materials prepared and provided to front-line hospitals	(end of May 2017)
2016	Emerging Pathogen drills	Facility-based drills conducted at all 3 EAHs	✓
2017	Emerging Pathogen drills	State planning full-scale table top and live drill for 2017	
2018	Emerging Pathogen drills	To be determined by PHEP as year progresses	
2015	Add CRE to Notifiable Conditions Rule	Data collection started 09/08/2015	✓
2016	Analyze data from year 1 against guidance from CDC 2012 CRE Toolkit	Data from year 1 presented at 2016 EPI Fall Conference. CDC updated guidance in 2015 CRE Toolkit	✓
2016	Investigate having local labs send CRE specimens to HETL to store, in case funding allows for further analysis	Resistome Study: collecting CRE and other ESKAPE organisms for Whole Genome Sequencing	✓
2017 2018	Include CRE data in MeCDC’s Reportable Infectious Diseases in Maine annual report	Data will now be included annually, starting with 2015 (partial year)	✓

State HAI Plan Review: Surveillance

Year	Task	Report	Completed
2015	Clean-up Chapter 270	Removed SCIP measures Removed Care Transitions measures Removed 9 of 12 Nursing Sensitive Indicators	✓
2016	Update Chapter 270 Explore LTC surveillance	Acute Care: MRSA: All → Bloods only Acute Care: Removed "by location" reporting: MRSA, CDI LTC: Discussed UTI and CDI (consensus?)	Revisit
2015	External Validation	MRSA-All, CDI, SSI-COLO, SSI-HYST, CAUTI	✓
2016	External Validation	Seek contract for all external validation. RFP completed	✓
2017	External Validation	Discussion: HAI categories eligible for validation and schedule Once categories and schedule determined, then will work to secure contract	
2018	External Validation	Once contract secured, will conduct external validation according to schedule	
2015-2018	Create inventory of major healthcare settings in state	Inventory completed for: • Acute Care, Rehab, Psych Hospitals • Nursing Home, Intermed Care, Assist Living • Dialysis, ASC • Fed Rural Health Clinics, Home Health, Hospice	✓
2015-2018	Build capacity to analyze data by region	Templates have been built, work continues on report building and action planning	

State HAI Plan Review: Education, Training

Year	Task	Report	Completed
2015	Acute Care: CLABSI, CAUTI, CDI, VAE	Webinars conducted by Healthcentric Advisors	✓
2016	Build resource library for educational tools	IP resource section added to ME CDC HAI website Still looking for home for Muskie modules	
2016	Explore logistics of holding bi-annual HAI conference	Worked to secure HAI and AR-related topics at annual EPI conference as well as hosting webinars and regional training/education as funds allow	✓
2016	Explore IP capacity and provider competency as a requirement	Initial discussion at HAI-CP meeting No recommendation made, other than to continue to explore	
2017	LTC: Understanding differences between acute and LTC	Presentation at APIC-PTC in 2016 by Multidisciplinary Committee	✓
2017	LTC: MDRO recognition and management	MHCA fall conference 2016 presentation by HAI Program	✓
2017	LTC: Accessibility to hand washing/sanitizing and PPE	HAI Program addressing as part of ICAR assessments in LTC	✓
2017	LTC: IC issues with shared bathrooms, etc.	Discussing with LTC facilities through consults and HAI investigation, particularly in relationship to Contact Precautions	
2017	Promote patient education on 'what you can do to prevent infection', through social media, etc.	Collecting patient education tools and exploring social media options available through Maine CDC. Plan is to time release with IC and Get Smart weeks (Fall 2017).	

State HAI Plan Review: Prevention Activities

Year	Task	Report	Completed
2015	Engage in infection prevention activities for Acute Care: CLABSI, CAUTI, CDI, VAE	Hosted by Healthcentric Advisors	✓
2016	Engage in infection prevention activities for Acute Care: CLABSI, CAUTI, CDI, VAE	Hosted by Healthcentric Advisors (QIN-QIO has “de-scoped” Acute Care Collaborative efforts and transferred to HIIINs through Hospital Association)	✓
2017	Engage in infection prevention activities for Acute Care: CLABSI, CAUTI, CDI, VAE	HIIN (MHA)	
2018	Engage in infection prevention activities for Acute Care: CLABSI, CAUTI, CDI, VAE	HIIN (MHA)	

State HAI Plan Review: Antimicrobial Stewardship

Year	Task	Report	Completed
2015	Continue MICIS Program	MICIS continues to offer AMS education and academic detailing	✓
2016	Promote GET SMART About Antibiotics Week	AMS focus during EPI Annual Conference (same week) • Rise of Antibiotic Resistance and AMS • Antibiotic Resistance in Animal Health • History of Emerging Pathogens • CRE Poster: First year of surveillance data	✓
2016-2018	Survey facilities for AMS programs	Acute Care performed annual via NHSN LTC/NH performed annual via MeCDC (Online survey)	✓ ✓
2016-2018	Explore impact of antibiotic shortage issues on AMS recommendations	*Holding for AR Coordinator (start date 5/23/2017)*	
2016-2018	Explore best practice for patient education regarding: culturing, results, regiment	*Holding for AR Coordinator (start date 5/23/2017)*	
2016-2018	Obtain MDRO specimens for DNA analysis	Resistome Study for all ESKAPE + VISA/VRSA organisms underway. Approximate 450 isolates obtained so far. Testing by Whole Genome Sequencing has begun. Data to be reported out as part of *MeCDC's Reportable Infectious Diseases in Maine*, in future. Anticipate funding to continue study through 2018.	✓

Topics for Discussion

- Chapter 270
- External Validation
- Charter / Membership

Chapter 270

For public reporting and quality improvement

Healthcare Type	Currently Included:
IPPS Hospitals	CLABSI, CAUTI, SSI (COLO, HYST) MRS-BSI, CDI
CAH	CLABSI, MRSA-BSI, CDI

Healthcare Type	Up for Discussion:	CMS Mandate
IPPS Hospitals	HPRO, KPRO	No
CAH Hospitals	HPRO, KPRO, CAUTI	No
Rehab Hospital	CAUTI MRSA-BSI, CDI	Yes (2012) Yes (2015)
Dialysis (OP)	Dialysis Event (Positive Blood Cultures, IV antibiotic start, vascular access infection)	Yes (2012)
LTC/NH	CAUTI/UTI, CDI	No
ALL Facilities	Reporting deadline: 30 days after end of month. (For SSIs, 30 days after the end of the surveillance period) • 30-day surveillance: COLO, HYST • 90-day surveillance: HPRO, KPRO	4.5 months past end of quarter

HAI-CP Recommendation:

Recommendation: Chapter 270	In Favor
	/
If consensus is not obtained, list major issues/concerns:	
1. 2. 3.	

Prevention Landscape:

Healthcare Setting	HAI Category	Collaborative
Acute Care	CDI, MRSA-BSI	MHA
Acute Care	CAUTI, CLABSI, VAE, SSI, CDI	~~QIN-QIO~~ → HIIN
LTC/NH	CDI, AMS	QIN-QIO
Dialysis	Dialysis Events	IPRO

HAI-CP Recommendation:

Recommendation: Prevention Landscape	In Favor
	/

If consensus is not obtained, list major issues/concerns:
1. 2. 3.

External Validation

- A quality check to determine how accurately we capture reportable events in NHSN
  - Are we under reporting events?
  - Are we over-reporting events?
- Performed by an agency "external" to the facility
  - Maine CDC
  - Contracted vendor
- Data reported in NHSN under a federal/state mandate or request for rights (e.g. QHiP, HIIN) can be used for public reporting, gauging healthcare quality, and/or determining insurance reimbursement for services
- Federal CDC Goal: 2 HAI categories per year undergo external validation

Data being Reported into NHSN

Federal/State Mandated HAI Data:

HAI Category	Acute (IPPS)	Acute (CAH)	Rehab - 1 Hospital - 4 Units in IPPS	Dialysis
CLABSI	✓	✓		
CAUTI	✓		✓	
SSI-COLO	✓			
SSI-HYST	✓			
MRSA(BSI)	✓	✓	✓	
CDI	✓	✓	✓	
Dialysis Events				✓

Other data being requested by QHiP, HIIN:

- VAE
- SSI-KPRO, SSI-HPRO
- CAH reporting: CAUTI, SSI-COLO, SSI-HYST

Past Performance

HAI Category	Last Validation (by date of data)	Findings
CLABSI	All IPPS: 2012	Error Rate = 2%
CAUTI	All IPPS: 2014	Sensitivity = 90% PPV = 94%
SSI-COLO	All IPPS: 2013-2014	Sensitivity = 88% PPV = 98%
SSI-HYST	All IPPS: 2013-2014	Sensitivity = 100% PPV = 95%
MRSA (all)	Half of All: 07/2014-06/2015 Other Half: Jan-Jun/2014	Sensitivity = 83% PPV = 74% Sensitivity = 89% PPV = 98%
CDI	Half of All: 07/2014-06/2015 Other Half: Jan-Jun/2014	Sensitivity = 92% PPV = 98% Sensitivity = 98% PPV = 99%

Sensitivity:
Ability to identify reportable events, without missing any

PPV:
Ability to identify reportable events without over-reporting any

External Validation Planning

Maine Annual HAI Report, and data dates: HAI Category:	2019 07/2017-06/2018	2020 07/2018-06/2019	2021 07/2019-06/2020	2022 07/2020-06/2021	2023 07/2021-06/2022

HAI-CP Recommendation:

Recommendation: External Validation	In Favor
	/
If consensus is not obtained, list major issues/concerns:	
1. 2. 3.	

Save the Dates…

- **September 1, 2017**
  - Pine Tree Room, 2 Anthony Ave, Augusta
  - Noon-4pm

- **November 3, 2017**
  - Pine Tree Room, 2 Anthony Ave, Augusta
  - Noon-4pm

Questions?

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