



Wyoming HAI Prevention Advisory Group (WHAIPAG) Conference Call Minutes January 5, 2012, 1:00pm

- Emily gave a brief update on agenda items covered last meeting.
 - The vision, mission, and purposes have been finalized.
 - A recording of the previous meeting was too big to send via email and we are working on another method for the group to access it.
 - Future WHAIPAG calls will be held the first Thursday of every month at 1pm
 - The phone number and pass code will remain the same as today's call
 - Thank you for the feedback everyone provided on through the online meeting evaluation. There will be another evaluation for today's meeting. It will be available through Survey Monkey again, and Emily will send the link out after the call.
- Katie gave a brief update on the WDH HAI website and WHAIPAG portion of the site.
 - The site is still under some construction, and will be updated frequently
 - To visit the website please go to: <http://www.health.wyo.gov/phsd/epiid/HAIAdvisory.html>
 - The availability of posting and password protecting recordings of WHAIPAG calls is still under review with the WDH IT department

UPDATE: The WHAIPAG call recordings will not be posted on the website. The WDH IT department said it is not feasible at this time.

- Ellen offered to look into creating and hosting a WHAIPAG list serve through which the group can communicate between meetings.

UPDATE: An electronic list serve has now been created for the WHAIPAG. Please see Ellen's email for instructions on how to use and access the account.

- Sheila had a question regarding the new guidelines and what to do with updates that she receives from the National Healthcare Safety Network (NHSN) team via email. There is nothing you need to do actually. The emails directly from NHSN are purely informational and are to give the NHSN user a heads up on new features of the system or any recent changes.
- Emily addressed some of the comments provided on the meeting evaluation.
 - The first comment was "explain exactly what is required reporting through NHSN." Emily sought clarification from the person who provided the comment, however that person was not available to comment further. Thus, this was not fully addressed and will be postponed until the next meeting.
 - The second comment was "provide some material to read prior to the meetings." The question was raised as to what the group feels they need or would like to learn more about. Emily and Ellen asked the group to take some time to think about what they would like to know or what may be missing in the meeting and to bring some ideas to the next meeting. Also, there is a question on the online meeting evaluation where group members can also provide ideas.
 - The third comment was "to broaden our base and extend beyond hospitals." The group has been working on that in terms of recruiting people from various healthcare sectors such as dialysis and ambulatory surgery centers. Emily introduced our new group members, Michelle from an ambulatory surgical center and Darlene from the dialysis quality improvement organization. Ellen will continue to try to recruit a representative



from a long term care facility. Michelle offered to recruit some more people from ambulatory surgery centers in the state.

UPDATE: We have a few new group members from the long term care and ambulatory surgery sectors. Please help me welcome Cyndy Rankin with Westview Health Care Center in Sheridan, Kim Flor with Sweetwater Surgery Center, Mary Ann Gracey with Casper Wyoming Endoscopy aka Sterling Surgery Center, and Mindy Stewart and Cindy MacDonald both from North East Wyoming Surgery Centers.

- Darlene gave a more detailed introduction for herself and her organization. She is the Executive Director for two End Stage Renal Disease (ESRD) Networks, #14 and #15 which covers the geographic areas of Arizona, Colorado, Nevada, New Mexico, Utah and Wyoming, Northern California, Hawaii, American Samoa, Saipan and Guam. This is a quality improvement organization much like Mountain-Pacific Quality Health. They are a federally mandated organization under contracts with the Center for Medicare & Medicaid Services to implement quality improvement initiatives with providers of ESRD care, act on patient concerns/grievances, and collect and validate information about ESRD treatments. Darlene currently serves on two other state HAI advisory boards.
- Ellen gave a brief update on the status of the central line-associated blood stream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI) data collection from acute care and critical access hospitals. A total of 26 out of the 27 hospitals, not including the two Veteran's Administration hospitals are now on the National Health and Safety Network (NHSN) system and are entering data monthly.
- Ellen explained what is required of hospitals to be reported into NHSN:
 - Center for Medicare and Medicaid Services (CMS) requires all acute care hospitals that participate in the Inpatient Prospective Payment System (IPPS) to report CLABSI events in adult, pediatric and neonatal ICUs.
 - They also require reporting of CAUTI events in adult and pediatric ICUs.
 - The denominator data they require for these infections are central line days and catheter days respectively on a monthly basis.
 - CMS also requires the reporting of surgical site infection (SSI) events for colon and abdominal hysterectomy procedures performed in IPPS hospitals. The denominator they have chosen for these events is the reporting of every colon or abdominal hysterectomy procedure performed also on a monthly basis.
 - Beginning this month, CMS requires all dialysis facilities regardless of physical location (within a hospital or physically separate) to report three things on a monthly basis:
 1. I.V. antimicrobial starts
 2. Positive blood cultures
 3. Signs of vascular infection
 - In October 2012, CMS will require long term care facilities to report both CLABSI and CAUTI events, and they will require inpatient rehabilitation facilities to also report CAUTI events. The denominator data will be the same as those mentioned for acute care hospitals.
- Ellen explained her organization's contract with CMS is to gather 6 months of baseline, however since most of WY hospitals will only have 3 months that will be the baseline for the HAI project through MPQH.
- Emily provided an update on the CLABSI prevention practices survey. This survey went out to all acute care and critical access hospitals in the state to determine what practices are currently



in place to prevent CLABSIs specifically. The data collection phase is wrapping up and the aggregated results will be ready for the next WHAIPAG meeting.

- Ellen mentioned a similar survey regarding practices surrounding the prevention of CAUTIs will be developed and sent out in the near future as well.
- Emily addressed a question that came up in the previous meeting as to what other states are doing in terms of reporting HAIs in CAHs specifically. This is a new area for HAI surveillance and prevention. The NMSN system is not currently equipped to separate CAHs from acute care or other facility types. Thus there are no benchmarks or baselines available to which the individual facilities can compare their rates. Fortunately, we will be able to create one for Wyoming.
- The group as a whole noted that we have already begun collecting data for our first two goals, which were to set statewide baseline rates of CLABSI and CAUTI in all hospitals.
- The group as a whole also noted that we have already begun increasing participation in the group from other healthcare sectors.
- Russ brought up the idea to reach out to ASCs and others like Dialysis representatives for ideas for future more short term goals while we are waiting for the data to be collected.
- Emily mentioned there is a question on the meeting evaluation for today's call that will allow members to enter in ideas for future projects for the group.
- Ellen asked about forming a committee to plan the second annual Wyoming Infection Prevention Conference. Several people on the call volunteered to serve on this committee.
- Because several key people will not be available on the first Thursday in February, the group decided to postpone the next WHAIPAG meeting until March. Thus, the next meeting will be **Thursday, March 1st, at 1pm**. The call-in numbers will remain the same.