



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

- Emily addressed comments and questions from the previous meeting evaluation and others that came up between the time of the last conference call and now.
  - Ellen listed the mandatory reporting requirements to CMS for the PPS hospitals: colon surgeries and abdominal hysterectomy surgeries are required. CMS began requiring IPPS hospitals to report these data beginning January 1, 2012. For the MPQH HAI Prevention Project all hospitals (not just IPPS) were asked to begin reporting catheter days, CLABSI and CAUTI data back in November 2011.
  - Comments and questions regarding specific practices and policies should be posted on the infection control list serve but could also serve as the basis for future LAN sessions. Such comments/questions included:
    1. "Indwelling catheter ideas. How to get them out faster?"
    2. "Still looking for the report card used by other facilities"
    3. "So often our LTCF staff sends UAs for any change in a residents behavior. The results usually indicate a UTI or contamination and an antibiotic is ordered. Has anyone found a way to prevent unnecessary treatment? Overuse of antibiotics?"
  - The person whom posted the comment that they would like more information on NHSN reporting, especially using the CDC NHSN site was not on the call to elaborate on their question. Thus it will be raised at the next meeting.
- Emily/Ellen gave updates on agenda items from the previous meeting:
  - WBSITE: Katie Bryan has left us sadly, and as such the WHAIPAG and HAI related websites will likely not be updated for the foreseeable future.
  - STATUS OF COLLECTING CLABSI AND CAUTI DATA: The MPQH statistician has begun pulling data from NHSN related to CLABSI and CAUTI rates as far back as 2010. He/She will be compiling a report for MPQH that Ellen will share with the group. She hopes this will be ready in May.
  - STATUS OF COLLECTING DATA ON CURRENT CAUTI RELATED PREVENTION PRACTICES: The CAUTI Prevention Practice Assessment survey data analysis is complete and a draft summary report was sent to the group just 1 day prior to the meeting. It was not discussed as the highlights, recommendations and conclusions were not finalized. Emily will send it with the minutes.
  - REPORTING REQUIREMENTS COMPARISON: A table comparing the various reporting requirements from hospitals for different quality improvement programs, initiatives, etc. is still under construction. Ellen hopes this will be complete for the May or June meeting. Russ asked for a similar table for what is required of ambulatory surgical centers. Ellen mentioned that she would ask Shanell of MPQH to attempt to have one for outpatient facilities by the next WHAIPAG meeting as well.
  - STATUS OF LANs: The Colorado QIO and MPQH have come to an agreement to work together and Colorado has offered to invite Wyoming IPs to their LANS and vice versa. Thus the next LAN for WY is hosted by Colorado QIO and will be held April 19<sup>th</sup>. Upcoming LAN topics include: NHSN and CAUTI in May, Empowerment in

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- June, *C. difficile* reporting and NHSN in August, and active antibiotic stewardship programs towards the end of the summer.
- WY IP CONFERENCE: The 2<sup>nd</sup> Annual Infection Prevention Conference in Wyoming is set for May 2 and 3<sup>rd</sup> in Casper at the Ramada Plaza Riverside. Registration is now open and will be until April 25. The key speaker will be Alicia Cole, an HAI survivor and she will tell her story of acquiring necrotizing fasciitis after a routine procedure. Additionally, after the conference, she will also be telling her story to the Casper College of Nursing and Residents in Cheyenne.
  - PARTNERSHIP FOR PATIENTS: Unfortunately Neil was not on the call to fill us in on the recent updates for this new initiative in the state. What we do know so far is that 8 hospitals are participating in the initiative. The goals of the initiative are to reduce hospital-acquired conditions by 40% and reduce hospital re-admissions by 20%, both by 2013. The initiative lead in Wyoming is the hospital association. Their method is similar to the MPQH project where by the national and state organizers host webinars on topics similar to the MPQH project. Ellen has been working with the WHA in an effort not to require additional or duplicate reporting requirements. Additionally, Russ mentioned that the initiative is emphasizing process measure surveillance as opposed to outcome surveillance with a focus on risk assessment. This will be very helpful for Wyoming considering hospitals here are relatively small and have a tough time improving outcome rates when the patient population is so low.
  - Russ recently attended a Partnership for Patients educational seminar, and shared the following information with the group:
    - P4P actions have spawned very significant changes to the CMS survey process specifically for hospitals. There will be a very pronounced focus on infection prevention and healthcare-associated infections.
    - 3 new worksheets/tools for surveyors will be implemented starting in June, which would likely be a really good tool for IPs to use in their facilities for a way to assess their risks
    - The worksheets include the following 3 focus areas: quality, infection control, and admission/discharge planning. The quality and IC surveys encompass nearly 80% of HAI prevention.
    - The worksheets are intended for maximum distribution once finalized and will likely be posted on the OHLS website towards the end of this summer.
    - Russ offered to put together a presentation for the group, for all IPs in Wyoming, or for a future MPQH LAN session or a combination. This would have to take place in the fall as the regulations will likely not be completely finalized until June, and they are required to have a 90 day testing period.
  - The group decided to put off the discussion regarding results of the CAUTI prevention practices assessment survey until the next WHAIPAG meeting. Emily will send out a final draft with the minutes of this meeting.
  - Emily brought to the attention of the group the CDC Division of Healthcare Quality Promotion will be releasing the 2010 State-Specific and National Standardized Infection Ratio (SIR) Report on April 12<sup>th</sup>.
    - Contained in this report is data collected through NHSN from 2009 and 2010.
    - It provides aggregated state and national data on CLABSI, CAUTI and SSI rates.
    - There were only 2 facilities in Wyoming reporting SSI data in 2009, 3 reporting SSI data in 2010, and no facilities reporting CLABSI or CAUTI data in either year.

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- Thus Wyoming statistics were not provided because the number of facilities was less than 5 and did not contribute to the national estimates.
- Ellen posed a question to the group in terms of moving forward, she would like us to think about how the WHAIPAG could help facilitate empowerment of staff in the hospitals. What could this group do to support IPs in terms of changing the culture? She feels that if there is a change in the culture, implementation of changes in prevention methods may be easier. She asked us how we could approach this topic as a state?
  - Janet offered perhaps through assisting in creating checklists and policy
  - Russ offered that he recently observed a series of videos on the issue while attending the P4P seminar. The videos covered methods such as code green, and ways to prevent embarrassment. Russ will try to find out whom or what was responsible for the videos, if there are any rights associated, etc. Ellen asked about providing these as something conference attendees could view during breaks at the 2<sup>nd</sup> Annual Infection Prevention Conference. Russ will look into it.
  - Sheila offered that her and other IPs often need something with teeth. Like a set of research based evidence to show her staff. For example, she would like to have the evidence in her pocket so to speak for why it's important to get the catheter out and why putting it in in the first place should be documented.
- Stemming from the conversation about supporting IPs, the group discussed briefly the possibility of putting together some sort of resource manual, either electronically or by hand.
  - Ellen will look into a sharepoint site.
  - Russ mentioned he has 50-60 references related to nationally accepted infection control related standards. It would likely be most useful if someone or the group could put together an index of sorts.
  - Emily offered that perhaps a resource manual of some kind with an index, could be a product of the WHAIPAG. We divide the references so that each member of the group only reviews, summarizes and creates key words for 2-4 documents.
  - Russ offered that we could pose a question on the listserv as to what the IPs would like in a resource manual, what ways they would most like to search for information, etc. He could then compile the answers into a model format, and distribute it with the documents for each WHAIPAG member to use when creating their summary and key words for each paper. This would standardize the process.
  - The group decided to pose this question again at the meeting next month.
- The next meeting will be **IN PERSON!!! at the 2<sup>nd</sup> Annual Wyoming Infection Prevention Conference** on **Thursday, May 3, 2012 at 7am.** For those of you whom cannot attend the conference or the meeting in person, you may still call in as a conference call with the same number and passcode.