



## Wyoming HAI Prevention Advisory Group (WHAIPAG) Conference Call Minutes June 7th, 2012, 1:00pm

- Emily provided three corrections/updates to the final minutes for the meeting in May.
  - 1) Last meeting, Ellen introduced the HAI prevention project crosswalk etc. This should actually read Ellen introduced the Hospital Reporting Crosswalk document. This document describes the various measures hospitals are required to report for to CMS.
  - 2) Ellen was going to find out what the term structural data meant. Hospitals are required to complete three Structural Measure questions with respect to participation from January 1, 2011, through December 31, 2011, for Fiscal Year (FY) 2013 Annual Payment Update (APU). Those questions include:
    - a) Participation in a Systematic Database for Cardiac Surgery
    - b) Participation in a Systematic Clinical Database Registry for Stroke Care
    - c) Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care
  - 3) Ellen was going to look into what Ambulatory Surgical Centers (ASCs) are required to report and if they match the hospital reporting requirements. CMS does not currently require ASCs to collect, report, and validate quality data. In the future, there likely will be some reporting requirements, in various areas such as SSIs, antimicrobial starts, falls, burns, VTE, hospital transfer/admission, and others. No dates and no conclusive information is available.
- Emily reminded the group of the importance of completing the meeting evaluations. Two reasons to participate in the quick surveys include:
  - 1) To give WHAIPAG members a chance to evaluate all aspects of the group from the way meetings are run, to documents provided, to the content of each meeting. We want to continually improve in leading the WHAIPAG and make it as successful and comfortable environment as possible, and we feel this is a good way to do that.
  - 2) This survey is a chance for you to ask more questions if something wasn't covered in enough clarity or detail.
- Emily gave an update on activities from the WDH Infectious Disease Epidemiology program.
  - 1) A new infectious disease epidemiologist and WHAIPAG member Tiffany Lupcho. She will likely be the one working on the HAI prevention webpage and associated content.
  - 2) The HAI Prevention webpage is divided into three subsections including those listed below. Please visit and send us your comments and suggestions.
    - a) A general information section. We plan to also include links to the various HAI initiatives and projects ongoing in the state.
    - b) A section for healthcare providers. We plan to better organize and highlight the most recent published guidelines as well as include an area for links to training videos, and/or recorded webinars. We also plan to post the electronic resource manual developed by this group (or hired intern).
    - c) The WHAIPAG section. We plan to also include links for each set of meeting minutes (once finalized), and a list of current activities.
  - 3) Emily alerted the group to a grant she assisted in writing that would include HAI prevention related areas. There are four items/areas she requested funding for which

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include those listed below. Grantees are notified around August 1<sup>st</sup>, and grant funds would be available by September 1<sup>st</sup>.

- a) funding for reimbursement of lodging and per diem expenses for 2 annual face to face meetings for the advisory group. This does not mean reimbursement for only herself, but for up to 10 members. It also would assume one night lodging, and 2 x ¾ days of per diem all at the state rate. This basically amounts to \$250 per person per meeting.
- b) funding for expanded website development
- c) funding in support of the development of web-based or face-to-face IP training as we see fit. This could take one of two forms, we could hold the money to help support the annual conference, or we could come up with training we want created and contract it out to someone or some organization for development.
- d) funding in support of establishing communication between and among Wyoming healthcare facilities and those in bordering states.

- Ellen provided updates from Mountain-Pacific Quality Health.

- 1) The Infection Prevention Conference was a success once again this year. The top request was for the presentations to be provided prior to the conference or at least during, so that attendees could take notes. However, last year the top request was for an electronic version. She is unsure what to make available for next year.

Russ made two suggestions: 1. Create a conference website where those who are registered could log in and download. However that's likely not feasible due to funding, and staffing constraints. 2.) Post the presentations to the WDH HAI website prior or at least during for those to print if necessary.

Tiffany will look into the feasibility.

- 2) The most recent data from NHSN for Wyoming hospitals reporting both CLABSI and CAUTI data as well as device utilization rates were discussed briefly. Please note that these documents were provided prior to the meeting and will be provided again with these minutes. Conclusions from these data summary documents are:
  - a) No CLABSIs in any hospital during the baseline data collection time period Oct. 2011 through March 2012.
  - b) This data is exclusively hospital data, no other healthcare facility types are included (such as LTC or ASCs).
  - c) Very low CAUTI rates, but we can still do better.
- 3) Reminder: *Clostridium difficile* infection (CDI) reporting for all hospitals begins July 1<sup>st</sup> this year.

Russ was concerned about the sensitivity and specificity of the different test methodology used in determining CDIs. Right now the definition used in NHSN labID event reporting for CDI includes a positive result from any of the methods currently available.

- 4) The next LAN session will include the following topics:
  - a) A bit of planning to determine the direction for future sessions and if there is a need for a change in format to something like the IHI.
  - b) A brief presentation on the CLABSI and CAUTI data

- Emily gave a brief review of the strengths and areas for improvement needed based on the results of the CLABSI and CAUTI prevention practice assessments.

- 1) CLABSI prevention related strengths:
  - a) Hospitals across the state have established, and educate staff on guidelines and policies for things like appropriate indications for central line use, proper techniques for both central line insertion and maintenance, and methods for tracking patients with central lines.

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- b) For those hospitals that reported they perform central line insertions, most use a couple of the recommended core practices; specifically maximal barrier precautions and chlorohexidine skin antisepsis.
  - c) 100% of Wyoming hospitals reported always performing hand hygiene as part of a central line insertion bundle.
  - d) Nearly all hospitals are performing CLABSI surveillance and reporting that information back to healthcare providers using various methods such as report cards, meetings with leadership or staff, etc.
- 2) CLABSI prevention related areas for improvement:
    - a) Variable use of particular core insertion practices such as the use of checklists and nurse empowerment policies
    - b) Getting the lines out ASAP
    - c) Variability in the amount of adherence and/or compliance monitoring.
  - 3) CAUTI prevention related strengths:
    - a) Hospitals across the state report that they have the necessary guidelines, protocols, and policies in place, and provide education to staff and healthcare providers on those guidelines protocols, policies.
    - b) Catheter insertion throughout the state is performed using specified techniques and sterile equipment and with readily available supplies.
    - c) Surveillance of CAUTI rates and adherence to hand hygiene policies.
  - 4) CAUTI prevention related areas for improvement:
    - a) Hospitals across the state are lacking in some particular guidelines, policies or protocols. Such as assessing the use of alternative catheters and post-operative urinary retention.
    - b) Variable use of recommended maintenance practices.
    - c) Catheter removal post-operatively
    - d) Surveillance of non-reportable measures. The process measures that are not required by CMS or required for participation in a project.
- Emily and Ellen facilitated a discussion as to the goals of the group in terms of creating a resource manual. MPQH can sponsor financially an intern to put it together, but the advisory group should be in charge of both in creating the job description as well as determining the content and organization of the manual. We discussed creating one for the new IP in each of the different facility types.
  - Neil gave a brief update on the status of the CUSP project and new information from the Partnership for Patients (P4P)/Health Research and Educational Trust (HRET) project both lead by the WHA.
    - 1) CUSP project is wrapping up on August 1<sup>st</sup> or September 1<sup>st</sup> of this year. The same hospitals involved in the CUSP project have now signed up to be part of the HRET/P4P project
    - 2) The P4P project is just beginning with 4 hospitals sending leadership to the fellowship training in Denver in July. A total of 9 other hospitals have declared participation and to seek accomplishing the national goals in reducing readmissions and preventable infections/conditions.
  - The next meeting will be postponed until **August 2, 2012 at 1pm.**