

**Minutes**  
**Texas Department of State Health Services (DSHS)**  
**Health Care-Associated Infections (HAI) and**  
**Preventable Adverse Events (PAE) Advisory Panel Meeting**  
**January 17, 2014 10:00am**  
**Brown Heatly Room 1410-1420**

**1. Welcome and introductions**

Panelists attending: Sharon Dorney, Charles Lerner, Bruce Burns, Susan Mellott, Jane Siegel, Gary Heseltine, Charlotte Wheeler, Darlene Adams, Judy Prescott, Susan Sebazco, Edward Septimus, Allison Hughs, Linda Carwell, Victoria Robinson, Laurence Donovan

Telephone attendance: Richard Bays

Chairperson Jane Siegel led the meeting.

Meeting was called to order at 10:10AM, and attendees made introductions.

**2. Announcements**

Chairperson Jane Siegel expressed sadness at the passing of David Rhinehart and expressed appreciation for his work with the panel.

DSHS announced that Jessica Presley and Jennifer Vinyard had healthy babies. Jessica is not returning. Jennifer is returning after maternity leave, in March.

Advisory Panel Appointments will begin in March. The format is the same as the last appointment process, in regard to breaking up panel categories in phases.

**3. Review of August 23rd, 2013 meeting minutes**

Meeting minutes from August 23, 2013 were approved.

**4. HAI/PAE program**

**Staffing Update**

DSHS introduced new staff:

- New group manager, Shawn Tupy.
- New staff person, Emily Engelhadrt.
- New staff person, Vicky Gillespie starting January 23 – She was hired to be the person dedicated to PAEs (getting rules through and reviewing IT as it's developed for the Facility side) and doing Texas travel circuit to talk to hospital groups and ambulatory surgery centers about PAEs.

- Jessica Ross took the position once held by Ron Gernsbacher. The position was converted into a senior level epidemiologist working with initiatives on antibiotic resistance and responsibility for MDRO and VISA/VRSA reporting.

### **HAI/PAE Rule Changes/Amendments**

Representative Davis's bill to report deaths that result from HAIs passed last session; data was already collected, but adaptations to the reporting software will be made to make the data publically available. The HAI/PAE Advisory Panel wanted HAI rules to be consistent with legislative language to follow NHSN guidance. The rules should become effective in the next couple of months and should not affect the facilities themselves.

Preventable Adverse Effects Rules were shared. DSHS staff said they followed the guidance from this panel on the phase-in of PAE reporting schedule. There was discussion about phases and timing.

There was discussion as to why HAI contributing to patient death is being phased in later when the information is already being reported. There was a delay because the legislation as written does not sync with CMS and requires use of NHSN as the platform. DSHS is proposing a legislative initiative to change the statute to reference CMS. DSHS will keep the panel posted and appreciates support for the initiative.

There were also concerns that facilities might have to enter duplicate data. DSHS said that they tried to avoid having facilities enter duplicate data in keeping with statutory language and asked for help from the panel identifying any duplicate reporting.

DSHS IT is modifying the HAI reporting system, TxHSN to make it the portal for things not reported through NHSN. It's scheduled for completion at the end of 2014 so facilities should start reporting PAE events in January 2015.

DSHS clarified that PAEs are reported by individual event.

The Chairperson asked how she could be notified of new rules in advance. The chairperson and panel asked to comment on the PAE rules. DSHS said that the comment period to get the rules turned in for the next Council meeting is past, but it's an ongoing process, and panelists can submit comments any time. The Chairperson requested a deadline, and DSHS gave a deadline of February 1.

The panel requested that they get copies of all meeting documents in electronic form before panel meetings. There was the idea of setting up a share drive with password access for panelists. DSHS agreed to explore that option.

There was discussion about reporting *C. difficile* as HAI, when recent articles on genome sequencing suggest that only 1/3 of HAIs are actually acquired in the hospital with the remaining 2/3 come from outside the hospital.

Chairperson Siegel commented on wording in the language, noting that there is a significant difference between “associated with” and “resulting from”. There was general agreement that the panel is not comfortable with using the “resulting from” language.

DSHS noted that at the time legislation was crafted, we recommended that the wording be “associated with” but this language was not used. The advisory council wouldn’t pass the language unless it matched the legislative language, so we had to use the legislative language, “resulting from.”

There was a question about what language will appear when reports are generated and communicated, “associated with” or “resulting from”? The answer is that this is not settled yet. The panel can recommend using “associated with” language. DSHS General Counsel will have to examine.

**Note from guest:** Going back to HAI...there is a checkbox on the reporting form asking if the HAI contributed to mortality. Can we add a clause that makes it clear that causality is complicated?

**Answer:** DSHS will find out what the language currently says and notify the group.

There was discussion about how causality is currently determined. Infectious disease specialists are currently making the call on whether or not the infection contributed to death.

### **HAI Reporting Data Summary**

The 2012 Annual Report on Health Care-Associated Infections was posted on the [HAI website](http://www.dshs.state.tx.us/idcu/health/infection_control/hai/) ([http://www.dshs.state.tx.us/idcu/health/infection\\_control/hai/](http://www.dshs.state.tx.us/idcu/health/infection_control/hai/)). Panelists can subscribe to receive updates on that website as well.

Chairperson Siegel asked if there has been any response to letter that she wrote to Carrie Williams, Director of Media Relations with DSHS requesting that the 2012 annual report be publically released. DSHS said that the communications office has concerns about the report meeting agency standards for readability and data presentation. These concerns need to be addressed before it can be disseminated.

Chairperson Siegel will share the letter with the rest of the panel.

### **Carbapenem-resistant Enterobacteriaceae (CRE) Reporting**

DSHS presented data from the National healthcare Safety Network antibiograms that included CRE and other multidrug resistant organisms (MDRO). DSHS noted the dominant HAI pathogens were caused by staph species. Currently DSHS uses judgment to decide which pathogens to follow-up on, but criteria is for flagging pathogens is being developed. Follow-up can be a telephone call or other communication, depending on the situation. DSHS tracks conversations with the facilities and educates infectious disease specialists about things to report, even those things that are not required to be reported.

Proposed rules for MDRO Reporting are set to go in effect April 1. No comments were received during the comment period. The rules will go through the process of being internally advanced and then posted.

There was discussion about whether all MDROs should be submitted to the state lab for confirmation. DSHS noted that was the original recommendation, but the DSHS lab doesn't have the capacity to test all of the specimens. There was discussion about setting standardized criteria about which tests are submitted to the lab. It was noted that isolates are sent to the CDC for molecular testing as the DSHS lab does not currently have this capacity.

The panel noted that any CRE identified is immediately reportable and discussed challenges in reporting for facilities, particularly small facilities. The panel discussed the importance of dealing with CREs so they do not become a problem like MRSA. The importance of include MDRO notification when patients transfer between facilities was discussed.

The panel asked about the effectiveness of antibiotic stewardship (antibiotic resistance issue). DSHS said that there is a document currently in development that we hope to publish by end of year that compares treatment options.

The panel noted that getting baseline information is a great first step. Next step is to figure out what is actionable.

The ultimate goal is electronic lab reporting.

DSHS discussed cluster investigations in South Texas and Beaumont. DSHS held workshops with more than 200 attendees.

Beaumont Cluster: CRE cluster in an acute care hospital. It was a long-term acute care hospital. Patients come in from around the area and patients move back and forth between acute and long-term care settings. Environmental services, hygiene, and device care...after a few weeks, the infection rate went back down to normal.

South Texas Cluster: There are pockets where distribution of CRE is unequal. DSHS is still investigating the distribution of CRE inequality. The patient population is overwhelmingly adult, and most have invasive devices or pneumonia. DSHS is adopting a very low threshold for reasons to investigate further.

A guest asked what the appropriate intervention is for patients colonized with CRE. DSHS recommended following the CRE toolkit from the CDC. The panel discussed the importance of educating the community. The tool kit includes best practices for infection control; include educating nursing homes and doing quarterly CRE screening in facilities. See <http://www.cdc.gov/hai/pdfs/cre/cre-guidance-508.pdf> regarding this recommendation.

The Chairperson encouraged attendees to look at the Morbidity and Mortality Weekly Report from January 3, 2014 on a CRE cluster associated with endoscopy in Chicago. There is a need to look for those kinds of healthcare exposure, particularly involving endoscopes.

**Broke for lunch at 11:40. Came back at 12:15.**

### **Status Report on *Clostridium difficile***

DSHS presented the report on *C. difficile*. DSHS received exceptional item money for *C. difficile* infections in the Medicaid population to prevent and reduce costs. DSHS is developing a bid for proposal for *C. difficile* training. It needs to be vetted by CMU, Legal, Budget, and HHSC and should be posted soon. The potential timeframe to review is likely February.

*C. difficile* was chosen for an exceptional item based on cost-benefit calculations. *C. difficile* was compared to other similar illnesses and it was determined that *C. difficile* is \$13K more expensive per person on average than other types of infections. DSHS focused on the Medicaid population because Medicaid data is available faster than hospital reported data. Demographic data and other data to characterize population that is on Medicaid is in the study.

### **Training Project Proposal**

**Project 1:** environmental acute care study, transmission studies using weekly studies of patients and molecular testing for *C. difficile*. Transmissibility from patient to patient...looking at hospital environment using environmental sampling

**Project 2:** home environment of colonized patients, molecular typing, patients identified from the environmental acute care study, and looking at risk factors

The panel recommended that the home environment be examined before the patient returns home. DSHS will look into including this in the proposal language.

Gary: We will take those suggestions back and see if we can put them in the protocol.

**Project 3:** antibiotic stewardship in pediatric facilities; they look at uses of antibiotics in two hospitals and document education and antibiotic stewardship, using *C. difficile* data.

**Project 4:** active surveillance study on colonized patients on admission; contact isolation and molecular testing of *C. difficile*, and monitor whether detecting colonized patients impacts infection rates

### **PAE Reporting Status Update**

Shawn Tupy gave report on PAE reporting.

- DSHS is setting up to use TXHSN for PAE.
- Catheter-associated UTI information has been incorporated into TXHSN.
- Specific PAE indicators are outlined in the document in the list of reportables to be phased in. Facilities will need to enter the data. Some will need to upload data while some will do manual entry.

- DSHS IT is developing a system for PAE that will transfer data automatically from another system to our DSHS system, using XML so it will work with multiple systems.
- The panel noted concern about the reliability of the data given that many small facilities (and some large ones) do not have electronic health records. DSHS noted that for this reason, the reporting is being streamlined as much as possible.
- The Chairperson asked what percentage of Texas facilities do not have electronic health records. DSHS will get this answer.
- The reporting schedule for PAE is the same as for HAI – quarterly, not immediate
- A panelist noted that some facilities may discourage reporting clusters, and there may be a need for anonymous reporting.

### **HAI Reporting Data**

Gary walked through report on HAI Reporting Data.

- The panel noted that a lot of its interventions began before 2012, so the current report doesn't show all of the improvement that has been made.
- The panel discussed the value of displaying the data to the public. It was noted that Robert Johnson Foundation focus groups found that the public found the data confusing rather than being informed by it, so they're not recommending sharing HAI data with the public. The panel agreed to look more at how to effectively present data to the public.
- The panel asked to know what trends are being found when we look at this data quarterly.
- DSHS noted seeing repeaters. The panel asked to receive updates showing data trends and patterns. What proportion of outliers are repeaters, etc.? What are root causes? Are there interpretation issues?
- The Chairperson asked when the 2013 Annual Report is due out. DSHS said it will likely be published in September.

### **HAI Public Website Changes**

DSHS presented a report showing page visit data.

The panel had several questions about the data. They wanted to be able to see if the visits were from internal or external users. They also wanted to know how we can determine how the public responds to the data. It was noted that overall the number of hits is low for the size of the state. The panel requested that we have a metric to determine if the public is visiting the site and using the data. DSHS agreed to explore options.

### **Road Map to Eliminate HAI: 2013 Action Plan Conference**

Dr. Septimus updated the panel on data from the HAI Action Plan group.

- The targets were determined based on value-based purchasing.
- CLABSIs - 44% reduction through 2012. As you can see here, Texas is at the national mean.
- There is an increase in Cather-associated UTIs
- SSIs – 20% reduction
- MRSA Infections – down

- Hospital MRSA – limited data, shows a modest reduction
- Hospital *C. difficile*: limited data, shows a modest reduction
- Discussed new surveillance and reportable conditions upcoming.
- Discussed new priorities for HAI prevention.

### **Report on Recent Training/Educational Activities**

There is aPH Epi workshop in March.

CRE Initiative

*C. Difficile* training

### **Review of Action Plan Items**

NQF Denominators info was sent out.

The panel noted concern about duplicate data entry. The panel also noted potential issues with physicians not using correct terminology, leading to coding mistakes. There is also concern that reported and coded data may not always match. Many on the panel recommend a best practice of training coders, but it was noted that coders must code based on what is written in the chart by physicians. It was also noted that in many facilities data collection happens only once and is not validated.

### **Action Items**

- Panelists submit comments on PAE rule to Marilyn by February 1.
- DSHS will explore ways to learn who is accessing the website by type, location, etc. Further, the panel asked DSHS to explore having the department to raise the visibility of the website.
- DSHS will research what percentage of Texas healthcare facilities currently are using electronic health records.
- Marilyn will check with Communications about disseminating the Annual Report.
- Shawn will send out potential dates for the next meeting to the panelists.
- Dr. Septimus will send his presentation and a report about antibiotic resistance to the panel.

### **Agenda Items for Next Meeting**

- Data review: CAUTI, *C. diff*, CRE
- Status update of genetic data

**Adjournment:** 2:30pm