

Health Care Acquired Infections Advisory Committee: *Reporting Workgroup*

Charter

Project Name:	Technical Workgroup		
Project Sponsor:	Woody English, MD Mel Kohn, MD	Start Date:	1/8/2008
Project Owner:	Sean Kolmer, MPH	Duration:	TBD
Membership:	Jim Barnhart Lynn-Marie Crider Jim Dameron Ron Jamtgaard Jon Pelkey Barbara Prowe Dee Dee Vallier	Staff:	Sean Kolmer, MPH James Oliver, MPH

Objectives:

The Reporting Workgroup shall support the work of the Health Care Acquired Infections Advisory Committee to provide recommendations to staff about but not limited to:

1. Public reporting
 - Type of report (i.e., web, paper, PDF, interactive)
 - Audience customization (i.e., potentially different reporting formats for differing audiences)
 - Display of
 - (A) Outcome measures
 1. Number v. symbols v ??
 2. Grouping of like facilities
 3. Trends data
 - (B) Process measures
 1. Number v. symbols v ??
 2. Grouping of like facilities
 3. Trends data
2. Quality improvement reports to facilities
3. Public engagement
 - Engage the public and other stakeholders in expectations for the report
 - Determine best practices for Oregon stakeholders
 - Best practices for communication strategy to the public and other stakeholders
 - Best practices for stakeholder education
4. Tasks assigned by Co-Chairs and/or the Committee, to be determined

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Project Sponsor:	Woody English, MD Mel Kohn, MD	Start Date:	1/8/2008
Project Owner:	Sean Kolmer, MPH	Duration:	TBD
Membership:	Paul Cieslak, MD Kathleen Elias, RN Patricia Martinez, MD Laura Mason, RN Mary Post, RN Rodger Slevin, MD John Townes, MD	Staff:	Sean Kolmer, MPH James Oliver, MPH

Objectives:

The Technical Workgroup shall support the work of the Health Care Acquired Infections Advisory Committee to provide recommendations to staff about but not limited to:

1. Data collection methodology
 - Outcome measures
 - (A) National Healthcare Safety Network
 1. Frequency of reporting from facilities to NHSN
 2. Facility locations for data collection data (i.e., ICU, total hospital, specific wards), excluding surgical site infections
 3. Expansion of measures, scope and/or frequency as appropriate
 4. Recommendations should reflect implementation in one or more of the following facility types:
 - a. Acute-care hospitals
 - b. Ambulatory Surgery Centers
 - c. Outpatient dialysis centers
 5. Develop "pilot" protocol through the NHSN "demo" feature to understand the full capabilities and limitations of NHSN
 - (B) Other data collection methods as tasked by the Committee including that include risk-adjustment methodology
 - Process measures
 1. Data collection format
 2. Facility locations for data collection data (i.e., ICU, total hospital, specific wards)
 3. Reporting
 4. Expansion of all of the above for subsequent years, if applicable
2. Validation methodology
 - General validation methodology utilizing existing data systems, if applicable
 - Develop method to ensure that infections present upon admission to the health care facility are excluded from the rates of health care acquired infection disclosed to the public, if applicable
3. Reporting:
 - Public reporting
 - Facility level reporting and feedback
 - Analysis of outcomes and process measures
 - Analysis of trends
4. Tasks assigned by Co-Chairs and/or the Committee, to be determined

Catheter Associated Urinary Tract Infection *Rationale and Recommendation from Staff*

- Infection inclusion
 - Impact
 - CDC estimates 400,000 per year¹
 - Most common HAI (over 30%)¹
 - Not significant cause of mortality even in seriously ill patients²
 - Process changes can lead to quality improvement
 - Recommended for reporting
 - National organizations
 - CDC
 - CMS
 - Leapfrog (process measures)
 - 20% of states require as part of reporting (only 1 reports UTI outcomes to date)
 - Collection methods
 - Readily available collection and risk adjustment methodology through National Healthcare Safety Network (CDC)
 - Over 50% of state use NHSN as collection method
 - Ability for adjustment of collection schedule
 - NHSN only requires 1 month per location of data
 - Training and support provided by NHSN staff
 - Requires minimal technology changes from the facility (i.e., internet connection)

Staff Recommendation to Committee

- Although highest percentage of overall HAI, only one current state reports this measure. Collection of denominator data can be troublesome and facilities may need more time to prepare systems for this data collection. In light of other measures approved, CAUTI should not be addressed after year 1 of reporting.
- When appropriate, NHSN is the most appropriate, scientifically valid method to collect CAUTI data

¹ Klevens, Edwards, Richards, et al. *Pub Health Rep* 2007;122:160-6

² Laupland et al. *Critical Care* February 2005; 9(2):R60-65

- Collection Location/unit of hospital (defined by NHSN)
 - Recommends targeted unit collection
 - ICU
 - Specialty care units (i.e. hematology, oncology, transplant wards)
 - NICU
 - Inpatient locations (general medical/surgical wards)

Rank of units by UC days (NHSN)	Rank of CLABSI rate (NHSN)	By inclusion of Oregon hospitals with type of unit (AHA survey, 2005)
Medical/Surgical ICU (~360,000)	Burn ICU (7.5/1,000 UCD)	Medical/Surgical wards (57)
Medical ICU (~150,000)	Inpatient Medical Ward (7.1/1,000 UCD)	Medical/Surgical ICU (47)
Surgical ICU (~125,000)	Neurosurgical ICU (6.5/1,000 UCD)	NICU (8)
Surgical cardiothoracic ICU (~70,000)	Trauma ICU (5.5/1,000 UCD)	Peds Medical/Surgical ICU (3)

Staff Recommendation to Committee

- When appropriate:
 - CAUTI should be initially implemented in medical ICU
 - After initial medical ICU reporting, full medical ward reporting should be implemented due to high rate.