



COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
4300 CHERRY CREEK DRIVE SOUTH  
DENVER, COLORADO 80246

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**COLORADO HEALTH FACILITY  
ACQUIRED INFECTIONS ADVISORY COMMITTEE  
MAY 25, 2010  
MINUTES**

*Note: These are a summary of the proceedings and motions of the May 25, 2010, meeting of the Colorado Health Facility Acquired Infections Advisory Committee.*

**CALL TO ORDER**

B. Burton, Chair, called the May 25, 2010, Colorado Health Facility Acquired Infections Advisory Committee (CHFAIAC) to order at approximately 2:05 p.m. at the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado, 80246.

**Members Present (In Person)**

Ms. B. Burton (Chairperson); Mr. Kerry O'Connell; Ms. Peggy SaBell; and Ms. Debbie Teetzel.

**Members Present (Via Teleconference)**

Ms. Denise de Percin; Ms. Heather Gilmartin; Ms. Amber Miller; Mr. Paul Poduska; and Dr. Allison Sabel.

**CDPHE Staff Present**

Dr. Wendy Bamberg; Ms. Wendy Griffin; Dr. Sara Reese; Ms. Tamara Hoxworth; and Ms. Allison Wheeler.

**Guests and Visitors Present**

Ms. Paddy O'Rourke (minutes recorder).

**APPROVAL OF MINUTES**

Allison Wheeler presented the draft minutes from the April 27, 2010, meeting of the Colorado Health Facility Acquired Infections Advisory Committee.

*MOTION*

**MOVED BY ALLISON SABEL, SECONDED BY PAUL PODUSKA, TO APPROVE THE DRAFT MINUTES FROM THE APRIL 27, 2010, MEETING OF THE COLORADO HEALTH FACILITY ACQUIRED INFECTIONS ADVISORY COMMITTEE.**

*MOTION CARRIED*

**MOTION CARRIED.**

**TERM LIMIT POLICY**

*Allison Wheeler*

Allison Wheeler had e-mailed a draft copy of the proposed committee term limitation policy to each of the members.

Discussion followed regarding: using the term "recognized scarcity of representatives in a certain category" rather than "hard to fill positions" with regard to term limitation exceptions; phasing in the new policy with volunteers from those members who have been on the committee since 2007 (Sue Mazula, Amber Miller, Connie Price, Kerry O'Connell, Denise de Percin, and Allison Sabel.)

Denise de Percin noted that her attempts at recruiting a replacement for her spot have not yet been successful. Amber Miller and Allison Sabel noted that they

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would be okay rotating off the committee if a replacement could be found for their spots.

It was agreed that three positions (one representative from a health consumer organization, and two infection control practitioners and Registered Nurses who are certified by the Certification Board of Infection Control and Epidemiology) would be posted within one year.

*MOTION*

**MOVED BY PAUL PODUSKA, SECONDED BY B. BURTON, TO APPROVE THE PROPOSED COLORADO HEALTH FACILITY ACQUIRED INFECTIONS ADVISORY COMMITTEE TERM LIMIT POLICY.**

*MOTION CARRIED*

**MOTION CARRIED.**

**VALIDATION PROTOCOL**

Wendy Griffin and Sara Reese

Allison Wheeler announced that Wendy Griffin is moving out of state and will therefore be leaving the program effective June 11, 2010. As a result, the timeframe for the validation protocol is being pushed back (most likely until late summer or early fall) until a replacement for Wendy's position can be hired and trained. There were six applicants for the position, and it is hoped that a new hire will be on board by the June 22, 2010, meeting.

The committee expressed appreciation for Wendy Griffin's fabulous work pulling together data for the validation project.

Discussion followed regarding: continuing to use fourth quarter 2009 data so that the hospitals and labs will not need to be resurveyed; based on the data received so far, 48 out of 59 facilities had positive blood cultures (PBCs) during the study period; difficulties in verifying line days (varying documentation procedures, high patient turnover, etc.); proposed study to determine whether weekly collection of denominator data can replace daily collection in order to decrease facilities' data collection burden; using "NCCU" (neonatal critical care unit) versus "NICU" (neonatal intensive care unit) in order to be consistent with NHSN; p. 20 central line associated bloodstream infection (CLABSI) data analysis should include fourth option (CDPHE - negative and NHSN - negative) in order to determine how well positives and negatives are being predicted; whether language implying that the CDPHE validation will reveal the "true" (i.e. gold standard) number of CLABSI cases needs to be changed; whether the validation process stipulated that two reviewers would review every chart and then consult with CDC in the case of discrepancies; whether committee members should be consulted as third party experts regarding difficult charts; whether the entire committee (or an entire subcommittee) should be used rather than individual committee members.

*WENDY GRIFFIN WILL ADD THE FOURTH OPTION (CDPHE - NEGATIVE AND NHSN -NEGATIVE) BACK INTO THE CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTION DATA ANALYSIS ON PAGE 20.*

*LANGUAGE WILL BE ADDED TO INDICATE THAT EACH CHART WILL UNDERGO CHART REVIEWS BY TWO SEPARATE CHART EXTRACTORS.*

*LANGUAGE WILL BE REVISED TO INDICATE THAT CDC (RATHER THAN ICP'S) WILL BE USED IN CASES OF DISCREPANCY.*

*MOTION*

**MOVED BY DEBBIE TEETZEL, SECONDED BY PEGGY SABELL, TO APPROVE THE PROPOSED VALIDATION PROTOCOL WITH THE NOTED CHANGES.**

**ANNUAL REPORT**  
**DISCUSSION**

**MOTION CARRIED.**

Allison Wheeler noted that there had been some discussion at prior meetings regarding changing the reporting period in order to be consistent with other states, which published reports based upon the calendar year (ex. FY 2008 data is published on December 31, 2009).

Discussion followed regarding: a calendar year based reporting schedule would not allow a full year for tracking Colorado infection data because data needs to be pulled in early November for analysis and incorporation into the legislative report due on January 15; facilities are also given 30 days to enter their data; balancing act between reporting complete data or reporting current data; whether incomplete data affected comparisons; the metric stipulates that surgical site infections (SSIs) should be reported after allowing for one year of monitoring; CLABSIs can be reported sooner; developing an interactive website to post infection data would allow consumers to find information that applies to them while allowing health facilities to see the global picture; viewing the annual report as a work in progress that can evolve from year to year (e.g. from paper to electronic/interactive, etc.); advantages (allows smaller facilities to increase denominator numbers) and disadvantages (a single atypically bad reporting period is can be replayed with each new annual report) of publishing trend data.

It was agreed that the January 2011 report will include the SSI data (hips, knees, hernias and coronary artery bypass grafts) for October 1, 2008, through September 30, 2009, and CLABSI data from October 1, 2009, through September 30, 2010. Hysterectomy data collection did not begin until August 2009 and, therefore, would not be included in the report. Trend data will be included where available.

*SARA REESE WILL PULL PRELIMINARY DATA AND PRESENT IT IN VARIOUS FORMATS FOR REVIEW BY THE COMMITTEE IN THE NEXT COUPLE OF MONTHS.*

Allison Wheeler noted that the annual report has been increasing in size each year, and will be even thicker this year due to the addition of dialysis center data. Consumers have commented that the report is too long and requires you to search pages and pages of data to find consumer-specific information. Although a single comprehensive report would be written for the legislature, this report could be divided into several specific reports written with consumers in mind.

Discussion followed regarding: whether to separate reports by facility type or by procedure type.

*“H-PRO” ERROR WILL BE CORRECTED ON PAGE 26, TABLES 6 & 7.*

Allison Wheeler reported that there had been suggestions to add risk-adjusted data and to compare NHSN reported data with facility discharge data. The use of “high”, “medium” and “low” risk stratifications are being considered for use in the upcoming report.

Discussion followed regarding: risk adjusting the SSI data could be beneficial to those facilities performing a larger percentage of high-risk procedures; NHSN is considering changing risk stratification (probably in 2011); using “success story” narratives in the report to highlight those facilities that are making huge efforts to reduce infections; reaching out to specific facilities that have implemented programs and made improvements (e.g. Lutheran Medical Center’s hand hygiene project).

Allison Wheeler asked the committee whether they felt that validation project findings should be included in the annual report.

Discussion followed regarding: whether a facility should be penalized for failing to understand a complex NHSN system; NHSN plans to improve decision making process by clarifying definitions; each facility's responsibility to ensure that accurate information is being reported; obvious discrepancies are typically caught and corrected before the report is published; facilities that report zero infections are not so obvious; New York report included numbers of additional infections discovered in validation projects, but did not identify underreporting facilities by name.

*ALLISON WHEELER WILL REVIEW VALIDATION DATA PRESENTATIONS BY OTHER STATES. PLEASE CONTACT ALLISON WHEELER OR SARA REESE IF YOU HAVE ANY SUGGESTIONS FOR VALIDATION DATA PRESENTATION.*

## **COMMITTEE MEMBER UPDATES**

Kerry O'Connell will be attending the Healthcare Infection Control Practices Advisory Committee (HICPAC) meeting to offer consumer feedback regarding the proposed guideline updates.

*ALLISON WHEELER WILL ADD A REPORT FROM KERRY O'CONNELL REGARDING THE HICPAC MEETING TO THE JUNE COMMITTEE AGENDA.*

Allison Wheeler reported that she plans to be in attendance for the June 22, 2010, CHFAIAC meeting. However, she will not be present for the July, August and September meetings as she will be taking family medical leave following the birth of her son. Meeting notifications and other updates will be sent to the committee members from Tamara Hoxworth and Sara Reese.

*ALLISON WHEELER WILL FORWARD A LIST OF CONTACT INFORMATION TO THE COMMITTEE MEMBERS FOR WHEN SHE IS OUT OF THE OFFICE.*

Tamara Hoxworth updated the committee on the prevention collaborative. There are 20 facilities signed up for the Clostridium difficile (C. diff) collaborative and 21 facilities signed up for the surgical site infection (SSI) collaborative, with a couple of facilities still pending. A conference call last week went well, and there is a webinar scheduled for June 24, 2010.

Denise de Percin reported that she attended a meeting of the Colorado Regional Health Information Organization (CORHIO). She noted that at some point the committee may want to have a conversation regarding health information technology and how it may potentially assist in reporting infection data to NHSN. Denise de Percin will be attending another CORHIO meeting prior to the June 22, 2010, committee meeting.

*DENISE DE PERCIN WILL CONTACT ALLISON WHEELER PRIOR TO THE NEXT COMMITTEE MEETING IF THERE IS INFORMATION FROM THE CORHIO MEETING THAT SHE WOULD LIKE TO REPORT. DENISE DE PERCIN MAY ALSO INVITE PHYLLIS ALBRITT, EXECUTIVE DIRECTOR OF CORHIO, TO SPEAK AT A FUTURE COMMITTEE MEETING IF SHE FEELS THERE IS RELEVANT INFORMATION TO SHARE.*

## **FUTURE MEETING DATES**

The scheduled 2010 meeting dates for the Colorado Health Facility Acquired Infection Advisory Committee are:

|                    |           |          |
|--------------------|-----------|----------|
| June 22, 1010      | C1A       | 2-4 p.m. |
| July 27, 2010      | Snow Room | 2-4 p.m. |
| August 24, 2010    | C1A       | 2-4 p.m. |
| September 28, 2010 | C1A       | 2-4 p.m. |
| October 26, 2010   | C1A       | 2-4 p.m. |

*Committee members – please note that a secure line and webinar will be set up for all future committee meetings. This will allow committee members to participate in executive session electronically and remotely.*

Meetings scheduled in Building C are accessible only with a card key. Access requires checking in at the front desk of Building A, where you will be issued a temporary card key.

A map with directions to the CDPHE and the current parking situation can be found electronically at: <http://www.cdphe.state.co.us/ic/location.html>.

**ADJOURN**

The meeting was adjourned at 3:45 p.m.