

NEVADA HEALTHCARE-ASSOCIATED INFECTION (HAI) TASK FORCE MINUTES

February 16, 2018
10:30 a.m.

Place of Meeting:

Division of Public and Behavioral Health
3811 W. Charleston Blvd.
Suite 205
Las Vegas, Nevada 89102

Video Conferenced to:

Division of Public and Behavioral Health
4126 Technology Way
2nd Floor Conference Room
Carson City, Nevada 89706

Teleconference Line:

Dial-In Toll Free Number 1-888-557-8511
Conference Code #7845036

TASK FORCE MEMBERS PRESENT:

Kimisha Causey, HAI Coordinator, Health Program Specialist II, Office of Public Health Informatics and Epidemiology (OPHIE)
Donna Thorson, HealthInsight
Dustin Boothe, Carson City Health and Human Services (CCHHS)
Ihsan Azzam, Medical Epidemiologist, (OPHIE)
Kathy Johnson, University Medical Center Hospital (UMC)
Zuwen Qiu-Shultz, Southern Nevada Health District Office of Epidemiology (SNHD)

TASK FORCE MEMBERS ABSENT:

Elena Mnatsakanyan, Northern Nevada Medical Center (NNMC)
Heather Holmstadt, Washoe County Health Department (WCHD)
Joan Hall, Nevada Rural Hospital Partners (NRHP)
Marissa Brown, Nevada Hospital Association (NHA)

NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH PRESENT:

Adrian Forero, Health Facilities Inspector III, (OPHIE)
Chidinma Njoku, Health Facilities Inspector I, (OPHIE)
Jessica Conner, Health Facilities Inspector II, (OPHIE)
Laura Erskine, Sentinel Event Registrar & Interstate Communication Control Records Coordinator, (OPHIE)

OTHERS PRESENT:

Becky Bailey, Nevada Rural Hospital Partners (NRHP)

1. CALL TO ORDER

Ms. Kimisha Causey called the Nevada Healthcare Associated Infection (HAI) Task Force meeting to order at **10:30 a.m.** This meeting was video conferenced from the Nevada Division of Public and Behavioral Health, Las Vegas to the Nevada Division of Public and Behavioral Health in Carson City. This was a public meeting and the public was invited to make comments. In accordance with the Nevada Open Meeting Law [NRS 241.020](#) & [NRS 232.2175](#) this meeting agenda was posted at the following locations: Health Care Quality and Compliance (HCQC), Las Vegas; Nevada Department Health and Human Services (NDHHS), Carson City; NDPBH, Las Vegas; NDPBH, Carson City; Nevada State Library Archives, Carson City; Legislative Council Bureau, Carson City; Grant Sawyer Building, Las Vegas; WCHD, Reno; Elko County Library, Elko; the NVHAI web site at http://dpbh.nv.gov/Programs/HAI/dta/HAI_Advisory_Group/; and the public notice web site at notice.nv.gov.

2. INTRODUCTIONS/ROLL CALL – CONFIRMATION OF QUORUM

Introductions were made at all locations/teleconference line and quorum was met.

3. FIRST PUBLIC COMMENT

Ms. Causey announced the First Public Comment Session and invited members of the public to speak. Hearing no comments, Ms. Causey moved to the next agenda item.

4. REVIEW AND APPROVAL OF MEETING MINUTES – October 16, 2017

Ms. Causey asked for approval of the October 16, 2017 meeting minutes.

MOTION: Ms. Causey motioned to approve the meeting minutes
SECOND: Ms. Thorson seconded the motion
PASSED: All were in favor and the motion carried unanimously

5. CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI) VALIDATION PROJECT

OPHIE, along with a contractor from Yale New Haven Health, conducted a CLABSI validation from October of 2017 to January 2018. They reviewed records from the top five facilities and one random facility. With the support of a biostatistician, they reviewed the line list and there were as many as three thousand events that were broken down into stratum. Stratum one were patients with infections that were reported as healthcare associated into the National Healthcare Safety Network (NHSN), stratum two were infections (inaudible) specific targeted pathogens, and stratum three were the remaining pathogens that were not on the target list, this list included patient deaths. There were sixty events per facility that were reviewed that were not reported as CLABSI in addition to those that were reported for 2016, based on our review of the definition for reporting. We assessed twelve facilities and out of the twelve we found that two had reporting issues, either under reporting CLABSI or incorrectly reporting CLABSI. Any reporting discrepancies were sent to the Centers for Disease Control and Prevention (CDC) to make the final decision, if the facility disagreed with our findings, CDC also provided information as to why the CLABSI was reportable. Based on the Infection Preventionists (IP) interviews, we found that some facilities have procedures in place for collecting their denominator data and some did not. The facilities that did not have procedure did receive guidance on how to properly collect denominator data. This validation process was very helpful with facilities that did not know how to report correctly and they do now after this validation process.

6. PRESENTATION OF INFECTION RATES FOR NEVADA

Included in the meeting materials is Donna Thorson's presentation, which is data from CDC and NHSN. Data from 2014 is the most recent data they have. The data you see in the bar charts is from NHSN and the data set was run on the January 25th, 2018, so it is the most current data we have available on what's reported by our hospitals in the state. When looking at Catheter-Associated Urinary Tract Infection (CAUTI) and Clostridium Difficile Infection (CDI or C.diff) as CLABSI was doing alright. The CAUTI base line we are looking at is for 2015 and we are basically back to that. For 2015 CAUTI was 0.722 and for 2017 it is 0.664, so there is a slight improvement. I also included the 2014 data and you can see there is a huge improvement over that. I also included a chart by quarter as I was not sure if it makes a difference in the time of year. Looking at quarter four (October through December) there was an increase.

On the C.diff data in 2015 was 1.235 and in 2017 it was 0.917 so there is a change with C.diff rates in the hospitals. There has been a lot of work at the hospital level with CDI and that reflects on the chart.

7. MAKE RECOMMENDATIONS FOR UPDATING THE NEVADA HAI PLAN

At our last meeting there was a submission to change the prevention targets. On page ten of the HAI plan our identified targets are CLABSI, CDI and CAUTI as priority targets, and we discussed to change them to CAUTI, CDI, and Methicillin-Resistant Staphylococcus Aureus (MRSA.) The CDC has requested an updated version of our state plan, the new target since our rates are good for this infection type. CAUTI, MRSA and CDI, were mentioned as possible targets based on their rates. Ms. Johnson suggested looking at all state rates and Standardized Infection Ratio (SIR's) for CAUTI, CLABI, C.diff, MRSA and SSI and take the top three that have the highest SIR and make them the priority targets, Ms. Johnson would like the SIR's included when Ms. Thorson runs the report. Ms. Thorson will check to see what type of data she has access to. Ms. Causey stated that SSI, CLABSI, MRSA, CDI and the SIR's will be obtained and then we will select the top three.

8. PLANNING FOR STERILIZATION AND DISINFECTION TRAINING

Ms. Causey stated during the last meeting it was brought up about the training on the disinfection and sterilization of medical equipment. There has been a problem, and several complaints that OPHIE receives regarding breaches of sterilization and disinfection that could lead to infection that we have to go out and investigate. Ms. Causey stated that she has spoken to Julie Spallino is over the disinfection and sterilization for Kindred – Flamingo, she has also worked with Center for Medicare and Medicaid Services (CMS) in the development of their tool used for inspecting the disinfection and sterilization process in medical facilities. Ms. Causey stated she does not have the technicians contact information and asked for assistance with what department we would need to contact to invite technicians to the training? Ms. Causey is interested in possibly offering Continuing Education Credits/Units (CEU's) for the training, but needs to know who to contact for the CEU's. Ms. Johnson stated that contacting any sterilization processing department, any department that uses medical devices, OR department, respiratory department, it would depend on what they are doing if they are doing anything semi critical devices then they are doing some type of high level disinfection, they may not be doing sterilization, its really based on what's going on in that facility. Dr. Azzam asked if the facilities that reprocess their scopes, have policies in place, who is processing them, and do they have guidelines and training on how to do that? It seems that most offenders had people who did not know how to reprocess their scopes, weren't trained, improperly trained or had no policy. The second thing Dr. Azzam asked is, are we doing anything with dentists, because lately we have been getting reports on unsafe dental practices which are resulting in negative health outcomes. I know this is a long shot but they are some of the biggest offenders. Ms. Johnson asked if dental providers are mandated under anyone. Ms. Causey stated she does not know and it is always kind of a gray area. Mr. Boothe stated there is a dental board for Nevada but he believes they self-regulate, it's the board that goes out and inspects, I don't believe there is anyone else goes out and looks at that. Ms. Johnson stated the board might have a sterilization certification process because there was a certification in sterilization. Ms. Causey stated that her dentist has a certificate on the wall from the state for equipment that they use. Dr. Azzam stated RAD Health goes to the dentist offices and inspects the equipment. Mr. Boothe stated RAD Health probably goes out and looks at all their x-ray machines. Dr. Azzam stated there are no infection control regulations, as he has spoken to the executive director of the board. According to the director, they must have a complaint in order to go out and inspect; they do not check regularly. Dr. Azzam has also spoken to several dentists lately and they don't know what a single use device is, he thinks we need to start connecting with the board. Mr. Boothe stated that as we plan a sterilization and disinfection training, inviting someone from the dental board is a good idea to show them this training even though it may be more scope based training but we should be able to look at

a training that talks about all sterilization and disinfection in our healthcare field no matter what it is. Ms. Johnson stated a few topics for the training: is it disposable, non-disposable, one patient use, following manufactures recommendations as that is huge for the product as well as the machine. Ms. Thorson stated maybe not just inviting them to the training but getting someone involved from the board to include in the training might be helpful to get their input as we are going through it. Ms. Johnson inquired who are they regulated by. Mr. Forero stated they report to the state. Ms. Johnson asked if they report through the Infection Control (IC) console. Ms. Causey stated they report surgical site infections and flu data but she does not have her list to see what else they are required report. Dr. Azzam stated the CDC has a document which talks about dental disinfection and sterilization, but they are twenty years behind the medical field when it comes to washing hands and reusing devices. Ms. Causey stated she will look at making CEU's available for sterile processing departments such as respiratory therapy, gastrointestinal endoscopy. Ambulatory Surgery Centers (ASC), Acute Care, Long Term Acute Cares (LTAC), dialysis, physician's office, dental schools, dental offices, and obstetrician-gynecologist (OB-GYN). She will also review their sanitation on following manufactures guidelines, (inaudible), hand hygiene, and biological control to ensure that their equipment is working properly. Ms. Causey stated she would get with Julie Spallino and look at some dates are good for her and she will should have more definite information at the next meeting.

9. UPDATES FOR THE INFECTION PREVENTION MANUAL

Most of the chapters have been peer reviewed, Ms. Causey is waiting on four that are out, one was sent to an IP and she will get back with her on the infection preventionists job description. Emergency Preparedness, Standard and Transmission Based Precautions and Outbreak Management chapters still needs to be reviewed by an IP. She is going to check with Gio Santovito-Carducci on reviewing the Emergency Preparedness, Standard and Transmission Based Precautions and Outbreak Management section of the manual. Ms. Johnson suggested including the APIC web site in the IP manual which will have a line listing of the most recent people available for resources, as they change every few years unless you would like to update the IP manual every few years. Ms. Thorson will take the Emergency Preparedness, Standard and Transmission Based Precautions and Outbreak Management chapters to the APIC meeting today to see if anyone would be interested in reviewing those chapters.

10. FUTURE MEETING DATES

Ms. Causey stated the next meeting will be Friday, May 11, 2018 from 10:30am to 12:00pm.

11. SECOND PUBLIC COMMENT

Ms. Causey announced the First Public Comment Session and invited members of the public to speak. Hearing no comments, Ms. Causey moved to adjourn the meeting.

12. ADJOURNMENT

Ms. Causey adjourned the meeting at **11:36 a.m.**