

APIC-GD Public Policy News – June 2010

National Issues affecting Infection Prevention and Control Practice

Alert! Enroll in NHSN; CMS proposed pay to hospitals depends on it, starting 2011

In Mid-June, organizations including APIC and SHEA responded to the CMS request for comment for this year's "Medicare Program; Proposed Changes to the Hospital Inpatient Prospective Payment Systems (CMS-1498-P)" since we have a vested interest in the effective operation of the IPPS and the prevention of HAIs. We primarily addressed the infection-related hospital acquired conditions (HACs) and HAIs in the proposed quality measures for 2011 and 2012 involving **Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU)**, known as the **Market Basket update payment**.

This year will have an immediate direct impact on IPC programs: For the first time CMS has proposed use of Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) data for payment determination for selected HAIs beginning in **FY 2013**. Quality measures in RHQDAPU – linked to "pay for reporting" must be tested for two calendar years to be eligible for the new "valuable based purchasing" (VBP) or "pay for performance" program which begins fiscal year (FY) 2013 – i.e., October 2012. This means at least two HAIs assigned to NHSN as the data source, affecting FY2013 payment, require collecting data beginning January, 1 2011.

The measures: Even though CMS proposed only CLABSI and SSI (we don't know which SSIs), the process was further complicated by the news that the healthcare reform impact of payment published by Congress after the IPPS release, stated that Congress required that the HHS HAI Action plan measures were expected to be eligible for VBP as of FY2013. Therefore CAUTI, Methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* infection (CDI), ventilator-associated pneumonia (VAP), surgical site infections (SSI) and CLABSI would be collected through NHSN *starting this January 2011*. APIC and SHEA, recognizing the implications from the intent of Congress, still submitted recommendations to CMS pressing for delays, beginning with only one measure, CLABSI, in CY2011. They also suggested CMS work with CDC on selecting SSIs and schedule a systematic plan for adding the other measures sequentially. The APIC and SHEA joint efforts and agreement is critical for success with both CMS and OSHA. (See below)

Enroll!: We urge you to read the letters submitted from APIC and/or SHEA (links below) indicating our strong support for NHSN, as a source of data for correct, risk adjusted data that *will* affect our hospital payments in 2013, but will enable measurement of real improvement. However, there is a need for many hospitals to still enroll in NHSN and undergo necessary training. We asked for delays—but balanced that against the problems of using claims data. We will alert you as soon as we learn of the decision from CMS in their Final rule published later this summer. The best action any IP can take at this moment is start enrollment in NHSN since we believe there will be at least one or more measures required to be collected and sent to CDC (and then to CMS) this coming January. Although there will be a change to enrolling with a password—this will be a gradual process and may take until January, so organizations are urged to begin now and not wait until this simplified process is in place.

- APIC:
http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/PublicPolicyLibrary/Comments_on_IPPS_FY_2011.pdf
- SHEA:
[http://www.shea-online.org/Assets/files/policy/SHEA_FY_2011_IPPS_061810_\(Final\).pdf](http://www.shea-online.org/Assets/files/policy/SHEA_FY_2011_IPPS_061810_(Final).pdf)

IOM Workshop: More on PPE for Healthcare Workers; Updated CDC Flu Precautions

Report on June IOM meeting

The last issue of APIC-GD Newsletter detailed the prior work of the IOM committee sponsored by NIOSH that convened on Feb 25, 2010 to address a related but more narrowly focused issue – that is, pandemic and seasonal influenza. A NIOSH meeting on PPE in March built on that effort to develop better, more comfortable but effective respiratory protection for healthcare personnel. Early June the IOM committee chaired by Elaine Larson convened the: “Workshop on Personal Protective Equipment for Healthcare Workers to Prevent Transmission of Pandemic Influenza and Other Viral Respiratory Infections.” Many of the IOM committee members were present or presenting at the NIOSH meeting and it was a highly intense and research oriented meeting. One presenter was our own John Molinari of dental fame and other known Michigan researchers. The intent was to:

- Provide an overview of recent research (2007-2010)
- Identify lessons learned from the 2009-2010 H1N1 pandemic relevant to PPE for HCW
- Identify research gaps and directions needed for future research

Both laboratory and clinical studies were presented or outlined for the future to attempt a final answer regarding use of masks in a clinical setting to stop transmission of influenza, regardless of current recommendations. This workshop had 21 excellent presentations including an outline by Lewis Radanovich of an upcoming multi-center, 3-4 year study: The Respiratory Protection Clinical Effectiveness Trial involving the Veterans Health Administration, CDC and Johns Hopkins Health System. Readers are urged to visit the workshops site: www.iom.edu/influenzappe that will take you to this presentation and more. You may also access the letters submitted by APIC and SHEA: Go to:

- APIC: http://www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/PublicPolicyLibrary/APIC_Letter_to_IOM_Committee_6_3_10.pdf
- SHEA: [http://www.shea-online.org/Assets/files/policy/SHEA_comments_IOM_PPE_Workshop_060310_\(FINAL\).pdf](http://www.shea-online.org/Assets/files/policy/SHEA_comments_IOM_PPE_Workshop_060310_(FINAL).pdf)

CDC Updates Flu Recommendations and returns to droplet precautions for Flu season 2010-11

It was noted during the workshop (similar to an Update CDC had posted in May) that CDC was planning to return primary use of masks for this fall’s flu season, based very much on the fact that we have an effective vaccine that contains the H1N1 component. This was formally announced in a Federal Register (FR) notice on June 22: <http://edocket.access.gpo.gov/2010/pdf/2010-15015.pdf>

The use of masks is generally supported, along with the use of N95s for procedures that generate short range aerosols. Once the FR is finalized we expect OSHA to adopt it. Comments are due July 22.

OSHA’s “Request for Information” on Airborne Infectious Disease

As most of you know by now, the U.S. Occupational Safety and Health Administration (OSHA) has announced that it plans to explore occupationally-acquired infectious disease strategies that are used to mitigate the risk of such exposures in healthcare and healthcare-related settings. One outcome may be a *proposal for a new airborne infectious disease standard*. OSHA also seeks information on whether such a standard should include diseases transmitted via contact or droplet routes.

A request for information (RFI) about occupational exposure in healthcare settings was published on May 6 in the [Federal Register](#). OSHA intends to use the information collected to "determine what action, if any, the Agency may take to further limit the spread of occupationally-acquired infectious diseases in settings where health care is provided."

Provide feeding critical It is important that you take the time to provide your feedback in response to the RFI. While APIC and others will be submitting organizational comments on your behalf, your collective workplace response will have a *significantly greater impact*. Sheer numbers matter and in order to facilitate your efforts, both APIC and SHEA's Public Policy and Government Affairs committees developed a number of documents have been prepared for your use: Talking points, Highlights from OSHA and the actual questions in a Word document.

Responses *are* voluntary and you may not be able answer all, but it *will* matter to OSHA as they make their final decision after hearing from everyone. We urge you to respond to OSHA and send copies to either APIC - following the directions given in the documents. These are accessible by clicking on either of the links below. The documents are quite similar – and are posted on the APIC website as of June 19. (*See links below*) The committee is also developing organizational comments for submission prior to the August 3 deadline. **We encourage you to:**

1. Focus on occupational health issues versus your entire Infection Prevention and Control program since OSHA has not clearly indicated if there IS a employee health problem for which we need OSHA's intervention;
2. Emphasize that CDC guidelines are not really "voluntary" by providing a description of enforcement activities at your institution by The Joint Commission, Centers for Medicare and Medicaid Services (CMS) and local and state agencies;
3. Provide comments to the questions most relevant for your organization by giving a brief description and appending relevant policies, forms, training materials, etc. that offer a sample of the point being made.

- <http://www.aha.org/aha/advisory/2010/100615-regulatory-adv.pdf?group=hospital>
- http://apic.informz.net/apic/archives/archive_843172.html
- <http://www.shea-online.org/>

Michigan Legislative-Regulatory Issues

- **Michigan HAI legislation – HB 4010:** No recent movement on this proposed bill.
- **MIOSHA Latex Glove Task Force – No action on recommendations**

The language *proposed* to be added to the Bloodborne Infectious Diseases Rule (BIDR) OH Part 554 concerning Latex Free gloves (see last APIC-GD Advocacy news for details) was forwarded to the Governor for sign off –this is required before public hearings can be scheduled. No action.

- **Michigan Medical Waste Regulatory Act – Support *only* HB 4459**

APIC-GD continued support for HB 4459. Senator George, Chair of the Senate Health Policy has taken up this issue recently (June 2010) and is reviewing the bill we support, a good sign. We will continue to monitor and alert members on progress continues.

- **MIOSHA forms a new PPE committee- APIC-GD; APIC-GD members appointed**

MIOSHA's Occupational Health Standard Commission has formed a new committee: Part 433- Personal Protective Equipment (Advisory Committee). Two IP members were appointed: Teri Lee Dyke, from MDCH as a Technical Advisor, and with supporting letters provided from the presidents of APIC-GD and MSIPC, Judene Bartley as a labor representative. The intent is to provide input on behalf of all infection prevention specialists across Michigan. Teri Lee and Judene hope to assist with any future developments that may result from the OSHA RFI.

Submitted by Judene Bartley, Chair, APIC-GD Public Policy, June 2010