

## APIC Greater-Detroit Advocacy Report    January 22 2009

### FEDERAL

#### Health and Human Services HAI Action plan January 2009

The long awaited HHS HAI "Action Plan" was released Jan 5. A few days after posting HHS indicated it will take comments on this plan –due Feb 6, 2009. The hope is that in 2009 this agency plan will be broadened into a National plan, given the impact it will have on all states; comment is due Feb 6, 2009. The plan sets up metrics and target HAI reductions –and it is critical that HAI measures –developed by the CDC-led prevention workgroup is aligned with the CMS-led reimbursement-incentives group—since CMS HAI measures could affect payment and public reporting. See the links below for more information.

- Direct link -- or go to HHS site: <http://www.hhs.gov/ophs/initiatives/hai/infection.html>
- The entire plan, and instructions for submitting comments on the plan, can be found online at <http://www.hhs.gov/ophs>.
- A notice about the release of the plan has been published in the Federal Register (see: <http://edocket.access.gpo.gov/2009/pdf/E8-31195.pdf>) and is accompanied by a press release.

#### HHS - CMS All-Day Listening session December 18, 2008

CMS has begun the process to consider additional Hospital-Acquired Conditions (HACs) including HAIs--for both inpatient (IPPS) and outpatient (OPPS) reimbursement in 2009-2010. Tammy Lundstrom MD offered comment in Baltimore on behalf of SHEA as many more of us listened or commented by phone. Many groups reiterated the same theme that no more HACs should be developed until we know more of the unintended consequences of the current set (see prior reports) and requested CMS to move HAIs into the risk-adjusted set of measures as CMS moves into Value Based Purchasing (VBP)

- More information: [http://www.cms.hhs.gov/HospitalAcqCond/01\\_Overview.asp#TopOfPage](http://www.cms.hhs.gov/HospitalAcqCond/01_Overview.asp#TopOfPage) And:
- [www.premierinc.com/quality-safety/tools-services/safety/topics/guidelines/cms-guidelines-4-infection.jsp](http://www.premierinc.com/quality-safety/tools-services/safety/topics/guidelines/cms-guidelines-4-infection.jsp)

#### Sustainability Aligned with Infection Prevention -- GGHC just released

National APIC is moving to better educate chapters on the alignment of 'sustainability/green' with infection prevention. Judene continues to function as a liaison between APIC and several groups such as the Global Health and Safety Initiative (GHSI) and Practice Greenhealth (PGH). PGH now incorporates the former Hospitals for a Healthy Environment (H2E). To that end Judene worked with PGH to incorporate changes in the Green Guide for Healthcare (GGHC). The changes were approved by APIC and ASHES. The final version of GGHC-Operations has just been released. This is different from the GGHC-Construction which will soon be released as "LEED-Healthcare." It is noteworthy that in many places of the GGHC-Ops, decisions depend on an ICRA and the ICC.

- Go to: <http://www.gghc.org/>

## CDC Releases-Final Disinfection and Sterilization Guidelines

The Centers for Disease Control and Prevention (CDC) released updated guidelines for cleaning, disinfecting and sterilizing medical devices and cleaning and disinfecting the environment. The last version published more than two decades ago in 1985.

- [http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection\\_Nov\\_2008.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf)

### *Bleach dilutions clarified with household measurement terms*

The glossary in the CDC D/S guidelines provides bleach dilutions using household measurement terms and equivalent parts per million (ppm) that can be used to translate recommendations for use in the patient care setting for environmental decontamination after cleaning, e.g., for *Clostridium difficile*. The Premier Safety Institute has expanded the information to include the use of chlorine bleach as a sanitizing agent in dietary settings consistent with EPA U.S Govt regulations (21 CFR Part 178). See the links below for copies.

Bleach Solution	Dilution Exact	Chlorine (ppm)	Dilution approximate	Household (ppm) Approximate	Application
5.25% - 6.15%	Concentrate	52,500 - 61,500	Concentrate	52,500 - 61,500	*Patient Care
5.25% - 6.15%	1:10	5,250 - 6,150	1.5 cups / 1 gallon	~6000	*Patient Care
5.25% - 6.15%	1:100	525-615	0.25 cup / 1 gallon	~600	*Patient Care
5.25%	1:200	263	1 tablespoon / 1 gallon	<200	Dietary
5.25% - 6.15%	1:1000	53-62	1 teaspoon / 1 gallon	~50	Dietary

- <http://www.premierinc.com/quality-safety/tools-services/safety/topics/cdad/cleaning.jsp>
- <http://www.premierinc.com/quality-safety/tools-services/safety/safety-share/12-08-full-txt.jsp#story-05>

## TJC – Must Include CMS Standards to Apply for Deemed Status – Impact on IC Standards

As of January 1, 2009 CMS required TJC to incorporate CMS language into its standards, challenging accredited hospitals with an increased prescriptiveness of standards in order to maintain deemed status. TJC has provided a cross walk of the old standards with the new CMS adapted standards.

- [www.jointcommission.org/Library/WhatsNew/Hospital\\_deeming+application\\_January\\_+2009\\_Update.htm](http://www.jointcommission.org/Library/WhatsNew/Hospital_deeming+application_January_+2009_Update.htm)

The recent change is in preparation for the submission of its application to CMS for continued hospital deeming authority. Compliance with any requirements that are completely new will be reviewed by surveyors *beginning January 1, 2009, but will not be scored until July 2009*, The

changes require a grasp of the CMS's interpretive guidelines of the actual CMS Conditions of Participation (CoP) standards. **Consider IC Standard IC.01.01.01**

- ***Infection control standards:*** For example, the prior Infection Control standard states that the organization "identifies the individual(s) responsible for the infection prevention and control program." The CMS standard language from Medicare's CoP adds much more specificity. The good news is that it will ensure the program is guided by experts in infection prevention. However, the CMS standard states that this individual is also responsible for "maintaining a log of incidents related to infections and communicable diseases." This prescriptive statement appears to take a step backward to a prescriptive requirement of "line listings" and "paper logs."

Fortunately for infection preventionists, recent updates of the CMS IC Interpretive Guidelines, does permit this "log" rule to be interpreted more broadly. In this case the log may be a paper log or in electronic format. The intent is that "regardless of the format, the information must at all times be safe/secure from unauthorized access, up-to-date, and accessible and readily retrievable by authorized personnel." Although CMS always required this, TJC put less emphasis on documentation of this type. ***Compliance with these CMS changes requires familiarity with the CMS standards and interpretive guidelines (IC IG)***

## **MICHIGAN**

### **EPA and Hospital/ Medical/Infectious Waste Incinerators; Proposed Rule Michigan Impact**

The EPA released a proposed rule in the Federal Register Vol. 73, No. 231 72962 on December 1, 2008. Judene Bartley provided an assessment of the proposed rule to MHA Quality Compliance and Patient Safety Committee, noting that at the present time Michigan does not have *any* MWI so the rule has little immediate impact on MI. Michigan hospitals use alternative technologies or sends its RMW out of state. However, there are challenges, since MWI do not include Pathological waste and both Pathological and Chemotherapy waste must be incinerated.

Since hospitals do not require permits to operate autoclaves several hospitals have built autoclaves to manage some RMW. MDEQ has concerns about hospital autoclaves since they may release mercury and may not be in compliance with the Clean Air Act (CAA). MDEQ has learned that autoclaves require some additional technology (grinding/agitation etc) besides time/temp and pressure to achieve effective destruction of RMW, and autoclaves will get a closer look in the future. Healthcare systems seeking leadership in "green" & social responsibility need to consider autoclave emissions and community perception if there is a risk that they are not meeting the CAA..

### **Michigan and HAI Legislation**

HAI reporting legislation had been introduced in Michigan in early December, 2008; *SB 1651* was introduced on December 2, 2008 by Senator Dennis Olshove (D-Warren) and referred to the Committee on Health Policy. The bill would have required each hospital to submit an annual report to the state health department summarizing the number of HAIs contracted by patients. Specific information to be reported would be determined by the department, but would include a breakdown of the number of HAIs within each unit or department within the hospital. The department would be required to post on its website a summary of all hospital reports. The department would also be required to promote public awareness about HAIs and steps being taken by hospitals to prevent them. This bill died in the last session. *However, MHA/APIC-GD and MSIPC, MDCH are all monitoring this closely since it is likely to be re-introduced in 2009.*

### **MHA and Transparency --Voluntary Reporting of ICU CA-BSI**

On a related note, MHA's Quality Compliance and Patient Safety committee formed a subgroup to determine how to voluntarily report Michigan's CA-BSI data in an effort to show transparency to the consumer. At the same time this is seen as crucial to stave off mandatory HAI reporting. The committee included reps from several medical centers (UM, Hurley, Providence, DMC and more). Tammy Lundstrom and Judene Bartley were the QCPS reps. The final data display is under development and approval of the MHA Board in 1<sup>st</sup> quarter 2009. The data is organized by ICU type and uses NHSN pooled means for comparison; updates to follow.

### **MIOSHA Latex Glove Task Force**

APIC-GD and MSIPC continue to provide input into the MIOSHA Latex Task force that has been underway since 2004, charged by MIOSHA's Occupational Health and Safety Commission to examine the issue to see if rules needed revision or special programs devised to address the hazard in healthcare and the hospitality industry (hotels etc). APIC-GD, MSIPC and MHA continue to seek a "latex-safe" environment. Next meeting is Jan 22 2009.

### **Regulated Medical Waste Rules and Medical Waste Directory Revision**

No action has yet occurred with the Medical Waste Regulatory Act (MWRA). Changes in legislative committee assignments are underway and this may move in 2009. Updates will be provided on this and the *Medical Waste Directory Revision* as well as they occur.

**Submitted by Judene Bartley, Chair, APIC-GD Advocacy Committee, January 19 2009**