APIC-Greater Detroit Advocacy Report – January 30 2007 meeting

HAI - National HAI issues

NEJM publication of KICU CABSI data: By now all members should be aware of the New England Journal of Medicine's December 18th publication of the 18month Keystone project (K-ICU) results on reductions in bloodstream infections. The article, appendix listing all participating ICUs, an editorial by Richard Wenzel and Michel Edmond, and a PowerPoint summary of the article are imbedded in this report. This report received extensive media coverage and the article clearly acknowledged the importance of ICPs and CDC NHSN/NNIS definitions. Unfortunately, the study used the term CRBSI (Catheter-related) rather than CABSI (Catheter-associated). Additionally, an error was made in stating that PICC lines were excluded when we know they were not. A number of participants have alerted the authors and we are waiting to see if a correction will be issued. Overall, this is a major success for Michigan and strengthens our position that resources provided to *prevention* make more sense than expenditures for routine culturing, and reporting. More on Michigan efforts follows.

Joint Public Policy Committee **(JPPC)**: This joint committee represents intense efforts at to be perceived by the public as speaking with one voice on infection issues. Several papers are being released or will soon be released. Membership includes APIC; CDC/DHQP; CSTE (Council of State and Territorial Epidemiologists); IDSA (Infectious Disease Society of America) & SHEA.

1) Public Reporting Tool Kit. The HAI Working group of the JPPC has just released this tool kit; the goal was to provide a practical application of the measures recommended in the CDC Public Reporting Guideline. As the APIC/SHEA representative on the JPPC I was involved in review and editing of this document and I have shared it with MHA Advocacy in case any of these issues surface in the Michigan Senate or House Health Policy committees in the coming year. The tool kit can be found at the following links:
APIC:www.apic.org/Content/NavigationMenu/GovernmentAdvocacy/MandatoryReporting/mr_resources/06_107498_Essentials_Tool_Kit.pdf
SHEA www.shea-online.org/Assets/files/Essentials_of_Public_Reporting_Tool_Kit.pdf

2) MRSA Position paper and Talking Points. We are *very* close to seeing the JPPC sponsored position paper on "Legislative Mandates for Active Surveillance for MRSA and VRE"—that is-why "active surveillance" should not be legislated. It is being published jointly by the American Journal of Infection Control (AJIC) and Infection Control and Hospital Epidemiology (ICHE). It should be published by March but hopefully an on-line edition will be published in February. The Talking Points (TP) have been made available to all APIC Chapter Presidents and Chapter Legislatives Reps (APIC-GD Advocacy Chair) because the legislative agendas are set in early February. Copies were faxed in order to protect this embargoed document since the TPs are based on the MRSA position paper. Again, this paper is a JPPC sponsored effort and many may know that both Tammy Lundstrom and Russ Olmsted are among the authors.

NQF We understand good progress is being made on the NQF HAI definitions project. A second Steering Committee meeting was held in January 2007 to review/approve recommendations from the Technical Expert Panels More information as NQF progresses.

HAI Michigan issues

APIC-GD and MSIC members of the Keystone Advisory Group have been actively working with Keystone to help educate hospitals on HAI. As a result, MHA has issued two HAI-related bulletins. The Dec 4th bulletin addresses the Consumers Union request for HAI rates and includes related Talking Points (TPs). The Dec.18th bulletin addresses the IHI 5Million Lives Saved Campaign and also includes TPs. PDF files of the bulletins and TPs are imbedded at the end of this document. The text and TP for each are pasted in pages 5-8 of this document in case there are difficulties in opening the PDF files.

1) Consumer's Union – Request for HAI Rates

Bulletin (1173) sent December 4th, focuses on efforts to prevent and reduce infections. Michigan has a strong record of transparency and public reporting of data—including the Health Quality Alliance (HQA). Rather than using energy to develop and provide HAI rates, it states that Michigan prefers focusing energy on prevention of infections and references the K-ICU and the recently launched K-HAI. (See Bulletins and TPs.)

2) CDC- MDRO, IHI and Keystone

Bulletin (1176) was sent to all Michigan CEOs and in the Monday Report of December 18, explaining the MHA position on the "IHI 5 Million Lives Saved" campaign. It describes:

- Long-standing efforts Michigan has taken to reduce MRSA in the state, such as the MSIC ARO Guidelines.
- All of the activities undertaken in the K-ICU initiative and the current K-HAI initiative focusing on hand hygiene demonstrating Michigan's implementation of the basic level MDRO Guideline published by CDC.
- Measurable data proving successful prevention of infections.

Therefore although MHA/Keystone support the IHI campaign, Keystone is not supporting the element in the MRSA bundle calling for "active surveillance" or "universal testing" of patients upon admission to the ICU or the hospital. This advisory is available to MHA members. See file and IHI Talking Points below.

3) Other related Michigan HAI News

MHA News:

- Gov. Granholm has signed into law a bill that addressed two of the MHA's legislative priorities. **Effective immediately, Public Act 643 of 2006 provides that more than one entity can be certified as a patient safety organization (PSO) under the federal Patient Safety and Quality Improvement Act of 2005.** This law is critical to the MHA to further align the work of the MHA Keystone Center for Patient Safety & Quality with a voluntary and confidential patient safety reporting system.

- **U.S. Rep. Bart Stupak (D-Menominee) will head the Oversight and Investigations Subcommittee of the federal House Energy and Commerce Committee.** This subcommittee has oversight of nearly all health care issues. Last year, the MHA Keystone Center for Patient Safety & Quality testified before this committee on hospital-associated infections. Stupak is currently planning hearings regarding online pharmaceutical sales and will also address E. coli food contamination.

NOTE: In a chance meeting with Rep Stupak (in the airport ☺) I confirmed that the O/I Subcommittee will likely hold more hearings on HAI later this year. Last year Chris Goeschel testified on preliminary findings of K-ICU at the March O/I hearings held in Washing DC. We forwarded the NEJM files to the Majority Counsel of the O/I Subcommittee to ensure Counsel and Rep Stupak are aware of Michigan's success in preventing infection –and all the implications.

Alcohol-based hand rubs (ABHR) & Alcohol-based surgical skin preps

CMS issues letter supporting use of alcohol-based surgical skin preps

On January 12, 2007, CMS published guidance to all state surveyors, supporting the use of alcohol-based skin preps in all surgical settings, based on NFPA fire prevention strategies. The letter published on the CMS Web site removes the risk of individual states banning their use, following such action in two states.

The risk reduction techniques incorporate those outlined in the NFPA 99 amendment approved in August 2005. With the passage of the amendment, the National Fire Protection Agency (NFPA) lifted a 6-month-long ban on the use of alcohol-based surgical prep solutions during laser and electrocautery procedures providing specific fire prevention precautions were followed. However, this was not enough to prevent hospital citations by state authorities, since CMS had not yet officially adopted the amendment. In late 2006, after Pennsylvania issued a ban on the use of alcohol-based skin preps, CMS stepped up its process and issued a letter to all state surveyors, stating:

"A review of recommendations produced by various expert organizations concerning use of alcohol based skin preparations in anesthetizing locations indicates there is general consensus that the following fire risk reduction measures are appropriate:

- Using skin prep solutions that are: 1) packaged to ensure controlled delivery to the patient in unit dose applicators, swabs, or other similar applicators; and 2) provide clear and explicit manufacturer/supplier instructions and warnings. These instructions for use should be carefully followed.
- Ensuring that the alcohol-based skin prep solution does not soak into the patient's hair or linens. Sterile towels should be placed to absorb drips and runs during application and should then be removed from the anesthetizing location prior to draping the patient.
- Ensuring that the alcohol-based skin prep solution is completely dry prior to draping. This may take a few minutes or more, depending on the amount and location of the solution. The prepped area should be inspected to confirm it is dry prior to draping.
- Verifying that all of the above has occurred prior to initiating the surgical procedure. This can be done, for example, as part of a standardized pre-operative "time out" used to verify other essential information to minimize the risk of medical errors during the procedure.

Hospitals that employ alcohol-based skin preparations in anesthetizing locations should establish appropriate policies and procedures to reduce the associated risk of fire. They should also document the implementation of these policies and procedures in the patient's medical record."
CMS: http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter07-11.pdf
NFPA criteria OR http://www.ashe.org/ashe/codes/nfpa/nfpa099_proposeamend_absp.html

ABHR gels and foam: Updates

As noted in our last report CMS restated that CMS considers *gel and foam hand rub dispensers in the corridor as equivalent* and the stipulated regulations published in the May 2005 Federal

Register and the September 9 22 2006 final rule apply to both. JCAHO and CMS are in agreement on this. More information is available from the American Society for Healthcare Engineering (ASHE): http://www.ashe.org/ashe/codes/handrub/index.html.
ASHE also provides guidance consistent with JCAHO on distances for placement of ABHR dispensers. http://www.ashe.org/ashe/codes/handrub/locationfaq.html

May 2005 HHS Interim Guideline on Fire Safety Requirements was published as a ***Final Rule on Sept 22, 2006*** *(Vol. 71 pp55326-55341). No changes have been made in this document but it is important to note that ABHR gels or foams are only permitted in carpeted areas (rooms or corridors) that are sprinklered.*

January 2007: *A CMS updated bulletin interprets this latest Federal Register document:* http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter07-01.zip

ICC/IFC The International Code Council/International Fire Codes (ICC/IFC) do not permit ***foams*** in corridors but ***do permit gels***. This issue is being pursued by APIC and ASHE.

Infection Control Interpretive Guidelines (IG)

CMS informed us that we can expect final publication of the Center for Medicare and Medicaid Services (CMS) Conditions for Participation (COP) for infection control standards "Interpretive Guidelines" before the end of January. *The Board will be alerted as soon as it is public.*
Access this document from APIC: http://www.apic.org to have handy to share with surveyors.

Congress and N95 fit-testing for FY07

Michigan continues to extend the delay in enforcement of the requirement for annual fit testing of respirators provided to personnel for prevention of occupational exposure to TB for the fiscal year (FY06) that ended on September 30, 2006. We worked with congressmen to maintain the same enforcement language in the House bill for FY07 (began Oct.1 2006) during current budget negotiations. The current continuing resolution, which contains language that prohibits OSHA funding to enforce the standard, expires on 2/15/07. We expect Congress to pass another continuing resolution that keeps government funded for the remainder of the fiscal year (Sept. 30, 2007). We will alert the members if the language remains in the new continuing resolution

Submitted by, **Judene Bartley, Chair, Advocacy Committee**, **January, 2007**

MHA Bulletins and Talking Points

TO: Chief Executive Officers

DATE: **December 18, 2006**

SUBJECT: **IHI "Protecting 5 Million Lives From Harm" Campaign**

SUGGESTED ROUTING: Chief Operating Officer, Chief Nursing Officer, Director of Quality, Director of Medical Records, Infection Control Professionals

NUMBER: **1176**

On Dec. 12, the Institute for Healthcare Improvement (IHI) announced its "Protecting 5 Million Lives from Harm" campaign and released the *Getting Started Kit: Reduce Methicillin-Resistant Staphylococcus Aureus (MRSA) Infection How-to Guide*. The campaign goal is to reduce MRSA infections by implementing the five components of care, many of which are based on the Centers for Disease Control and Prevention's (CDC's) tiered approach to the prevention and control of multidrug-resistant organisms (MDROs), such as MRSA. The IHI's components include:

1. hand hygiene
2. decontamination of the environment and equipment
3. active surveillance cultures (ASC)
4. contact precautions for infected and colonized patients
5. device bundles (central line bundle and ventilator bundle)

The *How-to Guide* addresses one element of the campaign, focusing on reducing MRSA. As demonstrated by 13 states enacting legislation to require hospitals to report infections and consumer-driven campaigns such as the Consumers Union's "Stop Hospital Infections" and "Reduce Hospital Infections," there is growing interest in the issue of health-care-associated infections. Much of this attention is addressed towards reporting; in the case of the IHI campaign, the focus is shifted to prevention, which is arguably the better goal. Many of the activities outlined in the IHI *How-to Guide* are already included in the MHA Keystone Center for Patient Safety & Quality's newest collaborative, *Keystone: Hospital-Associated Infections (HAI)*. This collaborative builds on what has been learned in the highly successful *Keystone: ICU* project that resulted in a significant drop in the number of bloodstream infections in intensive care units.

Nearly 100 Michigan hospitals are currently participating in the MHA *Keystone: HAI* collaborative. The interventions being employed include hand hygiene, device bundles (central line bundle, urinary catheter and ventilator bundle) and the implementation of the science of safety to support the culture change necessary to sustain any change in practice. All of these interventions are being supported by what has become the hallmark of Keystone collaboratives, rigorous data collection and reporting to the participating organizations.

Of the elements outlined in both the IHI and MHA Keystone approaches, most are what are referred to in the CDC's publication Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006 as Tier 1. These are the elements that address the prevention of the spread of MDROs. The use of active surveillance cultures (ASC) would be considered Tier 2, an intensified intervention taken only after data demonstrate that Tier 1 interventions (standard precautions) are not reducing rates of the MDRO and compliance with Tier 1 recommendations are high. The Keystone: HAI has already built in steps to measure such compliance, e.g., hand hygiene. Immediate institution of ASC without data on adherence to Tier 1 is a reactive and

more costly approach that requires the culturing of each patient and the isolation of that patient until either culture results or rapid test results are available.

In the consideration of how best to expend limited resources, the MHA Keystone Center has chosen NOT to recommend the use of ASC as a routine part of Keystone: HAI. Rather, Keystone: HAI continues to focus on the use of evidence-based, best-practice interventions that have been demonstrated to be effective in preventing infections.

The MHA expects strong media attention to accompany the IHI announcement of the new campaign, "Protecting 5 Million Lives from Harm." As part of that and as a result of efforts by consumer groups, the association also expects attention to be given to the use of ASC as a reasonable intervention. The attached talking points are intended to assist hospitals in responding to any media inquiries. Members with questions should contact Sam R. Watson at the MHA.

Talking Points on the Institute for Healthcare Improvement "Protecting 5 Million Lives from Harm" Campaign

- Through participation in the MHA *Keystone: ICU* collaborative, Michigan hospitals have been continually reducing bloodstream infection and ventilator-associated pneumonia — two of the common sites of multidrug-resistant organism (MDRO) infections. In many cases, hospitals have eliminated these infections for months at a time. These include infections caused by MDROs and susceptible bacteria.
- The new MHA *Keystone: Hospital-Associated Infection (HAI)* initiative focuses on hand hygiene, as well as device bundles (central line bundle, urinary catheter and ventilator bundle), representing a preventive approach to eliminating ***all*** hospital infections, whether due to drug-resistant or susceptible organisms. The Centers for Disease Control and Prevention (CDC), the Institute for Healthcare Improvement (IHI) and the World Health Organization (WHO) all acknowledge that improving hand hygiene is the most important means to prevent the transmission of MDROs in health care settings.
- Michigan has been actively addressing the problem of MDROs for many years via an MDRO monograph produced by the Michigan Society for Infection Control (MSIC) and endorsed by the Michigan Department of Community Health (MDCH)[1]. In the community, the MSIC, the MDCH, the Michigan Infectious Diseases Society and a wide range of other organizations and Michigan citizens have been supporting the Michigan Antibiotic Resistance Reduction (MARR) coalition. This coalition is unique in the United States and stresses that prevention and control of MDROs will call on all of us to be involved.
- The CDC recommends a "tiered approach" to the prevention and control of MDROs. Tier 1 involves hand hygiene, patient placement considerations, and environmental cleaning, among others. Tier 2, which includes "active surveillance cultures," is to be employed if Tier I strategies are not achieving reductions in MDRO rates.
- The MHA *Keystone: HAI* collaborative, under recommendation of Michigan infectious diseases and infection control professional organizations, has determined to focus measurement on CDC Tier I recommendations, which address prevention of HAIs, as a means to improve patient safety for **all** Michigan patients. From a patient perspective, harm from an HAI caused by antibiotic-susceptible organisms can be as serious as that caused by an MDRO. Therefore, an approach built on interrupting transmission of organisms that cause HAIs, rather than a single strain of MDRO, is more likely to result in sustained control and prevention.

- While we acknowledge the Institute for Healthcare Improvement's initiatives related to reducing HAIs from MDROs, approaches such as the *Keystone: ICU* and *Keystone: HAI* collaboratives focus on preventing and reducing HAIs to zero in all patients.
- We wish to avoid any loss of progress realized to date with the MHA *Keystone: ICU* collaborative. Our concern would be that, if focus is shifted to a single strain of a particular MDRO, we would lose sight of the potential harm to all patients.

[1] *Guidelines for Prevention and Control of Antimicrobial Resistant Organisms (ARO)- Focus on: Methicillin-Resistant Staphylococcus Aureus (MRSA) and Vancomycin-Resistant Enterococcus (VRE*). MSIC; 2002; CDC. MDRO Guideline **Dec 18, 2006**

TO:	Chief Executive Officers
DATE:	**December 4, 2006**
SUBJECT:	**Consumers Union Targeting Hospitals to Report Infection Rates**
SUGGESTED ROUTING:	Chief Nurse Executive, Chief Medical Officer, Director of Finance, Director of Risk Management and Quality, Public Relations Director
NUMBER:	**1173**

Significant activity continues from consumers groups seeking to have hospitals publicly report infection rates. One of these groups, Consumers Union, the organization responsible for *Consumers Report*, has been successful in initiating legislation in states that require mandatory reporting of hospital infection rates. In Michigan, legislation has been introduced, but has not progressed, due to the efforts of Michigan hospitals working with the MHA Keystone Center for Patient Safety & Quality to eliminate infections in the intensive care unit (ICU). Nationally, 16 states require hospitals to report infection data.

The MHA is aware of a Michigan-based mail campaign from Consumers Union to hospitals. Individual hospitals in the state have received a "Stop Hospital Infections Petitions" letter that contains electronic signatures of community members, asking the hospital to release its infection data to consumers.

The MHA and its members are supportive of the need for hospitals to become more transparent. Michigan hospitals have a strong history of publicly reporting data, including the *Michigan Hospital Performance Report,* community benefits, and the national Hospital Quality Alliance. However, efforts that focus on counting problems after they occur distract from meaningful work to reduce hospital-associated infections. The limited resources of hospitals are better spent "upstream," where energy is focused on implementation of best practices and working toward consistent standards.

In response, the MHA Keystone Center has recently launched *Keystone: Hospital-Associated Infections (HAI)*. Currently, nearly 90 hospitals have committed to participate with this new collaborative that builds on what Michigan hospitals have achieved through the nationally recognized *MHA Keystone: ICU.* These facilities are employing lessons learned and focusing on the prevention of HAI by employing evidence-based best practice, including hand hygiene and bloodstream infection and urinary tract infection prevention. Tied to the interventions is a monitoring element that uses rigorous and valid metrics, based in large part on the measures from the Centers for Disease Control and Prevention.

In anticipation of the Consumers Union campaign continuing and potentially drawing media attention, the MHA has developed the attached set of talking points. Members with questions on

MHA Keystone should contact Sam R. Watson; media relations questions should be directed to Sherry Mirasola at the MHA.

Talking Points on Hospital-Associated Infections

The MHA and its members are supportive of the need for hospitals to become more transparent. Michigan hospitals have a strong history of publicly reporting data, including the *Michigan Hospital Performance Report,* community benefits, and the national Hospital Quality Alliance, with all eligible Michigan hospitals participating. Working toward standardizing these important measures and working "upstream" to eliminate hospital-associated infections (HAI) is where energy and dedication are best spent. In addition, building from lessons learned through intensive care units (ICU), Michigan hospitals will continue to improve patient care.

- At present, nearly 90 Michigan hospitals have committed to participate in *Keystone: HAI.* This new collaborative builds on what Michigan hospitals have achieved through the nationally recognized *Keystone: ICU* effort and focuses on the prevention of HAI by employing evidence-based best practices, including hand hygiene and bloodstream infection and urinary tract infection prevention.
- While hospitals are supportive of transparency about the quality of care provided, it is as important to address the prevention of infections, and change of this nature is resource intensive. Hospitals have to dedicate staff time to implement evidence-based interventions.
- Michigan hospitals lead the way by efforts to eliminate infection in the intensive care units as nearly half of the ICUs in the state have not had a bloodstream infection in almost a year.
- Michigan hospitals have been very supportive of publicly sharing quality data that is meaningful to the consumer. For example, all of the hospitals in Michigan that qualify are reporting to the *Hospital Compare* Web site.
- While hospitals routinely collect data about infections, most data is meant for internal quality improvement and may not be meaningful to consumers. We believe that any information about quality should be as uniform as possible, provide meaningful and useful information, and guide consumers as they make decisions about where to seek care.
- Most current systems for reporting of infection data are based on billing data and may not reflect infections prior to admission. (December 2006)