Maine Quality Forum Subcommittee on HAI
Dirigo Health Agency, Maine Quality Forum

Minutes of the Subcommittee's second meeting
September 25, 2013 at the Dirigo Health Agency Conference Room

Members in attendance: Stephen Sears, Karynlee Harrington, Peg Shore, Josh Cutler, Mitchell Stein, Holly Harmon, Rick Danforth, Jennifer Ott, Char Boulet (by phone), Stuart Bratesman (staff)

Members not attending: Kathy Day, Kim Loeschner, Frank Mack

Dr. Sears called the meeting to order at 9:10 AM.

The subcommittee reviewed and accepted the minutes of the June 24, 2013 meeting.

Karynlee Harrington reviewed the Subcommittee's charge. She also explained that while the first two Subcommittee meetings had been designed to lay a common foundation of basic information, future meetings will focus on a dialogue and sharing of ideas among all members.

She added that subcommittee meetings are open to the public, and meeting dates are given public notice and placed on the Legislative calendar. All members are strongly encouraged to attend all meetings or participate by phone. Members have no substitutes or alternates.

Josh Cutler enquired about the future of the Maine Quality Forum (MQF). Ms. Harrington answered that the Legislature has recommended that MQF continue, but under the auspices of the Maine Health Data Organization (MHDO). However, this year's session closed before they could vote on the legislation. The Dirigo Health Agency (DHA) board will make strong efforts to get it passed in the next session. Meanwhile, MQF is conserving enough cash to keep going at least two years until it finds new funding. MQF will maintain its original goals and tasks as it moves to a new building. Future Subcommittee meetings will probably be held at MHDO. Holly Harmon offered the Maine Healthcare Association's space for future meetings.

Dr. Sears gave an update on the Maine CDC's healthcare associated infection (HAI) program. It did not begin until 2010, when the federal CDC used stimulus money to encourage every state to have one. Although Maine's original HAI coordinator, Peg Shore, has left to resume her teaching duties, the coordinator's position has been funded for another year and will soon be filled.

Ms. Harrington gave an overview of Maine Chapter 270, the rules that mandate the list of quality measures that hospitals are required to report to MHDO. The quality data is used by the Maine Health Management Coalition, Quality Counts, and other organizations. While Critical Access hospitals are not bound by the same federal quality reporting requirements that apply to Maine's larger hospitals, Chapter 270 requires every hospital across the state to report comparable data for a uniform set of HAI and other quality measures, and makes that information available to the public.

The list of Chapter 270 quality measures changes from time-to-time. Once performance on a given measure nears the 99% level across the state, it's time to drop it and focus on others. However, proposing and adopting a new measure can take two years to make it through the multiple hearings and the legislative process. This makes it important to identify emerging HAI issues early on.

Ms. Harmon described quality measures collected by nursing facilities, and the voluntary participation by every Maine nursing facility in a campaign to prevent c. difficile infections. Dr. Sears reported that the CDC has been shifting more attention to HAI prevention in the nursing facility setting.

He also said that Chapter 270 gives the Maine CDC a role in collecting and validating HAI infection data for MRSA and c. difficile. He said that MHDO and Maine CDC have been years ahead of federal authorities in requiring hospitals to report Central Line-associated Bloodstream Infections (CLABSI), Catheter-associated Urinary Tract Infection (CAUTI) and Surgical Site Infections (SSI). While the federal government requires hospitals to report MRSA bloodstream infections, Maine requires data on all MRSA infections.

He went on to describe the difference between the Maine CDC's responsibilities and those of the Division of Licensing and Regulatory Services. While Maine CDC investigates trends and outbreaks of infectious disease to prevent their spread and future outbreaks, the Division of Licensing investigates significant individual "sentinel events", a one-time occurrence of a terrible outcome.

To prevent the general spread of serious infections, Maine CDC maintains a list of reportable diseases, which combines a set of nationally reportable infections with other infections a state can add to its own list. Hospitals, pathology labs, ambulatory care centers and physicians are all required to report every case of reportable diseases, but hospitals and labs have had much better compliance rates than the others.

Prof. Shore pointed out that while the CDC reportable list is based upon specific diseases no matter where they came from, Chapter 270 is based on the route or process of infection regardless of the name of the disease. For example, Lyme Disease is a reportable infection to the Maine CDC, but the Chapter 270 HAI measures don't report on Lyme Disease, because it's not the type of disease one could typically contract in a hospital setting.

A sentinel event could be a very serious single infection, or an operation on the wrong side of the patient's body. Each sentinel event must be reported to the Division of Licensing, which then performs a rigorous root cause analysis and develops a specific plan to prevent a repeat occurrence. Maine CDC is not involved in these investigations.

Since each sentinel event investigation involves an individual patient, the law requires that the investigation be kept private. The Division publishes an annual report of the types of sentinel events that have occurred across the state, but does not reveal any locations.

The meeting turned to HAI validation. Last year, Maine CDC validated MRSA and c. difficile data reported by hospitals to the federal CDC's National Healthcare Safety Network. Validation requires a time-consuming, detail-oriented review of patient charts to reveal any data entry errors, or improper definitions, and found a 20% error rate in c. difficile reports. CLABSI error rates were much because hospitals have had longer experience in collecting and reporting CLABSI data.

Mr. Danforth reported on Carbapenem-resistant Enterobacteriaceae (CRE) infection. CRE is an expanding family of different bacteria that have all develop high resistance to a wide range of antibiotics. Labs can only identify CRE through a long and difficult process. Compared to MRSA, which can be confirmed by a single gene, CRE involves 11 different genes, of which only 6 can be identified in the lab.

Dr. Sears said that CRE developed in a few countries, but has now spread world-wide with resistance to nearly every antibiotic we have. It's already arrived in Maine, but we don't know how far.

He also said, the most important prevention measure is more responsible use of antibiotics. It's both a physician problem and a patient problem. Maine CDC is working to distribute patient literature in waiting rooms, and distributing physician pocket guides. The Maine AMA will soon begin an academic detailing program with a goal of reaching 400 physician practices across the state.

Several members recommended topics for the next meeting in December:

- How to prevent HAIs;
- HAIs in long term care settings
- The CDC's new report on antibiotic resistance threats;

- The need to communicate to the public that there would be no antibiotic resistant organisms were it not for the overuse of antibiotics;
- Holding doctors to a higher standard, even if their patient insists upon an unnecessary antibiotic; and
- Developing a special prescription pad that explains to a patient why their physician is not giving them an antibiotic prescription.

The meeting was adjourned at 11:15 AM.