

HAI Advisory Subcommittee: SSI Subcommittee Meeting Summary
April 8, 2011 2:00-3:00 PM

Attendees:

Roberta Mikles, Barbara Goss-Bottorff, Dawn Terashita, Raymond Chinn, Jon Rosenberg, Kathy Wittman, Shannon Oriola, Enid Eck, chair

Discussion:

The conference call was convened at 2 PM. Subcommittee members each introduced themselves, identifying their role and affiliations.

Jon Rosenberg provided an overview of the scope of work for the HAI Advisory Committee related to SSI reporting and the expected scope for the SSI subcommittee. He identified several key decisions regarding SSI related surveillance and reporting requirements that need to be made in the near future by the HAI Advisory committee.

One area for discussion and recommendation is the determination of reporting additional surgical procedures including the number and category of surgical procedures and the timeline for adding such procedures to the required reporting.

There was a group discussion. It was noted that virtually every other state with mandated reporting has substantially more limited reporting requirements. For example, in addition to SSI reporting the only other indicator that is mandated in New York state is CLABSI on the ICU. In contrast California currently requires, CLABSIs, CLIP, lab identified MRSA, VRE, and C. diff and two SSI procedures. For most California acute care hospitals (ACH), each of these categories necessitates significant manual chart review and manual data entry into NHSN for all denominator and numerator data. Based on the current significant reporting burden the following recommendation was approved by the subcommittee members.

Recommendation:

No new additional surgical procedures, beyond the ones previously approved by the HAI Advisory Committee, should be required for reporting through the remainder of 2011. Beginning in 2012, a validation process should be conducted to assure accuracy and reliability of SSI reporting for the procedures identified by the HAI-AC in 2011.

After completion of the validation process and after there has been a validation that the 2011 additional SSI reporting has not negatively impacted the ACH Infection Preventionists' ability to lead and/or participate in HAI prevention initiatives, then the SSI subcommittee may recommend to the HAI-AC additional potential procedures and/or a process for selection of those procedures at the ACH level.

The SSI subcommittee conference call adjourned at 3:00 PM.

Respectfully submitted:
Enid K. Eck, RN, MPH
SSI Subcommittee Chair