

**Connecticut Healthcare Associated Infections Advisory Committee
Minutes
August 6, 2009**

Attendees: Ray Andrews, Laurie Brentlinger, Lillian Burns, Joanne Chapin, Louise Dembry, Brian Fillipo, Wendy Furniss, Brenda Grant, Alison Hong, Jenny Kitsen, Harry Mazadoorian, Tom Meehan, Richard Melchreit, Mary Pakulski, Richard Rodriguez

Call to order: Richard Melchreit called the meeting to order at 9:10 a.m.

Review and approval of prior Advisory Committee meeting minutes (6/17/09) and Strategic Planning Group minutes (6/17/09): The draft minutes were reviewed, and accepted as written.

Committee logistics:

Some participants and members of the Committee, especially the volunteering public members, do not have ready access to computers with the capability of opening large or complex email attachments. The cost of printing out large documents is also a issue. Understanding the desire to save state printing and mailing costs, and the new restrictions on such mailings, it is important for public access and participating for those who need it to get the information via the US Mail. The Committee facilitator and DPH staff will mail such attachments to members who request it in the future, and two members signed up for this service.

In addition, emails to the committee will include a brief description of the attachments and will use PDF rather than PowerPoint as much as possible.

Committee authority:

The question was raised about the basis and authority for the Committee to continue to meet and advise DPH on matters of public policy: as the charge of the original act that authorized and formed the committee was discharged when NSHN was adopted and CLABSI's were selected for reporting. In past discussions of this question, the group has considered that the "legislative intent was to have the Committee continue to meet. The question persists on whether the group can rely on "legislative intent" or not. In other cases, the actual wording of the law was used to guide the resolution of questions about legislatively authorized advisory committee authorities. After discussion it was recommended that DPH consider sending a letter from the Commissioner inviting the members to participate in this committee as an advisory committee to the department. The letter would be sent to the members of the Committee and the organizations that recommend them for membership. This would permit the group to have a clear authority to meet and advise the agency, though the charge in the 2006 public act has been completed. This idea will be brought back to Karen Buckley Bates, who was not able to attend this meeting, for discussion consideration of the legislative implications and for recommendations of best next steps in response to this Committee recommendation.

Federal stimulus funding update:

DPH has not yet been notified about the status of our American Recovery and Reinvestment Act (ARRA) applications. A notice will go out to the HAI Committee members when we have been notified and given a letter of award that will specify how much funding Connecticut will receive.

State HAI Plan:

The Committee reviewed the text of the draft state HAI plan. Congress requires this plan and DPH has needed to certify that it will be completed and submitted to DHHS by January 1, 2010, in order to receive Connecticut's full allotment of PHHS block grant funds. The recently released DHHS template that can be used to write the plans is the basis for the draft distributed to and discussed by the Committee.

The Committee made suggestions for edits as it reviewed the text:

- As a general principle, there is a lot of HAI activity and data collection going on in Connecticut beyond the one HAI program reporting condition (CLABSIs) and the expansion of the program should take this into account, and look for synergies with these data collection and prevention activities first. For instance, we can note that the new MAVEN electronic laboratory reporting system will enhance surveillance detecting HAIs in both hospital and non-hospital healthcare settings, and will help reduce the burden of paper-based reporting which reduces the time infection prevention staff can engage in training and assurance.
- Priority prevention targets: the Committee would like more information about the MRSA infection surveillance target for background as we consider adding it to the list of prevention targets we track in Connecticut. A surveillance report will be sent to members and participants. The Central Line Practices would be worthwhile to add to the issues we are tracking though they aren't on the prevention target list (CLIP can be found in another section of the pal template (Prevention: Implement HICPAC recommendations).
- It was suggested that the DPH review the SHEA compendium and HICPAC recommendations as a good basis for quality of care issues and consider sharing them with licensed facilities.
- Prevention: The Committee discussed adopting the use of the Surgical site infection process measure that is already reported and published on the Hospital Compare website. Two ideas were raised in the discussion, one was to adopt it now as it is already available and being reported by Connecticut hospitals to CMS, so putting it on the DPH website (or a link to the data in the Hospital Compare website) would entail no additional work for hospital IPs and would increase the access the Connecticut residents have to the data. The other point of view expressed was that this should wait until next year, in favor of adding central line insertion practices.
- Prevention: Include more information on and plans for education of staff, in addition to hospitals, include other types of healthcare facilities and public health staff (including DPH). This should be included both in this interim plans and any future state HAI planning. Such

training activities are an important way to implement prevention collaboratives and to disseminate best practices and to ensure adherence to them.

- Thirteen (not 23) hospitals are currently enrolled in the CUSP: Stop BSI collaborative project.
- Ask the DPH Health Systems Regulation branch to endorse clinical guidelines and best practices for prevent of HAIs (e.g., the SHEA Compendium and the HICPAC guidelines).
- In developing preparedness plan for a tiered response to outbreaks, DPH could consult the hospital preparedness plans for bioterrorism for ideas to develop the processes and criteria. The dialysis provides also have information they report to CMS on potential outbreaks; Jenny Kitsen will send information on this to Richard Melchreit.

Strategic program planning:

While the above plan will serve as a one-year temporary or interim state HAI plan, address the need for a broader vision and blueprint for the Connecticut HAI program, and meet federal requirements, it does not include the development of a truly and fully participatory process involving all stakeholders. It also does not incorporate the social organizing and communication activities that are an integral [part of a successful health program strategic planning process. The DPH Planning and Workforce Development Section recently published an excellent guidance for strategic plan development that could be used by the HAI program.

The participants agreed that it would be worthwhile to engage in a strategic planning process after the interim plan is submitted to DHHS. This planning process should be inclusive of the full range of stakeholders, including representatives of healthcare facility types other than hospitals (e.g., ambulatory surgical centers, hemodialysis centers, and long term care facilities).

Annual Report (2009)

An outline for the Annual HAI report to the legislature, due October 1, 2009, was reviewed. It will be an update, and not include the degree of detail and background information that was in the initial report. It will include a summary of major program activities over the past year, in particular, committee deliberations and the validation study. It will summarize CLBSI data submitted by the hospitals to NSH and use the same data elements and presentation tables as last year. It will also summarize the state planning process and note future program directions. It will be posted with last year's report on the DPH website.

Next steps for the Committee, future meetings:

The next in-person meeting will be held Wednesday November 4th from 9 to 11 a.m., at CHA in Wallingford.

Adjournment:

The meeting was adjourned at 11:10 a.m.