

**Connecticut Healthcare Associated Infections Advisory Committee
Minutes
February 11, 2010**

Attendees: Ray Andrews, Lauren Backman, Laurie Brentlinger (phone), Karen Buckley-Bates, Matthew Cartter, Louise Dembry, Carol Dietz, Diane Dumigan (phone), Nancy Dupont, Alison Hong, Laura Jordan, Diana Kelly (phone), Susan MacArthur, Richard Melchreit, Harry Mazadoorian, Julie Petrellis, Jean Rexford, Richard Rodriguez, Douglas Waite

Call to order: Richard Melchreit called the meeting to order at 9:04 a.m.

Review and approval of prior Advisory Committee meeting minutes (11/4/09) and Advisory Committee Special Meeting/Conference Call (12/22/09): The draft minutes were reviewed. The November 4, 2009 draft minutes were accepted as written, the December 22, 2009 minutes were accepted, with the addition of Karen Buckley-Bates to the list of attendees and members voting in the affirmative to recommend that the Commissioner submit the draft of the Interim State HAI Plan under consideration to DHHS.

Committee Vacancies:

At the recommendation of the Connecticut Medical Society, Commissioner Galvin has appointed Dr. Douglas Waite, currently a Committee participant, to the position of CSMS representative on the Committee. Dr. Brian Fillipo has left CHA, leaving one of the two CHA positions on the Committee vacant. Dr. Galvin has appointed Laura Jordan, Vice President, Patient Care Regulation & General Counsel, to the position. Concurring with the Committee's recommendation, Dr. Galvin has also appointed an acute care hospital infection preventionist to the second "Hospital Infection Epidemiologist" position on the Committee. The name of that individual will be announced as soon as the individual can be contacted and accepts the appointment. The appointment was made from a list of four excellent candidates supplied by the hospital infection preventionist community.

Federal stimulus funding update:

DPH is working on hiring the two positions that will focus on the state HAI Health Improvement Plan. Candidates have been interviewed and recommendations made, the recommendations are being processed and selected candidates contacted. The Emerging Infection Program position was offered and refused by the leading candidate, it is now being reclassified from and Epidemiologist 3 to an Epidemiologist 2 level to reflect some adjustments in duties and available funds. After reclassification, candidates will be interviewed; in the meantime current HAI program staff are working on the EIP projects to keep them moving forward. The two half-time Infection Control Practitioner positions are being recruited and interviews will be held in March.

The EIP HAI program has completed the protocol for the HAI prevalence study, and each of the 10 sites across the nation are recruiting volunteer hospitals) one to three in each EIP catchment area, to participate in the pilot project.

Prevention Collaborative report:

CUSP: Stop BSIT

The CUSP: Stop BSIT project continues to progress in Connecticut and nationally. Nationally, 33 states are participating, each state collaborative facilitated by the state hospitals association. A recent national meeting was held in Chicago to foster collaboration and update participants; this was especially valuable as the project has become a federal (DHHS) priority and has expanded rapidly. Future plans are to expand the scope of the project to central lines outside the ICUs and to pediatric ICUs in non-children's hospitals. In Connecticut, the project is active. One hospital has joined and one has left the collaborative, for a total of 16 currently participating, and four additional hospitals are considering joining. CHA and DPH will be working with a group of UConn students on an assessment on how to "market" and facilitate hospital participation.

MDRO Collaborative

The Connecticut MDRO Collaborative, facilitated by Qualidigm, the federally designated Quality Improvement Organization in Connecticut, has enrolled five participating hospitals. The Collaborative will be holding a full-day conference in May. Dr. Guh from the CDC (former medical epidemiologist-in-training at Connecticut DPH) will be keynote speaker. Dr. Melchreit from DPH will present information on MDROs in Connecticut. An expert on fostering hand hygiene adherence among staff from the Columbia Presbyterian System will be giving the afternoon workshop. Yale-New Haven Hospital has an active training program in hand hygiene and would be happy to participate as trainers in the workshop. Members of the Committee expressed interest in getting a summary of the collaborative and its activities.

Legislative/Government Relations Report:

DPH has submitted a "technical" bill to the legislature for their consideration, which is a bill that modifies details of an existing statute. The DPH "tech" bill specifies that the Committee is an advisory committee, and that as such DPH shall consider rather than must accept recommendations of the Committee, this makes it consistent with the other ongoing DPH advisory committees (in other words, making it clear that the Committee does not have the powers and responsibilities of an Agency, Commission, or Council). The Committee suggested that an additional phrase be added to the bill to make it more explicit that the committee is a continuing one (e.g., that committee reports are "annual thereafter" or some language to that effect). A question was raised about term limits for members. It was suggested that this might be an item for Committee bylaws, if the Committee wanted to adopt them (in past discussions the Committee decided not to adopt bylaws) rather than formalizing at this stage in legislation. A copy of the technical bill was handed out at the meeting, and will be posted on the HAI website.

SIR

The Committee listened to a presentation on the "Standardized Infection Ratio" which is a way of analyzing and presenting HAI data standardized against a yardstick "referent" group, in this case, the national NHSN data from 2006-8. Such analysis permits states to account of the mix of hospitals and ICU types in the states when making this comparison. The CDC will be publishing 2009 January-June SIR data for all states on the CDC website in the Spring of 2010. The data

will include CLABSIs but also include any data reported from Connecticut hospitals on other HAI types (e.g., surgical site infections, etc.). The data will be at the "state" level and will not list specific hospitals within the states. Consumer Union is publishing an article on hospital specific CLABSI rates for several states (not Connecticut) in the March issue of *Consumer Reports*. The *Consumer Reports* data uses the SIR. The state of Tennessee just published its annual HAI report, and reported individual hospitals by name using SIRs.

Public Health Information Communication: websites

The Committee listened to an update on the HAI website. A focus group of consumers met and reviewed the Connecticut DPH HAI website and HAI website from other states and Consumer Union. Several of the websites had valuable features that made them more accessible and useful for consumers. The focus group identified features that helped and hindered understanding and made several suggestions that are receded in a summary that was handed out and will be posted on the DPH website. Lauren Backman will work with the HAI Committee Education Subcommittee to revise the DPH website to incorporate as many of these features as possible. In accordance with the DPH HAI Program work plan for 2010 (also handed out at the meeting) the target data for the renovation of the website is August 2010.

Proposal regarding public reporting of facility-level data

A motion was made by a Committee member to recommend that DPH publicly report CLABSI data by specific hospital by name. A Committee member seconded the motion. The motion was discussed. Discussion included the following: Is hospital-specific reporting by name authorized or specified in legislative authorizing language or in the powers of the Committee specified in the legislation? Some members said it is within the cognizance of the Committee as specified by the authorizing legislation, which passed unanimously, and that the legislature would expect such facility-specific reporting by name. The SIR was mentioned as a good way to report facility-specific data.

A motion was made to table the motion before the committee. The motion to table was seconded, discussed briefly, and passed unanimously by voting members of the Committee. A special meeting of the Committee will be held within the next four weeks on the motion to recommend that DPH publicly report CLABSI data by specific hospital by name.

Health Improvement Planning

A planned presentation on the blueprint for the state HAI Health Improvement Plan process was deferred due to lack of time. The presentation will be posted on the DPH HAI program website.

Annual surveys

The DPH HAI program has noticed that some hospitals that should be benchmarked against the NHSN "major teaching" hospital CLASBSI rate are being benchmarked against a lower and inappropriate rate, the "non-teaching" rate. To ensure hospitals are enrolled and benchmarked correctly, the DPH HAI program would like to ask hospitals to give them access to the hospital annual NHSN facility surveys. There was not sufficient time for a motion; this will need to be addressed at a later meeting.

Future meetings:

The next in-person meeting will be a special meeting and will be held at a place and time to be determined after polling voting members, participants, and others as to availability. It will be an announced public meeting.

Adjournment:

The meeting was adjourned at 11:00 a.m.