

**Healthcare Acquired Infections**  
**January 30, 2008**  
**CT Hospital Association 8:30 AM**  
**Minutes**

**Attendees:** Ray Andrews, Karen Buckley-Bates, Brian Cooper, Brian Fillipo, John Fontana, Wendy Furniss, Richard Garibaldi, Joseph Garner, Eric George, William Gerrish, Brenda Grant, James Hadler, Jill Kentfield, Jennifer Martin, Harry Mazadoorian, Trish McCooey, Richard Melchreit, David Neville, Jon Olson, Jean Rexford, Diane Selvidio, Douglas Waite

The meeting was called to order by Karen Buckley-Bates at 8:35 am.

**HAI program staffing introduction:**

The DPH HAI program was allocated 3 positions. Dr. Hadler introduced Dr. Richard Melchreit to the workgroup who will begin transitioning over from his regular position over the next 2 months to lead the HAI program full-time. Over the next 2 months, the Department will also be filling the other positions: an Epidemiologist (looking for a nurse with an infection control background), and an Infection Control Practitioner. Karen Buckley-Bates will e-mail the job descriptions to the workgroup.

**Update on the status of hospitals with beginning surveillance for catheter associated bloodstream infections.**

All hospitals have received training. Administrators received 11.5 hours of training and users received 7.5 hours of training. Each hospital can choose to add new users at any time; training is available via the NHSN system.

Some hospitals with multiple ICUs are struggling on how to report information. The group discussed information provided at the 11/19/07 meeting and affirmed their decision to have hospitals with multiple ICUs enter information for their Medical-Surgical units (where the patients are generally the sickest.)

Dr. Melchreit will provide CHA with information regarding how DPH will be using the NHSN system (e.g. as administrator or user).

CHA participates on monthly conference calls with NHSN and will encourage the hospitals to join in on these calls.

**Education Sub-committee**

The Education sub committee is working on a \$55,000 marketing campaign. The marketing company has completed the draft campaign plan and the sub-committee is evaluating and providing feedback. The goal is to educate consumers who are staying in hospitals and nursing homes about what their expectations should be regarding HAI prevention methods, engage the CEOs in this educational process, and provide tools for hospitals and nursing homes to replicate.

The kick-off event to showcase this campaign is planned for April. Attendees will include legislators, hospitals, and anyone with a vested interest in this topic. Workgroup members suggested building a component into the campaign to educate the public on how the reporting is taking place and what the numbers mean. The Education sub-committee will share the final version of the tools along with the final marketing plan.

### **Update on MRSA typing initiative**

The renovations taking place to dedicate an area of the State Lab to this activity are almost complete. Staff has been hired to perform PFGE testing and the CDC has sent the lab the PFGE reference patterns of the most common circulating strains of MRSA in the US. . The Laboratory has been assisting hospitals in managing cluster outbreaks. The new system is being tested with UCONN Health Center. Infection control experts at the hospital will send suspect isolates to the lab for DNA typing by PFGE. After testing, a report containing PFGE patterns of these isolates and interpretive criteria will be sent via email to hospital contacts, who will determine if there is a cluster of MRSA in their facility. Participation in this testing service is voluntary and there will be no charge for testing.

### **New issues**

Legislation regarding MRSA screening of all at-risk patients upon admission to the hospitals is being raised this year. A press conference regarding this legislation is taking place today at 11:30 AM in room 2D of the LOB with the Attorney General, and the Patient Advocate's office. With this legislation it is believed that initial costs to hospitals will rise, but screening has proven to be a cost savings to hospitals.

Potential role of HAI program during the legislative session regarding multi-drug resistant organism control in hospitals:

- Please note that the opinion of DPH may be different from the workgroup.
- DPH will bring to the committee any recommendations for public reporting.
- The committee will educate the public per the public campaign guidelines.
- The Committee made the recommendation it is the understanding that each entity will advocate for legislation in their own individual manner.
- Once legislation has been passed, the DPH will look to the committee to help implement any mandatory requirements.
- Karen will provide feedback to the Committee regarding legislation via e-mail and, if necessary, conference calls.

### **HAI Committee membership**

- The HAI Committee has 11 voting members who cannot act on behalf of non-voting members but can listen to dialogue from non-voting members.
- It was noted that there are no payors represented on the Committee, Karen Buckley-Bates will re-invite them to join.
- If resignation from the Committee is necessary, it will be up to the entity resigning to assign another representative. If they don't recommend a representative, DPH will make assignments to ensure full membership on the Committee.

The next meeting is taking place on May 28, 2008 – 9:00 AM – 11:00 AM