Connecticut
Healthcare Associated Infections Advisory Committee
Minutes
May 28, 2008

Attendees: Ray Andrews, Lauren Backman, Laurie Brentlinger, Karen Buckley-Bates, Lillian Burns, Matthew Cartter, Joanne Chapin, Brian Cooper, Marielle Daniels, Louise Dembry, Brian Fillipo, John Fontana, Wendy Furniss, Richard Garibaldi, Brenda Grant, James Hadler, Virginia Kristie, Sue MacArthur, Jennifer Martin, Richard Melchreit, David Neville, Julie Petrellis, Michael Pineau, Jon Olson, Jean Rexford, Richard Rodriguez

Call to order: Richard Melchreit called the meeting to order at 9:00 a.m.

Thanks:

The members of the Advisory Committee thanked Karen Buckley Bates for her excellent leadership in facilitating the Committee to this point. Richard Melchreit, the new DPH HAI Program Coordinator, will begin facilitating the Committee. Karen will stay on the Committee as a voting member.

Introductions:

Lauren Backman and Richard Rodriguez, the new DPH HAI program staff, were introduced to the Committee. Other new participants at the meeting include Virginia Kristie of the Hartford Hospital/DPH Lab, Michael Pineau of Qualidigm, and Marielle Daniels of CHA.

Legislative Update:

The legislature considered a bill (SB 579) to mandate screening of high-risk patients for Methicillin Resistant Staphylococcus Aureus (MRSA) on admission to the hospital. DPH did not take a position on the bill, but submitted informational testimony on the activities of the Advisory Committee and DPH pursuant to the current HAI law (PA 06-142). The legislature passed a revised bill requiring hospitals to submit MRSA prevention plans to DPH. The Governor may have signed the bill into law, Karen Buckley-Bates will check to confirm this.

The current funding for the HAIP program staff should continue now as part of the budget. There were no additional funds allocated, but there is the possibility that $55,000 were allocated to continue the educational campaign in the next state fiscal year (which begins July 1). Karen Buckley-Bates will check on this. No additional funds were allocated for costs incurred by the hospitals.

Education Sub-committee:

The subcommittee reviewed and enthusiastically approved the educational campaign's materials on hand hygiene. Samples were handed out to the Committee. The kick-off event to showcase this campaign is planned for June 13, at the Capitol. The letter of invitation and agenda for the event was shared with the Committee. It was suggested that the letter of invitation be posted on the DPH website, and that the educational materials be posted right after the kickoff. The suggestions will be forwarded to Bill Gerrish at DPH.

Hospital Visits Report:

The DPH HAI Program staff (Richard Melchreit, Lauren Backman and Richard Rodriguez) has visited 16 of the 30 hospitals. All three DPH staff persons go to each visit. Both hospital and DPH staff have found these visits very informative and helpful. In addition to giving staff good "context" to better understand the issues involved in HIA prevention and in this program, it has been an excellent teambuilding exercise and has helped hospital and DPH staff answer questions. The remaining visits will be completed by mid-June.

NHSN Conferring Rights Instructions:

All 30 hospitals are submitting data, according to NHSN, but a process of "conferring rights" must be completed before DPH can see that data. DPH has prepared draft instructions for "conferring rights" to the CLABSI data based on model instructions developed by NHSN staff. The process is being discussed at the hospital visits, and the finalized instructions will be sent to the hospitals as soon as the hospital visits are completed and the draft edited.

Update on MRSA typing initiative

Stacy Kinney, the laboratorian hired to perform PFGE testing, will be meeting with hospital laboratory representatives from around the state at CHA on June 17th to inform them about the MRSA typing initiative. The Laboratory has begun receiving isolates and testing. Hospitals are being encouraged to make the submissions as quickly as possible, and Committee members were encouraged to spread the word about rapid submission of samples. It takes approximately one week to complete the PFGE testing.

Report:

The Committee discussed the format and content of the upcoming (October 1) report to the legislature and public. It was suggested that the report carefully explain the data, including its limits, and compare the data to national findings. One suggestion was to use modification of the annual national NHSN report as a model for at least some of the data breakdowns (e.g., stratify data by type/size of hospital). A question and answer format is often a good way to report scientific information in a way useful for the public, and this could be considered. New York's report should be examined; they did a good job of explaining their initial data. Such explanations will need to address some hard to explain issues, such as the importance of consistency of surveillance definitions and the effect of aggressiveness in assigning cases to meet the definition on the rates (i.e., more aggressive surveillance will raise the rate of events). These explanations should also include some preliminary discussion of best practices, and note that the data will need to be validated (discussions about validation are active on a national level during the NHSN calls). New York may be a model; they have already been addressing this issue. Adding trend data, once it is available, will be helpful, especially as some hospitals are further along while others are more recently incorporating best practice processes.

As this is a "pilot" data report, it was also suggested that the report include an indication of the anticipated format of subsequent reports, and that the next report (on the full calendar year 2008 data) be published approximately April 1, 2009. In addition, the legislature could be approached to modify the required annual reporting date from October to April.

Educating the press and the public about the upcoming report before its publication would be very helpful, and this would be a good next activity for the education subcommittee. The $55,000 appropriation for education in the current state fiscal year may be repeated in the next (which begins July 1), and would be available for such a campaign. Karen Buckley-Bates will check on this. New York had a good campaign before their first report; this could be a model. The Behavioral Risk Factor Surveillance System (BRFSS) a annual telephone survey of the general public's health knowledge, attitudes and practices, might be considered as a way of assessing the public's desires and needs for information about HAIs. A module on a special health topic can be added to the annual federally funded base survey. Modules generally cost $5,000 to $10,000. Rich Melchreit will check on this with the DPH BRFSS Coordinator.

Expansion of reporting to additional "Events":

The intent of the Committee has been to start with CLABSIs in an ICU at each hospital as an initial event, and to add on after publication of the first report. At this meeting, the Committee held an initial discussion on ideas for such expansion. One possibility would be to continue to focus on CLABSIs in this first expansion, and to expand reporting to CLABSIs to additional ICUs at the hospitals and/or onto the floors. During staff hospital visits, the hospital Infection Prevention staff regularly note that there are more patients with central lines on the floors than in the ICU. Alternatively, the Committee could consider adding Surgical Site Infections (SSIs) but rates of these are challenging to quantify because of the compilations in tracking cases for long periods after discharge from the hospital. Ventilator Associated Pneumonias (VAPs) don't require such tracking, but it can often be difficult to determine whether a particular patient fits the case definition or not. A suggestion was made to consider an alternative: adding process measures, such as application of the prevention "bundle" of best practices for central line insertion, rather than an addition outcome measure. This could be more reliably counted than several of the outcome measures, and has been documented in the literature to lead to infection prevention, which is the goal of the program.

A proposal was made to develop some background and discussion facilitation "white papers" on these topics. It was noted that an assessment and recommendations on needed resources for adding reported events and in promoting prevention activities to lower infection rates should be included. Jean Rexford and Rich Melchreit will research best practices and activities in other states to gather material that could be included in the white papers.

This topic should be added to the agenda of the September meeting(s) of the Advisory Committee to ensure that the expansion is ready for the next calendar year.

Adjournment: the meeting adjourned at 10:35 a.m.

Future meetings:

Meetings will be held by conference call in June-August. These will focus on preparing the October 1 report. Announcements of these will be by email.

The next in-person meeting will be held on September **10?,** 2008, 9 to 11 a.m., at the Connecticut Hospital Association.