Connecticut Healthcare Associated Infections Advisory Committee
Minutes
September 10, 2008

Attendees: Lauren Backman, Laurie Brentlinger, Karen Buckley-Bates, Lillian Burns, Brian Cooper, Louise Dembry, Diane Dumigan, Nancy Dupont, Brian Fillipo, Wendy Furniss, Brenda Grant, Diana Kelly, Sue MacArthur, Jennifer Martin, Harry Mazadoorian, Richard Melchreit, Jon Olson, Marcia Petrillo, Judy Pilch, Michael Pineau, Jean Rexford, Richard Rodriguez

Call to order: Richard Melchreit called the meeting to order at 9:05 a.m.

Introductions:

Several new participants were introduced. The EXCEL spreadsheet with Committee member and participant contact information has been prepared and updated, and is being used as the sign in sheet. Members and participants were asked to check it to correct inaccuracies, and fill in missing contact information. This is a public document. The Committee again agreed to have this updated version distributed to persons on the contact list via email. A revised version will be sent to members and participants within one week. NB: A new term has been adopted by APIC and the infection control professional community to better reflect the current duties of Infection Control Professionals and the state of the art of their profession: the new term is "Infection Preventionist" and the DPH HAI program reports and publications will use the new term.

Discussion and approval of the October 1, 2008 Report to the Legislature:

The revised report draft that was distributed to the Committee prior to the meeting was discussed. It was noted that the Executive Summary describes the process of choosing the current outcome measure (CLABSIs in ICUs) and future expansion to include additional measures as "measured and incremental." It was suggested that terms found on page 15 of the draft "critical and clear" were more reflective of the Committee's intent and approach. The final draft will include this change.

The Committee discussed how to make the key information in the HAI reports accessible, useable, and focused for the public. It was suggested that a clear "quick link" on the DPH website for easy access be made, this will be pursued with the DPH Webmaster. While this report and companion materials will be posted on the DPH website using the currently available formatting scheme to make them accessible to the public, HAI staff will continue to research best practices and will develop and present proposals at future Committee meetings for changes and advances in this area to use for subsequent reports.

The voting members of the Committee voted on a motion for adoption of the Report by the Committee, and submission to the Commissioner of DPH, for review and submission to the legislature. The motion passed: 8 yes, 0 no, 3 not present and not voting.

Next steps for the Report include submission to the Commissioner for review and signoff, preparation of a transmittal cover letter, and hardcopy and electronic submission to the legislature. Committee members suggested that once adopted and finalized, it be emailed to the

Public Health Committee chairs and posted to a legislators' list serve (if such a list serve is available).

Web posting at DPH may take a few weeks, but the process is already beginning with the companion materials. Committee members supported the proposal to have DPH issue a press release announcing the publication of the Report, but advised DPH to not to issue a press release until it is available on the website. If DPH chooses to make the release, Committee members requested that hospital CEOs and IP staff be notified, perhaps by email, a day or more before release, if possible, to be prepared to respond to inquiries.

It was suggested that additional background information on the varying sizes, services, training programs, and the types (and risks) of populations served at the various hospitals would be good content for the website and in future legislative reports to give the public and policymakers important context with which to interpret data.

It will be important to make sure we answer consumer's questions on the website and the Committee have consumer and public representatives that ask good questions that will be a source of the kinds of questions that consumers will pose.

Update on NHSN CLABSI Data entry:
The hospitals are continuing to submit CLABSI data, and most have submitted their July data within the 30 days of the end of the month, in compliance with NHSN expectations. The HAI program will monitor the timeliness of submission and reminders and TA will be offered to late submitters

Data was not included in this Report from pediatric ICUs (PICU), because the preliminary data was only available from two, which raised concerns about inadvertently releasing data that could identify specific institutions before the data was validated and before confidentiality/legal concerns were clarified. The Committee reviewed its recommendations for PICU data submissions. It was the sense of the Committee that they had been interested in having all three of the PICUs in the state submit CLABSI data. Having all three submit data gives a fuller picture and basis for intrastate comparisons. The DPH HAI program will need to communicate with the hospitals with PICUs about this plan, and include the data (from all three PICUs) in future reports. When the HAI initiative was launched last year, the Committee had also expected that all hospitals would submit data on at least one ICU. One of these ICUs should be a Medical ICU (MICU) if the hospital has an MICU. If the hospital does not have a MICU, then the hospital should submit data on a Medical Surgical ICU (MSICU). At this time, all hospitals have one or the other, and are submitting this data.

HAI Program Regional Trainings:
The four regional trainings held in July and August were very successful and highlighted the important of regular technical assistance and training, and the complexities and possible misunderstandings that can arise when performing HAI surveillance for the initiative. A summary report was handed out.

Besides fostering a collegial network, the trainings helped hospital Infection Preventionists (IPs) and the HAI program clarify some important gray areas, problem areas, common questions, and case studies were done. Some excellent suggestions were raised and shared among the participants: putting the surveillance definitions on a laminated card for easy and regular reference, for instance. A summary report on the trainings was handed out.

Discussions at the trainings and afterward highlighted some important issues and needs for clarification. For instance, the surveillance definition includes different criteria for CLABSIs with normally expected pathogens than for CLABSIs with bacteria that are normally skin contaminants. Not all trainees were clear on that point. It also pointed out how some cases require a "judgment call" on assigning complicated cases. It also pointed out that cultures are frequently drawn from the line, which might increase the risk of contamination of the same form a colonized line. NHSN guidelines recommend, but do not require, that all blood cultures be drawn peripherally. The Committee concurred with the NHSN recommendation, because the clinical situation and completing goals (minimizing patient discomfort) must also be taken into account in the decisions of how to obtain the blood for culture.

Members of the Committee that have attended the trainings noted that the locations and scheduling were very good, especially because the dates avoided conflict with the national APIC meeting. Scheduling to avoid conflicts with APIC and similar meetings and conferences will be helpful in the future too.

Data Validation Project:

Now that the data entry and reporting system is up and running, the reliability of the data needs to be validated to ensure that all CLABSIs are being identified and that non-CLABSI infections are not being misreported as CLABSIs. The DPH HAI program staff is beginning to plan the validation, and plans to adapt CDC and NYS guideless, protocols, and materials. Such validation protocols involve matches of laboratory reports to reported infections, and chart audits.

DPH HAI staff met with Dr. Lewis from the University of Hartford about the project. Their nursing class is comprised of practicing nurses advancing their degrees. They could contribute 3-4 students at 80 hours each to the project to perform chart reviews and abstract data, and a student engaged in a research practicum for assistance with instrument preparation and data analysis. The University of Connecticut may also be able to supply students to abstract data. The HAI program would like to work with an ad hoc group on methodology, interested members were asked to contact the HAI program. A paper describing the data validation project was distributed to the Committee as a handout.

Education Sub-committee:

DPH membership on the Sub-committee will change: Bill Gerrish and Wendy Furniss are rotating off, and Richard Melchreit and Lauren Backman will be joining.

The kick-off event to showcase this campaign was held June 13, at the Capitol. It was successful, though participation of more hospital CEOs and more extensive media coverage

would have amplified its effect. The Two Hands educational materials have been distributed to hospitals and some long term care facilities (but apparently not a majority).

Suggestions for the Sub-committee's next steps were solicited. They included making the materials more easily downloadable from the webpage; including FAQs and highlights for the community in the materials packet; getting the campaign on the agenda of hospital CEOs, CFOs, and CMOs (CHA has a regular meeting of the latter); making visitors a target group for the next round; encompassing LTC facilities, and outreach to their IP group; considering some education specifically on infection control practices for CLABSIs; looking at Dr. John Boyce's Hand Hygiene website for ideas; spending some time on education of the media; and considering MRSA/VRE messages.

Ray Andrews and Harry Mazadoorian, members of the Committee wrote an excellent OpEd published in the *New Haven Register*. Harry noted that it was a challenge to get it published, because it wasn't seen by various papers as particularly controversial, which emphasizes the value of media education and networking.

The current funding for the HAIP program staff was appropriated, $55,000 were allocated to continue the educational campaign in the 2008-9 state fiscal year (which began July 1, 2008). No additional funds were allocated for costs incurred by the hospitals. The Sub-committee needs to meet to go over budget and plans for the year.

The DPH HAI program staff will follow up with the Co-chairs for the Sub-committee to discuss next steps based on the issues and suggestions noted above.

Next steps for the Committee, future meetings:
The Committee will meet in November to review the rollout of the Report and any reaction to it from policymakers and the public. The Committee would meet quarterly in 2009. They would be held on a Wednesday morning in February, May, September, and December.

The Committee was asked about meeting site preferences (CHA vs. the Department of Public Safety complex, or other locations), and they expressed interest in continuing at the Connecticut Hospital Association in Wallingford if it were available.

The next in-person meeting will be held <u>Monday</u> November 3rd from 9 to 11 a.m., at CHA in Wallingford.

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