

**Connecticut Healthcare Associated Infections Advisory Committee
Minutes
November 4, 2009**

Attendees: Ray Andrews, Lauren Backman, Judy Bahr, Laurie Brentlinger, Karen Buckley-Bates, Marielle Daniels, Louise Dembry, Brenda Grant, Alison Hong, Diane Kelly, Cynthia Kohan, Richard Melchreit, Mary Pakulski, Julie Petrellis, Jean Rexford

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

Review and approval of prior Advisory Committee meeting minutes (8/6/09) and Advisory Committee Meetings/Conference Calls (9/29/09 and 10/14/09): The draft minutes were reviewed, and accepted as written, with the correction of one typo in the draft 10/14/09 minutes.

Federal stimulus funding update:

The EIP (enhanced HAI surveillance) funding of \$338,000 has been received and will fund 70% of an Epidemiologist 3 for the two-year ARRA-funding period (level 3 is a senior level epidemiologist responsible for a significant public health project). The remaining 30% of the individual's time will be supported with other EIP funds, in particular, funding for H1N1 related surveillance. Interviews have been conducted, and DPH is in the process of choosing the candidate that will receive the offer of employment. Connecticut is participating in EIP protocol-development workgroups on a national HAI point prevalence pilot survey in hospitals, surveillance in dialysis centers, and validation. EIP will also develop enhanced surveillance protocols for Extended Spectrum Beta Lactamase (ESBLs, an enzyme produced by some bacteria that confers a type of antibiotic resistance), and will continue to work on MRSA and Clostridium difficile surveillance projects. Members of the Committee strongly advised that for frontline infection prevention staff be regularly and actively consulted on EIP protocols during their development to ensure their practicality and usefulness. DPH representatives on the EIP working groups will do this and advocate the entire EIP-HAI network do so.

The Epidemiology and Laboratory Capacity (ELC) ARRA-funded project received \$878,000 and the hiring of the four funded staff is underway (two full-time and two half-time). Each of the two two-year planning and program development positions will be assigned to assist the two major multi-facility prevention; collaboratives in the state: CUSP: Stop BSI and the Multi-drug resistant organism (MDRO) collaboratives, and will work on the comprehensive statewide HAI strategic plan. Contracts are being developed with the collaborative facilitating organizations to also give them some funding to support collaborative activities.

Prevention Collaborative report: CUSP: Stop BSIT

The committee receive an update on the current status of CUSP:Stop BSI. On a national level, the project is receiving ARRA funds, which puts the whole project under AHRQ (federal) funding, which should help with the expansion of the project in the coming two years. The project in Connecticut is very active, and has expanded to 16 hospitals. All are invited to join. The Connecticut hospitals have been submitting data and participating in technical assistance activities focused on developing a culture of safety in their assigned ICUs. The culture of safety

aspect of the project, which is a significant component, can translate into other HAI prevention initiatives (e.g., ventilator associated pneumonia prevention, etc.).

Committee Vacancies:

The Committee’s Connecticut State Medical Society and hospital epidemiologist member positions are vacant. It was suggested that the State Medical Society be approached about nominating a hospital epidemiologist to be their representative, and that the Commissioner of DPH consider an Infection Preventionist (IP) for the second “hospital epidemiologist” position. Having an IP as a voting member would be particularly important and reflect the essential role and leadership of IPs in hospital epidemiology programs.

Legislative/Government Relations Report:

DPH has submitted a legislative option for the coming session (which begins in February 2010) to clarify the legal position of the Committee. This legislative proposal will not change the composition of the group, but will make it an official “advisory committee” to DPH. It was noted that some members have not been coming and that other legislatively mandated committee permit members to only miss three consecutive meetings before being replaced. Karen Buckley-Bates will check with the Office of the Healthcare Advocate regarding getting a representative. It was noted that OPA is particularly busy at this time with the administration of the new “Sustinet” program.

Public Health Information Communication: websites

Through an online AV hookup, the Committee reviewed several websites from other states and the DPH website. The Committee asked the Education Subcommittee to reconvene, and work with DPH HAI and Communications Section staffs to develop a more interactive versions of the DPH HAI website with available in-kind resources and staffing, and a “parking lot” of possible enhancements that would be possible if the services of a web programmer could be obtained. This should involve input from a focus group of consumers. The Committee requested that the Educations Committee report back at the next Committee meeting in February on progress.

Future meetings:

The next in-person meeting will be held Wednesday February 10, 2010 from 9 to 11 a.m., at CHA in Wallingford.

Adjournment:

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