

**Connecticut Healthcare Associated Infections Advisory Committee
Minutes
November 3, 2008**

Attendees: Ray Andrews, Lauren Backman, Judy Bahr, Matthew Bizzarro, Laurie Brentlinger, Karen Buckley-Bates, Lillian Burns, Matt Cartter, Brian Cooper, Kathryn Cusano, Louise Dembry, Diane Dowling, Diane Dumigan, Anne Elwell, Brian Fillipo, John Fontana, Wendy Furniss, Richard Garibaldi, Brenda Grant, Diana Kelly, Sue MacArthur, Jennifer Martin, Harry Mazadoorian, Richard Melchreit, Ernesto Montesino, David Neville, Jon Olson, Mary Pakulski, Judy Petrellis, Michael Pineau, Jean Rexford, Richard Rodriguez, Diane Selvidio

Call to order: Richard Melchreit called the meeting to order at 9:03 a.m.

Introductions:

The Committee welcomed two visitors: Dr. Ernesto Montesino, a Hospital Epidemiology Fellow at Yale-New Haven Hospital, and Dr. Matt Bizzarro, a neonatal ICU attending physician at Yale-New Haven that has worked on advancing the prevention of HAIs in newborns.

Review and approval of September 10, 2008 Advisory Committee meeting minutes:

The draft minutes were reviewed, then accepted unchanged.

Report on the submission of the October 1 Annual Report to the legislature:

The DPH Office of Government Relations sent the Report to the chairs of the legislature's Public Health Committee. The Report will also be shared with the staff of the legislative caucuses before the November 24th special session, which should increase legislator access to the Report.

To publicize the Report to other states, DPH should put it on the NHSN webboard.

Sample pages from new the DPH HAI website were handed out. The importance of clear labeling and easy navigation to the HAI webpage from the DPH homepage was emphasized. One way to facilitate this would be to clearly label a link on the homepage. The right-sided column on the webpage has a list of such linkages and could be used. The HAI webpage will be activated for Committee review and comments in the next few days for a two-week comment period before it goes live for the public.

Data Validation Project update:

A study to evaluate the surveillance system is a standard and essential activity of public health epidemiology programs to validate the data: to ensure that it is complete and accurate. The HAI program is undertaking such a study now because the hospitals have completed a second round of training on the CLASI surveillance and NHSN and the initial report, on six months of unvalidated pilot data, has been completed. This has demonstrated that the HAI reporting system is functioning, and the data would be expected to be good enough to justify the effort to formally validate it.

The plan is to examine data from the last quarter of 2008 (October through December). HAIP staff will visit hospitals and check the charts of patients reported to DPH via the NHSN database to have CLABSI during those three months. These charts will be examined to determine whether the CLABSI that are reported are correctly labeled CLABSI (this would determine to what degree CLABSI are over reported). Laboratory records will be checked, and the charts of persons from the relevant ICUs that had positive blood cultures will be examined, to determine whether any of those patients should be been classified as a CLABSI and reported to the NHSN database (this would determine to what degree CLABSI are under reported). New York state's recent audit indicated that under reporting is more likely than over reporting. Connecticut will also attempt to track and verify whether there were any CLABSI within 48 hours of discharge from the ICU to the floor (New York did not do this due to the technical difficulties and the probable small number of such cases).

This validation study protocol will require IRB approval from the 30 hospitals, so it will take several months to complete. The study will be complete and a report on the results should be available to the Committee by late spring, probably in May. Discussion ensued on the purpose and goal of the study, and it was agreed by the Committee that such a validation study was important and useful, as long as it was closely linked to technical assistance and training of the hospital infection prevention staff, and that it be seen as a step in continuous data improvement.

Proposals for expansion of reported “events”:

After the release of the October 1 report, the Committee had planned to consider whether the reported HAI infection “events” should be expanded or changed in other ways. It was suggested that we not “substitute” one event for another, because trend data is important. Various proposals were mentioned, such as expanding the locations from which CLABSI are reported, adding process measures, such as central line insertion practices, etc. In any case, the resources needed for the changes, and the potential effect on hospital prevention programs should be considered. After discussion it was decided to convene an ad hoc group to study the issue in more depth, and report back to the Committee with a report of their findings and recommendations by the next meeting in February.

The Committee and participants were asked to join the ad hoc group. The following persons volunteered: Lillian Burns, Louise Dembry, Richard Garabaldi, Brian Fillipo, Julie Petrellis, and Diane Selvidio.

Proposed survey of hospitals:

The HAI program is proposing to distribute a survey to hospital infection prevention programs. The aim of the survey is to gather information that will help interpret the HAI data gathered by the program and guide the development of technical assistance and training activities. The survey will be supplemented by other data sources; including the recent email survey of central line use outside the ICUs in the hospitals; to develop a fuller profile of the hospital prevention programs, resources, and resource gaps. It will take 20-30 minutes (estimated) to fill out and is based on similar surveys, and many of the questions are borrowed or modified from surveys used by other states (e.g., New York and Massachusetts) and national organizations (e.g., the American Hospital Association). It has not been piloted yet.

The Committee discussed the proposal. Members asked how the survey would specifically advance the aim of the program, which is to prevent HAIs. The point was made that the survey could have the capability to assess current resources, gaps, needs for additional resources, and to supply background information that would be useful in deciding what events should be reported in the future. It will be important to have specific data on resource needs if DPH is to make the case to the legislature that the hospitals need more resources. The Committee decided to add this assessment project and survey to the ad hoc committees duties because it is closely linked to the discussion of expansion of reported events.

Education Subcommittee report:

This year, like last year, the \$55,000 of state funds is available for education of the public and health professionals about HAI prevention. The Education Subcommittee met last week and recommended that the \$55,000 be spent on 1) \$25,000 for a IT software vendor to program more "interactivity and better public access" into the new HAI website, and 2) \$30,000 for competitive minigrants to hospitals to foster best practice education for staff, patients, and visitors on how to prevent HAIs. An application process and review, similar to a state RFP process could be used to allocate the money, and a sample solicitation memo was distributed. The full Committee unanimously supported this two-item proposal. The DPH HAIP will follow up with Bill Gerrish, Director of the DPH Communications Office, to arrange for the IT software vendor, and Bruce Wallen of the DPH Contracts Section to determine the most efficient way of managing the minigrant project in order to rapidly obligate the money and give the awardees as much time as possible to complete activities by June 30.

Health provider clothing:

A member requested that this issue be raised for discussion. A recent article in the New York Times noted that the British National Health Service created guidelines on clothing for health care workers due to the theoretical concern that HAIs might be transmitted via clothing. The guidelines include measures such as restrictions on wearing scrubs outside the facility, rolling sleeves to the elbow, and interdicting neckties. The discussion noted that there is little or no research in this area to date, and that past experience with anthrax suggested that it is likely difficult to transmit pathogens via clothing. The DPH HAI program and the Committee will monitor this issue, and if research or circumstances suggest the need, it will be revisited.

Future legislative report dates:

It was decided to have the ad hoc group consider the proposal to ask the legislature to change the due date for the annual report.

Next steps for the Committee, future meetings:

The next in-person meeting will be held Wednesday February 4th from 9 to 11 a.m., at CHA in Wallingford. If the weather is bad that morning, call CHA at (203) 265-7611 after 6:30 a.m. and select option #4 to learn if the meeting will be held that day.

Adjournment:

The meeting was adjourned at 11:02 a.m.