

Healthcare Associated Infections Program
Special Meeting/Conference call notes
May 18, 2009

Attendees: Lauren Backman (DPH), Laurie Brentlinger (Danbury), Lillian Burns (Greenwich), Matt Cartter (DPH), Louise Dembry (Yale-New Haven Hospitals), Diana Eaton (DPH), Anne Elwell (Qualidigm), Richard Garibaldi (John Dempsey/UConn) Brenda Grant (Stamford), Jennifer Martin (CCMC), Harry Mazadorian, Pat Mshar (DPH), Jim Meek (Yale EIP), Richard Melchreit (DPH), Jon Olson, (DPH), Richard Rodriguez (DPH), Diane Steverman (L&M),

Call to order: The conference call started at 2:00 p.m.

Background:

Committee members were given a brief background on the purpose of the meeting: the two CDC Funding Opportunity Announcements (FOAs) for American Recovery and Reinvestment Act (ARRA) funds allocated to states for HAI prevention. The aim of the meeting was to give participants of the Committee updated information now that the FOAs have been published, and to solicit ideas and suggestions that could be used by DPH in applying for the funds. (Copies of the two FOAs were emailed to persons on the HAI Committee distribution list before the conference call).

The funding will be distributed as a supplement to two types of cooperative agreement funding streams (the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and the Emerging Infections Programs (EIP) cooperative agreements). Connecticut has both an ELC and an EIP cooperative agreement, so we can apply for both supplements.

The key goal of the ARRA and of the two announcements is to create or to retain jobs. In this context, we should be aiming to create jobs taking action to reduce HAIs. The FOAs, especially the ELC FOA, should support building the state health department workforce that will work to reduce HAIs.

Both are competitive, which means the amount of funds that will be awarded to each state will depend on how well the application matches the federal expectations for use of the funds. Connecticut is supportive of the ARRA and will vigorously pursue funding.

There are \$4 million available to supplement EIP cooperative agreements. Connecticut is one of the 10 EIP sites. The average award will be \$400,000 (range \$0 to \$800,000). The EIP programs usually, like Connecticut, involve public health agency-academic collaborations to pursue epidemiological research that provides important information to public health programs. Much of their work is driven by national protocols developed through active collaboration with each other and CDC.

The EIP funding can be used for one or more projects. One is to evaluate MRSA HAIs in non-hospital settings. CDC says that will be relatively minor for funding, (approximately 10%). The second is to create innovations in NHSN surveillance. Another is to promote NHSN modules for MDROs and c difficile. And the last is for activities to interrupt inter-facility transfer of MDROs and c difficile between healthcare facilities.

Three activities can be applied for through the ELC supplement: Activity A (planning), Activity B (use of NHSN), and C (prevention collaboratives). The average award for each activity is:

Activity A: \$100,000 (range \$0 to \$200,000)

Activity B: \$750,000 (range \$0 to \$1,000,000)

Activity C: \$350,000 (range \$0 to \$500,000)

NB: Funding for more than one activity may be less than any activity area singly.

Activity A provides support for state planning, to ensure each state can submit a state HAI plan consistent with the federal (DHHS) plan, as required by January 1, 2011. Activity B supports use of NHSN by states, and Activity C supports establishment of “multicenter evidence-based HAI prevention collaboratives among acute care hospitals within the state” to make progress on the National Prevention Targets in the DHHS HAI plan.

The ELC funding is contingent on the state’s ability to sustain the activities after the ARRA funding ends. This will need to be addressed in the application, and probably factored into the planning activity.

DPH staff has discussed the possibility of hiring state 2-year durational staff persons. This will very likely be strongly supported (and “doable”), as these are ARRA funds. Consistent with the philosophy and aim of ARRA, the aim of the sustainability planning should be to develop opportunities outside of state government for jobs in HAI surveillance and prevention that will be available after this durational period ends.

Both the EIP and the ELC cooperative agreement supplement applications are on a tight timeline: the deadline for both applications is June 26th, the funding for both will be distributed on August 30, and it can be expended until the end of 2011. The first progress and financial report is due October 10th.

Discussion:

The conference call participants suggested that training be a prominent part of the activities undertaken with ARRA funding. This promotes sustained benefit and develops the capability of the workforce to achieve the desired reductions in HAIs. Planning should include planning for training and workforce development. There are also some shorter term training needs that would build capacity, for instance, training of hospital IT staff on HAI prevention and use of NHSN. The training might include opportunities for networking and sharing of best practices in interfacing hospital IT systems with NHSN (if that is possible). It was noted that DPH staff would need to consult with the Connecticut Department of Information Technology and DPH IT staff on any proposed activities involving IT.

It was also noted, as an aside, that establishment of electronic reporting of reportable conditions would be helpful; it would free Infection Preventionist time for HAI prevention activities.

The other major priority that participants advised is to continue to support the validation the required Connecticut HAI data that is collected via NHSN. Clearly this is very labor intensive, and needs to continue, but will require more staff.

Connecticut has two major HAI prevention collaboratives: the CHA CUSP: Stop BSI and the Qualidigm MDRO collaboratives. There may be other small collaboratives that can be supported and promoted. The state could benefit from a “collaborative” coordination and resource response staff person to work with the collaboratives to share information, especially about best practices, promote best practices and effective and help best practice communications.

The long term care facility nursing Infection Preventionists are very interested in the HAI prevention activities and would be a good group to work with on relevant activities.

In Connecticut we will need to consider how our EIP program could best work in this area, as they are community (not healthcare facility) focused.

Participants asked, in terms of jobs, what would fit with the ideas above? A good fit could be hiring a group of durational project managers. One could focus on planning, another on fiscal support for the cooperative agreement supplemental (on an ARRA ELC supplement conference call CDC said this would be permitted), a person to work on data analysis and training of IT staff, 2-4 data validators, and a staff person to work with and to promote prevention collaboratives (this might be favored by CDC as one of their goals is to enhance partnerships between healthcare facilities and public health agencies. As noted earlier, these positions would not continue beyond the end of ARRA funding, but planning and progress in healthcare reform and HAI prevention infrastructure building could open opportunities for other positions in the field. This would, in effect, not only make the ARRA funds a way to establish and retain jobs, it would simultaneously be a workforce development and prevention infrastructure-building program.

Adjournment:

The call was adjourned at 3:00 p.m.