

**Healthcare Associated Infections
Advisory Committee
Final Meeting Minutes**

February 6, 2013



Present: Jennifer Allis-Vasquez, Ray Andrews, Lauren Backman, Martha Bean, Jaya Bhargava, Matthew Bizzaro, Louise-Marie Dembry, Carol Dietz, Brenda Grant, Alison Hong, Heidi Joseph, Diana Kelly, Cynthia Kohan, Trini-Ann Mathew, Richard Melchreit, Julie Petrellis, Deborah Quetti, Jean Rexford, Richard Rodriguez, Sylvia Van Heerden, Douglas Waite, Valerie Wyzykowski

Phone Attendees: Laurie Brentlinger, Jeannine Childree, Dale Cunningham, Kathy Cusano, Cathy Ligi, Marie Sudsbury

Next meeting: Wednesday May 1, 2013 at the Connecticut Hospital Association, Wallingford, CT

Call to Order: Richard Melchreit called the meeting to order at 9:04 am

Review and approval of prior advisory Committee meeting minutes (8/01/12): A motion was made to accept the minutes from the 8/1/12 but the motion was tabled because the committee felt they needed more time to review the minutes.

HAI Meningitis Outbreak: The Centers for Disease Control and Prevention (CDC), in collaboration with state and local health departments and the Food and Drug Administration (FDA), continue to investigate a multistate outbreak of fungal meningitis among patients who received contaminated preservative-free MPA steroid injections from New England Compounding Center (NECC). To date there have been a total of 693 cases 45 deaths nationwide. 39 Connecticut patients were exposed in one facility and no cases have been reported to date. The CDC along with state and local health departments continue to monitor the outbreak. This outbreak is a good example public health and medical partnerships. Rapid response probably saved many lives.

Antibiotic Stewardship and the use of Antibiotics: Qualidigm reported on a collaborative CDC funded project that they are working on with DPH. Qualidigm is working with six "Communities of Care" in our state to develop and implement antimicrobial stewardship programs based on their community-specific needs with CDC funds from now until July 31, 2012. A survey was sent in November and there were eight Community of Care respondents (out of 15 in the state) that indicated half of them had antimicrobial stewardship program and there was need for educational programs for physicians and nurses. A kickoff workshop was held in January 2013 and participating facilities are expected to commit to appropriate antibiotic usage; attend meetings with community partners; participate in monthly collaborative conference calls; confer rights to NHSN data to Qualidigm (hospitals only); and participate in wrap up meeting in July 2013.

The Committee discusses partnering with the Connecticut State Medical Society and the Connecticut Infectious Disease Society and local health departments to begin dialogue with providers about antimicrobial stewardship. The committee agreed that this was a good idea.

The motion was made: *The Committee recommends DPH to send a letter highlighting the importance of antimicrobial stewardship in light of antimicrobial prevention to the Connecticut State Medical Society, the Connecticut Infectious Disease Society, and local health departments and encourage them to promote it by means such as their websites.*

The motion passed unanimously (6 yeas, 0 nays). DPH will draft a letter and ask for Committee advice on the text. The Committee also recommended that links to the CDC website on antimicrobial stewardship also be posted as well. DPH staff agreed to add these links to the DPH HAI program website.

CMS Reporting Requirements via NHSN: DPH HAI Program epidemiologist Rich Rodriguez presented an update on Connecticut HAI data. From 2009 through 2012, our statewide CLABSI SIR continues its downward trend. For 2012, our statewide SIR for CAUTIs and SSIs (for both abdominal hysterectomies and colon surgeries) was above 1. The data presented is pending validation. It will be presented as a statewide aggregate and not broken out by individual hospitals in the annual report to the legislature due May 1st.

NHSN Surveillance Definitions Update: Lauren Backman discussed changes made to the NHSN surveillance definitions. Changes to the definitions were made in October and December 2012. In order to clarify the changes to ICP's, Lauren conducted a webinar in January 2013 and went over the changes. Trainings for the VAE changes will be scheduled soon.

Education Activities: Lauren Backman described the trainings that she conducted in the fall of 2012. She conducted trainings to educate long term acute care facilities and acute care hospitals regarding the new NHSN definitions. The trainings were very well received.

NHSN "Required" or "Optional" fields for CLABSI, CAUTIs and SSIs: Lauren Backman conducted research on NHSN "Required" or "Optional" fields for CLABSI, CAUTIs and SSIs. The location of device insertion and date of device insertion are "optional" fields for blood stream infections and urinary tract infections. This data will assist DPH in understanding of possible issues with infection that might be introduced during insertion of devices. Lauren Backman agreed to speak at the next infection preventionist bi-monthly meeting and gain feedback and input from the IPs regarding the "required" and "optional" fields.

Internal and External Validation Activities: External validation will continue in 2013 and activities will include: CAUTI, CLABSI, SSI: COLO & HYST, CLABSI/CAUTI denominator data: device days and patient days, SSI denominator data: # procedures, surgeon, ASA, wound class, procedure duration, and validate location mapping. DPH is developing the protocol by the end of February 2013. The sampling period will be the 4th Quarter of 2012 and all 29 acute care hospitals will receive a site visit. The chart reviews will take place from April 1, 2013 – July 31, 2013. DPH was able to secure funds to hire temporary IPs to assist with chart reviews.

Committee Vacancy; Harry Mazadorian resignation: The HAI Committee has a vacancy for a "public" voting member. All committee participants are encouraged to send referrals for new members to Richard Melchreit along with a description of the person's background, qualifications and why this person would be a good fit for the Committee. The list of recommendations will then be forwarded to the DPH Commissioner for consideration. This will be helpful to the Commissioner in choosing the new committee member. She may choose someone who has not been identified through this process, but the information will be helpful in her deliberation in any case. Recommendations should be sent to DPH no later than February 28, 2013.

The next HAI Advisory Committee Meeting will be held on May 1st at Connecticut Hospital Association in Wallingford, CT.