

**Healthcare Associated Infections
Advisory Committee
Meeting Minutes**

May 28, 2014



Present: Ray Andrews, Dale Cunningham, Louise-Marie Dembry, Brenda Grant, Diana Kelly, Patricia Kelmer, Cathy Ligi, Alessandra Litro, Richard Melchreit, Deborah Quetti, Silvia Van Heerden

Phone Attendees: Laurie Brentlinger, Marie Sudsbury,

Next meeting: August, 2014 Location: TBD

Call to Order: Richard Melchreit called the meeting to order at 9:00 am

Review and approval of prior advisory Committee meeting minutes (03/26/14): A motion was made to accept the minutes from the 03/26/14 meeting. The minutes were accepted as is.

Prevention Collaboratives: Qualidigm is contracted with the state to conduct two collaboratives with funds that were secured through a CDC grant that are available through July 2014.

The Antimicrobial Stewardship (AMS) prevention collaborative is will be used to assist 11 participating communities to implement antimicrobial stewardship programs based on their community specific needs. There was a kick off meeting held in April 2014 that discussed best practices, the human microbiome, communities developed AIM statements and assessments were completed that were adapted from CDC. Participants identified targeted areas for improvement such as 72-hour antibiotic review, patient/family education and communication hand offs. Monthly conference calls are scheduled and a wrap up session will be held in July 2014.

The Clostridium Difficile (CDI) prevention collaborative is working with 33 participating long term care facilities to reduce CDI and multi-drug resistant infections using rapid cycle quality improvement techniques. The collaborative had a kick off meeting in April 2014 that discussed CDI pathophysiology, treatment and prevention. Participants also developed AIM statements and completed self-assessment tools utilizing APIC standards. Participants identified targeted areas for improvement such as hand hygiene, early diagnosis and rapid containment and environmental cleaning. Monthly conference calls are scheduled and a wrap up session will be held in July 2014.

New Member Update and Committee Vacancy: The CT DPH reported that the 11 voting members of HAI Advisory Committee have been filled. Our newest member Lynne Garner from the Donaghue Foundation attended the meeting and gave some background information about herself and welcomed herself to the group. A list of the HAI voting Committee members was passed out to the group and will be posted on the DPH website.

DPH Website Walkthrough: The committee was shown the revised DPH HAI program website where the hospital-specific HAI data is presented. A suggestion was given that some of the language of the website can be changed to be more suitable for the general public. It was pointed out that CSTE will be forming a workgroup to address best practices for presenting HAI data, and the HAI program will utilize the materials produced by this group when available.

Summary of the 2012 and 2013 Data (CLABSI, CAUTI, SSI, LabID Event) and CRE:

Richard Rodriguez presented an update of Connecticut HAI data covering the 2012-2013 time period. Regarding CLABSIs, Connecticut reached the national HHS action plan goal set for 2013. Regarding CAUTIs, CT acute care ICUs have shown reductions in its SIR and DU ratios between 2012 and 2013, with the largest decreases coming in the second half of 2013. SIRs for surgical site infections related to colon surgeries and abdominal hysterectomies have been higher than predicted in 2012 and 2013. In 2013, hospital onset MRSA incidence was less than predicted, while hospital onset C. Difficile incidence was slightly higher than predicted. Connecticut began laboratory based CRE surveillance in 2014. A brief, overview of the submitted data was provided to the committee

Validation Approach for the Future: Lauren Backman was unable to attend; therefore, Richard Melchreit presented in her stead. He put a question before the Committee: should we change policy on data validation before posting? The legislative language (CGS 19a 490 n) that authorizes the Committee and HAI program states that data should be able to be validated, but does not specify timing, any requirement that the data be validated before posting vs. after, or details of the validation protocols. Connecticut is the only jurisdiction (state/territory) that validated all three classes of HAI in 2012 using chart audits.

The lag between the close of the data year and public posting of the data is very long now (over 15 months). The number of HAIs reportable in Connecticut has grown enormously, since 2012 as has the number of clinical locations. This will not decrease as CMS will add more locations and HAI types in the future. CSM is already posting facility-specific data on Connecticut facilities on the Hospital Compare website, and more quickly than Connecticut DPH is posting. Validation resources are limited and will not increase substantially in the foreseeable future. This leaves us two basic possibilities, either stay the course (Post 2013 in mid-2015), but this is not sustainable with current resources, and protocol. Alternatively, we could post the data as soon as year closed, and maintain a continuous process of validation but don't hold up data posting pending validation (then we could publicly report 2013 in late spring of 2014).

The discussion raised important issues such as the goals of validation, the problem with having the newly posted data out-of-date (which means that recent prevention progress is not shared with the public, leading to misunderstandings) and how DPH validation fits with CMS's validation process. Data was presented that shows that Connecticut facilities do still underreport. This argues that validation is still necessary, whatever the timing of posting.

This presentation was intended to raise the issue for the committee (and not to make a decision at this meeting). Further discussion will be held with the Technical Advisory Group, and a decision will need to be made after the TAG reports back to the full HAI Committee (Multidisciplinary Group).

Membership , agendas and scheduling for TAG and EC Meetings: DPH staff. The DPH will start to convene the new groups in the summer of 2014. Meeting rooms will be booked and agendas will be made. The group agreed that the new groups will need a goal and a focus to work towards. The DPH will send out meeting notices and details in the weeks to come.

The meeting adjourned at 11:00 am

The next HAI Advisory Committee Meeting will be held in the fall of 2014 after the sub-committees have met.