

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

September 18, 2013



Present: Ray Andrews, Lauren Backman, Matthew Bizzaro, Kathryn Cusano, Louise-Marie Dembry, Carol Dietz, Wendy Furniss, Brenda Grant, Alison Hong, Diana Kelly, Alessandra Litro, Richard Melchreit, Jean Rexford, Richard Rodriguez, Valerie Wyzkowski

Phone Attendees: Laurie Brentlinger, Jeannine Childree, Cathy Ligi, Marie Sudsbury,

Next meeting: Wednesday November 6, 2013 at the Connecticut Hospital Association, Wallingford, CT

Call to Order: Richard Melchreit called the meeting to order at 9:03 am

Review and approval of prior advisory Committee meeting minutes (02/06/13): A motion was made to accept the minutes from the 02/06/13. The minutes were accepted but grammatical revisions need to be made.

Update on Data Validation: 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 has developed a protocol to review the data. Two experienced temporary nurses assisted the DPH with chart reviews from April 1, 2013 – August 31, 2013. 25 of the 30 hospitals are completed. The remaining 5 hospitals chart reviews will continue within the coming months. The data is being compiled and reviewed. Once chart reviews are completed and data is reviewed, a formal presentation will be made to the committee.

CLABSI Denominator Study: A paper has been submitted to a major epidemiology journal for publication from the 2010-2011 CLABSI denominator study. Findings from the study showed that patient and device days (CLABSI denominator data) that were electronically collected were under reported in Connecticut.

Committee Vacancy: DPH staff drafted a memo to the Commissioner with a recommendation to fill the public member vacancy on the committee. The Commissioner's office is looking for more than one candidate to choose from. DPH staff and Committee members were encouraged to submit names of candidates for consideration by September 26th.

Prevention Collaborative Update (Qualidigm): Qualidigm worked with six "Communities of Care" in our state to develop and implement antimicrobial stewardship programs based on their community-specific needs with CDC funds. Each team included hospitals, LTAC's, long term care facilities and home health agencies and is geographic in nature. Targeted areas of improvement included the development and implementation of asymptomatic bacteriuria protocols, implementation of antibiotic order forms, engaging medical directors at long term care facilities and improvement in the quality of information on antibiotic use when patients are transferred to the next level of care. Long term care facilities were surveyed in February 2013 using the Greater New York Hospital Association nursing home current AS practices survey. In April, Qualidigm produced communication/education tools at the request of one of the teams targeting asymptomatic bacteriuria, which included posters, single page hand-outs for staff and family members, a staff training outline and training scenarios. Two long term care facilities reported a substantial reduction in antibiotic usage associated with implementation of their asymptomatic

bacteriuria management protocol. The wrap up meeting was held in July 2013 and participants were very positive about the outcome of the project.

Qualidigm also worked on a CDI collaborative as well. The aim of the collaborative was to decrease CDI infections in participating facilities by 5% from baseline. Qualidigm worked with long term care facilities to implement quality improvement tools and techniques in order to achieve the goal. That included determining what actions need to be taken to effectively align facility practices with the ICNC (Infection Control Nurses of Connecticut) and CDC (Centers for Disease Control and Prevention) best practices, to implement them, and finally to evaluate the facility's process and outcome improvements. The intent was that the "champions" at each long term care facility will build the expertise to lead an internal team of staff in the Quality improvement tools such as brainstorming, multi-voting technique, process flow charting, the PDCA concept, and AIM statements were applied during the first visit. During the course of the visit, a multidisciplinary team selected their targeted area of improvement, and then developed an AIM statement, an action plan, and performance metrics. The areas that were targeted for improvement were: initial identification of CDI cases, staff knowledge deficits, and staff communication/notification regarding suspected or newly diagnosed CDI cases. The wrap up meeting was held in July 2013 and participants were very positive about the outcome of the project.

Review of draft letter for antimicrobial stewardship: The Committee reviewed the draft letter prepared by HAI program staff for the Commissioner's consideration. The Committee had suggestions for changes to the letter. DPH staff will rewrite the letter incorporating the Committee's suggestions and present the letter to the Committee again before sending the final letter to the Commissioner for her consideration. The letter will be sent to various medical societies and websites for distribution. The Committee suggested the letter be sent to other providers with prescribing authority such as physicians' assistants and nurse practitioners. The Committee suggested the letter be sent out by the DPH communications department, uploaded to the DPH Facebook page, and be tweeted about on DPH Twitter to gain public awareness.

HAI Annual Report: The DPH reported on the data that was presented in the annual legislative report. DPH decided to give summary data in the report and have a more detailed breakdown of the data on the DPH website for hospitals and consumers to review. The Committee was asked if they had any editorial suggestions they were to email the HAI staff by September 26Th.

The motion was made: A motion was made to form a committee that will design a survey to be sent to ambulatory surgery centers in Connecticut by December 1, 2013 to determine if the ambulatory surgery centers are associated with any hospitals to determine tracking, reporting, and patient follow up.

The motion was seconded and discussed. The Committee decided that a representative from the Connecticut Ambulatory Surgical Association be present at the next meeting to discuss their tracking methods. The motion was withdrawn pending that presentation. A suggestion was made to discuss dialysis centers at a future meeting.

Carbapenem-resistant Enterobacteriaceae (CRE) reporting: DPH staff will propose to the Reportable Conditions Committee that CRE's be publically reported in 2014. CRE's would be tracked in a database at DPH, very similarly to the way VRE's are tracked.

CSTE Position Statements: The DPH pointed out the CSTE has written a number of HAI position statements on HAI reporting and handouts were provided for review of those statements

The meeting adjourned at 11:00 am

The next HAI Advisory Committee Meeting will be held on November 6th from 9-11 am at Connecticut Hospital Association in Wallingford, CT.