Healthcare-Associated Infections Multidisciplinary Group
Wednesday, August 03, 2016, 9-11 am
Connecticut Hospital Association (CHA)
110 Barnes Road, Wallingford, CT 06492

Voting Members Present: Dale Cunningham, Louise-Marie Dembry, Alison Hong, Wendy Furniss, Jack Ross, Jacqueline Murillo, Lynne Garner, Jean Rexford

Present via Telephone: Ellen Edge, Jaya Bhargava

Members Excused: Carl Schiessl

Liaison Members present: Lauren Backman, David Banach, Johnathan Best, Bianca Cartagena, Evelyn Carusillo, Diane D'Addabbo, Carol Dietz, Diane Dumigan, Patricia Gannon, Paul Gentile, William Gerrish, Meghan Maloney, Richard Melchreit, Kathryn Cusano, Brenda Nurse, Julie Petrellis, Roza Tammer

New To Meeting: Theresa Kennedy, Doreen Beattie, and Cynthia Hayle, Anjali Poudyal

Issues Heard:

- Call to Order and Roll Call
- Welcome new members
- Approval of May 04, 2016 HAI Meeting Minutes
- Update on CT "Frontline Hospital" Ebola/SID Infection Control Site Visits
- Update on Inventory of CT Healthcare Facilities
- Review outbreak & HAI reporting and response in CT healthcare facilities
- Summary on Long Term Care CMS Star ratings & what they mean
- Expanding Infection Control & Response (ICAR) site visits
- Update on 2016 Qualidigm- QIO LTC C. difficile Project
- Update on the NHSN Re-baseline Work
- Antimicrobial resistance advisory (group)
- Report on IPRO – Dialysis ICAR Assessments

Agenda Item	Presenter	Discussion		Responsible Person(s)	Due Date
Welcome and Call to Order	R. Melchreit CT DPH HAI Program Coordinator	- The meeting was called to order at 9:00 am by Dr. Rich Melchreit. - Minutes for May 04, 2016 meeting were unanimously approved as written. - Roll call was heard including members who were in attendance, via telephone.		R. Melchreit	
New Member Welcome	CT DPH HAI Program	In an effort to expand the Healthcare Associated Infections (HAI) Advisory Committee, letters of invitation were sent to several healthcare agencies. **New Members included**: Theresa Kennedy, RN, MSN, Dir. of Nursing; Connecticut Valley Hospital, Ambulatory Care Services. Doreen Beattie, MSN, RN, Vice President, Nursing Services, Hospital Administrator; Hebrew HealthCare. Cynthia Hayle, Qualidigm. Diane D'Addabbo, RN, Nurse Consultant; CT DPH HAI program. Patricia Gannon, RN, Nurse Consultant; CT PDH HAI Program. Several other invited liaison members responded to the invitation to join the committee but were unable to attend.	Informationall only Expand HAI/HAG Advisory Group	R. Melchreit DPH HAI Staff	Ongoing
Old Business	**Presenter**	**Discussion**			
	L. Backman CT DPH HAI Program	**CDC Ebola Supplemental Funding to ELC (Epidemiology & Laboratory Capacity)** State Plan to develop and implement Healthcare Infection Control Assessment and Response (ICAR) L. Backman gave a brief over view of the Ebola Supplemental Funding from the CDC's Infection Control Assessment and Response (ICAR) Program received by the CT DPH HAI Program. The purpose of the funding is to augment the state's HAI plan, create a facility inventory of all CT health care settings and facilities, and identify infection control readiness, and mitigate infection control gaps that are identified. There are 26 frontline acute care hospitals (ACH) that will require a site visit and 3 long term acute care facilities, 12 ACHs have been scheduled at this point. The goal is to expand the assessment beyond Ebola readiness to include infection prevention preparedness for other serious infectious diseases.	State Plan Developed and submitted 10/01/2015	L. Backman, DPH HAI staff	Ongoing

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New Business		**Update on CT 'Frontline Hospital' Ebola/SID Infection Control Site Visit**			
	L. Backman, CT DPH HAI Program	L. Backman provided a slide presentation updating the committee on the status of the CT "Frontline Hospital" Ebola/ Serious Infectious Disease, Infection Control Site Visits. The current status of the 29 CT acute care hospital (ACHs) assessments were reviewed. 3 out of the 29 (ACHs) had CDC Ebola readiness site visits (with CDC team). On April 20, 2016 the CT DPH HAI team began site visits to assess Infection Control readiness in 26 "Frontline" hospitals. As of August 01, 2016 the team has completed 17 hospital visits and 25 of 26 will be completed by August 31, 2016. These site visits so far have been a great success and although these site visits are not mandatory, not one hospital has refused. We the CT DPH HAI program have seen hospitals working together to develop their response plan for EVD/SID and have included participation from all departments from administration through environmental services. These site visits have enabled the facility to showcase their plan and update it with recommendations from the DPH HAI team such as, suggesting a shorter more direct route for patient entry to avoid possible exposure to other healthcare workers and patients. We have been able to share various documents including recently updated CDC guidance documents for **Travel Screening, PPE, Primary Packaging of Medical Waste in Patients room**, **and Laboratory Guidance including Point of Care (POC) Testing** with the facilities. This was an excellent opportunity for both the HAI team and hospital personnel to review the overall infection control program and discuss facility concerns with all of the plan development team and infection preventionists. **Site visit Gaps observations to date:** **1)** Lack of resources and time to maintain healthcare worker and ancillary staff competency related to PPE donning and doffing. **2)** Facilities are not always up to date regarding the latest CDC updates and recommendations. **3)** Processing of Laboratory specimens was an issue at most facilities, e.g. multiple processing procedures for labs. Some labs processed specimens through various lab sections (hematology, chemistry, micro), other specimens processed for transport under hood, others processed in ED isolation room, some sent to CDC, some sent to state lab, some had Point of Care testing in ED isolation room. **4)** Many facilities did not address the needs of special populations (i.e. pregnant women, infants, etc.) and inclusion of family members.	CT Frontline Hospitals for Ebola Readiness CDC Site: Spring/Summer 2016 Assessment Time frame: August 2016- April 01 2018	L. Backman D. Dumigan E. Carusillo D. D'Addabbo P. Gannon L. Backman D. Dumigan E. Carusillo D'Addabbo P. Gannon	Completed: 09/01/15 - - 3 ACH Ebola ERA Assessment Visits April 2018

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New Business		**Update on Inventory of CT Healthcare Facilities**			
	L. Backman CT DPH HAI Program	L. Backman led a brief discussion on expanding the Infection Control Assessments both in number of facilities and depth/content of assessment. **ICAR(Activity A)** The CT DPH HAI program with guidance from the HAI-AC are to, expand infection control assessments beyond the prioritized Ebola designated facilities. Such as, Long-term acute care**,** Dialysis**,** Nursing Homes**,** and Outpatient Settings**.** The decision was made to target Long Term Acute Care Facilities such as Hospital for Special Care, etc. in September of 2016 and Long Term Care (Nursing Homes) in October/November 2016. Consensus was to assess a sample of nursing homes with a star 1 through star 5 status, excluding the ones C. Dietz will be working with. This would be a good time to start a relationship with the nursing homes and help them prepare for future reporting requirements.	Site Visits Scheduled for Sept, Oct, and Nov, 2016 Continue mapping CT healthcare facilities	L. Backman D. Dumigan E. Carusillo D'Addabbo P. Gannon	April 2018 Ongoing
		Review outbreak & HAI reporting and response in CT healthcare facilities			
Infection Control Assessment and Response (ICAR) Activity A4: HAI Outbreak & Response Capacities Public Health Self-Assessment Tool	D. Dumigan CT DPH HAI Program	D. Dumigan displayed a slide presentation reviewing the ICAR Outbreak Investigation and Response Activity A4. Public Health Assessment Tool. This tool was designed to assist health departments in performing an assessment of response capacities for healthcare-associated infections (HAIs). As part of the Infection Control Assessment and Response (ICAR) activities, ELC-supported health department HAI Programs were asked to evaluate factors and develop plans to enhance detection of outbreaks, improve reporting, and strengthen response capacities. Samples of the organization of the tool were viewed. **1)** Tracking, **2)** Detection/Reporting, **3)** Investigate, 4**)** Coordination/Communication/Outreach. The resulting output from this evaluation was used to improve the following; Detection and reporting of outbreaks, Clusters or unusual cases, The use of surveillance data for HAIs [e.g., Multi-Drug Resistant Organisms (MDRO'S)] to identify outbreaks and prevent transmission, Communication about outbreaks or breaches among state and local partners (e.g., State Survey Agency, licensing boards), Response capacities- Establish investigation protocols and train HD staff. A special thanks to Terry Rabatsky-Ehr and Lauren Backman for assisting in the completion of the tool.	2nd Draft (ongoing)	D. Dumigan L. Backman	

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Summary on Long Term Care CMS Star ratings & what they mean	E. Carusillo CT DPH HAI Program	**Summary on Long Term Care CMS Star ratings & what they mean** E. Carusillo reviewed the Centers for Medicare and Medicaid Services, Five-Star Quality Rating System**.** This system was developed in December of 2008 by CMS to provide an easy to understand system of ratings to help consumers make meaningful distinctions among high-and low preforming nursing homes. The overall star rating is a composite of 3 individual star ratings: **Health Inspections ratings**- The Health Inspection is based on the three most recent standard surveys for each home, results from any complaint investigation during the most recent three-year period and any repeat visits needed to verify that required corrections were implemented to ensure facility is back into compliance. **Staffing Ratings-** The staffing rating is based on 2 measures: **1)** Registered Nurse (RN) hours per resident per day; and total staffing hours per resident per day. **2)** Total staffing includes: RNs; Licensed Practical Nurses (LPNs); and Certified Nurse Aids (CNAs). Staffing data are submitted by the facility and are adjusted for the needs of the nursing home residents. and **Quality Measures rating-** Ratings for the QM are calculate by utilizing data from the three most recent quarters available which address a broad range of functioning and health status in multiple areas. Values are combined on 16 QMs (a subset of the 24 QMs listed on Nursing Home Compare) to create the QM rating. QMs are derived from clinical data reported by the nursing home.	Informational only		
Agenda Item	**Presenter**	**Update on 2016 Qualidigm- QIO LTC C. difficile Project**	**Action Item**	**Responsible Person(s)**	**Due Date**
	C. Hayle C. Dietz	Carol Dietz introduced Cynthia Hayle who gave a brief update on Qualidigm C. difficile Project. Regional based (6 states) quality improvement organizations covering New England with representative from in each state working on CLABSI, CAUTI, CDI, VAE. Helping ACHs to reduce infection rates, hospitals volunteer to be part of the project. Currently working with 9 CT hospitals. NHSN antimicrobial use measure to compare hospital antibiotic prescribing to national benchmark may become final rule in August. Nursing Home reporting for CMS: QIO will be required to have 15% of nursing homes enrolled. Nursing Homes will be required to report C-diff cases to NHSN in the near future.	Informational Only:	C. Dietz C. Hayle	

Agenda Item	Presenter	Update on the NHSN Re-baseline Work	Action Item	Responsible Person(s)	Due Date
NHSN Re-baselining	R. Tammer	R. Tammer presented the committee with updates on the Standardized Infection Ratio (SIR). The standardized infection ratio (SIR) is a statistical measure comparing observed and predicted healthcare-associated infections (HAI) **Observed HAI-** The number of infections we observe in our facility and report into NHSN during a certain time period. **Predicted HAI-** The number calculated based on the national SIR baseline **National SIR baseline-** An HAI incidence rate for a referent time period (how many HAI occurred and were reported into NHSN nationally during a certain time period) Currently the National SIR baselines are the original ones – the only ones. The current referent period for HAI Types are old and not current with the many changes and progress we have made over time. Why Re-baseline the SIR? Generally, to account for changes in NHSN since the original baselines were created, more facilities are now reporting data to NHSN, Changing demographics of facilities reporting data to NHSN, increase in number and types of locations reporting device-associated data to NHSN, Greater volume of procedures reported each year, Introduction and increased use of CDA, an increase in number of partners using the NHSN Group function But also… The really significant, substantial definition/protocol changes make the comparison of current data to old baseline data not the greatest statistical approach. Some of the benefits of Re-baselining- New baselines account for 2015's major changes to HAI definitions and criteria, A single referent (time) period resulting in more consistent methods for calculating predicted infections, Using 2015 data allows NHSN to create an updated risk modeling strategy, Re-baselining will make more SIR analysis output options available in NHSN, and changing the minimum precision criteria increases the scope of prevention activities. Impacts of re-baselining that will occur, data reported to NHSN for 2015 will be used as the new baseline for future SIRs, risk adjustment methods and risk models may vary from those generated using original baselines, all new risk models will be implemented into the NHSN application in the form of new SIRs, and NHSN users with data analysis rights will have access to SIR outputs using both the new and old baselines, depending on time period. The 2015 baseline is a new "starting/referent point" from which to measure future progress, therefore, it is expect that SIRs will shift closer to 1, particularly for the 2015 SIRs calculated with the 2015 baseline. **Coming soon-** Documentation will be revisited and updated as necessary, Education (newsletters, new quick reference guides, webinars)	R. Tammer December 10, 2016: Schedules release of NHSN v 8.6	R. Tammer	Ongoing

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	M. Maloney	**Antimicrobial resistance advisory (group) update**		M. Maloney	Ongoing
Antimicrobial resistance advisory (group)		M. Maloney presented the committee with a brief update on some of the activities the Antimicrobial Resistance/Antimicrobial Stewardship Technical Advisory Group. Meghan shared a poster titled, The Coordinated Approach. The message is focused on healthcare facilities and public health authorities working together to better detect outbreaks, prevent infections, and improve prescribing using this coordinated approach. **CDC's Antibiotic Resistance (AR) Solutions Initiative:** $160 Million to: - Tackle the threat of antibiotic resistance (when bacteria can no longer respond to the drugs designed to kill them) - Transform how CDC and public health partners address and slow resistance at all levels with an ambitious approach - Empower the nation to respond comprehensively, efficiently, and effectively. **CDC's AR Laboratory Network has 7 Regional Labs**. All regional labs will perform core testing for their region, including: - Molecular testing to detect colonization of carbapenem-resistant Enterobacteriaceae (CRE) - Threat assessments, special threat assessments by request on ne or known threats like MRSA, VRE, and VRSA - Isolate collection for use in CDC's AR Isolate Bank and whole genome sequencing projects Select Labs will provide additional to support nationwide needs, including - Fungal susceptibility of Candida species to identify emerging resistance - C. difficle special projects - Increased testing of Neisseria gonorrhoeae for antimicrobial susceptibility - Reflex Culture pilot with Salmonella and Entertoxixgenic E. Coli - Antimicrobial susceptibility and serotyping of multidrug-resistant Streptococcus Pneumoniae **Sectors that have been invited to join the Antimicrobial Resistance/Antimicrobial Stewardship Technical Advisory Group include,** Infectious Disease Medicine/Hospital Epidemiology, Infection Control, Pharmacy, State Laboratory, Laboratory Response Network, Outpatient Provider, Hospital Association, and QIO.			

Agenda Item	Presenter	Report on IPRO – Dialysis ICAR Assessments	Action Item	Responsible Person(s)	Due Date
	J. Bhargava	J. Bhargava called in to update the committee on the ICAR Dialysis Assessment; Due to the static interference of the call, update was difficult to hear.		J. Bhargava	
Agenda Item		**Action Items**		**Responsible Person(s)**	**Due Date**
		A Motion was passed and approved to create a sub- committee group to discuss and make recommendations related to licensure issues (e.g., should there be licensure requirement changes/additions related to infection control? Should continuing education requirements for maintenance of licensure for certain professionals (e.g., MDs) be updated to include infection control and made more flexible to be more easily updated than through statutory changes?). Dr. Melchreit will work on details (Agenda, Participant List, and meeting dates)	Motion accepted	R. Melchreit	
		2016 Quarterly Meeting Dates:			
2016 HAI Committee Meeting Dates	R. Melchreit, CT DPH Program	Meetings will be held from 9-11 am at CHA Wallingford, CT • ~~February 3, 2016~~ • ~~May 4, 2016~~ • ~~August 3, 2016~~ • November 2, 2016 – (Location TBD)	Informational Only	R. Melchreit	
Adjournment		- Due to time restrictions some agenda items were not reviewed and will be discussed at next HAI-AC meeting. Motion was made to adjourn, all members accepted.			
Attachments		1. DPH Advisory Committee Meeting: August 3, 2016 (Power Point)- L. Backman 2. CT HAI Advisory Committee May 4, 2016 meeting minutes. 3. Review outbreak & HAI reporting and response in CT healthcare facilities (Power Point) D. Dumigan 4. Summary on Long Term Care CMS Star ratings & what they mean(Power Point) E. Carusillo 5. Update on the NHSN Re-baseline Work (Power Point)-R. Tammer 6. Antimicrobial resistance advisory (group) (Power Point) M. Maloney			

Ongoing 2015-2016 Initiatives to be Discussed and Finalized 2015-2016	Actual Date of Completion
1. Assessing hospitals for Ebola readiness	Ongoing
2. Facility inventory of CT healthcare facilities	Ongoing
3. CT DPH Healthcare Quality & Safety (Regulations & Facility Licensing) State Surveys for IC gaps.	Completed for ACH: 9/15/15 50% Completed for LTC (nursing home): 11/01/15
4. CT DPH HAI Outbreak Reporting Plan	Ongoing