CT HAI Multidisciplinary Group Meeting Minutes
November 4, 2015

Attending HAI Advisory Members: Dale Cunningham, Louise-Marie Dembry, MD, Lynne Garner, Brenda Grant, Wendy Furniss, Jean Rexford, Carl Schiessel, Jack Ross, MD, Jacqueline Murillo,

Present via Telephone: Brenda Nurse, MD, Bill Fried, MD

HAI Advisory Members Excused: Allison Hong, Ray Andrews

Liaison Members present: Lisa Freeman, Krystn Wagner, MD, Lauren Backman, Harry Byrne, Tracy Creatore, Kathryn Cusano, Carol Dietz, Meghan Maloney, Mag Morelli, Richard Melchreit,MD, Noelisa Montero, Bianca Cartagena, Roza Tammer, Kristen Bogognone, Marylee Oleksiw, Jaya Bhargava, Kathyleen Pitner.

Agenda Item	Presenter	Discussion	Action Item	Responsible Person(s)	Due Date
Welcome and Call to Order	L. Backman, CT DPH HAI Program	The meeting was called to order at 9:00 am by L. Backman. Minutes of September 16, 2015 were approved as written.		L. Backman	
New Member Welcome	L. Backman, 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 liaison members in attendance included: Anthony Tomassoni, MD, YNHHS-CEPDR; Krystn Wagner, MD, Fair Haven Community Health Center, and Bill Fried, MD, Aetna Corp.. Several other invited liaison members responded to the invitation to join the committee but were unable to attend.	Informational only	L. Backman	
Old Business					
	L. Backman, CT DPH HAI Program	Lauren Backman reviewed 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.	Informational only	L. Backman	

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New Business					
CDC Ebola Supplemental Funding to ELC: **State Plan to develop and implement ICAR**					
Introduction to New HAI Staff	L. Backman, CT DPH HAI Program	New CT DPH HAI staff who attended the meeting included: • Marylee Oleksiw, BSN, RN, CIC, Nurse Consultant- Infection Preventionist • Roza Tammer, MPH, HAI NHSN Surveillance Consultant • Noelisa Montero, MPH, CSTE Fellow 2015-2017	Informational only	L. Backman/ HAI STAFF	
Follow- up on CDC/CMS Communique: Failure to Report NHSN HAI Data					
CDC/CMS Communique	L. Backman, CT DPH HAI Program	L. Backman presented slides on The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) joint communiqué sent October 7, 2015. The CDC received reports from NHSN users that some of the decisions about what infections should be reported to NHSN are made by individuals who may choose to disregard CDC's protocol, definitions, and criteria or who are not thoroughly familiar with the NHSN specifications. In addition, CDC has received reports that hospitals are intentionally reporting incorrect data, or deliberately failing to report data that are required to be reported. A letter was sent to all NHSN users and hospital administrators, reiterating the importance of adherence to CDC infection definitions and that failure to adhere to these protocols could lead to revocation of NHSN enrollment as well as other penalties for failure to comply with CMS reporting requirements.	Informational Only: CDC/CMS Communique: Failure to Report NHSN HAI Data	L. Backman	
Update and Purpose for Assessing CT Hospitals on Ebola readiness: CDC Site Visit					
Assess CT Hospital for Ebola Readiness	L. Backman CT DPH HAI Program	**Assess Ebola Readiness of CT Hospitals.** L. Backman provided a slide presentation updating the committee on the status of Ebola readiness in CT ACHs. The current status of 29 CT acute care hospitals (ACHs) was presented. Two ACHs had CDC site visits to assess readiness in November 2014. The CDC Ebola Readiness Assessment (ERA) Team came to CT on August 24 & 25, 2015, to assist CT in conducting an ERA visit at one ACH. CT DPH is in the process of summarizing the CT DPH team findings and will submit a written report to the ACH. In the next 6 months, CT will lead site visits to assess for Ebola readiness at Twenty-six "Frontline ACHs". CDC ERA Team included: Dan Pollock, MD Team Lead, Anne Pollock, Lab/Waste, Kelly Dickinson, EMS/Preparedness, Jill Shugart, NIOSH/Worker Safety, Captain Patricia Pettis, ASPR Field Rep.	CT Frontline Hospitals for Ebola Readiness: CDC Site Visit August 24 and 25, 2015	L. Backman	Completed: 09/01/15 -- 3 ACH Ebola ERA Assessment Visits

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Conducting CT Hospital Assessment for Ebola Readiness	L. Backman CT DPH HAI Program	**Conducting "Frontline Hospital" Site Visit Assessments of 26 Frontline CT Hospitals** L. Backman discussed the three tiered approach to EVD Hospital Preparedness: **A Tier 1:** Ebola Treatment Hospitals will be expected to provide comprehensive care to people diagnosed with Ebola virus disease (EVD) for the duration of a patient's illness. **A Tier 2:** Ebola Assessment Hospitals will be expected to receive and isolate a PUI for EVD and care for the patient until an Ebola diagnosis can be confirmed or ruled out and until discharge or transfer is completed. Ebola assessment hospitals should be able to provide up to 96 hours of evaluation and care for PUIs, **Tier 3:** Ebola Frontline Hospitals will be expected to rapidly identify and triage patients with exposure/travel history & S&S compatible with EVD, Immediately isolate any patient with exposure/travel history & S&S compatible with EVD and take appropriate steps to adequately protect staff caring for the patient, including appropriate use of personal protective equipment (PPE). Frontline hospitals should be able to provide care (>12–24 hours). The CDC domain categories for "Assessment" for Acute Care Hospitals were reviewed and included the following; Facility Infrastructure, Patient Transportation, Laboratory Safety and Testing, Staffing, Training, PPE, Waste Management, Worker Safety, Environmental Services, Clinical Management, Operations Coordination. Three Frontline hospital site visits are scheduled for Dec. 1& 2, 2015 Site Visit Agenda: • Review EVD Hospital Plan • Conduct Walk-thru of patient arrival by ambulance or walk-in, ED Parking lot, ED, Lab, PPE donning/doffing • Review CDC Infection Prevention and Control Assessment Tool for Acute Care Hospitals • Identify Gaps • Hold small group meeting with 5-6 ACHs IPs to discuss gaps and mitigation plan.	Assess Readiness of Ebola-designated Assessment Hospitals		Due Date for Completion: Spring 2016
CT DPH HAI Outbreak Reporting Plan	M. Oleksiw, L. Backman, D. Dumigan CT DPH HAI Program	M. Oleksiw provided a slide presentation on the preliminary work on the DPH Outbreak Reporting Plan. CT DPH HAI organized a subcommittee to compose a Reportable Disease and Laboratory Findings Managements and HAI Outbreak Investigations Protocols all in one document. An Open Introductory meeting was held on October 21, 2015. The Reportable Disease and Outbreak protocol Subcommittee included: Lauren Backman, RN,MHS; CT DPH HAI; Deborah Casinghino, RN; Facility & Licensing & Investigations section, CT DPH; Kathryn Cusano, RN, BSN, CIC; Infection Prevention, St. Vincent's Medical Center, Bridgeport, CT; Mary Dalton, CT DPH HAI; Louise Dembry, MD; Hospital Epidemiologist, Yale-New Haven, CT; Diane Dumigan, RN BSN, CIC; CT DPH HAI; Wendy Furniss, RNC, MS; Branch Chief, Healthcare Quality and Safety Branch, CT DPH; Brenda Grant, RN, MPH, CIC, CHES; Manager, Infection Prevention Stamford Hospital, Stamford CT; Laura Houston, RN; Facility & Licensing & Investigations section, CT DPH; Kathy Kudish, DVM, MSPH; Immunization Program Deputy State Public Health Veterinarian, CT DPH; Kris	Update: CT DPH HAI Outbreak Reporting Plan	M. Oleksiw, L. Backman, D. Dumigan HAI Staff	Ongoing Introductory meeting: 10/21/2015

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CT DPH HAI Outbreak Reporting Plan	M. Oleksiw, L. Backman, D. Dumigan CT DPH HAI Program	Magnussen, MSN, RN; Supervisor, Communicable Disease Prevention, Light Ledge Health district, Donna Ortelle, RN, MSN; Facility & Licensing & Investigations section, CT DPH; Susan Petit, MPH; Coordinator, Active Bacterial Core Surveillance Project, CT DPH; Quyen Phan, MPH; Epidemiologist/ Foodborne Disease Outbreak Coordinator, Epidemiology and Emerging Infections Program, CT DPH; Theresa Rabatsky-Her, MPH; Emerging Infections Program, CT DPH; Karen Taylor, RN-BC, MSN, CIC; Infection Control Nurse of CT; Meghan Maloney; Epidemiologist, CT DPH HAI. **Items discussed at the meeting were as followed:** Current process of reporting designated reportable diseases, responsibilities, definitions of healthcare-associated outbreaks. Also how to come to consensus on common outbreaks in acute care and LTC that should be defined in the reportable Disease and Outbreak Reports document, and define outcome indicators. This draft currently has been formatted to include. • Responsibilities of the healthcare Institutions, laboratories and local and state health departments in outbreak investigation. • Outlines on category 1 and 2 diseases and how to report to local and state health departments. • Document will provide links to the reportable disease **form (PD-23)** and laboratory reporting form **(OL-15C)** as well as specialty forms (HIV/AIDS, influenza, Chickenpox, TB, STDs, etc.) • Provides general information about conducting an outbreak investigation • Details significance of outbreaks and effects on the public • Outlines of Surveillance, disease control, and prevention objectives • Describes surveillance (outcome) indicators • Link resources • Defines common HAI outbreaks (Influenza, norovirus, C. Diff., group A. streptococcus post –op infection, etc.) **Key feedback from the participants were:** • Long term care outbreak definitions must be different than those in acute care. The Committee will be looking to the McGeer Criteria and CDC definitions for guidance. • In accordance with the Department of Public Health Facility and Licensing Department, the subcommittee agreed that Federal regulations may also provide useful guidance. • Members agreed that having protocols that contain specific details to local health departments and long term care facilities would be helpful in the decision of reporting an outbreak. • Comments and notes regarding the definitions for different healthcare facilities were noted. • Subcommittee members will review the sample documents provided to the group and will be incorporating subcommittee's comments and ideas into the next draft.	Update: CT DPH HAI Outbreak Reporting Plan	M. Oleksiw, L. Backman, D. Dumigan HAI Staff	Ongoing Introductory meeting: 10/21/2015

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Schedule of Upcoming HAI Trainings.	L. Backman, CT DPH HAI Program	- NHSN Data Analysis Trainings for ACH & LTAC: September 15 & 30, 2015 - In Patient Psychiatric Facility: NHSN Healthcare Worker Influenza Vaccination Module: November 3, 2015 - CT Coalition Against Domestic Violence - Universal Health Precautions and Infectious Disease: October 7, 2015 - NHSN Ventilator Associated Event Module for LTAC: December 3, 2015.	Informational Only	L. Backman	
CT NHSN Data Analysis	R. Tammer CT DPH HAI Program	R. Tammer provided a slide presentation on the National HAI Prevention Plan Metrics for 2013: The Data reviewed in these slides included the national and state summary of six HAI types based on 2013 data. The National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination was developed to help measure progress toward the HAI prevention goals. The infection data is collected through CDC's National Healthcare Safety Network (NHSN). Acute care hospitals established eight measures of improvement in HAI prevention and corresponding five year goals to focus in reducing HAIs. Six metrics use the National Healthcare Safety network (NHSN) as a data source. Two metrics do not use NHSN as a data source. All six metrics using NHSN as a data source establish a baseline SIR of 1.00, though the baseline periods differ by measure. These six metrics initially had a five-year target period ending at the end of calendar year 2013. Two of the metrics five year goals were extended to 2015.*Refer to Attachment of CT 2013 HAI Data"	Informational Only	R. Tammer	
CMS Updates	C. Dietz, Qualidigm – New England QIN-QIO	C. Dietz presented updates on the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: IMM-2 Measure. The purpose for the IMM-2 measure is a prevention measure that captures acute care hospitalized inpatients, age six months and older, who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated. The center for The IPFQR Program is a pay-for-reporting program established by the Affordable Care Act (ACA). Inpatient Psychiatric Facilities (IPFs) are subject to a reduction of two percentage points in their annual payment update for failure to meet administrative and data reporting requirements on specified quality measures. The current Inpatient Psychiatric Facility Quality Reporting (IPFQR) program measure set includes 14 measures. In the Fiscal Year 2016 final rule, Centers for Medicare and Medicaid Services (CMS) will be increasing the IPFQR Program measure set to 16 measures by adding five measures and removing three measures. CT DPH HAI program in collaboration with Qualidigm are now working to increase enrollment of Long Term Care facilities nursing homes into NHSN. Qualidigm will review the top 100 LTCF (Nursing homes) with the lowest rating using CMS Nursing Home Compare 5-Star Quality Rating System as guidance.	Informational Only : CMS - Medicare Hospital Reporting Program Updates	C. Dietz	

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CMS Update	C. Dietz, Qualidigm – New England QIN-QIU	Updates for NHSN enrollments as of June 24, 2015 were reviewed. • 5,685 Hospitals (this includes 528 Long-term Acute Care Hospitals and 303 Free-standing Inpatient Rehabilitation Facilities), • 6,333 Outpatient Hemodialysis facilities, • 3,516 Ambulatory Surgery Centers (ASCs), and • 235 Long-term Care facilities. • A total of 15,769 Healthcare Facilities enrolled.	Informational Only : CMS - Medicare Hospital Reporting Program Updates	C. Dietz	
Inventory of CT Healthcare Facilities	L. Backman, CT DPH HAI Program	L. Backman presented updates on the ICAR Inventory of CT Healthcare Facilities. CT DPH has been working to create an inventory of all healthcare settings (acute & non acute) in CT. The inventory will include: • Current HAI related data for each healthcare setting • Identify regulatory/licensing oversight for each facility • Explore, pilot, implement ways to expand oversight to include IC capacity or competence as a requirement for operation • Collaborate with other state partners to improve coordination & communication with healthcare facilities to complete strategies The inventory has been completed for: ACHs, LTACs, IRFs, ASCs, Dialysis and In Patient Psych Facilities and will be updated annually. The HAI program is currently working on inventory of: Long Term Care (Nursing Homes) Urgent Care Centers.	Inventory of CT Healthcare Facilities	L. Backman/ HAI Staff	July 1, 2015 Completed Inventory of ACHs, LTACs, IRFs, ASCs, Dialysis and In Patient Psych Facilities Ongoing for LTC and Urgent Care
2016 Calendar of HAI Committee Meeting Dates	R. Melchreit, CT DPH Program	**2016 Quarterly Meeting Dates:** Meetings will be held from 9-11 am at CHA Wallingford, CT • February 3, 2016 • May 4, 2016 • August 3, 2016 • November 2, 2016	Informational Only	R. Melchreit	
Attachments		1. DPH Advisory Committee Meeting: November 4, 2015 (Power Point) 2. CT HAI Advisory Committee September 16, 2015 meeting minutes. 3. CT HAG Metrics Presentation (Power Point) 4. CT DPH HAI Outbreak Reporting Plan: Updates on Preliminary Discussion (Power Point)			
Adjournment		A motion was made to accept the minutes from the 06/17/2015 meeting. The minutes were accepted, but some names need to be corrected for typing errors.		R. Melchreit	

Ongoing 2015-2016 Initiatives to be Discussed and Finalized 2015-2016   Actual Date of Completion

1. 2010-2014 & updated 2015-2019 CT HAI State Plan   Completed: October 1, 2015
2. 2015 CT Infection Prevention Survey   Completed: September 15, 2015
3 Assessing hospitals for Ebola readiness   Ongoing
4. Facility inventory of CT healthcare facilities   Ongoing
5. CT DPH Healthcare Quality & Safety (Regulations & Facility Licensing) State Surveys for IC gaps   Completed for ACH: September 15, 2015

                                        50% Completed for LTC (nursing home): 11/01/15

6. CT DPH HAI Outbreak Reporting Plan   Ongoing