CT HAI Multidisciplinary Group Meeting Minutes
September 16, 2015

Attending HAI advisory members: Dale Cunningham, Louise-Marie Dembry, MD, Lynne Garner, Brenda Grant, Donna Ortelle representing Wendy Furniss, Allison Hong MD, Jean Rexford

Present via Telephone: Jacqueline Murillo, Jack Ross, MD, Brenda Nurse, MD, Bill Fried, MD

HAI Advisory Members Excused: Carl Schiessel

Liaison Members present: Krystn Wagner, MD; Lauren Backman, Harry Byrne, Tracy Creatore, Kathryn Cusano, Carol Dietz, Meghan Maloney, Mag Morelli, Richard Melchreit, MD; Diane Dumigan, Evelyn Carusillo, Noelisa Montero, Anthony Tomassoni, MD

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 9:07 am by L. Backman. Minutes of June 17, 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	
New Business					
Introduction to New HAI Staff	L. Backman, CT DPH HAI Program	New CT DPH HAI staff who attended the meeting included: Bianca Cartagena, Administrative Assistant; Diane Dumigan, RN, BSN, CIC, Nurse Consultant- Infection Preventionist; Evelyn Carusillo, RN, BSN, MA, CIC, Nurse Consultant – Infection Preventionist	Informational only	L. Backman/ HAI STAFF	
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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HAI State Plan (ICAR)	L. Backman	L. Backman provided a slide presentation updating the committee on on-going and work completed for the ICAR Plan. The DPH Program Implementations are categorized into four major Strategies/ Activities: 1. Expand CT State HAI Plan & HAI Advisory Group 2. Mapping Initiative of CT Healthcare Settings 3. Assess Readiness of Ebola-designated Assessment Hospitals 4. Assess Outbreak Reporting & Response to Determine Gaps	See strategy steps below for each element.	L. Backman	
		Strategy 1: Expand State Advisory Group and Revise State HAI Plan			
HAI State Plan (ICAR)	L. Backman	**Expand State Advisory Group.** The DPH HAI Program has extended invitations to include additional partners. Representatives from healthcare organizations have been invited to attend these meetings as liaison members. CT Long Term Acute Care (LTACs) Facilities, Dr. Brenda Nurse, Hospital for Special Care; CT Hospice, Robert Majewski, RN, IP; Community Health Center (CHC) Assoc. of CT, Dr. Kristen Wagner;, Leading Age (formerly Assoc. of American Homes & Services for the Aging), Mag Morelli; CT Assoc. Of Health Care Facilities' Matthew Barrett, JD; CT Assoc. of Ambulatory Surgery Centers (ASCs), Lisa Winkler; CT DPH Facility Licensing & Investigations Section; Donna Ortelle, RN, MHS; CT Assoc. for Healthcare at Home, Deborah Hoyt; Physician One Urgent Care, Jeannie Kenkare, DO; CT State Dental Association, Dr. William Nash, Carol Dingeldey, Exec Dir.; Concentra Corporate Headquarters, Keith Newton; Aetna, Inc., Bill Fried, M.D. Senior Medical Director, SE Region, (IC Subject Expert) resides in Virginia; Yale New Haven Health System, Center for Emergency Preparedness & Disaster Response Headquarters, Anthony Tomassoni, MD; CT Veterinary Medical Association, Kathy Kudish, DVM, MSPH, CT Deputy State PH Vet.	Letters of invitation have been sent to prospective agencies suggested by the committee and the HAI committee has been expanded to include these additional partners.	L. Backman	Completed: 10/01/2015

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HAI State Plan (ICAR)	D. Dumigan	**Revise State HAI Plan:** A state HAI Interim Plan was completed in 2009, but no formal HAI plan was completed after that. Centers for Disease Control and Prevention (CDC) drafted a template to assist state planning efforts in the prevention of HAIs. The template provided choices for developing or enhancing state HAI prevention activities in the four areas: 1. Develop or Enhance HAI Program Infrastructure, 2. Surveillance, Detection, Reporting, and Response, 3. Prevention 4. Evaluation, Oversight and Communication. Definitions of the data elements that will be highlighted in the HAI Plan were explained such as the CLABSI rates, SIR, SSI rate, CAUTI rate and other summary HAI data. With new Ebola-related, infection control activities the HAI State Plan is to be updated with tables (activities) on: Infection Control Assessment and Response, Targeted Healthcare Infection Prevention Programs. A suggestion from the committee for changing the word Infection control to Infection prevention was noted and will be updated.	Review final draft of 2010-2014 CT HAI State Plan: comments/additions from HAI committee (due 10/1/15) Grant- 3 Year Project Period – 2015 to 2018	L. Backman/D. Dumigan	Completed 10/01/15
		Strategy 2: Mapping Initiative of CT Healthcare Facilities			
HAI State Plan (ICAR)		**Healthcare Facility Inventory:** HAI program reported that they maintain a facility inventory of all CT facilities that report HAI data to NHSN/CMS. The list is updated every year in July and was updated July 2015. The HAI program is now in the process of creating an inventory of nursing homes, urgent care centers, and in-patient psychiatric facilities. The inventory will include identification of the regulatory/licensing oversight for each facility.	Update current NHSN/CMS reporting facilities, and then expand to other facility types.(ASC, Inpatient Pysch, nursing homes, urgent care, etc)	L. Backman	Completed : 09/01/15 for CT facilities reporting to NHSN Ongoing for LTC, Urgent Care & In-Pt Psych

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		Strategy 3: Assess Readiness of Ebola-designated Assessment Hospitals			
HAI State Plan (ICAR)	L. Backman	**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.	Update and purpose for assessing CT hospitals on Ebola readiness	L. Backman	Completed: 09/01/15 -- 3 ACH Ebola ERA Assessment Visits Due Date for Completion: Spring 2016
		L. Backman provided a slide presentation based on her attendance at the CDC/EMORY Ebola Preparedness Training Assessment Hospital Course, August 6 & 7 2015 in Atlanta, GA. The presentation focused on some challenges in caring for an Ebola patient that Emory, Bellevue and Nebraska encountered which included: Environmental Infection Control, Waste Management, Laboratory, Healthcare Worker Monitoring, Organizational Controls, PPE Donning/Doffing, and protection of patient confidentiality. L. Backman highly recommended the course to all present. It was also emphasized that we need to expand IC readiness beyond Ebola to other serious infectious diseases.	Informational Only: Assess Readiness for Ebola- designated Assessment Hospital Course	L. Backman	

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		CDC/CMS Communique: Failure to Report NHSN HAI Data			
	L. Backman, CT DPH HAI PROGRAM	L. Backman presented information on a notice that is due to be released very soon. The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) are preparing to issue a joint communiqué to NHSN users and hospital administrators reiterating the importance of adherence to CDC infection Definitions. These talking points were developed to assist NHSN users and Hospital Administrators about the importance of adhering to the CDC infection definitions. Hospitals are required to adhere to existing protocols, definitions, and criteria to ensure that their data are comparable to other organizations. 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. CDC/CMS have received reports that there has been purposeful non-reporting of NHSN defined HAIs, and Deviations from standards of medical care to avoid HAI reporting.	Informational Only: CDC/CMS Communique: Failure to Report NHSN HAI Data	L. Backman	
		Strategy 4: Assess Outbreak Reporting & Response to Determine Gaps			
HAI State Plan (ICAR)	L. Backman, CT DPH HAI PROGRAM	The grant objectives related to CT developing an Outbreak Reporting & Response plan were presented to the committee. They include: 1. Assess ability of facilities to detect, report & respond, 2. determine gaps in outbreak reporting & outbreak response, 3. develop plan to improve outbreak reporting & outbreak response, and 4. track HAI outbreak response & outcome. The HAI program will begin by assessing facilities ability to detect, report & respond.	Organize an HAI Advisory Subcommittee on developing CT HAI Outbreak reporting plan.	L. Backman/D. Dumigan	Ongoing

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		Review Summary Report of 2015 CT Infection Prevention Survey			
	E. Carusillo	Evelyn Carusillo presented the completed CT DPH 2015 CT Infection Control & Prevention Survey Summary Report. The HAI program distributed an IP survey that was modeled after a survey developed by APIC and CDC. The objective for this survey was to gather information about the professional experience of IPs in Connecticut, compare the varied responsibilities of the IP, collect and compare what the IP sees as their greatest challenges in their IPC program, assess facility and healthcare worker readiness to care for Ebola Virus Disease (EVD) patients, identify gaps in infection control and prevention, and develop mitigation strategies for identified gaps in IPC programs. Survey Summary conclusion: **Identified gaps in Infection Control and Prevention** • Increased mandatory surveillance and reporting requirements, • Increased staff education needs/requirements, • Concerns regarding environmental cleaning and monitoring, • Little time for performance improvement activities (e.g. participation in external prevention collaborative), • Lack of understanding of NHSN data analysis to track infection rates over time, • Lack of understanding of NHSN data analysis of standardized infection rates (SIRs) and national comparison IPs reported the top healthcare associated infections presenting the greatest challenges for their facility were: • Clostridium difficile infections **(50%),** • Surgical site infections (colon procedures) and central line associated blood stream infections tied **(19%),** • Catheter associated urinary tract infections **(9%)** IPs also reported that the top infection control activities presenting the greatest challenge in their facility were: • Environmental cleaning **(37%)** • Data analysis and reporting **(27%)** • Infection surveillance **(20%)** • Hand hygiene **(13%)**	Identify IC Gaps	L. Backman/E. Carusillo	Completed: August 15, 2015

		Infection Prevention and Control Gaps specific to Ebola Virus Disease • PPE to care for EVD patients, • Preparation/training for Ebola patient management, • Staff turnover affects education needs and staff availability to care for EVD patients, • Monthly or at least quarterly retraining required to maintain competency, • Inadequate staff to train other HCWs to care for EVD patients, • No additional staff or financial resources for Ebola-related activities, • Utilize Emory and Nebraska Medical Centers "lessons learned" in EVD patient management **Mitigation Strategies** • Training for use and interpretation of NHSN data including SIRs, • Develop 5 geographical Connecticut work groups to meet and discuss methods to eliminate IC gaps, • Standardize policies and practices to decrease variability in patient/HCW protection from HAIs			
	L. Backman	**Review Data on Infection Control gaps identified through CMS/State Surveys and inventory of CT healthcare facilities**			
		Evelyn Carusillo presented the completed data report on the 'Review of DPH Facility Licensing & Investigations Section, 2012-2014 Acute Care Hospital State Survey Citation Summary deficiencies related to infection control. Of a total of 178 deficiencies: the top deficiencies noted included: 1. 41 (23%) Surgical Procedures: environment, attire, equipment, ABx timing, lack of documentation 2. 28 (16%) Injection Practices & Sharps Safety (Medications & Infusates): (deficiencies include reuse of same syringe or insulin pen, fungus/mold in pharmacy Compounding area, unlabeled syringes in anesthesia area, outdated IV bags) 3. 26 (15%) Environmental services: hair not covered (other than OR), contact time for disinfectants, torn furniture, dirty rooms, floors, walls. Mixing of clean & soiled storage 4. 15 (8%) Hand Hygiene: (deficiencies include hand hygiene between tasks, after glove removal, lack of hands free Faucets) **5.** Isolation: Contact Precautions: (deficiencies include not using PPE, not removing PPE when exiting patient room, patient not placed on precautions quickly enough)	Identify IC Gaps	L. Backman/E. Carusillo	Completed: August 15, 2015

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Data and Statistics	L. Backman	CT NHSN Data Analysis: the 2014 CT NHSN data was presented. The rates for CT LTAC CLABSI NSHN for CMS LTAC for CY 2014 were "**about the same**". The rates for CT LTAC CAUTI NSHN for CMS LTAC for CY2014 were: "**worse than expected**". The rates for CT IRF adult and Pediatric wards CAUTI reports to NHSN for CMS CY 2014 were: **"about the same"** The rates for CT Hemodialysis Access-Related Bloodstream infection (BSI Rates per 100 patient months report to NSHN summary Data for 2013 and 2014 were "better than expected" Summary results for the 2013-2014 influenza season were: 86% (range 67%-100%) of all acute care hospital healthcare workers (HCP) were vaccinated. This demonstrated slight improvement from the 2012-2013 influenza seasons, 83% HCP vaccinated (range 30%-99%). In addition, an explanation of the new NHSN Targeted Assessment for Prevention (TAP) Strategy was presented to the committee. The TAP strategy allows for ranking of facilities in order to identify and target areas that need improvement. These reports will be generated for CLABSI, CAUTI and CDI LabID data.	Informational Only:	L. Backman	
CRE Surveillance Definition	R. Melchreit	R. Melchreit provided a brief review of the CRE surveillance definition that is a reportable condition in CT.	Informational Only:	R. Melchreit	
Dashboard Update	R. Melchreit	R. Melchreit provided an update on the progress made to the Healthy Connecticut 2020 Performance Dashboard. The Dashboard currently displays data and information on a subset of population indicators from Healthy Connecticut 2020. Ongoing data development and phased-in implementation will continue throughout the year. Links to the Dashboard for each health improvement area and to relevant sections of the Plan are given in the table displayed on the following link. http://www.ct.gov/dph/cwp/view.asp?a=3130&q=553676	Informational Only:	R. Melchreit	

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Attachments		1. DPH Advisory Committee Meeting: Sept. 17, 2015 (Power Point) 2. 2015 CT IP Survey (Power Point) 3. The 'Review of DPH Facility Licensing & Investigations Section, 2012-2014 Acute Care Hospital State Survey Citation Summary deficiencies (Power Point) 4. CT NHSN Data & Statistics (Power Point) 5. CT DPH HAI Outbreak Reporting Plan: Preliminary Discussion (Power Point)			
	L. Backman	Schedule of upcoming HAI Trainings • In Patient Psychiatric Facility: NHSN Healthcare Worker Influenza Vaccination Module: November 3, 2015 at CVH • NHSN Ventilator Associated Event Module for LTAC: December 3, 2015	Informational Only:		
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
6. CT DPH HAI Outbreak Reporting Plan	Ongoing