

Healthcare Associated Infection Advisory Committee

June 19, 2015, 9:30AM

Minutes

Attendance:

Infection Control Professional		
BayHealth – Kent	Kelly Gardner	C
Beebe	Donna Anderson	C
Christiana Care	Kathy Wroten	T
Genesis Healthcare	Maria Eckart	T
Nanticoke	Kimberly Adkins	C
Nemours/Al DuPont	Eileen Sherman	
St. Francis	Helene Paxton	T
Wilmington VA	Jean Stipe	T
Infectious Disease Physician		
1 of 4	Marci Drees	T
2 of 4	Steve Eppes	
3 of 4		
4 of 4		
DE Hlth Care Facility Assn.	Yrene Waldron	T
Freestanding Surgical Center	Lynn Watts	C
Dialysis Center	Ehtesham Hamid	T
Psychiatric Facility	Valerie Devereaux	
DE Division of Public Health	Awe Maduka-Ezeh	
DE DPH HAI Specialist	Judy Walrath	c

Direct Care Nursing Staff	Michele Dennis	
Academic Researcher	Veronica Wilbur	
Consumer Organization	Joanne Hasse	T
Health Insurer	Vacant	
Health Maintenance Org.	Omo Olurin	
Organized Labor	Vacant	
Purchaser of Health Care	Robert Reed	T
Department of Corrections	Tracy Wilkins	T
Purchaser of Insurance	Jessica Snow	
Non-Voting Attendees		
Mary Peterson (Interagency Forms)		
Sally Jennings (QI)		
Corinna Getchell		T
Holly Helmick, Bayhealth Milford		C
Corinna Getchell, DPH		T
Suzanne Mihok, DPH		C
Beth Richardson, Beebe		T

C - Cooper; T – Telephone; V – Video

Sincere apologies for the June 19th meeting – we found out that the connection problems arose with “new configurations of equipment, but not programmed into the system.”

- I. Call to order
 - a. Chair, Kelly Gardener called the meeting to order at 10:03, due to technical delays.

- II. Approval of Minutes
 - a. Minutes for March 27 were approved as distributed.

- III. Old Business
 - a. HAI Reports, Updated Timeline
 - i. The 2013 report is nearing conclusion, the current draft has been submitted to the Reports & Communications Subcommittee for comments. The Report has an Executive Summary, followed by the body of the report beginning on page 2.
 1. Kelly G and Joanne Hasse requested copies.
 2. Discussion concerned language used and interpretation; particularly the distinction between community-acquired and hospital-acquired.
 - b. NHSN Updates
 - c. Christiana Care needs to confer rights for review of their data. Ebola
 - i. Latest news from CDC: Liberian travelers no longer require monitoring; the last case there was May 9. Travelers from Sierra Leone and Guinea still are to be monitored.

- ii. What to do with stockpile of Personal Protection Equipment (PPE)
- iii. There is continuing need to assess knowledge, drill, and focus on emergency triage, focusing on Emergency Preparedness looking at infectious disease as a whole: “What comes next?”
 - 1. Drills need to address more than Ebola. MERS-CoV has different donning/doffing protocol than for Ebola.
 - 2. CDC provides more than recommendations and guidelines.
 - 3. Request DPH provide screening guidance.
 - 4. Request DPH provide information regarding MERS outbreak in Republic of Korea.
- d. DPH HAI website
 - i. A button has been activated on the website to access the One and Only Campaign
 - ii. Quarterly reports for 2014 are posted on the site.
- e. Follow Up to Inter-Agency Form
 - i. Due to connection problems for the meeting this morning, this item was shelved till the September meeting.
- f. Guidelines for the Management of Multidrug Resistant and Other Epidemiologically Important Organisms along the Health Care Continuum
 - i. Feedback was requested to be submitted by April 15th to finalize the report. This item was also shelved till the September meeting.

IV. New Business

- a. Ebola Supplement Grant Funding – Infection Control Assessment & Response - **Attach to September Invitation.**
 - i. Judy provided a brief summary. Grant activities fall under 2 parts: A - Infection Control Assessment with 2 year funding, and B - Targeted Infection Prevention with 3 year funding.
 - ii. Timeline will be announced soon.
 - iii. Funding began April 1st.
 - iv. Two full-time epidemiologists have been hired, training and planning is underway.
- b. Notifiable Diseases and How to Report Them - **Attach to September Invitation.**
 - i. Report as a result of revisions to the reportable disease list based on CDC recommendations and state experience. Judy will send all links in the report to the HAIAC.
 - ii. Discussion centered on:
 - 1. What constitutes an ‘outbreak’?
 - 2. How does DPH become aware of outbreaks?
 - 3. What data are reported by Long Term Care (LTC) and Federally Qualified Health Centers (FQHC)? What regulations are in place regarding LTC and/or FQHC ‘outbreak’ reporting?
 - a. Does the licensing agency have a list of names that should report?
 - i. Business License is not a Health Care License; a private Physicians License is also not a Health Care license.
 - ii. Only physicians who fall within a Hospital Group fall under the Health Care License
 - iii. “Doc in a Box”/Urgent Care providers see ever increasing numbers of patients due to their lower cost compared to hospital emergency rooms and longer daily operating hours. What is the requirement for these establishments to report?
 - iv. Some discussion of Innovation Grant in relation to reporting.
 - 1. Health Care Commission chairing activities
 - 2. Yrene will forward reports for HC Innovation Plan and Innovation Grant activities, will forward info regarding where the ‘where are we now’ information to Judy W.

3. Funding from CMI
- v. Action needed to 'connect the dots' regarding reporting standards for all patient contact points; may need to change reporting requirement to include those with health care license and those patient contact points operating only under a business license.
 1. Kelly and Yrene will work together to develop letter requesting/suggesting reporting change to include those operating under business license as well as healthcare license from HAIAC to DPH.
 2. Letter will address Urgent Care practices becoming the first point of patient contact within the health care system, most likely to be first to see emerging 'outbreaks'
4. Judy W. will send out updated Notifiable Disease List when it is available..
- c. White House call to action on antimicrobial stewardship – *email sent June 17, 2015. Due to short notice, this topic shelved till September meeting with following to be discussed:*
 - i. Communication with Mary Peterson
 - ii. Is anyone working on related projects:
 1. LTC - have doctors minimized the use of antibiotics, have they begun implementation?
 2. IPs – how does the White House call to action sit with current practice?
 - a. BayHealth has partnered with Johns Hopkins University
 3. Stewardship – Sally Jennings has follow-up
 - iii.

V. Subcommittee Reports

- a. Regulations – Kathy Wroten
 - i. Regulations were last updated in 2012, uses outdated terms and reporting language. Subcommittee will work on review and update to regs for 2016.
 1. Example of updating needed: Membership committee has difficulty filling some positions, will look at changes to wording regarding mandated members to make less firm and easier then to fill. Will work with Membership SC chair.
 2. Will submit change requests to DHSS Secretary to ensure compliance with Title X
- b. Reports & Communications – Judy Walrath
 - i. Annual Report has been delivered to subcommittee for review
 1. Deadlines: 2013 – end June 2015; 2014 – end August 2015.
 - ii. CDC toolkit for reporting information to technical and consumer groups provides information for:
 1. Standardization
 2. Action plan updates
- c. Membership – Donna Anderson
 - i. Lynn Watts welcomed as new member to represent Freestanding Surgical Centers
 - ii. Donna making contact with non-attending HAIAC members prior to sending letters
 - iii. Suggest adding Emergency Preparedness to HAIAC – will need to amend and clear addition through DHSS Secretary's Office and Title XI. Meanwhile, will invite Diane Hainsworth to attend.
 1. Will work with Kathy Wroten to amend regs.
- d. Prevention – Eileen Sherman
 - i. Committee Update – forwarded Thurs, June 18, 2015
 - ii. Hand Hygiene Survey totals – forwarded Thurs, June 18, 2015 - **Attach to September Invitation.**
 1. Self-scorers scored who scored high – will need to be motivated to change
 2. All facilities have opportunity to improved

3. Need to develop strategies to improve HH
4. Judy has an intern, will contact Kelly to provide assistance
5. Ideas for improvement:
 - a. Partner high-scorers with low scorers share successful plans/procedures, provide support, mentoring
 - b. Invite all to attend next Prevention Subcommittee meeting to share ideas
 - c. Develop competency skills checklist
 - d. Develop standardization tools checklist
 - e. Develop recognizable media to address/advertise hand hygiene tools/protocols
 - f. Breakdown scores of the five areas of survey focus to give better picture of differences between high and low scorers
 - g. Look at differences between departments within individual facilities
 - h. Determine greatest opportunity for improvement
 - i. Jean from VA states VA scored high; reasoning:
 - i. Mandated education regarding HH
 - ii. Well monitored in some areas, not as well behind the closed doors of patient clinics.
 - iii. Patients surveyed about their provider and HH

VI. Corrine to send to Kelly information on most common reasons for citations on hand hygiene. This information can be used to prioritize activities for the Prevention Sub-committee.

VII. Open Discussion –

- a. Vaccination Policy and mandates. Not all facilities have mandatory employee vaccination policy;
 - i. Generally, where vaccination policy in place, unvaccinated employees must wear mask throughout Flu Season
 - ii. Survey - opportunity to learn of other requirements/policies
 - iii. Is there a requirement for all LTC? Vaccine or mask?
- b. Due to technical problems with June 19th meeting, Suzanne will look into other locations with newer equipment for September and December meetings. Location change may impact meeting dates. Will notify HAIAC as soon as possible.

VIII. Adjournment 11:34AM

VIDEO CONFERENCE SITES: - Video Conference is NOT available for the September 25 or December 11 meetings.

Telephone Bridge Lines: New Telephone Conference Connection - messaging see below

New Audio Conferencing Center scripting:

Who will hear the script at each step:	Step	Scripting:	Number to Dial:
Everyone	1.	"Welcome to the <u>AUDIO CONFERENCING CENTER</u> ."	302-526-5475
Everyone	2.	"Enter the <u>CONFERENCE ID</u> " (Formerly called the Passcode)	265238
EVERYONE The Leader (Kelly Gardner) will be given the PIN that 'opens' the meeting so that everyone can speak to each other.	3.	"If you are the <u>LEADER</u> , please press STAR now." (Wait just a moment for the next script message.)	*
Everyone <u>except the Leader</u> ~~ → If the Leader has joined the call, you will be admitted to the meeting in progress. OR → If the leader has NOT YET joined the meeting, you will go to #5.	4.	"After the tone, please record your name and then press POUND."	#
Once the Leader joins, everyone will be able to speak to each other.	5.	"The Leader has not yet joined the meeting; please wait for the Leader to admit you to the meeting."	Music plays until the Leader joins.

The assigned "Leader" of the call will leave the path above and take the Leader's Path:

EVERYONE The Leader will be given the PIN that 'opens' the meeting so that everyone can speak to each other.	3.	"If you are the <u>LEADER</u> , please press STAR now."	*
Leader	3.1	"If you scheduled this meeting please enter your <u>PIN</u> now." The Leader will enter the PIN.	- - - - -
Leader	3.1.1	"You are now joining the meeting as a Leader."	