

Healthcare Associated Infection Advisory Committee

March 28, 2014 at 9:30AM
Meeting Minutes

Attendance

Location	
C	Anderson, Donna
	Blackmore, Ann
	Bottomley, Gail
	Chua, Joel, MD
V-NC	Dennis, Michele
	Devereaux, Valerie (DHSS)
	Drees, Marci, MD
T	Eckart, Maria
	Eggers, Paula
	Eppes, Stephen C. MD @ Christiana Care
	Esry, Dianne
	Gardner, Kelly
C	Getchell, Corinna (DHSS)
	Hamid, Ehtesham
V-NC	Hasse, Joann
	Helmick, Holly
	Huros, Gyongyver
	Jennings, Sally
T	Johnson, Brenda
	Luta, Lucy (DHSS)
	Lynch, Dr. Stanley S.
V-NC	Maduka-Ezeh, Awele (DHSS)
	Mulhern, Thomas, E., MBA, CASC
C	Offutt-Powell, Tabatha (DHSS)
T	Olurin, Omo, MD
T	Paxton, Helen
	Peterson, Mary
V-NC	Reed
C	Sherman, Eileen
C	Silverman, Paul (DHSS)
	Smallwood, Paula

C	Stipe, Jean
	Tomko, Amy (DHSS)
C	Townsend, Terry
V-NC	Waldron, Yrene
	Watson, Floetta
	Welch, Nicole
T	Wilbur, Veronica
	Wilkins, Tracy (DOC)
C	Wroten, Kathleen
C	Zod, Becca (DHSS)

Location: C – Cooper
 T – Conference Call
 V – Video; - NC-New Castle, -G - Georgetown

- I. Called to order by Kelly Gardner at 9:45
- II. Approval of minutes.
 - a. Motion to approve minutes from the December 13, 2013 HAIAC meeting, motion was passed.
- III. New Business
 - a. Dr. Martin Luta introduced to address Flu Vaccination, including year to date activities, partnering with other entities. Discussion centered on:
 - i. High levels of positives within a particular zip code. The question arises if the levels are real or due to sampling method. Is it possible for the Public Health Lab to track trends within zip codes?
 - ii. CDC and expanding vaccine access and availability to DPH for public health flu clinics and to community partners including Federally qualified health centers (FQHC), school based health centers (SBHC)
 - iii. DPH as a partner for advertising to
 1. Increase awareness of vaccine availability targeted to private practice, grocers, pharmacies, FQHC, and SBHC to increase uptake, keeping in mind that low flu activity generally leads to decreased flu vaccine rates. 2013/14 had no severe outbreaks and there was no shortage of vaccine
 2. Develop message –
 - a. To address availability
 - b. To change behavior, need to relate to people’s behavior/needs – give reasons why; address misconceptions that keep people away. Possibly have OB/GYN offices promote (death of one pregnant woman 2013/14 flu season). People fall in to one of three categories 1) people that are aware and when the vaccine is available will take

- it; 2) those that won't ever take the vaccine; and 3) those that need education – outliers that are afraid/have cultural differences – may need churches and other cultural community partners help
- c. Increase awareness around vaccination, must be done prior to flu season. Does DPH have population level/location rates? Can data be used to target need?
 - i. Previously used CDC numbers, but may be able to pull DPH data
 - ii. Vaccine Registry – data in, data out – delay till August, but can use 2013 to predict 2014
 - iii. CDC has roadmap – Question is: Does data from Smyrna overwhelm or it is true picture? Pockets may be real or apparent due to sampling methods
 - iv. Partners want to increase vaccine rates
 - v. Can provider rates be included?
 - vi. Issue of maternity and flu vaccine
 - vii. New HAI Coordinator (in hiring process now, hope to make offer very soon) will handle Flu Surveillance.
 - viii. Dr. Luta requested ideas to increase uptake. Ideas/Suggestions:
 - 1. Marketing and repeating efforts
 - 2. Targeting Physician Groups
 - 3. Challenge in Long Term care -as the responsible party, not the patient has to give consent for vaccination
 - 4. Drug and Grocery store staff wear 'I've been immunized' badges
 - 5. Acute care hospitals give patients pneumonia or flu vaccine Nov 1 – March 31 prior to discharge
 - a. Question regarding Information at a state meeting, direct from DPH, to continue to give vaccine after 3/31
 - b. Response: 3/31 is an artificial date, stems from cut off for CMS for data; Dr. Luta will communicate to continue to offer vaccine if flu still widespread and/or vaccine is available
 - c.
 - 6. Bus school kids to vaccine clinics (very complicated process)
- b. Dr. Luta, , requests HAIAC members communicate with him, providing contacts with whom he can coordinate to increase flu vaccination rates: Martin.Luta@state.de.us

IV. Old Business

- a. Quality Insights Conference
 - i. Roughly 110 in attendance, total of vendors, speakers, and participants, positive feedback overall
 - ii. Learning points: event was advertised as 'prevention' focused, need to increase focus on prevention

- iii. Next event end of 2014
 - iv. Advised to begin to solicit/target for input and participation
 - v. Awaiting contract/grant award notice
 - vi. Attendees included Long term care, acute care, directors of nurses; need to increase environmental staff; sent a sign-up sheet; suggestion to use list-serve – open and ongoing, looking for dialog
 - vii. Increase provider assistance for home and community based providers - - invitations were sent, but most returns were from home based providers
 - 1. How to go about that? Need to reach out – as well as for flu vaccine –
 - a. Home Health Care Association has a good member list
 - b. Ambulatory Care (Corinna volunteered to help)
- b. Review and Revision to the following: Guidelines for the Management of Multidrug Resistant and other Epidemiologically Important Organisms along the Healthcare Continuum (DPH January 2010)
- i. Discussed recommended changes (wording and links)
 - ii. Pending Marci Drees review
 - iii. Document will then be sent to DPH
 - iv. Tabatha working on grant funding, reaching out to Lucy Luta and will share findings with group
 - 1. “Get Smart” program
 - 2. QI involved
 - a. Review comments to Donna Anderson

V. Subcommittee Updates

- a. Regulations – Kathy Wroten
 - i. By-laws (attached to minutes when sent to HAIAC), moved to approve, approval passed.
 - ii. CMS reporting requirements by 2013
 - a. LTAC - working with Tabatha
 - b. In-patient Rehab
 - c. Ambulatory Surgery
 - iii. How does information get out:
 - 1. Report for DPH gain access to data
 - 2. CMS lets know – websites
 - 3. Does Reports & Communications subcommittee communicate with group to participate and share data requirements?
Terminology?
 - a. Newsletters are only notification
 - b. Corporate Select won't let it slip
 - c. Support for Reports & Communications subcommittee to follow-up
- b. Reports & Communications –Marci Drees & Tabatha Offutt-Powell
 - i. Have held 2 meetings

- ii. Quarterly reports are on HAI website
- iii. HAI Action Plan
- iv. LTC – communicate strategy, in/out healthcare facilities
- v. HCW Flu vaccine rates
- vi. Action Plan
 - 1. Next Steps –
 - a. Review Action Plan 1-2 years out
 - b. Data for action (SAR)
 - i. Consumer Report
 - ii. Technical Report
 - iii. compare Nation to State, need State baseline
 - iv. No Change \neq Improvement; a Decrease = Improvement
 - v. CDC working with states HAI to improve communications
 - vi. Website subject for review, pending internal approval.
 - vii. Discussion point: are we requesting Urgent Care to report HAI? Discussion about MRSA: Public Health can/has use/d local incidents to promote awareness/educate the public, school nurses. Recent event with the Phillies is an example of what could be weekly News Journal articles aimed to schools/athletes
 - 1. Response: We should not be asking urgent care to report because, while there are exceptions, most infections managed at urgent care (such as the example of MRSA given) are for the most part community acquired, not Healthcare associated infections.
- c. Membership – Yrene Waldron
 - i. Working on Purchaser of Health Care, Health Insurer, and Purchaser of Health Insurance vacancies.
- d. Prevention – Eileen Sherman
 - i. Held meeting on March 14.
 - ii. Discussed Action Plan
 - iii. Working on Needs assessment survey to identify:
 - 1. Help state identify current prevention work
 - 2. Immediate short term needs
 - 3. Long term goals
 - iv. Collating information now, emphasis on broad thinking, expand to diverse groups for prevention activities. Resources to groups, proactive send/communicate:

1. What are needs?
2. How to communicate/share established guidelines
3. APIC Website, target 2020 national action plan
 - a. Link to APIC website:
http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/NAPHAI_Proposed_2020_Targets.pdf
 - b. Healthy People 2020 (CDC)
<http://www.healthypeople.gov/2020/default.aspx>

VI. New Business

- a. Status of State HAI Coordinator search – good progress, hope to make offer very soon
 - i. Duties of HAI Coordinator – oversee HAI activities for DPH; flu surveillance; works on grants, reports progress; works with HAIAC to facilitate activities, does not drive the HAIAC
- b. HAI Action Plan, 2-3 years (Becca Zod)
 - i. CDC recommendations/expectations, other states activities
 - ii. Feedback – HAIAC subcommittees & members; priorities
 - iii. Steps to finalize:
 1. April 11th – Reporting-Communications Subcommittee call
 2. April 25th – Prevention call
 3. Offer invitation to review to all participants
 4. HAIAC vote before June HAIAC meeting
 - a. Votes will count by email or in person – need not be present
 - b. Voting method – will use Survey Monkey in order to be able to vote for individual goals separately, not the entire document. Survey Monkey is an effective tool to track all votes.
 - c. Report/Communications Subcommittee call - April 11th
 - d. Becca Zod's CDC assignment is for 2 years, and is to cover to distinctly different aspects of Public Health, one year each; the first assignment will end in June when she rolls her duties over to the new HAI Coordinator.
 - i. Prevention Goals –
 1. Incentive Program to engage hospitals/groups/collaboratives in prevention

efforts. Considering physician offices/hospitals award to the people doing the work, not to CEOs. Include prisons, behavioral health, etc.

2. Looking for ideas to create goals – considering hand hygiene as first goal, easy place to begin, toolkit exists
3. NHSN – participate in their benchmarks? Observational
4. Keep in mind community collaboration; revisit the “mission” of HAIAC, change to new “mission statement”?
5. Reports/Communications will bring to committee

c. HAIAC Annual Report (Tabatha Offutt-Powell)

- i. Annual Report will be included on the June 27th HAIAC meeting invitation
- ii. Consists of 4th Quarter 2012 data summary, consumer/technical - -has received feedback and made changes. Request input within 2 weeks of receipt to finalize.
- iii. Delay in developing 2012 Annual Report (AR) due to staffing shortages
- iv. 2013 AR will reflect new CMS requirements
- v. The newly updated HAI website is approved and will carry subcommittee minutes. Subcommittee meeting minutes should be sent to the HAI Coordinator; until that position is filled, please send subcommittee meeting minutes to Tabatha Offutt-Powell (Tabatha.offutt-powell@state.de.us) or to Suzanne Mihok (Suzanne.mihok@state.de.us)

VII. Open Discussion

- a. Eileen request to formally recognize Becca Zod. Becca has been instrumental to move efforts along, is a great benefit to the program, and wonderful to work with. Tabatha has communicated the same to Becca’s CDC supervisor.

VIII. Adjournment

- a. Kelly adjourned the meeting at 11:20

Respectfully Submitted,

Kelly Gardner
(Chairperson)

Suzanne Mihok
(Recorder)

Upcoming HAIAC 2014 Meeting dates:

June 27

September 26

December 12 (same change as 2013 – 2nd Friday instead of 4th)

Websites:

- As of April 9th, 2014, the revised HAI website is live. Please see the following link:
<http://www.dhss.delaware.gov/dhss/dph/epi/haihomepage.html>
- APIC: [http://www.apic.org/Resource /TinyMceFileManager/Advocacy-PDFs/NAPHAI Proposed 2020 Targets.pdf](http://www.apic.org/Resource/TinyMceFileManager/Advocacy-PDFs/NAPHAI%20Proposed%202020%20Targets.pdf)
- Healthy People 2020 (CDC): <http://www.healthypeople.gov/2020/default.aspx>

HAIAC Action Items:

- a. Dr. Luta, as the Manager of Solutions, requests HAIAC members communicate with him, provide contacts with whom he can coordinate to increase flu vaccination rates: Martin.Luta@state.de.us
- b. Email subcommittee minutes to Tabatha Offutt-Powell (tabatha.offutt-powell@state.de.us) or Suzanne Mihok (Suzanne.mihok@state.de.us), please put “subcommittee minutes” in the email Subject Line.
- c. Quality Insights DE HAI Reduction Network Listserv is open to all providers working to prevent or eliminate healthcare-associated infections, including: infection preventionists, quality improvement staff, environmental services, epidemiologist, healthcare administrators, physicians, nurses, pharmacists, microbiologist, and lab personnel—in hospitals and all other healthcare settings.

If you are interested, please forward your name, name, email address, and name of the facility or group you represent, to Terri Townsend @ ttownsend@wvmi.org.