Healthcare Associated Infection Advisory Committee
December 4, 2015, 9:30AM

Location: Office of Performance Management, Large Training Room
Edgehill Shopping Center, 43 S. DuPont Highway, Dover, DE 19901

Meeting Minutes

Attendance:

First Name	Last Name	Signature	First Name	Last Name	Signature
Robin	Achenbach		Omo	Olurin	
Kimberly S.	Adkins	Edgehill	Helene	Paxton	Edgehill
Donna	Anderson	Edgehill	Mary	Peterson	
Robert	Arm		Nora	Protokowicz	
Susanna	Awoyode	Edgehill	Robert	Reed	
Ann	Blackmore		Elizabeth	Richardson	
Jane	Boudart		Kellianne	Riches	Telephone
Denise	Cameron		Lisa	Sanders	
B.J. (Betty)	Dencler		Eileen	Sherman	Edgehill
Michele	Dennis		Paula	Smallwood	
Valerie	Devereaux		Jessica	Snow	Edgehill
Marci	Drees	Edgehill	Jean	Stipe	Edgehill
Maria	Eckart	Edgehill	Brenda	Tincher	
Stephen	Eppes		Maureen (Rene)	Tomczak	Edgehill
Dianne	Esry		Yrene	Waldron	Edgehill
Kelly	Gardner	Edgehill	Judy	Walrath	Edgehill
Corinna	Getchell	Edgehill	Lynn	Watts	
Diane	Hainsworth		Nicole	Welch	
Ehtesham	Hamid		Veronica	Wilbur	
Joann	Hasse	Edgehill	Tracy	Wilkins	
Holly	Helmick	Edgehill	Marie	Wright	
Gyongyver	Huros		Kathleen	Wroten	Edgehill
Ashley	Istenes		Jennifer	Zambri	Edgehill
Sally	Jennings	Edgehill			
Nhiem	Luong	Edgehill			
Stanley	Lynch				
Awele	Maduka-Ezeh	Edgehill			

I.   Call to order
       A. Chair Kelly Gardner called the meeting to order at 9:35 A.M.

II.   Approval of minutes
       A. Minutes for September 25 were approved as distributed.

III.   Old Business
       A. HAI Reports, Quarterly
           1.   Deadlines are aligned with CMS, due 45 days after end of quarter.
           2.   Discussion:
                a.   Why have Quarterly reports? – Advantageous for timeliness of information and legislation requires them.
                b.   What reports need to be added?
                     (1) LTAC
                     (2) Dialysis
                     (3) Rehabilitation facilities
                c.   CDC has published new format for consumer data reports and this format is being used for the 2015 annual report, in addition to the previously-used professional format.
                d.   What is purpose of published data?
                     (1) Is the public aware of published data?
                     (2) How is it found?
                     (3) Are we marketing the information for public consumption?
                     (4) Should we inform the public through media releases?
                     (5) Is it a good idea to use the media?
                     (6) Does OHRC (Office of Health and Risk Communications) have input on delivery of info – design and dissemination?
                        (a)   OHRC did have hand in design of HAIAC web page
                     (7) Suggestion to have Delaware News Journal publish info in their weekly "Health Pages"
                     (8) Should HAIAC be more proactive with information available?
           3.   Next Steps:
                a.   Reports and Communications subcommittee: proactively disseminate info, contact OHRC for review of public consumption info, review Corinna's reports for opportunities for prevention sub-committee
       B. Ebola-Readiness Assessment Grant
           1.   Judy Walrath opened discussion about CDC multidisciplinary visit with Saint Francis and Wilmington Hospitals
           2.   Diane Hainsworth, EMSPS, opened discussion regarding POC and Readiness
                a.   Can reach out to assess for difficulties
                b.   State Operating Plan is in the works, due out January 2016, with Regional Operating Plan to follow.
                     (1) Final plan will require signature of DPH Director, DHSS Secretary, and Governor.
                     (2) Public Comment Period will be open to Strategic Partners only, not the general public due to sensitive Homeland Security issues
           3.   Discussion steered back to Grant specifics:
                a.   How much was award? $1.2 Million
                b.   Where are we spending?
                c.   What is timeline? – 3 years, beginning June 2015?

d. Discussed Epi role:
   (1) The moment a traveler arrives, Epis are notified by CDC
   (2) Epis then:
     (a) screen and monitor for 21 days, recording morning and evening temperatures as wellas presence of any Ebola-related symptoms,
     (b) coordinate transportation with EMS and hospital
     (c) Conference with CDC as required.
e. **Three** different grants are in play with different foci – not all on Ebola:

Grant Name	Participants	Funding/Timeline	Focus	Tasks
ELC	Epi and Lab	$1.2M	Healthcare Facilities	Builds domestic capacity building around Ebola and other emerging and highly-infectious diseases. Goal is to bolster infection control practices and competency throughout the healthcare delivery system using on-site assessments, training and policy changes.
PHEB – Public Health Emergency Preparedness		$1.3M/ 18 months, ends July 2016	Community	1-IsoPod units purchased. 2-Ttraining and education for a- Public Health Clinic b- Waste management c- Isolation d- CDC & Nebraska NETEC (national education and training center) e- Training materials
APP	Preparedness	$1.6M over 5 years	State Concept	1-Working with hospitals 2-Deal with 'medium-surge plan' (a single Ebola patient = surge) 3-"One Health Concept" – incorporates Clinical/Environmental/

				Animal to create single information sharing plan 3a- Strategic Information Sharing Process in State, Regional, and National planning 3b-No-notice drills, twice per year, By end of year: multi-patient Emerging Disease Drill

   (1) Grants have differing purposes but also overlap, work has been planned with overlaps in mind:
   (a)   Acute care
   (b)   Long term care
   (c)   Hospitals
   (d)   Dialysis.
   (e)   Challenge will be ongoing training and education due to large turnover
        i.   Suggestion made that since the training applies to all facets of healthcare; develop a single repository of training materials for consistency of messaging, resulting in best care possible.
   (2) Dr. Doug Riley from Dover Air Force Base is a veterinarian by trade and has been working with Preparedness
   (3) Urgent-care at top of priority list
   (a)   In October 2015 reached out to all to inform about Ebola work
        i.   Positive responses requesting mini-assessment and training
4. EBOLA wording on documents
   a. The original requirements were for "Ebola," therefore EBOLA will not be replaced with "Emerging Diseases"
   b. Preparedness works on Ebola with a wide view:
      (1) The focus is on Ebola as that is the most virulent disease
      (2) If we can handle Ebola, we can handle everything else.
      (3) While we can broaden the scope of activity, cannot let guard down.
5. Screening Tools to include 'sick animal questions'
   a. DPH algorithm discussed (see attached)
C. Antimicrobial Stewardship
   1. Reach out to Urgent Care sites
   2. Draft proposals
   3. CMS has LTC numbers, need count for Urgent Care
   4. Quality Insights working with LTC on antibiotic stewardship
   5. Christiana Pediatrics outpatient service model has changed
      a. Major effort to educate/work with outpatients
   6. Genesis Healthcare has developed a standard to cover all their facilities
   7. Suggestion to develop common logo for HAIAC to use on all messaging
   8. Jean Stipe has created a messaging tool and will share with the group
   9. Need to educate public and health care communities
      a. Dispel invalid ideas
         (1) "Money's Worth" at appointments requires a prescription
         (2) Antibiotics are 'cure-alls'
      b. Psychological study at CCHS revealed interesting info

> > (1) Why doctors prescribe and what patients expect
> c. Develop "Health Alerts" published through Office of Professional Regulation and Press Releases
> d. Develop "HAIAC says…" items
> e. Messaging for PCPs and public.
> f. Communications Subcommittee tasked with developing messaging.
> > (1) HPDP (Corinna's section) may have some messaging
> g. Next Steps:
> > (1) Business License vs. Healthcare License for 'doc in a box' urgent care centers
> > (2) Yrene drive legislative process
> > (3) Marci – pledge
> > (4) Donna contact Dr. Lori to join HAIAC

10. Preemptive use of antibiotics
    a. Messages have changed over time
    b. What is reasoning for recommendations
       (1) Total joint replacement
       (2) Fear of lawsuit

D. Updated guidance for screening for emerging infections
   1. Includes screening for contact with sick animals
   2. Public Health will provide screening tools
      a. Adding questions for sick animals
      b. What to do if answer is "yes"
      c. Drill-down questions would be beneficial
      d. Tool is to be tweaked to meet needs due to changing needs
         (1) Sick animals of interest change over time
         (2) Triage nurse will need to understand tool and purpose, not all sick animals are threat to public
         (3) Can Public Health communicate "animal of concern" when situation presents
            (a) Public Health will definitely communicate when the need arises

E. Infection prevention and control in the dental community
   1. Dr. Robert Arm has agreed to join HAIAC, was unable to attend this meeting.

IV. New Business
   A. HAN 383: "CDC/FDA Health Update about the Immediate Need for Healthcare Facilities to Review Procedures for Cleaning, Disinfecting, and Sterilizing Reusable Medical Devices
      1. Ultrasound probes can transmit HPV
      2. Facilities may need to examine other new methods for sterilization
      3. FDA has not yet taken a stand on most effective method
   B. HEN (Healthcare Engagement Network)
      1. Some acute care hospitals will be participating in this collaborative with the Connecticut Hospital Association, looking to incorporate best practice recommendations to improve the quality of outcomes to the patients served in Delaware.
   C. CDC Site Visit-
      1. Summary of visit and lessons learned (Helene Paxton, Marci Drees, and/or Kathy Wroten).
         a. Kathy Wroten provided summary of site visit:
            (1) Waste management – opportunity for improvement
            (2) Flushing human waste – need clarity, signage
            (3) Refrigerating infectious waste – refrigerated truck a possibility?

(4) Learned something new –
    (a)   Don't remove soiled linens or waste materials till after Lab results – requirements for disposal may change with results
    (b)   PPE needs are changing
    (c)   Create an index file for Staff Members PPE needs – size, preference, etc., pre-package sets of PPE for staff on hand, more efficient, quicker way to mobilize staff
    (d)   One way in/one way out. Safer, smooths out traffic flow, creates zones
    (e)   Worker Safety – develop hand-signals "I am feeling woozy" "I need to leave"
    (f)   Gaps are present for Pregnant women and Pediatric care
    (g)   Last Man Out concept:
    (h)   Define Doctors Orders and Protocols
    (i)   Level of communication between State and Hospitals, ensure free flow of information
    (j)   Matrix from Helene after she copyrights
2.   CDC learning session 12/3- discussion and review of learning points- All
D. NETEC (National Ebola training and educational center)
1.   Take to Hospital Committee to review
2.   Some $ available for support, let Judy Walrath know
3.   See handout.
E. Other new business

V.   Subcommittee Reports
A. Regulations – Kathy Wroten
1.   Working on minor changes to Title XVI code; will send to disperse with minutes, still taking suggestions, all still high level.
2.   Suggested to keep changes within the Regulations it is broader and more flexible than Code. Changes to Code should be avoided if possible due to being a more protracted process and subject to political winds.
3.   Try to align with CMS.
B. Membership – Donna Anderson
1.   2 – Health Insurers, will revisit
2.   Organized Labor is vacant, has contacted Lisa Sanders, with positive response
3.   Dental – Dr. Robert Arm has agreed to join and will represent the Dental Society
4.   Veterinarian – will ask Lt. Col. Riley of Dover AFB, soon to retire to Dover area.
5.   Infectious Disease – will contact Nemours
6.   Pharmacy and Primary Care issues discussed, want to consider finding reps?
C. Prevention – Eileen Sherman
1.   Continuing to work on Hand Hygiene as the number one priority
2.   Looking for submission of competency skills checklists to standardize care across the state
3.   Premier Group
D. Reports & Communications – Judy Walrath
Committee has not met for severl months. Regular monthly meetings to be scheduled for 2016.
Focus will be on Antibiotic Stewardship in addition to building up the consumer section on the HAI website.
VI.   Open Discussion
A. EMSPS planning an _Emerging Infectious Disease_ ½ or full day conference for mid-January
1.   Strait Team 3
2.   Unified Public Health Team

3. Send topics to Diane Hainsworth

VII. Adjournment
   A. Meeting adjourned at 11:45.

Lunch and Learn – Monica Adduci from Sanofi Pasteur, presented on influenza and other breaking immunization news including updates for vaccines that impact adolescents and adults
Please send Comments and Suggestions for future Lunch and Learn topics.

> **IMPORTANT CHANGES TO MEETING ACCESS AND LOCATION**
>   1. *Video Conference is* ==*NO LONGER*== *available.*
>   2. *Telephone Conference is available for all meetings from any location.*
>   3. *Physical location for All 2016 meetings: Office of Performance Management, Edgehill Shopping Center, Dover.*

Telephone Conference System: All 2016 meetings will utilize the same telephone conference number and passcode:
Phone 302-526-5475;   Conference ID: 265238.

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2016 Meeting Dates
March 18 *(State offices closed on March 26, Good Friday.)*
June 24
September 23
December 9

Scripting for the New Telephone Conference System:

Who will hear the script at each step:	Step	The script:	Action:
Everyone dial in: 302-526-5475	1.	*"Welcome to the <u>AUDIO CONFERENCING CENTER</u>."*	
Everyone	2.	*"Enter the <u>CONFERENCE ID</u>"* (Formerly called the Passcode)	Dial: 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."* (Everyone except the leader will wait just a moment for the next script message.)	Only the Leader will press *
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."*	State your name and then dial: #
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.

At #3 above: The assigned "Leader" of the call will leave the path above and take the <u>Leader's Path</u> below:

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."*	Dial: *
Leader	3.1	*"If you scheduled this meeting please enter your <u>PIN</u> now."* The Leader will enter the PIN.	Dial in PIN:
Leader	3.1.1	*"You are now joining the meeting as a Leader."*	