

	HEALTH CARE ACQUIRED INFECTION ADVISORY COMMITTEE				
	Updated: MARCH 2019				
Name (Last,First) Er		Email			
	Member Listing (Voting)				
	Abdul-Alim, Lorraine (Lori)	LAbdulAlim@selectmedical.com			
	Achenbach, Robin	Robin.Achenbach@highmark.com			
С	Anderson, Donna	donna.anderson@state.de.us			
	Baker, Jo Ann, DTCC Instructional Dir.				
	Nursing	joann.baker@dtcc.edu			
Р	Behan, Linda	Linda.Behan@genesishcc.com			
С	Cerri, Anneke (DOC)				
Р	Chasanov, Dr. William	wchasanov@beebehealthcare.org			
С	Drees, Marci, MD	mdrees@christianacare.org			
	Duffalo, Dr. Chad	CDuffalo@ChristianaCare.org			
	Eppes, Dr. Stephen	seppes@christianacare.org			
С	Fiero, Amy	_			
С	Fischer, Kimberly				
	Gardner, Kelly, RN CIC	Kelly_gardner@bayhealth.org			
С	Gee, L. Tia	KWilliamson@MaryCampbellCenter.Org			
	Gilman, Margaret	Jessica.McKnight@nemours.org			
Р	Helmick, Holly	Holly Helmick@Bayhealth.org			
	Hong, Rick, MD	rick.hong@delaware.gov; hong-			
	Olurin Ome MD	rick@cooperhealth.edu			
D	Olurin, Omo, MD	OlurinO@AETNA.com			
Р	Paxton, Helene	hpaxton@che-east.org			
	Protokowicz, Nora	nprotokowicz@christianacare.org			
	Reed, Robert	robertlaytonreed@comcast.net			
P	Richardson, Elizabeth	erichardson@beebehealthcare.org			
Р	Sagisi, Alfredo	Alfredo.Sagisi@fmc-na.com			
<u> </u>	Sanders, Lisa	Lsanders1817@outlook.com			
С	Snow, Jessica	jbscorn@aol.com			
	Tatman, Jill	Jill_Tatman@Bayhealth.Org			
P C	Tomczak, Maureen (Rene)	maureen.tomczak@verizon.net			
C	Waldron, Yrene	waldrony@dhcfa.org			
C	Walrath, Judy	judy.walrath@state.de.us			
Р	Watts, Lynn RN	lwatts@desurgery.com			
	Williams, Megan, DPN, APRN, FNP-C	Kunnatan @ahniatiana.com			
С	Wroten, Kathleen	Kwroten@christianacare.org			

	Non-voting		
	Arm, Dr. Robert	rarm1@hotmail.com	
	Blackmore, Ann	Ablackmore@christianacare.org	
	bottomly, Gail	gbottomley@bbmc.org	
	Boudart, Jane	jane@orthospecsc.com	
	Caruano, Janellem PharmD	Janelle_Caruano@bayhealth.org	
	Dencler, Betty, DEDentalSoc	BJDencler@aol.com	
	Dougherty, Jillian	jillian.p.dougherty@christianacare.org	
	Gardner, Julianne	Julianne.D.Gardner@christianacare.org	
	Harrington, Nicole	Nicole.S.Harrington@christianacare.org	
С	Jones, Jami, BSN, RN	jjones@qualityinsights.org	
	Kashmanian, Alexander, PharmD, BCPS	Alexander_Kashmanian@bayhealth.org	
	Lenz, Dr. Jennifer	jlenz@connectionscsp.org	
	Nichols-Willers, Jeanne	Jeanne_Nichols@bayhealth.org	
	Welch, Nicole	NWelch2005@comcast.net	
	Williamson, Kathie	kwilliamson@marycampbellcenter.org	
	Wright, Marie	mwright@mhdel.org	
	STATE OF DELAWARE Staff (Non-voting)		
	Austin, Jillian	jillian.austin@delaware.gov	
	Conley, Susan	susan.conley@delaware.gov	
	Cooper, Timothy	Timothy.cooper@delaware.gov	
	Decker, Betty	betty.decker@delaware.gov	
	English, Theresa, RN, BSN	Theresa.English@delaware.gov	
С	Getchell, Corinna	corinna.getchell@delaware.gov	
	Hainsworth, Diane	diane.hainsworth@delaware.gov	
С	Hovan, Greg	gregory.hovan@delaware.gov	
	Istenes, Ashley	Ashley.Istenes@delaware.gov	
	Luong, Dr Nhiem Viet		
	Moreno-Gorrin, Camille	camille.morenogorrin@delaware.gov	
	Nagarajan, Sumitha (DHSS)	sumitha.nagarajan@delaware.gov	
	Peterson, Mary	mary.peterson@delaware.gov	
	Riley, Doug, DMV	doug.riley@delaware.gov_	
Р	Rutledge, Debra	Debra.Rutledge@delaware.gov	
С	Vicidomini, Crystal	Crystal.Vicidomini@delaware.gov	
Р	Phone		
С	Collins		

I.	Call to order	
	Kelly Gardner, Chair, called meeting to order at 9:35	
II.	Approval of minutes	
	Motion was made and carried to approve December 2019	
	Minutes as written.	
III.	Introduce Camille Moreno Gorrin, new Head of Office of	
	Infectious Disease. (Epidemiologist III)	
	Camille was unable to attend.	
IV.	Continued/Ongoing Business	
a.	CRE - Carbapenem-resistant Enterobacteriaceae – Greg	
	Hovan	
b.	 Thank you for continuing to send samples. Since 1/1/17 a total of 707 have been tested; 72 tested since last meeting (December 7, 2018). one NDM, (new Delhi metallo-beta-lactamase) case was identified, with no obvious risk factors, including travel. Only 3rd case in Delaware. Colonization testing was conducted and no additional cases were were identified. Two Candida glabrata cases have been identified but no Candida auris. Working with Deb Rutledge and other facilities New technology Explore changing organisms Quality Insights Scope of Work ends July 19, 2019. No agreement on contract at this time Antibiotics and Care-coordination 	Sent to Greg for review
	• Waiting on RFP	
c.	National APIC Meeting, Philadelphia, June 12-14	
	Discussed under New Business	Attendees will discuss major take aways at the next meeting
d.	Health Alert Notices-	
<u>u</u> .	 Philadelphia Dept. of Public Health Recommendations to Manage Travelers - 	Sent to HAIAC on March 21.
	• CDC-HepA conference call	
	o Hep A in daycare employee	
	o Preparedness	No report
	0	*
	• Flu	
	 Numbers of cases going down; Peak reached week 8 (February 17 - 23, 2019) Christiana Care continues flu vaccination 	
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0		ore A:H1N1 than A:H3N2	his year when	
	compared wit			
0		r so far only 3% of cases are		
		s than in previous years. Pre	valence type	
		ason winding down.		
0		y same number of cases in e	each county,	
		ighest number.		
0		far in 2018-2019 season; 35	in 2017-2018	
	Flu Season			
0	In reply to qu	estion 'are seasons lasting lo	onger' the	
		at the seasons are starting e	arlier, 2019	
	-	s earlier than past years.		
0	Number of O	utbreaks to date:19 flu/respi	ratory, 15	
	norovirus			
0	DPH is learni	ng late of long-term-care ou	tbreaks.	
	• Per State	of Delaware Regulation, two	o or more	
	cases con	stitute an outbreak and shou	ld be reported	
	to DPH a	nd DLTCRP.		
	• Yrene – n	nore education of staff neede	ed due to high	
	turnover r	ates.	C	
	• LTC is no	t allowing visitors and quar	antining sick	
		hen an outbreak occurs.	8	
0		n noted that CDC offers Inf	ection	
		TC facilities course. This is		
	requirement.			
	erging Infectiou	s Disease		
• H	epatitis A			
0	No outbreaks	in Delaware		
0	Vaccination c	ontinues in Shelters and Dru	ig-treatment	
	centers			
0	Delaware alre	ady doing initiatives of othe	er states	
• V	accination deple	oyment also in EDs.		
	Sick-bird" ques			
	-	ntake due to impact of poul	try industry in	
	•	l to continue asking, but kee	-	
		hould need arise.	1	
		ning tool – no requirement	rom DPH.	
• 1	Aumps at Temp			
-	1 1	in of mumps cases?		
C	-	cinate in country of student'	s origin?	
Ċ		mmon on college campuses		
		d. APIC recommends 3 rd N		
•		re usually imported.		
		inquired if vaccination is a		
		inquireu ir vaccillation is a	lonege	
	requirement No requirement			
	-			
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 Recent story in the news about Chicken Pox parties, called "Zoster Parties". These are not recommended since it puts people at risk for shingles later in life. Need to inform public 	
g. Some states forbid, but how can that be enforced?	
h. Regulation of Urgent Care Facilities – Mary Peterson	Needs regulation change and funding—see discussion below under Regulations
 i. Interagency Transfer Form – Megan Williams, Mary Peterson Stakeholder and community groups Pilot at LTC, BayHealth, and Beebe, not yet to CCHS. Only a few weeks in at meeting date, reviewing use, need more data to judge effectiveness. Is education being done? Form is in statute. Use across provider types. CCHS has seen resurgence of MRSA screening before patient returns to LTC Not national policy. Yrene asked for conference call with Marci Drees, Mary Peterson, Corinna Getchell, and herself to clarify. 	To update status of trial next meeting
•	
o Subcommittee Reports	
j. Regulations	
o Committee Update	
Recommendations for changes	
 Urgent Care Centers Some legislators are interested and drafting a proposal Still in early phase Sticking point is funding to monitor the statute. Current pay scale would not be enough to compensate for education and experience needed to evaluate compliance with statute. What can HAIAC do to help? State has hired a nurse consultant to review salaries. Legislation proposed would cover: Urgent care/doc in a box/medical aid /walk in care facilities with extended hours and private doctors also Office based surgery must be accredited If hospital receives patients who have received 	

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	Г
 inappropriate Office Based Surgery/IV sedation, this must be reported. Working with Professional Regulation and Medical Society of Delaware on opportunities for 	
education – maybe work through Office Managers? CDC courses may be available?	
 Results of survey highlight vacancies in LTC 	
 educators to students ratio is unsatisfactory 	
 need more time to fulfill education 	
requirements	
Reporting Requirements	
• Need to amend regulations? No, Regulations say	
follow CMS. RequirementDept of Corrections (DOC) infirmary reports? These	
aren't reported to NHSN.	
 Regulations regarding DOC 	Kathy will reach out to DOC
 Contracted medical providers reports 	to see what is reported-
 How does HAIAC get report to evaluate? 	possibly Awe or Anneke can
Anneke (DOC) will refresh and send report to K. Wroten.	update
k. Membership	
Committee Update	
Donna Anderson will reach out to inactive members.	
1. Prevention	
Committee Update	
i. Antimicrobial stewardship	
1. Working on goals for EBright	
 April 24 is next subcommittee meeting Needs to know how much money the subcommittee has 	
3. Needs to know how much money the subcommittee has to spend	
a. Mexis' former position in hiring process.	
b. Mexis proposals were not funded by CDC(project or	
personnel)	
c. Current CDC grant cycle ends July 31	
d. New funding, if available, will require progress	
reports from hospitals. e. Dr. Hong will review available dollars to market and	
spend by July 31	
i. Last year's AS funding for five hospitals was used	
as each hospital required	
ii. Grant submission for next five-year funding cycle	
for CDC's ELC (Epidemiology and Laboratory	
Capacity) grant is due April 24	

m.	Reports/Communications	
	HAIAC Website	
i.	Reports	
	• 2016-2018 trends	
	• 3 rd quarter posted to website	
	Membership list updated on website	
ii.	Status of Success Stories needed for CDC grant proposal and	
	DPH HAI website.	
	New Business	Judy will check funding
		No funding
		Hospitals to send their wish
		list to Dr. Hong. Wish list
		requests did not fit with
		CDC's guidance of grant-
		related activities for funding.
a.	Communication Challenges to medical community during	
	outbreaks, Dr. R. Hong. Looking for suggestions-	
	1. CCHS has system to gear notifications to specific groups	
	2. Can use different medical associations for further	
	communication.	
	3. Let groups suggest best communication methods	
	4. Different processes depend on population – daycare,	
	elderly, etc.	
	5. Consensus that more information is better than too little.	
	6. HAIAC (all present) agree that all want notifications	
n.	Are ID doctors signed up for HAN?	
ii.	Immunization Coalition – Dr. Eppes	Deferred until next meeting
	National APIC Meeting, Philadelphia, June 12-14	
b.	Joint Commission Survey (JCS)	Judy will resend format
	1. Bay Health Sussex Campus: 5 citations	Didn't do it
	i. 70% get revisit of all hospitals surveyed	
	ii. Part of problem is staff turnover, challenge is to	
	maintain consistent staffing	
	1. Continuous education needs	
	 Posted job aids. Poster to be an an	
	3. Better to have more general guidelines than very	
:::	prescriptive.	
iii.	St. Francis- no Hand hygiene findings during JCS, however	
N/	during CMS there were heavy hits in Hand Hygiene.	
V.	New grant funding initiatives tied to hospital acquired infections – Greg Hovan	
	• New grant funding initiatives tied to hospital-acquired infactions. Grag Hoven We are exploring new	
	infections – Greg Hovan We are exploring new	
	initiatives, including utilizing whole genome sequencing	
	(WGS) for resistance/virulence markers and surveillance,	

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 as well as funding for new antibiotic testing. What we propose depends on the needs of HAIAC and hospital laboratories for what outbreaks they are seeing (ie. invasive MRSA, Grp. A Strep, C. diff, etc.) or a specific clientele. 2. The application is Due in April 19, need input from HAIAC no later than April 5. c. Open Discussion 	
1. TB Conference	Will discuss by members
	5
a. 2018 – 22 cases; 2017 – 15 cases	that attend at June Meeting
b. 1 of 20 states have increased numbers of cases	
c. No cases under 5 years old.	
d. By requirement, latent cases are not reported.	
d. No providers treat TB; all treatment is through Division of	
Public Health.	
1.	
e. Adjournment 11:24	

HAIAC MEETING ACCESS AND LOCATION

- Telephone Conference connection is available for all meetings from any location. Telephone Conference System: Phone 302-526-5475; Passcode 265238, Leader will enter PIN 235465
 - Phone 302-526-5475; Passcode 265238, Leader will enter PIN 235465
- 2. Physical location for HAIAC: March 22 and June 28 meetings will be at the Thomas Collins Building 540 S. DuPont Highway, Dover, DE 19901.

Approved 2019 HAIAC Meeting Dates – March 22 & June 28 Location: Thomas Collins Building 540 S. DuPont Highway Dover, DE 19901 ** ** ** ** ** ** ** ** ** ** ** ** ** September 27

December 6 Location: Office of Performance Management, Edgehill Shopping Center 43 S. DuPont Highway, Dover, DE 19901

To sign up for Delaware Health Alert Notices: <u>https://healthalertde.org</u>

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