

| | HEALTH CARE ACQUIRED INFECTION ADVISORY COMMITTEE | | | | |
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| 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 | |
| | HAIAC March 22, 2019 9:30AM | -Noon Agenda |
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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 | | | |
| | - | | | |
| Н | AIAC | March 22, 2019 | 9:30AM-Noo | n Agenda |

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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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