## HEALTHCARE ASSOCIATED INFECTION ADVISORY COMMITTEE FRIDAY, DECEMBER 13, 2013, 9:30 AM JESSE COOPER BUILDING, 3<sup>RD</sup> FLOOR CONFERENCE ROOM, VIDEO AND TELEPHONE CONFERENCE MEETING MINUTES

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

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

Location:

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

- I. Call to order, Kelly Gardner called the meeting to order at 9:40AM, December 13, 2013
- II. Approval of minutes
  - A. Kelly motioned to approve the September 27<sup>th</sup> HAIAC minutes, motion seconded, and approved

#### III. Subcommittee Reports

- A. Prevention Eileen Sherman
  - i. Membership
    - 1. There are 15 members currently on the subcommittee
  - ii. Update
    - 1. A survey is under development to assess existing prevention efforts and needs.
    - 2. The subcommittee is looking into the possibility of developing practice guidelines for surgery centers, home health facilities and other facilities.
  - iii. Kelly request subcommittee meeting minutes sent to Suzanne for inclusion with minutes
- B. Reports & Communications Marci Drees & Tabatha Offutt-Powell
  - i. Membership
    - 1. There are currently 13 members on the committee
  - ii. Update
    - 1. Delaware law requires quarterly reports, but such reports are not useful due the small numbers. The subcommittee will develop a minimal quarterly report and instead focus on a robust annual report.
      - a. CDC and CSTE are developing a template to help standardize annual reports. This should be available in June.
      - b. Kelly requested the subcommittee to consider including

prevention activities in the annual report.

- c. Discussion ensued around the need to eventually include information regarding dialysis, outpatient, and other facilities.
- 2. A major revision of the website is in progress. This will include a "FAQ" section
  - a. There was agreement that a lay, non-technical person should review the website before rollout, to ensure ease of use and clarity.
  - b. Yrene requested that the FAQ's include information about overuse of antibiotics and to clarify that norovirus is a problem in many facilities, not just nursing homes.
- 3. Tabatha working on NHSN conferring rights issues related to changes occurring at CDC.
- iii. Kelly request subcommittee meeting minutes sent to Suzanne for inclusion with minutes
- C. Membership Yrene Waldron
  - i. Most of the vacancies of legislatively required positions are being filled.
  - ii. Thomas Mulhern has resigned from committee. He has been asked to work with Yrene to identify another member to represent ambulatory surgical centers.

## D. Regulations – Kathy Wroten

- i. Membership
  - 1. An update will be sent to Yrene.
  - 2. Draft revisions to the by-laws were discussed. A motion was made to accept them, which was seconded and approved.
    - a. Copy of the revisions is attached following the minutes.

# IV. Old Business

- A. Quality Insights Conference Terry Townsend provided information on the Quality Insights Conference, January 15<sup>th</sup>, Polytech in Woodside, DE. Suggestions were made as to where to recruit participation.
- B. Tabatha reported on progress of the survey of dialysis facilities.
- V. New Business
  - A. Kathy Wroten will contact original authors of "Guidelines for the Management of Multidrug Resistant and other Epidemiologically Important Organisms along the Healthcare Continuum (DPH January 2010)" for possible revisions. Kelly requested draft changes by the March 28<sup>th</sup> HAIAC meeting
  - B. Kelly Gardner asked if diseases that are reported through DHIN for non-Delaware residents are forwarded to the state in which the patient resides. It was clarified that at the current time that occurs only when the reports are made to the Division of Public Health.
- VI. Adjournment
  - A. Meeting adjourned at 10:40 AM.

Suzanne Mihok (Recorder)

Meeting dates for 2014: March 28 June 27 September 26 December 12 (same change as 2013 – 2<sup>nd</sup> Friday instead of 4th)

#### 1

#### Hospital Acquired Healthcare Associated Infection Advisory Committee By-laws Article I - Name

The committee shall be known as the Hospital Acquired Healthcare Associated Infection Advisory Committee hereinafter referred to as the HAIA Committee

#### Article II – Mission

The mission of the HAIA committee is to see that all requirements of the Hospital Infections Disclosure Act are carried out.

#### **Article III – Duties**

The duties of the HAIA committee are those set forth by Title 16, Chapter 10A, of the Delaware Code which established the HAIA committee.

#### **Article IV – Purpose**

The purpose of the HAIA committee is to assist the Department of Health and Social Services in the development of the aspects of the Department's methodology for collection, analyzing and disclosing the information collected under this regulation, including collection methods, formatting, and methods and means for release and dissemination of information.1

#### Article V – Membership

#### Section 1 Members

Composition of the HAIA committee is established by Title 16, Section  $\frac{10031008A}{10031008A}$  (c)(1). All appointed members are appointed by the Secretary of the Department of Health and Social Services. The HAIA committee shall be composed of the members representing the following organizations: The Secretary of the Department shall appoint an Advisory Committee, which shall include: 1 infection control professional who has responsibility for infection control programs for each hospital or healthcare system in Delaware; 4 infection disease physicians with expertise in infection control; 1 representative of the Delaware Health Care Facilities Association; 1 representative of a freestanding surgical center; 1 representative of a dialysis center; 1 representative of a psychiatric facility; 1 representative from the State Division of Public Health; and the Public Health Healthcare Associated Infections Specialist responsible for collating and reporting data. The Secretary shall also appoint 8 other members of the Committee including representatives from direct care nursing staff, academic researchers, consumer organizations, health insurers, health maintenance organizations, organized labor and purchasers of health insurance, such as employers. The Advisory Committee shall have the authority to engage personnel with appropriate training and/or certification in infection prevention and control for the purposes of collecting data.

# An Infection Control Practitioner Preventionist from each hospital or health care system in Delaware

Four Infectious Disease physicians with expertise in infection control and prevention

A representative from the State Division of Public Health Public Health Hospital Infections Specialist Direct care nursing staff Academic researchers Consumer organizations Health insurers Health maintenance organizations Organized labor Purchasers of health insurance, such as employers2

#### Section 2 Inactive Members

Members shall be considered inactive when they have missed more than two consecutive scheduled HAIA committee meetings without written or electronic notification to the HAIA committee chair or staff giving the reason why they were unable to attend the meetings. The HAIA committee will review inactive membership status and may provide HAIA committee appointment recommendations to the Secretary of the Department of Health and Social Services.1

#### Section 3 Removal of Members

Members of the HAIA committee, if they become inactive, may be removed by the Secretary of the Department of Health and Social Services.<sup>1</sup>

#### Section 3 4 Vacancies

Vacancies in appointed membership of the HAIA committee shall be filled by the Secretary of the Department of Health and Social Services.<sup>1</sup>

## Article VI – Officers and duties

#### Section 1 Officers

The officers of the HAIA committee shall consist of a Chair and a Vice Chair. The chair and the vice chair shall be elected by the HAIA committee. The term of service of the HAIA committee chair shall be two years. Upon the completion of the HAIA committee chairs' term of service, the above process will be repeated to select a new HAIA committee chair and vice chair and both positions may be re-elected.

#### Section 2 Named

The officers of the HAIA committee can be anyone on the HAIA committee with the exception of members from the State Division of Public Health, and any other state agency personnel.

#### Section 3 Duties of the Chair

The Chair shall provide an agenda for each meeting, preside at all meetings of the HAIA committee, preserve order during the meetings, appoint subcommittees as necessary, approve the members of subcommittees, serve as an ex-officio member of such subcommittees, sign all documents connected with the activities of the HAIA committee or its subcommittees requiring such signature, and be responsible for facilitating the implementation of the policies adopted by the HAIA committee or its subcommittees.<sup>1</sup>

Section 4 Duties of the Vice Chair

In the absence of the Chair or in the event of the Chair's inability or refusal to act, the Vice Chair, unless otherwise determined by the HAIA committee, shall perform the duties of the Chair, and when so acting shall have all the powers of the Chair. The Vice Chair shall exercise such other duties as from time to time may be assigned by the Chair or the HAIA committee.

# Section 5 Presiding Officer

In the event that both the Chair and the Vice Chair are absent, the remaining members shall elect a presiding officer from the HAIA committee members present. The presiding officer shall serve only for that meeting or until the Chair or Vice Chair arrives.<sup>1</sup>

# Article VII Subcommittees

Section 1 Subcommittees

When necessary, subcommittees can be formed to perform specific duties. Membership on these subcommittees is voluntary.

# Section 2 Membership of Subcommittees

The subcommittee will appoint a leader approved by the HAIA committee chair. Each subcommittee shall be lead by a voting member of the HAIA committee. The membership of the subcommittees may include non-HAIA committee members when their attendance is desirable to facilitate the subcommittee's work, and they shall enjoy full voting privileges on the subcommittee.<sup>1</sup>

## Section 3 Subcommittee actions

All subcommittee actions are subject to approval by the HAIA committee unless the HAIA committee has specifically delegated approval authority.<sup>1</sup>

# Section 4 Subcommittee reports

Each subcommittee shall deliver a report of that subcommittee's activities during each regular HAIA committee meeting.<sup>1</sup>

# **Article VIII Voting**

Section 1 One Vote Each HAIA committee member shall be entitled to one vote. Decisions will be made with a simple majority vote.

Section 2 Participation of Proxies

HAIA committee members may designate, in writing, a proxy for meetings. Proxies may participate and vote in HAIA committee deliberations.<sup>1</sup>

# Section 3 Abstentions

HAIA committee members may register their abstention on any vote which shall be reflected in the minutes, and HAIA committee members are encouraged to abstain on matters which would pose for them a conflict of interest.<sup>1</sup>

# Article IX Staff

Administrative support for the HAIA committee shall be provided by the State Division of Public Health.

# **Article X Meetings**

#### Section 1 Regular meetings

HAIA committee meetings will be held quarterly to give subcommittees' time to meet and report to the HAIA committee with any new updates.

#### Section 2 Subcommittee meetings

HAI subcommittee meetings are to be held as needed to accomplish the assigned duties of the HAIA committee in a timely manner.

## Section 3 Notice of meetings

Notice of the time, place and a draft agenda to be considered at each meeting shall be given in writing to all HAIA committee members in advance of the meeting. Any matters not appearing on the agenda may be considered upon a favorable vote of a majority of the members present to do so. Notice of special meetings and intended agenda items for special meetings shall be given to all HAIA committee members in advance. Public notice of meetings shall be consistent with the provisions of the Delaware Freedom of Information Act cited in Title 29, Chapter 100.<sup>3</sup>

## Section 4 Minutes of Meetings

Accurate minutes of all HAIA committee meetings shall be maintained by the State Division of Public Health administrative support. Minutes shall include, but not be limited to, a record of all HAIA committee actions, a record of attendance at meetings and a summary of discussions. The minutes of each meeting shall be sent to each HAIA committee member prior to each meeting.<sup>1</sup>

Section 5 Participation of members of the public

Members of the public shall be encouraged to attend all regular and subcommittee meetings. An opportunity shall be provided at each meeting for members of the public to address the HAIA committee.<sup>1</sup>

# **Article XI Recommendations**

The HAIA committee may make recommendations to the Secretary of the Department of Human Services concerning legislation that bears upon the duties and responsibilities of the HAIA committees.<sup>1</sup>

# Article XII Amendments of or to By-laws

These bylaws may be amended or replaced upon the affirmative vote of majority of the entire membership of the HAIA committee at any meeting of the HAIA committee provided that any proposed changes have been circulated to all HAIA committee members at least two weeks prior to any action thereon.<sup>1</sup>

<sup>1</sup> State of Delaware. (2003). State Emergency Response Commission Bylaws, Emergency Planning and Community Right to Know. Retrieved March 26, 2008, from <u>http://www.serc.delaware.gov/bylaws.shtml</u>

<sup>2</sup> State of Delaware (2007). Online Delaware Code, Title 16, Chapter 10A, Retrieved March 26, 2008, from <u>http://delcode.delaware.gov/title16/c010a/index.shtml#TopOfPage3</u>

<sup>3</sup> State of Delaware (2007). Online Delaware Code, Title 29, Chapter 100, Retrieved May 23, 2008, from <u>http://delcode.delaware.gov/title29/c100/index.shtml#TopOfPage</u>