

Healthcare Associated Infection Advisory Committee
March 18, 2016

Attendance:

	First Name	Last Name	Email
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P	Barb	Robbins	Barb_Robbins@Bayhealth.org

- I. Kelly Gardner, called meeting to order at 9:30.
 - a. Welcome to APIC

- II. Minutes approved as presented with exception of attendance. Request made to all to contact Suzanne to update attendance from December's meeting.

- III. Old Business

- IV. New Business
 - a. Hand hygiene prevalence study
 - b. CDC and survey not the same
 - c. Proposed date for Point Prevalence study is April 16 – no feedback received on this as of March 18.
 - d. Looking at feasibility to include Long Term Care by end of 2016.
 - e. Focus on infection control at outpatient care/clinics
 - f. No enforcement – all voluntary
 - g. Tentative plan with agreement from APIC and their agreement to coordinate efforts: April 16 Point Prevalence Study, Helene Paxton will send 'save the date'.
 - h. Related discussion regarding hand hygiene
 - i. While on vacation in another state, Community Representative member was in a hospital and noticed that some healthcare workers washed their hands while others gloved.
 1. Gloves are not a substitute for hand hygiene, gloves can give false sense of security.

- V. ELC Ebola Supplemental Grant
 - a. Outpatient clinics: They have conducted infection control assessments at six outpatient clinics to date. These assessments include completion of a CDC self-assessment tool, a walk-through and a two-hour infection control training that offers free CNE credits.
 - i. Business license, not regulated vs healthcare license, regulated
 - ii. Proposed legislation has not gone through
 - iii. A suggestion was made to clearly delineate the differences between a business license and a healthcare license (Urgent care/Medical Aid Unit/Emergency Department/etc.) on the website.
 - iv. Of the medical aid units (business license outpatient clinics) that they contacted, in Delaware only one asked to participate.

- v. A suggestion was made to invite Senator Bethany Hall-Long to our next meeting to hear our concerns and help develop political motivation.
 - vi. A motion was made, seconded and approved to produce a White Paper through the Regulations Subcommittee with assistance from Corinna Getchell, Veronica Wilbur, Yrene Waldron, and invite Deb Hudson, one of the originators of HAIAC.
- b. Acute Care Hospitals: An expanded Infection control assessment tool was sent to each of the acute care hospitals for self-completion. The core of the assessment tool covers Infection Control Training, Competency, and Implementation of Policies and Practices. DPH requests that each hospital complete and return the tool by April 29th. The assessment does not require a site visit to the hospital, but one can be arranged if there is interest. Data gathered will not be made public.
- i. Marci Dress and colleagues attended the NETEC training at Emory in February and felt it was worthwhile but were disappointed that no one from DPH attended.
 - 1. DPH Biosafety officer is in training now and will be up to speed by May.
 - ii. Standards
 - 1. Lab – no guidance
 - 2. Bedside – well-defined
- Diane Hainsworth: Preparedness holds a meeting on the 1st Thursday of every month and everyone is welcome to attend. Ebola preparedness is still ongoing and they are also working on the concepts of operations for Ebola preparedness (ConOps)
 - The Public Health Emergency Preparedness (PHEP) grant's deadline was extended, but the budget has been cut as of 7/1/16, budget period #5. The money instead will go to DNREC for mosquito control.
 - There will be a regional Ebola tabletop exercise held by Johns Hopkins University and FEMA Region 3 on 4/5/16. Another no-notice drill will be held, the exact date will not be announced, but it will not be done in the summer.
 - EMSPS is working on getting training for the new BioSeal system, purchased by the Ebola PHEP grant; useful in case of fatalities. They plan on setting it up in the warehouse for anyone who wants to see it. Additional Isopod units were also purchased.
 - EMSPS has given money to hospitals for projects in the past; a budget would need to be submitted. There was a question of how much money was given to each hospital and what the funds were used for.

Emerging Infectious Diseases (EID) communication

- DPH will provide a weekly email communication to all ICPs about the latest news on EIDs and other related health concerns. This will start in April.

Antibiotic Stewardship (ABS)

- Marci Drees: The Reporting Communications Subcommittee developed a mission statement (below) that was then approved by the HAIAC. CDC has non-antibiotic prescription pads may be useful in preventing excessive use of antibiotics.

The Delaware Division of Public Health and Healthcare-associated Infections Advisory Committee support a coordinated statewide program to promote the appropriate use of antibiotics across the healthcare continuum, thus improving patient outcomes and decreasing the spread of multidrug-resistant bacteria.

- Members suggest adding ABS “success stories” to the site, similar to other states listed on the [CDC website](#).
- Sally Jenkins will try to gather statistics from CMS on antibiotic prescriptions by drug name and provider name from Medicare claims data. She will let the committee know if/when this can be accomplished.
- A suggestion was made to contact Robin Achenbach from Highmark to determine whether they have data available on antibiotic usage.

Combining APIC and HAIAC meetings

- A motion was made and passed that the HAIAC continue to hold quarterly meetings rather than bimonthly. However, more communication will be required between meetings, including sending out meeting minutes earlier.
- A motion was made and passed that the APIC and HAIAC meetings not be combined as they are two separate entities.

Subcommittees:

- **Regulations**
 - Report by Kathy Wroten: They have had one meeting and were working on the Title XVI code. This fell by the wayside due to legislative priorities. List of active members was clarified.
- **Membership**
 - Report by Donna Anderson: They are still working on getting a member from organized labor and the mental healthcare community.
- **Prevention**
 - Report by Helene Paxton: A hand hygiene prevalence study will be scheduled for mid-summer or sometime around April 16th for all hospitals.
 - During the upcoming March 28th meeting, checklists and tools to be used by facility type will be discussed.
 - Eileen Sherman will be leaving Nemours. A motion was made to have Helene Paxton take over as the chair for the subcommittee and Holly Helmick will be the co-chair; the motion was passed. Helen will reach out to Eileen for a transition plan.
 - Helene will update the membership list and send it to Suzanne.
- **Reporting and Communications**
 - Report by Judy Walrath: They have met twice since December, are trying to meet monthly, and in person as much as possible. The subcommittee has 15 members, with 9-10 participating in meetings. Judy will recheck the membership list and send any changes to Suzanne.
 - Main focus has been ABS. Two CCHS staff members are helping with the ABS project (see “Antibiotic Stewardship” section of minutes). A subgroup of the

Subcommittee is working on the contents of the Antibiotic Stewardship webpage for the HAI website, with separate sections for consumers and healthcare providers.

- They reviewed the consumer format for the 2015 Annual Report. All ICPs should validate their 2015 quarterly data by the end of the month. The report will be published about a month after that is done.

New HAI logo

- Sally brought samples of the potential HAI logo. Logos #1 and #3 were voted the top choices, with a few changes. For both #1 and #3, the “H” will be adjusted to a full-height letter and the arrow size will be reduced. For #1, the word “Delaware” will be darkened, possibly in navy blue.
- Sally will make the changes above and send to Suzanne.
- Suzanne will create a ballot and distribute it so everyone can vote.

Zika Update

- Report by Dr. Maduka: DPH and DNREC have been meeting and are working on a plan; there should not be any impact to acute care settings.
- Guillain-Barre syndrome cases related to Zika appear to be occurring only with a Zika and Dengue co-infection.
- DPH is reaching out to obstetricians to educate and inform.
- The state lab can now test for Zika; this result is very fast compared to 4 weeks when sent to the CDC. The state lab is doing PCR, urine and serum testing and has had 2 PCR positives so far. They hope to be able to do antibody testing (ELISA IgM) by mid-April.
- Per Colonel. Riley: Dover Air Force Base is doing active monitoring in Delaware using mosquito traps. They separate the females and test for a variety of diseases. Female mosquitos bite; males do not. The female mosquito population estimates are also being used to determine when and where to spray, as over-spraying is harmful to the environment.

Flu Update

- Regarding a question of when to stop vaccinating: Judy Walrath said that the CDC recommends that as long as flu viruses are circulating, vaccination should continue to be offered. Flu cases have been doubling in number each week for the past 3 weeks and there has been one flu-related death.

Meeting was adjourned at noon.

Respectfully submitted

Kelly Gardner
Chair

Suzanne Mihok
Recorder