Connecticut Healthcare Associated Infections Advisory Committee
Minutes
August 4, 2010

Attendees: Ray Andrews, Lauren Backman, Laurie Brentlinger (phone), Karen Buckley-Bates, Donna Brewer (guest speaker), Louise Dembry, Carol Dietz, Wendy Furniss, Brenda Grant, Alison Hong, Laura Jordan, Diana Kelly, Alessandra Litro, Harry Mazadoorian, Trini Mathew, Richard Melchreit, David Neville, Gayle Nobert, Mary Pakulski, Julie Petrellis, Diane Pomarico (phone), Jean Rexford, Richard Rodriguez, Jack Ross (phone), Joyce Sauve (phone), Marie Sudsbury, Diane Steverman, Douglas Waite

Call to order: Richard Melchreit called the meeting to order at 9:02 a.m.

Review and approval of prior Advisory Committee meeting minutes (5/26/10): The draft minutes were reviewed. The May 26, 2010 draft minutes were accepted with correction of one typo.

Program (federal stimulus funding) update:
The Emerging Infection Program Epidemiologist 2 position still is in recruitment, and hopefully, an offer will be made in the next few days.

Prevention Collaborative report:
CUSP: Stop BSI – Non-ICUs can now join the project. The next cohort will begin in September and another in January. A separate CAUTI (Foley catheter-associated urinary tract infection) project is being launched by CUSP, and Connecticut is considering whether to participate in this new project.

MDRO Collaborative – There will be a workshop on October 14 on *Clostridium difficile* prevention and environmental cleaning (participants will be encouraged to bring representatives from their environmental staff.[1] Planned speakers include Dr. Parry, Dr. John Boyce from the Hospital of St. Raphael, and Dr. Koll of Beth Israel.

Legislative/Government Relations Report:
A copy of the technical bill passed by the legislature and signed by the Governor is posted on the HAI website. This is the time of year when new legislative bills and budget proposals are prepared by the executive agencies for possible inclusion into the Governor's next budget and legislative package. Let Karen Buckley-Bates or Richard Melchreit know within the two to three weeks if you have any suggestions for possible inclusion NB: the "adverse events" reporting law that was just amended by the legislature is not administered by the HAI program at DPH, it is administered by the Health Systems Regulations Branch at DPH. The great majority of the "adverse events" covered by that law are not infections.

Legal issues:

[1] Update: due to a scheduling conflict, the workshop has been rescheduled from October 14 to December 1, 2010.

Connecticut is a CDC-funded Emerging Infections Program (EIP) site. Therefore, we are, and will be, engaged in "enhanced surveillance or research" projects to strengthen the scientific evidence base for surveillance and prevention. This raises "protections of human subjects" issues. DPH and the HAI program are strongly committed to ethical research that follows the letter and sprit of the law protecting human subjects and confidentiality. Because the HAI Committee must advise and recommend HAI surveillance activities, Donna Brewer, director of the DPH hearing office and HIPAA compliance officer, was invited to speak with the Committee to make the Committee members and participants familiar with the important issues and principles that these laws and policies address.

The law that authorized the creation of the Committee and mandates reporting does not, in and of itself, give DPH the authority to collect this information from healthcare facilities or providers. Therefore, DPH added CLABSIs in the reporting ICUs to the "reportable condition" list that the Department has the authority to collect. Any future HAI surveillance activity expansions would be added to that list.

Much of the "enhanced surveillance "activity in the EIP goes beyond the scope of data collected for routine surveillance. Therefore, for the DPH HAI program to collect this information, it would be best to consider this "research" which means that the DPH Institutional Review Board (IRB) which reviews and approves such projects that would involve human subjects (and all of them will) will review the protocols before the project commences (The DPH IRB is called the "Human Investigations Committee" or HIC.) Because the data resides in healthcare facilities, the protocol would also be submitted to their IRBs for review and approval before they would participate.

DPH, being a public health agency, is exempted from many of the provision of the Health Insurance Portability and Accountability Act (HIPAA) that healthcare facilities must abide by. However, in the case of protocols, in which individual patients are not being informed about the project and giving their individual consent (or refusal) to participate, HIPAA generally requires a waiver of informed consent before otherwise permissible research protocols are undertaken.

Proposal regarding public reporting of facility-level data:
The Committee discussed the terms "better" and "worse" used in the template approved at the last quarterly meeting – and balancing the need to avoid possibly pejorative language vs. the need for clarity when communicating with the public. The Committee decided to ensure there is langue in the template that clarifies that "better" means a significantly lower rate or SIR, and "worse" means a higher rate. The group that developed the approved template will prepare this additional language, which will be presented to the Committee at the November meeting for discussion and possible approval.

EIP Projects (Point Prevalence, Denominator):
The Point Prevalence project is progressing: hospital "primary team" staff have been trained by CDC staff by webinar, Richard Rodriguez and Richard Melchreit attended a training on the project in Atlanta in July, and all three hospitals will be performing their surveys in mid to late August. A new project, a CLABSI denominators sampling evaluation, will be launched in the fall, and CDC is encouraging each EIP site to enroll 10 or more hospitals. Part 1 of the project

will be a retrospective review of the denominator data collection sheets for the past year, and Part 2 will be a prospective collection of sampling data to compare it to the ongoing reporting of CLABSI denominator data in NHSN. A summary of this project will be presented to the Infection Preventionists at their bi-monthly meeting. Yale has had experience trying to use sampling and did not find it reflective, Richard Melchreit will arrange for the CDC Epidemiologist leading the project to get a briefing on the Yale experience from Louise Dembry.

CLABSI data validation:
The validation of CLABSI reports is progressing, but a significant amount of work remains before completion: 10 more hospitals remaining for chart reviews, a review of the findings with the hospital Infection Prevention teams, data analysis, and the validation of a sampling of denominators (central line days) from each hospital. The chart reviews to assess the accuracy and completeness of CLABSI case reports may be completed by the end of August. At this point CDC is not changing the CLABSI case definition, but the information from validation studies around the country and EIP research will provide useful information if changes are contemplated.

Educational initiatives:
The Education sub-Committee has not met yet to start the work of renovating the website, pending the completion of the validation this summer. It is anticipated that the sub-Committee will meet in the fall to have the revised website available for the hospital-specific report that will be posted in January 2011.

Health Improvement Planning:
The Stakeholder Conference will be held on November 19th at Southern Connecticut State University, which ahs a beautiful, inexpensive, and very functional conference center that will be ideal for this interactive, "plan development" conference. An expert from CDC will be available to participate as one of the key speakers. The HIP Steering Committee will be meeting by conference call later this month to continue detailed conference development planning and to work on "marketing" it to ensure wide attendance from the various sectors in the healthcare system.

Future meetings:
The next in-person meeting will be the regular scheduled (quarterly) meeting of the HAI Advisory Committee and will be held at CHA, 9 a.m. to 11 a.m., Wednesday, November 3rd.

Adjournment:
The meeting was adjourned at 11:05 a.m.

FILE: hai advisory committee minutes 8_4_10.doc