

# Healthcare Associated Infection Advisory Committee

September 26, 2014, 9:30AM

## Minutes

Attendance:	
New Castle by video:	Joanne Hasse
Kent County at Cooper:	Donna Anderson Marci Drees Kelly Gardner Martin Luta Tabatha Offutt-Powell Eileen Sherman Paul Silverman Judy Walrath
Sussex County by video:	~~~
Telephone conference:	Stephen Eppes Brenda Johnson Helene Paxton Yrene Waldron Kathy Wroten Corinna Getchell Lucy Luta Ashley Istenes

- I. Call to order, Kelly Gardner called to order at 9:32 AM.
- II. Approval of minutes for the June 27 meeting: motion to approve was entered and passed.
- III. Tabatha introduced:
  - a. Judy Walrath, PhD, Healthcare Associated Infections Coordinator
  - b. Nhiem Viet Luong, MD, DrPH; Head of the Office of Infectious Disease Epidemiology
- IV. Old Business
  - a. Flu update: Dr. Martin Luta
    - i. Dr. Luta provided an update and background information regarding the upcoming flu season and vaccination efforts.
      1. 2013/14 was a typical flu season; the numbers are reflective of what was expected.
      2. 2014/15 flu season begins Sunday, September 28, have received 100% of vaccination, approx. 10,000 doses, and have started shipping out
      3. Vaccination Promotion efforts are underway in healthcare facilities with state facilities in 'competition' which is getting a good response. Other efforts include badges for healthcare workers that have been vaccinated.
      4. Toward end of October will round up unused vaccine to share in needed areas.
      5. Sentinel providers help to zero in on hot spots, redirect vaccine to those areas of need.
      6. Access is improving as more providers are offering vaccine (pharmacies, etc.). Many who do not receive vaccine are those with health-related contraindications, or they simply refuse.

7. Flu vaccine clinic schedules are posted and available online and published; considering a 'How To' for providers.
  8. One change this year is to begin rounding up excess vaccine earlier, in late October, rather than later, so the supplies can be redirected.
  9. It was stated that recent information shows that healthcare workers are vaccinated at a rate approx. 50%, Dr. Luta stated that it is up to health care facilities to promote vaccination for workers; most major hospitals require vaccination of their employees, while most smaller facilities do not.. Suggestion was made to incentivize vaccination for workers.
  10. It was brought up that older Delawareans are vaccinated at a rate roughly 65%, request to consider working with News Journal to promote the vaccination rates and promoting provider information for vaccination, as well as 'I've been vaccinated' badges to be given to people that receive their vaccination as well as staff in facilities that provide vaccinations as an effort at promotion, additionally question was raised if Delaware purchased the "high dose vaccine" for use with persons age 65 and older. It was pointed out that the numbers did not come from Delaware authorities and may not be accurate count, DPH did not purchase the "high dose" vaccine; persons ages 65 and over can obtain the vaccine from their healthcare provider or a pharmacy. A total of 10,000 doses of trivalent vaccine was purchased.
- b. Annual Report – discussed with Subcommittee report.
  - c. Hand Hygiene Statewide prevalence – discussed with Subcommittee report.
  - d. Nomination and election process –
    - i. Discussion regarding length of terms, last election cycle.
    - ii. **Action Item** – Suzanne to create a spreadsheet showing current members, date they began their term, end dates, etc.
    - iii. Discussion regarding "co-chair" for subcommittees to drive subcommittee work by helping with work load. The committee determined that a co-chair is permitted but that for now; they would work in an unofficial capacity. The HAIAC will discuss details at a future meeting.
    - iv. Guidelines for the Management of Multidrug Resistant and Other Epidemiologically Important Organisms along the Health Care Continuum – Marci is working on the update and review of the version originally published January 2010. Copies were sent via email to all members in preparation for today's meeting. Most changes are minor relating to references and committee membership.
      1. Discussion surrounded "Interagency Transfer Form" – necessity to promote compliance as this is a State Required Form. The Delaware Interagency Transfer Form is attached to the meeting invitation. Marci will send the CDC form to include as well.
      2. Yrene entered the discussion – working with Post-Acute Care
        - a. Working to improve the form to comply with both State and CDC requirements, simplify, and then send to DHIN to post, will then have roll-out and training in an effort to increase compliance.
        - b. Yrene ask that HAIAC members review for information pertinent to HAI, send to her.
    - c. Marci will send CDC form to Yrene.

## V. Subcommittee Reports

- a. Regulations – Kathy Wroten
  - i. Membership – nothing to report
  - ii. Update – looking for update from State. Dialysis is going to be added, confer rites for access to data – chronic outpatient. Inpatient and outpatient should have

- separate numbers. Judy will have numbers to report for December meeting.
- iii. Question regarding colonoscopy and hysterectomy numbers.
  - iv. Once rites conferred should be able to see all data (Marci suggest to keep hard copies as sometimes information disappears)
  - v. Discuss inpatient reporting going back to 2012 and report parameters.
- b. Reports & Communications –Marci Drees & Tabatha Offutt-Powell
- i. Membership - has a new member from the community, will be able to provide feedback as to readability of reports distributed to the non-medical population.
  - ii. Update – Annual Report for 2013 – Judy has data ready, discussion concerning information to include.
    1. CDC working on template for 2015
    2. Healthcare worker Flu Report – high priority, coming within next couple weeks, Kelly request preliminary report.
- c. Membership – Yrene Waldron
- i. Membership – working on vacancies, will have full report in December
  - ii. Update – Interagency Form discussion, noted earlier in minutes.
- d. Prevention – Eileen Sherman
- i. Membership
  - ii. APIC HH compliance survey
    1. Update - minutes for September 12 meeting are coming soon. Project plan is on track, Prevention Recommendation – to develop content for website, with focus on Hand Hygiene and Environmental Cleaning. Considering awarding for good work around state, looking to National APIC for info to award ‘Success Stories.’ Need to determine how to:
      - a. gathering stories and selecting ‘winner’
      - b. parameters for determining award standards, broadcast to healthcare facilities,
    2. Discussion turned to Quality Insights (QI) and the work they are hired to perform – help with HAI.
      - a. QI should be sitting at HAIAC meetings and Prevention Subcommittee.
      - b. Need to ask “What do we need?” and “How can QI help us?” – CCHS and Bayhealth have both signed or are about to sign 5 year contracts with QI.
      - c. Use QI as resource for Hand Hygiene work, and a statewide Hand Hygiene Policy.
    3. Hand Hygiene
      - a. Are there Grants available to help fund prevention efforts?
      - b. Referring to DE APIC Statewide Hand Hygiene (HH) Point Prevalence Tool
        - i. Need new set of ‘eyes’ to see actual numbers, in-facility surveyors tend to give passing grade; “Secret Shopper” is more reliable source of data
        - ii. Use survey to drive statewide HH policy
          1. Is there some policy already in place?
          2. Prevention Subcommittee will review and build on existing policy
          3. Currently either WHO or CDC standards are used

by healthcare facilities within state. We need to develop a consensus policy using best of both and APIC standards

iii. Policy will drive tools

VI. New Business

- a. New TB Nurse Consultant, Ruth Fournier's former position was in Hepatitis C.
- b. CUSP initiative for VAE/VAP – training web-based tool, uses multi-disciplinary teams
  - i. Beneficial to healthcare facility, provides information for improvement

VII. Open Discussion - nothing put forward.

VIII. Adjournment - meeting adjourned at 10:53 AM.

Respectfully Submitted,

Kelly Gardner

(Chairperson)

Suzanne Mihok

(Recorder)

Link to the state interagency transfer forms:

<http://www.deha.org/Resources/Interagency-Transfer-Forms.aspx>

Information from Marci Drees regarding CUSP initiative for VAE/VAP

### **Recruitment Language**

In partnership with the Johns Hopkins Armstrong Institute and the Harvard Pilgrim Health Care Institute, the MHA Keystone Center is seeking hospitals to collaborate with us on a project to improve outcomes and reduce preventable harms for patients on mechanical ventilation. The [CUSP 4 MVP-VAP](#) project aims to prevent ventilator-associated events, including pneumonia, get patients out of the ICU faster, and reduce readmissions. There is no fee to participate for this two year cohort.

CUSP 4 MVP-VAP stands for “comprehensive unit-based safety program for mechanically ventilated patients – ventilator associated pneumonia”

### **Why Participate?**

- Use evidence-based interventions to reduce ventilator-associated harms, to shorten the duration of ventilation, to prevent delirium, and to improve short- and long-term outcomes through steps such as getting patients moving earlier
- Take part in a learning community where teams across the U.S. share their experiences, challenges and solutions
- Collaborate with patient safety researchers who have led successful national efforts to reduce preventable harm
- Adopt the Comprehensive Unit-based Safety Program to foster a culture of safety and engage frontline staff to tackle hazards
- Enjoy deep discounts on [workshops and online learning](#) offered by the Armstrong Institute

### **To help provide additional information regarding the national initiative, below you’ll find a few documents:**

- CUSP 4 MVP-VAP [recruitment letter](#)
- Informational webinar [flyer](#)
- The [CE Letter of Commitment \(LOC\)](#)
- The [Hospital Letter of Commitment \(LOC\)](#)
- Additional information on [discounted CUSP training](#) through the project

Join us on Monday, **September 29<sup>th</sup> from 1 p.m. - 2:30 p.m. ET** to learn more about this opportunity to improve care for your patients. [REGISTER](#)

Looking for more information? All materials are publicly available on the [CUSP 4 MVP-VAP](#) project website. Here you will find data collection tools, previously recorded webinars, and additional resources.

The project is requesting commitment letters by November 1<sup>st</sup>. If you have any questions, please feel free to contact Lucy Koivisto ([lkoivisto@mha.org](mailto:lkoivisto@mha.org)) regarding the logistics of recruitment. Questions can also be directed to the project helpdesk at [cusp4mvp@jhmi.edu](mailto:cusp4mvp@jhmi.edu).

Sincerely,

CUSP 4 MVP-VAP National Project Team