

Healthcare Associated Infection Advisory Committee

September 25, 2015, 9:30AM

Minutes

Attendance:

Infection Control Professional		
BayHealth – Kent	Kelly Gardner	D
Beebe	Donna Anderson	D
Christiana Care	Kathy Wroten	T
Genesis Healthcare	Maria Eckart	
Nanticoke	Kimberly Adkins	
Nemours/AI DuPont	Eileen Sherman	D
St. Francis	Helene Paxton	D
Wilmington VA	Jean Stipe	
Infectious Disease Physician		
1 of 4	Marci Drees	
2 of 4	Steve Eppes	
3 of 4		
4 of 4		
DE Hlth Care Facility Assn.	Yrene Waldron	D
Freestanding Surgical Center	Lynn Watts	D
Dialysis Center	Ehtesham Hamid	
Psychiatric Facility	Valerie Devereaux	
DE Division of Public Health	Awe Maduka-Ezeh	T
DE DPH HAI Specialist	Judy Walrath	Dc

Direct Care Nursing Staff	Michele Dennis	
Academic Researcher	Veronica Wilbur	
Consumer Organization	Joanne Hasse	
Health Insurer	Achenbach, Robin Lynch, Stanley S.	D
Health Maintenance Org.	Omo Olurin	
Organized Labor	Vacant	
Purchaser of Health Care	Robert Reed	
Department of Corrections	Tracy Wilkins	
Purchaser of Insurance	Jessica Snow	D
Community Representative	Maureen (Rene) Tomczak	
Non-Voting Attendees		
	Holly Helmick, Bayhealth Milford	D
	Susanna Awoyode, DPH	D
	Diane Hainsworth, EMSPS	D
	Ashley Istenes, DOC	D
	Nhiem Luong, DPH	D
	Jennifer Zambri, DPH	D
	Suzanne Mihok, DPH	D

D – Dover @ Edgehill; T – Telephone

- I. Call to Order - HAIAC Chair, Kelly Gardener called the meeting to order at 9:35 a.m.
- II. Approval of Minutes - Motion was made to approve the June 19, 2015 minutes as written, was seconded and carried.
- III. Old Business
 - A. HAI Reports
 1. 2013 Annual - has been posted to the website
 2. 2014 Annual – is in review; data have been confirmed
 3. 2015 and 1st & 2nd Quarter reports are in final review; will post soon.
 4. Healthcare Worker Vaccination
 - a. Report under review
 5. Discussion centered on
 - a. Data collection
 - i. CMS #s vs. NSHS #s - 2012 and 2013 information was not collected the same way both years.
 - b. Data Mining:
 - i. Most hospitals use manual methods, very time consuming, in some cases dependent upon volunteers.
 - c. Cannot get to prevention activities due to data access roadblocks
 - i. Judy Walrath will contact CDC HAI Coordinator for resources/consultant services
 - d. Changes to CDC definitions over time result in inaccurate picture of resulting data
 - e. Quality Insights wants education pieces to happen, but provides no support
 - i. ICP staff does not have time required to take on education tasks
 - ii. Beebe considering HAI Educator Position to work on education pieces
 6. Getting data signed is challenge to hospitals
 7. NHSN (National Healthcare Safety Network) cut off dates?
 8. Judy is focusing on Dialysis Reports next.
Report
 - B. Ebola-Readiness Assessment Grant
 1. Activities to date
 - a. Diane Hainsworth, Director of Office of Emergency Medical Services within the Delaware Emergency Medical Services and Preparedness Section (EMSPS) briefed the committee about EMS activities and direction:
 - i. Two presentations recently completed at Christiana Care with the second at Bay Health
 - ii. Preparedness major push: Tasked with regionalizing care for emergency infectious disease outbreaks
 - A) Tiered support for the region and the state
 - B) Ebola readiness assessment survey
 - C) New Emergency Infection Disease Coordinator: Cathleen Rossi-McLaughlin, formerly with Nemours
 - 1) Working on regionalized concept with tiered levels of hospitals
 - D) Upcoming events:
 - 1) “no notice” drill

- a) Dover Air Force Base asked to use DAFB personnel in order to give an opportunity for the Base and the community to work together, learn the system.
 - 2) Preparedness event at Dover Downs, October 21. (info card attached at end of minutes)
- E) Infectious Disease Monitoring Program
 - 1) Undergoing revamp
 - a) Electronic when finished, all forms will be digital
- F) Regional Plan
 - 1) Hospitals and State determine if a patient needs to be transferred to JH Biocontainment facility
 - a) Need to develop 'trigger points'
 - i) Currently the criteria are if the patient is 'wet' or 'dry', needs clarity and triage of situation
- G) Five-year grant term
 - 1) Gives opportunity to look at Ebola and the most virulent diseases
 - a) Lt. Col. Doug Riley, USAF at Dover
 - i) Veterinarian by trade,
 - ii) Working with him provides insight on big picture of emerging disease and major threats
 - iii) Zoonotic and human interaction
 - iv) Will soon retire from USAF but will continue to live in Dover area and work with Preparedness.
- H) Biocontainment facilities - Biocontainment facilities have been identified in each FEMA region:
 - 1) Johns Hopkins (Region III which includes DE),
 - 2) Emory University Hospital (federal asset),
 - 3) Nebraska Medical Center (federal asset), and
 - 4) National Institutes of Health (NIH) (federal asset).
- I) Flu survey prepared to assess impact of flu to health care system.
 - 1) Looking first at rise in EMS calls
 - 2) Followed by Emergency Department volume, wait times, no admission bed times.
- J) Protocols written for large flu outbreak
 - 1) Medical Aid units – use for relief at hospitals
 - 2) 15-45 YO with no cardiac history
 - 3) In event of public health outbreak, can use paramedics to vaccinate.
 - 4) Certain patients will not be transferred depending upon circumstance/disease
- K) Have purchased and are in process of implementation electronic patient surveillance tracking system
 - 1) Hospitals to long-term care
 - 2) Dashboard –
 - a) Who on 'divert'
 - b) Why so busy
 - c) Can use for hospital evacuation situations
 - d) *Will this track long-term group homes?*
 - 3) Patient and resources tracking system

2. Opportunity for on-site CDC Ebola Readiness Assessment Team Visit (draft agenda attached at end of minutes) to two acute care hospitals.
 - a. Visit by CDC Team to conduct hospital assessment at two acute care hospitals as part of the ELC Ebola Supplemental Funding (three year grant)
 - b. This is a voluntary opportunity for each hospital to receive technical assistance when the CDC conducts an Ebola readiness assessment site visit.
 - c. Epidemiologists (Judy, Susanna and Jenn) will coordinate assessment visits with DPH staff, hospital staff and CDC liaisons. .
 - d. Diane suggested using 2nd day to have CDC, hospital CEO, and Infection Control staff to meet and discuss findings. With goal that CDC will teach hospital how to assess and follow-up.
 - e. *Diane H's meeting Monday was related to this topic.*

C. Antimicrobial Stewardship

1. White House call to action on antimicrobial stewardship
 - a. GET SMART ABOUT ANTIBIOTICS Week – November 16-22, 2015
 - i. <http://www.cdc.gov/getsmart/week/>
 - b. Beebe sending seven pharmacists to education certificate program, course runs for several months.
 - c. Medical Aid Units (MAUs) and Urgent Care Centers (UCCs)
 - i. What work is being done with them regarding Antibiotic Stewardship?
 - A) Increased utilization along with increasing numbers of facilities indicates fewer visits to the “Family Doctor”
 - B) Under the ELC Ebola Readiness Assessment grant, DPH will conduct assessments at MAUs and UCCs.
 - ii. Need for Legislative Action
 - A) Unlegislated
 - 1) Public has expectation that UCC is a Doctor’s Office and falls under medical rules
 - a) Facility requires a business license but there is no oversight through legislation requiring healthcare license... Therefore, these are no
 - b) Value model vs Volume model
 - c) To be remiss in subject of UCC results in impact to state’s hospitals
 - i) Patients are showing up at hospitals and other licensed healthcare facilities taking UCC prescribed antibiotics but have had not cultures or tests to determine need prior to prescription.
 - 2) Office of Health Care Facilities Licensing is working on legislation to increase level of care covered
 - iii. Next Steps
 - A) Draft proposal to address licensing needs
 - B) Contact Corinna Getchell to get current numbers, input on proposal on oversight of UCCs.
 - C) Invite Corinna to December 4 meeting
 - D) Set up conference call for Regulations SC to discuss actions
 - E) Possibly set up new HAIAC subcommittee to address legislative concerns.
 - F) Yrene will contact Corinna, Kathy W, and Prevention SC chairs.

- G) Review White House CALL TO ACTION for approved, tested tools and guidelines
 - 1) The Office of Infectious Disease Epidemiology has reached out to UCCs/MAUs with a survey tool to assess current infection control practices and to inquire about needs for IC training.
 - 2) CDC sent guidelines for antibiotic use at LTC facilities last week (The Core Elements of Antibiotic Stewardship for Nursing Homes) <http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>
 - a) Pharmacies aware
 - b) LTC facilities work under the constraints of Physician and Nurse Practitioners orders.
 - 3) Yrene has sent WH Tool to her LTC facilities/staff.
 - a) Kelly asked for report of actions taken by LTC.
- iv. The ELC Ebola Supplemental Funding grant is being used to reach out to UCCs.
 - A) If UCCs are not interested, nothing can be done under current statutes.

IV. Guidelines for the Management of Multidrug-Resistant and Other Epidemiologically Important Organisms (MDRO) along the Health Care Continuum

- 1. The 2015 revision of the MDRO Guidelines is posted on the HAI website and was sent out to entire HAIAC.
- 2. Yrene sent the MDRO guidelines to LTC facilities.

V. New Business

- A. 2016 Meeting dates approved by vote from committee
 - 1. March 18 due to March 26, Good Friday – State Holiday, State offices closed.
 - 2. June 24
 - 3. September 23
 - 4. December 9
- B. HAN 382: Immediate Need for Healthcare Facilities to Review Procedures for Cleaning, Disinfecting, and Sterilizing Reusable Medical Devices
 - 1. Donna will send to Suzanne to post with the minutes
 - 2. Judy will post to website if not already done.
- C. Updated guidance for screening for emerging infections
 - 1. Broaden definition to raise awareness
 - 2. Guidance to develop protocols for outpatient practices
 - a. What is intent?
 - i. Every out-patient, every physician, and UCCs and FQHCs
 - ii. Want to connect with all travelers returning
 - iii. Every medical contact should use tool,
 - iv. Raise awareness to screen
 - v. Adapt tool to individual practices and situation
 - 3. Emerging Infection Conference
 - a. Every patient, every contact, every patient assessment
 - 4. DPH phone is 24/7

5. Much input – CDC Guidelines vs. DE DPH
 - a. Confusion, where to start?
 - b. The current tool provided by DPH is broader. It does not exclude EBOLA, rather EBOLA is embedded in the tool, the broader scope of the tool will catch more
 - c. Signage, medical records, etc. will need to be updated to broaden the scope.
 - i. An example is ‘donning/doffing techniques – not the same for all situations.
 - ii. Dr. Maduka would like input on the DPH Tool, send comments to Judy.

D. Infection prevention and control in the dental community

1. Judy suggested that HAIAC consider involvement of representative(s) from the dental community
2. Donna will contact Delaware Oral Health Coalition.

VI. Subcommittee Reports

A. Regulations – Kathy Wroten

1. Committee update on membership
 - a. Kathy Wroten, SC Chair
 - b. Donna Anderson
 - c. Anne Blackmore
 - d. Corinna Getchell
 - e. Joanne Hasse
 - f. Kim Adkins
 - g. Helene Paxton
 - h. Yrene Waldron
2. Yrene will contact Corinna for copy of legislation she has been working on.
3. Kathy planning subcommittee meeting and will send invitation soon.

B. Membership – Donna Anderson

1. Committee update on HAIAC membership
 - a. Only organized labor position is vacant, Donna is following up on leads. Contacts made by Kris Bennett did not identify any candidates from the nursing union.

C. Prevention – Eileen Sherman

1. Committee update: Goals
 - a. Focal Point - working with Corinna to identify most cited Hand Hygiene practices/procedures (see table at end of minutes)
 - b. Helen has info on most cited
 - c. Eileen sent reports earlier in year for facility assessments, will resend for committee
 - d. Awe would like to join subcommittee.
2. Has a monthly conference call meeting.

D. Reports & Communications – Judy Walrath

1. Committee update – has not met since last HAIAC meeting, will send out 2 dates per month can coordinate meetings.
2. Judy sent out 2014 report for review by R&C subcommittee members.

VII. Open Discussion

A. Prevnar 13 as first vaccination

1. DelVax working bi-directionally – important
2. Recommendations in September MWWR, Prevnar is recommended for adults ages 65 and over. Vaccination with Pneumovax is recommended 6-12 months later.
3.
 - a. Immuno-compromised get at earliest 12 months
 - b. Medicare will reimburse for both only if received one year apart
 - c. One time ever for Prevnar, then five years for next Pneumovax
 - d. Medicare will reimburse 2x the dollar amount for Pneumovax
 - i. Delaware facilities can bill above DRG
 - e. Nurse driven protocol at time of admission
 - i. Does Nursing staff have time to look up?
 - ii. Pharmacy records (Beebe can look back 18 months)
 - iii. Data entered into DelVax separately
 - A) Access to data – DHIN should be able to assist with HAI
 - B) Does DelVax interface with DHIN?

VIII. Adjournment: Noon

Respectfully submitted,

Kelly Gardner

Suzanne Mihok

Chair

Recorder

Next meeting:	December 4, 2015, 9:30A.M. – 1:00P.M. <i>Includes Lunch and Learn!</i>
Location:	Office of Performance Management, Large Training Room Edgehill Shopping Center 43 S. DuPont Highway Dover, DE 19901
Video Conference:	<u>NOT available</u>
Telephone Conference:	Dial – 302-526-5475 Enter at prompt for Conference ID: 265238 Scripting attached at end of minutes.

2016 Meeting Dates

March 18 (State offices closed on March 26, Good Friday.)

June 24

September 23

December 9

Telephone Conference Dial-in and Conference ID will remain the same for all of 2016:

Dial – 302-526-5475,

Enter at prompt for Conference ID: 265238



DELAWARE HEALTH AND SOCIAL SERVICES
 Division of Public Health
 Emergency Medical Services & Preparedness Section

YOU ARE CORDIALLY INVITED...

Public Health Preparedness SYMPOSIUM 2015

Sponsored by the EMSPS Division of Public Health

WEDNESDAY, OCTOBER 21 2015

REGISTRATION: 8:30 A.M. - 9 A.M.

CONFERENCE: 9 A.M. - 4:00 P.M.

Hand Hygiene for FY 14

FY14 10/1/13 - 9/30/14	After Patient Contact	Before Gloves	After Removing Gloves	After Touching Inanimate Objects	Before Patient contact	After Contact with Body Fluids	Before Exiting Patient Treatment Area	Before Entering Patient Treatment Area	Before Adjusting Face Mask	Between Patient or Station	Before Performing Vascular Access Cannulations	Prior to Wound Assessment	Prior to Invasive Procedures
ASC	6		6	8	6	1	2						1
ESRD	1	4	8	12	9		12	8	1	4	3		
HHA	3	1	5	3	3	1						1	
Hospital	2	3	1	3	3		1	1					
TOTAL	12	8	20	26	21	2	15	9	1	4	3	1	1

Date

**Hospital Tentative Agenda for Assessment Visit
CDC Ebola Readiness Assessment (ERA) Team Visit**

Time of day	Duration	General Topic Area	Suggested Participants	Location
9:00 – 9:30	30 min	Introductions; review goals of day; hospital's role in state/regional plan	Hospital leads DOH staff (state/city) CDC team	
9:30 – 10:00	30 min	Overview of hospital preparedness efforts (can use REP tool as guide)	Hospital leads DOH staff (state/city) CDC team	
10:00 – 10:30	30 min	Pre-hospital transport plans (EMS, ED)	Hospital staff (e.g., transport, facilities, security, ED, EMS) DOH staff (state/city) CDC team	
10:30 – 12:00	1.5 hour	Walk-thru: <ul style="list-style-type: none">• Transport route to designated Ebola assessment/treatment area(s)• Environmental infection control and waste management plans	Hospital staff (e.g., patient care team, security, ED) DOH staff (state/city) CDC team	
12:00 – 12:30	30 min	Working LUNCH Open discussion on needs	Hospital leads DOH staff (state/city) CDC team	
12:30 – 1:00	30 min	Visit laboratory area(s) handling Ebola specimens (dependent upon lab location)	Hospital staff DOH staff (state/city) CDC team	
1:00 – 2:00	1 hour	Observations of PPE donning/doffing, other drills or simulations	Hospital staff DOH staff (state/city) CDC team	
2:00 – 2:30	15 min	BREAK (CDC Team and DOH debrief)		
2:30 – 3:00	30 min	Review of assessment, Identification of action items and additional needs	Hospital leads DOH staff (state/city) CDC team	

CDC <http://www.cdc.gov/getsmart/week/>
Get Smart About Antibiotics Week



2015 Get Smart Week is November 16-22

Get Smart About Antibiotics Week is an annual one-week observance to raise awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic prescribing and use.

Overview

Learn about Get Smart Week and other antibiotic resistance observances...

<http://www.cdc.gov/getsmart/week/overview.html>

Partners

Get Smart Week has many partners, including federal agencies, health departments, professional societies, corporations, advocacy groups...

<http://www.cdc.gov/getsmart/week/partners/index.html>

Activities and Events

Participate in the annual Get Smart Week Twitter chat, find resources for planning and evaluating events...

<http://www.cdc.gov/getsmart/week/activities-events.html>

Promotional Materials

View and use graphics, press materials, print products, and web and e-tools to promote Get Smart Week...

<http://www.cdc.gov/getsmart/week/promotional-materials/index.html>

Educational Resources

A variety of resources about antibiotic resistance are available for healthcare professionals, the general public, and policy makers...

<http://www.cdc.gov/getsmart/week/educational-resources/index.html>

Related Links

- [Antibiotic/Antimicrobial Resistance](#)
- [Get Smart: Know When Antibiotics Work](#)<http://www.cdc.gov/getsmart/community/index.html>
- [Get Smart for Healthcare](#)
- [Get Smart: Know When Antibiotics Work on the Farm](#)

File Formats Help:

How do I view different file formats (PDF, DOC, PPT, MPEG) on this site?

- Page last reviewed: October 21, 2014
- Page last updated: October 21, 2014
 - Content source: National Center for Immunization and Respiratory Diseases, Division of Bacterial Diseases

New Audio Conferencing Center – Telephone Conference System

<i>Who will hear the script at each step:</i>	<i>Step</i>	<i>The script:</i>	<i>Number to Dial:</i>
Everyone	1.	"Welcome to the <u>AUDIO CONFERENCING CENTER</u> ."	302-526-5475
Everyone	2.	"Enter the <u>CONFERENCE ID</u> " (Formerly called the Passcode)	265238
EVERYONE <i>The Leader (Kelly Gardner) will be given the PIN that 'opens' the meeting so that everyone can speak to each other.</i>	3.	"If you are the <u>LEADER</u> , please press STAR now." (Wait just a moment for the next script message.)	*
Everyone <u>except the Leader</u> ~~ → If the Leader has joined the call, you will be admitted to the meeting in progress. OR → If the leader has NOT YET joined the meeting, you will go to #5.	4.	"After the tone, please record your name and then press POUND."	#
Once the Leader joins, everyone will be able to speak to each other.	5.	"The Leader has not yet joined the meeting; please wait for the Leader to admit you to the meeting."	Music plays until the Leader joins.

The assigned "Leader" of the call will leave the path above and take the Leader's Path:

EVERYONE <i>The Leader will be given the PIN that 'opens' the meeting so that everyone can speak to each other.</i>	3.	"If you are the <u>LEADER</u> , please press STAR now."	*
Leader	3.1	"If you scheduled this meeting please enter your <u>PIN</u> now." The Leader will enter the PIN.	-----
Leader	3.1.1	"You are now joining the meeting as a Leader."	