



Healthcare Associated Infection Advisory Committee  
 June 28, 2019 9:30AM-Noon Minutes  
*Thomas Collins Bldg.,  
 540 S. DuPont Highway, Dover, DE 19901*  
 Telephone Conference available – see below

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**HEALTH CARE ACQUIRED INFECTION ADVISORY COMMITTEE**

**Minutes June 28, 2019**

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I.	Call to order
	Kelly Gardner, Chair, called meeting to order at 9:30
II.	Approval of minutes
	Motion was made and carried to approve March 2019 Minutes as written.
III.	Introductions
a.	Thank you to Kathy Wroten for her work on the HAIAC and chairing the Regulations Subcommittee. She was instrumental in bringing the legislation to reality, and was a founding member of this committee. Kathy, you will be missed!
IV.	Continued/Ongoing Business
a.	CRE - Carbapenem-resistant Enterobacteriaceae – Greg Hovan
	<ul style="list-style-type: none"> <li>Greg’s new role within the Division of Public Health is Biosafety Officer. He is collaborating with Delaware hospitals and will provide an update in September.</li> </ul>
b.	Quality Insights
	<ul style="list-style-type: none"> <li>Not present at this meeting, last word is that contract negotiations are still underway</li> </ul>
c.	Health Alert Notices/Communication Challenges to medical community during outbreaks, Dr. R. Hong
	<ul style="list-style-type: none"> <li>Dr. Hong suggest that DE-Trac, via OEMS, would be a good tool – communicates notice of emerging situations before they become Health Alert Notices.</li> <li>DE-Trac is used by Infection Preventionists (IP)</li> <li>POC is Karen Terzaghi, <a href="mailto:Karen.Terzaghi@delaware.gov">Karen.Terzaghi@delaware.gov</a></li> <li>DE-Trac is confidential, please share on a need to know basis. If you have not registered, please do so as appropriate.</li> <li>Please provide DE-Trac feedback to Dr. Hong, <a href="mailto:Rick.Hong@delaware.gov">Rick.Hong@delaware.gov</a></li> </ul>
	Committee members should contact Karen Terzaghi, <a href="mailto:Karen.Terzaghi@delaware.gov">Karen.Terzaghi@delaware.gov</a> to sign up for DE-Trac notifications.
d.	Preparedness – Table Top Exercise
	<ul style="list-style-type: none"> <li>Communication was identified as the major deficiency. <ul style="list-style-type: none"> <li>Who needs to know and why</li> <li>Recognized the need to improve communications between Emergency Departments and IP so both can be aware of pending situations.</li> <li>State lab was also identified for opportunities for improved communications</li> <li>Dept of Agriculture to DPH was also identified for</li> </ul> </li> </ul>

opportunities for improved communications	
e. Open positions within DPH work-around:	
<ul style="list-style-type: none"> <li>• Please keep communication open with DPH</li> <li>• Paula will continue to triage and assign calls – contact <a href="mailto:Paula.Eggers@Delaware.gov">Paula.Eggers@Delaware.gov</a> or 302-744-4930</li> <li>• Dr. Hong and Paula Eggers alternating on-call</li> <li>• Nikki Kupferman covering vaccine preventable illnesses</li> <li>• Sirisha Komakula taking on some of Judy’s work (including Success Stories)</li> <li>• Kelly Gardner asked how could HAIAC assist in communicating challenges in filling positions-no real solutions identified <ul style="list-style-type: none"> <li>○ Problems are pay low compared to surrounding states/private employers and few career advancement options</li> <li>○ University of Delaware now offering MPH Epi, students can help with investigations, MOU in place</li> </ul> </li> </ul>	
f. Flu	
<ul style="list-style-type: none"> <li>• Current reports indicate a bad flu season in Australia; Australia serves as a predictor for USA</li> </ul>	
g. Emerging Infectious Disease	
<ul style="list-style-type: none"> <li>• Ebola has crossed border into Uganda</li> <li>• Anticipate an unannounced drill before the end of the year at one of the acute care hospitals</li> </ul>	
h. Interagency Transfer Form – Megan Williams, Mary Peterson	
<ul style="list-style-type: none"> <li>• Mary Peterson has retired; her role is not yet filled. <ul style="list-style-type: none"> <li>• New leadership of Division of Healthcare Quality (DHCQ) includes Mark Letavish as deputy, came from DPH, still learning the role.</li> </ul> </li> <li>• Vacant positions: <ul style="list-style-type: none"> <li>○ Aging workforce becoming apparent as workforce retiring, replacements not there.</li> <li>○ Three vacancies in this section. <ul style="list-style-type: none"> <li>○ State has contracted someone to review nursing salaries</li> <li>○ Union nurses can expect pay raise.</li> <li>○ Some portion of nurses salaries in this section paid by grant funds.</li> <li>○ In years past, health and retirement benefits drew staff, but with pay so low, people cannot afford to take job.</li> <li>○ Some states use MPH and Lab staff instead of nurses to conduct inspections, however training is not same</li> <li>○ How can HAIAC assist?</li> </ul> </li> </ul> </li> </ul>	Add Corinna to September Agenda

<ul style="list-style-type: none"> <li>• Interagency Transfer Form in pilot stage <ul style="list-style-type: none"> <li>○ Long Term Care and Home Health</li> <li>○ All licensed agencies are required to use</li> <li>○ Pilot period ends June 30</li> <li>○ Form B in development, for use ER back to LTC or Home Health—Corinna will update on trial and expansion at the next meeting</li> </ul> </li> </ul>	
<p>i. New grant funding initiatives tied to hospital acquired infections – Greg Hovan</p> <ul style="list-style-type: none"> <li>• Greg Hovan/Dr. Hong require feedback from hospitals regarding antimicrobial stewardship activities. <ul style="list-style-type: none"> <li>○ Must be spent by July 31.</li> <li>○ MOUs in place with AI Dupont, BayHealth, Beebe, Nanticoke, St. Francis.</li> <li>○ Need progress report tied to the funding, \$15K per hospital - Was money spent? How? Dr. Hong will forward the MOU’s to appropriate members of this committee for follow up</li> </ul> </li> </ul>	
<p>V. Subcommittee Reports</p>	
<p>a. Regulations – Kathy Wroten</p> <ul style="list-style-type: none"> <li>• Committee Update Kathy nominates Carol to take on Subcommittee chair, motion made and approved</li> <li>• SB171 Urgent Care Bill, if signed (session ends 6/30/19, next session begins January 2020) gives DPH authority over Walk-in, Doc in a Box, and like facilities that currently are not licensed by DPH <ul style="list-style-type: none"> <li>○ If urgent care centers require licensed, license will require staff to complete inspections <ul style="list-style-type: none"> <li>○ Fiscal note will be necessary to employ staff.</li> </ul> </li> <li>○ Hospital-owned urgent care centers will fall under hospital accreditation, but will require separate license. <ul style="list-style-type: none"> <li>○ No accurate count of the number of urgent care centers</li> </ul> </li> </ul> </li> <li>• Nomination for Carol Briody to SC Chair, approved.</li> </ul>	
<p>b. Membership – Donna Anderson</p> <ul style="list-style-type: none"> <li>• All positions filled, has contacted current members, all willing to continue in role. <ul style="list-style-type: none"> <li>○ Roseann sitting in for VA</li> <li>○ St. Francis has conducted interviews, will follow-up</li> </ul> </li> <li>• Donna offered her subcommittee chair if someone would like to take it on. Unanimous nomination for Donna.</li> </ul>	
<p>c. Prevention – Kim Fisher</p> <ul style="list-style-type: none"> <li>• State-wide, acute care hospitals only, will be creating a state wide antibiogram – Because of different hospital lab break points the antibiogram will only include certain antibiotics, but will help to capture resistance patterns in the state as well as opportunities for better stewardship.</li> </ul>	

<ul style="list-style-type: none"> <li>• DHIN – submit request regarding state wide data for antibiotic stewardship for all payer sources</li> <li>• Article released – Delaware Journal of Public Health, May issue <ul style="list-style-type: none"> <li>○ <a href="https://issuu.com/dam-dpha/docs/djph_communicable_diseases_may2019">https://issuu.com/dam-dpha/docs/djph_communicable_diseases_may2019</a></li> </ul> </li> <li>• CCSH sends quiz to providers regarding Antimicrobial Stewardship in which they can receive CMEs for completing. The group will be trying to expand to other hospitals, need emails for providers. There is a new topic each month that includes questions.</li> <li>• Kim nominated to remain Preventions Subcommittee chair, unanimous approval.</li> </ul>	
<p>d. Reports/Communications – Beth Richardson, Chair; Judy was co-chair.</p> <ul style="list-style-type: none"> <li>• We will reach out to Beth to ask if she wants to remain chair, taking nominations for others interested in taking on the post.</li> <li>• Success Stories – Sirisha – Success stories are a CDC requirement related to \$-spent, 400 word maximum. <ul style="list-style-type: none"> <li>○ Stories can address individual or group benefits that had the support of HAIAC and are reflective of support received from DPH by individuals or groups.</li> <li>○ The metric DPH is responding to is what the impact has been to the population served. Examples include the following: <ul style="list-style-type: none"> <li>▪ How was Judy Walrath a resource for you?</li> <li>▪ Data improvement as it relates to outcomes</li> <li>▪ Information communicated</li> <li>▪ Contact expansion/collaboration</li> </ul> </li> <li>○ Need to link funds to HAIAC <ul style="list-style-type: none"> <li>▪ Rene T. worked with Judy, will send her file to Dr. Hong.</li> </ul> </li> </ul> </li> </ul>	
<p>VI. New Business</p>	
<p>a. Immunization Coalition – Dr. Eppes</p> <ul style="list-style-type: none"> <li>• Dr. Eppes not present</li> </ul>	<p>remain on agenda.</p>
<p>b. National APIC Meeting, Philadelphia, June 12-14</p>	
<ul style="list-style-type: none"> <li>• Take aways to bring to HAIAC and respective facilities <ol style="list-style-type: none"> <li>1. Hydrogen Peroxide disinfection can be targeted to OR, ED, etc. <ol style="list-style-type: none"> <li>a. Cost is \$0.14 - \$0.25 per square foot</li> <li>b. UV light converts air to dry HO, kills mold, insects including bedbugs, spiders (not tarantulas or scorpions)</li> <li>c. NOT new technology, invented for military to defend against anthrax.</li> <li>d. Kim will invite to APIC.</li> </ol> </li> <li>2. Infection Prevention Impact – hip replacement <ol style="list-style-type: none"> <li>a. Many missed opportunities to give patient a better outcome.</li> </ol> </li> </ol> </li> </ul>	

<ol style="list-style-type: none"> <li>3. Biofilm on surfaces – hard to kill once formed, cannot detect.</li> <li>4. CIC contact hours vs test <ol style="list-style-type: none"> <li>a. “Novice” certification to buy time to gain CIC certification</li> <li>b. Some states require certification to prove competence.</li> <li>c. APIC can assist with application for funding, reimbursement when once passes the test.</li> </ol> </li> <li>5. Preparedness <ol style="list-style-type: none"> <li>a. Ultrasound probe sterilization <ol style="list-style-type: none"> <li>i. Need communication of standard/expectations</li> </ol> </li> <li>b. Mechanical failures in facility <ol style="list-style-type: none"> <li>i. Broken fire-sprinkler heads – knowledge of shut off valve. <ol style="list-style-type: none"> <li>1. While searching for shut off, thousands of gallons of water flood space</li> <li>2. Not uncommon as 4 of 16 people in attendance at HAIAC September meeting had similar experiences.</li> </ol> </li> </ol> </li> </ol> </li> <li>6. Access to online presentations will be made available by Kim.</li> </ol>	
<ol style="list-style-type: none"> <li>c. Funding for Healthcare Initiatives—APIC Government Affairs Team</li> </ol>	remain on agenda
<ol style="list-style-type: none"> <li>d. TB</li> </ol>	
<ul style="list-style-type: none"> <li>• On rise in Kent County</li> <li>• Risk Assessment – 6 cases at BayHealth last year</li> <li>• DPH recommends screening to all health care workers.</li> <li>• CCSH stopped annual screening, except situational events.</li> </ul>	
<ol style="list-style-type: none"> <li>e. Elections for Positions <ul style="list-style-type: none"> <li>• Ballot will be sent with nominees and a write in space for each:</li> </ul> </li> </ol>	
<ol style="list-style-type: none"> <li>1. Chair <ol style="list-style-type: none"> <li>a. Kelly Gardner</li> </ol> </li> <li>2. Co-chair <ol style="list-style-type: none"> <li>a. Holly Helmick and Carol Briody</li> </ol> </li> <li>3. Reports/Communications <ol style="list-style-type: none"> <li>a. Beth Richardson</li> <li>b. Rene will assist</li> </ol> </li> <li>4. Membership <ol style="list-style-type: none"> <li>a. Donna Anderson</li> </ol> </li> <li>5. Regulations <ol style="list-style-type: none"> <li>a. Carol Briody</li> </ol> </li> <li>6. Prevention <ol style="list-style-type: none"> <li>a. Kim Fischer</li> </ol> </li> </ol>	
<ol style="list-style-type: none"> <li>VII. Open Discussion</li> </ol>	
<ol style="list-style-type: none"> <li>a. News Journal article about DHSS splitting into two Departments – Health and Social Services <ul style="list-style-type: none"> <li>• Sec. Walker working on strategic plan</li> </ul> </li> </ol>	



<ul style="list-style-type: none"> <li>● News Journal article links (articles copied at end of minutes): <ul style="list-style-type: none"> <li>○ June 26: <a href="https://www.delawareonline.com/story/news/health/2019/06/26/delaware-bill-looking-into-breaking-up-health-department-raises-concerns/1548381001/">https://www.delawareonline.com/story/news/health/2019/06/26/delaware-bill-looking-into-breaking-up-health-department-raises-concerns/1548381001/</a></li> <li>○ June 27: <a href="https://www.delawareonline.com/story/news/2019/06/27/delaware-lawmakers-soften-push-split-health-department-agree-resolution/1581914001/">https://www.delawareonline.com/story/news/2019/06/27/delaware-lawmakers-soften-push-split-health-department-agree-resolution/1581914001/</a></li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>b. News Journal Summer Health 2019 series <ul style="list-style-type: none"> <li>● No cases of vibrio vulnificus in DE since 2018</li> <li>● One case – patient ate raw oysters, had underlying health conditions.</li> <li>● Who can culture in their lab? How best to diagnose? Members will follow up about their lab capabilities</li> </ul> </li> <li>c. New pediatric medical expert slated for the Medical Director’s Office: Dr. Judy Gorra. This addition will be a valuable resource for pediatric concerns.</li> </ul>	Add to agenda?
<ul style="list-style-type: none"> <li>d. HAIAC website, contains meeting dates and minutes: <a href="https://www.dhss.delaware.gov/dhss/dph/epi/haiac.html">https://www.dhss.delaware.gov/dhss/dph/epi/haiac.html</a></li> <li>e. Delaware Public Meeting Calendar: <a href="https://publicmeetings.delaware.gov/?week=2019-06-30">https://publicmeetings.delaware.gov/?week=2019-06-30</a></li> </ul>	
<ul style="list-style-type: none"> <li>f. Measles <ul style="list-style-type: none"> <li>● Not yet in Delaware, however cases reported in all surrounding states. (1077 cases in 2018)</li> <li>● What is HAIAC role?</li> <li>● What is DE strategic plan? <ul style="list-style-type: none"> <li>○ 2 plans in place</li> <li>○ Working with Preparedness, previous events have served well to prepare</li> <li>○ SHOC is anticipated to activate with first confirmed case in Delaware.</li> <li>○ DE has the ability to open clinics on weekends</li> </ul> </li> <li>● National shortage of measles vaccine <ul style="list-style-type: none"> <li>○ Need to evaluate shelf life and refrigeration/storage requirements. Dr. Hong has reached out to see if we can have any on hand, but there is currently a national shortage</li> </ul> </li> <li>● Confirmed active case found in Georgia at a concert event.</li> <li>● Blood test can confirm if had measles or the vaccine in the past <ul style="list-style-type: none"> <li>○ No recommendation to screen currently.</li> </ul> </li> </ul> </li> </ul>	
<p>I. Adjournment</p> <ul style="list-style-type: none"> <li>a. Meeting adjourned 11:30.</li> </ul>	



Respectfully submitted:	
<i>Kelly Gardner, Chair</i>	<i>Suzanne Mihok, Recorder</i>

To sign up for Delaware Health Alert Notices: <https://healthalertde.org>  
 To sign up for DE-TRAC contact: Karen Terzaghi, [Karen.Terzaghi@delaware.gov](mailto:Karen.Terzaghi@delaware.gov)

HAIAC MEETING ACCESS AND LOCATION

1. Telephone Conference connection is available for all meetings from any location.  
 Telephone Conference System:  
 Phone 302-526-5475; Passcode 265238, Leader will enter PIN 44838
2. Physical location for HAIAC: *September 27 and December 6 meetings will be at the Thomas Collins Building 540 S. DuPont Highway, Dover, DE 19901.*  
*Edgehill is still under construction, September and December are scheduled for Collins, however if Edgehill becomes open, we will relocate to Edgehill. Notice will be sent of any change.*

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<p><b>Approved 2019 HAIAC Meeting Dates –</b>          September 27          December 6  <b>Location: Thomas Collins Building 540 S. DuPont Highway          Dover, DE 19901</b></p> <p style="text-align: center;">** **</p>
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***News Journal articles June 26 & 27, 2019***

Bill looking into breaking up Delaware health department raises concerns

Meredith Newman, Delaware News Journal Published 6:00 a.m. ET June 26, 2019 | Updated 8:56 a.m. ET June 26, 2019

A late-session bill that would look into breaking up the Delaware Department of Health and Social Services has raised concerns among some legislators and state officials who fear it could affect the quality of state services.

Some health advocates, particularly those in the disabilities community, believe it could do the opposite. They say breaking down bureaucracy can help shine a light on serious issues they feel are not being addressed adequately in Delaware.

Senate Majority Leader Nicole Poore, D-New Castle, introduced a bill last week, in the final days of the legislative session, that would look into breaking up the Department of Health and Social Services.

The legislation would create an 11-person committee to discuss ways to restructure the department headed by Dr. Kara Odom Walker.

Poore's bill proposes creating two departments, with one overseeing policy and the other overseeing services for residents. The bill requires the committee to release an implementation report in March 2021.

The health department — which has 11 divisions that oversee programs like Medicaid, food stamps and disability and addiction services — is the largest state agency. It receives about \$1.2 billion in state funding and employs about a quarter of all state workers.

This bill won't go through the typical committee hearing process because committee hearings are rarely held in the final week of session, said a spokesman for the Senate Majority Caucus. In order for the bill to be voted on in the Senate, it requires a signature from a majority of members in the Senate Elections, Government & Community Affairs Committee.

Poore said in a statement that having a "broad conversation" with legislators, the governor and others "about whether we, as a state, are providing the best services for the health and well-being of those vulnerable populations is not only smart, but necessary."

### **'More bureaucracy is not necessarily better'**

In an email sent to "stakeholders" last Friday, Walker wrote that the department's focus "remains on serving the people of Delaware, especially those who are most vulnerable, and continuing to tackle some of the biggest challenges our state faces."

In the email, obtained by The News Journal, Walker wrote that addressing the state's health challenges and social determinants of health — like the opioid epidemic, the rapid aging population and gun violence in Wilmington — requires collaboration among the DHSS divisions.

"We would oppose any new barriers that would make that collaboration more difficult," Walker wrote.

A DHSS spokeswoman referred further comment to the Governor's Office.

A spokesman for Gov. John Carney said the governor will continue to discuss the legislation with Poore. He added that any discussions about changes made to the department should include "significant engagement" with Delawareans, including DHSS employees.

Sen. Darius Brown, D-Wilmington East, one of four Democratic senators not co-sponsoring the bill, said in a statement that the legislation concerned him, particularly how the Division of Medicaid and Medical Assistance could be affected.

"Though there may be some benefits to examining a realignment of DHSS, there are some potential downsides that we also need to consider," he said in a statement.

He said he would prefer to see select DHSS divisions reviewed by the Joint Legislative Oversight and Sunset Committee. Once that is done, Brown said, the General Assembly should work with the governor and the health secretary to "implement recommendations."

Margaret Rose Henry, a recently retired state senator who served in the General Assembly for more than 20 years, said she fears "dismantling" DHSS would result in delayed services for residents. Right now, DHSS is a "one-stop concept" for families, she said.

Henry also fears this could lead agencies to compete for the same funding.

"More bureaucracy is not necessarily better," she said.

Last year, Walker commissioned a strategic plan for the department to figure out ways to remove barriers for residents who rely on DHSS' services. The final plan is scheduled to be released in February, Walker wrote in an email sent out last week.

Although she was quick to praise Poore as a "compassionate leader," Henry said she believes Walker "deserves an opportunity" to work with legislators to improve the department before conversations take place about splitting it apart.

Nationally, there has been a trend of state governments consolidating departments and divisions, said Devona Williams, a Delaware consultant who has worked with state agencies (including DHSS) on strategic planning and organizational performance assessment

In 2018, Michigan Gov. Gretchen Whitmer contemplated breaking up that state's Department of Health and Human Services after the previous governor combined two separate departments to create it.

Whitmer ultimately decided against it, citing that, in some ways, breaking it up would be more difficult than keeping it together.

Williams said there are "always hidden costs" when state governments are reorganized, specifically in administrative fees.

"For legislation of this magnitude to be introduced so late, I would want to see what the decisions are behind this," she said.

### **'Times have changed'**

For disability advocates, the idea to split up the health department is not new.

Terri Hancharick, whose 32-year-old daughter is nonverbal, said she and other advocates have longed for a disabilities department that fell outside of DHSS' purview because the department has gotten "so big."

For that reason, she and other advocates support this bill. Poore, [who introduced SB 163](#), has been viewed as a supporter of people with disabilities. Her son Nicholas has cerebral palsy.

"The disability community would appreciate less bureaucracy," Hancharick said. "This is not to say (Division of the Developmental Disabilities Services) has done a horrible job ... but times have changed."

"Many in the disability community would feel they would have more of a voice" if there was a separate department, she added.

One of the chief concerns among disability advocates is the [lack of funding for contracted service providers and direct support professionals](#), said Thomas Cook, executive director for the Ability Network of Delaware. Many believe this has led to staff turnover and inadequate training.

Cook said the organization supports Poore's bill. He said advocates have vocalized their concerns to the health secretary for the past three years.

"We don't feel like we've gotten the kinds of responses that we would have hoped," Cook said.

Sen. Stephanie Hansen, D-Middletown, said she is supporting the legislation because of concerns raised in committee hearings about the effectiveness of several DHSS divisions, including DDDS and Division of the Visually Impaired.

"When you get to that level of questioning," she said, "it's probably time as a legislative body that we take a step back and go, 'OK, is this an example of a department that has simply grown too big to be effectively managing all of its divisions?'"

Not all divisions are struggling, she said. Hansen views the Division of Substance Abuse and Mental Health as a "bright spot."

Right now, Hansen said, the General Assembly does not have enough information to decide whether or not DHSS should be split, which is why forming a committee is necessary.

"I would think if you would have the right people as division heads, perhaps you could get the job done and done well," Hansen added. "At this point, perhaps that's not the case."

While Sen. Bryan Townsend, D-Newark, plans to vote for the bill, he said he hopes "thorough analysis" and "a sincere respect for data and surveys" is factored into the committee's recommendation.

"My assumption is that if the data supports restructuring we will restructure," Townsend said. "And my assumption is if the data does not support restructuring, then we will not restructure."

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### [Delaware lawmakers soften push to split health department, agree to resolution](#)

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State lawmakers appear to be softening their push to split the Department of Health and Social Services into two agencies.

Senate Majority Leader Nicole Poore, D-New Castle, introduced a bill last week that would look into breaking up the state's largest agency.

It quickly caused a bit of a stir in Legislative Hall.

On Thursday, Poore announced she would instead sponsor a resolution that would more generally study how to make the department more effective and efficient. The resolution passed in the Senate on Thursday.

Unlike bills, resolutions do not require committee hearings or a signature from the governor.

The health department — which has 11 divisions that oversee programs like Medicaid, food stamps and disability and addiction services — receives about \$1.2 billion in state funding and employs about a quarter of all state workers.

When the bill was first introduced, it raised concerns among some legislators and state officials who feared it could affect the quality of state services.

In an email to "stakeholders," DHSS Sec. Kara Odom Walker wrote that addressing the state's health challenges and social determinants of health requires collaboration among the DHSS divisions.

"We would oppose any new barriers that would make that collaboration more difficult," she wrote.

Poore's bill received praise from some health advocates, specifically in the disabilities community. They said breaking up the department could help bring attention to serious issues they feel are not adequately addressed.

The resolution does not specifically call for splitting the department. Instead, it seeks a "comprehensive review of the department to determine how to best reorganize."

The resolution mandates a 17-person committee will provide the Joint Finance Committee a strategic report that includes "initial strategic objectives and recommendations" by March 31, 2020.

Gov. John Carney said in a statement that he supports the resolution. Carney did not express outright support for Poore's original bill.

In Thursday's statement, the governor said, "it makes sense to look at how the department is meeting its mission to serve some of our state's most vulnerable populations." He praised the work of DHSS and its employees, saying "they have a tough job."

A DHSS spokeswoman referred further comment to the Governor's Office.

This new committee would coincide with DHSS' ongoing strategic plan, which Walker commissioned last year. The final plan is scheduled to be released in February.

"Having DHSS propose changes from within will be an important first step and I commend them for undertaking that process," Poore said. "Our work will run parallel to that effort and likely incorporate some of their proposals.

"But one voice will not be enough to enact the kind of meaningful change our constituents deserve."