

Connecticut Healthcare Associated Infections Advisory Committee
Minutes
June 17, 2009

Attendees: Ray Andrews, Lauren Backman, Judy Bahr, Laurie Brentlinger, Karen Buckley-Bates, Lillian Burns, Joanne Chapin, Kathryn Cusano, Louise Dembry, Carol Deitz (for Anne Elwell), Brian Fillipo, Wendy Furniss, Richard Garibaldi, Brenda Grant, Alison Hong, Diana Kelly, Jenny Kitsen, Cythia Kohan, Jennifer Martin, Richard Melchreit, David Neville, Mary Pakulski, Judy Pilch, Jean Rexford, Richard Rodriguez, Diane Steverman, Douglas Waite;
Guests: Alison Daniels (Colorado HAI program), Rachel Stricof (New York State HAI program)

Call to order: Richard Melchreit called the meeting to order at 9:00 a.m.

Review and approval of prior Advisory Committee meeting minutes (2/4/09) and conference call minutes (4/6/09 and 5/18/09): The draft minutes were reviewed, and accepted as written.

Legislative report:

The legislative session has ended. There was one bill relevant to HAIs: SB 1045, amended as 1048 and 6678, a “never events” bill.

Data Validation Project update:

The CLABSI validation study has been completed on the data from the 4th quarter of 2008. Lauren Backman presented the data (see slides): during the study period DPH identified 49 CLABSIs from the reporting ICUs, while the hospitals reported 23 CLABSIs (47% of cases were reported. Four cases were reported as CLABSIs by the hospitals that were not classified as CLABSIs by the validation. Various misunderstandings about NHSN surveillance or term definitions were identified as the major cause of the underreporting, especially the difference between clinical and surveillance definition of reporting “events” such as CLABSIs. The recommendation is for additional training of personnel in the hospitals (infection prevention personnel) about and based on the findings of the study. These trainings will be held this summer, and the data will be revalidated after the training is completed: in the 4th quarter of 2009.

Strategic program planning:

The Committee was joined by Rachel Stricof from the New York State Health Department HAI program and Alison Daniels from the Colorado State Health Department HAI program. Rachel and Alison described their programs and advised Connecticut on issues related to data validation and program expansion.

New York has over 200 hospitals in their reporting system, central and regional staff, and reports and validates data on CLABSIs, some SSIs, with the focus on hospitals. They validate their data and find their underreporting is less than 10%, probably because they training intensively on

NSHN definitions and on the differences between clinical and surveillance definitions. They emphasize standardization in data collected and in the collection of the data.

Colorado has a new program, one staff member (they are applying for more through federal stimulus funds) and have reporting on several events, including SSIs and CLABSIs. They report from facilities other than hospitals (surgical centers) and will be expanding to dialysis centers in 2010. They have not yet validated their data.

Both states strongly encouraged validation and noted that planning and advocacy for adequate staffing throughout the system is needed to ensure good quality data and progress on preventing HAIs. New York publishes an annual survey of hospital infection prevention program resources.

Federal Stimulus (ARRA):

To meet the federal expectations that these funds build state health department capacity and create or retain jobs in HAI prevention, DPH is planning to apply for seven two-year (durational) positions from the federal stimulus funds that are being distributed to states as a supplement to the CDC's Epidemiology and Laboratory Capacity (ELC) cooperative agreement. Because the program in Connecticut is poised for growth, the ELC request from Connecticut will be \$1.6 million, which is nearly the maximum and considerably above the average expected award. Connecticut will apply for over \$400,000 under the Emergency Infection Program cooperative agreement supplement under the stimulus program that will fund 1 ½ staff to join CDC in work on enhanced HAI surveillance projects.

Committee members noted that there are significant staffing needs in hospital prevention programs. It was noted that three of the staff will be surveillance technicians to assist hospital prevention program in NSHN related surveillance tasks including data entry. The planning activities will be aimed to assess and plan to build capacity in healthcare facilities as well.

The Committee reviewed a draft letter of support for the ARRA applications that would be enclosed in the DPH application to CDC. The Committee voted on a motion to sign and submit the letter of support to DPH for this purpose. Vote results: 6 Yea (Andrews, Buckley-Bates, Dembry, Fillipo, Garibaldi, Rexford); 0 nay; 5 not voting/not present (Chapin, Cooper, Daniels, Lembo, Mazadorrian).

Governance and structure of the Committee:

The issue has been raised in other DPH advisory committees about having elected chairs or co-chairs. The committee was asked if they would like to choose chairs, but the group decided by consensus that the current system of a DPH meeting facilitator and no committee chairs is working well and does not need to change at this time.

Report on MDRO Prevention Collaborative (Qualidigm):

This item was tabled due to lack of time.

Education Subcommittee report:

The funding for educational materials orders was rescinded due to the budget crisis but DPH is looking for other funding streams that might become available in the future, such as federal block grant funding. The Committee will be updated. Committee members emphasized the importance of public information and education as well a provider education in our planning and HAI program activities. This issue will be addressed in HAI program action plans and in the new state plan.

Next steps for the Committee, future meetings:

The next in-person meeting will be held Wednesday August 5th from 9 to 11 a.m., at CHA in Wallingford.

Adjournment:

The meeting was adjourned at 11:21 a.m.