Healthcare Associated Infection Advisory - MINUTES

Committee September 29, 2017 9:30AM-Noon

Office of Performance Management, Large Training Room
Edgehill Shopping Center, 43 S. DuPont Highway, Dover, DE 19901
Telephone Conference available – see below

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	Topic	Discussion	Follow-up/ Responsible Party
I.	Call to order & Welcome	Kelly Gardner, Chair, called meeting to order at 9:35AM. – Donna Anderson introduced Dr. Chasanov to HAIAC, he fills the fourth seat for ID Physician.	
II.	Minutes	Minutes approved as written.	
III.	Old Business		
A.	Antibiotic Stewardship initiative – eBright	1.Jami Jones of Quality Insights reported that eBright continues to hold conference calls and onsite meetings with partners, stakeholders and facilities to continue movement towards Antibiotic Stewardship goals.	
		a) Focus is on CDC's Core Elements of Antibiotic Stewardship.	
		b) Physicians' webinar is ready and pharmacy webinar is under development.	
		c) eBright developed two teams;- inpatient and outpatient.	
		2.Nanticoke is working to consolidate the webinars into one with focus on key points.	
		a) New website on "SLAK" is not open to public since it's still in development phase.	
		3.Janelle Caruano and Alex Kashmanian are preparing a presentation for outpatient / urgent care centers. The presentation will provide one-hour CE credit for nursing.	
		a) Make sure that DPH Antibiotic Stewardship Epidemiologist is on board with presentation.	

Topic		Discussion	Follow-up/ Responsible Party
		Theresa English will work with Janelle Caruano for a March 2018 event.	Theresa English and Janelle Caruano
		Kelly Gardner reviewed Yrene Waldron's email with *The Word is Spreading* poster (at end of minutes). (1) The American Health Care Association/NCAL has developed an Infection Control Specialist web-based training. (2) Delaware Health Care Facilities Association (DHFCA) is planning an Infection Control Intensive in the first part of next year for SNFs, and a second one for Assisted Living Facilities.	
		Theresa English has information about a 30-credit Healthcare Facilities course that costs $450/$650.	Theresa English will send information on course registration.
		4) Dr. Duffalo developed and distributed an in-state AS Needs Assessment Survey. So far, he has received responses from only five out of eight acute care facilities.	Dr. Duffalo will present summary at December meeting
B.	Update on ICAR (Infection Control Assessment and Response)	1. FEP 441 distribution	
		2. Updates on site-visits	
		- DPH conducted infection control assessments at 10 long-term care (LTC) facilities and will be conducting follow-up assessments in the coming months. DPH will offer additional training, depending on needs of facilities. They will offer the training to other LTC facilities.	
		a) Mexis (Enyinnaya Merengwa) and Sumitha Nagarajan are the newly-hired Epidemiologists in the Office of Infectious Disease Epidemiology. Mexis is working on the Antibiotic Stewardship grant and Sumitha is working on the Ebola/ICAR grant.	
		b) As part of the ICAR project, CDC provided infection control assessment tools specialized for long term care, acute care, dialysis and outpatient facilities.	

	Topic	Discussion	Follow-up/ Responsible Party
C.	CRE Testing at DPH Lab, Deb Rutledge	a) Testing began in April - As of September 19, the lab has tested 166 isolates. - All Delaware hospitals are participating. - So far, they've identified 20 with Carbapenamase mechanism. - Summary handout is attached to minutes.	
		b) Discussion touched on H3N2 variant that was contracted by a Delaware resident from a sick pig at a Maryland fair.	
		c) Flu season officially begins October 2nd.	
D.	Bed Bugs	1) Quality Insights is requesting current institutional policy/procedures from those on HAIAC for work to develop an Active Parasite Policy. - Bed bugs are becoming frequent event at healthcare facilities: - BayHealth reports at least one incident per month compared with only 1-2 times per year previously. - For example: - Valet picked up bed bugs from parking a client's vehicle - Wilmington Hospital reports event in their restaurant. - Wilmington Central YMCA has an ongoing problem. 2) DPH recommended calling contractor and supplied list of state-certified bed bug	ICPs from Delaware healthcare facilities – send to Jami Jones.

	Topic	Discussion	Follow-up/ Responsible Party
		exterminating companies. Also provided CDC protocols. - HAIAC members expressed concern that the bed bug problem has reached a tipping point, with possibly critical implications as bed bugs can shut down trauma centers, emergency rooms, waiting rooms, and/or medical offices. - Members looking to DPH for guidance and requested update at December meeting. 3) Some solutions from members on how to deal with problem: - They "tag" charts of known bed bug patients in order to appropriately place them in isolation rooms. - Utilize 'cooker' for known patients, have them remove all clothing, place clothing in cooker to sanitize. Meanwhile patient can be safely navigated through facility without fear of contamination. 4) Is there a national site that offers success stories which committee can utilize?	DPH HSP Ken Belmont has been invited and confirmed to attend the December meeting to provide information and guidance from the State's perspective.
E.	Hazard Vulnerability Analysis	1) DAFB Open House/Air Show was held – nothing to report.	
		2) EID Report - New DPH Epidemiologist is taking over primary role for the EID weekly report.	Sumitha Nagarajan will prepare draft document to send to Marci Drees and Kelly Gardner for preliminary review.
		3) Marci Drees is looking for algorithms for screening patients for Ebola, MERS, etc.	
		4) Members asked where they can obtain updates on upcoming regional events such as the DAFB Airshow, Firefly	Situation reports from EMSPS?
IV.	New Business	A. Prevention Subcommittee – new Chair	
		1) Helene Paxton has asked to be replaced as the Prevention Subcommittee chair.	
		- Kim Fischer was nominated and voted to take over as Chair of the Prevention Subcommittee.	
	–	2) CDiff Brochure	

Topic		Discussion	Follow-up/ Responsible Party
		- 6 votes were received, all approved with one comment. Because 6 votes is not a quorum, the brochure will again be presented for vote before the December meeting. - Further discussion: o Can the brochure be designed so that each distributer can add their logo to the back of the brochure? o After approval, the brochure will be posted on the DPH website. o The brochure may be distributed as hard-copy and/or attached to emails and other websites.	Revised brochure to be sent to Suzanne for 2nd vote, need quorum for approval, to be noted in email for vote.
		B. 2018 HAIAC Meeting Dates	
		- Voted and approved: March 23 June 22 September 28 December 7	
		- Edgehill meeting room is reserved for all 2018 meetings.	
V.	Subcommittee Reports	A. Regulations	
		- Nothing to report	
		B. Membership	
		- All positions filled.	
		C. Prevention	
		- Hand Hygiene Survey – statewide survey resulted in little statewide participation - Asking again for facilities to participate - No report yet.	
		D. Reporting Communications	
		1. 2015 report was complete, however, since CDC has developed new baseline an updated report will be issued.	Judy Walrath
		– 2016 is nearly complete.	Judy Walrath
		– LTAC will include St. Francis.	Judy Walrath
		– Healthcare worker influenza immunization rates were posted on HAIAC website in June.	
		2. Judy Walrath requested to step down as Chair.	
		– Rene Tomczak and Beth Richardson were nominated. – Rene declined. – Beth Richardson was voted and approved.	

	Topic	Discussion	Follow-up/ Responsible Party
VI.	Open Discussion	A. Judy Walrath had developed a table of trends in HAIs to assist the Prevention Subcommittee in assessing what's going on around the state. This table will be updated with focus on Subcommittee priorities of CDiff and colon surgeries. – The Prevention Subcommittee is asking for representation from each acute care hospital system in the state to gain statewide participation. –	▪ QI can continue to set up conference calls for monthly Subcommittee meetings.
		B. Dr. Lenz, DOC Dental Director introduced to HAIAC	
		C. Influenza - Australia reported a 2.5 increase in cases during their recent flu season compared with the previous season.	
		Healthcare Worker Vaccination Numbers ▪ Nanticoke is at 95% participation, they use sticker to ID vaccinated employees. – Christiana Care at 92% ▪ Use form for information on those who got it, declined, exempt. To be HIPAA compliant, employee badge IDs are labeled as 'Vaccinated' or 'Status Unknown.' 1. 'Status Unknown' must mask. ▪ Offers monetary incentive "Transformation Rewards" Reference Marci Drees' paper: *Carrots and Sticks: Achieving High Healthcare Personnel Influenza Vaccination Rates without a Mandate.* – DHCI – up to 80% compliance. ▪ Masks are required if not vaccinated, which helps to increase compliance. – State makes vaccination a condition of employment and those not-immunized are required to wear mask. – VA has discussed vaccination as a condition of employment with national committee representing the union.	
		D. Flu Surveillance – Visitor Restrictions – Signs in lobby – Restrictions are not consistent statewide. – Hospitals only restrict visitors when the season is bad. When available, DPH will include absenteeism data for schools in weekly influenza report.	

	Topic	Discussion	Follow-up/ Responsible Party
VII.	Adjournment	11:07 AM.	

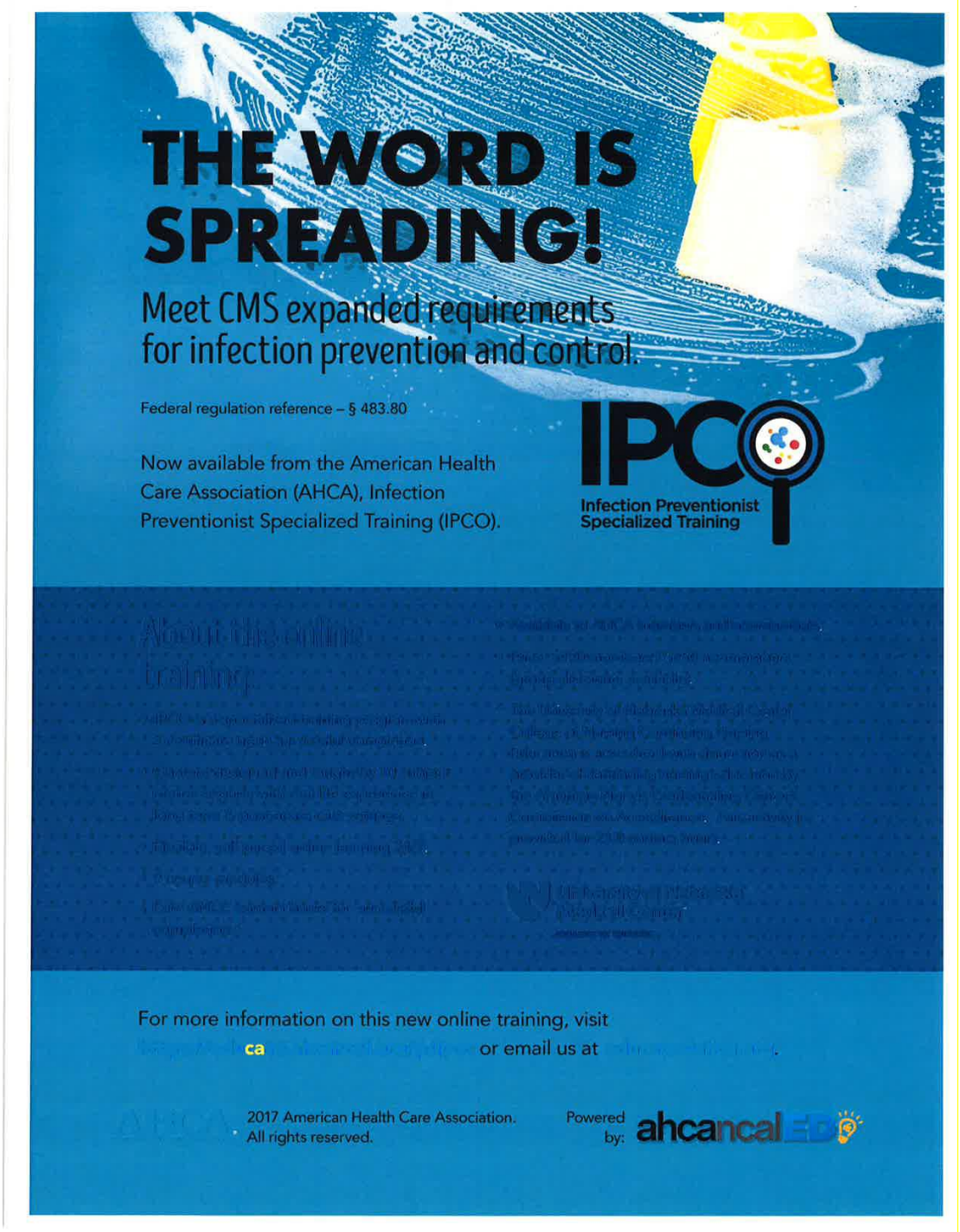
Respectfully submitted:

Kelly Gardner Chair	Suzanne Mihok Recorder

HAIAC MEETING ACCESS AND LOCATION *for all 2017 & 2018*

- Telephone Conference connection is available for all meetings from any location.
  Telephone Conference System:
  Phone: 302-526-5475; Conference ID: 265238
- Physical location for all HAIAC meetings:
  Office of Performance Management,
  Edgehill Shopping Center
  43 S. DuPont Highway
  Dover, DE 19901
- Remaining HAIAC 2017 Meeting Dates
  - December 01

- *Approved HAIAC meeting dates for 2018,*
  - *Edgehill reservations confirmed.*
    - *March 23*
    - *June 22*
    - *September 28*
    - *December 7*



From: Yrene Waldron [mailto:waldrony@dhcfa.org]
Sent: Thursday, September 28, 2017 11:34 AM
To: Mihok, Suzanne (DHSS)
Cc: Peterson, Mary (DHSS); Getchell, Corinna (DHSS)
Subject: DHCFA Progress Report / Infection Control SNFs
Importance: High

Hi Suzanne,

It was good speaking with you today.
As I explained, I am unable to attend the HAIC meeting tomorrow due to
having to be at the funeral for a dear friend.

I would like you to tell the group that LTC continues to make strides to improve Infection Control Protocols.

1) The American Health Care Association/NCAL has developed an Infection Control Specialist Web Based Training
(Please see attached) that is us and running and we are happy to report that 14 providers representing approximately a total of 24 facilities have signed up for the course to date.
It is also my understanding that the larger national providers with facilities in DE representing approximately 11 additional facilities are developing their own training programs.

2) DHCFA is planning an Infection Control Intensive in the first part of next year for SNFs, and a second one for Assisted Living Facilities.

Progress is being made and I would like you to please report this to the group.

I look forward to presenting in person at the next meeting with an even better report

Yrene
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Delaware Division of Public Health, Office of Infectious Disease Epidemiology

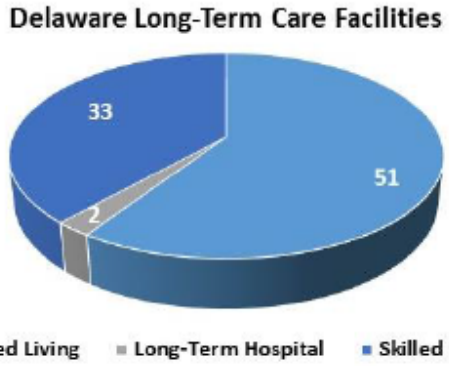
Long-Term Care Infection Control Assessments

Summary of Common Findings

CDC Designated Infection Control Domains for Gap Assessment

I. Infection Control Program & Infrastructure
II. Healthcare Personnel Safety
III. Surveillance and Disease Reporting
IV. Hand Hygiene
V. Personal Protective Equipment (PPE)
VI. Respiratory Hygiene/Cough Etiquette
VII. Antibiotic Stewardship
VIII. Injection Safety/Point-of-Care Testing
IX. Environmental Cleaning

Demographics



**Note: Organizations with both skilled nursing and assisted living facilities are counted as separate entities.*

Number of Facilities Assessed	Number of Licensed Beds		
	Average	Minimum	Maximum
10 (7 Skilled)	92.1	38	147

I. Infection Control Program and Infrastructure

- 60% of facilities were lacking formal infection control (IC) training for the person in charge of IC.
- 10% of facilities were lacking written IC procedures.

II. Healthcare Personnel Safety

- 30% of facilities do not have a sick worker policy in place.
- 30% of facilities are not performing an annual review of the blood borne pathogen policy.
- All facilities were in compliance with employee screening and vaccination standards (TB screening, Hepatitis B vaccination, etc.).

III. Surveillance and Disease Reporting

- 20% of facilities lack a system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care.
- Most clinics were not performing travel screening for new residents.

IV. Hand Hygiene

- 40% of facilities do not regularly conduct hand hygiene audits.
- 30% of facilities do not give feedback to employees regarding hand hygiene.
- 20% of facilities were lacking basic hand hygiene supplies in resident care areas, near entrances and in common areas.
- The number of hand hygiene wall stations and signage could be improved in most facilities.

V. Personal Protective Equipment (PPE)

- 80% of facilities do not regularly conduct PPE compliance audits.
- 60% of facilities do not give feedback to employees regarding PPE compliance.
- 30% of facilities are not providing PPE competency training every 12 months.

VI. Respiratory Hygiene/Cough Etiquette

- 30% of facilities are not providing facemasks to coughing residents and other symptomatic persons upon entry to the facility.
- 30% of facilities do not post respiratory etiquette signage at the facility entrance.

VII. Antibiotic Stewardship

- 30% of facilities currently lack leadership for leading antibiotic stewardship activities.
- 60% of facilities do not have written policies on antibiotic prescribing.
- 40% of facilities have not implemented practices to improve antibiotic use.
- 60% of facilities do not have a report summarizing antibiotic resistance (i.e., antibiogram) created within the past 24 months.
- 50% of facilities are not providing clinical prescribers with feedback about their antibiotic prescribing practices.

- 50% of facilities have not provided training on antibiotic use to nursing staff within the last 12 months.
- 70% of facilities have not provided training on antibiotic use to clinical providers with prescribing privileges within the last 12 months.

VIII. Injection Safety & Point-of-Care Testing

- 70% of facilities are not performing in-house injection safety audits.
- 30% of facilities do not give feedback to employees regarding injection safety.
- 30% of facilities do not provide injection safety competency training at the time of employment.
- 40% of facilities are not providing injection safety competency training every 12 months.

IX. Environmental Cleaning

- 50% of facilities are not performing quality audits of cleaning and disinfection procedures.
- 50% of facilities do not give feedback to employees regarding the quality of cleaning and disinfection procedures.
- 30% of facilities lacked written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas.
- Every facility assessed had at least one gap noted related to environmental cleaning.

Interesting Notes:

Of 10 facilities assessed, 7 had quality data available on the CMS website (current as of 4/1/17). CMS overall star ratings are based on a health inspection, quality measurements and staffing ratios:

- Five facilities assessed received a 5 star overall CMS rating, one had 3 stars and one had 2 stars.
- Of these 7 facilities, the one with the lowest CMS rating ranked themselves the highest on the self-assessment. This was also the only for-profit facility we assessed; the others were non-profit or government-run.
- For staffing rates among these 7 facilities, 3 were running below the CMS "Expected Total Nurse Staffing Hours per Resident per Day." Two of these had a 5 star overall rating, one had a 2 star overall rating.