**HAI Collaborating Partners Committee**

*Maine Quality Forum (MQF) • Maine Centers for Disease Control*

**Minutes of the Committee's meeting on July 24, 2015   
at Maine CDC, 2 Anthony Ave. Augusta**

**Members in attendance:** Emily Brostek, Anthony Casapao, Rick Danforth, Kathy Day, Cathy Dragoni, Ann Graves, Dr. Sandy Harris, Lynn Johnson, Sandy Parker, Dr. Jay Reynolds, Linda Ruterbories, Tracy Shaw, Karynlee Harrington, Rita Owsiak, Paul Livingston (staff), Stuart Bratesman (staff)

Rita Owsiak called the meeting to order at 1:10 pm. The minutes of the June 26th meeting were read and approved.

Ms. Owsiak asked U.S. CDC Fellow, Paul Livingston, to share his observations on the committee's work. Mr. Livingston who has been assisting Ms. Owsiak in writing and editing the draft of the new HAI State Plan, is completing his fellowship here in Maine and will leave soon to work for the federal CDC in Atlanta. He applauded the committee's productive and honest discussions, its collaboration across healthcare settings, and its progress toward completing the new State HAI Plan. He also commended the use of case stories to bring patient perspectives into the discussion.

Ms. Owsiak stated her appreciation for Mr. Livingston's contributions and noted that he will soon be running the CDC's quarantine station at the Atlanta airport.

She also announced that the federal CDC had released its eleven (11) domains of Ebola readiness and she shared them with the members. She also described the upcoming federal onsite preparedness reviews for Maine's four designated Ebola Assessment hospitals. Each hospital will receive a broad, daylong review. The review team will include federal officials and state officials from both the Maine CDC and Division of Licensing. The purpose is educational, not regulatory. The four hospitals have already received a 35-page assessment information packet to help them prepare.

The U.S. CDC has concentrated its earliest Ebola preparedness efforts on the Ebola Treatment hospitals, the closest one being Mass General in Boston. Now the Ebola Assessment hospitals have come next. Maine CDC will coordinate a future conference call to share with all Maine hospitals information and lessons learned by the Assessment hospitals.

The EMS services will receive future training on how to handle a suspected Ebola patient and transport them to the nearest Assessment hospital. However, it is recognized that a suspected Ebola patient could present at any hospital on his or her own.

Concerns were expressed that hospitals have not yet seen the State Ebola Plan. Mr. Livingston replied that the DHHS Commissioner will review the Ebola Plan at a meeting the following week and expressed hope that the plan will be approved for release in the next few weeks.

Ms. Owsiak then displayed the U.S. CDC's 26-page HAI State Plan template which includes the federal grant requirements. Aside from the required elements, States are free to pick and choose from the others. She explained that current working draft of the Maine HAI State Plan displayed all of the required elements in red. The U.S. CDC will eventually make all state's plans available on its website. She also noted that the federal CDC had yet to release its new standard assessment tool for HAI outbreaks.

The new draft of Maine's HAI State Plan now has an introduction and an acronyms page. The group approved the wording of the new section on the Plan's purpose, but decided to change "purpose" to "goal".

A discussion ensued on the Plan's Year 3 item, to "explore public reporting", of HAI outbreaks. Members recommended that public reporting be made contingent on the development of a clear definition of "HAI outbreak" and data validation. In response to a question, Ms. Owsiak noted that the U.S. CDC is collecting a variety of state definitions to inform the development of a federal definition. Other members emphasized the importance of the public's need to know about outbreaks.

Members noted that the minimum number of cases constituting an outbreak would vary by type of disease. The Ebola threshold would be one case, while an influenza outbreak traditionally requires at least 3 cases. However, Ms. Owsiak noted that waiting to identify 3 cases of flu in a given facility could be too late to prevent the spread, and other pointed out that data validation can sometimes take months.

Discussion turned to the emerging pathogens section of the HAI Plan draft. Ms. Owsiak announced having added a new activity, to explore holding a state-level emerging pathogen drill or table-top exercise. The group discussed the risk of over-reporting cases of CRE unless they are confirmed by molecular analysis. Ms. Owsiak responded that while the Maine CDC will encourage all hospitals and facilities to perform molecular analysis, it does not have enough funding to make it a requirement.

CRE will be added to the Maine CDC's epidemiology annual public report and CRE specimens that meet the federal CDC's phenotypic definition must be reported as a notifiable condition.

There have been no changes to the *"Prioritize HAI data for statewide surveillance"* section. CMS has not yet announced its anticipated HAI reporting requirements for long term care. The Plan's, *"Ensure surveillance data is available to key stakeholders*," section now lists an MHS Board of Directors report.

Ms. Owsiak was asked to explain or define, “explore ways to expand oversight.” She replied that the U.S. CDC had included this requirement, in part to challenge states to develop new ideas for possible adoption at the federal level. Members suggested that any expansion should focus on types of facilities not already periodically surveyed.

The group agreed to move the “Implement response plan” activity to the *Engage in infection prevention activities* section, and to add QIN-QIO webinars, the APIC infection preventionist mentorship program, the proposed bi-annual HAI prevention conference and CDC Ebola preparedness training to the *Provide education and training* section.

Committee members expressed concern about the gap between acute care and long term care isolation practices for patients with infectious diseases and MDROs. Members cited lack of access to handwashing and alcohol hand rubs, use of shared bathrooms, and the need for greater education for patients, families and staff. They agreed to change, “Isolation difference between acute and LTC,” to, "Enhance understanding of differences between acute and long term care environments: Patient and family education-explain differences.”

Under, *"Expand antimicrobial stewardship efforts"* the group added, “AMS education module and academic detailing continues for providers practices (MICIS)," and an activity to promote the U.S. CDC's annual Get Smart about Antibiotics Week in November. The group agreed to change, "Explore requiring IP and Control capacity levels,” by removing "requiring".

The group discussed whether Maine should collect a master list of every hospital’s antibiograms as is done in some other states. Three years ago, hospitals resisted an effort to collect antibiograms due to concerns the information could be misconstrued if it went public.

The committee agreed to add a new activity to improve antibiotic usage by exploring best practices to inform patients when a culture has been taken, the culture results, and whether to start, continue or stop taking an antibiotic. Members expressed concern that patients are not always told they have an MRDO, and that some daycare centers will not allow children to return after illness, unless they are taking antibiotics, even when not needed.

The group discussed ideas to improve provider handwashing compliance including reminding patients to ask providers, educating providers to not be offended when patients ask, and develop a culture that encourages employees to speak up when they notice a lapse. Ms. Owsiak recounted that hand hygiene at her former hospital dramatically improved when she posted its last-place survey results in the doctor's lounges.

She announced that the group would again review State Plan draft at its August meeting, and that Ms. Harrington would give a presentation on the State's Chapter 270 healthcare quality reporting rules. She also asked the group how they wished to proceed after the currently last scheduled meeting in October.

Suggestions were made to meet again at the beginning of the next year for an operational review of the State Plan.

During the meeting evaluation, members noted that they had worked through the entire current State Plan draft. Patient experiences had been used well several times throughout the meeting to illustrate particular issues.

The meeting was adjourned at 4:00 PM.