**HAI Collaborating Partners Committee**

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

**Minutes of the Committee's meeting on June 26, 2015   
at Maine CDC, 2 Anthony Ave. Augusta**

**Members in attendance:** Bob Abel, Dr. Sandy Harris, Dr. Jay Reynolds, Dr. August Valenti, Emily Brostek, Susan Leary, Kathy Day, Danielle Hersey, Jennifer Bubar, Rick Danforth, Ann Graves, Cathy Dragoni, Tracey Shaw, Sandy Parker, Rita Owsiak, Karynlee Harrington, and Stuart Bratesman (staff)

Rita Owsiak call the meeting to order at 1:10 PM and the minutes were read and approved.

Ms. Owsiak opened the meeting by announcing that the group’s goal should be an HAI free Maine. She said the goal may seem crazy, but then cited the famous Apple advertisement, “Here’s to the crazy ones…because the people who are crazy enough to think they can change the world, are the ones who do.” She also announced United States government has issued its national action plan for combating antibiotic resistance in 5 years.

The committee continued its review of the new State HAI Plan to be submitted to the federal CDC this fall, beginning with the section on detecting, investigating controlling and preventing HAI outbreaks.

One member stated that patient reporting was a greatly under used resource. Another said that there needed to be greater standardization on how HAI data is reported across different systems.

The group agreed to the importance and the challenges of developing a good definition of “HAI outbreak”. Ms. Owsiak said that the definition would be vetted with the Maine APIC chapter, and that the federal CDC is still developing its HAI outbreak reporting tool.

Suggestions were made to expand HAI reporting to other types of facilities in the Plan's Year 3 and in the first year, to perform a review assessment of Maine's capacity to investigate, report and respond to HAI outbreaks.

One member recommended adding immediate public reporting of HAI outbreaks under the Plan's Year 1. Other's cautioned that without a broader education effort, such reports could be misinterpreted by some in the general public, leading to undue concern and panic.

Ms. Harrington informed the group of MHDO's ongoing development of its public reporting website for hospital cost and quality, and noted the consumer advisory group's demand for HAI reporting. She shared with the group that the staff recommendation to the MHDO board is to report the SIR for both MRSA and C diff.

The group moved to the Plan's section on ensuring preparedness for emerging pathogens. The federal CDC requires an Ebola readiness assessment across 11 domains for each of Maine's four designated Ebola assessment hospitals. Ms. Owsiak agreed to provide the committee with a list of the 11 domains once they are made public by the federal CDC. Maine CDC is waiting to see what training resources will be made available to Maine's other hospitals.

Some members recommended expanding the focus from Ebola to an all-hazards approach for emerging problems, and conducting regional or statewide practice drills.

The draft Plan adds CRE to the Maine CDC's list of notifiable conditions by fall 2015. Questions were raised about the process for adding new conditions to the list and why non-bloodstream MRSA is not on the list.

The group discussed whether the federal CDC's CRE toolkit has become outdated, and whether Maine should adopt the more extensive Oregon toolkit.

One member suggested adding a requirement in the Plan's Year 3 that lab identification of CRE be done by molecular characterization, given that the current phenotypic definitions have a specificity rate of only 30%. Ms. Owsiak noted that funding the expense of molecular characterization would be a challenge.

Ms. Owsiak asked for suggestions to expand the Plan's section on prioritizing HAI data for statewide surveillance. One suggestion was to expand the range of HAI outcomes measures in the Maine Quality Forum's (MQF) HAI Annual Report.

Ms. Harrington shared with the group that MQF is preparing a list of proposed changes which are primarily clarifications the State's Chapter 270 healthcare quality data reporting rule before the Legislature's 2016 Session. MQF will be considering amendments to the broader content of Chapter 270 in the following year. It was suggested that the list of Chapter 270 quality measures could be best expanded by incorporating measures already required by the federal government or other broad entities.

Ms. Harrington asked that the committee discuss at a future meeting, distinctions between the notifiable conditions list and the HAI Annual Report.

Under the Plan's data quality assurance section Ms. Owsiak that the draft Plan expands HAI outcomes data validation beyond MRSA and *C.difficile* to CLABSI, CAUTI and SSIs, and putting the measures on a 3-year rotating schedule. Ms. Harrington reaffirmed MQF's commitment to funding those validation efforts. Other members agreed that expanding the list would be useful.

Under the Plan's ensuring surveillance data is available to key stakeholders section, suggestions were made to expand the current hospital CEO HAI dashboard reports to long term care settings, should HAI data become available. It was noted that broader reporting of surveillance data can reveal the extent of antibiotic resistance within regions and improve the appropriate selection of antibiotics, and that improved selection can reduce the spread of increased resistance. One member express concern that the information could be misconstrued by the general public.

Under Year 1 of the Plan's education and training section, the draft includes building an online HAI resource library. Under Year 2, the Plan includes patient education activities such as public service announcements, social media, and web-based, newspaper and radio campaigns.

A suggestion was made to include APIC's mentoring and training program in the Plan.

The committee discussed the prospects of creating a bi-annual HAI prevention conference and whether it should be held in conjunction with the APIC regional conference or held separately. Ms. Harrington suggested that MQF could provide financial support.

It was explained that APIC held a regional Northern New England conference in 2013 and is planning the next one for 2016. The 2013 conference received vendor support.

The importance of including consumer participation was noted, and suggested that Consumer Reports be asked to provide one of the speakers.

Questions were raised about timing, should the conference be coordinated with the international infection prevention week in October? One member cautioned about the scarcity of hotel rooms in the fall, but others suggested that fall would make it easier to attract speakers and participants to Maine.

Ms. Owsiak noted that exploring requiring infection prevention and control staffing requirements and infection prevention competency as part of licensing and credentialing for providers is required under the federal grant. Members noted that lack of up-to-date studies on the relationship between staffing levels and HAI incidence, the substantially broadened range of responsibilities for infection preventionists, and differences between large and small hospitals in their capacity to devote resources to HAI prevention. It was agreed to explore the staffing issue in 2016 and revisit the issue in later years if and when more evidence becomes available.

Under, "infection prevention activities", the committee discussed the need to expand infection prevention activities to long term care, rehabilitation, prisons, schools and other settings, with emphasis on transitions between settings. They also discussed the need for broader communication and coordination across facilities and with physicians in regard to antibiotic use and selection. Long term care facilities need to become more attuned to the need for isolation of patients with infections, and for greater emphasis on hand-cleaning and easy access to hand sanitizers.

The discussion of antimicrobial stewardship efforts, focused on the need to find funding to continue the Maine Independent Clinical Information Service which provides education and consultation to outpatient practices.

The meeting ended with a meeting evaluation and Ms. Owsiak said she would edit the draft State Plan to incorporate new suggestions.

The meeting adjourned at 4:00 PM.