



Colorado Department
of Public Health
and Environment

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
4300 CHERRY CREEK DRIVE SOUTH
DENVER, COLORADO 80246

**COLORADO HEALTHCARE-ASSOCIATED INFECTIONS
ADVISORY COMMITTEE
August 25, 2015**

Note: These minutes are a summary of the proceedings and motions of the May 26, 2015 meeting of the Colorado Healthcare-Associated Infections Advisory Committee.

<u>CALL TO ORDER</u>	Peggy SaBell called the August 25, 2015, Colorado Healthcare-Associated Infections Advisory Committee (CHAIAC) to order at approximately 2:08 p.m. at the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado, 80246.
<u>MEMBERS (in person)</u>	Colleen Casaceli, Peggy Sabel, Tara Janosz, Cindy Thistel and Renee Peters
(via teleconference)	Allison Sabel, Heather Young, Katie Cary and Paul Hill
CDPHE STAFF	Wendy Bamberg, Tamara Hoxworth, Carolyn Elliott, April Burdorf, and Karen Strott
GUESTS	Christine LaRocca, Deanna Curry, and Teri Hulett (via teleconference)
<u>APPROVAL OF MINUTES</u>	Colleen Casaceli motioned to approve the 5/26/2015 minutes; seconded by Allison Sabel
Colleen Casaceli	Motion Approved
<u>Committee Business</u>	Discussion of committee vacancy for a consumer health organization representative and whether the position could be replaced by a member of an organization that is funded by the state. Tamara will speak with Ann House, CDPHE Legal Dept., to see if this would be acceptable. Search continues for position replacement. Dr. Christine LaRocca offered to help notify stakeholders of the vacancy.
Colleen Casaceli	

<p><u>PROGRAM UPDATES</u></p> <p>Tamara Hoxworth Wendy Bamberg Carolyn Elliott Karen Strott</p>	<p>Tamara discussed the “reorganization” of the HAI Program in DCEED unit and shared a preliminary organization chart outlining 5 new positions created as a result of 3-year CDC awards. The reorganized HAI program now includes the Health Facilities Infection Surveillance unit (formerly the Patient Safety Program in the Health Facilities and EMS Division), an Emerging Infections Unit and Infection Prevention Unit. The 5 new positions include an HAI Surveillance Epidemiologist with strong data analysis skills. Interviews for this position are underway.</p> <p>Tamara also discussed the new 5-year State HAI Plan. The draft plan, due to CDC by October 1, will be sent to committee members for review by 9/15 to be discussed at the 9/22 meeting to collect ideas and input.</p> <p>Wendy discussed the current and future role of the Advisory Committee, which as a part of CRS 25-3-600, is scheduled to sunset July 2016. The committee’s expertise and input is critical to CDPHE/DCEED and the department wants the committee to continue. However, objectives related to new federal (CDC) funding requires expanding the Advisory Committee’s role beyond statute-related guidance and advice. Federal objectives suggest that the Advisory Committee provide input on broader infection control (selecting facilities for infection control assessments and mitigation) and disease control issues (e.g., outbreak investigations, MDRO reporting). Deanna Curry asked if representatives from long term care and assisted-living communities should be added to the committee.</p> <p>Wendy discussed CDC’s development of a CRE tool kit which includes information on culture collection, reporting and isolation practices and asked if there was any benefit to CDPHE developing CRE guidance to complement CDC’s toolkit. Part of the Toolkit would include specific information on culture collection, when to consider one-on-one nurse care and isolation, as well as best reporting practices. Cindy Thistel said that standard guidance from the state, including decision trees, would be very helpful and appreciated by the infection prevention community and noted that much discussion in the IP community centers around staffing ratios with CRE patients.</p> <p>Wendy discussed Illinois’ XDRO electronic data reporting system that searches patients when a communicable disease is reported by a facility. This is an effective way to communicate hand-offs of patients and allows informed consent to be shared between facilities and will make it easier to see hotbeds of infection. The committee is supportive of this type of surveillance and reporting system for Colorado if funding is available.</p> <p>Tamara recapped the discussion held in May’s meeting regarding ways to ensure accurate HAI reporting in situations where physicians overrule IP decisions and ways to educate providers on the importance of complying with NHSN surveillance definitions. She reported that it was announced at the annual APIC conference in June that CMS and CDC were partnering to disseminate a joint communiqué regarding “intentional non-reporting of infections.”</p> <p>Carolyn announced NHSN MDRO/CDI training classes for late Sept/early Oct. HAI Surveillance Unit released a July newsletter focusing on Outpatient Dialysis Centers.</p> <p>Karen Strott shared results from the 2015 Outpatient Dialysis Center Practices Survey. Last month’s semi-annual bulletin was based upon survey findings and focused on the implementation of CDC core interventions to prevent dialysis-related bloodstream infections. The bulletin was emailed to IPs statewide and posted on the CDPHE website.</p>
<p><u>FINAL DISCUSSION</u></p>	<p>Colleen Casaceli and Peggy SaBell have completed their term as co-chairs and would like to step down. The chair position was announced and members were asked to bring nominations to the Sept. meeting.</p>
<p><u>ADJOURNMENT</u></p>	<p>Meeting adjourned at 3:28 PM. Next meeting is scheduled for September 22, 2015.</p>