

## **CEO Chapter Minutes**

**Date:** Feb 16<sup>th</sup>

**Venue:** Pine Ridge District Health Unit, Lindsay

**Attendance:** Denise Kearsey (Norththumberland), Myonne Allen (Norththumberland), Janessa McGuire, Lori Marmoreolori (extended care- Peterborough), Marilyn Petherit, Kerri- Anne Wilson (Health unit in Port Hope), Sharon Connell (Ross Memorial)

### **Agenda Topics:**

1. Call to order, Intro: Denise- First meeting as President
2. Approval of agenda: change in 6.2: Change 2012 to 2014
3. Approval of previous minutes: Approved
4. Treasurers Update: Sharon
  - a. Position to be 2 yr duration. Approved.
  - b. CHICA-CEO Annual Treasure's Report 2011
  - c. Things are organized and running smoothly
  - d. New discussion
    - i. Current expense: Sending President to CHICA meeting (\$1000). Under discussion for the amount to be increased.
    - ii. Budget to be made- Sharon
    - iii. Request form for chapter support- To be discussed at next meeting
    - iv. HST return- Sharon
5. Education Session:
  - a. OHA HAI Surveillance: Tools and Strategies Conference- Sharon & Kerri-Anne
    - i. Surveillance of HAI- Basics. 60% connection between surveillance and decrease of nosocomial infect. Assess your population. Don't collect data for just data collection sake. Collect with a focused goal. Re-evaluate annually. Case definitions should be set/consistent- good for benchmarking. Chart review is best way to collect information. Data needs to be useful for the right people/ communicated the right way.
    - ii. Gastrointestinal infections- Hard to study Norovirus (NV) in the lab. NV loves cold water. 50% of people maintain immunity over time and the other half is susceptible after 3 wks. 72% alcohol is the recommendation for ABHR. Some resistance to accelerated hydrogen peroxide ???. HH is best combat- ABHR is gold standard. Is it airborne???. This means, when identified outbreak on unit, the unit is already fully at risk. New objective is to stop spread beyond the unit.
    - iii. PHO, Antimicrobial stewardship Program: Accreditation Canada will soon include this (2013) in ROP.

- iv. Q&A ARO: Incidence Report System used at Mt. Sinai, Sunnybrook is not. Try to find cause of spread of C.Diff in your facility... make the data useful. Link processes together.
  - v. Surveillance in Construction and Renovation: New standard that if semi, each has their own bathroom. CSA standards for construction good for review. CSAZ 8000 is the gold standard. 65-100% mortality rate in aspergillus pneu. Get in on the initial functional planning stage- sinks, etc. Can use the CHICA audit tool. Should have a policy on turning on/off of water.
  - vi. C.Diff and using PCR Testing: EIA is used by the majority. It lacks S&S. EIA should not be used as a stand-alone for CDI testing. Recommended GDH-EIA: detects antigen rather than toxin. GDH is cheaper than PCR. PCR detects toxin B gene. >90% sensitivity. False +ve <2%. Lab expertise is needed. Need to correlate symptoms and results. PCR doesn't need repeat testing, EIA does. CNISP provincial target for C.Diff is 0.54/1000 pt days.
  - vii. CRE- Case Study: CRE is the new super bug. Carbapenem resistant Enterobacteriaceae. Mortality rate is around 50% with severe infections. Seeing it in medical travelers from the Indian subcontinent. NDM-1. Recommended the ARO screening tool include CRE questions. Sharon to send surveillance tool, Janessa to distribute to members. Close proximity increases risk to roommates. Do not know how long colonization lasts... many months. Lots to still learn.
  - viii. Safe at Work: Notify Union, Ministry of Labour, and Joint Health and Safety Committee within 4 days of worker illness. Report illnesses, not exposures. Doesn't have to be lab confirmed. Kerri-Anne noted that the presenter clarified that the MoL receives outbreak data from the MOHLTC regarding staff illnesses in outbreak facilities and therefore may investigate if the illnesses have not already been reported to the MoL.
- b. Update from TPIC 'Superbad' Bacteria- Denise
- i. CRE- in India 5-8% of population. Substrain NDM-1. Only 2 medications to treat, but they aren't the greatest since they have negative side effects. There is a delay in identifying cases. Screening changed to 3 wks (7,14,21). Single room, advanced cleaning. Be aware... its coming. Improve communication between facilities.
  - ii. Ministry of Health public Reporting: improving patient safety is the goal. 9 targets. Seems like everyone is complying in reporting. Linking practice to performance. New to the list are physical restraints. Continuing care has implemented lower beds, mattresses on the floor. People have the right to move, the right to fall. Seems to be working well.

- iii. ARO in HCW: MRSA is the only one to worry about. VRE, C.Diff, ESBL is not a risk. Low risk of infection, but risk of being a carrier. RP is very important. MRSA decolonization for staff available. Hands healthy and clean are very important.
- iv. Update from PHO: RICN is joining. JCYH is apart. Update the clean your hands. Partnering with the antimicrobial stewardship. Changing the website and core competencies to make them up to date.
- v. Notes to be put on the TPIC website.

## 6. Business Arising

- a. Introduce Current Executive-discuss vacant positions
  - i. Sharon- Treasurer
  - ii. Leanne/Joan- education
  - iii. Denise- President
  - iv. Janessa- Secretary
  - v. Teri- Web master
  - vi. ?- President elect (prepare end report, CHICA conference, chair meeting, book meeting)
- b. Nomination for CHICA-CEO member to serve on Scientific Committee for 2014 Conference in Halifax
  - i. Current member of CHICA
  - ii. Certified CIC
  - iii. 5 yrs exp
  - iv. Involvement with CHICA
  - v. Experience
  - vi. Time and personal commitment
    - 1. Eligible: Denise to be go-to person for eligible members. Contact her if you would like to serve on the committee. Time commitment?
    - 2. Myonne to send email to Janessa on the requirements and Janessa to distribute to members.
    - 3. Email to be attached to minutes- Janessa
- c. Planning 2012 meeting dates and locations
  - i. April 26<sup>th</sup> (Thursday)
  - ii. June 28<sup>th</sup>
  - iii. October 18<sup>th</sup>
    - 1. Locations: TBA. Janessa to send communication to all members on location request.

## 7. New Business

- a. Board of directors questioning on whether to change the name of CHICA. The scope has broadened so a new name is needed.
  - i. Any comments and suggestions to be sent to the board by mid March for discussion at the AGM.
  - ii. Logo also under discussion. Any suggestions?
  - iii. Denise: forward email to Janessa to distribute to members

8. Regional news- CE RICN update
  - a. No attending members from the RICN
9. Round table discussion- Networking
  - a. Isolation challenges
    - i. PPE with visitors (education and risk assessment. HH is very important). How to control visitors' touch of clean areas with PPE.
    - ii. Why isn't there more public education on infection control practices? E.g., entry to hospital, visiting the immune compromised.
    - iii. Isolation pkg
  - b. Denise- Standards and Guidelines Position statement. Topic: pt on isolation, stigma, family, education
  - c. Marilyn- Interest in info on VRE and MRSA. PIDAC is the good resource. Isolation, decolonization. Helpful to Google PIDAC Annex A.
  - d. Janessa interested in an Auditor Community Discussion. Interest in joining: Denise, Sonja (Peterborough), Marilyn, Sharon.
10. **Next Meeting:**
  - a. **Date:** April 26, 2012
  - b. **Location:** TBA
  - c. **Topics:**
    - i. CHICA reimbursement for President- Increase from the \$1000
    - ii. Education Request Form for chapter support
11. Adjournment