



HSE Health Protection  
Surveillance Centre



## MINUTES OF MEETING

Title of Meeting:	CPE Expert Group Meeting		
Purpose of Meeting:	Monthly meeting		
Location of Meeting:	HPSC		
Attendees:	<p><b>In person:</b>            Dr Karen Burns (KB), Consultant Clinical Microbiologist &amp; Honorary Clinical Senior Lecturer, RCSI. HSE-HPSC Representative            Professor Martin Cormican (MC), HSE HCAI/AMR Clinical Lead &amp; Director of the CPE Reference Lab (CPERL)            Dr. Rob Cunney (RC), Consultant Microbiologist, HSE-HPSC Representative            Aine Muldoon(AM), Surveillance Assistant, HSE-HPSC, Administrative Support to the CPE Expert Group            Marguerite Kelly (MK), RGN, MSc Nursing, MSc in Advanced Practice (Infection Disease, Prevention and Control)            Dr Fiona Kevitt (FK), Consultant Occupational Health Physician, Dr Steevens Hospital and Faculty of Occupational Medicine (FOM) representative            Alison Maguinness, Infection Prevention and Control Nurse Specialist, Infection Prevention &amp; Control Ireland (IPCI) representative            Bernie O'Reilly, Voluntary member of Patients For Patient Safety Ireland (PFPSI), and Patient Representative            Shane Keane (SHK), Principal Environmental Health Officer, Environmental            Dr Rachel Grainger (RG), Microbiology Higher Specialist Training Representative            Dr Margaret O'Sullivan (MOS), Consultant in Public Health Medicine, Faculty of Public Health Medicine RCPI Representative            Dr Kevin Kelleher (KK), Director HPSC &amp; Assistant National Director, Health &amp; Wellbeing: Public Health &amp; Childcare            Clodagh Cruise (CC), Surveillance Scientist, Naas General Hospital, SSAI representative</p> <p>Angela Tysall (AT), Lead in Open Disclosure, HSE Quality Improvement Division</p> <p><b>By telephone:</b>            Professor Hilary Humphreys (HH), Professor of Clinical Microbiology &amp; Consultant Microbiologist, Chairperson of CPE Expert Group            Mags Moran (MM), Community Infection Prevention &amp; Control Nurse Manager            Elaine Phelan (EP), Specialist Medical Scientist, Academy of Clinical Science and Laboratory Medicine Medical Scientist (ACSLM) Representative</p>		
Apologies:	<p>Professor Marc Bonten (MB), Head of the Department of Medical Microbiology, and head of the research group of Infectious Disease Epidemiology at the UMC Utrecht, The Netherlands, International expert representative            Colette Cowan (CC), Chief Executive Officer, University of Limerick Hospitals Group, Management representative            Dr David Hanlon (DH) General Practitioner Representative            Dr Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative Health            Dr Siobhan Kenneally (SK), Consultant Geriatrician, National Clinical Advisory Group Lead, Social Care Division &amp; Clinical Lead Integrated Care Programme for Older People</p>		
Date/Time of Meeting:	10.30am, Wednesday 5 <sup>th</sup> September 2018	Date/Time of Next Meeting:	10.30am, Wednesday, 7 <sup>th</sup> November 2018
Prepared by:	Aine Muldoon	Date Circulated:	7 <sup>th</sup> September 2018

Item No.		Action by
1	<p><b>Minutes from previous meeting</b></p> <p>The Chair welcomed all to the meeting and apologised for having to dial in.</p> <p><b>Minutes</b></p> <p>There were no proposed amendments to the minutes from the last meeting. Noted that TD would no longer be the patient representative and a replacement should be sought.</p> <p>KK is continuing to seek a public health contact in UK.</p>	
2	<p><b>Matters arising</b></p> <p>MC updated the Group on the CPE open disclosure and look back. It was agreed on by the Oversight Group and Hospital Group CEOs. The feasibility of the timeline of all letters being sent out on the 17<sup>th</sup> September 2018 will not be met by all hospitals as there is a wide variation in the number of letters which need to be sent out by hospitals.</p> <p>It will be the responsibility of hospital and general manager to ensure that letters are sent out to correct individuals. Each hospital will report back to the Acute Hospital Office, as a method of tracking the letters being sent.</p> <p>MC also commented that media coverage on the topic so far has been fair and raised the issue of CPE, as well as raising awareness among the public.</p> <p>KB raised the issue of CPE not being notifiable yet. It could be an item to be discussed at the next NPHET (no date set for next meeting).</p>	
3	<p><b>Review of draft guideline documents under review</b></p> <p><i>“Hospital Out-Patient and Day Care for People Colonised or Infected with Antimicrobial Resistant Organisms (AMRO) Including Carbapenemase Producing Enterobacterales (CPE)”</i></p> <p>MC noted suggestions made by the Group which included the addition of an appendix. Subject to these changes being made, the document was signed off by the Group.</p> <p><i>“Guidance Relating to Care of Patients Colonised or Infected with Antimicrobial Resistant Organisms Including Carbapenemase Producing Enterobacterales (CPE) FOR Healthcare Workers in the Community (non-residential settings)”</i></p> <p>The Group discussed the changes made to this document subject to these changes being made, the document was signed off by the Group.</p> <p><i>“Memo: To Consultant Microbiologists and Infectious Disease Physicians!”</i></p> <p>Did not have enough time to discuss this document.</p>	<p><b>The Group to contact MC directly with their suggestions/comments on this document.</b></p>
4	<p><b>Updates</b></p> <p>MC commented on NPHET not meeting since the 26<sup>th</sup> July, and has no</p>	

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	<p>further meetings scheduled. HSE Implementation Group meeting monthly, and continue to supply reports every two weeks. July the best month so far in relation to the increase in screening for CPE. Approval has been given for a number of medical scientist and clerical assistants. The posts of Medical Scientists will be allocated on 1 per 1000 CPE screenings. Three of the Hospital Groups know where they want to base the new roles, three of the Hospital Groups are still deciding and one of the Hospital Groups has yet to reply.</p> <p>KK updated that the papers regarding making CPE a notifiable disease are currently between the Department's and the Attorney General's solicitors. KK also suggested the development of three documents;</p> <ol style="list-style-type: none"> <li>1. Brief document asking what questions might be raised and how to deal with them.</li> <li>2. Guidance document for health care workers</li> <li>3. Document for the management of patients with CPE.</li> </ol>	
5	<p><b>Actions</b></p> <ol style="list-style-type: none"> <li>1. MC to put out memo 18<sup>th</sup> September.</li> <li>2. Meeting on the 26<sup>th</sup> September cancelled.</li> <li>3. Changes to both "Hospital Out-Patient and Day Care for People Colonised or Infected with Antimicrobial Resistant Organisms (AMRO) Including Carbapenemase Producing Enterobacterales (CPE)" and "Guidance Relating to Care of Patients Colonised or Infected with Antimicrobial Resistant Organisms Including Carbapenemase Producing Enterobacterales (CPE) FOR Healthcare Workers in the Community (non-residential settings)" agreed on.</li> </ol>	
6	<p><b>AOB</b></p> <p>The next meeting will be held on <b>Wednesday, 7<sup>th</sup> November 2018 10.30am.</b></p>	