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:	**In person:** Professor Martin Cormican (MC), HSE HCAI/AMR Clinical Lead & Director of the CPE Reference Lab (CPERL) Dr. Rob Cunney (RC), Consultant Microbiologist, HSE-HPSC Representative Tracey Dineen (TD), Patient Representative Prof. Hilary Humphreys (HH), Professor of Clinical Microbiology & Consultant Microbiologist, Chairperson of CPE Expert Group Shane Keane (SHK), Principal Environmental Health Officer, Environmental Health Dr. Kevin Kelleher (KK), Director HPSC & Assistant National Director, Health & Wellbeing: Public Health & Childcare Anita Kelly (AK), Surveillance Assistant, HSE-HPSC, Administrative Support to the CPE Expert Group Dr. Siobhan Kenneally (SK), Consultant Geriatrician, National Clinical Advisory Group Lead, Social Care Division & Clinical Lead Integrated Care Programme for Older People Dr Fiona Kevitt (FK), Consultant Occupational Health Physician, Dr Steevens Hospital and Faculty of Occupational Medicine (FOM) representative Audrey Lambourn, Client Director HCAI/AMR Clinical Programme, National Communications Division, HSE Alison McGuinness, Infection Prevention and Control Nurse, Infection Prevention & Control Ireland (IPCI) representative Joanne O'Gorman, Consultant Clinical Microbiologist. HSE-HPSC Representative Bernie O'Reilly, Voluntary member of Patients For Patient Safety Ireland (PFPSI), and Patient Representative Elaine Phelan (EP), Specialist Medical Scientist, Academy of Clinical Science and Laboratory Medicine Medical Scientist (ACSLM) Representative **By telephone:** Dr David Hanlon (DH) General Practitioner Representative Dr. Margaret O'Sullivan (MOS), Consultant in Public Health Medicine, Faculty of Public Health Medicine RCPI Representative		
Apologies:	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 Dr. Karen Burns (KB), Consultant Clinical Microbiologist & Honorary Clinical Senior Lecturer, RCSI. HSE-HPSC Representative Colette Cowan (CC), Chief Executive Officer, University of Limerick Hospitals Group, Management representative Clodagh Cruise (CC), Surveillance Scientist, Naas General Hospital, SSAI representative Dr. Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative Dr Catherine Fleming (CF) Consultant in Infectious Disease, ISDI Representative Dr. Rachel Grainger (RG), Microbiology Higher Specialist Training Representative Mags Moran (MM), Community Infection Prevention & Control Nurse Manager Dr. Jacinta Mulroe (JM), Specialist Registrar in Public Health Medicine, HPSC		
Date/Time of Meeting:	10.30am, Wednesday 9th May 2018	Date/Time of Next Meeting:	10.30am, Wednesday, 6th June 2018
Prepared by:	Anita Kelly	Date Circulated:	21st May 2018

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1	**Minutes from previous meeting** The Chair welcomed all to the meeting. He advised the Group that Joanne O'Gorman had been invited to attend the Group meetings, and introductions were made. Audrey Lambourn had been invited to attend this meeting to give the group an update on plans for communications around HCAI AMR including dissemination of advice from the Expert Group. The Group was asked if any attendee had a conflict of interest to declare. No conflicts of interest were declared. **Minutes** There were no proposed amendments to the minutes from the last meeting. An outstanding action around the investigation of a platform for sharing documents was discussed and it was agreed that a document sharing platform would not add any benefits to the current process of collating feedback from members on draft guidelines.	
2	**Matters arising** It was agreed that draft guidelines would be circulated in pdf format in future to ensure that all feedback is received on the feedback template provided. The Group was also advised that specialists in the Group whose work was pertinent to a particular guideline would have first look at the initial draft and provide their feedback, in order to provide a more comprehensive document to the wider Group. It was suggested that guidelines already published by Public Health England/Scotland could be used as a starting point in many cases so as not to re-invent the wheel each time. KK advised that he would be meeting Public Health England and would discuss this further, including referencing and acknowledgment. The role of AL in the communication of information to the wider system was described. In relation to communication with the acute hospitals and community operation respectively, the HCAI/AMR team advise on content of messages to accompany documents and recommends them for dissemination to the ND Acute Hospitals and ND Community Operations. This is to conform to the governance and accountability framework of the HSE within which the HCAI AMR team operates. Documents are place on websites (HPSC and/or hcai.ie) to ensure that they are accessible. The importance of information reaching grassroots, especially IPCNs in hospitals and in the community, after governance sign-off was discussed. Guidelines for developing content for the target audience were discussed. AL advised that she would provide information developed to guide staff in how to communicate clearly. AL also offered to look at documents	**Draft guidelines to be circulated in pdf format to ensure all feedback is on the feedback template.** **First drafts of guideline documents to be reviewed by certain Group members prior to circulation to the wider Group.** **KK to speak with Public Health England about document sharing.** **AL to provide link to "communicate clearly" guidelines.**

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	prepared by the Group and provide guidance.	
3	**Review of draft guideline documents under review** *"Discussing healthcare associated infections (HCAI) and specific antimicrobial resistant organisms (AMROs) with patients who may have acquired a HCAI or been colonised with an AMRO"* It was noted that the title has been changed to reflect open communication rather than open disclosure. It was pointed out that one of the major issues outstanding in this guideline is where a patient has left hospital before being identified as a contact, and how to communicate to that person that they are a CPE contact? If there is a reference to the person as a contact in their hospital file, it was agreed that they need to be told this. The Group agreed that an appropriate letter should be sent to the patient, ideally within 7-10 days of their identification as a CPE contact, and copied to their GP. The letter should provide as much information as possible to the patient and should provide a contact for the patient to contact and speak to. It was agreed that this responsibility should remain with the hospital, but the patient's GP must be informed as there are some circumstances where the GP may be asked for support. The Group agreed that the document required some fine-tuning but the principles of the document were satisfactory. The Group agreed that every patient should be provided with information on CPE when entering the hospital. MC provided a draft of a "contact alert card" that could be given to contacts. This draft card will be circulated with the next iteration of the draft guideline. *"Provisional Guidance relating to CPE for Long-Term Care Facilities (Residential Non Acute Care Settings)"* The Group discussed this document, as major changes had been made to it since the last meeting. The conversation centred on whether the document should be limited to older people in long-term care facilities, or whether this document should include people with disabilities in what are deemed social care settings. It was noted that disability LTCF are very varied and it would be difficult to address all settings in one document. It was agreed that the document should be explicit in addressing long-term "healthcare" settings versus long-term "social care" settings. A separate document may be considered for managing HCAI AMR risks, including CPE, in social care settings. It was thought that L402 should be changed to "Testing staff for CPE is generally not necessary except in exceptional circumstances", L121 should be split into two separate points, and L296 should refer to the fact that other residents sometimes inadvertently hear and know about another person's CPE and this needs to be acknowledged.	**MC to send an updated version of this document to AK for circulation to the Group with a view to sign-off.** **AK to circulate the contact alert card with the revised draft guideline for comment from the Group.** **MC to send an updated version of this document to AK for circulation to the Group with a view to sign-off.**

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	The next guidelines for review It was suggested that the following documents should be reviewed next: • Provisional guidance for GPs • Outpatient day care settings • Healthcare workers with CPE KK will put these suggestions forward to the NPHET meeting on 10th May.	**KK to revert on the next guideline documents to be reviewed by the Group.**
4	**Updates** The Group discussed the fact that screening levels for CPE remain inadequate at present and resources locally are urgently needed to manage CPE as a national priority. Time is of the essence to prevent even further spread. It was noted that there is significant work happening on the ground around hand hygiene and antimicrobial stewardship, but it is critical that resources are found as the laboratories/acute hospitals are under huge pressure. The Chair agreed to liaise with KK after the NPHET meeting over the provision of resources and to consider if there was value in writing again to the DOH on this issue.	
	Actions MC to send revised versions of both draft guidelines noted above to AK for circulation to the Group in pdf format. Should the Group be in agreement, these guidelines will be signed-off in advance of the next Group meeting. KK to revert after NPHET meeting on which guidelines to be reviewed by the Group next. These can then be circulated in advance of the next meeting. HH to liaise with KK over the provision of resources after the NPHET meeting and possibly to write again to the DOH prior to the next Group meeting.	
5	**AOB** The next meeting will be held on **Wednesday, 6th June at 10.30 am.**	