



## MINUTES OF MEETING

HSE Health Protection Surveillance Centre

Title of Meeting:	CPE Expert Group		
Purpose of Meeting:	Refer to Agenda		
Location of Meeting:	HPSC		
Attendees:	<p><b>In person:</b></p> <p>Cathy Barrett Boyce (CBB), Infection Prevention &amp; Control Nurse, IPCI representative            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)            Clodagh Cruise (CC), Surveillance Scientist, Naas General Hospital, SSAI representative            Dr Rob Cunney (RC), Consultant Microbiologist, HSE-HPSC Representative            Tracey Dineen (TD), Patient Representative            Dr Jerome Fennell (JF), Consultant Microbiologist, ISCM Representative            Dr Rachel Grainger (RG), Microbiology Higher Specialist Training Representative            Prof Hilary Humphreys (HH), Prof of Clinical Microbiology &amp; Consultant Microbiologist, Chairperson of CPE Expert Group            Dr Kevin Kelleher (KK), Director HPSC &amp; Assistant National Director, Health &amp; Wellbeing: Public Health &amp; Childcare            Anita Kelly (AK), Surveillance Assistant, HSE-HPSC, Administrative Support to the CPE Expert Group            Dr Fiona Kevitt, Consultant Occupational Health Physician, Dr Steevens Hospital, and Faculty of Occupational Medicine (FOM) Representative            Mags Moran (MM), Community Infection Prevention &amp; Control Nurse Manager, IPC Ireland Community Representative            Dr Jacinta Mulroe (JM), Specialist Registrar in Public Health Medicine, HPSC            Bernie O'Reilly, Voluntary member of Patients For Patient Safety Ireland (PFPSI), and Patient Representative            Dr Margaret O'Sullivan (MOS), Consultant in Public Health Medicine, Faculty of Public Health Medicine RCPI Representative</p> <p><b>By telephone:</b></p> <p>Dr Catherine Fleming (CF), Consultant in Infectious Disease, ISDI Representative            Dr Siobhan Kenneally (SK), Consultant Geriatrician, National Clinical Advisory Group Lead, Social Care Division &amp; Clinical Lead Integrated Care Programme for Older People            Dr David O'Hanlon (DH), General Practitioner Representative            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            Shane Keane (SHK), Principal Environmental Health Officer, Environmental Health</p>		
Date/Time of Meeting:	Wednesday, 7 <sup>th</sup> February 2018, 11.30am, HPSC offices	Date/Time of Next Meeting:	Thursday, 29 <sup>th</sup> March 2018, 10am, HPSC offices
Prepared by:	Anita Kelly	Date Circulated:	27 <sup>th</sup> March 2018

Item No.		Action by
1	<p><b>Introductions</b></p> <p>As there were a number of new members to the Group, introductions were made. The Chair (HH) welcomed all to the Group.</p> <p><b>Minutes from previous meeting</b></p> <p>There were no proposed amendments to the minutes.</p>	
2	<p><b>Matters arising</b></p> <p>It was proposed to set an agenda for the coming year, with regular updates on the status of each document being circulated.</p> <p>AK is still researching a platform for sharing documents (Yammer).</p>	<p><b>A list of documents in circulation and their status to be sent out with the agenda in advance of each meeting. AK</b></p> <p><b>AK researching a platform for sharing documents.</b></p>
3	<p><b>Discussion of screening document reviewed by the group</b></p> <p><i>“Requirements for screening of patients for CPE in the acute hospital sector” Version 3.0</i></p> <p>This document was reviewed by the Group and discussed at the meeting in January. A final version was presented. It was agreed to include a footnote to provide clarity on the process for screening when a patient is discharged from an acute hospital and returning to their home/LTCF where they have not received the all-clear for CPE.</p> <p>The date for implementation also needs to be changed in the document from February 1st.</p> <p>It was agreed that the above amendments would be made, and if satisfactory, the document would be signed-off before the next meeting.</p>	<p><b>MC to implement changes to the screening document and return to AK for final circulation.</b></p> <p><b>HH to sign-off on the screening document when the Group has deemed final changes satisfactory.</b></p>
4	<p><b>Discussion of interventions document reviewed by the group</b></p> <p><i>“Provisional guidance relating to CPE interventions for control of transmission of CPE in the acute hospital sector” Version 3.0</i></p> <p>A discussion took place around whether to include, partially include, or append the outbreak control checklist to this document. It was noted that the checklist was a comprehensive document, whereas the interventions document referred to “key considerations” in an outbreak situation. It was agreed there was more work required on this document. Comments from the Group to be received by AK by <u>Wednesday, 14<sup>th</sup> February</u>, and</p>	<p><b>Group and MC to review the current document and then FK will review from an Occupational Health point of view. If no significant changes, HH to sign-off prior to the next meeting.</b></p>

Item No.		Action by
	<p>then MC will review. If there are no significant changes, this can be signed-off prior to the next meeting.</p> <p>In the interim, HH will work on rewording the two bullet points regarding novel disinfection systems on page 5 of the Outbreak Control Checklist. This will be returned directly to KB and MC.</p>	<p><b>HH to reword the bullet points on Environmental hygiene around HPV and return to KB.</b></p>
5	<p><b>Discussion of Open Disclosure document reviewed by the group</b></p> <p><i>“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” Version 6.0</i></p> <p>The Group discussed the issue of how to communicate best with patients who have left the hospital and who need to be advised of their CPE colonised/infected status. It was agreed that this needs to be done transparently and sensitively.</p> <p>Further discussion was held around the naming of the document as “open disclosure” or whether it should be renamed as a communication strategy document. There was some concern that “open disclosure” might imply that the acquisition of CPE always resulted in a breach of care, which is not the case.</p> <p>The broad focus of this document was also questioned. Should the focus be narrowed to CPE first, and then a broader policy could be written on HCAI?</p> <p>It was agreed that significant further work and review are required for this policy, and that the patient’s perspective is crucial in getting this right.</p> <p>Feedback to AK, who will collate and send to MC.</p>	<p><b>Group to review open disclosure document again and send feedback to AK, who will collate and send to MC.</b></p>
6	<p><b>Discussion of Transmission document reviewed by the group</b></p> <p><i>“Assessing evidence of transmission of CPE” Version 2.0</i></p> <p>The point was raised that it is not clear when transmission is considered associated with the hospital, and when it could have been acquired elsewhere. KB will take a further look at this document, circulate to the group for feedback, then to MC for final review and sign-off.</p>	<p><b>KB to review and circulate to the Group for feedback, then send to MC for final review, and sign-off by HH.</b></p>
7.	<p><b>Updates by MC and KK</b></p> <p>MC advised that, on average, there was a CPE case every day. The new screening directive for critical care, oncology, and haematology has been implemented and screening is taking place.</p>	

Item No.		Action by
	<p>The biggest challenge ahead is to get these policies implemented, which is going to require significant resources, especially regarding contact tracing, as this is critically important. It needs to be happening now. KK concurred with all of the above. The Group was advised of significant resource deficiencies in their various locations. It was also noted that there was a human cost as existing infection prevention and control staff were being significantly overworked and unable to keep going at the pace needed to keep the system working, which ultimately affects patient care.</p> <p>It was also deemed critically important that the legislation regarding the colonisation of CPE is updated as quickly as possible. HPSC to action the Case Definition.</p> <p>HH advised of a letter he has received from the Chief Medical Officer (CMO), which requested the Group to address CPE in the community and in long term care units as well as implementation issues. In his capacity as Chair of this Group, he will respond regarding these issues but also explain the requirement for immediate and substantial resources to be put in place to address urgently this real and profound public health emergency.</p>	<p><b>KB to action Case Definition. KK and NPHET to follow up on legislative piece. KK is currently writing weekly to DOH.</b></p> <p><b>HH will write to CMO.</b></p>
8.	<p><b>Actions required</b></p> <p>To review the existing documents in line with actions outlined above.</p> <p>To circulate a new document on provisional guidance for long-term care facilities.</p>	<p><b>New document for review on guidance for long-term care facilities. MC to send to AK for circulation.</b></p>
8.	<p><b>AOB</b></p> <p>On the conflict of interest forms, “clinical effectiveness unit” to be changed to “HPSC”. AK to correct on signed forms already submitted.</p> <p>Cathy Boyce Barrett is resigning as of today. Alison McGuinness will replace her on the CPE Expert Group. On behalf of the Group the Chair thanked and acknowledged Cathy’s significant work and input on this and other groups and bodies on hospital infection.</p> <p>The issue of confidentiality within the Group was discussed. HH advised that the Group’s objective is to maximise contributions, but common sense should apply with regard to discussions outside of the Group.</p> <p>The next meeting will be held on <b>Thursday 29<sup>th</sup> March</b>, at the earlier time of <b>10am</b>.</p>	<p><b>All Group members to return declaration of interest forms to AK asap.</b></p>