



**National Public Health Emergency Team
for Carbapenem-producing Enterobacteriaceae (CPE)**

Minutes of Meeting

Date	28 th February 2019 (Meeting 23)
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Dr Tony Holohan, CMO
Members in Attendance	Ms Brigid Doherty, Patient Representative Dr Kevin Kelleher, Director (acting), HSE Health Protection Surveillance Centre (HPSC) Professor Martin Cormican, HCAI National Clinical Lead (HSE) Dr Colm Henry, Chief Clinical Officer (CCO), (HSE) Ms Audrey Lambourn, Client Director HCAI/AMR Clinical Programme (HSE) Ms Margaret Brennan, Assistant National Director, Acute Operations (HSE)
Via teleconference	Prof Hilary Humphreys, Chair Expert Group on CPE and invitee to the meeting
Apologies	Ms Bernie O'Reilly, Patient Representative Mr Tom McGuinness, Emergency Management & National Ambulance Service, (HSE) Mr Paul Dunphy, Acute Hospitals Policy Division (DOH) Ms Sandra Walsh, Primary Care Division, (DOH) Dr Stephanie O'Keeffe, National Director, Strategic Planning and Transformation (HSE)
In attendance	Ms Rosarie Lynch, Head of Patient Safety Surveillance, National Patient Safety Office (NPSO); Ms Deirdre Hyland, Patient Safety Surveillance Unit, NPSO, (DOH) Ms Sarah Treleaven, Patient Safety Surveillance Unit, NPSO, (DOH)

1. Welcome

Apologies were noted.

2. Conflicts of Interests Declarations – pause for verbal declarations

No verbal conflicts were declared.

3. Minutes from Previous Meeting (*for adoption*)

Minutes from the previous meeting were taken as accepted with one minor wording amendment.

4. Status update

a. HSE update

It was noted that the DOH had received and welcomed the *HSE Antimicrobial Resistance, Infection Control (AMRIC) Summary Report for 2018 and Implementation Plan 2019-2020* received on 27th Feb. The DOH will consider its contents and revert as needed.

The CCO advised and the NPHET welcomed that the HSE Oversight Group had expanded its remit to encompass healthcare associated infections and antimicrobial resistance more generally.

It was noted that there have been low levels of invasive infections (as reported in HPSC monthly surveillance reports) and that this indicated that the period in which there was an opportunity to contain CPE remained. It was noted that an increased level of colonisation is linked with increased invasive infection rates. There are a number of hospitals which have successfully controlled outbreaks of CPE.



Expert Group update

It was noted that work was underway by the HSE to ascertain the experiences and learning of hospitals who have been successful in meeting the challenges posed by their outbreaks and how this should inform practice.

MC noted that in some instances hospitals were reporting that the implementation of the guidance and some reporting requirements were creating operational challenges and that the Expert Group was in the process of evaluating its guidance given this feedback. It was noted that operational challenges may be unavoidable in some instances, but that the guidance would be evaluated to ensure that operational impact was minimised and that the implementation of the guidance was as simple as possible for front line staff to implement. Reporting burdens were also noted

The continued need for expert guidance and advice was discussed.

The next steps for the Expert Group were discussed.

Action 64: The HSE and Chair of the Expert Group would consider the continued needs and developments and that they would revert to the group with a proposal for an alternative governance structure for the Expert Group.

HPSC Report

The group welcomed the most recent HPSC CPE surveillance report covering data for December 2018. It was welcomed that this report now includes a full year's worth of data.

The wide variation in screening between hospital groups was noted. It was noted that some variation may be associated with hospitals managing outbreaks having higher levels of screening. It was also stated that comparing a hospital to itself over periods of time may give the best indication as to screening activity levels due to differences in casemix and services across sites.

The developments in molecular screening were discussed and the need for further exploration and possible guidance development in the future was noted.

A data gap with respect to Mater Misericordiae University Hospital (MMUH) was noted.

Action 65: HSE to seek update on the MMUH data gap and provide assurance to DOH and AMRIC Team on completion of data submission.

HSE Implementation Team Report

Implementation Team Reports received since the last NPHE meeting were noted. It was noted that the Reports have transitioned to *Monthly Report on Carbapenemase Producing Enterobacterales (CPE) for the Minister for Health*.

Action 66: The HSE to explore methodology for the following additions noted below. The HSE to consider these for future development and possible inclusion in the *Monthly Report on Carbapenemase Producing Enterobacterales (CPE) for the Minister for Health*:

- the number of isolates from diagnostic samples and the number of isolates from screening samples retrospectively and updated each month thereafter
- information on bed days lost as a result of CPE - possibly initially from sentinel/pilot sites



There was discussion on the usefulness of information designed to report or quantify the risk to a patient admitted to an HSE hospital and if it is possible to demonstrate how that risk changes as measures to control CPE are introduced

The issue of competing patient safety priorities was discussed briefly in outbreak situations. It was noted that the operational line of the hospital should be relied upon in these instances. The national AMRIC Team and regional directors of public health can provide expert support if called upon. The need for IPC advice including public health and AMRIC Team input as appropriate was acknowledged.

DOH update

The funding allocation for 2019 was discussed. DOH confirmed that funding will be available for 2019 priorities. A letter confirming the that full year 2019 costs of the priorities agreed in 2018 is due to issue.

Action 67: DOH to provide 2019 funding clarity when available.

Action 68: HSE to submit business cases and prioritisation of 2019 funding requests. DOH and HSE will continue to engage on this.

5. Communications

A Lambourn noted the HSE's hand hygiene current campaign on the radio and via Safefood.

An article on CPE in the Medical Independent is anticipated in the coming weeks.

Press releases on the Hand Hygiene and RESIST programme starting in pilot sites.

The RESIST newsletter was welcomed as a recent development in the HSE communications strategy.

6. AOB

It was noted and welcomed that significant progress had been made since the beginning of the public health emergency.

The role of enhanced surveillance has proved fundamental in guiding priorities and ensuring understanding of the CPE situation within the healthcare service. This has enabled an evidenced based approach. Increased intelligence regarding the current system had informed the recent Memo for Government and has allowed for the HSE and DOH to articulate the effects of the measures put in place and the value for money achieved by targeted and increased resources.



Table of Actions

	Action	Responsible	Date assigned	Due Date	Status
1.	Full membership of HSE officials on the NPHEH will be considered. A full list of NPHEH HSE members will be sent by the DG, HSE to the CMO.	J Connaghan	02/11/17	10/11/17	Complete
2.	DoH will seek nomination from Patient Focus for NPHEH.	K Mac Lellan	02/11/17	8/11/17	Complete
3.	HSE will identify a nomination from Patients for Patient Safety or other appropriate patient group.	P Lynch	02/11/17	8/11/17	Complete
4.	DoH to provide HSE with proposed outline of membership of the Expert Group.	K Mac Lellan	02/11/17	03/11/17	Complete
5.	The HSE will propose the full terms of reference and membership and chair for the expert group to the NPHEH for their approval.	K Kelleher	02/11/17	10/11/17	Complete
6.	Department of Health to consider adding CPE colonisation to list of notifiable diseases.	Department of Health	02/11/17	08/11/17	Complete New action 14
7.	HSE to provide a report on the current quality and periodicity of CPE reporting including quantitative descriptions of surveillance and practices for referral of specimens to the CPE National Reference Laboratory, Galway.	K Kelleher	02/11/17	17/11/17	In progress Link to action 15
8.	HSE to provide a report on assessment of response requirements and capacity for various care setting.	S O'Keefe	02/11/17	10/11/17	Complete Link to actions 17 & 18
9.	HSE to provide a report on the status of implementation of the CPE Outbreak and Management Response Plan (National Taskforce for HCAI/AMR, March 2017).	K Kelleher	02/11/17	10/11/17	Complete Further information will be sought under a standing agenda item – <i>Update from the Implementation Team.</i>
10.	HSE to provide a report on the status and stage of implementation of national protocols in relation to the screening, surveillance and management of CPE. Protocols to be provided to the NPHEH.	S O'Keefe	02/11/17	17/11/17	Closed <i>Further updates will be sought from the Implementation Team</i>
11.	The HSE to confirm if this will be HSE HCAI Communications Manager.	S O'Keefe	02/11/17	06/11/17	Complete
12.	The HSE to confirm the nominee of the single point of contact to co-ordinate information from the HSE to the Department and NPHEH	K Kelleher	02/11/17	10/11/17	Complete
13.	Progress establishment of the Expert Group	K Kelleher	09/11/17	30/11/17	Complete First meeting scheduled for 04/12/17



	Action	Responsible	Date assigned	Due Date	Status
14.	Adding CPE colonisation to notifiable disease list. HPSC and DOH engagement required regarding the necessary rationale documentation to progress legislative change.	DOH	09/11/17	18/12/2018	Closed
15.	Quantify gaps in surveillance system with a view to prioritised business case in line with <i>AMR Action Plan 2017-2020</i> Strategic intervention 2.2	M Cormican	09/11/17	21/11/2017	Closed Progressing under Action 56
16.	HSE to provide DOH with details of CPE related KPIs for inclusion in the 2018 Service Plan	M Cormican	09/11/17	14/11/17	Complete
17.	HSE to prepare a draft template to collect information from Hospital Group (Chief Executives) and CHOs (Chief Officers) regarding their infection prevention and control governance arrangements mapped against the HSE national best practice standard.	M Cormican	09/11/17	14/11/17	Complete Link to action 18
18.	Infection prevention and control governance arrangements information gathering process complete (linked to Action 17)	M Cormican	09/11/17	30/11/17	Complete
19.	Provide feedback on report on the status of implementation of the CPE Outbreak and Management Response Plan	DOH	09/11/17	14/11/17	Complete. Link to Action 20
20.	HSE requested that DOH and Dr Anne Sheahan to meet to review DOH feedback on Action 9 draft report and prioritise the key updates required by NPHET in relation to action 9.	S O'Keeffe	16/11/2017	21/11/2017	Complete Link to actions 9 & 19
21.	DOH to consider legislative change regarding the mandate of all laboratories to send potential isolates of notifiable diseases to reference laboratories where they exist.	DOH	16/11/2017	TBD	Closed For consideration under administrative directive and ongoing work on public health structures
22.	HSE will provide a proposed implementation team structure and establishment timeline.	J Connaghan	16/11/2017	21/11/2017	Merged with Action 23 Draft 1 provided on 21/11/2017
23.	HSE to provide planned governance arrangements regarding mandate for reporting and assurance requirements.	J Connaghan	16/11/2017	21/11/2017	Complete.
24.	NPHET members are to consider questions they would like posed to the Expert group for agreement at Meeting 5 on 30/11/2017.	NPHET members	23/11/2017	28/11/2017	Complete



	Action	Responsible	Date assigned	Due Date	Status
25.	HSE to draft a paper with considerations for the primary care context by 06/12/2017.	K Kelleher	23/11/2017	06/12/2017	Draft report received, DOH provided feedback. Content for further consideration by HSE and Primary Care Unit.
26.	HSE to provide proposed response from HSE on immediate actions to respond to patients currently at risk by 05/12/2017. Response in relation governance, screening, future implications and molecular testing to be provided on a prioritised basis.	K Kelleher	30/11/2017	05/12/2017	Closed Linked to Actions 41, 42,46 & 46
27.	DOH to prepare a situational update report template. Draft due for discussion at the next meeting on 07 December.	DOH	30/11/2017	07/12/2017	Complete
28.	HSE to provide operational response to assessment of Infection Prevention and Control and Antimicrobial Resistance Governance arrangements	J Connaghan	07/12/2017	12/12/2017	Merged with Action 26
29.	K Kelleher to provide list of Expert Group members to DOH	K Kelleher	21/12/2017	02/01/2018	Closed
30.	HSE to issue correspondence by 22 December 2017 (Copy of correspondence to be provided to the DOH) to hospitals to mandate CPE screening requirements and requesting an early confirmation of implementation of screening in critical care areas and hematology and transplant wards.	J Connaghan/ K Kelleher	21/12/2017	22/12/2017	Closed New Action 31
31.	HSE to provide status report on implementation of screening in critical care areas and hematology and transplant wards across hospitals by 09 January.	J Connaghan/ M Cormican	04/01/2018	09/01/2018	Closed Linked to Action 30.
32.	HSE check if a CPE outbreak has been notified from the Private Hospital Sector by 09 January.	K Kelleher	04/01/2018	09/01/2018	Closed
33.	DOH will issue correspondence to the NTPF to confirm that all of the services that are acquired for treating patients by the NTPF are adhering to the current CPE requirements by 09 January.	DOH	04/01/2018	09/01/2018	Closed
34.	DOH will issue correspondence to the Private Hospitals Associate updating them on the work of NPHE by 09 January.	DOH	04/01/2018	09/01/2018	Closed
35.	HSE and DOH to hold a meeting to discuss the wider communications plan regarding CPE by 31 January 2018.	A Lambourn	04/01/2018	31/01/2018	Closed
36.	The HSE to document and provide the information governance process regarding the mandate for requests for information from HSE management and the sign off	P Lynch	11/01/2018	23/01/2018	Closed New Action 44



	Action	Responsible	Date assigned	Due Date	Status
	process at Hospital Group, hospital and CHOs level for submission by 23 January 2018.				
37.	DOH will issue correspondence to the Chair of the Expert Group in regards to the prioritisation of HSE documents for Expert Group review and to request they consider the best process for implementation of the guidance documents.	DOH	25/01/2018	01/02/2018	Complete
38.	HSE will submit an updated list of Expert Group members to NPHE.	K Kelleher	08/02/2018	20/08/2018	Closed
39.	HSE and DOH to discuss the format, items to be reported on and the purpose the Implementation Team Report.	M Cormican	08/02/2018	19/02/2018	Closed Developing the report format to be an iterative process.
40.	DOH to provide feedback on Action 15 document submitted.	DOH	08/02/2018	16/02/2018	Closed Link to Action 15
41.	HSE to submit the job descriptions for the three national implementation team posts early next week	S O'Keeffe	08/02/2018	15/02/2018	Closed Link to Action 26, 42 & 43
42.	HSE to provide the full list of posts to be considered in the prioritisation process to the DOH by mid-next week	S O'Keeffe	08/02/2018	15/02/2018	Closed Link to Action 26, 41, 43, 52 & 54
43.	DOH and HSE will meet to discuss this list of posts and their prioritisation mid-next week.	S O'Keeffe	08/02/2018	15/02/2018	Closed Link to Action 26, 41 & 42
44.	HSE is to explore, progress and provide evidence for the reprioritisation efforts within the HSE 2018 resourcing.	S O'Keeffe	08/02/2018	29/03/2018	Closed
45.	HSE and DOH to meet to discuss the queries provided as part of this feedback on Action 36 and the corresponding available information.	P Lynch	08/02/2018	16/02/2018	Closed Link to Action 36
46.	HSE to provide updated governance arrangements, including the operational responsibility, as part of updated Terms of Reference for the Implementation Team.	J Connaghan	22/02/2018	28/02/2018	Complete
47.	DOH and HSE to meet on 28 February to discuss business case submission and governance arrangements.	DOH/HSE	22/02/2018	28/02/2018	Closed



	Action	Responsible	Date assigned	Due Date	Status
48.	HSE to consider the planning of capital spend in relation to meeting HCAs and AMR requirements in the context of the National Development Plan.	HSE Implementation Team	22/02/2018	TBD	In progress, Revert to HSE Implementation Team Linked to Action 56
49.	HSE to examine and follow up with regard to the data gaps of meropenem data and those hospitals that did not provide the monthly CPE returns.	HSE Implementation Team	15/03/2018	29/03/2018	In progress, Revert to HSE Implementation Team for follow up
50.	HSE to examine how a feedback loop could be created to ensure that those hospitals are aware of the guidance as to the appropriate accommodation for known CPE patients and the framework to be utilised where decisions may need to be made when an <i>en suite</i> single room / suitable accommodation is not available.	S O'Keeffe/M Cormican	15/03/2018	12/04/2018	Closed Linked to new Action 53
51.	HSE to provide an overview of the situation in four hospitals: Tallaght Hospital, Naas General Hospital, University Hospital Limerick and University Hospital Waterford to include the hospital's management of CPE; what has worked well; challenges and the direct impact of CPE.	M Cormican	12/04/2018	10/05/2018	Complete
52.	DOH to provide feedback on document outlining the full list of posts to be considered in the prioritisation process	DOH	12/04/2018	19/04/2018	Closed
53.	HSE to develop a standardised prioritisation pro-forma for patient flow management to support the guidance as to the appropriate accommodation for known CPE patients.	M Cormican	12/04/2018	TBD	Closed
54.	The HSE will provide a further prioritisation of posts, aligned to available DOH funding, by 27/04/2018 for immediate consideration by the DOH.	J Connaghan	26/04/2018	27/04/2018	Complete
55.	HSE to review considerations for further resource allocation by the HSE for CPE in 2018 and engage with the Department of Health National HR and Finance Units as appropriate.	J Connaghan	26/04/2018	18/04/2018	Complete
56.	HSE to provide an evidence-based document, for discussion and agreement, outlining the 3-5 year programme of work identifying required actions, capital, surveillance information systems and resource planning to tackle antimicrobial resistance in line with the three-year National Action Plan on Anti-microbial	J Connaghan	26/04/2018	30/06/2018	Complete Link to Action 48



	Action	Responsible	Date assigned	Due Date	Status
	Resistance (iNAP) to inform the 2019 and beyond estimates process. Due by 30/06/2018 (end Q2).				
57.	HSE to issue correspondence to remind clinicians that communicating with current patients prior to discharge who have been identified as 'CPE Contacts' is important and necessary and a matter of good practice.	C Henry	10/05/2018		Closed Being progressed via the Expert Group Guidance and Communications Plan
58.	DOH and HSE representatives to arrange a meeting for next week to discuss the HSE cost estimates submission and wider funding considerations.	DOH	10/05/2018		Closed
59.	The role of the Chief Clinical Officer in the context of the governance arrangements for the Expert Group to be considered further at subsequent NPHET meetings.	NPHET	14/06/2018		Complete
60.	HSE to explore alternative methods of sourcing meropenem data and provide an update to NPHET by 28 th June.	K Kelleher/M Cormican	14/06/2018	28/06/2018	Complete
61.	HSE and DOH to schedule a meeting to discuss how best to progress work on 3-5 programme of work plan by 22 nd June 2018.	DOH/HSE	14/06/2018	22/06/2018	Complete
62.	HSE to advise of the appropriate NPHET member to assign as the responsible person to any actions where J Connaghan identified as the responsible person.	C Henry / M Cormican	26/07/2018	02/08/2018	Closed
63.	The CMO and CCO to hold a meeting in January to consider the transition of the management of CPE back to normal operations.	T Holohan/ C Henry	21/12/2018		Complete
64.	The HSE and Chair of the Expert Group would consider the continued needs and developments and that they would revert to the group with a proposal for an alternative governance structure for the Expert Group.	CCO/M Cormican/H Humphreys	28/02/2019	11/04/2019	
65.	HSE to seek update on the MMUH data gap and provide assurance to DOH and AMRIC Team on completion of data submission.	M Brennan	28/02/2019	7/03/2019	
66.	The HSE to explore methodology for the additions noted. The HSE to consider these for future development and possible inclusion in the <i>Monthly Report on Carbapenemase Producing Enterobacterales (CPE) for the Minister for Health</i>	M Cormican	28/02/2019		
67.	DOH to provide 2019 funding clarity when available.	DOH	28/02/2019	11/04/2019	



	Action	Responsible	Date assigned	Due Date	Status
68.	HSE to submit business cases and prioritisation of 2019 funding requests. DOH and HSE will continue to engage on this.	M Cormican/ DOH	28/02/2019	31/03/2019	