

# UHIP Governance Committee Meeting

## March 20, 2018

**Attendees:** Jeanmarie Mayer, Kristin Dascomb, Cherie Frame, Linda Egbert, Gregg Reed, Lindsay Snodgrass, Amanda Smith, Maureen Vowels, Brian Hathaway, Allyn Nakashima, Melissa Dimond, Carrie Taylor, Josh Kline, Brianna Hatch, Wayne Kinsey, Carolyn Reese, Adi Gundlapalli, Alessandro Rossi, Mark Fisher, and Lisa Evans

**Action Items Highlighted in Yellow**

Agenda Item	Resp. Person	Notes and Follow up Actions
Welcome and Introductions	Dr. Mayer	Welcome and introductions were made on phone and in the room. Meeting minutes from December 12, 2017 meeting were approved and accepted.
Antibiotic Stewardship & Verigene Stool Panel Study	Dr. Hathaway	Overview of the Nanosphere Verigene system on interventions made with patients who have (+) cultures. Based on a PCR (Polymerase Chain Reaction) testing. The report was prepared for hospital leadership. A retrospective analysis was done three months pre- and post- implementation (six months total), only (+) results were reviewed. The projected results were that we would see primarily use in the outpatient setting and that norovirus would be the most common pathogen and the common reason for de-escalation of antibiotics. Results were not what were expected. There were 32 patients with (+) results with a ratio of 2:1 Inpatient:Outpatient. There was one intervention pre-implementation, and 14 interventions post-implementation. The three interventions used were adding and stopping of antibiotics, along with not starting antibiotics at all. Norovirus was the most common pathogen. The impacts of the test were six decreased length of stay, six decreased risk of <i>C. diff</i> and three that may have prevented admission.
SPIRIT Communications Project	Dr. Mayer	Project proposes to recruit four sending facilities and the major health care systems along with five to six larger health care systems with LTC as the receiving facilities. UDOH employee would go on site to identify patients that had been transferred out the previous week, and to what facility they were transferred. They would collect a limited amount of information without any personal health information. UDOH would then contact the receiving facilities front line nurse, who is taking care of the patient, to do a brief survey with their verbal consent to tease out what was understood from the transport. Those facilities would need an administrator to support it, send out an informational letter and a verbal consent form. <b>Will send supporting documents via email to the group.</b> Still in need of sending facilities. Sending facilities will be required once a month to pull a list of patients transferred out of the facility and facilitating the chart view by the UDOH; they will be compensated for this.
Antimicrobial Resistance Prevention Activities: CRE Point Prevalence Survey	Ms. Snodgrass	The Intermountain contract has been approved, but are still waiting on the approval of the ARUP contract. Once the ARUP approval is received, Randon will work with Heidi at ARUP to set up the web portal system. This process cannot be started until approval has been received. The plan is to do a beta test on a few patients at the U/U cardiovascular ICU, which will allow us to test the process, patient scripts, collecting the specimens, filling out the data collection form and using the study ID labels. After the beta test at the U/U is completed, a beta test at Promise hospital will be conducted to further help identify any problems with the flow of the samples. Scripts have been provided that will be used when speaking with patients. A facility procedure that details step by step what we will be doing when we get to the facility to collect samples has been created. We also have the data collection form that will be used. Funding is approved through July of this year, so we would like to start moving forward as soon as possible.
Antimicrobial Resistance Prevention Activities: Carbapenem resistant	Ms. Smith	Four on-site investigations have been completed for both outbreaks and tier 1 organisms. We investigated an <i>Acinetobacter</i> outbreak in UT county, and SL county, a pan resistant <i>Acinetobacter</i> in Davis county, along with an investigation in SW on a pan-resistant <i>Klebsiella</i> . The SW investigation visited Dixie dialysis center where she received

organism investigation process & recent findings		<p>dialysis 3x/week, Dixie Regional where she went for ED and acute care, and Gold Cross Ambulance who transports her and Bella Terra the LTC facility.</p> <p>Primary goal of the investigations is containment. In the future, for general outbreak and tier 1 organisms, the investigation activities will be:</p> <ol style="list-style-type: none"> <li>1. An initial conference call with the state, the LHD and all facilities that are providing care for the patient.</li> <li>2. We will request to come in and do facilities visit. At each facility we are most interested in doing a 3+ month lab look back and 3 month perspective surveillance.</li> </ol> <p>Additional activities that are only be as needed will be contact screening, and environmental screening.</p>
CIC® status of Utah’s Infection Preventionists	Ms. Egbert	<p>As of December 2015, there were only 20 CIC certified in Utah. Upon completion of the March 2016 course, there were an additional 15 CIC certified of the 32 participants, five were from the health department, eight from hospitals, and two LTACs. Upon completion of the September 2017 course, there were an additional three CIC certified of the 35 participants, all three were from hospitals. As of March 2018, there is a total of 38 CIC certified infection preventionists in Utah, of which 26 were affiliated with hospitals, seven with health departments and five from other facilities (retired, LTAC, consulting).</p>
Overview of Utah’s 2017-2018 Influenza Season	Mr. Reed	<p>Influenza like illness has been elevated for the past 16 weeks and remains elevated. From early December to recently, nearly all states were at widespread distribution of influenza activity. Utah is now at of regional distribution of influenza activity.</p> <p>There have been over 1,900 confirmed hospitalized cases in Utah, and over 710,000 nationally, and one confirmed pediatric influenza mortality. The predominate strain is now influenza B, previously was A:H3. Vaccination effectiveness is about 42% for influenza B, 25% for A:H3, and overall is 36%.</p> <p>In response to the severe flu season, we were selected to work with an EIS officer, medical interns and other epidemiologists to address influenza severity by creating a disease burden pyramid. Influenza data from the past several seasons will be reviewed and used to address early indicators of severity.</p>
Other Items & Future Meeting Topics	Dr. Mayer	<p>Next meeting date is Tuesday, June 19, 2018, 3:00 – 4:00 at the State Capitol in the Olmstead Room.</p>
<b>Consent Agenda Items</b>		<b>Notes and Follow up Actions</b>
Facilities’ capacity for All Hazards & Special Pathogens		<p>Utah's designated Ebola Assessment Hospitals completed all program performance measure activity regarding Ebola, and have moved on to planning more broadly for other high-consequence pathogens. This includes expending the remaining funds, and conducting ongoing training and testing of systems implemented during the Ebola response.</p> <p>Intermountain Emergency Preparedness Unit continues to build appropriate staffing model for biocontainment unit, and will be seeking verification and confirmation of capability from the National Ebola Training and Education Center (NETEC) in late summer or fall 2018.</p>
Frontline Facility Assessments		<p>Frontline facility assessments have been provided for 50 acute care hospitals, 38 dialysis centers, 103 skilled nursing facilities, and three outpatient facilities. Common findings include the need for facilities to provide trainings and evaluate competency for basic infection prevention practices, e.g., hand hygiene, personal protective use, and cleaning and disinfection.</p>

NHSN AUR Module utilization by Utah hospitals	<p>Thirty facilities are participating in the AU module, representing 61% of Utah's acute care hospitals that are registered with NHSN.</p> <p>Eight facilities are participating in the AR module, representing 16% of Utah's acute care hospitals that are registered with NHSN.</p>
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