

UHIP Governance Committee Meeting

June 19, 2018

Attendees: Randall Probst, Caroline Reese, Amanda Smith, Allyn Nakashima, Mimi Ujiie, Carrie Taylor, Cherie Frame, Mark Fisher, Melissa Dimond, Rhonda Hensley, Jeannie Mayer, Randon Gruninger, Robyn Atkinson, Danene Price, Maureen Vowles, Linda Egbert, Arlen Jarrett, Russel Connolly, Kristin Dascomb, Wayne Kinsey, Brianna Hatch, Patty Watkins and Claudia Ihm

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 March 20, 2018 minutes were tabled for next meeting, as members have not received them.
Proposed CMS changes to NHSN	Dr. Nakashima	<p>There are four programs that are covered in the proposed rule, all of which relate to the associated measures and the payment structure that goes with them. In the past, the only place that facilities would have to enter the data is NHSN. Previously, the IQR program had requirements about getting them submitted that could affect the APUs (annual payment updates). But as long as the requirements of reporting were met (made it by due date, sufficient # of cases, etc.), there was no penalty. HAIs came under this.</p> <p>Two other programs: the Value Based Purchasing (VBP) and the HAC Reduction (Hospital Acquired Condition Reduction Program) both have a financial penalty's associated with them. In the past, both have had HAIs attached to that. These two programs are calculated differently:</p> <ul style="list-style-type: none"> • Value Based Purchasing looks at achievement of goals and where you have come from. • HAC looks at the worst performing quartile nationally; those are the ones that get the penalty. <p>Last year in Utah, five hospitals received payment penalties under VBP, every one of them HAI was the tipping point. Six hospitals received payment penalties under HAC, five of the six were the same as VBP. The aim of CMS is instead of penalizing the hospital twice, they are separating the programs. HAIs will only effect payment in the HAC program. There will be no different in the reporting requirements for HAI. It is proposed to be done in FY19, October 2019.</p> <p>Comments:</p> <ul style="list-style-type: none"> • Want to verify/clarify the penalties <ul style="list-style-type: none"> ○ Surveillance definitions • What will the validation activities be • Don't want to suggest a change, just want clarification • HAC is a penalty for being in the bottom 25%, while VBP is an incentive. • Meaningfulness of measures • Information more meaningful - risk adjusting based on facility size and referrals and SES <p style="background-color: yellow;">Allyn, Jeannie and Kris will draft a memo with current comments/questions.</p>
Antimicrobial Resistance Prevention Activities: CRE Point Prevalence Survey Update	Mr. Gruninger	We have started collecting and testing specimens. Thus far, five facilities have been visited, with six more either scheduled or are in the process of being scheduled. In the five facilities, 69 people have agreed to the swab collection.

		<p>Results: 12 individuals have had at least one isolate sent to ARUP for testing, for a total of 19 tested isolates. Of the tested isolates: 10 were <i>Pseudomonas aeruginosa</i> (no susceptibility testing done), three <i>Klebsiella oxytoca</i> (all three found in one patient, and all showed resistance to carbapenems, but a carbapenem gene was not detected), one <i>Serratia marcescens</i>, one <i>Klebsiella pneumoniae</i>, one <i>Klebsiella/Enterobacter aerogenes</i>, and one <i>Enterobacter cloacae</i>. All of which showed no resistance to carbapenems.</p> <p>Could use more facilities to participate.</p>
Antimicrobial Resistance Prevention Activities: Situational awareness using reported <i>C. difficile</i> and CRO data	Dr. Smith and Ms. Vowles	<p>At this point, there is not much data with <i>C. diff</i>, but there is a lot of data regarding carbapenem-resistant organisms. 2016 and 2017 Antibigram example will be emailed, along with “Nightmare Bacteria in Utah” article.</p> <p>They would like to create a subgroup for situational awareness to discuss the best ways to provide situational awareness to facilities and providers, and to figure out the best way to convey the information to the public. If you are interested in this, email Amanda: amandarsmith@utah.gov. We would like one or two representatives from each of the major systems as well as a representative from and LTAC and LTC.</p>
Antimicrobial Resistance Prevention Activities: Public Health Role in Utah’s facilities’ Antibiotic Stewardship implementation	Mr. Gruninger	Tabled for next meeting.
Antimicrobial Resistance Prevention Activities: SPIRIT Grant Communication Study Update	Dr. Mayer	<p>IRB was amended to identify four sending facilities. The aim would be to get a cohort of patients that were sent out of the four facilities (the facilities would vary in size, role, and area within Utah), and gather both a group of control patients and patients with resistant organisms. Then review the signs, symptoms, MDRO status and how that information communicated between facilities.</p> <p>The health department would be on site at each of the facilities once a month. Health department employee would go on site once a month to identify patients that had been transferred out the previous week, and what facility they were transferred to, with the help of the local facility. Currently the U/U and Promise are participating, but we are looking for more facilities.</p> <p>If a facility has their own IRB, it would have to go through that system. If they do not have their own IRB, as long as it met with the privacy rules of the facility, we were covered.</p> <p>The health department would contact the IP manager of the receiving facilities to see if the patient is still at the facility. If they are, how was the information communicated and what precautions were taken. With verbal consent, a short 20 minute semi structured interview would be conducted to get a sense of what the general process is on how information is communicated out and what they see when a patient is coming in, along with any suggestions.</p>
Other Items	Dr. Mayer	We have lost our legislature representative. We are looking for a new legislature representative that can support HAI. The new representative will be at the next UHIP meeting.
Future Meeting Topics	Dr. Mayer	Next meeting date is Tuesday, September 18, 2018 3:00 – 4:00 at the State Capitol in the Olmstead Room.

