UHIP Governance Committee Meeting

September 18, 2018

Attendees: Jeannie Mayer, Arlen Jarrett, Cherie Frame, Molly Fahl, April Clements, Amanda Smith, Maureen Vowles, Rhonda Hensley, Linda Egbert, Sara Phillips, Randon Gruninger, Alessandro Rossi, Allyn Nakashima, Wayne Kinsey, Kristin Dascomb, Mark Fisher, Brieanna Hatch, 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 June 19, 2018 were approved and accepted.
HealthInsight activities: Long-term care certification course	Ms. Egbert	HealthInsight held the first round of the Long-term care Infection Control certification course. Invitations were sent out to primarily target long-term care healthcare workers, however, invitations were also sent to assisted living residential care facilities, critical access facilities, long-term acute care, and acute care facilities. There were 66 individuals who registered for the course held in Salt Lake City, and 27 individuals who registered for the course held in Ivins in Southwest Utah. Of those, there were 75 individuals who attended the course from both locations. Each participant received the Infection Control in Long-Term Care APIC book along with text books that were provided by the Utah Department of Health (UDOH) (Checklist for Infection Prevention volume I & II, Infection Preventionists Guide to Long-Term Care, Guide to the Elimination of MRSA in Long-Term Care, and Ready Reference for Microbes). HealthInsight is in the process of conducting their formal evaluation of the course. The general feedback that HealthInsight has received has been very positive. Participants liked that they could ask questions about their specific processes and receive feedback. Follow up resources have been sent out for both locations. The next course will be held towards the end of January and first of February. Comments: • It is important that participants attended the 101 course as the training is sequential and there have been online modules that participants will have been working on before the 102 course. • HealthInsight has received interest from home health to do a similar training geared towards them as they are involved with general catheter care and injection safety. This could be an idea for UDOH to include in their upcoming grant period to receive some funding to provide training for the home health setting.

CRE Point Prevalence Survey Update	Mr. Gruninger	UDOH ended up visiting 14 different healthcare facilities extending from Logan to St. George, which included 22 facility units. Within the Acute Care setting, we collected 53 perianal swabs in the intensive care units and 56 perianal swabs from the inpatient rehab units. In the Long-term Acute Care facilities, we collected 10 swabs from the high observation units and 27 swabs from the med/surg units. For skilled nursing facilities, we collected 6 swabs on patients who were receiving ventilated care, 8 swabs from the rehab units, and 25 swabs from the long term care units. We collected 185 total perianal swabs, which were sent to the Intermountain Infectious Diseases Laboratory or UPHL for an initial CRE screening. To do so, the swabs were plated onto a CRE CHRO Magar plate, and any unique colonies that grew on this agar were isolated and sent to ARUP for bacterial identification. All organisms that were identified as belonging to the Enterobacteriaceae family were tested for susceptibility against carbapenem drugs. If an organism was identified as a non- Enterobacteriaceae no further testing was done.
		
		RESULTS:
		• 48 isolates were sent to ARUP from the screening phase at Intermountain or UPHL for further testing
		  ○ 29 of the 48 isolates were identified as non-Enterobacteriaceae and no further testing was performed.
		  ○ 19 of the 48 isolates were identified as Enterobacteriaceae.

		• All 19 Enterobacteriaceae isolates had susceptibility testing done:
		    ○ 9 isolates were SUSCEPTIBLE or INTERMEDIATE to all carbapenem drugs tested
		        ▪ 2 of the 9 isolates were intermediate
		    ○ 10 isolates were RESISTANT to at least one carbapenm drug (from 7 patients)
		
		All 10 resistant isolates were sent to the Utah Public Health Laboratory (UPHL) for genotypic testing done on the Cepheid, which targets the 5 most common carbapenemase genes (KPC, NDM, IMP, VIM, OXA-48). All 10 isolates were negative on the Cepheid.
		
		Non-Enterobacteriacea organisms identified:
		• *Pseudomonas aeruginosa* (n=26)
		• *Stenotrophomonas* species (n=2)
		• *Acinetobacter baumanii* (n=1)
		
		Enterobacteriaceae susceptible/intermediate organisms:
		• *Klebsiella pneumonia* (n=4)
		• *Enterobacter cloacae* (n=3)
		• *Klebsiella (Enterobacter) aerogenes* (n=1)
		• *Serratia marcescens* (n=1)
		
		Resistant Enterobacteriacea organisms (CRE)
		• *Klebsiella oxytoca* (n=3)
		• *Enterobacter cloacae* (n=3)
		• *Klebsiella pneumonia* (n=2)
		• *Hafnia alviei* (n=2)
		
		Comments: Phenotypic testing was not performed on any of the isolates. It was requested that UPHL go back and perform the phenotypic test mCIM on each of the 10 resistant isolates to look for carbapenemase genes not covered by the Cepheid. Furthermore, there has been some indication of the KPC gene being present in carbapenem intermediate isolates. As such, it was requested that UPHL also perform the mCIM test on the 2 isolates that were intermediate.
		
		Action Items:
		• UPHL has all 10 resistant isolates and will perform the mCIM test on each.
		• Mr. Gruninger will request the 2 intermediate isolates be sent to UPHL for the mCIM test to be done on those isolates.

SPIRIT Communication Study Update	Dr. Mayer	Utah is one of the 11 academic epicenters that the CDC works with. One of the projects from this was to evaluate the communication that occurs across facilities as patients are transferred back and forth. We had one large facility, one LTAC facility, and one small rehab facility participate as sending facilities for this project. With this, we are getting a better idea at how many transfers occur each week as well as the percentage of those patients that have a resistant organism. It was also decided that we would evaluate the communication that occurred when a patient has an infectious condition. We are still in the process of collecting information and conducting surveys. UDOH is surveying infection control managers and case managers on what their perceptions are on their processes, what and how they communicate to facilities, and what the gaps and issues are when they receive patients with an MDRO or infectious condition. A common finding has been confusion among sites as to what constitutes an MDRO, who to put in isolation, do definitions differ across sites, and how long to consider a patient infectious. In long term care settings, it is difficult for them to care for these patients with the same level of isolation that would be used in the acute care setting. At the end of this study, it is suggested that we come together as a group to make some standard recommendations that could be used across facilities and look at the transfer form to identify

		criteria that could be added or what other communications strategies are being used.
Carbapenemase Producing Acinetobacter Outbreak Investigation	Dr. Smith	This update is to emphasize what services the UDOH HAI program can offer to a facility during an outbreak situation. As an example, we will outline a recent carbapenem-resistant Acinetobacter outbreak in southwest Utah. An important aspect of this investigation is that all the Acintetobacter organisms in this outbreak had an OXA-23 carbapenemase gene, which was identified at UPHL using Whole Genome Sequencing. In working with the facility, UDOH was able to collect colonization screening on 147 samples from various sites. Skin samples were collected from each patient, sputum samples were collected from vented patients, oropharyngeal swabs were collected from non-ventilated patients, and wound cultures were collected on patients with active wounds. Environmental cultures were also collected in this investigation. In collaboration with UPHL and our partners at the ARLN Regional lab in Texas, UDOH can help conduct colonization screening and environmental sampling in an outbreak scenario. In addition to screening, we work with the facility to conduct an ICAR assessment to identify gaps in infection control and provide recommendations on how to strengthen their infection control. We are also working on strengthening community relationships among healthcare facilities that are sharing patients.
Antimicrobial Resistance Prevention Activities: Public Health Role in Utah's facilities' Antibiotic Stewardship implementation	Ms. Vowles	At the HAI grantees meeting in March, the CDC approached our program in regards to the role of public health in implementing antibiotic stewardship activities. Across the country, state health departments have provided feedback that they been struggling with understanding their role and not stepping on medical or academic partner's toes in implementing activities. The CDC felt with the amount of expertise we have in Utah regarding antibiotic stewardship we could be a model and great resource for other states to follow. We have quite a few ideas of how public health can be involved in these activities such as analyzing Medicaid data to better understand prescribing habits across the state, develop materials for providers in the long-term care setting as they are struggling with stewardship implementation, and developing public education material surrounding antibiotic stewardship. We wanted to bring this discussion to UHIP as we are preparing for the upcoming competitive grant cycle to identify strategies and projects geared towards this initiative. Whether it is in the long-term care setting, or targeting outpatient clinics, or developing public resources, I think it is important that we come together to brainstorm ideas.
Formation of Information Dissemination Sub-group (topics to consider CRE control, facility communication gaps, antibiotic stewardship	Dr. Mayer	With the information presented on the CRE point prevalence survey, the SPIRIT communication study, and antibiotic stewardship, we would like to create a subcommittee to push these discussions forward. It was decided that there would be one subcommittee, and the meeting would last approximately 1 ½ hours. Forty-five minutes would be devoted towards addressing developing a standardized definition of MDROs and developing standardized isolation guidelines, and the other 45 minutes would be devoted to discussing antibiotic stewardship and activities the HAI program can request in the upcoming competitive grant cycle. You can send the contacts of those that would be interested from your facility or healthcare system in participating in this subgroup to Molly Fahl: mmackenzie-fahl@utah.gov.
Other Items Future Meeting Topics	Dr. Mayer	Next meeting date is Tuesday, December 11, 2018 3:00 – 4:00 at the State Capitol in the Olmstead Room.