

## Utah Healthcare Infection Prevention Governance Committee (UHIP)

Provide leadership and direction for healthcareassociated infection prevention and reporting activities in Utah.

## **MINUTES**

Olmsted Room, Senate Office Building, Capitol Complex DATE: December 10, 2019 TIME: 3:00-4:30 pm

Call in Number: 1 (877) 820-7831, New Pass code: 273600#

Attendees: Dr. Jeanie Mayer, Dr. Allyn Nakashima, April Clements, Kelli Scott, Maureen Vowles, Dr. Alessandro Rossi, Patricia Watkins, Sharon Sumner, Kerry Taylor, Sara Phillips, Linda Egbert, Cherie Frame, Dr. Andrew Pavia, Dr. Mark Fisher, Randon Gruninger, Carrie Taylor, Devin Beard, Adrianne Butler

Date	Time/Activity	Speaker	Action/Follow-up/Person Responsible	Due Date
Initiated		-		
Standing 3:00-3:05	Welcome & introductions	Dr. Mayer	New staff member at the Utah Department of Health     HAI/AR Intern Devin Beard	
Standing 3:05-3:10	Last meeting's minutes review & approval	Dr. Mayer	<ul> <li>9/10/2019 Minutes: Approved-Linda Egbert moved, Dr. Amanda Smith second</li> </ul>	12/10/19
12/10/19 3:10-3:40	<ul> <li>HAI Program Coordinator</li> <li>Update         <ul> <li>Water Management</li> <li>Consult Update/tools</li> </ul> </li> </ul>	Ms. Scott	<ul> <li>October 22<sup>nd</sup> &amp; 23<sup>rd</sup>, Dr. Matthew Stuckey and Dr. Matthew Arduino, water management experts from the CDC visited four hospitals in Utah. They provided several resources, provided professional insight and answered questions pertaining to the facilities current water management plans.</li> <li>Common needs and findings:         <ul> <li>Facilities would like clearer guidelines during a water borne outbreak.</li> </ul> </li> </ul>	
			<ul> <li>There is a need for guidance on fixture replacement (shower heads, faucets, etc.). Would be helpful to</li> </ul>	

		<ul> <li>gain financial support from administration to facilitate these replacements.</li> <li>In the case of sampling and finding Legionella or other water organisms, guidance on when to stop testing.</li> <li>CDC's Division of Healthcare Quality Promotion (DHQP) is working on guidelines to be published for facilities to use as a resource in testing and outbreak situations.</li> <li>Review of draft water management tools (if you would like to see these tools and were not present, please contact me for a draft copy kfscott@utah.gov).</li> <li>Please see the attached copy of a poster presentation from the Matthews.</li> <li>Helpful article on water management plans on the CDC website called from Plumbing to Patients. https://www.cdc.gov/hai/prevent/environment/water.ht ml (or Google: CDC from plumbing to patients)</li> </ul>
• Feedback on HAI Program Managers meeting	Dr. Smith	<ul> <li>Requested funds across the ELC grant were cut&gt; 2X what was requested.</li> <li>Updated antibiotic resistance threat report came out 11/13/2019. Carbapenem and multi-drug resistant acinetobacter and candida auris were moved to the urgent threat list.</li> <li>CRE when introduced to a single facility without any intervention, the prevalence in the community 5 years later is 13%; this drops to 8% when infection control practices are implemented; this further drops to ~1% when a coordinated multi-facility regional containment strategy is implemented.</li> <li>New and emerging challenges: <ul> <li>Non-tuberculous mycobacteria (NTMs) are the leading cause of mortality due to water related infections</li> </ul> </li> </ul>

<ul> <li>Intersection of environment and healthcare is a much larger focus; Sinks for example as a risk of infection – focus is on reducing/eliminating transmission rather than sterilizing the sink that will become recolonized within a 24 hour period</li> <li>Assessment of risks and focusing on preventing transmission to pateints</li> <li>Current responses:         <ul> <li>Past 3 years in the USA:</li> <li>Tested over 57,000 CRE and CRPA isolates.</li> <li>Identified over 12,000 Carbapenemase producing organisms.</li> <li>CDC seeing more outpatient setting transmissions so this is on the radar for future guidance. HAI/AR program will be looking at outpatient settings more.</li> <li>CDC has seen a significant increase in New Delhi metallo-beta-lactamase (NDM) producers in 2019.</li> <li>Jan-Jul of 2018 - 57% of non-KPC CP-CREs were NDM and for Jan-Jul of 2019 it has jumped to 71%.</li> </ul> </li> </ul>
<ul> <li>transmissions so this is on the radar for future guidance. HAI/AR program will be looking at outpatient settings more.</li> <li>CDC has seen a significant increase in New Delhi metallo-beta-lactamase (NDM) producers in 2019.</li> <li>Jan-Jul of 2018 - 57% of non-KPC CP-CREs were NDM and for Jan-Jul of 2019 it has jumped to 71%.</li> <li>CDC is working on a framework to shift from single facility containment to regional containment (&gt;1 facility in a transfer network).</li> <li>The focus will be on improving inter-facility communication and increasing active surveillance (admission, discharge, point prevalence surveys). Utah is not moving away from single facility containment, rather building the framework to support regional containment responses.</li> <li>Data driven prevention</li> </ul>
<ul> <li>Based on NHSN data from 2015-2018</li> <li>CAUTI down 19%</li> <li>CLABSI down 26%</li> <li>CDI down 29%</li> </ul>

		<ul> <li>MRSA down 16%</li> <li>CDC published their Antibiotic Resistance and Patient Safety Portal – a dashboard of NHSN state level data www.arpsp.cdc.gov</li> <li>Referral regions         <ul> <li>CDC is utilizing CMS data to identify groups of facilities that routinely share patients. Using data to identify which facilities are sending to the tertiary hospitals throughout the country.</li> <li>We have obtained Utah's specific data, analyzing it now and we plan to begin facilitating conversations between these groups to encourage discussion of regional containment plans.</li> </ul> </li> <li>Antibiotic stewardship         <ul> <li>Based on NHSN data in 2014 - 40.9% of facilities were reporting to meet all 7 core elements; this jumped to 84.8% in 2019; Utah reports 96% of facilities are meeting all 7 core elements.</li> <li>CDC has updated core elements:                 <ul> <li>See attached – Major changes include antibiotic "time-outs" are no longer recommended, but emphasis is shifted to pharmacist preapprovals.</li> </ul> </li> </ul> </li> </ul>
• IQVIA Data	Dr. Smith	<ul> <li>CDC has partnered with IQVIA (formerly IMS) to provide state specific reports of high volume antibiotic prescriber data. CDC has provided each state with a list of the top 10% by volume prescribers, by specialty (includes Pediatricians, Family Physicians, Internists, Nurse Practitioners, Physician Assistants, Dentists, and Emergency Medicine Physicians). The data is collected from retail pharmacies, so no inpatient prescribers are included on the list.</li> <li>The HAI team is working to design a project with Dr. Eddie Stenejhem with Intermountain and Dr. Adam Hersh with University of Utah to validate this dataset. We hope to</li> </ul>

12/10/19	Comagine – areas of focus/webinars	Ms. Egbert	<ul> <li>experiences, not to point fingers or publish but to learn from each other.</li> <li>See attached Comagine Updates.</li> <li>CMS focus will be on rural and small facilities; Critical</li> </ul>
	• Maximizing efficiency of the Governance Committee	Dr. Smith	<ul> <li>Discussions on how we can harness the expertise we have on this committee. We have great participation and a lot of valuable perspectives here. We asked what all of the attendees want to see out of this committee.</li> <li>We are proposing putting together a short survey to discover relevant agenda items or project ideas that we would like to cover in the next year.</li> <li>Participants agreed on the survey idea so we will begin developing this. We will try to target and structure work with broad goals in mind. Increase collaboration within facilities. Collaborative projects that are regional that may not be done on an individual basis. We need to share</li> </ul>
	• <i>Pseudomonas</i> testing	Dr. Smith	<ul> <li>utilize the data to assess appropriateness in relation to prescriber volume</li> <li>Once the data set is validated, we would like to design new, targeted interventions directed toward the outpatient setting</li> <li>CRPA         <ul> <li>CDC tested ~7000 CRPA isolates from ARLN labs and found that 1-3% are carbapenemase producers; CD analyzed these ~7,000 isolates and the following AST pattern would detect 90% of the carbapenemase producers and eliminate testing of 51% of non-carbapenemase producers; R to a carbapenem AND immediately/resistant to Ceftazidime or intermediate/Resistant to Cefepime</li> <li>UPHL will continue testing all pseudomonas that are sent to the lab</li> </ul> </li> </ul>

3:50-4:05 <b>bylaws for UHIP-GC</b> (ASTHO) has invited the states with significant rul Learning Community. The a new framework for run Framework for HAI/AR state's representative to updates to UHIP-GC on the state of	-2 of the key elements of Primary Care and Rural Health. ese critical access hospitals utilize ovide antibiotic stewardship – this
<ul> <li>Territorial Epidemiologi Caitlin Pedati, a pediatric Epidemiologist of the low be replacing Dr. Marion This subcommittee coord diseases to make reporta outbreak investigations.</li> <li>Our legislative liaison, Sl working to recruit a new She has identified Rep. S District 32 in Draper, Uta physician anesthesiologi and are hoping that she While we were talking al the need for our advisor and by-laws came up. Tl with our needs to better is and how we can better throughout the state. Th a draft for a charter and</li> </ul>	tee of the Council of State and ists (CSTE) has a new chair, Dr. cian who is the State wa Department of Health. She will Kainer who many of you know. rdinates states on issues like what able and recommendations for heila Walsh-McDonald, has been v legislative advocate for UHIP-GC. Suzanne Harrison, Democrat from ah as a possibility. She is a ist. We have sent her an invitation

			meetings. An example of the Vaccine Advisory Committee's charter and bylaws is attached.
9/10/19 4:05-4:10	Update on action item: 3:35-3:40 - Proposed Utah Communicable Disease Rule reporting changes for CRE	Ms. Vowles	<ul> <li>We currently have three CRE genera reportable in UT - <i>Klebsiella</i> spp., <i>E. coli</i> and <i>Enterobacter</i> spp.</li> <li>We reviewed in the last meeting adding other genera outside of the big three to the rule based on rationale of detecting increasing numbers of carbapenemase genes in other Enterobacteriaceae such as KPC in <i>Citrobacter</i> and IMP in <i>Providencia</i> in the state of Utah.</li> <li>Voting was positive and option three was chosen supporting the addition of CRE genera like <i>Serratia</i>, <i>Proteus, Morganella, Citrobacter</i> and <i>Providencia</i> to the rule.</li> <li>However, we added proposed changes at the end of last year (carbapenemase production in other Enterobacteriaceae) and this was under review at the time and approved with the new rule being effective Nov. 1, 2019. See attached Communicable Disease Rule update.</li> <li>CRE reporting will remain the big three for now and we will revisit next year when the rule opens up again for changes (Summer 2020).</li> <li>RSV is now reportable by facilities reporting electronically</li> <li>UPHL has the capacity so send your carbapenem-resistant <i>Proteuses, Citrobacters, Serratias, Providencias</i>, etc. and we can test them and R/O CP production.</li> <li>Bear in mind that for organisms like <i>Proteus, Providencia, Morganella</i> have intrinsic resistance to imipenem. Therefore, look at resistance to meropenem, doripenem, and ertapenem and only submit those organisms.</li> </ul>
12/10/19 4:10-4:20	UPHL/ARLN – Update on Mountain Region AR Lab one-on-one calls	Ms. Vowles	<ul> <li>Maureen Vowles is now the Mountain Region AL Lab Regional Lab Coordinator.</li> <li>August 1<sup>st</sup>, 2019, the Utah lab became the Antibiotic Resistance Network Lab for the Mountain Region – took over from Texas – Region includes AZ,CO,ID,MT,TX,NM,WY</li> </ul>

9/10/19 4:20-4:25	Update on UHIP subset meeting: Stakeholders meeting/ Hospital EPIs and Infection Control Managers	Dr. Mayer	<ul> <li>and of course UT</li> <li>Complex testing such as <i>Candida auris</i> colonization screening is currently being validated in Utah.</li> <li>Great opportunity for collaboration with surrounding states.</li> <li>During November 2019, we conducted 8 one-on-one calls with each of the jurisdictions and discussed capacity needs and to share experiences and expertise.</li> <li>Next July, there will be a combined AR Lab Network meeting in SLC with the western region.</li> <li>Discussion of utilizing molecular fingerprinting and having this capability – CDC is very supportive in outbreak situations and we should be able to turn this on.</li> <li>Suggested topics: <ul> <li>What MDROs do facilities initiate precautions for, and duration?</li> <li>How do facilities identify each of the MDROs?</li> <li>Expected PPE for each organism</li> <li>Signage used (possibly standardizing signage)</li> <li>Surveillance screening and implementation</li> </ul> </li> <li>We want to avoid "mission creep" with facilities by implementing standardization.</li> <li>This would be a subset of stakeholders to include: <ul> <li>Hospital Epidemiologists</li> <li>Infection Prevention Managers</li> <li>Antibiotic Stewardship Leaders</li> <li>UDOH/UPHL</li> <li>Pharmacists</li> </ul> </li> </ul>

Standing	Closing – Other Items,	Dr. Mayer	Next UHIP-GC meeting date is Tuesday March 17, 2020 3:00	
4:25-4:30	questions & Future Meeting		p.m. – 4:30 p.m. at the State Capitol in the Olmstead Room.	
	Topics/ Adjourn		Antibiotic Stewardship Grand Rounds – Host: Dr. Eddie	
			Stenejehem; Guest Speaker: Dr. Jason Newland, Professor of	
			Pediatrics, Washington University, St. Louis, Missouri. Time and	
			Location: January 8, 2020, 8:00-9:00 am, Primary Children's	
			Hospital, Eccles Outpatient Building, Kings Peak Room. Breakfast	
			provided.	