Utah Department of Health & Human Services

Meeting Minutes

Antimicrobial Stewardship
Utah Healthcare Infection Prevention
Governance Committee

Date: 04/20/2023

Attendees:
Alexandra Earl, Andy Pavia, Angela Weil, April Clements, Bea Jensen, Brittany Carver, Charisse Schenk, Devin Beard, Emily Spivak, Giulia De Vettori, James Bekker, Jeanmarie Mayer, Jeffery Rogers, Joshua Mongillo, Kristin Dascomb, Linda Rider, Michelle Vowles, Payal Patel, Sandra Forsyth, Tariq Mosleh, Zoey Bridges
Agenda Topics:
Introductions 12:00–12:05 Subcommittee Chair: Tariq Mosleh, Pharm D (Giulia De Vettori) Action Steps/Plan 12:05–12:30 Action Steps/Plan (Tariq Mosleh) Subcommittee Outcomes 12:30–12:45 Subcommittee Outcomes (Tariq Mosleh) Situational Awareness 12:45–1:00 Spotlight (Tariq/Giulia De Vettori) Convene
Discussion:

Introductions

- Tariq Mosleh, HAI/AR Pharmacist
  - Feedback and ideas are crucial to the success to this committee
  - Welcome to any new members attending for the first time to our committee
  - Thank you to everyone for attending

Action Steps/Plan

1. Updates on collaboration with antimicrobial stewardship experts to provide education
   a. We have arranged with Project ECHO to present targeted seminars - If you have any ideas for speakers, audiences, or topics of interest, please reach out to Tariq or Giulia
      - Our main goal is to expand antimicrobial stewardship through collaboration with healthcare facilities to create and implement robust antimicrobial stewardship programs and improve infection control practices throughout the state of Utah
        - HAI has started collaborating with the University of Utah through Project ECHO where we are going to invite AS experts to present and provide seminars or webinars

- If you have any topic ideas, speakers, or audience members that you think would benefit from attending, please reach out to Tariq or Giulia
- We plan to have our first Project ECHO session start in August

2. Encourage and support antimicrobial stewardship research collaboration
    a. Sharing ideas or data
        - Need assistance from this subcommittee for this
            - If there are others that you think would benefit by being involved in this meeting reach out to Tariq or Giulia
3. Anticipated NHSN reporting requirements in 2024. More information to come
    a. Did invite a member from CDC to speak and join our next meeting
        - She may come to the meeting with updates on NHSN reporting and requirements
4. Insurance/systematic related barriers to stewardship
    - We recognize that there are barriers regarding insurance
    a. Delay prior authorizations
        - Tariq is attending 618 meetings that mainly include insurance companies. They are looking to find solutions to decrease prior authorizations on certain antibiotics
    b. Patient responsibility
    c. Inability to dispense prescriptions at time of discharge
        - We try to encourage dispensing antibiotics on discharge for patients who need them to minimize the delay on receiving antibiotics
5. Ways to collect antimicrobial use in non-acute settings (e.g. Nursing facilities, dental offices, GP, urgent care, …)
    a. From our last two meetings, we have learned that our main focus should be on nursing homes (dental offices, general practitioner, urgent cares, etc.)
    b. Ensure antimicrobial therapy is continued as needed
        - Looking for ways to find ways to collect data from these settings
        - We have started working with some pharmacies directly that serve nursing homes and they are providing us with some of their data
        - It is taking some time due to finalizing agreements - hoping to get this approved in the near future
        - Started collaboration with Medicaid
            - Hoping to gain access to some antibiotic use data from this source as well

Subcommittee Outcomes

1. Implementing the CDC's seven core elements of Antimicrobial Stewardship
    a. Tariq is presenting at the CSTE conference in June
        i. If you are attending this conference in person, please feel free to stop by

2. Standardized policies focusing on AS
    a. Presentations
    b. Grand Rounds
    c. Hoping to have these available on the website
    d. Trying to reach out to some LTCFs and provide them with some one-on-one coaching about antibiotic stewardship
3. Accountability (quantify the information, qualitative OR quantitative)
    a. LTCF assessments
        i. HAI REDCap survey
            1. This is what will be presented in the CSTE conference
    b. Promote interventions and sharing practices
        i. We are doing some studies with community pharmacists to utilize community pharmacists to improve antimicrobial stewardship

Situational awareness

- **Spotlight**
    - Would like to take time in this meeting to spotlight anyone in these meetings who have anything positive that different individuals or teams have had in AS
        - Healthcare system updates
        - Recent publications
    - Feel free to prepare any highlights for the next meeting
    - Primary Children's
        - Working on discharge stewardship
        - Improving the accuracy of antibiotics on discharge where many errors are made
        - Opportunities to switch from IV to oral
        - Allergy delisting
            - More components of this are being put into place
        - Shortages
        - Bringing stewardship to children hospitals other than Primary Childrens
            - A long and ongoing saga of trying to get a contract in place
    - University of Utah
        - Started doing penicillin allergy de-labeling inpatient
        - Not currently doing it on everyone because of a lack of bandwidth
        - Working with pharmacy
        - On the admission med rec process, they have a structured penicillin allergy flowsheet (being filled out by pharmacy techs and interns)
        - The stewardship team gets a report and then they triage which patients to intervene on

        - Focus on delabeling no allergies, intolerances, family histories, and low risk allergies
        - Have done a few amoxicillin challenges but they have de-labeled in the last two months ~about a 100 or so
        - 62% of those are de-labeled so there is a lot of room for improvement
        - Created a BPA - came from Duke - that is now firing across their entire health system on any future encounter for patients that they have de-labeled
        - It is triggering off of their documentation and will advise people not to reenter the allergies unless there is something new that is happening because the team has gone through a rigorous process to de-label them
        - Emily presented this on Wednesday at P&T and their was overwhelming interest and trying to figure out how to roll this out across the whole health system, which is daunting, but probably going to start with piloting in a few clinics to target the ambulatory space as well
    - Andy pointed out that this is one of the tough issues to adjust the EMR so that it captures the results of the de-labeling efforts and doesn't repopulate with older inaccurate information that people have cloned
    - Emily mentioned they have to create an entire new data set
    - Andy also mentioned that they almost recruited a dually boarded pediatric critical care infectious disease physician that was interested in stewardship, but ended up going somewhere else
    - Angela mentioned that she is interested in the de-labeling because she is trying to figure out the best way for people who are outside of larger healthcare systems (like primary care or LTCF) that may not feel as comfortable, if there would be a way to help them through a protocol
        - If anyone has anything you have created and would be willing to share with us the process, we would love to see that
        - Emily said that she would be willing to share the U's (based on the IT component) as well as connect her with published toolkits and resources
    - Angela mentioned that the biggest concern is for the ones that may have some sort of penicillin challenge
        - In some areas, getting a referral to an allergist for that is somewhat of a barrier and she isn't aware if there is a protocol for determining who absolutely would need to do that in an allergist office who might be able to tolerate it in another setting
    - Emily mentioned that if we can link pharmacy databases by just looking at what is listed as the allergy and things like, "I get nauseated", "my sister is allergic", things that are not personal history, etc.

- Andy mentioned that there are some really good, well validated screening tools that can identify those very low risk people. Adam Hirsch has done a lot of work with those, he may be a good person to reach out to
- Andy also mentioned that the low-hanging fruit are the people who are very low risk of having a true allergy which represent depending on the study, 40-60% of all people are labeled and they don't need a challenge
- Andy also mentioned that Project ECHO is a good tool to bring awareness to primary care offices - he isn't the expert to do that, but thinks it would be a great tool

Convene

- Every eight weeks
  - 06/15/2023
- Minutes will be posted to the HAI website
  - https://epi.health.utah.gov/uhip-governance-minutes/

Next Meeting Discussion/Questions

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Next Meeting: March

In-meeting messages