

## Multi-Drug Resistant Organisms (MDRO)

Date: 05/04/2023

## Utah Healthcare Infection Prevention Governance Committee

### Attendees:

Ashley Miller, Bea Jensen, Charisse Schenk, Danene Price, Giulia De Vettori, Jacob Anderson, Janelle Kammerman, Dr. Jeanmarie Mayer, Jeff Rogers, Josh Mongillo, Dr. Kristin Dascomb, Linda Rider, Lisa Evans, Sandra Forsyth, Tariq Mosleh, Trina Keane

### Agenda Topics:

#### Introductions

12:00–12:05 Introductions

#### MDRO Control and Education Mission, Vision, and Goals

12:05–12:10 Brief Review of the mission and vision statement

#### Action Steps/Plan

12:10–12:40 Action Steps, Action plan updates, Project Firstline Resources, IPC Resource List

#### Situational Awareness

12:40–12:50 Current state of MDROs

#### Additional Questions/Discussion topics

12:50–1:00

#### Convene

### Discussion:

#### Introductions

- Chair: Elena Snelten, Lead IP at the VA, CIC.
  - May be joining late today, had a work emergency
- Additional representation

#### MDRO Control and Education Mission, Vision, and Goals

- Brief review the mission and vision statement
  - **Mission:** Protect the residents of Utah from multiple-drug resistant (MDRO) infections through prompt identification and response to MDRO outbreaks in coordination with education for various healthcare facility settings (LTACH, LTCF, Dialysis, Outpatient, Acute Care Hospitals).
  - **Vision:** The State of Utah will lead the national efforts to eliminate multidrug-resistant organism infections. Utah strives to reduce the amount of multidrug-resistant organisms in healthcare settings while also improving our detection and response.
  - **Goal:** Improve detection, response, and education of multidrug-resistant organisms (MDRO) through collaboration with healthcare facilities to create additional

educational opportunities, enhance awareness, address gaps and implement standardized MDRO focused infection prevention and control practices throughout the state of Utah.

- **UHIP-GC Purpose:** To provide leadership and direction for healthcare-associated infection prevention and reporting activities in Utah.

### Action Steps/Plan

- Review action plan and outcomes
  - Action items were included with agenda
  - Bring MDRO awareness to all healthcare settings
    - Dr. Mayer asked if we have a plan for this yet.
    - Josh brought up the Colorado HAN that emphasized the importance of screening. Would like to potentially create something like this moving forward.
  - Working on updating the Interfacility Transfer form. A small group is reviewing and making updates to it. We will share with the larger group going forward. Reviewed some of the changes being made.
    - Dr. Mayer asked who is making the final decision on the transfer form? We are working through it with Elena and HAI team and then will bring it to larger group for a review and additional changes before finalizing.
    - Dr. Mayer: There are different standards for ESBL. If there is an easy definition to apply we could do that. CRPA patients aren't put on precautions automatically, do we need to report that? Also pointed out immunizations and rashes.
    - Dr. Dascomb: immunizations are vague and only applicable some times of year. Rash is a little ambiguous, may cause concern when not necessary.
  - Build networking relationships
  - Provide education on Transmission Based Precautions
    - Dr. Mayer: Where are we at with this?
    - Giulia: This is an ongoing item, we would like to prepare this information with CNAs and Nursing schools. We are developing an IP resource list as the first project we are working on here.
    - Angela: We have some existing materials that we are distributing. MDRO guide includes 1 pagers that discuss MDROs and transmission based precautions. We are distributing this out to LTCF.
  - Understanding admission practices
    - Dr. Mayer: Do we have a plan for who to screen and where? Can we create a small group to discuss this more?
    - Josh: We are working mainly on C. auris and conducting admission screening. We have a monthly newsletter for Long-term care facilities.

- Dr. Mayer would like to see these newsletters that go out. Here's the archived list of newsletters: <https://epi.health.utah.gov/hai-ar-monthly-digest/> Dr. Mayer would like to have a small group with representation from LTCF to discuss who is reading the newsletter and how we can disseminate it better.
  - Dr. Mayer: Admission practices for screening. For CRAB and CRE, we look at those who came from an acute care hospital and v-SNF. For C. auris we are only looking at NV, hoping to open it up to more including the 8 states that have had cases. We aren't seeing a ton of patients that are seeing a direct transfer in.
  - Dr. Dascomb: having a hard time with people knowing the difference between LTACH, SNF and vSNF. Just going off of state to make it more clear to staff. Struggling to know how to do this education in a timely way without requiring a physician to have to figure out this information.
  - Dr. Mayer; Ashley Miller is looking at vSNFs and LTACHs, if it's a direct transfer she'll pick those up.
  - Ashley: We are just looking at UT for CRE and CRAs for admission screening.
- Disseminate MDRO guide to long term care settings. [https://epi.health.utah.gov/wp-content/uploads/Utah-healthcare-associated-infections-guide\\_MDRO.pdf](https://epi.health.utah.gov/wp-content/uploads/Utah-healthcare-associated-infections-guide_MDRO.pdf)
- Action plan updates
  - Increased compliance with transfer forms
  - Build a survey to assess admission, transfer, and discharge processes
  - Increase participation and engagement in this meeting
    - Outpatient groups (dialysis, SDS, dental practices)
  - Promote Infection Control Assessment and Response (ICAR) in healthcare settings
- Project Firstline Resources
  - Project Firstline is a CDC initiative to bring infection prevention training to frontline staff.
  - Basic infection prevention self-paced modules: <https://utah.publichealthcloud.com/www/lms2/training-library.aspx?trainingLibraryID=3>
  - Candida auris modules: <https://utah.publichealthcloud.com/www/lms2/training-library.aspx?trainingLibraryID=4>

- MDRO guide: [https://epi.health.utah.gov/wp-content/uploads/Utah-healthcare-associated-infections-guide\\_MDRO.pdf](https://epi.health.utah.gov/wp-content/uploads/Utah-healthcare-associated-infections-guide_MDRO.pdf) on DHHS MDRO website: <https://epi.health.utah.gov/mdro/>
- How can PFL help your IPC education? Fill out the content request survey if you have ideas or would like to discuss more: <https://redcap.link/pflcontent>
- IPC resource list (IPC program education and guidance)
  - Small group working on this list. Brittany Ames (DHHS) is helping to structure this list. Gathering resources for IPs. If you have any resources that you think would be especially useful, please let Giulia know and we can include these into the resources list.

## **Situational awareness**

### Current State of MDROs

- Endemic definition - met with CDC to get their feedback, work in progress
- C. auris - No in-state transmission so far. Encouraging the use of the transfer form and admission screening from hot spots to keep an eye on this situation.
  - Dr. Mayer: Do we know how many people are screened for C. auris at UPHL?
  - Giulia: Unsure, will ask.
  - Dr. Mayer: We have screened about 35-40 people. Have only had one positive case.
  - Dr. Dascomb: we do a lot of screening, but haven't had any additional positives.
  - Angela: Very few facilities are sending admission screening to UPHL. We are trying to encourage this and encourage testing. Hoping the new test through ARUP will be more accessible.
  - Dr. Mayer: If there was additional funding, it could be useful to have a modeling group assess risks and work with other states who have a problem with C. auris. How long are they colonized for? Do cultures, etc. Look into transfer patterns among facilities, does the state have access to that?
  - Angela: LTC would need to have some incentive due to time constraints. Even just doing the wastewater surveillance has been very challenging. The projects we have done, we haven't been able to provide financial incentives.
  - Dr. Mayer: If there is money for research staff, etc. would there be interest? Or do they just not want to know? It would be good to work together on this before a real issue comes up.
  - Linda: Collecting surveillance cultures is not popular. Many facilities don't really want to know what's going on. Reluctance in LTC and acute care for this. We need to solve this as a healthcare community problem. What are we going to do to protect our citizens? What would be the community status for culturing. We need to have a network analysis. We worked for a few years trying to get a group together from Southern Utah, but participation is hard to get.
  - Dr. Mayer: Agree, all partners have to be involved and onboard.

### **Additional Questions/Discussion Topics**

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**Convene**

Every eight weeks

- 06/29/2023

Minutes will be posted to the HAI website on Monday

- <https://epi.health.utah.gov/uhip-governance-minutes/>