

Multidrug-resistant organisms (MDRO) Utah Healthcare Infection Prevention Governance Committee

Date: 07/11/2024

Attendees:

Andrew Pavia, Angela Weil, Ashley Miller, Ashley Young, Bea Jensen, Chrissy Radloff, Elena Snelten, Janelle Kammerman, Jeanmarie Mayer, Justin Morales, Linda rider, Stephaine Williams, Tariq Mosleh, Zoey Bridges

Agenda Topics:

Introductions

1:00–1:05 Introductions

Action Steps/Plan

1:05–1:20 Review action plan and outcomes

Situational Awareness

DHHS resources:

HAI Digest for LTCFs

LTC CIC Support

APIC Utah Chapter Conference

Current state of MDROs

Additional Questions/Discussion Topics

1:50–2:00 Ways to increase attendance

Convene

Discussion:

Introductions

1:00–1:05 Introductions

- Subcommittee Chair: Elena Snelten
- HAI epidemiologist: Justin Morales is replacing Giulia De Vettori
- Additional representation
 - No updates
- Approve minutes - Dr. Mayer and Ashley Miller

Action Steps/Plan

1:05–1:20 Review action plan and outcomes

- Action plan updates
 - MDRO survey
 - Tariq: 43 responses so far, planning to close the responses by the end of this month. Last year we had a 50% response rate, this year we may be slightly behind last year's response rate.

- Goal of this survey is to identify any education gaps and utilize this survey to generate ideas of future projects for this committee
- IPC resource list (IPC program education and guidance)
 - [Virginia Infection Prevention Training Alliance](#): MDRO Resources

Situational Awareness

DHHS resources:

- [MDRO identification chart](#)
 - Angela: Simplistic tool, not meant to help clinicians with diagnosis. This tool is for a newer infection preventionist to be able to look at a culture result and see who might have an MDRO.
 - Color coded to assist with level of concern understanding.
 - Gram positive and Gram negative organisms are included.
 - Understanding differences in types of resistance
 - Dr. Mayer: ESBL is not suitable for *Pseudomonas* and *Acinetobacter*
 - Angela: We sometimes see those genes present. We could look at removing the ESBL and going straight to the CRAs.
 - This is a tool for IPs to help see the progression from “bad bug” to “really really bad bug”
 - Dr. Mayer: This isn’t quite accurate, for example a *Pseudomonas* can be resistant to just imipenem, but we don’t isolate for that.
 - Angela: The color coding is more of a way to help the IPs know that there may need to be more investigation, not so much to diagnose or have this be an end all be all.
 - Dr. Pavia mentioned the new definition for difficult to treat *Pseudomonas*.
 - Consider making just one orange category.
 - An issue we run up against the audience doesn’t normally have a lot of context when they see different antibiotics. When they look at the culture results, they look at how many antibiotics they have resistance against, the second page of this document is to help them have a better grasp on the antibiotic resistance to be aware of.
 - Dr. Pavia: suggests listing ones most commonly tested.
 - Decision to remove ESBLs from the inapplicable categories.
 - The main point of this chart is to clue IPs into when they should dig a little deeper.
 - Ashley Miller: this chart is helpful for newer team members who don’t have a lot of background with bacteria or MDROs. Zoey Bridges agrees that they have received a lot of positive feedback.
 - Dr. Pavia: easier to teach it by classes
 - This is not a diagnostic standard, this is just a resource for those who don’t have a good grasp on MDROs
 - If you have ideas on how to simplify this chart, please reach out to Angela (aweil@utah.gov)
 - Add language around “more difficult to treat” and that this isn’t an all encompassing chart.

- [Comagine resources page](#) on DHHS website
 - Includes all material created by Comagine team for LTC IPs during grant contract period of 2022-2024
- DHHS website updates
 - CDC links have changed causing many of the links to be broken. We are actively working on updating those. Thanks for your patience.
- DHHS Grand Rounds
 - [June 27, 2024 recording](#) is now available.
 - A QR code to sign up for the next grand rounds in November is included with the recording.

[HAI Digest for LTCFs](#)

- Email HAI@utah.gov to be added to the email list.
- Moving to quarterly cadence

LTC CIC Support

- The HAI team is providing 44 self study seats for any IP working in LTC who would like to take the LTC-CIP exam.
- Spots open through early December 2024.
- Sign up through this [google form](#), or email HAI@utah.gov

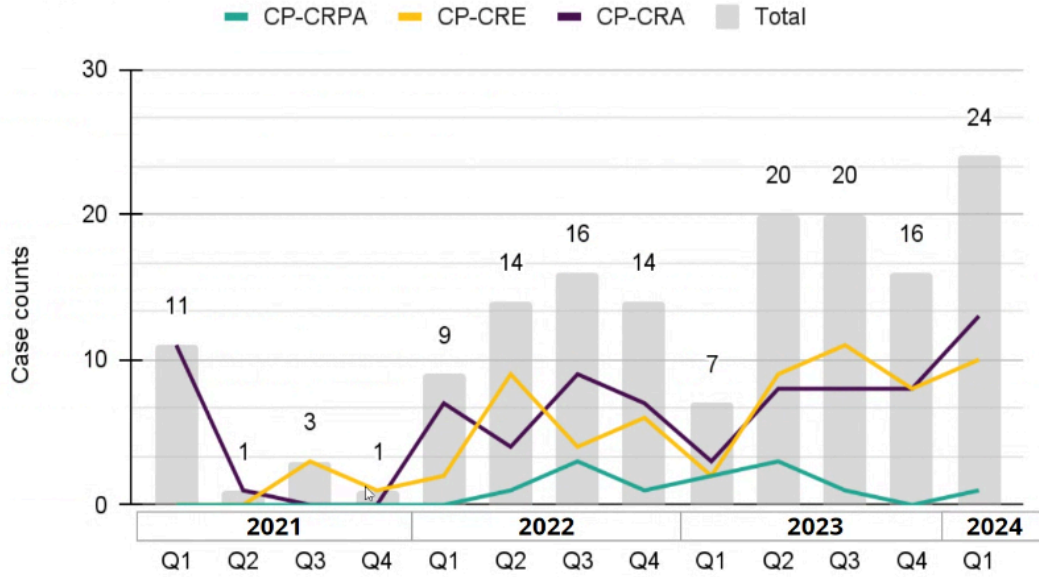
APIC Utah Chapter Conference

- Annual conference will be on Oct. 10. Registration is now open
 - This year there will also be a virtual option
 - You don't have to be an APIC member to attend the conference.
 - Will be held at the Thanksgiving Point Garden Room
 - This is the same place as last year.
 - Elena suggested having better signage since some people had issues finding it last year. Bea is on the committee and will take that info back to the committee.

Current state of MDROs

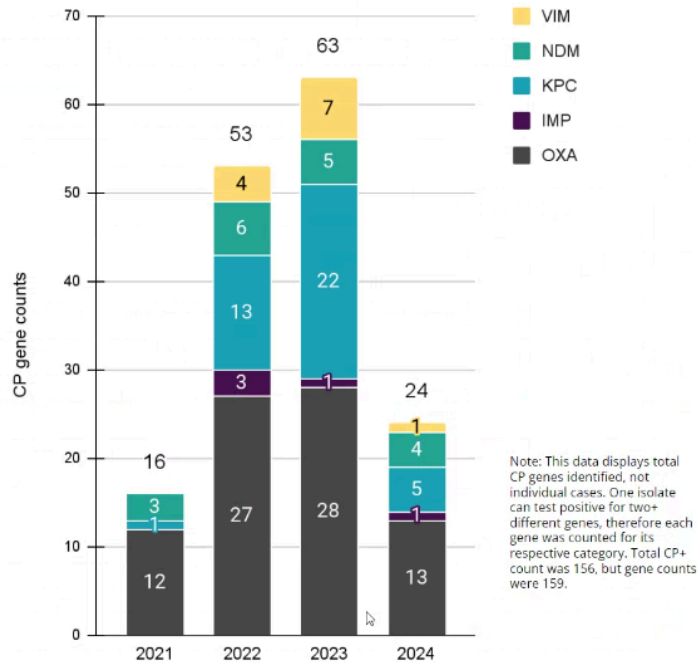
- MDRO updates (Ashley)
 - Update from last meetings information
 - Carbapenemase-producing organism (CPO)
 - Data note: all data is from UPHL only, does not include any data from outside of UPHL.
 - Deduplicated cases between 2021 - 2024.
 - 2021 data set - suspect COVID affected submission to UPHL

Utah CPO case distribution trends 2021-2024



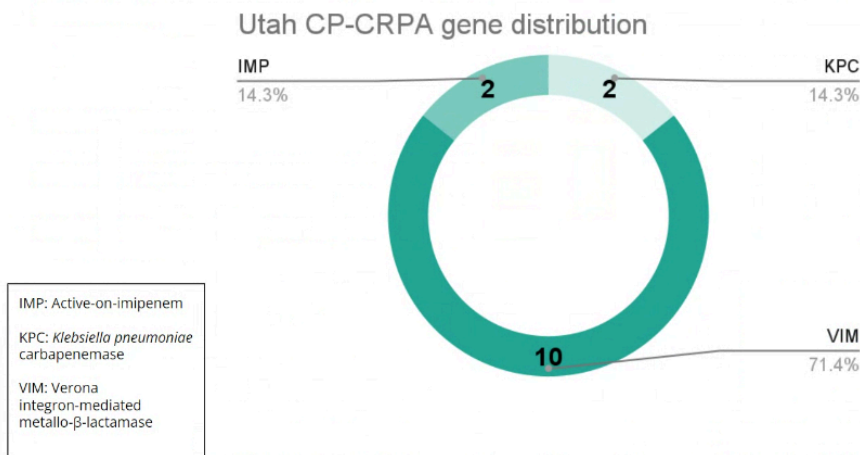
Note: This data displays individual case counts, not positive test results. A patient is only counted twice if a new organism and/or carbapenemase-producing (CP) gene was identified at a separate collection date.

Utah total CP gene counts 2021-2024

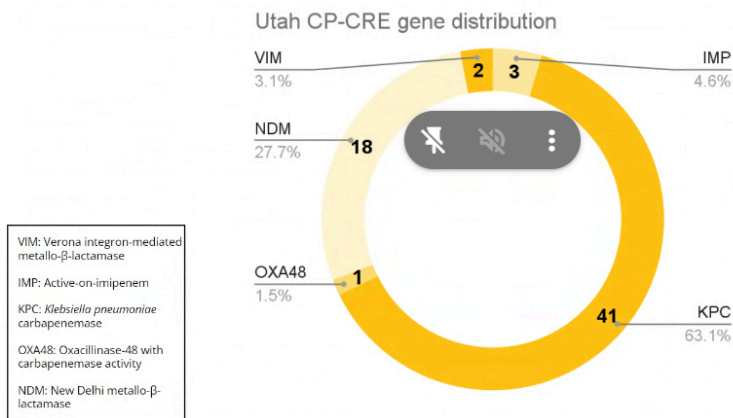


Note: This data displays total CP genes identified, not individual cases. One isolate can test positive for two+ different genes, therefore each gene was counted for its respective category. Total CP+ count was 156, but gene counts were 159.

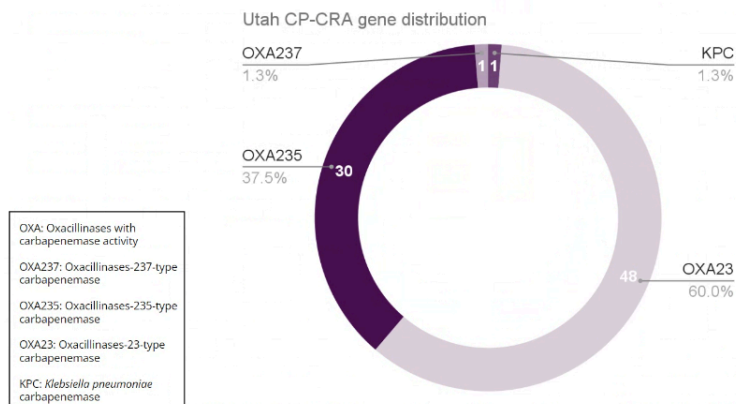
CP-CRPA resistance gene distribution (2021-2024)



CP-CRE resistance gene distribution (2021-2024)



CP-CRA resistance gene distribution (2021-2024)



- Elena: How much of this is in state transmission? Ashley Young: more labs are sending in specimens for testing to UPHL. The numbers are pretty similar to what we saw last year. We have been seeing more out of state cases due to travel or temporary stay in Utah facilities.

- Dr. Mayer: What percent of CRE are CP pos? Ashley: We don't have a denominator due to the way UPHL goes through their samples and canceling tests. Will talk to the lab and see if we can ask for all the positive and negative tests so we can use that as the denominator.
- Still working on C. auris data. We have had some recent cases that tested positive outside of Utah, but received care in Utah
- Admission screening has been very helpful. We have less than 5 cases of instate transmission. Encourage screening from high transmission cases.
 - Seeing transmission in southern Nevada, New Mexico, southern California, some from back east - potentially Florida, Georgia.
 - Seeing a steady trickle, not a huge influx.

Additional Questions/Discussion Topics

1:50–2:00 Ways to increase attendance

- IP Spotlight: Discussing challenges/successes in facilities
- IP and LTC representative open discussion

Convene

Every 3 months

- Next Meeting: Thursday 10/03/2024

Minutes will be posted to the HAI website

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

Action Steps/Plan

1. Bring awareness of MDROs to all healthcare settings
 - a. [CPO](#), CRO, [C. auris](#), ...
2. Updating the interfacility transfer form
 - a. Encourage use of any transfer form through training programs. Potentially use nursing schools.
 - b. Promote interfacility communication
 - This is a standardized form that is in the process of being updated.
3. Build networking and professional relationships between ACHs, LTC, DHHS, medical training programs, and professional organizations
4. Transmission based precautions
 - a. Provide education for training programs including CNA and nursing schools
 - b. Rationale between why there are differences between precautions
5. Colonization considerations and Enhanced Barrier Precautions
 - a. LTC in-service training
6. Understanding of admission practices
 - a. Screening processes, surveillance
7. Disseminate [MDRO guide](#)

- This is a guide put together by the DHHS HAI team
8. EPA cleaning practices (MDRO guide, page 23)