

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

Date: 08/24/2023

### Attendees:

Amy Glidden, Angela Weil, April Clements, Ashley Miller, Bea Jensen, Charisse Schenk, Elena Snelten, Giulia De Vettori, Jeanmarie Mayer, Jeff Rogers, Linda Rider, Marci Thrall, Sarah Rigby, Stephanie Williams, Trina Keane

### Agenda Topics:

#### Introductions

1:00–1:05 Introductions

#### Action Steps/Plan

1:05–1:40 Review action plan & outcomes, Action plan updates, Disseminate information, IPC resource list

#### Situational Awareness

1:40–1:50 Current state of MDROs

1:50–2:00 Additional Questions/Discussion topics

#### Convene

### Discussion:

#### Introductions

- Elena introduced herself to the group
  - Invitation for new participants to introduce themselves in the chat
- Request to approve minutes from July
  - Becky Ess approved the minutes. Dr. Dascomb seconded that approval.
  - Recommendation to re-send the previous minutes with the agenda for the upcoming meeting.

#### Action Steps/Plan

- Review action plan and outcomes
  - Elena reviewed the action items and discussed the items that are in progress
    - Bring MDRO awareness to all healthcare settings
    - Update the interfacility transfer form
    - Build networking and professional relationships
    - Bring awareness to transmission based precautions
    - Colonization considerations
    - Understanding admission processes
    - Disseminate MDRO guide
- Action plan updates

- Main emphasis is the interfacility transfer form currently
  - Several different versions have been created based on suggestions from this group and physicians in the main group.
    - At this point, we feel we have reached a good place and will be sharing it with the committee one last time.
      - This form will be presented to the main group next week.
  - Time was spent reviewing the form as a group and discussing any final changes desired.
    - A few final recommendations were made.
      - Discussion about the upcoming changes to types of precautions, based on the recent meeting.
        - It seems that mostly wording will be revised, though some definitions are being revisited as well.

### **Situational awareness**

- C. auris - Have not identified anymore in state transmission.
  - All known cases have been out-of-state transfers
- CRAB - We have seen increasing numbers and continue to recommend admission screening, especially in vent/trach units
  - Screening is being conducted, as needed.
- [VIM CRPA](#) - We have seen increasing numbers - several are linked to the contaminated artificial tears. We recommend making sure that recalled items have been discarded
  - Question about this outbreak: have case counts spread between the two initial facilities? No, just the two facilities.
    - A point-prevalence survey is scheduled for the second facility.
  - Question: are there other contaminated products? The FDA is continuing to evaluate and see if there are other products/contaminants, but so far it is only the three products from the one manufacturer.
- Surveillance efforts
  - We've gone back and forth about when the C. auris and CRO surveillance should be implemented. Group discussion is desired to see where others are at regarding said surveillance, and what does that look like?
    - University of Utah is conducting admission surveillance, using reports that can filter case management data for patient location and other facilities visited.
      - Specifically filters for patients from high-risk states r.e. C. auris screening
    - IMC does C. auris surveillance for admissions from high-risk states. They do CRO screening on certain units upon admission
  - It would be great to recommend and promote similar screening statewide.
    - DHHS documents recommend high-risk residents that could be considered for screening, but this isn't a standard policy for long-term care.

- Every LTCF has different challenges and different capabilities for identifying high-risk individuals.
  - That leads to the question about a trigger to begin state-wide, standardized screening. That trigger has not been identified yet.
    - For now, we may simply have to promote and educate. We may not get the buy-in we need until this becomes a problem.
      - Are there negative consequences if said problem arises? DHHS is non-punitive, but does CMS or other organizations issue negative reinforcement?
        - CMS is not proactive about preventative strategies, but they will cite facilities if harm is demonstrated.
    - It's sometimes human nature to avoid dealing with situations like this.
- State consent forms and information sheets
  - CDC has published an information sheet that is shared with the consent form for C. auris testing.
    - This is because individuals who are often obtaining consent are unable to explain the reasons why testing is needed.
      - DHHS really likes this form and wanted similar resources for other organisms we frequently test for, thus we have created similar information sheets for CRE, CRAB, and CRPA
        - These forms were displayed for the group to see. The documents will also be shared with the minutes.
    - Question: what consent acceptance rate does DHHS see? It really varies by facility—how willing is the facility to promote testing to their residents
      - Depending on the risk factors of the individual, DHHS may sometimes push harder to obtain consent.
        - Hospitals often use opt-out rather than consent-in.
          - Different perspectives of patients. Patients in hospitals expect treatment, long-term care patients are less willing.
          - Also shows how question framing makes a difference
        - Rectal swabs are also the hardest sample site to obtain consent,
          - University Health does peri-anal, as it is less sensitive.

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

- Ways to increase attendance
  - We want to make an effort to reach out to clinics and other specialty settings
  - Ideas to bring in other groups (wound care, admins, etc.)
    - Dr. Mayer mentioned she has tried inviting the case manager group to join these calls.
    - We have previously invited representatives from the LTACH's
      - Have a representative from LTACH or VSNF share their unique challenges and perspectives
    - Invite at least 1 individual to attend the next meeting

**Convene - Giulia De Vetorri**

Every eight weeks

- 10/19/2023

Minutes will be posted to the HAI website

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

## In-meeting messages

Jeanmarie Mayer 12:07 PM

With the meeting invite today, reminded me to try to connect with our case management to give me their feedback...

Elena S. (VA) 12:07 PM

That would be great. Thank you!

Jeanmarie Mayer 12:07 PM

is the CRAB pretty widespread?

And with VIM CRPA - question about products

Angela Weil (DHHS) 12:08 PM

We have seen some widespread pockets of CRAB spread, especially in ventilator units

Jeanmarie Mayer 12:10 PM

there is some delay with Case management reports, as they need to assess patient

Linda Rider (DHHS) 12:16 PM

It would seem reasonable to start with review of the CDC Containment documents for facility specific practices.

Jeanmarie Mayer 12:16 PM

and CMS doesn't provide additional funding to be proactive....

Jeanmarie Mayer 12:20 PM

that's great info jeff, than you

Linda Rider (DHHS) 12:21 PM

Just to clarify, there has been a sporadic VIM-CRPA associated with stays in out of country facilities

Jeanmarie Mayer 12:22 PM

while we don't require consent, we do provide patients (and staff) info on why the test is being done, and what the results mean

Jeanmarie Mayer 12:24 PM

what is your consent acceptance rate?

Jeanmarie Mayer 12:26 PM

we use an opt out rather than a consent in...

Linda Rider (DHHS) 12:26 PM

Rectal swabs are the most problematic!

Jeanmarie Mayer 12:27 PM

we do peri-anal - yes, less sensitive but more acceptable to nurses collecting

Linda Rider (DHHS) 12:29 PM

I would guess about 80% for outbreaks

Bea Jensen (DHHS) 12:30 PM

I am hopeful that these new information sheets will help educate the patients and put them at ease about it whereas historically, the person getting consent isn't always able to answer the necessary questions that help individuals make their decision to consent.

Jeanmarie Mayer 12:34 PM

i just remembered today, will have someone from case management on the next call

Chrissy Radloff (DHHS) 12:34 PM

We can also promote this group at the Utah APIC chapter conference in September.

Giulia De Vettori (DHHS) 12:34 PM

if there is anyone you would like to invite to this meeting, please send their email my way: [gde@utah.gov](mailto:gde@utah.gov)

Rebekah Ess 12:38 PM

I approve

Linda Rider (DHHS) 12:38 PM

It may not be a bad idea to consider dialysis center involvement. For those not familiar, a number of LTC facilities now have dialysis dens for resident treatment!

Linda Rider (DHHS) 12:49 PM

Universal????

Elena S. (VA) 12:50 PM

VA got the Email notification of the HICPAC updates this AM. We will be watching the info shortly.

Linda Rider (DHHS) 12:50 PM

And, the changes will not be out until next year anyway!

Jeanmarie Mayer 12:52 PM  
it is looking good!