

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

Date: 10/19/2023

Attendees:

Angela Weil, April Clements, Ashley Miller, Bea Jensen, Becky Ess, Camille Donkin, Elena Snelton, Giulia De Vettori, Janelle Kammerman, Kirsten Dascomb, Linda Rider, Stephanie Williams, Tariq Mosleh, Zoey Bridges

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

- Subcommittee chair: Elena Snelten
- Additional representation
- Approve minutes
 - Becky Ess approved, Bea Jensen second the approval

Action Steps/Plan

- Review action plan and outcomes
 - Interfacility transfer form -
 - Presented to the UHIP group, a few additional changes were requested
 - Changes since last time include:
 - Under the organisms section, Dr. Nolen requested adding “verbally communicate in addition to filling out this form”
 - Removed 3rd ‘No MDRO’ instead we have 2 columns with a check all that apply option: “colonization or history” “active treatment of”
 - Symptoms section:

- Changed order of the symptoms. New or worsening cough. Enhanced barrier precautions are not sufficient if acute diarrhea or uncontained bodily fluids/secretions are present.
 - Other MDRO risk factors section
 - only 2 questions now
 - Form will only take up one page.
 - Any additional changes requested by this group? None requested. Form has been approved and will go up to the DHHS leadership prior to posting to the website.
- Action plan updates
 - Bring MDRO awareness to all healthcare settings
 - We are still working to identify key stakeholders. Need for establishing networking.
 - Would like to create a document to track needs. Smaller subgroup is working on a survey that will help identify groups.
 - How can we help with education needs?
 - Dr. Dascomb: For C. auris and CRE, many providers don't feel like it's worthwhile to test for them. Would be helpful to have more education to reinforce the need to test. Providers feel like some of their patient provider relationships are reduced once some of these more invasive procedures are performed.
 - Angela said in general there are recommendations on who is considered high risk. Would be happy to create a document that has info on C. auris and who is recommended to be screened.
 - Elena falls back on urgent MDRO threats from 2019, top threats that CDC is looking out for. Can look at other resources from WHO, etc.
 - Angela: C. auris testing isn't very invasive, it's a simple skin spread.
 - Dr. Dascomb: CRE is more invasive to screen for, often those screened for CRE are also needing to be screened for C. auris
 - Currently no community spread of C. auris in UT
 - We are working on building networking and building professional relationships. reach out to Elena if you're interested in continuing these efforts.
 - Survey
 - Giulia, Janelle and a small group are creating a survey in REDCap.
- Which routes/pathways to take to disseminate information within this subcommittee
- IPC resource list (IPC program education and guidance

Situational awareness

- C. auris -
 - We have not identified any in-state transmission
 - VA is working with getting a drop down for nursing assessments that will also be available through the transport department for screening. Working to establish the C. auris and CRO screening.
 - Saint Marks Hospital - isn't doing any active screening. Zoey will reach out to IP over her division to see if they would be interested in screening. HCA and corporate are more interested in FL, but they already have systems in place in other states that may make it easier for implementation here in UT.
 - U has been actively screening for the past few months.
 - At PCH they are screening for C. auris, still having some issues with screening but it is up and running. Some of the nurses don't understand the question so it is asked incorrectly and inappropriate screening is occurring. Wording around 'did you travel to Nevada' vs. 'Did you receive healthcare out of state' causes confusion.
 - Angela said it shouldn't take too long to draft a protocol. Difficulty is around facilities identifying if transfers from out of state are coming from a place of high transmission. Angela will look into ways to identify those areas.
- CRAB -
 - We have seen increasing numbers and continue to recommend admission screening, especially in vent/trach units
- [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
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Additional Questions/Discussion Topics

- Ways to increase attendance
 - Reach out to 1 individual (nurse admins, IPs, clinic managers, wound care specialists, etc.) to attend the next meeting
 - Hoping to increase attendance and participation in this group.
 - Let us know if you'd like Elena or Giulia to help with outreach to your contacts as well.
- IP spotlight: Discussing challenges/successes in facilities
 - What are you seeing as far as challenges and successes within your facility? What was your big IP success?
 - VA - Elena said all of the central lines were changed when they were supposed to be! Gone a whole year without a CLABSI
 - SMH - Zoey - doing well with testing patients early with stool to rule out C. diff.
 - PCH - Becky said they've gone a whole month with a NHSN CDI
- IP and LTC representative open discussion

Convene - Giulia De Vetorri

Every eight weeks

- 12/14/2023

Minutes will be posted to the HAI website

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

