

Utah Healthcare Infection Prevention Governance Committee

Date: 12/19/2023

Attendees:

Alessandro Rossi, Allie Spangler, Angela Weil, Ashley Miller, Ashley Young, Bea Jensen, Becky Ess, Brittany Carver, Cherie, Devin Beard, Giulia De Vettori, Janelle Kammerman, Jeanmarie Mayer, Linda Rider, Louise Saw, Mark Fisher, Mary Fortini, Michelle Vowels, Nancy Arbon, Rhonda Hensley, Sarah Rigby, Tara Ford

Agenda Topics:

Technical Information

- 3:00–3:05 Welcome
- 3:05–3:10 Introductions and updates (Giulia De Vettori)

Subcommittee Updates

- 3:10–4:20 Meeting cadence
- Subcommittee updates (Subcommittee Leads)
- Communicable disease rule (CDR)
- Emergency preparedness for special pathogens
- National report

Situational Awareness

- 4:20–4:30 MDROs (Ashley Young/Giulia De Vettori)
- Other

Convene

Discussion:

Technical Information

- Approval of minutes
 - Becky Ess approved, Dr. Fortini seconded the approval

Updates

- Meeting cadence (Angela)
 - To cut back on the amount of meetings everyone needs to attend we are adjusting meeting cadence starting in 2024
 - Subcommittees will begin meeting quarterly
 - Governance Committee will be meeting bi-annually (March and September)
 - Ad hoc meetings as needed
 - Meetings will still be virtual
- Committee updates
 - AS subcommittee updates
 - Tariq out of town, Giulia gave updates
 - Antimicrobial awareness week occurred

- Dr. Lindsay Taylor and Dr. Elaine Bailey presented
 - Outreach and participation efforts are continuing
 - Project ECHO took a break this month, will resume in the new year
 - Survey assessing antimicrobial stewardship (AS) in long-term care facilities (LTCF)
 - Reviewing AS data from pharmacies in LTCF
- Surveillance/Lab updates
 - Dr. Rossi reported out
 - Making changes to the Communicable Disease Rule regarding *Pseudomonas aeruginosa*
 - New testing coming to UPHL. for *C. auris* and *Neisseria gonorrhoea* testing.
 - Funding capacity of *C. auris* colonization screening. Hoping to increase funding for a new screening platform and instrumentation
- MDRO updates
 - Elena is out, Giulia gave updates
 - [Interfacility transfer form](#) is available on the DHHS website
 - MDRO survey creation ongoing. Planning to distribute survey to IPs at LTCFs to understand their infection prevention and control (IPC) policies
- Communicable Disease Rule (CDR) (Angela)
 - Making amendments to CDR
 - Wording changes around carbapenem-resistant *Pseudomonas aeruginosa* (CRPA). Narrows scope of required reporting.
 - Adding Enterobacterales to CDR, currently it's enterobacteriaceae, but expanding to Enterobacterales
- Emergency preparedness for special pathogens (Dr. Mayer)
 - Dr. Mayer talked with Dr. Pavia and Dr. Fortini, about collaborating across healthcare systems
 - Discussed how they would approach situations like a patient presenting with hemorrhagic fever
 - Many struggles are similar across healthcare systems
 - Dr. Fortini said they are using 2024 to revise out of date guidelines and prep staff. In 2025 they would like to perform a mass scenario
 - Dr. Fortini is working with a pediatrician who is also part of the National Guard. She would be willing to help with decontamination scenarios, etc.
 - Discussed how difficult it is to train emergency department staff due to turn over. Hoping to identify staff who can do just in time training as situations arise
 - Cherie from intermountain said they are working on improvements already and updated new PPE guidance a year ago. Dr. Mayer said they have done this for MICU, but because of high turnover in ED, they need to work with that staff

- Would like to have a follow up meeting to discuss further with the 3 healthcare systems. Follow up during future healthcare system call
- National report (Devin Beard, DHHS HAI Epi)
 - HAI/AR team currently compiling the 2022 HAI Report
 - Unable to share visualizations to accompany today's discussion as the report is being reviewed internally
 - Caveats:
 - All updates shared today pertain to National Healthcare Safety Network (NHSN) data from 2022 and before, therefore only reflects data for facility types that are indicated in Utah Health Code, Title 26B, Chapter 7, Section 221.
 - Additionally, facility-specific numbers have not yet been reviewed by facilities so information shared today is subject to change
 - Looking at standardized infection ratios (SIRs) which are calculated by observed number over predicted number of events/infections
 - The HAI report compares 2021 data to 2022 data both across the state as well as compared nationally
 - High level takeaways
 - When comparing Utah standardized infection ratios (SIRs) for HAI conditions/diseases from 2021 to 2022, there have been minor increases and decreases though none are statistically significant.
 - When comparing Utah SIRs to national SIRs for 2022, Utah had 2 HAI conditions/diseases that were statistically different.
 - When comparing Utah SIRs to national SIRs for 2022, Utah had 16% more CDI events (p-value 0.01)
 - In the 2021 report we also highlighted that UT had 13% more CDI than the national SIR (p-value 0.03)
 - When comparing Utah SIRs to national SIRs for 2022, Utah had 37% fewer MRSA bacteremia infections (p-value 0.003)
 - In the 2021 report we also highlighted that UT had 25.5% fewer MRSA bacteremia infections

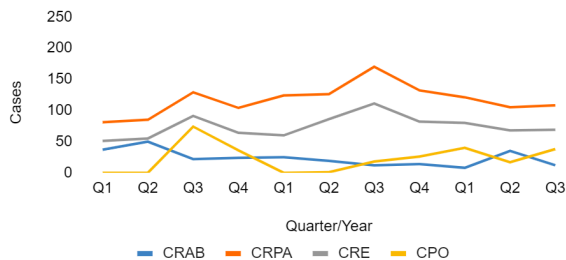
Situational Awareness

MDRO

- C. auris
 - Identified first locally acquired case. HAI sent out a letter notifying healthcare facilities of this and of recommendations for screening. New recommendations for screening include screening Utah patients who were on an LTACH or a ventilator unit of a nursing facility in addition to screening patients transferring from high risk cities
 - Some facilities have reached out and are working to perform more surveillance screening
- General MDRO updates

Carbapenem Resistant Organisms in Utah

Isolates processed by UPHL 2021-2023



2023 CPO data - EpiTrax, labs collected on or after Jan 1st, 2023	
C auris	3
CRPA	5 All VIM
CRAB	20 All OXA or OXA-235-like
CRE	31 74% KPC; 16% NDM; 6% VIM; 3% OXA
Total CPO: 56	

- All data comes from UPHL.
- Dr. Mayer asked if there are any concerning clusters. Ashley didn't pull any data about clusters.
- Mark Fisher asked if we check for clusters systematically. Do we check the whole database when we are seeing an increase in cases? Ashley said we perform whole genome sequencing (WGS) when there are multiple cases that we consider might be related. Sometimes we look across multiple facilities.
- Dr. Mayer said it helps if we can give them some info about clusters as a bit of a heads up.

Other

- [DHHS pan-respiratory dashboard](#)
 - COVID dashboard is now a pan-respiratory dashboard. This dashboard includes general, statewide data. Includes Flu, COVID, and RSV data.

Convene

Next Meeting Discussion/Questions

Bi-annually - March & September

- 3/19/24

Minutes will be posted to the HAI website

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

Next Meeting: March 19, 2024

In-meeting messages