

UHIP Governance Committee Meeting ~ December 17, 2013

Attendees: Rouett Abouzelof, Greg Bell, Jack Draxler, Lisa Evans, Brett Heikens, Arlen Jarrett, Wayne Kinsey, Jeanmarie Mayer, Joe Miner, Allyn Nakashima, Rex Olsen, , Carolyn Reese, Doug Smith, Patty Watkins, Felicia Alvarez, Louise Eutropius, Karla Matheson, Jordan Pyper, Sherry Varley.
 Excused: Judy Daly

Agenda Item	Resp. Person	Discussion
Welcome and Introductions	Dr. Mayer	Welcome and roll call around the table and those attending by conference call.
Minutes from last Meeting	Dr. Mayer	Dr. Mayer asked for changes or acceptance of the minutes from the last meeting. Dr. Doug Smith motioned the minutes to be ccepted without correction or changes. Wayne Kinsey seconded the motion. Minutes were approved and accepted.
HAI Prevention Efforts: <i>CUSP CAUTI Project</i>	Ms. Egbert	<p>Ms. Egbert presented an indwelling urinary catheter application tool that can be used to assess status of, and continued need for catheter use during patient rounds. The tool created by HealthInsight, in collaboration with the UHC IMCU staff (as part of the CUSP CAUTI Collaborative), is being used by downloading it from a browser through HealthInsight and saving it to a smart phone or iPad. The application is easy to use and by answering questions with a “yes” or “no” radio button, additional questions are generated in a drop down fashion based on upon the initial response. The impact of implementing the tool cannot be assessed due to the fact that manual entry using a similar tool in the past was too cumbersome, so not enough information was captured to provide an accurate comparison pre-and post-implementation. However, Ms. Egbert did note that since implementation of the tool, it appears a reduction in catheter use and increased awareness of inappropriate use was noted.</p> <p>The tool would be especially helpful for facilities which do not have a robust EMR where this information could be abstracted.</p> <p>There is no fee charged for use of this tracking system and other hospitals and facilities can call Ms. Egbert at HealthInsight to gain access for downloading the tool. The UHIP GC strongly encourages other facilities to adopt use of the tool or another to address inappropriate catheter utilization.</p>
<i>MDRO Detection & Prevention Collaborative</i>	Ms. Alvarez & Mr. Pyper	<p>Work continues to move forward with the Collaborative. The first MDRO Collaborative meeting of the new grant year was held on September 30, 2013.</p> <ul style="list-style-type: none"> • Subgroups created or revamped: Lab, Education/Communication, Program Evaluation, Patient Transfer and Core Committee. Each subgroup has met at least one time. Program Evaluation, Patient Transfer and Education/Communication have met as one group due to overlap. • This year we are moving away from Emergency Department personnel to assist with patient transfer communication and have moved to Case Managers

UHIP Governance Committee Meeting ~ December 17, 2013

- A survey has been conducted of the Case Managers in the participating facilities with some great suggestions on how to improve inter-facility communication.
- A survey is currently underway with EMS staff (Gold Cross Ambulance) on their suggestions/concerns with the patient transfer process.
 - As some are aware, the collaborative was initially planning on Gold Cross be the holder of the Green Isolation Stickers, and will still adhere to this suggestion, but there is a need to improve on the communication so they know WHEN they need to use a sticker.
- A Focus Group meeting with EMS personnel and Case Managers will take place in mid to late January to address issues brought up in the surveys.
- Working is currently ongoing to update the Infection Control Transfer Form. The sticker design has been added to the IC Transfer form and will be discussed at the next HAIWG meeting held in January to receive input from the IPs.
- Jordan Pyper, UDOH Statistician, has presented updated Exposure Network Analysis charts and Aberration Detection models to ID physicians and IPs.
 - ENA charts from June 2013 to October 2013 changed dramatically.
 - There are continued issues with data quality, historical patient transfer information, and delays in reporting.
 - On a great note, once previously de-identified IM data is now patient identifiable and reported every 3 days (following the CD rule reporting requirements).
 - Aberration Detection models have been revised again. A seasonality has begun to emerge which seems to increase in the winter months. It is unknown at this time if this is due to an increase in respiratory test requests in the winter months.
 - We'd like to show this data to a larger ID physician audience; post the data to our website; 'advertise' in the microbiology listserv (after data on website); and potentially in the future create an Aberration Detection model for *C. diff*.
- A lab survey was conducted on hospital laboratories to determine their capacity to test for carbapenemase activity on-site, whether labs are unable to test on site, to determine what reference lab facilities use, and to assess if laboratories were aware of changes to the CD rule requiring reporting of carbapenem non-susceptible acinetobacter, e. coli and klebsiella species. Results will be shared at the Jan 7, 2013 MDRO Core meeting, which will include Lab Subcommittee members.

Patient Transfer Observations were conducted by Dr. Jeannie Mayer and Dr. Frank Drews. They observed practices at Promise and the University Hospital and also asked questions of Gold Cross Ambulance services. Concerns identified were touchable work surfaces, cupboards, drawers and other items being touched with gloved hands while looking for supplies needed for the patient.

Gold Cross is looking at supplies being wrapped differently as well stocked differently, as cleaning between patient transfers. There are plans to address some of these issues, including creating "supply kits", such as an IV start kit, to consolidate the equipment /supplies for commonly performed procedures, ensure protocols addressing adequate cleaning between patient transfers are implemented and adhered to, etc. Possibility of purchasing Glow-Germ, a product that can be applied to surfaces and is "highlighted" under a black light if not adequately removed during cleaning practices, will be used as an educational tool. Observations will continue and results shared with the group.

Mr. Pyper's Exposure Network Analysis and Aberration Detection slides were shown and discussed. The Exposure Network Analysis slides depict inter-facility patient transfers. The Aberration Detection slides have been created to look for increases in cases statewide or facility level.

UHIP Governance Committee Meeting ~ December 17, 2013

<p><i>Future Antibiotic Stewardship Activities</i></p>	<p>Dr. Mayer</p>	<ul style="list-style-type: none"> ○ Surveillance update: <ul style="list-style-type: none"> ○ January – November 2013: 41 cases reported to UDOH; includes 35 acinetobacter, 3 e. coli and 3 klebsiella (e. coli and klebsiella went up by one with 1 case who is co-infected) ○ One specimen on an E. coli case was sent to CDC. Quote from CDC “The lab tested your isolate and was not able to come up with a mechanism for its carbapenem resistance. They will still test it for IMP even though the MBL screen was negative and it will also be banked for potential more analysis in the future but for now we are stumped as well.” ○ We have brought up the idea of an MDRO registry. With the data that UDOH collects on the individual cases, we have in essence created an MDRO database. Physicians can call to discuss an individual in the database as needed. Rex commented about Title 26 of the health code. But emphasized that physician verification is necessary prior to giving out information over the phone. We have had at least one request to verify if a person had any prior disease history. <p>Dr. Mayer opened discussion regarding antibiotic stewardship (ASP) grant projects at the University and Intermountain. The projects involve tracking antibiotic usage facility wide.</p> <p>Dr. Smith shared that 15 rural Intermountain facilities currently do not have an ASP. He is working on a grant project to randomize these facilities into a 3 arm ASP protocol. Dr. Smith will ask the lead pharmacist to present the project during an upcoming UHIP GC meeting.</p> <p>Dr. Mayer also mentioned that Dr. Samore, University Hospital, was involved several years ago in a project targeting pediatricians and families regarding the proper use of antibiotics, eg, not to be used for viral infections which are the most common misuse of antibiotics in this age population. L. Eutropius will be contact him regarding sharing his brochures/tools.</p>
<p><i>UDOH 2014 Validation Plan</i></p>	<p>Ms. Varley</p>	<p>Ms. Varley reviewed the facility Catheter-Associated Urinary Tract Infection (CAUTI) results that were published in the 2012 Annual HAI Report. CAUTI rates reported for the first 6 months of 2013 highlighting the four highest outliers where also shown. Because of these high rates, the UDOH recommends that CAUTI be the infection event selected for validation in 2014. A brief discussion reviewed the timelines and responsibilities UDOH will pursue to accomplish the validation efforts. Four high outliers, 1 low outlier and 1 randomly selected facility will be audited. Validation will begin when all 2013 NHSN deadlines have passed. Validation will be conducted between 5/16/2014 and 6/30/2014. The UHIP GC supported the 2014 UDOH Validation plan.</p> <p>Representative Draxler commended UDOH for the 2012 Annual HAI Report. He is pleased with its format, content, and readability. However, he commented that the UDOHs website was not user friendly when he attempted to access the report. Infections and hospital statistics are on the website under “H” for Healthcare Associated Infections which he felt was probably not the most common way the public searched for “infection” information. Sherry Varley said that the website is currently in the process of being changed and will reflect those changes. He also requested a record of the number of “hits” the report has generated. S. Varley will look into his</p>

UHIP Governance Committee Meeting ~ December 17, 2013

		request and follow up with Rep. Draxler.
HAI Work Group	Ms. Abouzelof	The HAI WG reviewed the latest revision of the IC Transfer Form. Feedback is positive regarding the revisions. The updated form will be discussed and finalized in the 1/16/2014 meeting, with support given for its usage. The HAI WG also supports the CAUTI Prevention efforts and encourages other facilities to use the HealthInsight too. Focus in first quarter 2014 will involve creating and distributing a 2014 IP Needs Assessment.
Overview of Certification in Infection Prevention and Control	Ms. Eutropius	<p>Ms. Eutropius presented an overview of Certification in Infection Control (CIC) for Infection Preventionists (IPs), a nationally recognized standard for certification in the profession and the only standardized measurement of essential knowledge, skills, and abilities expected of IPs. As of December 2013, 16 IPs in Utah are certified; 25% are employed in non-hospital based settings. Only 21% of acute care facilities in UT have a certified (CIC) IP. Testing requirements are geared to a practitioner with 2 years of experience; initial test cost is \$350. The Association for Professionals in Infection Control & Epidemiology (APIC) has a program to offer financial assistance to more than 70 APIC members for costs related to either initial certification or recertification. As evidenced from the results of the 2012 IP Needs Assessment, many of the currently practicing IPs have at least two years of experience, however, a major barrier to IPs taking the examination is 1) lack of support/encouragement from administration to certify, and 2) lack of financial assistance to pay for certification costs.</p> <p>Dr. Mayer expressed that the UHIP-GC should support IP certification and make administrators more aware of the value of having a certified IP. Dr. Mayer and S. Varley will set a time to meet with G. Bell to discuss this issue and other matters that he may have regarding Infection Preventionists.</p>
UHIP Committee Membership Update and Meeting Dates for 2014	Dr. Mayer	<p>The UHIP GC membership was reviewed. Gaps in membership were identified and include a new representative from MountainStar Corporation, the 2014 Utah Chapter APIC President, and a Home Health representative. G. Bell volunteered to invite someone from MountainStar Corporation, D. Smith will pursue inviting a representative from Intermountain Home Health, and S. Varley will invite the 2014 Utah Chapter APIC President.</p> <p>The dates for the UHIP-GC meetings in 2014 were discussed. The majority prefer Tuesday afternoons at 3:00-5:00 pm. S. Varley will send the 2014 UHIP GC meeting dates to committee members.</p>
UHIP Logo	Dr. Mayer	Topic deferred until next meeting.
		Meeting Adjourned 5:15 pm
		Next Meeting will be held March 18, 2014 – Olmsted Room – State Capitol