UHIP Governance Committee Meeting ~ June 17, 2014

Attendees: Felicia Alvarez, Jack Draxler, Louise Eutropius, Cherie Frame, Brett. Heikens, Arlen Jarrett, Wayne Kinsey, Boaz Markewitz, Jeanmarie Mayer, Allyn Nakashima, Juliana Preston, Jordan Pyper, Andi Stubbs, Sherry Varley, Patti Watkins
Excused: Linda Egbert, Doug Smith

Agenda Item	Resp. Person	Discussion	Action Items
Welcome and Introductions	Dr. Mayer	Dr. Mayer welcomed all attendees present and calling in on the phone.	
Meeting Minutes from Last Meeting	Dr. Mayer	Dr. Mayer asked for changes or acceptance of the minutes from the 3/18/2014 meeting. Dr. Arlen Jarrett motioned the minutes to be accepted without correction or changes. Brett Heikens seconded the motion. Minutes approved and accepted as presented.	
HAI Prevention Efforts: **CUSP/CAUTI Collaborative**	Ms. Egbert	Ms. Egbert unable to attend meeting. Topic tabled until next meeting.	Ms. Egbert will give an update at the September UHIP meeting.
HAI Prevention Efforts: Statewide CAUTI /Quality Improvement Training	Ms. Varley Ms. Eutropius	Catheter associated urinary tract infections (CAUTI) rates have been reportable to CMS as of January 1, 2012 in acute care adult and pediatric ICUs and as of October 1, 2012 in Long-term Acute Care Facilities (LTACs) and Inpatient Rehab Facilities (IRF). During 2012 and 2013, CAUTI rates were high in Utah. In collaboration with the UHIP-GC, it was determined that the UDOH should focus validation activities and prevention efforts during 2014 on CAUTIs. The UDOH HAI program partnered with HealthInsight to address CAUTI prevention activities. Ms. Varley highlighted the day long CAUTI surveillance and quality improvement training activities offered by the UDOH HAI Program and HealthInsight during January- March at five hospital-based sites statewide. Components of the program included NHSN CAUTI surveillance definitions, planned CAUTI validation audits, use of quality improvement tools to reduce CAUTI rates, and strategies for engaging frontline staff in process improvement activities. Utilization of an audience response system used by attendees to answer posed case study questions demonstrated the inconsistencies in the interpretation of the NHSN CAUTI surveillance criteria amongst attendees and the challenges in performing CAUTI surveillance. Discussion regarding CAUTI rates in Utah ensued and committee member posed several questions, including , "were catheters used more frequently in Utah hospitals compared to the national average?", "are catheters being used when not needed?", "what is an acceptable number of total catheter days?" and "should the dominator be viewed as patient days vs. catheter days?".	
HAI Prevention Efforts: Statewide CAUTI Validation Audit Activities	Ms. Varley Ms. Eutropius	A PowerPoint presentation highlighted the daylong validation process currently being conducted by the UDOH during which Ms. Varley discussed the progress to-date of the UDOH CAUTI validation activities. Six hospitals have been selected for medical record audits to validate their ICU CAUTIs reported to NHSN in 2013. The NHSN CAUTI Medical Record Abstraction Tool (MRAT) is being used to review medical	CAUTI validation activities will be discussed further during the September UHIP meeting.

		records and document findings. Four facilities have been validated to-date; all will be completed by the of June. Ms. Varley reported that she and Ms. Eutropius have received a warm reception when visiting facilities and the IP/Quality staff have been very receptive and engaged in the validation process. One of the challenges encountered during the audits to-date is navigating the facilities' electronic medical records and abstracting the required surveillance criteria components. Use of each MRAT was timed; time to completion ranged from 2-47 minutes based on the complexity of the case (eg, did not meet criteria vs met criteria). Feedback will be given to NHSN regarding MRAT use. An over-all synopsis of the validation findings will be included in the 2013 Annual HAI Report, however, the specific findings by facility will not be reported nor will audited facilities be identified by name. Rep. Jack Draxler communicated the importance of these validation activities. He recommended that UDOH request more funding from state legislators to continue/expand the validation activities. Federal funding was also requested (see Submission of Epi and Laboratory Capacity Grants below). Rep Draxler stated he is willing to champion the cause to increase funding, as needed.	
HAI Prevention Efforts: MDRO Prevention and Detection Collaborative	Ms. Alvarez	Ms. Alvarez presented a PowerPoint presentation of MDRO committee updates. From January to May 2014 the following MDROs have been reported: • 14 Acinetobacter cases • 3 E-coli cases – 1 E. coli is the NDM CRE case identified in Utah. • 1 Klebsiella cases Since January 2014: 66% of cases have been hospitalized, two deaths and no clusters identified. Compared to calendar year 2013, we had a total of 43 Acinetobacter, 4 E. coli and 2 Klebsiella cases; 83% were hospitalized, 5 died, and 2 clusters were identified. To demonstrate the potential for MDRO transmission across the spectrum of healthcare settings, one slide depicted patient transfers; patient #2 has been transferred between facilities eight times since January. Utah's first case of Carbapenem resistant Enterobacteriaceae (CRE) carrying the New Delhi metallo-β-lactamase gene (NDM-1) was identified in an out-of-state resident who was transferred to a Utah facility from an out of state hospital after a 3 week stay. These strains have been rarely identified in the U.S; 108 cases to date including UT case. The NDM-1 carbapenemase-producing E. coli was identified in a urine sample collected after a 3 month inpatient stay at a UT facility. A previous urine sample collected in during patient's out-of-state hospitalization showed a susceptible strain of E. coli; 2 prior samples in collected Utah did not grow out E coli. The lab that did the testing had previously adopted the CDC CRE testing recommendations for testing gram negative organisms by automatically confirming carbapenemase production by modified Hodge and NDM/KPC molecular testing. The facility immediately alerted public health. The NDM results were verified by CDC and another Utah laboratory. The case had no known risk factors for NDM including no travel or healthcare out of the country or to other states in the U.S. where NDM-1 outbreaks have occurred. The facility immediately implemented Infection control interventions aimed at preventing transmission, as outlined in CDC. Guidance for control of infections with carbapenem-resistant or carbapenemase-producing *Enterobacteriaceae* in acute care facilities. MMWR 2009;58:256--60. A retrospective review of	

		laboratory data showed that no other NDM-1 cases had been identified in the facility. A point prevalence study was conducted with surveillance cultures of 22 patients who were in the same unit where the case was located. With the exception of the index case, all tested negative. As there were no indications of widespread transmission/ ongoing transmission, CDC consultants recommended no further investigation was warranted. Communication and messaging about the NDM-1 case from the UDOH included notification to surrounding states where patients who'd discharged from the UT facility were located, MDRO collaborative stakeholders and the Infectious Disease ListServ. The UT facility presented the case at a city-wide infectious disease conference. Numerous issues were raised and discussed during the investigation of the NDM-1 case, including: • The labor intensive CDC protocol regarding surveillance cultures • The availability and cost of surveillance cultures • The difficulty in transferring a NDM-1 case to another facility as colonization is likely to be long term. • What level of isolation precautions should be used in lower acuity facilities- it safe to downgrade them from acute care standards? Ms. Alvarez then discussed the upcoming Patient Transfer Pilot Project- Phase 2. Based on feedback from Phase 1, Phase 2 participants comprise the original 13 participating collaborative hospitals with their respective patient care unit(s). The month long project is slated to start June 23. The Infection Control Transfer Form (TF) has been revised based on the feedback from Phase 1 to decrease the PPE requirement. Each participating unit will be asked to use the revised TF on *EVERY* inter-facility transfer. Seven of the 13 original participating facilities use Curaspan and have electronic access to the TF. If the facility does not use Curaspan, they can use the paper form, which is also available as a fillable PDF. Facilities are asked to print out and provide a copy of the TF to EMS and the receiving facility. As in Phase 1, each participating facility case manager (CM) will be asked to report weekly to the UDOH the total number of discharges from the unit, total number of discharges home and the number of times the TF was used. Additionally, CM are asked to scan, fax or email de-identified TFs to the UDOH in order to check accuracy of reporting/access how TF filled out. The TF protocol is for facilities to print out the TF and place it in the prominently in the discharge packet of patients being transported by EMS. Ms. Alvarez briefly updated the committee on the MDRO Lab subcommittee activities. The group has been working on a laboratory CRE/CRAB guideline and algorithm based on Oregon's CRE guidebook which will be distributed to all hospital-based laboratories. The 11-page document will include information on carbapenem-resistant or intermediately resistant Acinetobacter, E. coli and Klebsiella spp. that are reportable in Utah, provide a listing of reference labs in Utah that are able to conduct confirmatory testing for carbapenemase production and information on collecting surveillance cultures in the event of an outbreak or cluster. Information will also be provided on submitting samples (how to process/package) to either a reference laboratory in Utah or, if necessary to CDC.	

		Dr. Mayer reported that the University is using money from the UDOH CDC MDRO grant to have a U of U student mentored by Dr. Drews and trained by her to conduct observations of infection control practices (hand hygiene, glove use, and cleaning shared equipment) used by EMS during patient transfers at the University Hospital Emergency Room. In addition to the University Hospital, sites include Promise LTCF. A standardized form has been developed and will be used to record observations. Other sites are being recruited to participate.	
HAI Prevention Efforts: Utah Association for Home Care Annual Convention	Ms. Eutropius	Ms. Eutropius reported she was invited to the 2014 Utah Association for Home Care (UAHC) Annual Convention and Expo. The invite was in follow-up to a presentation by Sherry Varley last year for one of the home health corporations, based on attendee responses demonstrating a need for more targeted infection prevention and control training for home care agency staff. Ms. Eutropius gave a talk on basic infection prevention and control principles applicable to the home healthcare setting during one of the breakout sessions. Ms. Stubbs commented the talk was well received by those attending and the UDOH HAI Program would be invited to present at the UAHC again next year.	

HAI Prevention Efforts: Dialysis HAI Prevention Efforts	Mr. Heikens	Mr. Heikens updated the committee on dialysis HAI prevention efforts in Utah. He relayed that ESRD Networks are tasked with carrying out quality improvement projects each year. Some go over multiple years. Currently there are a number of projects going on with the Network:
		• CDC Audit tools
		• Facilities have been trained in how to audit and use the audit tool for CQI efforts. Currently focused on regular and correct use of these tools more so than the actual results. That will change to using the information collected to correct deficient practice and show quality improvement throughout the facility.
		• Fistula first/Catheter last Project – facilities picked were over 10%.
		  ○ We know permanent dialysis catheters are huge infection risks. Long term catheter use >90 days is the target. The goal is to be less than 10% of catheters in the >90 day category.
		• Standardized Readmission Ratio – all facilities involved.
		  ○ New facility specific ratio that is calculated based Medicare covered patients. The SRR is designed to reflect the actual number of unplanned acute care hospital readmission events for patients at a facility relative to the number of readmission events that would be expected based on national rates and patient characteristics.
		  ○ In general Utah does well.
		  ○ This gives facilities more information for quality improvement efforts and relates our patient involvement with related or shared providers of care.
		• CMS requires 100% reporting in NHSN. Failure to do so results in penalties that can lower a facilities reimbursement through the QIP.
		• A couple of the QIP elements relate directly to infection prevention. This directly affects	

		reimbursement. Dialysis facilities have a financial incentive to do well in this arena or face losing up to 2% of future reimbursement. • The Network 15 has 100% of its dialysis facilities doing annual training through the CDC website. This includes viewing one hour course in Infection Prevention in Dialysis Setting, and Preventing Bloodstream Infections in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff. Additionally there is required NHSN training to review proper reporting procedures within the Dialysis Events module. • Each Network is involved in Data Validation processes with dialysis facilities in their regions. This is done twice a year. CDC resources relative to dialysis are very good, easy to use and my sense is that these are being employed by dialysis centers regularly. Utilizing the ESRD Networks infection prevention efforts helps focus dialysis facilities on these specific projects and minimizes excess or unnecessary burden to the facility.	
HAI Prevention Efforts: Utah Healthcare Association Fall Conference	Ms. Varley	Ms. Varley reported that the HAI Program was able to purchase over 100 manuals specifically targeting long-term care facilities. The manual, *Infection Preventionist's Guide to Long –Term Care,* was recently pub by APIC in 2013. Ms. Varley is working with Ms. Reese to provide some education on HAIs and infection prevention and control at the Utah Healthcare Association (UHCA) fall convention and showcase exposition to be held September 23rd at the South Towne Expo Center and distribute the manuals to attendees.	Participation at UHCA conference September 23, 2014
Results of Critical Access Hospital Needs Assessment	Ms. Eutropius	Ms. Eutropius gave a PowerPoint presentation summarizing the 2014 Infection Preventionist (IP) needs assessment survey which targeted Critical Access Hospital (CAH) IPs this year. The 22 question survey was sent to Utah's 11 CAH; response rate was 73%. The survey focused on the following 3 key areas: -IP related questions • Length of employment as IP in current facility; additional responsibilities • Average hours per week devoted to infection prevention and control (IP&C) issues • Years of experience in IP&C • IP&C training received and training needs • IP&C Quality Improvement -Healthcare associated infections (HAIs) related questions • Familiarity with and use of NHSN surveillance criteria • Monitoring of HAIs and related activities • Access to HAI related resources and surveillance needs • CMS and HAI reporting probability -Determine how UDOH can support CAH IP&C program	

		In summary, survey findings included: • All respondents indicated they monitor for selected HAIs; 80% indicated they identified at least one HAI during 2013 • One-third of the respondents indicated that they were aware of the NHSN HAI surveillance definitions but did not use them. • All respondents indicated they had multiple responsibilities in addition to their IP role infection; infection prevention and control activities comprised only a small portion of their overall responsibilities and FTE • Majority (67%) of respondents indicated they were comfortable in implementing/promoting quality improvement activities relating to infection control • All respondents indicated further training in HAI surveillance activities is needed, including HAI definitions and assistance in surveillance program development • All respondents were aware CMS may require them to report HAIs to NHSN in the future.	
Submission of Epidemiology and Laboratory Capacity (ELC) Grants	Ms. Varley	Ms. Varley reported that three federal ELC grants were submitted for funding FY2014 (08/01/14-07/31/15) HAI-related program activities. First, funding was requested for continuation of the HAI Prevention Infrastructure Program Component, which has been awarded annually to every state. Second, funding was requested under the HAI Data Validation Program Component to build upon and enhance the current UDOH Program HAI validation activities. Last, funding was requested under the CRE (Carbapenem resistant Enterobacteriaceae) Program Component to build upon and enhance current UDOH MDRO program Activities including, outbreak investigation, improving surveillance to drive public health action, Implementing and evaluating epidemiologic public health practice, and prevention and control strategies. It is anticipated awards will be announced by CDC in July.	.
Other Items: *UHIP GC LOGO*	Dr. Mayer	Dr. Mayer led the discussion after the decision by the committee to proceed with a UHIP logo and the steps needed to proceed, including logo colors, verbiage, if any, on logo in addition to UHIP-GC designation and specific ideas/examples for the logo design. Ms. Eutropius showed two PowerPoint slides regarding logo principles and examples of logos currently in use by various healthcare affiliated agencies. The 4 principles of effective design are: • Versatility • Timeless • Simplicity • Consistency	Ms. Varley to send email to UHIP with request to send examples for ideas/colors/"saying" regarding logo. Dr. Mayer to contact U of U Medical Illustrations re: availability of graphic designer and estimated logo costs.
		Meeting Adjourned at 4:55 pm **Next Meeting will be September 16, 2014 – Olmsted Room – State Capitol**	