

# *UHIP Governance Committee Meeting ~ December 16, 2014*

**Attendees:** Felicia Alvarez, Linda Egbert, Lisa Evans, Cherie Frame, Brett Heikens, Trel Inzunza, Dr. Arlen Jarrett, Wayne Kinsey, Karla Matheson, Dr. Jeanmarie Mayer, Dr. Joe Miner, Dr. Allyn Nakashima, Karen Singson, Dr. Doug Smith, Sherry Varley, Patti Watkins  
**Excused:** Carolyn Reese

**Action Items Highlighted in Yellow**

Agenda Item	Resp. Person	Discussion
<b>Welcome and Introductions</b>	Dr. Mayer	Meeting commenced at 3:00 pm. Dr. Mayer welcomed all attendees present and calling in on the phone.
<b>Minutes Reviewed</b>	Dr. Mayer	Dr. Mayer asked for changes or acceptance of the minutes from the 9/16/2014 meeting. Dr. Doug Smith motioned the minutes to be accepted without correction or changes. Linda Egbert seconded the motion. Minutes approved and accepted as presented.
<b>HAI Prevention Efforts:</b>		
<b>CUSP CAUTI Collaborative Success</b>	Ms. Egbert & Ms. Inzunza	A PowerPoint presentation highlighted the success of the University Hospital Intermediate Care Unit (IMCU) during an 18 month CUSP CAUTI collaborative. Improvement highlights include a decrease in CAUTI rates by 45%, a decrease in catheter utilization by 27% and improvement and standardization in maintenance practices. Lessons learned included 1) physician and nurse realization that patient's intake and output can be adequately measured without indwelling urinary catheter; 2) need to identify and include physician champions and leaders at beginning of initiative; and 3) need to provide education for nurses to have crucial conversations with physicians, e.g., need to remove indwelling urinary catheter. Next steps include rolling out a hospital-wide comprehensive nurse-driven urinary catheter protocol. One month will be spent doing education throughout the hospital on proper catheter insertion, maintenance, removal, and culturing. There is an anticipation that with proper implementation there will be a hospital-wide reduction in urinary catheter utilization rates as well as a reduction in CAUTI rates.
<b>2015 Statewide Infection Control Training for Critical Access Hospitals, Rural Hospitals, and Long-term Care Facilities</b>	Ms. Egbert Ms. Varley	Based on results from a 2014 Needs Assessment conducted with infection preventionists in critical access hospitals, statewide infection control training is planned to be conducted 1 <sup>st</sup> quarter 2015. The UDOH HAI program will work collaboratively with HealthInsight, Utah's Quality Improvement Organization to conduct these one-day trainings. Critical access hospital, rural hospital, and long-term care facility infection preventionists will be invited to participate. The training will cover basic infection prevention education, NHSN surveillance, and NHSN reporting. The training will take place in Nephi, Ivins, Moab, Vernal and Logan, Utah.
<b>Utah Healthcare Association HAI Education</b>	Ms. Varley	Four regional trainings are being planned to be completed by 2 <sup>nd</sup> Quarter 2015 to address the infection prevention needs within the long-term care setting. The trainings will be presented collaboratively with UDOH and the Utah Healthcare Association. They will be held in the across the state within the four Utah Veteran Nursing Homes. Invitations will be extended to all long-term facility infection preventionists within the state. The training will cover basic infection control principles, outbreaks, infection control plans and risk assessments.
<b>Statewide CRE Prevention</b>	Ms. Alvarez Ms. Singson	

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<p><b>Statewide CRE Prevention (cont'd)</b></p> <p><b>Infection Control (IC) Transfer Form Usage</b></p>		<p>There have been 33 <i>Acinetobacter</i>, four <i>E. coli</i>, and two <i>Klebsiella</i> species of carbapenam non-susceptible organisms (39 total) reported thus far in 2014. Fifty-nine percent of the cases were hospitalized. There were four associated deaths. No clusters have been identified. This compares to 48 cases reported in 2013. This demonstrates a downward trend with <i>Acinetobacter</i> cases in Utah. An Aberration Detection model was presented showing the complexity of patient transfers within the state and depicting how these organisms may spread to additional facilities as patients are transferred between facilities. This demonstrates the importance of infection control communication between facilities to limit the transmission of these MDROs.</p> <p>Facilities participating in the MDRO prevention collaborative were polled in November 2014 regarding their usage of the Infection Control Transfer Form. Fifty-seven percent of those facilities were currently using the transfer form facility wide. Twenty-one percent were using the form in at least one unit. Twenty-one percent of the facilities were using the form in Curaspan. HealthInsight is looking into using the form with Interact. If facilities check “yes” on the Interact Form, it will automatically send the clinician to the Infection Control Transfer Form.</p> <p>Many hospitals are in transition of different electronic interfaces with their systems. The long-term care facilities are asking for the MDRO form to continue being used.</p>
<p><b>Influenza in Utah</b></p>	<p>Dr. Mayer</p>	<p>Surveillance for the 2014-2015 influenza season officially began on September 28, 2014. The Utah Department of Health publishes a weekly report throughout the active influenza season that synthesizes data from a variety of sources to give the most complete and up-to-date picture of influenza activity in the state of Utah.</p> <p>Influenza like illness (ILI) is currently reported to be at low/moderate level, however there has an increase in activity and also in hospitalizations related to influenza.</p> <p>IMC laboratory has reported 210 positive influenza cases thus far. The vaccination was not a great match for this year’s flu strain. Make certain good hygiene and hand washing is taking place to help prevent spreading of the flu.</p> <p>The rapid flu test is not very reliable. The BD Variator is better than others, however, PCR testing is the best but the turnaround takes longer, ~24 hours.</p> <p>Encourage clinicians to begin antiviral therapy as soon as possible if influenza is suspected and not wait for test results.</p>
<p><b>Utah APIC Chapter 2015 Conference</b></p>	<p>Ms. Frame</p>	<p>The Utah APIC Chapter will host an educational conference April 23–24, 2015. The proposed venue is the Radisson Hotel in Salt Lake City, but cannot be verified until closer to the event.</p> <p>The conference theme is “What’s in your Infection Prevention Toolbox?” Topics to be included are:</p> <ul style="list-style-type: none"> <li>• Antibiotic Stewardship</li> <li>• Disaster Cleanup</li> <li>• Making Excellent Data Presentations</li> <li>• Decreasing Stress in Difficult Situations</li> <li>• West Nile Virus Disease</li> <li>• Identification and Control of Community Outbreaks</li> <li>• NHSN Surveillance Changes</li> </ul> <p>Cherie Frame will send an invite to Dr. Mayer</p> <p>Dr. Mayer asked about ability to mentor new infection preventionists. APIC sponsors mentoring activities, but several infection preventionists throughout the state do not belong to APIC. The APIC Utah Chapter willingly allows infection preventionists to attend chapter meetings even if they are not registered members. Ms. Egbert, Varley and Singson committed to communicate availability of APIC Utah</p>

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		Chapter to infection preventionists throughout state, especially those in long-term care.
<p><b>Ebola Virus Disease Preparedness Discussion</b></p> <p><b>Ebola Virus Disease Preparedness Discussion (cont'd)</b></p>	Dr. Nakashima	<p>A statewide Ebola Virtual Tabletop Exercise was held today. Both urban and rural scenarios were exercised. The UDOH Department Operations Center (DOC) was activated with statewide facilitation. All local health districts participated with representation from many healthcare facilities and other supportive entities. The exercise went well, but uncovered some areas where education and preparation is incomplete. A hotwash will be held in January 2015 to discuss findings.</p> <p>The CDC has released their tiered approach (draft) for facilities.</p> <ol style="list-style-type: none"> <li>1. Tier I–hospitals prepared for initial Ebola screening and isolation</li> <li>2. Tier II – hospitals prepared for initial Ebola screening, isolation and testing, but not for care and treatment.</li> <li>3. Tier III – hospitals prepared for Ebola screening, isolation, testing, care and treatment of patients until possible transfer to a containment center.</li> </ol> <p>The majority of Utah facilities most likely will be only at the Tier I level.</p> <p>Primary Children’s Hospital is preparing to be a Tier III for pediatric patients in the state. Other facilities are working diligently to prepare and been visited by UDOH and LHD staff to help with those efforts. They have also conducted internal Ebola drills to assist with preparations. UDOH has a website <a href="http://health.utah.gov/epi/diseases/ebola/index.html">http://health.utah.gov/epi/diseases/ebola/index.html</a> which has more information regarding the expectations of a facility to treat an Ebola patient.</p> <p>In the US, there are currently 35 designated Ebola facilities which can manage ~53 patients.</p> <p>Discussion included the need for a long-term plan for a possible containment center in Utah.</p> <p>Dr. Doug Smith stated that senior management for of Intermountain Healthcare has already signed off on building a “bio-containment unit” on the Intermountain Hospital campus.</p> <p>Considerations for patient placement must include</p> <ol style="list-style-type: none"> <li>1. Advanced notice of where the patient’s insurance will best pay for treatment.</li> <li>2. Would a designated center be able to accept all insurances?</li> <li>3. Would a designated center use a collaborative approach between hospitals to help with caregiver burnout and the time off needed after treatment of an Ebola patient?</li> </ol> <p>Concerns of being a containment hospital for Ebola patients include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Caregiver burnout</li> <li>• Caregiver exposure</li> <li>• Communication between the treatment hospital and the media</li> <li>• Caregivers not being able to work with other patients after working on Ebola patient for specified amount of time</li> </ul> <p>Currently Utah is monitoring five “low risk” patients through local health departments.</p>
<p><b>Committee Membership and 2015 Meeting Schedule</b></p>	Dr. Mayer	<p>It would be beneficial to have increased representation within the UHIP GC. Currently the MountainStar Corporation does not have an active representative. It would be nice to have someone to represent ambulatory surgical centers as well.</p> <p>Dr. Arlen Jarrett suggested an additional possible representative from Iasis Corporation. He will forward contact information to Ms. Varley after discussing an invitation with the individual.</p>

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<p><b>Committee Membership and 2015 Meeting Schedule (cont'd)</b></p>		<p>The 2015 Utah APIC Chapter President, Kristine Hegmann, will be included in committee membership, replacing Cherie Frame next year.</p> <p>UHIP meetings for 2015 will be held on the following dates:</p> <ul style="list-style-type: none"> <li>• Tuesday, March 17, 3:00-5:00 pm</li> <li>• Tuesday, June 16, 3:00-5:00 pm</li> <li>• Tuesday, September 22, 3:00-5:00 pm</li> <li>• Tuesday, December 15, 3:00-5:00 pm</li> </ul> <p>All meetings will continue to be held in the Olmsted Room in the State Senate Building.</p>
<p><b>Development of UHIP GC Logo</b></p>	<p>Ms. Varley</p>	<p>Dr. Mayer will have the University web team draw up some creations for the UHIP GC Logo. This team did tell her the State colors are Black and Yellow. Discussion of the logo will be tabled until the next meeting.</p>
		<p>Meeting Adjourned 5:10 pm  <b>Next Meeting will be March 17, 2015 3:00 pm, State Capitol, Olmsted Room</b></p>