

UHIP Governance Committee Meeting ~ March 17, 2015

Attendees: Felicia Alvarez, Jana Coombs, Linda Egbert, Lisa Evans, Matt Fisher, Dr. Michaela Gazdik, Kristine Hegmann, Wayne Kinsey, Dr. Bert Lopansri, Karla Matheson, Marsha Meyer, Dr. Jeanmarie Mayer, Dr. Kashif Memon, Dr. Allyn Nakashima, Karen Singson, Andi Stubbs, Sherry Varley
Excused: Judy Daly, Dr. Arlen Jarrett, Dr. Doug Smith

Action Items Highlighted in Yellow

Agenda Item	Resp. Person	Discussion
Welcome and Introductions	Dr. Mayer	Meeting commenced at 3:00 pm. Dr. Mayer welcomed all attendees present and those calling in on the phone. Three new committee members were present, Kristine Hegmann, President of Utah APIC Chapter, Dr. Kashif Memon from Iasis Healthcare, and Marsha Meyer from Mountainstar Healthcare.
Minutes Reviewed	Dr. Mayer	Dr. Mayer asked for changes or acceptance of the minutes from the 12/16/2014 meeting. Andi Stubbs motioned the minutes to be accepted without correction or changes. Linda Egbert seconded the motion. Minutes approved and accepted as presented.
HAI Prevention Efforts: 2015 Statewide Infection Control Training for Critical Access Hospitals, Rural Hospitals, and Long-term Care Facilities	Ms. Varley Ms. Singson Ms. Egbert	<p>A presentation highlighted the success thus far of six of eight infection control trainings for statewide critical access hospitals, rural hospitals, and long-term care facilities. The remaining trainings will be completed by month's end.</p> <p>Summary attendance findings: 78% Critical Care and Rural Hospitals will have participated 71% Long Term Care Facilities will have participated</p> <p>UDOH has provided federally funded APIC resources to the Infection Preventionists which has been used in the trainings and greatly appreciated by training participants.</p> <p>Observations:</p> <ul style="list-style-type: none"> • Most persons responsible for infection prevention activities in these facilities perform multiple functions, in addition to infection prevention • Most IPs know Local Health Department contacts • IP's want further education and training • IP's have limited resources <ul style="list-style-type: none"> ○ Knowledge of NHSN =rare ○ NHSN-HAI definitions use =rare ○ ICD-9 codes are used for HAI surveillance=sometimes ○ Rates calculated and reports vs. infection =sometimes ○ Graphs used/trends monitored = sometimes ○ Denominator =sometimes ○ HAI denominator data collected by IP retrospective chart review=often ○ Risk Assessment familiar = rare ○ IP familiar with UDOH MDRO Transfer Form = almost always

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<p>Statewide CRE Prevention Efforts</p> <p>Ms. Singson Ms. Alvarez</p>		<ul style="list-style-type: none"> ○ Facility uses UDOH MDRO Transfer Form = sometimes <p>Evaluations of the course are positive. IP's have expressed that the training was worthwhile. Many long-term care facility IPs who attended the training enrolled their facility for the HealthInsight CAUTI/CUSP long-term care collaborative. Participants have also recommended others within their organizations to attend the training.</p> <p>A UDOH CRE report draft has been compiled. It will be published on UDOH website. Highlights include:</p> <ul style="list-style-type: none"> • 2014 numbers (50) are similar to 2013 (47) • 54% identified were hospitalized (27 of 50) • 12% known to have died at time of investigation (6 of 39; mortality data not known at time of 11 investigations) • Acinetobacter is the most common organism reported(39 of 50) • There were 6 E Coli and 5 Klebsiella reported • Also discussed was the recent CRE outbreak in two California hospitals involving duodenoscopes. CDC's <i>Interim Duodenoscope Surveillance Protocol</i> has been forwarded to Utah facilities. It is available at http://www.cdc.gov/hai/outbreaks/index.html.
<p>Potential Statewide Antibiotic Stewardship Collaboration</p> <p>Ms. Alvarez</p>		<p>Ms. Alvarez stated that UDOH has become a partner in the CDC's "Get Smart: Know When Antibiotics Work" program. The program distributes information regarding:</p> <ul style="list-style-type: none"> • Get Smart for Healthcare Workers • Get Smart: Know When Antibiotics Work on the Farm <p>The program also provides resources for parents regarding appropriate antibiotic usage. UDOH would like to see if there is interest in any statewide antibiotic stewardship collaboration. Perhaps a Utah Antibiotic Stewardship Assessment can be conducted. Discussion ensued regarding information facilities provide to NHSN regarding infection prevention strategies during the annual NHSN facility assessment.</p> <p>Dr. Mayer encouraged the UDOH HAI program to assess and report at the June UHIP meeting results of acute care facilities' NHSN infection prevention strategy surveys in NHSN. Ms. Alvarez will assess whether UDOH has rights to access the facility survey findings.</p>
<p>Utah APIC Chapter Spring Conference</p> <p>Ms. Hegmann</p>		<p>The APIC 132 Utah Chapter 2015 Spring Education Conference will be held April 23-24, 2015, hosted jointly by the Radisson Hotel and the Salt Palace in Salt Lake City. Parking at the Radisson Hotel will be complimentary. Cost for the conference is \$150. Encouragement was given to UHIP GC members to have their facility IPs participate. Education provided at this conference will be very beneficial for infection preventionists.</p>
<p>ELC Domestic Ebola Supplement Grant</p> <p>Ms. Varley</p>		<p>A supplement federal grant for Ebola preparedness was made available for states to apply. UDOH completed the application in February and hopes to receive notification of the funding announcement in April. Awarded monies will not only be used to prepare for Ebola, but also other emerging infection concerns. Funding will be for three years. Monies in the grant application were also requested to assist with Infection Control Certification (CIC) training.</p>

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		<p>Dr. Nakashima also discussed the process for active monitoring of travelers from affected Ebola countries within Utah. The process has gone well within the state and will continue under the direction of the CDC.</p>
<p>Utah Annual Healthcare Influenza Vaccination Coverage Report</p>	<p>Ms. Varley</p>	<p>The Influenza Vaccination Coverage Annual Report for 2014-2015 draft is completed and will be emailed to acute care facility CEOs , CMOs, IPs, Quality Directors and Employee Health Nurses by the end of March. Facilities will be given a 15-day period to be comment on the report. The report will be published May 1st on the UDOH website.</p> <p>The report will show healthcare worker Influenza vaccination coverage at 96.5%. This is a slight increase from the 2013-2014 Influenza Report. Utah's high rate of vaccination coverage is due to UHIP GC support and encouragement within facilities to have a compulsory influenza vaccination policy.</p>
<p>2015 State HAI Validation Proposal</p>	<p>Ms. Singson Ms. Varley</p>	<p>In accordance with Title 26.6.31, UDOH must perform validation of HAIs to ensure reported NHSN is accurate. UDOH validated catheter associated urinary tract infections (CAUTIs) last year. UDOH proposes the infection event validated in 2015 again be CAUTIs. Rationale for this suggestion includes Utah's continued high standardized infection ratio (SIR) for 2013 CAUTI. Repeating the validation of CAUTIs will help to determine if the validation efforts last year helped improve understanding and application of accurate CAUTI surveillance definitions.</p> <p>As of January 1, 2015, acute care med/surg units are also required to report CAUTI in addition to adult and pediatric intensive care units. It is important to ensure correct CAUTI surveillance is being performed as the reporting locations increase.</p> <p>It is proposed that 2014 CAUTI data from 11 acute care facilities be validated. Six facilities were validated during 2014. Validating 11 facilities in 2015 will increase UDOH HAI validation by 83%.</p> <p>Facilities will be chosen by the following methodology:</p> <ul style="list-style-type: none"> • 3 with high SIR's • 3 with low SIR's • 3 random • 2 that were validated in 2014 to revisit and see if improvements were made <p>The validation process will include:</p> <ul style="list-style-type: none"> • One full day "onsite" medical record audit for all eleven facilities • Thirty minutes initially spent with the Infection Preventionist to explore their surveillance methodology • Thirty minutes for a conclusion and summary of the validation findings. Facilities may choose to invite additional representatives in addition to the facility Infection Preventionist <p>The following will be requested of the facilities:</p> <ol style="list-style-type: none"> 1. A line list of medical record numbers of all positive intensive care urine cultures collected during 2014 2. A sample of the facility foley catheter denominator data collection tool

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		<p>3. Medical record numbers of all ICU patients with CAUTIs reported to NHSN in 2014</p> <p>Timeline of 2015 Validation:</p> <ul style="list-style-type: none"> • Notification letters will be sent to selected facilities by March 25, 2015 • Validation visits will begin May 20 through July 15, 2015 <p>A draft of the Annual UDOH HAI Report will be completed by July 31st. Validation data will be included; however, validation facilities will not be identified. The final report will be published October 1, 2015.</p> <p>Dr. Mayer asked UHIP GC members for a vote to support the proposed 2015 validation plan. Andi Stubbs motioned the UDOH validation proposal to be accepted as presented. Linda Egbert seconded the motion. UDOH 2015 validation proposal approved and accepted as presented.</p> <p>Ms. Egbert would like to cross check UDOH validation with CMS validations to compare results.</p>
<p>CRE Outbreak Prevention in ERCP Procedures</p>	<p>Dr. Lopansri Dr. Gadzik</p>	<p>Intermountain Healthcare has completed a recent evaluation of the effectiveness of duodenoscope cleaning following endoscopic retrograde cholangiopancreatography procedures (ERCP). A summary of the approach and results of the evaluation was shared.</p> <p>The evaluation was completed with post procedure cultures after cleaning and disinfection. It was determined that their scope cleaning/disinfection practices are sufficient.</p>
<p>Measles Outbreak and Response in Utah</p>	<p>Dr. Nakashima</p>	<p>A presentation summarized a Utah Measles Outbreak which began in December 2014 and was declared over in February 2015. Two siblings initially presented to a pediatrician's office in Utah County with measles symptoms after out of state travel to Disneyland. Public Health was alerted; testing done and the cases were confirmed. One secondary case occurred in another sibling. In summary, there were:</p> <ul style="list-style-type: none"> • 388 Contacts • 269 Deemed Susceptible • 149 Completed 21-day quarantine/active monitoring • 73 healthcare exposures • 48 ≤6 years of age • 29 high risk susceptible individuals provided immunoglobulin <ul style="list-style-type: none"> ○ 28 infants ○ 1 pregnant woman • 586 doses of MMR provided by Utah County • 50 suspect measles cases ruled out • 1 secondary case in unimmunized sibling of index cases • \$115,000 estimated cost to Public Health

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		<p>Lessons learned:</p> <ul style="list-style-type: none">• Astute pediatrician suspected measles immediately; notified public health promptly• Half susceptible contacts exposed in health care setting• Most too young to be fully vaccinated• Poison Control IVR was crucial in screening incoming PH calls• Rapid implementation of control measures• Immediate report by diagnosing clinician• Effective collaboration among public health and clinical partners
		<p>Meeting Adjourned 5:10 pm Next Meeting will be June 16, 2015 3:00 pm, State Capitol, Olmsted Room</p>