UHIP Governance Committee Meeting ~ July 12, 2016

Held at HealthInsight Board Room

Attendees: Mandy Brower-Promise Hospital; Heidi Carter-UDOH; Kristin Dascomb-IMC/LDSH; Linda Egbert-HealthInsight; Mark Fisher – University of Utah Hospital/ARUP; Sandra Forsyth – LDS Hospital; Annie George-SLCHD; Cathy Gray-University of Utah Hospital; Randon Gruninger-UDOH; Geoff Harding-Promise Hospital; Brian Hathaway-St. Marks; Karen Hendricksen – SLC Veterans Administration Hospital; Rhonda Hensley-ARUP; Mary Hill-SLCHD; Mary Jordan- Jordan Valley Hospital; Wayne Kinsey-Promise Hospital; Bert Lopansri-IMC/LDSH; Karla Matheson-UDOH; Marsha Meyer-St. Mark's Hospital; Susan Mottice-UDOH; Allyn Nakashima-UDOH; Tim Nelson-HealthInsight; Lisa Pearson-Specialty Hospital of Utah; Andrea Price-SLCHD; Carolyn Reese-UHCA; Linda Rider – Dixie Regional Medical Center; Karen Singson, UDOH; Emily Thorell- U of U/Primary Children's.

Action Items Highlighted in Yellow

Agenda Item	Resp. Person	Discussion
Welcome and Introductions	Dr. Jeanmarie Mayer	Meeting commenced at 8:00 am. Attendees and phone participants introduced themselves.
Minutes from last meeting	Dr. Jeanmarie Mayer	1. First Motion: Linda Egbert 2. Second Motion: Carolyn Reese 3. Minutes approved as presented.
FY2017 ELC Funding Opportunities	Dr. Allyn Nakashima	The UDOH HAI Program requested funding through the Epidemiology & Laboratory Capacity Grant from CDC to support Utah urban and rural facilities with antimicrobial resistance prevention needs. If awarded, part of this funding will go towards assisting facilities to use the National Healthcare Safety Network (NHSN) Antimicrobial Utilization (AU) and Antimicrobial Resistance (AR) modules. Funding will also support collaborative activities between facilities and provide guidance and education webinars regarding antimicrobial stewardship. Collaborative activities will most likely mirror the University of Utah Healthcare System's Project ECHO (Extension for Community Health-Care Outcomes) where cost-free partnerships are set up to share expertise and information between urban and rural facilities. . Some of these activities will take place even if all requested funding is not received, because Dr. Nakashima feels strongly that these needs to be addressed. Dr. Nakashima will summarize FY2017 ELC HAI funding rewards at the next UHIP GC meeting.
2016 UDOH HAI/AR Needs Assessment	Susan Mottice	Susan discussed findings from the 2015 Annual Hospital Survey NHSN Patient Safety Component completed by hospitals who submit data to NHSN, 41 of Utah's 53 hospitals. (Critical Access Hospitals do not currently and are not required to submit data to NHSN.) Some responses were different than what facilities' labs have indicated to UDOH. Ms. Singson and Ms. Egbert will remind facilities' infection preventionists to collaborate with their laboratories and other ancillary departments to accurately respond to NHSN Annual Survey needs. Findings for the 41 responding hospitals included: • 20 use current Cephalosporin/Monobactam breakpoints for Enterobacteriacea • 23 use current Carbapenem breakpoints for Enterobacteriacea • 25 test for Cabapenemase via Modified Hodge and E Test • 21 hospitals do not routinely test for Colistin or Polymyxin B susceptibility, although larger labs can test for these susceptibilities upon special request

		• CDI testing methods vary amongst hospitals, and survey results differ from what clinical labs have reported to UDOH • Most hospitals do not routinely MRSA or CRE surveillance cultures, although 9 hospitals screen for MRSA in high-risk settings, e.g. intensive care, and preoperatively; 3 hospitals screen for CRE in high risk settings and preoperatively. • 13 hospitals indicated that they receive a patient's MDRO status alert almost always • 90% of hospitals have facility leadership for their antimicrobial stewardship program
Antibiotic Resistant Organisms Update	Dr. Jeanmarie Mayer	Dr. Mayer reviewed the findings of the MDRO Collaborative that was tasked to find a better way to transfer and increase awareness of patient transfers that are infected or known to be colonized with MDROs or suspected MDROs.There was a multidisciplinary committee, including IP's, Emergency transportation, ED personnel; etc. that addressed this process. **MDRO Collaborative Background** A regional Carbapenem Resistant Acinetobacter (CRAB) outbreak in 2009-10, highlighted the need for collaboration. Funding was provided by a CDC ACA grant for the regional collaborative during 2013 to control MDRO/Carbapenem Resistant Enterobacteriaceae (CRE). The collaborative had multidisciplinary membership and fostered relationships with stakeholders across healthcare systems. The collaborative created a standard MDRO Communication Form to be used by facilities upon patient transfer. The form is available for use at http://health.utah.gov/epi/diseases/HAI/resources/IC_transfer_form.pdf. **EpiCenter can support planning for an MDRO Registry** The University Hospital was recently designated as a CDC EpiCenter and can help support needs for a MDRO registry. Members of the UHIP GC agreed that UDOH can be a trusted broker of patient MDRO information. UDOH is currently working on acquiring accurate and comprehensive micro data. Electronic lab reporting (ELR) will be important to support the MDRO Registry needs. A MDRO registry technical advisory team will need to address legal, privacy and data security concerns. The Chicago area has created a successful registry; we can learn from their experiences. We will need to develop inter-institutional data access agreements for providers with "need to know" and conduct a needs assessment of potential future users. **Interest in a Regional Approach to Reduce C. difficile?** The UHIP GC and other community partners met April 4, 2016, to discuss interest in a regional collaborative to reduce *Clostridium difficile* incidence in Utah communities. Potential areas to focus on: o Optimal *C. difficile* testing ▪ Examine ordering practices and provide guidance at order entry ▪ Restrictions at the lab o Environmental Cleaning & Disinfection ▪ Cleaning agents and protocols ▪ Auditing cleaning effectiveness ▪ Additional disinfectant methods (e.g., UV, Hydrogen peroxide)

		▪ Team approach o Antibiotic stewardship ELC funding will help support these activities.
Epidemiology of *C. difficile* across Utah	Dr. Bert Lopansri	Dr. Lopansri presented a *C. diff*icile study regarding *C.difficile* incidence in Utah, based upon Intermountain Healthcare's data. The *C. difficile* strain, 027/NAP1/B1 has been found in the U.S., Canada and the UK and is linked to disease severity and death. Data suggests that community acquired *C. difficile* infections are increasing, while hospital *C. difficile* infections are decreasing. Intermountain Healthcare has created an algorithm to help determine if *C. difficile* testing is needed.
Proposing a Regional Collaborative to Reduce C. difficile	Linda Egbert/ Dr. Jeanmarie Mayer	**HealthInsight CDI LTCF Collaborative** HealthInsight is currently working in a collaborative activity to evaluate current practices regarding *C. difficile* practices in long-term care facilities, as well as support antimicrobial stewardship needs in these facilities. Participating facilities will be asked to enter LabID *C. difficile* into NHSN. Hospital and LTCF referral patterns within 20 miles of participating facilities will also be evaluated. **Other regional activities to decrease *C. difficile*** Dr. Mayer summarized possible activities for a regional collaborative. Suggested actions include: 1.Test methods of different facilities for C. diff positive algorithms 2. Processing of CRE 3. Reporting of MIC's 4. Environmental cleaning 5. Monitoring 6. UV lights/H2O2 experiences 7. Disinfectants used / other cleaning agents 8. Tools to monitor 9. When someone leaves their room for fecal transplant, do they come back to the same room or a new room, and if same room, how is it cleaned prior to patient returning. Dr. Mayer suggested that UDOH should call groups and sub groups. Facilities interested in participating in the collaborative should contact Karen Singson at ksingson@utah.gov. Infection preventionists attending the meeting requested that the first collaborative meeting will be 'face to face' to improve relationships, then continue with conference calls and other meeting formats as needed. The goal is to develop a positive team with good communication across a broad spectrum of individuals and good collaboration. UDOH will facilitate the committee.
		Meeting Adjourned 10:05 am Next Meeting September 20, 2016 @ 3:00 pm Olmstead Room State Senate Building