Excused: Allyn Nakashima

### Action Items Highlighted in Yellow

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<th>Agenda Item</th>
<th>Resp. Person</th>
<th>Discussion</th>
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<td>Welcome and Introductions</td>
<td>Jeanmarie Mayer</td>
<td>Introductions of those in attendance and on the phone were made. Dr. Mayer stated that there are new committee members but no new members were present at this meeting.</td>
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| Minutes from last meeting | Jeanmarie Mayer | Minutes from last meeting were reviewed and approved.  
  - Approved by – Linda Egbert  
  - Second by – Doug Smith  
  - All were in favor |
| 2017 Times and Locations | Jeanmarie Mayer | Times and locations were discussed for new UHIP meetings in 2017. Suggestions were as follows-  
  - 7 - 8 a.m. at Health Insight  
  - Remain at Capitol at the same as previous years  
  
  A new doodle will be sent out to see which works best for members of UHIP (Karen Singson) |
| FY2017 ELC Funding Awards | Karen Singson | The Utah Department of Health received 100% of requested funding, $335,924, for the Epidemiology and Laboratory Capacity (ELC) HAI Detection and Response Infrastructure activities. Funds granted for FY2017 were $226,124 greater than previous years’ funding. The UDOH Healthcare Associated Infections & Antimicrobial Resistance Prevention Program also received 50% of requested funding for ELC Coordinated Prevention activities. This funding will primarily be used towards HAI and antimicrobial resistance prevention education, monitoring and prevention during FY2017. |
| Regional C.difficile Prevention Standardization Activities | Heidi Carter | The UDOH HAI/AR Program and HealthInsight have teamed together to form a regional collaborative from Ogden to Provo regarding C. difficile and antimicrobial stewardship prevention.  
  
  Healthcare-associated infections (HAIs) caused by antimicrobial resistant organisms and those caused by *Clostridium difficile* are among the most difficult problems facing infection control programs. In the last five years, increasing focus has been placed on these HAIs by CDC and CMS which has resulted in increased funding and support to address these infections, but has also increased pressure on infection control programs to implement effective prevention interventions. At the July 2016 meeting of the Utah Healthcare Infections Prevention Governance Committee (UHIP-GC), we discussed the development of a collaborative to help us address these infections. |
issues. The objectives of the collaborative include: 1) improve antimicrobial stewardship among providers; 2) improve the practices and implementation of infection prevention, including environmental cleaning, use of personal protective equipment (PPE), handwashing, etc.; 3) improve the information collected on C. difficile infections (CDIs) and infections cause by resistant organisms, e.g. carbapenem-resistant Enterobacteriaceae (CRE) for use by decision-makers, researchers, etc.; and 4) improve the transfer and notification process when a patient infected with one of these organisms is transferred to another facility.

To accomplish these broad objectives, we will need the input and support of a variety of experts. So we are considering 3 workgroups:

**Workgroup 1: Antimicrobial stewardship and C. difficile diagnostics.** This group will primarily be made up of infectious disease physicians and pharmacists with expertise in developing effective antimicrobial stewardship programs within facilities and in the community. In addition, experts in clinical aspects and laboratory diagnosis of C. difficile be included. The group focus on developing a series of instructional webinars on that can be used for training in facilities and in the community. Dr. Jeannie Mayer will convene this group.

**Workgroup 2: Infection control practice and environmental cleaning.** This group will primarily consist of experienced infection control practitioners and environmental services (EVS) experts. They will convene a series of training and sharing meetings to help different types of facilities with the practical implementation of environmental cleaning practices, purchase of disinfectants and equipment (e.g. ultraviolet light), monitoring the effectiveness of environmental cleaning and PPE use), etc. Heidi Carter will lead this group.

**Workgroup 3: Surveillance and data quality.** This group will consist of Utah Department of Health and hospital experts in surveillance and informatics, including IPs, lab experts, informaticists and epidemiologists. The group will develop a survey of laboratory practices for testing and reporting of C. difficile and CREs. They will promote the use of the National Healthcare Safety Network (NHSN) to track antimicrobial use patterns as well as improve the general quality of data collected in NHSN. This group will work on the barriers to electronic laboratory reporting (ELR) such as modifying the Communicable Disease Rule. This group will also get input from facilities on the long-term goal of developing a registry for patients with CRE infections or CDIs that will enable facilities to exchange information during patient transfers. Finally, as funding is available, this group will work with Workgroup 1 to design and conduct a CRE point prevalence survey. Susan Mottice and Karen Singson will lead this group.

The Utah Department of Health HAI Program has received funding in the Epidemiology and Laboratory Capacity (ELC) grant to support these activities. This funding will be distributed as needed to implement each workgroup’s priorities.
Novel Zika Transmission

Dallin Peterson/Jeanmarie Mayer

The first Zika death in the United States was in Utah. The Utah Department of Health and the CDC have been actively trying to track others that may have been exposed to this person. One contact to the initial case became ill with Zika. Transmission is still unclear. No healthcare workers and funeral home workers did not get Zika after exposure to the initial case. This case exemplified the need for implementation of Standard Precautions to be used by persons who may come in contact with body fluids from infected persons to prevent disease transmission.

Initial findings from this case investigation have been published in the Morbidity and Mortality Weekly Report (MMWR) Vol. 65, No. 36.

2016 NHSN COLO SSI Data Validation

Karen Singson

From May 16 through July 30, 2016, the UDOH HAI/AR Program validated 2015 surgical site infections within 30 days of colon surgical procedures (COLO SSI) in ten Utah hospitals. Facilities chosen for 2016 validations had significantly higher numbers of COLO SSI than national benchmarks, or significant differences between number of COLO SSI reported to the National Healthcare Safety Network (NHSN) during 2015 as compared to expected number of COLO SSI per facilities as calculated by NHSN. Infection preventionists with Certification in Infection Control and Epidemiology (CIC) from the UDOH HAI/AR Program reviewed 375 colon surgical procedures and identified 23 additional COLO SSI than had been reported by facilities. NHSN surgical site infection surveillance definitions are not positive microbiology culture dependent. None of the 23 additional COLO SSI that were identified had an associated positive microbiology culture signifying the need for further review. Facilities that depend solely on positive microbiology cultures may not identify all COLO SSI that occur. Utah Title 26-6-31 requires the UDOH HAI/AR Program to validate data reported by facilities to NHSN annually.

2015 Healthcare Associated Infections Report

Karen Singson

The 2015 Annual Healthcare Associated Infections Report is currently being reviewed internally at the UDOH prior to release to facilities named in the report for a 30-day comment period. The report is anticipated to be published on the UDOH website on November 1, 2016.

As compared to national benchmarks, catheter associated urinary tract infections (CAUTI) reported by Utah facilities to NHSN in 2015 significantly decreased as compared to previous years’ data. The decrease may reflect facilities’ implementation of CAUTI prevention practices and changes in NHSN CAUTI surveillance used as of January 1, 2015. As compared to national benchmarks, Utah facilities reported the following data:

- Catheter Associated Urinary Tract Infection – 15% fewer
- Central Line Associated Bloodstream Infection – 51% fewer
- Surgical Site Infection within 30 days of Colon Surgical Procedure – 9% more
- Surgical Site Infection within 30 days of Abdominal Hysterectomy – 11% more
- Clostridium difficile, facility onset – 22% fewer
### UHIP Governance Committee Meeting ~ September 20, 2016

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<th>2015-2016 HCP Influenza Vaccination Report Summary</th>
<th>Susan Mottice</th>
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<td>Since 2008-2009, healthcare worker (HCW) influenza vaccination rates, as reported by Utah facilities, has increased from 75.55 to 95.7%. There was a slight insignificant decrease from 96.7%, in 2014-2015, to 95.7% during the 2015-2016 influenza vaccination season. Three hospitals, one acute care and two chemical dependency rehabilitation hospitals, had significant decreases in HCW influenza vaccination coverage, a 41%, 25% and 35% reduction, respectively. Two of these hospitals had mandatory HCW influenza vaccination policies. Eighty-five percent of facilities that reported 2014-2015 HCW influenza vaccination data have mandatory HCW influenza vaccination policies. Utah Administrative Code R386-705 requires Utah facilities to report healthcare worker influenza vaccination data to the UDOH. Reporting may be through UFORS, a UDOH reporting platform, or through NHSN. The Centers for Medicare and Medicaid (CMS) requires report of healthcare influenza vaccination data by short-term and long-term acute care hospitals, critical access hospitals, rehabilitation hospitals, ambulatory surgery centers and dialysis centers to NHSN. Healthcare worker influenza data from Utah’s long-term care facilities has been collected by the UDOH Immunization Program over the past several years. Questions regarding healthcare worker influenza vaccination are phrased differently between NHSN, UFORS and those asked by the UDOH Immunization Program, making data analysis difficult. The UHIP GC approved Susan Mottice’s recommendation to align questions asked on the UFORS site with those asked by NHSN. Susan Mottice will change the questions on UFORS to mirror those on NHSN and inform facilities who have previously reported on UFORS of the change.</td>
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<th>Certification in Infection Control (CIC®)</th>
<th>Linda Egbert</th>
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<td>Since HealthInsight sponsored a Certification in Infection Control (CIC®) Exam Preparatory Course, March 16 &amp; 17, 2016, supported by Ebola ELC funding, the number of certified persons with accountability for infection control in Utah has increased by 61%. Course participant feedback was very positive. Some infection preventionists have questioned the need for certification as their work place does not award or recognize certification. Members of the UHIP GC agreed that facilities might want to award a bonus or other recognition to infection preventionists who achieve certification. HealthInsight will provide another CIC® preparatory course in September 2017, again supported by Ebola ELC funds. Karen Singson and Linda Egbert will meet to form a plan about how to go forward for the next year.</td>
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| HealthInsight | Linda Egbert | This collaborative was part of Cohort III, which began in March 2015 and concluded in May 2016. Ten long-term facilities were recruited with seven completing the course.  
  Evaluation Measures were:  
  • CAUTI Rate per 1000 catheter days  
  • Catheter utilization  
  • Urine culture orders per 1000 days  
  Prior to the collaborative, participating facilities used variable surveillance definitions. NHSN CAUTI surveillance definitions were used during the collaborative period. CAUTI rates and urine culture orders decreased. |
| Long-term Care |  |  |
| CUSP/CAUTI Collaborative |  |  |
| HealthInsight | Linda Egbert | HIIN will be a new portion of the QIO initiative. They would like to have hospitals meet to and implement their best practices. HIIN goals are different and not HAI specific and are looking for a 20% reduction in all cause in patient harms and re-admissions. All Acute Care Hospitals are eligible to apply for this. |
| HIIN Grant |  |  |
|  | Carolyn Reese | The Annual Fall UHCA Annual Conference will be held at South Towne Expo September 27, 28, 29, 2016. To date over four-hundred persons have registered for the conference. The conference this year is titled, “Champions of Quality” The first day speakers include Governor Herbert, Governor Leavitt and Governor Parkinson from Kansas. The second day will be breakout sessions for all disciplines. Continuing education credits will be given. 
  The UDOH HAI Program will have a table at the conference explaining facility assessments offered by the program. Karen Singson will have a session regarding effective healthcare associated infection prevention practices this day along with exhibits from 100 contributors.  |
| 2016 UHCA Annual Education Conference |  |  |
| Carolyn Reese |  |  |
| APIC Education Conference | Pam Clark | Due to insufficient registration numbers this year, the Utah Chapter 2016 Education APIC Conference was cancelled. The Utah APIC Chapter Board of Directors will meet to decide how to move forward, get more participants and better meet members’ needs.  |
|  |  |  |
| Emerging Infection Preparedness Ebola Assessment Hospitals | Kevin McCulley | The CMS Emergency Management Rule has been finalized. This rule will impact all providers that bill Medicaid or Medicare. This rule goes into effect November 2016 with compliance expected by November 2017. Preparedness will work closely with certification to ensure an orderly compliance with this rule. This is changed from a “project” to a “program” making it a daily way of business. Assistance will be provided to help comply with this rule.  
  The Ebola Region 8 plan has been completed. Denver Health is still our Region 8 Ebola Treatment Center. Future activities will be focused toward all infectious hazards, especially emerging pathogens. This may be split into blood borne pathogens, vector borne pathogens and respiratory pathogens.  
  A new entity named NETEC (National Ebola Training and Education Center netec.org) which consists of Bellvue, Emory and Nebraska entities that have dealt with Ebola. This group will serve as the national expertise  |
|  |  |  |
Dr. Mayer suggested that Primary Children’s, Intermountain Medical Center and the University of Utah have a meeting to discuss their practices of how to handle highly communicable infection situations since they are the three designated Ebola Assessment Hospitals in Utah and to share best practices.

Karen Singson reported on the current status of Facility Assessments, as funded by the Ebola grant. Forty-seven of the 53 hospitals have been completed. The UDOH HAI Program will assess the remaining hospitals and at least twenty-five long term care facilities by December 20, 2016. Common gaps identified in hospitals include need for competency evaluation and risk assessment when drug diversion occurs in facilities.

Meeting Adjourned at 4:56 pm

Next Meeting will be held Tuesday, December 13, 2016 from 3:00-5:00 p.m., State Capitol, Olmstead Room