District of Columbia Healthcare-Associated Infections (HAI) Advisory Committee

In-person (last minute call-in option provided)

899 North Capitol Street NE

November 20, 2019 | 10:00am – 12:00pm

Attendance

Healthcare Setting/ Stakeholder Groups	Number of Members Present	Number of Public Attendees Present
Academic/Coalition Partners	1/2	0
Acute Care	3/4	0
Association for Professionals in Infection Control (APIC)	0/1	0
DC Government	1/3	0
Medical Society of DC	1/1	0
Non-acute Long Term Care	0/3	0
Outpatient Dialysis	1/0	0
Outpatient Primary Care	0/0	0
Quality Improvement Organizations (QIO)	0/3	0

Meeting Summary

Introductions

Dr. Preetha Iyengar started the meeting by having in-person attendees introduce themselves and their respective stakeholder group affiliations (i.e. acute care sector, skilled nursing facility (SNF) sector, outpatient primary care sector, etc.). She then provided a recap on the mission and vision of the Healthcare-Associated Infection (HAI) Advisory Committee: The mission of the committee is to identify HAI prevention activities, recommend evidence-based practices and sustainable interventions, establish targets, and monitor and communicate progress to stakeholders and the public. The vision is to

help healthcare facilities to provide the best possible quality of care in the District by ultimately eliminating HAIs.

District-level HAI and MDRO data

DC-level NHSN data was presented for Catheter-Associated Urinary Tract Infections (CAUTI), Central Line Associated Bloodstream Infections (CLABSI), Clostridium difficile (CDI), and Methicillin-resistance Staphylococcus aureus (MRSA) for DC acute care facilities for Q3 2018 through Q3 2019. Skilled nursing facilities and outpatient dialysis facility data were not presented during this meeting.

Most hospitals have remained just below the baseline for Q2 and Q3 of 2019 and one hospital had a significant increase in CAUTI cases during 2019. The HAI Program is already in the process of working with one hospital on this increase in cases. Most hospitals have remained significantly below the national baseline for CLABSI cases since Q2 2019 and a few hospitals have been seeing an increase in the raw number of CLABSI cases but this these increases are not significantly above the national baseline. Most hospitals have remained significantly below the national baseline for CDI for well over a year. A few hospitals had a notable increase in the crude number of CDI cases during Q3 2019 and the HAI Program is looking into these; this increase is not significantly above the national baseline. MRSA bloodstream infections remains around the national baseline for the District, with a few hospitals consistently having zero cases.

Discussion about the 2019 CDC Antibiotic Resistance Threats Report

The Centers for Disease Control and Prevention (CDC) just released an updated Antibiotic Resistance Threats Report. The DC Health HAI Program has already been addressing all of the 'urgent threats' and two of the 'serious treats' that are relevant to healthcare facility infection control programs. These urgent threats that are already being addressed include Carbapenem-resistant Acinetobacter baumannii (CRAB), *Candida auris* (*C. auris*), *Clostridioides difficile* (CDI), and Carbapenem-resistant Enterobacteracae (CRE). However, many opportunities still remain to strengthen DC Health's surveillance and public health actions around these threats.

DC Health is already tracking CRE, CDI, and MRSA through the National Healthcare Safety Network. CRE, Carbapenem-resistant *Pseudomonas aerginosa* (CRPA), *C. auris*, and CRAB are already being identified and responded to through the Antibiotic Resistance Laboratory Network (ARLN). A lot of the surveillance being conducted through ARLN needs to be strengthened by increasing isolate submission from local clinical labs and increasing testing capacity at local and regional levels. In addition to this, external DC Health groups, such as the Region Organized Against Resistance (ROAR) Coalition are making some headway with regional antibiograms that have helped DC HAI Stakeholders at facility and state levels understand where to best target efforts. DC Health made a commitment through the CDC Antimicrobial Resistance Challenge to increase the reporting and availability of MDRO data from these various surveillance sources in the coming year. This is being done by creating public facing dashboards that will be displayed on the DC Health website.

Discussions about updates to the DC HAI Plan

DC Health is in the process of updating DC's State HAI Plan for the next 5 years. DC's State HAI Plan was last updated in December 2015 and prior to that it was updated in 2009. The next revised plan will be provided to CDC in mid-2020 and will include 76 metrics. Thirty-two of these metrics warrant some input from the HAI Advisory Committee to ensure that this 5-year plan will align properly with stakeholder priorities and perspectives. The plan targets six high level District-level HAI Programmatic areas: 1) enhance HAI program infrastructure, 2) surveillance, detection, reporting, and response, 3) prevention, 4) evaluation, oversight, and communication, 5) infection control assessment and response, and 6) targeted healthcare infection prevention programs.

Due to time constraints, the Committee was only able to discuss 10 metrics that were part of the 'surveillance, detection, and reporting' and 'prevention' sections. Emily will continue to solicit feedback from Committee members through an online survey. DC Health plans to have the plan fully updated by summer 2020 and CDC will post it to their website at the end of 2020.

Antimicrobial Stewardship Subcommittee Updates

The Antimicrobial Stewardship (AS) Subcommittee Chair provided an update about recent activity. The Subcommittee has identified an initiative that focuses on better understanding the challenges related to antibiotic prescribing in the outpatient care setting. There is now buy in from a provider who works as part of a large network of outpatient urgent care clinics and who has also been gathering prescribing data. The Subcommittee is now focusing on how to best use these data, how to possibly engage insurance companies and patient advocates, and how to take a systems level approach to understanding and addressing these challenges. This outpatient provider also expressed that a lot of assistance is needed by outpatient clinics for patient education. This is because there still seems to be a lack of faith between patients and providers around antibiotic prescribing.

CAUTI Subcommittee Updates

The CAUTI Subcommittee is in the process of implementing CDC's Targeted Assessment and Prevention (TAP) Strategy in two acute care facilities. The two targeted facilities both agreed to have at least one unit undergo an assessment. One has decided to conduct the assessment independently with minimal assistance from DC Health and the other requested that DC Health come on-site and conduct as much as possible so that the assessment process would be as minimally burdensome as possible. Both assessments have been delayed for slightly different reasons (regulatory visits, etc.). However, both facilities will likely be have their assessments completed in early 2020.

One Committee member asked whether sustainability of post-assessment interventions was taken into consideration. An HAI Program representative said that the short-answer to this questions is no, however, the TAP Strategy will likely become an ongoing resource provided by DC Health to all facilities.

Discussions about high impact containment investigations

The HAI Program provided brief updates about two regional outbreaks: *Candida auris* and New Delhi metallo-ß-lactamase (NDM) Carbapenem resistant *Acinetobacter baumannii* (CRAB).

NDM/OXA-23 CRAB Investigation

The NDM/OXA-23 CRAB investigation has been ongoing for DC since September 2019. It has impacted 5 DC healthcare facilities (2 hospitals and 3 subacute care facilities) and multiple Maryland facilities. It is also currently unknown how many Virginia (VA) facilities are impacted because the surveillance system that initially detected this outbreak is not yet up and running in that jurisdiction. However, DC, Maryland (MD), and VA are still in regular communication to ensure situational awareness. DC currently has 4 confirmed case and other more commonly found MDROs have been identified during the course of the investigation.

Response actions taken by DC Health and impacted DC facilities have included 1) targeted readmission screening of patients who were "potentially exposed" to confirmed case-patients, 2) response driven and risk-stratified/targeted point prevalence screenings, 3) preemptive risk-stratified/targeted point prevalence screenings, 4) onsite infection control assessments (non-regulatory), and 5) in-services (conducted by DC Health). Thus far over 100 patients in DC healthcare facilities have been screened and additional screenings are being planned. De-escalation strategies (i.e. when to scale back screening) are being discussed with CDC, MD, and VA.

An acute care Committee member voiced that it would be extremely helpful if DC Health would provide more routine updates about this and similar containment investigations. This would better inform infection preventionists (IPs) to provide updates to leadership and inform processes within individual facilities. Dr. Iyengar mentioned that this has been a new challenge for the HAI Program. The main way to communicate with external stakeholders is through Health Alert Notices (HANs), however, that tends to be a bit of an overkill when needing to provide more frequent updates about HAI containment investigations. Someone mentioned that maybe the HAI Program should model some of the more frequent reporting strategies, such as influenza.

Candida auris

This is an outbreak that started in a neighboring jurisdiction in June 2019 and has required a lot of intensive follow-up with patients who were potentially exposed at facilities for which there was identified C. auris transmission. The Chesapeake Regional Information System for our Patients (CRISP) has allowed for such a high number of patients to be screened because it allows for systematic tracking of potentially exposed patients so that they can be screened up readmission to a healthcare facility in this region. Over 4000 contacts were identified for screening and thus far, DC facilities have screen 127 patients who have passed through their facilities. One colonized patient has been identified by a DC facility (this patient was exposed at another facility outside of DC).

DC Health Updates

These were not discussed due to time constraints.

Proposed 2020 Committee Meeting Schedule

Upcoming Committee meeting dates are proposed to take place quarterly on the 2nd Wednesdays of each month (with the exception of November due to the Veteran's Day Holiday):

- February 12, 2020
- May 13, 2020
- August 12, 2020
- November 18, 2020

An online survey will be sent out to vote on the format for each of these meetings.

Adjourn

Next meeting is February 12, 2020 (format will be determined through an online survey)