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

In-person
899 N. Capitol St. NE, Room 6002
August 8, 2018 | 10:00am – 12:00pm

Agenda

1. Welcome and Introductions

Emily Blake started the meeting by having all 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.).

2. Recap Mission, Vision and Goals of Committee

Ms. Blake 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.

3. Recap May Meeting

The May HAI Advisory Committee meeting was held in-person and largely addressed administrative management of the committee. The three subcommittees also provided updates on their activities. Committee members and attendees were in agreement that there needed to be some sort of voting and quorum process in order to legitimize future any committee activities and outcomes. DC Health agreed to draft a committee handbook for members to review and discuss during this August meeting.

4. Administrative Discussion

a. Review voting and quorum procedures in the draft HAI Advisory Committee Handbook

Emily presented screenshots from the newly drafted HAI Advisory Committee Handbook, specifically those sections that discussed attendance and voting. She also presented a table that showed healthcare sector attendance during the previous two

committee meetings. Overall only 5/8 of the represented healthcare sectors had one or more members attend at least one of the two past meetings (held in February and May). The acute care, skilled nursing, and individual physician sectors were the only ones that had at least one member at both the February and May meetings.

One member stated that it is very burdensome to attend these meetings in-person, even if other logistical barriers were to be lifted (e.g. if free parking were to be provided in the garage below DC Health). There were several members who agreed that scaling the number of in-person meetings back in exchange for online conference calls would be ideal. To make this work, some suggested that review processes be outlined prior to each meeting (online or in-person) and votes be conducted either in-person or via survey monkey. Other attendees thought that keeping the meetings in-person was important for the quality of discussion and to ensure that members are as informed as possible before making a vote.

An example voting scenario discussed was the drafting of the CAUTI Subcommittee announcement letter. One way this might be handled is to draft the letter and send it to the larger advisory committee to review and then take a vote. However, some members thought this might be too formal and cause undue delays. An alternative option would be to have the subcommittees keep the larger committee informed and instead request a vote when warranted. The review periods would be set by the subcommittees and votes could be collected online (e.g. via survey monkey). In order for this to work, agendas would need to be more actionable.

Other members mentioned the importance of taking a role call before taking a vote. This important because people would know who voted so that substantive feedback can be requested/provided. Another member said this is something that should instead come out during the discussions that occur prior to voting.

The discussion shifted to what should be considered a quorum for this committee. Since there are many healthcare sectors represented but only half of these sectors have highly engaged members, requiring a quorum from each sector could negatively impact the committee. Due to this, it made the most sense to have the committee chair determine the key groups that would be needed for a quorum. This would make it easier for the committee to have meetings with those members who are most pertinent to the discussions, issues, and initiatives at hand.

5. Subcommittee Updates

a. Antimicrobial Stewardship

The Antimicrobial Stewardship (AS) Subcommittee is in the process of developing public service announcement videos in preparation for World Antibiotic Awareness Week, which runs from 11/2 – 11/18. These educational videos cover 1) how to use an antibiogram, 2) approached to patient prescribing, 3) information about antibiotics, and 4) antibiotic resistance. Next suggested steps are to make a communication plan for distributing the videos to a wide audience.

Another initiative this subcommittee is working on is the creation of 15-minute educational webinars that provide continuing education credits for both hospital and skilled nursing facility workers.

The third initiative this subcommittee is close to completing is the creation and distribution of a District-wide antibiogram. The next major step is to get these data approved by the contributors and then disseminated in an aggregate and de-identified manner.

b. CAUTI

The CAUTI Subcommittee had initially planned to draft two letters: one to serve as general announcement about the subcommittee and the other to specific facilities targeted for intervention. The initial high level letter was drafted to include several stated goals that utilized National Healthcare Safety Network (NHSN) metrics, such as the Standardized Infection Ration (SIR). However, the subcommittee is rethinking this approach and might change course to include only one high level letter that is easy to read (i.e. no complex statistics, such as the SIR) and contains "a hook" that captures the attention of the reader. This would mean that facilities wouldn't be directly targeted but instead prompted to take action based on the announcement letter. This revised approach is intended to be more gentle, direct, and inclusive and the plan is to send it to a wide audience (i.e. C-suite executive, infection preventionists, etc.)

c. *C. difficile* (CDI)

NHSN data for CDI cases was presented for the last half of 2017 and the first half of 2018. These data showed that DC had a CDI SIR that was significantly lower than the national SIR for the first half of 2018. It is thought that this significant decrease is likely due to a CDI initiative that was implemented in one of the larger acute care hospitals. The subcommittee had previously wanted to expand this initiative to other facilities in the District but this was ultimately done due to a lack of monetary support.

One of the Committee staff brought up the possibility of combining this subcommittee with one of the other two subcommittees. Other members thought it might be good for this subcommittee to continue functioning independently so that it could delve deeper in the existing cases now that the CDI numbers have dropped. Another member suggested presenting the initiative to C-suite executes at facilities with higher CDI rates but this was countered by another member who said that many hospitals in DC just don't have the resources to implement an IT-driven intervention such as this. One of the other subcommittee chairs suggested talking offline about how and when it might become appropriate to blend this CDI Subcommittee with either the CAUTI Subcommittee or the AS Subcommittee.

6. Next Steps

The last meeting for 2019 is scheduled for Wednesday November 14th. This will be conducted via WebEx.

DC Health will finalize the Advisory Committee Handbook (previously referred to as a "Procedure Manual") for members to review and vote on finalizing during the next meeting.

7. Adjourn

Next meeting is scheduled for November 14, 2019 (conference call)