

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

WebEx Meeting

August 14, 2019 | 10:00am – 12:00pm

Roll Call

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	1/3	0
Outpatient Dialysis	0/0	0
Outpatient Primary Care	0/0	0
Quality Improvement Organizations (QIO)	1/3	0

Meeting Summary

Update about District-level HAI and MDRO data

Emily Blake presented DC-level National Healthcare Safety Network (NHSN) data for CAUTI, CLABSI, CDI and MRSA for DC acute care facilities. Skilled nursing and outpatient dialysis facility NHSN data were not presented during this meeting.

In the short-term acute care setting (at a District-level), there was a slight increase in CAUTIs during Q2 and the SIR is now at the national baseline (whereas in Q1 it was statistically significantly below the national baseline). In the long-term acute care setting (at a District-level), the total number of CAUTIs over the past 5 quarters ranged from 3-11 and there was a decrease in the number of CAUTIs from Q1 to Q2 2019. CAUTIs in this setting were statistically significantly higher than the national baseline during Q1 2019 but are now back at the national baseline for Q2.

In the short-term acute care setting (at a District-level), there was a slight decrease in the number of CLABSI between Q1 and Q2 2019 and the SIR for these quarters was also statistically significantly below the national baseline. DC Health is in the process of

looking into what caused a significant increase in CLABSIs during Q4 of 2018. In the long-term acute care setting (at a District-level), the total number of CLABSIs over the past 5 quarters ranged from 1-4 and the SIR has consistently stayed at the national baseline.

In the short-term acute care setting (at a District-level), the hospital-onset CDI SIR is still statistically significantly below the national baseline and steadily getting lower since Q4 of 2017. In the long-term acute care setting (at a District-level), the total number of hospital-onset CDI over the past 5 quarters has ranged from 3-10 and the SIR has consistently stayed at the national baseline.

In the short-term acute care setting (at a District-level), the number of MRSA bloodstream infection over the past 5 quarters ranged from 7-18 and the SIR has consistently stayed at the national baseline. In the long-term acute care setting (at a District-level), the number of MRSA bloodstream infection over the past 5 quarters ranged from 0-3 and the SIR has consistently stayed at the national baseline.

One member asked if DC Health conducts any type of statistical analyses on the NHSN data to identify outbreaks. Emily said that this is something that the HAI Program has wanted to do for a while but hasn't had enough staff. The plan is to hire a fellow to conduct a retrospective analysis of NHSN data to identify clusters and outbreaks, which would ultimately have a long term goal of building a system that DC Health could use to reach out to facilities when it looks like there's a significant increase of HAI events at a facility.

Public facing NHSN dashboards

Emily provided an update about the public facing NHSN dashboards that are being created for the DC Health website. Creation of these dashboards is in progress but behind schedule. Release of the public dashboards has been pushed back to the beginning of 2020, late winter 2020, and spring of 2020 for the acute care (i.e. the NHSN Patient Safety Component), outpatient dialysis (i.e. the NHSN Outpatient Dialysis NHSN Component), and skilled nursing facilities (i.e. the NHSN Long Term Care Component), respectively.

Emily provided a few examples of the NHSN dashboards on the Virginia Department of Health's website to remind attendees of how DC Health plans to make the data available (i.e. through Tableau dashboards).

Discussion about antibiotic resistance data reporting

DC Health now has access to over a years' worth of antibiotic resistance data from DC's local Antibiotic Resistance Laboratory Network (DC AR Lab). These data include antimicrobial susceptibility testing (AST) and carbapenamase gene (CP) tests from CRE and CRPA isolates collected from patients at DC Healthcare facilities. These data are currently being used to trigger public health response called containment investigations but can also be reported out to HAI stakeholders as quarterly or annual reports; DC Health just finished a webinar series about the DC AR Lab network. Jackie asked the attendees how it might be useful for HAI stakeholders to use and/or receive these data.

An acute care representative said it would be useful to know if there's a specific clone at their facility and to understand how their facility compares to the region. Jackie mentioned that whole genome sequencing is not a part of routine testing so clone information could not be provided.

DC Health also asked the group if it would be useful to get updates about large-scale ongoing containment investigations that impact, or have the potential to impact, DC healthcare facilities. Jackie brought up the example of the current *Candida auris* containment response that started in Maryland but has now impacted many DC healthcare facilities. Since this is not technically DC Health's investigation, traditional methods of reporting (e.g. a health notice) have not been utilized. A few members said it would be helpful to receive updates about large scale containment responses.

Antimicrobial stewardship subcommittee updates

Jackie Reuben mentioned that the Antimicrobial Stewardship (AS) Subcommittee has identified upper respiratory infections and inappropriate prescribing as areas to address for their next initiative. They plan to start an educational campaign around these areas and tie this to the upcoming influenza season. Dr. Goodman (Subcommittee Chair) said they hope to bring together partners (external to the subcommittee) in antimicrobial stewardship, healthcare quality, and immunizations and engage them in developing an intervention that is not related to education. Overall, the subcommittee is trying to coalesce around a message and identify potential partners and then thinking about interventions that go beyond education.

Catheter-associated urinary tract infection (CAUTI) subcommittee updates

Emily Blake provided an update for the CAUTI Subcommittee. Thus far, the Subcommittee has identified two healthcare facilities to target for in-person visits. These facilities were selected using the NHSN Targeted Assessment and Response (TAP) report. The Subcommittee also decided to use the NHSN CAUTI TAP assessment tool as part of their in-person visits since it was developed to assist facilities with better targeting their efforts for activities related to CAUTI prevention. This tool also enables the Subcommittee to provide recommendations in a way that doesn't negate past and current efforts around CAUTI prevention. Overall the CAUTI TAP assessment tool will make it possible for the Subcommittee to understand what each facility is already addressing comfortably and where each facility might be able to use some extra assistance.

Emily provided an overview of the CAUTI TAP assessment tool. She reiterated that this assessment tool is easy to analyze and can quickly provide a standardized feedback report to each facility that undergoes a CAUTI TAP assessment. This assessment tool is a lot more specific and goes into more detail when compared to the Infection Control Assessment and Response tool. Regan further mentioned that this tool is very useful because it assesses frontline staffs' understanding about facility policies. It is a good way to see if any there is any variation between frontline staff and other roles (unit managers, IP department) also exists. Ultimately, there is a lot of value in knowing how policies and actual practice differ, which this tool was designed to accomplish.

Right now the Subcommittee is determining the best approach for setting up these visits. A major item for discussion is determining who would be the most appropriate representatives to go on site and assist with implementing these visits. For example, it's easy and acceptable for DC Health to go on site, however, there is concern that this might make the survey respondents less honest with their answers for fear that their responses might result in regulatory citations. Another option is to have Subcommittee members who are not affiliated with DC Health go onsite to conduct the assessments, the only caveat with this is a potential conflict of interest from some Subcommittee members' day jobs.

Dr. Iyengar asked the Committee if there are any thoughts on allowing subcommittee members to conduct onsite assessments despite being formally employed by another healthcare facility. A few acute care representatives said that CAUTI is still a high priority and that DC Health would likely be welcomed on site to talk to frontline staff in order to assist with CAUTI prevention efforts. However, this would likely not be the case for employees from other DC healthcare facilities that are essentially considered competing hospitals.

Next steps for the Subcommittee include reaching out to facilities to set up a conversation with leadership about the CAUTI TAP assessment and then offering assistance with implementing the assessments from those facilities that agree to enroll in this initiative.

Updates/discussion about CDI Subcommittee closeout report

Jackie Reuben provided a recap about the CDI Subcommittee, specifically why it was formed and why it was ultimately merged into the Antimicrobial Stewardship Subcommittee. DC Health had previously held a workshop in 2017 to obtain feedback from the larger HAI stakeholder community in DC and was told that CDI should be a local priority. This subcommittee initially started looking at NHSN data from acute and skilled nursing facilities and discussed whether or not the various NHSN CDI metrics could help them understand the true burden of CDI in healthcare facilities. Through this subcommittee it was also learned that a lot of DC hospitals were already implementing facility-level initiatives that were starting to drive the District-level NHSN CDI rates. After this was learned it was unclear how this subcommittee would contribute to an additional District-wide intervention.

Dr. Iyengar asked if a CDI Subcommittee closeout report should simply be a statement on the DC Health HAI website or if there is any other content that should be included in this report. Given this was a priority topic identified by the larger HAI stakeholder community in DC, DC Health thinks there should be some acknowledgement as to why the CDI Subcommittee was merged with the Antimicrobial Stewardship Subcommittee. An acute care representative thought that it would be useful to include NHSN data from the past three years to show the significant decrease in cases. This would demonstrate why efforts are being put towards other HAI priorities in the District. It could also be used to acknowledge the various individual facility-level efforts being implemented that ultimately lead to sustainable decrease in hospital onset CDI in DC. DC Health will draft a short closeout report for the larger HAI Committee to review.

DC Health updates: ARLN webinar

DC Health just wrapped up its summer webinar series, which provided an overview of the Antibiotic Resistance Laboratory Network. This webinar series consisted of 5 webinars, 2 of which are currently available on a DC Health SharePoint site. Attendance included staff from acute care, subacute care, and dialysis settings.

DC Health updates: Outbreak training

Regan Trappler provided an update about the planning process for the HAI Outbreak Training that is being planned with the DC Health's Health Emergency Preparedness and Response Administration (HEPRA). A detailed overview about the thought process and approach for this training was provided by HEPRA during the May 2019 HAI Advisory Committee meeting. This training will involve presentations, discussions, and exercises with a focus on outbreak detection and response infrastructure within three different healthcare facility settings (acute care, skilled nursing, and outpatient dialysis). There will also be a PPE competency component. DC Health is still in the early stages of finding subject matter experts to teach each of these trainings and there are still opportunities for local volunteers to assist with the planning and development of these trainings.

DC Health updates: Newsletter

A routine HAI Newsletter is now being distributed by the HAI Program. The main purpose of this newsletter is to centralize and streamline relevant information from CDC, DC Health and DC Health partners to assist HAI stakeholders in DC. The long term goal is to make this a quarterly newsletter and make it more easily accessible by providing past newsletters and a signup link on the DC Health HAI website. Right now recipients have to be added to the distribution list by a member of the HAI Program. Interested parties who have not received a newsletter can request to be added to the distribution list by sending an email to DOH.HAI@dc.gov.

Adjourn

The next Committee meeting will be held in-person on Wednesday November 13, 2019.