DC | HEALTH

GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Healthcare-Associated Infections (HAI)
Advisory Committee

899 N. Capitol St. NE, Webinar Meeting
February 14, 2018 | 10:00am – 12:00pm

Meeting Summary Report

1. Welcome and Introductions

This was the first HAI Advisory Committee meeting held as an online webinar as opposed to an in-person meeting. Emily informed everyone that the meeting was being recorded and that they could sign off if not comfortable with this. She then took role-call for official Committee members and then for other members of the public who routinely attend these meetings.

2. Recap on Mission, Vision and Goals of the Committee

Emily provided a recap on the purpose, mission and vision of the HAI Advisory Committee. The **purpose** of the Committee is to focus on HAI prevention and to give voice to a wide range of healthcare stakeholders both within and between various healthcare settings and among healthcare professionals. The Committee is also charged with making high-level recommendations to DC Government. 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. **Goals** of this meeting include continuing the conversation about committee priorities, creating a plan of action for moving forward with identified priorities, and developing a big-picture timeline with tangible outcomes.

3. Recap December Meeting

The December meeting focused on providing updates from each of the three subcommittees, introducing the DC ICAR initiative, and providing an update on the DC-metro area patient network analysis being conducted by DC, MD, VA and CDC.

4. CDC HAI 2015 Progress Report (released January 12, 2018)

Emily provided an overview of the CDC HAI Progress report that was released for DC in January. This annual report has a 2 year data lag (i.e. it uses data from 2015) and only contains data for acute care facilities (including short and long-term acute care hospitals as well as the one rehabilitation hospital); Emily only presented the report and data for the short-term acute care facilities.

This is the first CDC report that uses the 2015 re-baseline, which means there are a lot of gaps in the report for many of the smaller U.S. jurisdictions, which have less than 20 healthcare facilities reporting data into NHSN. Since DC only has 8 short-term acute care facilities, this means there is very little information is in the report (i.e. only a state and the national SIRs and no SIR distributions). This is also the first year that CDC did not provide user-friendly infographics to display the data, which makes reviewing the individual state report a lot more cumbersome.

In light of this, the HAI Program has access to a frozen NHSN dataset that produces the same numbers as the CDC report and would like to create a local report for the District using the 2015 data. There have also been discussions within some of the subcommittees to create more real-time public reports of the NHSN data to help inform various initiatives and interventions. While there seemed to be general support for having more District-wide and real-time NHSN reports available to District stakeholders, there was still some apprehension expressed about what constitutes public reporting (e.g. how easy would it be to identify individual healthcare facilities?).

Jackie brought up the fact that many other state jurisdictions already routinely publish public NHSN reports that identify individual healthcare facilities and these states have been doing this for many years. These states' reporting methods might serve as good models for the District as we move forward with public HAI reporting. A public NHSN report was released for the District a few years ago but has not been done since. Emily expressed interest in wanting to start publicly reporting aggregate data for NHSN HAI conditions that align with the previous CDC infographic progress reports and the current DOH HAI regulations (DCMR 22B 208.1). Once this is accomplished then more granular reporting could be considered and honed out by DOH with the guidance of the Committee. Dr. Iyengar also mentioned that the message around HAIs could be better controlled on the local level (as opposed to on a federal level) when public reports are designed by the DOH HAI Program and the Advisory Committee.

A few acute care representatives mentioned that they would need to get permission from facility CMOs to approve this. However, Dr. Iyengar reminded the Committee that the intention of this would be more for the Committee as a whole to make a recommendation that could then be used by individual facilities to engage their CMOs; likewise for professional organizations to engage with their various boards and other influential stakeholder groups.

5. Subcommittee Updates

a. Antimicrobial Stewardship

Jackie provided an update about the most recent activities of the Antimicrobial Stewardship Subcommittee. This subcommittee meets on the first Tuesday of every month, is co-led by Dr. Jesse Goodman (ROAR Coalition) and Dr. Jennifer Thomas (Delmarva Foundation), and is coordinated by Jackie Reuben (DOH HAI Program). Members of the subcommittee represent the following DC stakeholder groups: DOH HRLA, Howard School of Pharmacy, DCHA, DCMS, DCHCA, and DCPCA.

Main activities for the subcommittee currently include the development of a regional antibiogram that includes a variety of clinical facility types, planning for an antimicrobial stewardship workshop, and gathering educational materials for District healthcare facilities.

The regional antibiogram is still very much a work in progress for the subcommittee. Dr. Goodman heads the ROAR Coalition, which already created much of the groundwork for a regional antibiogram that the subcommittee is working on further expanding with his guidance. DOH has also been working with local veterinary clinics and clinical labs that serve the skilled nursing facilities to incorporate antibiotic resistance data.

The subcommittee is also working on a stewardship workshop that will be held in the spring/early summer of 2018 for District healthcare facilities. These planning efforts are largely being spearheaded by DOH and the pharmacy representatives on the subcommittee. Right now they're honing out their target audiences and timelines for the workshop.

The last activity the subcommittee is working on is sifting through the abundant amounts of educational resources and materials that are available for antimicrobial resistance, use, and stewardship. The overall goal will be to help DC stakeholders feel less overwhelmed with all of their educational options and target specific items for their unique priorities and needs.

b. CAUTI

Emily provided an updated about recent activities with the CAUTI Subcommittee. This subcommittee has not yet established a regular meeting schedule, is coordinated by Emily Blake (DOH HAI Program), and led by Dr. Xiaoyan Song (DCHA). Members of the subcommittee include DCMS, DOH CHA, Delmarva Foundation, DCHA, and DCHCA.

A general letter has been drafted that will be used to introduce the subcommittee to District stakeholders and announce the subcommittee's goals and offerings for the District in the coming year. There are plans to draft a second set of letters that are catered to individual healthcare facilities that have CAUTI SIRs above 1.0 and letting them know that the CAUTI subcommittee is available to work with them to lower their SIRs.

The intention is to distribute the general letter to all District stakeholders (including but not limited to ICPs, CEOs, QA staff, and professional organizations) and then send the individual facility letters at the same time or shortly afterwards. Right now the proposed goals of the subcommittee in the coming year are to 1) prevent any increase in the overall CAUTIs for District and 2) work with individual facilities (whose CAUTI SIRs are above 1.0) to decrease their CAUTI SIRs by 20%.

Dr. Song mentioned that the recent ICAR initiatives seemed helpful in getting facilities to assess their CAUTI prevention activities and that the two subcommittee letters are meant to offer further assistance to all healthcare facilities. The idea being that both initiatives will help with CAUTI prevention efforts within the District in the coming year.

c. *C.difficile* (CDI)

Jackie provided an update about the most recent activities of the CDI Subcommittee. This subcommittee meets on a quarterly basis, is co-led by Dr. Glenn Worthmann (DCHA), Dr. Xiaoyan Song (DCHA), Titilayo Unegbu (DCHCA), and Ganiat Yusuf (DCHCA), and is coordinated by Jackie Reuben (DOH HAI Program). Members of the subcommittee represent the following DC stakeholder groups: DCMS, DOH CHA, Delmarva Foundation, and DCHA.

The subcommittee is still in the process of reviewing NHSN data and deciding what their area of focus should be. Initially the subcommittee was very interested in expanding upon a successful pilot intervention that addressed diagnostic stewardship and was implemented within a District hospital. However, DOH was unable to secure funding support from CDC. Discussions are now more focused on how the subcommittee can use the findings from this intervention to expand local guidelines and inspire other ways to help facilities lower their NHSN CDI rates. Dr. Iyengar also mentioned that while CDC was not supportive of directing funds towards the expansion of this particular diagnostic stewardship initiative, they are still very interested in supporting the subcommittee financially in other ways (i.e. initiatives that are prevention-based and not research-based).

6. HAI Program Updates

DC ICAR Initiative

Emily provided an update about the on-going Infection Control Assessment and Response (ICAR) initiative that was started in the District in the fall of 2017. This is a nationwide CDC initiative being implemented on a local level and in accordance with individual jurisdictional priorities. DC originally included all acute care and skilled nursing facilities within their ICAR initiative and recently learned that they have secured funding to include half of DC's outpatient dialysis facilities during the spring and summer of 2018.

Thus far, the DOH HAI program has assessed 100% of DC's short-term acute care facilities and 100% of DC's long-term acute care facilities; this was done in partnership with DCHA and their STRIVE Initiative. The DOH HAI Program has assessed 72% of DC's skilled nursing facilities in partnership with APIC.

Preliminary findings indicate that both routine auditing and routine feedback from audit data seems to be a big area for improvement across facilities and healthcare sectors. These are trends also being seen nationwide, especially within areas such as injection safety, CDI, and sterile device reprocessing.

Next steps for the ICAR initiative are the distribution of individualize facility narrative reports and the creation of an aggregate report that will allow for cross facility comparisons (within the same healthcare sectors) and document common gaps in the District that can further guide resources, new initiatives, and interventions.

Upcoming Local Trainings

The HAI Program is working with subcommittees and external partners to implement several trainings in 2018.

For acute care facilities, an annual NHSN Patient Safety Component training will be held by DOH, DHCA, and APIC in the spring of 2018; this training has been an ongoing annual initiative for the past several years. There will also likely be a stewardship workshop that caters to acute care facility interests in the spring or summer of 2018; this training is still in the works and will be honed-out in coming months.

For skilled nursing facilities, the DOH HAI Program plans to expand upon Delmarva Foundation's CDI Initiative by onboarding all remaining SNFs into NHSN and training them on the LTC Module for CDI. For all SNFs who were part of Delmarva's CDI Initiative, the HAI Program plans to work with these facilities to train them on CAUTI reporting. Both of these SNF training initiatives are working towards having all SNFs be in compliance with DC Municipal Regulation 22B 208.1, which mandates reporting of CDI and CAUTI data to DOH through NHSN. There will also be a stewardship workshop that caters to the SNF setting in the spring or summer of 2018; this training is still in the works and will be honed-out in coming months.

7. Influenza Update

Dr. Iyengar provided an overview of DOH's Influenza surveillance activities. This was done in response to a few inquiries from District healthcare facilities that asked about general reporting and surveillance information that could be used by individual facilities to implement appropriate prevention measures.

General influenza information can be obtained by reaching out to FLU.EPI@dc.gov. Dr. Iyengar oversees the influenza program and the acting Flu Coordinator is Shreya Khunita. Routine influenza surveillance in the District is comprised of data collected from sentinel sites (ILInet), emergency and inpatient hospital departments (ESSENCE), mandated reporting of pediatric deaths, mandated reporting of novel flu-A strains, and voluntary reporting of influenza hospitalizations.

Weekly influenza surveillance reports can be found on the DOH website: https://doh.dc.gov/page/influenza-surveillance-and-reporting.

Influenza outbreaks (either HAI or non-HAI in nature) can be reported to FLU.EPI@dc.gov.

8. Next Steps

Upcoming meetings for 2018 are scheduled for:
- ~~May 9, 2018~~ May 2, 2018 (rescheduled)
- August 8, 2018
- November 14, 2018

Plans for the May meeting are to discuss administrative issues related to the larger Advisory Committee, such as establishing a quorum, implementing in-person voting, revisiting the mission and visions, etc.

9. Adjournment
- Next Meeting rescheduled for May 2, 2018 (in-person)