

District of Columbia Healthcare-Associated Infections Advisory Committee

May 8, 2019 | 10:00am - 12:00pm
Webinar

Roll Call

Healthcare Setting/ Stakeholder Groups	Number of Members Present	Number of Public Attendees Present
Academic/Coalition Partners	0/2	0
Acute Care	4/4	0
DC Government	1/1	2
Clinicians (APIC, MSDC)	1/3	0
Medical Society of DC	1/1	0
Non-acute Long Term Care	1/3	0
Outpatient Dialysis	0/0	0
Howard School of Pharmacy	0/1	0
Quality Improvement Organizations (QIO)	3/3	0
Outpatient Primary Care	0/0	0

Meeting Summary

HAI and MDRO Data in the DC

Jackie Reuben presented DC-level NHSN data for CAUTI, CLABSI, CDI and MRSA for DC acute care facilities. Skilled nursing facility NHSN data was not presented because there is not yet a national baseline available to provide context. During the first quarter (Q1) of 2019, the NHSN data are showing an increase in CAUTIs for one setting and a decrease in CAUTIs in another setting (DC Health has access to NHSN data for three different types of acute care facilities in DC). The increase in CAUTIs is thought to be attributed to staffing changes at one facility. Acute care data for NHSN is mostly entered manually within the acute care setting.

During the first quarter of 2019, the NHSN data is showing an increase in CLABSIs (that is significantly higher than the national baseline) for one setting and a decrease in CLABSIs in another setting (that is not significantly different from the national baseline). Committee members were unable to speculate about the increase in cases and thought that it might be helpful to bring this up at one of the DC Hospital Association’s (DCHA) Infectious Disease/Infection Prevention Committee meetings, where the data can be scrutinized in a confidential setting.

Clostridium difficile (CDI) continues to be on a steady decline, which started in Q1 2017. During Q1 2017, there were 127 hospital onset (HO) CDI cases in DC. During Q1 2019, the HO CDI cases dropped down to the 50s. The steady decrease is a clear reflection of all the facility-centric CDI interventions being implemented throughout DC. It also continues to justify the blending of the CDI Subcommittee into the Antibiotic Stewardship (AS) Subcommittee because it's clear that the issue of CDI is being successfully addressed by DC hospitals. Dr. Iyengar said that having a final report to communicate this success and justification back to the larger HAI stakeholder community in DC is important, just in case there are people who are not aware of these DC-level NHSN data.

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An acute care representative asked if anyone had any sense about how much of the HO CDI reduction in DC can be attributed to antibiotic stewardship versus diagnostic stewardship. Since each intervention was implemented by individual facilities (as opposed to there being a DC-wide intervention), it's difficult to tell what factor had the most significant impact. A QIO representative said that outpatient data hasn't shown much change in antibiotic prescribing practices but that's with the caveat that the data being reference are from a very different patient population (when compared to the acute care setting).

MRSA bloodstream infections have been at the national baseline since Q1 2017 (when it was significantly above the national baseline). A few acute care representatives said that this is a difficult metric to make use of because it doesn't provide good insight into how these infections can be prevention (a lot of times an NSHN MRSA bloodstream case is also an NHSN CLABSI case).

Jackie said she will present CRE data in the August Advisory Committee meeting. These CRE data will come from both NHSN and the newly established laboratory-based antimicrobial resistance laboratory network (ARLN).

ICAR Update

Regan Trappler provided an update about the dialysis infection control and response initiative (ICAR). Thus far, 10 outpatient hemodialysis facilities have been assessed. Reports are being drafted and will document strengths, opportunities and recommendations for each assessed facility. Overall the facilities had a lot of strengths, such as strong infection control (IC) policies and infrastructure, comprehensive education, and point people for IC activities (such as NHSN data entry).

Opportunity for improvement were verbally conveyed to individual facilities at the end of each visit and largely included: improving routine dialysis station disinfection practices (especially after patient leaves), addressing space challenges with the medication preparation areas, needing to date open multi use vials, improving hand hygiene between glove changes as well as by the patients themselves and needing to beef up communication between handoff especially when the patient isn't feeling well. Also while another strength was that patients are well engaged in the facility with regards to their personal dialysis care, another common opportunity is better empowering patients to identify signs of infection and call ahead to the facility if exhibiting respiratory or GI symptoms. Many facilities are using audit tools but there are opportunities to further use audit data to drive performance improvement.

Additional dialysis ICAR assessments will be completed in the remaining 10 DC facilities in the coming months.

Outbreak Preparedness Workshop

HAI Outbreak Needs Assessment

Regan presented findings from a 2018 HAI Outbreak Survey that was sent to all licensed DC hospitals (short-stay acute care, long-term acute care, inpatient rehabilitation, psychiatric, and specialty care facilities), skilled nursing facilities, and outpatient dialysis facilities to complete. The purpose of this survey was to verify the passively collected HAI outbreak reports from 1/1/2017 – 12/31/2017, understand when healthcare facilities (HCFs) might solicit help from DC Health and other partners (such as CDC and the DC Public Health Laboratory), and increase awareness to HCFs that HAI outbreaks are reportable and that the HAI Program is available to provide assistance. An official report has been drafted and will be released in the summer. The plan moving forward will be for the HAI Program to conduct a similar survey on annual basis.

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Most acute care facilities and SNFs responded to the survey and slightly less than half of outpatient dialysis facilities responded; only one response was collected per facility. If there were multiple responses from one facility then someone from DC Health reached out to that facility to properly combine the answers (or exclude responses altogether, if needed).

One question on the survey asked facilities what resources they would like to see DC Health provide to assist with HAI outbreaks and cluster. Options included: Annual training workshops, outbreak guidance documents, outbreak reporting instructions, outbreak investigation reports, follow-up reports post-DC Health assistance, and pathogen-specific guidance documents. More than 60% of respondents expressed interest in an annual training workshop and over 50% of respondent requested outbreak guidance documents and outbreak reporting instructions.

Health Emergency Preparedness and Response Administration (HEPRA) HAI Outbreak Training Introduction

Based on results from the 2018 HAI Outbreak Survey and anecdotal information collected during ICAR visits and outbreak responses, the HAI Program will be working with their preparedness partners, HEPRA, to implement an HAI Outbreak Training workshop in the late summer of 2019. Julia Ritch, HEPRA Ebola Grant Coordinator, provided an overview of HEPRA's role at DC Health and introduced the initial approach being taken with the training. It was also stated that while HEPRA's role in the outbreak preparedness process is to make sure that appropriate and robust infrastructure is in place for facilities to address an HAI outbreak, it's also understood that the preparedness approach needs to be informed by subject matter experts working at the facilities.

The HAI Outbreak Training will be three different sector specific workshops that occur as a single full day trainings (one day for acute care, one day for skilled nursing, and one day for dialysis). Right now the approach will be to discuss various types and causes of an HAI outbreaks, how to assess outbreak detection infrastructure and how to identify appropriate stakeholders for the various aspects of outbreak prevention and mitigation.

There will be interactive sessions to practice hand hygiene technique and donning and doffing of PPE as well as table top exercises.

An acute care representative said that this approach seems very broad and that it is important to be specific about whether this training will be about outbreaks that overwhelm both the community and hospital or more along the lines of outbreaks that occur from contaminated medical products. Julia mentioned that this workshop aims to focus on any outbreak that has the potential to overwhelm a healthcare facility and trigger assistance from DC Health. There were also questions about whether the PPE trainings would focus on highly infectious disease situations (such as Ebola) or just the day-to-day types of PPE. Julia said that this will be slightly different depending on the healthcare sector.

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Julia finished by asking for a few volunteers to join a workshop planning workgroup. These volunteers would serve as reviews, ensure that the training content is appropriate to meet HAI stakeholder needs, ensure that DC Health is made aware of blind spots, and assist DC health maintain the spirit of collaboration with the healthcare community.

Antimicrobial Stewardship Subcommittee Activities

The coming year for the Antimicrobial Stewardship (AS) Subcommittee will be to focus on a new initiative that addresses inappropriate use of antibiotics when treating upper respiratory infections. This will be done by raising awareness and providing education to providers, advocating and promoting immunizations and developing unified messaging in DC. The Subcommittee also had a recent meeting with the Immunization Coalition of DC coalition and is planning to collaborate with them in the coming year. The Subcommittee is also still working on antibiograms for the nursing homes, including the development of updated aggregate antibiogram.

CAUTI Subcommittee Activities

The only update for the CAUTI Subcommittee was that data is being assessed to determine where to best focus efforts.

CDI Subcommittee Closeout

Since the CDI Subcommittee stopped being a stand-alone subcommittee at the end of 2018, the plan is to create a brief report (no more than 1-2 pages) that summarizes why the Subcommittee was created and then blended into the AS Subcommittee.

A Committee member asked if DC Health had access to antibiotic use data through NHSN's AUR module. Jackie said that this is a data source that is no longer being pursued by DC Health because many DC facilities are not providing data through this NHSN module due to the high IT burden.

Adjourn

The next Committee meeting will be held as a webinar on Wednesday August 14, 2019.