

Healthcare-Associated Infections (HAI) Advisory Committee

Webinar/Conference Call
November 14, 2018 | 10:00am – 12:00pm
Facilitated by the Center for Policy, Planning, and Evaluation

Roll Call

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

Meeting Summary Report

1. Finalize Committee Handbook

Emily (Epidemiologist, DC Health HAI Program) presented the most recent revisions made to the Committee Handbook. These included 1) additional wording about the length of time members are anticipated/expected to serve (including ways members might resign), 2) revision of the category “public attendee” to “invited attendee,” 3) details about how a member of the public can attend committee meetings, 4) additional wording about the intention to have frequent informal voting be the norm for the committee, 5) documentation that the Committee Chair will only vote to break a tie vote by the Committee and 6) additional language about meeting a quorum.

An attempt was made to strike a balance between requiring a quorum for specific healthcare sectors while also keeping this requirement informal so that meetings don’t get

derailed due to lack of attendance from less engaged sectors. Therefore, the handbook was drafted in a way that provided flexibility for establishing a quorum. This was done by having the Committee Chair pre-determine which sectors would be needed and then having members convey their attendance intentions via a calendar invite or email.

Committee members requested that the “Member Resignation” section not be a stand-alone section and instead be put into the “Attendance” section. There was also a lot of discussion about what should constitute a quorum. The current draft states that the Committee Chair will determine what sectors would be considered “key attendees” based on how facilities in their sectors will be impacted by specific voting outcomes. However, many people felt that this approach is overly complicated and would cause too much confusion. Therefore, it was decided that a quorum should be kept at a simple majority of attendance by committee members. Emily will update the language around the committee quorum, send it to the committee for review, and then take a vote by way of a post-meeting survey.

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There was discussion about the need to have invited attendees sign a confidentiality agreement, which acknowledges that data presented at these meetings are privileged and confidential. Emily will draft a confidentiality agreement, send it to the committee for review, and then take a vote by way of a post-meeting survey.

2. Review HAI Reporting Templates

Jackie (Epidemiologist, DC Health HAI Program) presented draft dashboards that are currently can only be viewed by the DC Health HAI Program. These dashboards use NHSN data from 2015 through 2017 for all of the reportable HAIs in the district (as per DCMR 22B 208.1). All of the facilities on the dashboard are de-identified and only known by Committee members and other attendees who are directly associated with an individual facility (either as an employee or as an employee of an organization that provides direct assistance to a facility). The long-term goal is to make a version of this dashboard available to the public and another version available to the Committee. The main goal of these dashboards is to provide real-time NHSN data to district stakeholders. This is because the NHSN data reports that come from federal partners (such as CDC, CMS, etc.) have a signification lag time. DC Health hopes to provide public data with no more than a 6-month lag time. The only caveat with DC Health releasing NHSN data with a shorter time lag is that these data won't be risk adjusted to the nation until closer to 9 months after their release.

An acute care representative requested that DC Health create and release protocols that set expectations around how and when data are pulled, released to the public, associated caveats, etc. That would help the facilities ensure that leadership is properly informed about how their data are being used.

3. Review and Discuss Antimicrobial Stewardship (AS) Subcommittee Activities

Release of District-wide antibiogram

Jackie (Epidemiologist, DC Health HAI Program) provided an update on the progress with the District-wide nursing home antibiogram. This antibiogram covers 13/18 skilled nursing facilities (SNF) and will be updated on an annual basis to inform facility-level antibiotic stewardship programs.

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A coalition and subcommittee member mentioned that this antibiogram confirmed some previous assumptions about poor choices for some therapies. This District-wide SNF antibiogram can be useful for infection control programs in this setting and will help clinicians consider appropriate antibiotics. It will also be useful for tracking resistance trends in this setting over time. This same member also said that the antibiogram needs a bit more fine tuning before sending it out to the SNFs.

Wording to accompany the antibiogram was presented to the committee. The purpose of this wording was to explain how and when to use the antibiogram as well as a cautionary statement on its limitations and disclaimers around potential misuses. *The committee members in attendance voted to approve the antibiogram's accompanying statement so that the antibiogram could be posted to the DC Health website; additional voting details can be found at the end of this document.*

Release of educational videos

Jackie provided an update about the release of the short educational videos that were made both for clinicians as well as for the public. These videos are now posted on the DC Health HAI Program website and the DC Health Office of Communications created a communication plan to disseminate these videos.

Discuss future activities or initiatives

Educational videos created by the subcommittee about antibiotic stewardship will soon be available for clinicians through a third party vendor. Right now there aren't any written plans for communicating the availability of these videos, which will provide free continuing education credits. The videos will be available on the vendor's website and through DC Health. An acute care representative suggested that a formal communication plan be drafted for these educational courses, as well.

4. Review and Discuss CAUTI Subcommittee Activities

Emily (Epidemiologist, DC Health HAI Program), provided an update on the latest CAUTI Subcommittee activities. A subcommittee announcement letter was sent out to acute care and subacute care stakeholders on October 22, 2018. Recipients of this letter included SNF administrators, SNF nursing directors, SNF quality staff, SNF education staff, DCHA's Quality Collaborative members, acute care hospital Chief Medical Officers, acute care hospital Chief Nursing Officers, and infection prevention staff in both the SNF and acute care settings. Thus far, the subcommittee received one general inquiry about available education materials.

A response plan for dealing with future subcommittee inquiries has been drafted. This plan has been divided up into 4 tiers: one for providing educational materials, one for connecting the facility to a subject matter expert, one of connecting the facility to other facility to share best practices, and the last one for creating a training or workshop based on the inquiry. Another plan for future inquiries will be to have both the subcommittee facilitator and chair attend a phone call with the inquiring facility.

One advisory committee member asked if the CAUTI Subcommittee planned to target facilities in any way for future outreach activities. While that had been part of the original plan, it will no longer part of the current subcommittee approach for providing support. It was instead decided that the subcommittee would serve as a resource for when the facilities felt it was needed.

5. Review and Discuss *C. difficile* (CDI) Subcommittee Activities

Jackie (Epidemiologist, DC Health HAI Program) and one of the Subcommittee Leads provided a status update. This subcommittee was initially going to focus on improving diagnostic stewardship in the District. However, it was realized that many facilities have already successfully implemented their own diagnostic stewardship. In addition to this, DC Health was unable to secure funding to assist with expansion activities that would be most helpful to those facilities who either already had existing program or who did not yet have specific clinical testing capabilities to implement interventions that were successful within other facilities. Jackie also mentioned that DC Health has been auditing CDI data submitted to NHSN by a portion of DC's skilled nursing facilities and it has been found that there is a very low occurrence of facility onset CDI in these SNFs.

There was a lot of discussion about what this subcommittee should do moving forward, especially since a lot individual facilities are doing well with addressing CDI on their own. Dr. Iyengar said it would be a good idea for this subcommittee to consider releasing a report on the status of CDI when the subcommittee was formed versus the status of CDI in the District today. Several other acute care committee members said that it seemed to make more sense to blend the CDI subcommittee into the Antimicrobial Stewardship (AS) Subcommittee, especially since one can't address CDI without also addressing AS. One easy initial step for blending the two subcommittees would be to simply report CDI numbers for the District at the start of each monthly AS subcommittee meeting. Another acute care member mentioned that would also make sense resource-wise to close out the stand-alone CDI Subcommittee by either blending it with the AS Subcommittee or closing it out completely.

The committee members in attendance voted to merge the CDI Subcommittee into the AS Subcommittee; additional voting details can be found at the end of this document.

6. Decide on Administrative Committee Items

Review Committee Infographic

An infographic was created to assist with communications about the basic functions and setup of the HAI Advisory Committee. This infographic contains high level information about the subcommittees, including the CDI Subcommittee. Feedback from committee members was to keep the CDI Subcommittee part of the current infographic so that stakeholders aren't confused as to why it suddenly went missing (this is because the CDI Subcommittee was largely created from feedback obtained during the Spring 2017 HAI Workshop, which engaged approximately 80 members of the District's healthcare community).

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The committee members in attendance voted to post the most current version of the HAI Advisory Committee infographic to the DC Health HAI Advisory Committee website; additional voting details can be found at the end of this document.

7. Review Upcoming Committee Items

Upcoming meetings for calendar year 2019 will occur on:

- Wednesday February 13th
- Wednesday May 8th
- Wednesday August 14th
- Wednesday November 13th

The committee members in attendance voted to have 2 of the 4 meetings occur in-person; additional voting details can be found at the end of this document.

Emily (Epidemiologist, DC Health HAI Program) will send out an online poll to get feedback from committee members on which of the two scheduled meetings should occur in-person.

8. Adjourn

November Voting Outcomes

Vote 1: Is the District-wide antibiogram ready to be posted on the DC Health website?

- A. Yes **9/13 (69%)**
- B. No 1/13 (8%)

Vote 2: Should we merge or close-out the CDI Subcommittee?

- A. Merge it with the CAUTI Subcommittee 0/12 (0%)
- B. Merge it with the Antimicrobial Stewardship Subcommittee 4/12 (33%)**
- C. Close out the CDI Subcommittee 1/12 (8%)
- D. Keep the CDI Subcommittee as is 0/12 (0%)
- E. Do something else 0/12 (0%)

Vote 3: Post the Advisory Committee Infographic (version Oct 2018) to the DC Health webpage?

- A. Yes **8/13 (62%)**
- B. No 0/13 (0%)

Vote 4: How many time should the Committee meet in-person?

- A. 25% of the time (i.e. 1 out of 4 meetings per calendar year) 4/13 (31%)
- B. 50 % of the time (i.e. 2 out of 4 meetings per calendar year) 5/13 (38%)**
- C. 100 % of the time (i.e. 4 out of 4 meetings per calendar year) 0/13 (0%)