Government of the District of Columbia
Department of Health

Healthcare-Associated Infections (HAI) Advisory Committee

899 N. Capitol St. NE, 5th Floor HECC
August 9, 2017 | 10:00am – 12:00pm

Meeting Summary Report

1. Welcome and Introductions

Dr. Iyengar welcomed and thanked everyone for attending the Healthcare-Associated Infections (HAI) Advisory Committee meeting. She then asked everyone in attendance to give their name and affiliation. She reiterated the importance of the committee and stated that the overall goal is to ultimately eliminate healthcare-associated infections.

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

Dr. Iyengar 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. Subcommittee Survey

Emily provided an update on the results from the subcommittee survey, which was used to collect Committee members' votes about which subcommittees should be formed under the larger HAI Advisory Committee. This survey was sent to all 23 official Committee members on June 30, 2017 and was completed by 18 of these members prior to the closeout date of July 14, 2017. Three subcommittees were specified in the survey (CAUTI, *C.difficile*, and Antimicrobial Stewardship) based on conversations from the June Committee meeting. Antimicrobial Stewardship had the most support, followed by *C.difficile* and then CAUTI; all Committees received at least 8 votes and there were no objections to any of them. Seventeen of the 18 respondents expressed interest in serving on at least one subcommittee and 7 of the respondents expressed interest in serving as a lead on at least one of the subcommittees. Reasons for not volunteering to serve on a subcommittee included not having enough time and feeling that one's expertise would be better served elsewhere (e.g. on different and future Committee initiatives).

None of the respondents expressed a lack of interest in the proposed subcommittee areas nor considered that the subcommittees were an unproductive undertaking.

Additional feedback that was provided by survey respondents included 1) keeping the initial activities directed and focused, and 2) maintaining various lines of open communication (such as with state survey agencies and other committees in the District). Three separate respondents also suggested additional subcommittees to focus on CRE, CLABSI, and MRSA.

4. Subcommittee Formation

Consensus from today's attendees was to move forward with subcommittees that were initially proposed in the August Committee meeting and not include any additional subcommittees given there weren't any redundant suggestions for these areas during the survey. Moving forward with subcommittee formation, Emily stated that the subcommittees will be led by 1-4 Committee members and that administrative coordinating activities, such as scheduling and meeting minutes, will be done by the DOH HAI Program. The meeting format for each subcommittee will be determined by the individual groups and will be honed out in the coming months.

Subcommittee leads, coordinators, and kick-off meeting dates are as follows:

	Antimicrobial Stewardship	CAUTI	*C.difficile*
Lead(s)	Dr. Jesse Goodman Dr. Jennifer Thomas Brendan Sinatro	Dr. Xiaoyan Song	Dr. Glenn Wortmann Dr. Xiaoyan Song Titilayo Unegbu Ganiat Yusuf
Coordinator	Jackie Reuben	Emily Blake	Jackie Reuben
Kick-off date	September 5, 2017	August 10, 2017	August 9, 2017
Members	DOH Howard School of Pharmacy DCMS Delmarva Foundation DCHA DCHCA DCPCA	DCMS DOH Delmarva Foundation DCHA DCHCA	DCMS DOH Delmarva Foundation DCHA

Dr. Iyengar mentioned that it's completely fine for folks to bow out one or two subcommittees if they feel they have signed up for too many. The same goes for moving to a different subcommittee.

5. Additional Item: Healthcare Facility Network Analysis

Jackie brought up a possible 'patient transfer analysis' initiative that the HAI Program might undertake with the help of a few partners, such as the Maryland and Virginia Health Departments (MDH and VDH, respectively) and the Centers for Disease Control and Prevention (CDC). In 2017 there were several small scale initiatives conducted by the HAI Program to understand and document the challenges surrounding the spread of MDROs as it relates to the patient transfer process in the DC area. This led to discussion during several meetings about the benefits of using the Chesapeake Regional Information System for our Patients (CRISP), which is a regional health information exchange (HIE) that is hosted by the State of Maryland.

Jackie mentioned there may be short and long-term opportunities to utilize patient data resources to mathematically model and track patient transfer networks in the DC region. In the short-term, DC DOH, MDH, and VDH can work with CDC to analyze CMS claims data from 2014 to look at patient transfer networks amongst and within the three jurisdictions. In the long-term, there may be opportunities to use data from CRISP or other resources to get more real-time tracking of patient transfer networks; it was also noted that these analyses would be conducted using aggregate patient data that *could <u>not</u> be* be used to track or identify individual patients. While CMS data constitutes a major portion of the DC population, it still leaves out key patient cohorts and other important datasets.

Dr. Iyengar asked the Committee if they think this would be beneficial to DC stakeholders (in the long-term), considering that it would likely shed light on how diseases are moving around the District's healthcare facilities. She also mentioned that having the Committee's support on this initiative would likely lead to DOH obtaining more complete and quality data through non-CMS sources. A Delmarva representative said that if CRISP ends up being a reliable data source for this type of analysis then it might encourage more DC facilities to sign up for that system. A ROAR representative mentioned that this might make facilities wary about exposing business practices and expressed skepticism about the actionable the outcomes from this initiative. It might, however, be a way of testing various interventions.

Jackie mentioned that these patient network analyses have been conducted by other states and regions in the U.S. and in response to inter-facility and regional outbreaks of CRE. The hope is that something similar could be implemented here in the District and ideally within the tristate region so that HAI outbreak response and prevention could be strengthened. This also means CDC and other states have already written and tested algorithms used to analyze specific datasets (such as those provided by CMS). A DC Medical Society (DCMS) representative thought this would be a worthwhile undertaking and a representative from DOH's Health Regulation and Licensing Administration (HRLA) mentioned that many hospitals are already collecting the type of information that would likely be needed to conduct this type of analysis.

Dr. Iyengar asked if the Advisory Committee would be in support of this type of initiative if 1) the HAI Program first demonstrated the utility of this type of initiative using older CMS data and 2) the HAI Program drafted a written proposal to request non-CMS data from all of the DC healthcare facilities. She expects that healthcare facilities will likely be more on board if a signed letter of support is provided by the Committee. A Delmarva stakeholder suggested asking CDC for more recent data but Jackie mentioned this would cost extra money and that CDC could instead do the analysis for free if DC provided more recent data to them to analyze.

Several other Committee members suggested other data sources and possible ways of obtaining data from individual healthcare facilities. A DCMS representative asked that DOH send the Committee FL's presentation from recent conferences, which discusses their experience with this type of analysis. This might provide some more concrete information about how to best implementing something similar in DC.

6. Next Steps

Scale back Advisory Committee meetings to quarterly

- ~~November 8, 2017~~ (rescheduled to December 13, 2017)
- February 14, 2017
- May 9, 2018
- August 8, 2018
- November 14, 2018

Each subcommittee will draft strategic plans with 1-2 tangible goals

- Obtain feedback at the next Advisory Committee meeting

7. Adjournment: Next Meeting Date – December 8, 2017 (in-person)

- This date is rescheduled from November 8, 2017