



Utah Healthcare Infection Prevention Governance Committee (UHIP)

Provide leadership and
direction for healthcare-
associated infection
prevention and reporting
activities in Utah

AGENDA

Olmsted Room, Senate Office Building, Capitol Complex

DATE: September 10, 2019 TIME: 3:00-4:00 pm

Call in Number: 1 (877) 820-7831, [New Pass code: 273600#](#)

Action items in red

Attendees: Dr. Jeanie Mayer, Dr. Allyn Nakashima, April Clements, Kelli Scott, Maureen Vowles, Dr. Alessandro Rossi, Patricia Watkins, Sharon Sumner, Wayne Kinsey, Rhonda Hensley, Sara Phillips, Linda Egbert, Dr. Arlen Jarrett; On Phone: Cherie Frame, Dr. Andrew Pavia, Dr. Bert Lopansri, Dr. Mark Fisher, Randon Gruninger, Carrie Taylor

Date Initiated	Time/Activity	Speaker	Action/Follow-up/Person Responsible	Due Date
Standing	3:00 – 3:05 – Welcome & introductions	Dr. Mayer	HAI/AR new staff member, Kelli Scott, BSN, RN, Infection Preventionist	
Standing	3:05 – 3:10 – Last meeting’s minutes review & approval	Dr. Mayer	4/9/2019 Minutes: Approved; Sara Phillips and phone attendee	
	3:10 – 3:25 – HAI Program Coordinator Update <ul style="list-style-type: none"> • HAI ELC grant • EPI investigations for HAIs moving forward 	Dr. Nakashima Dr. Nakashima	Update from 4/9/19: <ul style="list-style-type: none"> • Grant award Handout addressing the change in the department on approach to HAI outbreak investigations <ul style="list-style-type: none"> • HAI investigations tend to be more complex and involve many cross-links. • The state will lead on and will include local health departments. • Handout is to clarify this rule. 	

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	<ul style="list-style-type: none"> LTC training update 	Ms. Egbert	<ul style="list-style-type: none"> The state assesses through surveillance of laboratory cultures if there is a potential outbreak and can follow-up with the facility. <p>APIC training for infection prevention certification for LTCH facilities</p> <ul style="list-style-type: none"> Two sessions were held in Sept. 2018 and Jan. 2019 in two Utah locations – SLC and St. George. 94 participants registered, 65 participants came to the first class. From the 65, 29% attended only one session, 20% attended both sessions. 38% attended both sessions, passed the exam, and completed the certification. APIC course connected to a challenging online management system and objectives of the course did not align with material; would have liked more time for questions. Educational opportunity was greatly appreciated by LTCH community. 	
	<ul style="list-style-type: none"> Legionella conference, survey and reporting rule changes 	Ms. Vowles	<p>CDCs focus is on prevention of Legionella</p> <ul style="list-style-type: none"> Primary prevention strategy involves education and training. Statewide training conference on June 27th in SLC; 140 attendees; half from public health and half from facilities. LTCFs found this to be a good starting point for developing a water management plan. Larger acute care hospitals were able to identify gaps with issues like secondary disinfection and are working on these. Support is needed to LTCFs due to lack of written policies/procedures for Legionella mitigation and the high risk to assisted living facilities due to lack of resources. 	

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		Ms. Scott	<ul style="list-style-type: none"> ○ Survey on CMS mandated Legionella prevention plans, results in handout; HAI program will be requesting copies of water management plans during validations and on-site ICAR visits. ● Legionella CSTE Rule changes effective January 2020. <ul style="list-style-type: none"> ○ Handout highlights are the addition of Extra-pulmonary legionellosis as a third classification. ○ Validated nucleic acid amplification test (PCR) is now considered confirmatory evidence. ○ Exposure history data collection changed from 10 days to 14 days prior to onset of <i>Legionella</i>. ○ Exposure history data collection for Pontiac Fever is three days prior to onset. ○ Healthcare-associated definition changed to Presumptive or Possible. 	
	3:25 – 3:35 – <i>Candida auris</i> screening recommendations and action plan	Ms. Vowles	<ul style="list-style-type: none"> ● Resistant yeast associated with high mortality. ● Found in several countries, and several US states – notable outbreaks in IL, NY, and NJ. ● No Utah cases to date. ● Currently formulating a response plan and a disease plan projected for start of 2020. ● <i>Candida auris</i> screening recommendations handout outlined by the CDC or interim measures and may change. ● UDOH can help with screening of high-risk patients, coordinate collection and shipping. ● Discussion on what labs are doing currently to screen high risk patients: <ul style="list-style-type: none"> ○ Dr. Lopansri shared that Central Lab use Bruker MALDI with the RUO database, which is the optimal non-sequencing method to ID <i>C. auris</i>. We perform this on isolates growing on plates, and it takes a few minutes to get an ID when factoring in extraction time. ○ Susceptibilities take days as we send out. 	

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			<ul style="list-style-type: none"> ○ Have been identifying yeast when found in: <ul style="list-style-type: none"> ▪ All blood cultures and sterile body sites ▪ All urine cultures, but don't report all species unless asked (albicans vs. non-albicans only). Species ID is entered in the work up, but hidden. ▪ All respiratory samples collected from ICU patients ▪ All wounds. 	
9/10/2019	3:35 – 3:40 – Proposed Utah Communicable Disease Rule reporting changes for CRE	Ms. Vowles	<p>All members - ACTION ITEM:</p> <p>Options for proposed rule changes for Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE) for 2020:</p> <ul style="list-style-type: none"> • See HANDOUT for proposed CRE rule change: <ol style="list-style-type: none"> 1. No change to existing rule 2. All <i>Enterobacteriaceae</i> 3. Most common <i>Enterobacteriaceae</i> genera 4. Support in-house phenotypic testing (mCIM) in clinical labs e.g. TN <p>Feedback and comments to be sent to HAI Program epidemiologists by October 1. mvowles@utah.gov or amandarsmith@utah.gov</p>	10/1/2019
	3:40 – 3:50 – UPHL/ARLN	Dr. Rossi	<p>Regional Lab status</p> <ul style="list-style-type: none"> • Credit goes to all stakeholders and HAI program. • Currently implementing WGS for <i>Acinetobacter</i>, colonization screening for CRE and <i>Candida auris</i>. • Go live is October and December. • Texas is still providing surveillance for <i>Neisseria gonorrhoea</i> and will pass to UT in second year. • Advantages will be to improve connection with surrounding states and a quicker turnaround time. • Expanding staff by 4-5 employees. 	
	3:50 – 3:55 – Stakeholders meeting/Hospital epis and Infection Control managers	Dr. Mayer	<p>Annual or semi-annual meeting - a possible subset group from this meeting for Epidemiologists, Lab directors, antibiotic stewardship, and IP managers to discuss issues more in depth. Could discuss PPE use, isolation precaution protocols,</p>	

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			colonization and active infections, etc. Provide recommendations for long-term care and skilled nursing facilities.	
Standing	3:55 – 4:00 – Closing; Other Items & Future Meeting Topics/Adjourn	Dr. Mayer	<p>New business: Move UHIP meetings for 90 minutes. Handouts to be emailed separately. Ms. Scott</p> <p>NEW call in information: 1-877-820-7831 Participant code: 273600# Next meeting date is Tuesday December 10, 2019 3:00 – 4:30 at the State Capitol in the Olmstead Room.</p>	

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