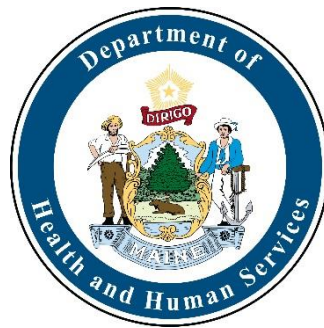


HAI/AR Collaborating Partners

April 26, 2019



Agenda

Updates

- Chapter 270
- HAI Annual Report
- Workgroup for LTC CDI reporting
- All Payer Claims Database
 - Does database include dentists?
 - Plan for first data pull on antibiotic usage.



State HAI/AR Plan

Grant Priorities – 2019/2020

- HAI/AR Collaborating Partners
 - Use data to inform committee structure, membership, priorities
 - Update Operating Guidelines
- State HAI/AR Plan
 - Update plan regularly (annually).



Grant Priorities – 2019/2020

- Antimicrobial Stewardship
 - Promote CDC Core Elements and other education
 - Monitor outpatient antibiotic usage
- Containment
 - Follow CDC guidance to slow the spread of emerging MDROs
 - Use data for action
 - Infection Control Assessments
- Outbreaks/Infection Control Breaches
 - Identify and Respond
 - Use data for action
 - Infection Control Assessments
 - Implement jurisdiction-wide prevention, based on learnings
- Data-driven Prevention
 - Focus: High rates of HAI
 - Use data for action
 - Infection Control Assessments

I am finding a couple of common themes here.



Outbreaks and IC Assessments

A Maine Success Story

LTC facilities with 4 or more ILI + Norovirus outbreaks, in a 2-year period, were targeted for an Infection Control Assessment.

Total ILI + Norovirus outbreaks reported = 47

-----Infection Control Assessment conducted-----

ILI + Norovirus outbreaks at LTC facilities receiving an Infection Control Assessment were reviewed for 2-year period after the Assessment was conducted.

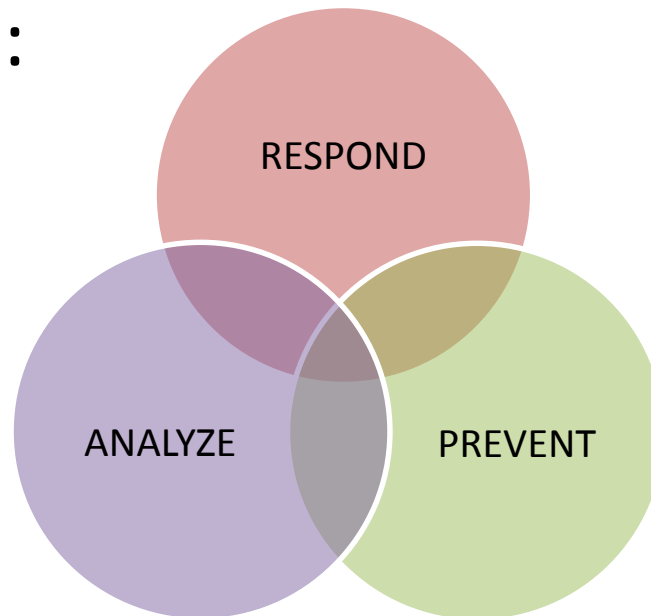
Total ILI + Norovirus outbreak reported = 28

Reduction in ILI + Norovirus outbreaks = 40%

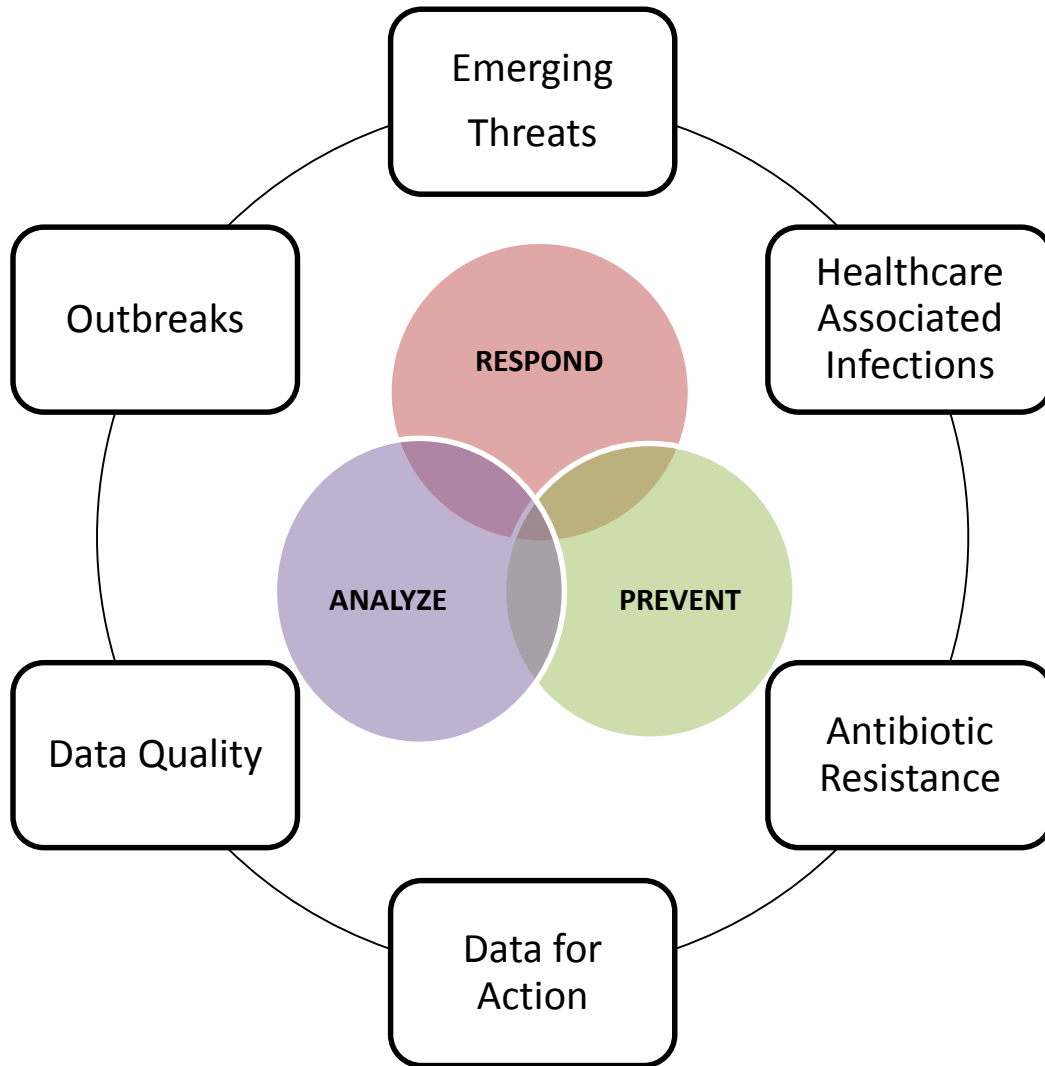
(70% of LTC facilities receiving an assessment saw a reduction in outbreaks)

Goal

Maine will work to eliminate healthcare-associated infections and combat antibiotic resistance by collaborating with stakeholders across the healthcare continuum and the public to focus on three key actions:



“Strengthening our Core”



Outbreaks

HAI Outbreaks

- HAI Outbreaks are defined as an increase in the number of healthcare facility-acquired cases of disease among patients or staff over and above the expected number of cases.
- The expected number of cases can be determined through ongoing disease surveillance.

Surveillance Needs



- Nursing Homes
 - Standardized surveillance: McGeers, NHSN
 - **PLAN: Surveillance project with MHCA**
- Hospitals
 - ?
 - **PLAN: ?**
- Ambulatory Care
 - ?
 - **PLAN: ?**

Detecting an Outbreak

“ An increase in the number of cases over and above the expected cases.”

- Define an “increase”
 - Generic: an increase of 1-3 cases over baseline
 - Specific: At least 2 residents are ill within 72 hours of each other and at least one resident or staff in the facility has a lab-confirmed influenza.

National Work to Define “Increase”



The Council for Outbreak Response: Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens



CSTE™

Council of State and Territorial Epidemiologists

Working on	Completed
Carbapenem-resistant Enterobacteriaceae Clostridioides difficile Multidrug-resistant gram-negatives Nontuberculous Mycobacteria (extra-pulmonary) Legionellosis	Scabies

National Definition Example: Scabies

Outbreak Detection and Reporting

The thresholds and definitions below are intended as general guidance, and were based on available resources and expert opinion. States and local jurisdictions may have their own outbreak definitions and requirements for reporting.

- What is the threshold for additional investigation by a facility?
 - Single case of scabies (non-crusted or crusted) identified in patients or staff (not applicable to outpatient settings).

- What is the threshold for reporting to public health? (Check with your local & state public health departments to confirm their reporting requirements.)
 - Single case of crusted scabies identified in patients or staff.
 - Two cases of non-crusted scabies identified in patients or staff within the facility with an epidemiologic link within a 6-week period of time.
 - Outpatient or emergency department settings: Single case of crusted or non-crusted scabies in a patient from another facility or other congregate setting.

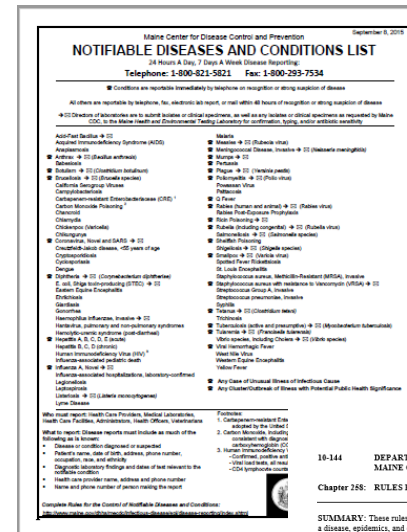
- Outbreak Definition
 - Two cases of non-crusted or crusted scabies identified in patients or staff with an epidemiologic link within a 6-week period of time.

Maine

Notifiable Diseases and Conditions Rule

Poster: (Report) any cluster/outbreak of illness with potential public health significance.

Rule: Outbreak: A situation in which cases of a notifiable disease or condition are observed in excess of what is expected, compared to the usual frequency of the disease or condition in the same area, among a specified population, during a similar period of time. A single case of a disease long absent from a population is also reportable and may require immediate investigation.



10-144 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 MAINE CENTER FOR DISEASE CONTROL AND PREVENTION
 Chapter 258: RULES FOR THE CONTROL OF NOTIFIABLE DISEASES AND CONDITIONS

SUMMARY: These rules govern the reporting of certain diseases, clusters of unusual cases of a disease or outbreaks of a disease, epidemics, and extreme public health emergencies. Amendments were made in order to add new notifiable disease entities to the list of notifiable conditions, to delete some disease entities, and to update existing rules to reflect recent developments in disease investigation and interventions.

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Outbreak Detection and Reporting Needs



- Outbreak Definition
 - Current or Generic or Specific ?
 - Maine or National ?
 - Other ?
 - **PLAN: ?**
- Outbreak Reporting
 - Best way to communicate definition ?
 - **PLAN: ?**



Healthcare Associated Infections

High Rates

- Hospitals
 - CLABSI (NHSN)
 - CAUTI (NHSN)
 - MRSA-BSI (NHSN)
- Nursing Homes
 - UTI (MDS)

Verify facility has a reduction strategy in place

If not, connect facility to a reduction strategy.

HAI Reduction



As HAIs, on last slide, come down, what comes next?

- Look at other HAI categories to add to Chapter 270?
 - Hospital:
 - VAE is **94% higher than national baseline**, statewide, per the HAI Progress Report 2017 data
 - Nursing Homes:
 - UTI (or continue to use MDS?)
 - Ambulatory Care:
 - ??
- Is there another aspect of HAI Reduction to look at?

Benchmarks



- Need a benchmark to determine “high rate”
- National benchmarks: DHHS Healthy People
 - Hospitals: CLABSI, CAUTI, CDI, MRSA-BSI, SSI
 - Goal: % reduction from the ‘baseline’
- When we venture beyond these HAI categories, do we want to determine a % reduction for a 5 or 10 year period? Other?

Antimicrobial Stewardship

Antimicrobial Stewardship Programs

Do facilities have all 7 core elements?

– Hospitals:

- 85-87% (2017)
- 79-82% (2018)

– Nursing Homes:

- 58% (2017)
- 61% (2018)

Provide outreach to facilities to address missing elements.

#1 missing element is Education for both Acute and Nursing Homes.

Antimicrobial Stewardship Programs



After Core Elements, what comes next?

- **Hospitals:**
 - Voluntary tracking and reporting of Days of Therapy (DOT) upon discharge, breaking this down by antibiotic?
 - Voluntary tracking, reporting, reduction effort to “precious” drugs (e.g. Vancomycin), most used?
 - Other?
- **Nursing Homes:**
 - Voluntary tracking and monthly reporting of antibiotic use associated with UTIs?
 - Other?

Future Meetings

Potential Agenda Items

- **August 23rd**
 - State HAI/AR Plan: development continues
 - Committee structure (e.g. subcommittees/workgroups)
 - Meeting frequency

- **October 25th**
 - State HAI/AR Plan
 - Membership
 - Guidelines

Questions?

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