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HAI/AR Collaborating Partners Committee

Maine Quality Forum (MQF) • Maine Centers for Disease Control

Minutes of the Committee's meeting of February 22, 2019
at Maine Health Care Association, 317 State Street, Augusta, Maine

In attendance:

Members: Dr. Siiri Bennett, Margaret Crowley (Healthcentric Advisors, as proxy for Danielle Hersey), Troy Cutler (MaineGeneral Hospital, as proxy for Dr. Rogers during the latter part of the meeting), Kathy Day, Cathy Dragoni, Ann Graves, Karynlee Harrington, William Jenkins, Lynn Johnston, Nick Matluk, Rita Owsiak, Sandy Parker, Dr. Robert Pinsky, Dr. Gwen Rogers, Danielle Watford, Ann Woloson
Staff: Stuart Bratesman
Guests: Amanda Gagnon (Healthcentric Advisors)

Rita Owsiak called the meeting to order at 12:12 pm and announced that Dr. Sarah Voss, PhD., Director of Microbiology for Northern Light Laboratory (formerly known as Affiliated Laboratory, Inc.) had become the newest member of the committee.

The minutes of the October 26, 2019 meeting were read and approved.

Karynlee Harrington announced that the Legislature's Committee on Health Coverage, Insurance and Financial Services recently held a public hearing on the proposed Rule Chapter 270 amendments and no one spoke in opposition. The Committee will review them again at a Feb. 26th work session. If the Legislature votes to approve the amendments and the Governor signs off, they will be forwarded to the MHDO Board of Directors for final approval. Generally, laws and rules are effective 90 days following the close of the legislative session.

Ms. Harrington also announced that MHDO's CompareMaine.org website will release an update in April-May timeframe with the addition of hospital quality measures for *Falls with Injury*, *Pressure Ulcers* and *Hospital-wide Unplanned Readmissions in 30 Days*. Work has begun on a new, shorter version of the HAI Annual Report, with the aim of making it more accessible and consumer friendly.

Ms. Owsiak reported that John Snow, Inc.(JSI) completed a validation study of 20 hospitals' 2017 CLABSI data and found zero infections overlooked and zero over-reported, meaning all 20 hospitals had a perfect score.

Members had questions about the implementation of the new Chapter 270 requirement that nursing facilities collect and submit data on *C.difficile*.

☞ Ms. Harrington recommended the formation of a workgroup to plan the preparation, training and technical support for the rollout. She also said that MHDO would provide a webinar and online training to walk nursing home infection preventionists through the whole process of collecting and reporting their *C.difficile* data. She agreed to a recommendation to include a lab representative on the workgroup.

She also noted MHDO's policy was to provide technical assistance to facilities having trouble meeting data submission deadlines, and the MHDO Board would only impose fines in extraordinary circumstances, such as a habitual non-compliance or deliberate refusal.

State HAI/AR Plan for 2020-24

Ms. Owsiak announced that Maine CDC's HAI/AR program has been renamed the Healthcare Epidemiology Program. She explained that the federal CDC funds a large percentage of the program's budget. The new five-year federal funding cycle begins in August and the quality of Maine's application and new 2020-24 State HAI/AR Plan will determine the size of its share of the competitive grant. She asked the group to discuss the merits of seven potential projects and related outcome measures for inclusion in the new State Plan:

- Nursing Home Surveillance;
- Outpatient Antimicrobial Stewardship;
- Hospital HAI – AMS / CLABSI;
- Special Pathogen Readiness;
- Education;
- Data for Action; and
- Outbreaks.

A list of each project's potential initiatives and related outcome measures can be found in slides 19-26 of the PowerPoint presentation available for download from the MHDO website at: https://mhdo.maine.gov/_haiCollabPrtns/HAIAR%20CP%20190222%20Deck.pptx

Nursing Home Surveillance (slide 19)

☞ Members agreed with the need to provide more HAI education and training resources to nursing homes. They recommended extending those resources to CNAs and residents. They noted some facilities still specify soap and water as the preferred method for hand hygiene. One member reported that the State Fire Marshall still relies on the outdated 2012 fire safety code, which allows nursing homes fewer wall-mounted hand sanitizers than does the newer 2018 code.

Outpatient Antimicrobial Stewardship (slide 20)

The Outpatient Antimicrobial Stewardship project would target clinics with high rates of inappropriate antibiotic use.

☞ Members suggested that the new plan focus on inappropriate anti-microbial usage for a specified set of diagnoses and establish a graduated sequence of interim reduction goals to incentivize and measure continuous improvement.

☞ In answer to a request, Ms. Harrington said she would find out if MHDO's All-Payer Claims Database had data on antibiotic prescribing by dentists.

Hospital HAI – Antimicrobial Stewardship / CLABSI (slide 21)

The committee was not in favor of pursuing statewide initiatives for HAI reduction that involved only a small number of hospitals. As no HAI category was identified for statewide initiatives, discussion turned to Antimicrobial Stewardship. Given the lack of comprehensive hospital data on antimicrobial use and resistance, members suggested beginning the project by conducting an environmental scan of hospital AMS activities, strengths and their concerns about AMS. Troy Cutler volunteered to distribute a questionnaire to other hospital IPs through APIC, and agreed to ask IPs to consult with their hospital's quality director and pharmacists before responding.

Special Pathogen Readiness (slide 22)

Members discussed the merits of broadening the State Ebola Plan into a State Special Pathogens Plan, and the benefits of having Ebola Assessment Hospitals function only as Assessment

Hospitals for other special pathogens. This would allow Assessment Hospitals to transport patients identified with a special pathogen to a Treatment Hospital. The regional Treatment Hospital is in favor of this approach as well. Some members expressed concern about linking Assessment Hospital readiness to licensure or a state mandate. The committee also discussed the challenges of maintaining Frontline Hospital readiness.

Education (slide 23)

☞ Members proposed the following suggestions:

- Develop an AMS education program for long term care facilities;
- Expand antibiotic education for nursing facility residents and family members to explain why facilities refuse requests for inappropriate use of antibiotics (family members have been known to complain to legislators or report facilities for abuse and neglect when their request is denied.);
- Display educational messages on hospital and long term care facility video screens;
- Place public service announcements on television, radio and public access cable channels;
- Arrange for broadcast interviews or special segments on Maine Public Radio's *Maine Calling* call-in show, WCSH-TV's *207* program, and similar venues; and
- Develop AMS-related training programs for frontline nurses and CNAs.

Data for Action (slide 24)

☞ The group discussed several issues concerning antibiograms. Members suggested that:

- Hospitals would be likely to voluntarily adopt a standard state template for antibiograms;
- The two major pathology labs that serve nearly all Maine hospitals be asked to work together to develop a common reporting format;
- Facility-specific nursing home antibiograms would be costly and of limited utility to all but the very largest;

☞ Members cited a need to develop a standard patient transfer communication protocol for a receiving facility to notify the sending facility of any antimicrobial-resistant infection discovered within the first three days after admission.

Outbreaks (Slide 25)

The committee discussed issues and suggestions to improve reporting HAI outbreaks to Maine CDC. Members cited the lack of a clear definition of "outbreak".

The group also discussed the pros and cons of options for responding in the unusual occasions when a facility has an obvious and significant HAI outbreak, but refuses to follow Maine CDC's advice or allow an on-site assessment. Members were reluctant to endorse a protocol to allow Maine CDC to request a mandatory inspection by the Maine Division of Licensing and Certification in the event an HAI outbreak had reached a defined threshold benchmark. Several members suggested that Maine CDC could improve cooperation by building closer relationships with facilities. They said Maine CDC could strengthen those relationships by returning to the practice of sending field epidemiologists on regular, in-person facility visits.

The meeting adjourned at 4:20 pm