Utah Department of Health & Human Services

Meeting Minutes

Antimicrobial Stewardship
Utah Healthcare Infection Prevention
Governance Committee

Date: 02/23/2023

Attendees:
Amy Glidden, Andy Pavia, Angela Weil, Bea Jensen, Becky Ess, Charisse Schenk, Emily Spivak, Giulia De Vettori,Jeanmarie Mayer, Jeffery Rogers, Joshua Mongillo, Kristin Dascomb, Linda Rider, Michelle Vowles, Payal Patel, Tariq Mosleh, Zoey Bridges
Agenda Topics:
Introductions 12:00–12:05 Subcommittee Chair: Tariq Mosleh, Pharm D (Becky Ess) Antimicrobial Subcommittee Mission, Vision, and Goals 12:05–12:15 Review the mission and vision statement (Becky Ess) Action Steps/Plan 12:15–12:40 Action Steps/Plan 1-6 (Tariq Mosleh) Subcommittee Outcomes 12:40–12:50 Outcomes 1-4 (Tariq Mosleh) Situational Awareness 12:50–1:00 Current state of AS, Antimicrobial Stewardship in the news (Tariq/Becky) Convene
Discussion:

Introductions

- Becky Ess, HAI Epidemiologist
- Tariq Mosleh, HAI/AR Pharmacist
    - Antibiotics are very important in all of our lives. It has saved millions of lives.
    - Unfortunately, we are behind on developing new antibiotics.
    - One way to improve antibiotics and reduce resistance is to improve antibiotic use through stewardship
    - This subcommittee is to share ideas and collaborate
- There are about 24 people invited to this meeting. If there is anyone else that you think would benefit by attending and participating in this subcommittee, send contacts to Becky

Antimicrobial Subcommittee Mission, Vision, and Goals

UHIP-GC Purpose: To provide leadership and direction for healthcare-associated infection prevention and reporting activities in Utah.

- **Review the mission and vision statement**

- **Mission**: Protect the residents of Utah from multiple-drug resistant infections through optimizing antimicrobial prescribing practices and improving patient outcomes in Utah.
- Mission and vision statements are specific to our AS subcommittee
- Dr. Mayer suggests: "Protect the residents of Utah from multiple-drug resistant infections and improve patient outcomes through optimizing antimicrobial prescribing practices in Utah"
- Becky will update the mission per Dr. Mayer
- **Vision**: The State of Utah will lead the national efforts to eliminate antimicrobial-resistant infections. Utah strives to reduce inappropriate antimicrobial use in healthcare settings.
    - Dr. Mayer asked whether Utah would lead national efforts or be part of national efforts?
    - Becky mentioned that since this is our vision, we can have a big goal for our vision - Ideally Utah would lead
    - Emily suggests that the vision could be changed to, "The state of Utah strives to be a leader in national efforts to eliminate antimicrobial resistance infections through reducing inappropriate antimicrobial use in healthcare settings"
    - Becky will revise the vision and present it in the next subcommittee meeting
- **Goal**: Expand antimicrobial stewardship through collaboration with healthcare facilities to create and implement robust antimicrobial stewardship programs and improve infection control practices throughout the state of Utah for the citizens of Utah.
    - Emily suggests to remove "for the citizens of Utah"
    - Kristin suggests that it may be long, but she will continue to review it

Action Steps/Plan

1. Invite antimicrobial stewardship experts from universities, hospitals, state, and federal organizations to give lectures, webinars and to provide training on antimicrobial stewardship. (HCF call stewardship spotlight)
    a. Feedback:
        - Emily asked for clarification as to what is the HCF call stewardship spotlight
            - HCF call stewardship spotlight is our healthcare facility call that HAI holds every other week
            - They are thinking about doing stewardship spotlights on that call which is a different audience
                - Becky is happy to invite anyone in this group to that meeting
        - Dr. Mayer suggests to review the audience for the call
            - The HCF call/group is small and those on that call are already working with antimicrobial stewardship
            - Dr. Mayer isn't sure that it would help that particular group

        - Dr. Mayer suggested reviewing those that attended the monthly COVID calls
    - Becky mentioned that we do have standardized policies focusing on antimicrobial stewardship making sure there are presentations and grand rounds
        - Those will also be a part of the larger groups
    - Dr. Mayer mentioned that who else is on the call who is involved in antimicrobial stewardship other than Tariq and Emily?
        - Emily mentioned Payal Patel from IH is involved
        - Dr. Mayer verified that IH, the U, and Tariq from HAI are all involved in antimicrobial stewardship
        - Becky mentioned that there are also broader ranging individuals on this call who work in LTCF (Ensign Group) and LHDs that have been involved in these types of conversations
    - Dr. Mayer suggests reviewing who the best audience that would need to hear and learn more about AS
    - Emily mentioned that the CDC has data involving the core elements from the facilities from NHSN surveys, most of the acute hospitals in the state are covered and Utah has much better implementation of core elements in acute care hospitals than other states
        - Emily imagines that it is out-patient and LTC is where gaps are for AS. We need to be thinking about non-traditional and non-acute care settings as the audience
    - Tariq mentioned that Utah is behind in implementation of AS in terms of LTC and LTACs
        - The HAI AS team created and sent out a survey that showed that implementation is about 80%, which is low compared to hospital implementation
        - Becky mentioned that Tariq is reaching out to LTCFs as well
2. Invite leaders of stewardship programs from different hospitals for regular meetings focused on sharing their ideas and expertise of antimicrobial stewardship. (Grand Rounds? Quarterly?
    a. Feedback:
        - Dr. Mayer suggests inviting leaders of stewardship programs to participate in this subcommittee meeting
        - Becky mentioned that HAI is striving to do this
            - If there are others that you think would benefit by being involved in this meeting reach out to Becky
        - Dr. Mayer mentioned to reach out to the other healthcare systems
            - IH might have smaller programs or stewardship leads

- Dr. Mayer asked Emily, in the stewardship grand rounds that she participates in, are there other pharmacists?
    - Emily mentioned that she has a list. Emily clarified that what Dr. Mayer is referring to is that the University and IH, and the CDC epicenter, in the CDC epicenter contract, that put in their stewardship contract the projects that they have created called the Salt Lake Stewardship Grand Rounds (that was interrupted by COVID), they had it at least 3 or 4 times, that has a very large group of people doing research, as well as pharmacists and physicians across the state. It is not exhaustive. It is more acute care focused. There is also urgent care.
    - Emily mentioned that that group should probably attend if we're going to do a different healthcare or health department grand rounds. The grand rounds could also work as the health department grand rounds, which could be a deep pool of potential speakers
    - Emily mentioned that before COVID, they frequently invited out of state or out of town presenters
    - Emily mentioned that we could leverage these two for each other and provide some resources
- Becky mentioned that both Adam and Emily have already been invited to this meeting. Becky will also add Hannah
- Becky mentioned that pharmacist are a great resource for AS and Tariq is the only one currently on the call
    - If you have any pharmacists that you know who should be involved, add them to the group
- Becky mentioned to Dr. Mayer that she has reached out to every system individually (U of U, Primary's, IMC), but she has also reached out to MountainStar, Steward, etc.) to invite them to these meetings
- Becky asked Zoey if she has the contact for Brain Hathaway?
- Zoey said that she will put his contact in the the chat

3. Encourage and support antimicrobial stewardship research collaboration.
    a. Feedback:
        - None
4. Create a system to provide regular data updates to the Health care systems on AS.
    a. CRO plan (Being updated)
    b. AST patterns
    c. Emerging MDROs
    d. MDRO registry (In progress)
        - Feedback:

- Becky mentioned that if any acronyms come up and aren't aware of what they are just mention it
    - Carbapenem-resistant organism (CRO) plan is currently being updated
    - Antimicrobial susceptibility (AST) patterns has been a great way to provide updates to see if they are related, but relative patterns
- Dr. Mayer asked Becky to explain more about the AST patterns, what data is being used
    - Becky mentioned that AST patterns is a broader idea in the group, but a lot of times when there are outbreaks before there is any other information, there is AST pattern data. This shows what they are susceptible, intermediate, or resistant to. Many times this information is available, but whole genome sequencing is not yet available to see that things are related. It is kind of like phenotypic resistance profiles, so it can give an idea of what is being seen more of and what resistance is being seen more of, as well as what specific medications antimicrobials
    - Dr. Mayer asked if it is like a select antibiogram? What is the denominator? What is the group that you are looking at?
        - It isn't a denominator. It is more of just sharing those patterns. The CDC has recently started to move away from antibiograms. It tracks the patterns and when consistencies are seen, that information is really what needs to be shared because the organism may be spreading. This is still a broad idea
- Andy mentioned that it is like going back to the pre-pfge period when we used anobiograms to look for clusters of organisms. There is a challenge with it that not all resistance genes tracked together
- AST patterns are not always available for all specimens, but when there are, we review them to find any patterns. There may be a clone that sometimes expresses resistance and sometimes not. At best it is a quick and dirty look before one can do molecular study.
- Becky agreed. Anything that is reported to HAI that has a GSTE pattern, we don't always get that, but when we do, we do try and track those when HAI gets them
- Dr. Mayer mentioned that Emily left a comment in the chat, "what seems missing here to me since this should be focused on stewardship is sharing of stewardship best practices across the state, treatment pathways, interventions etc"

- Andy mentioned that when we want to think about statewide stewardship, we want to look at the process
- Emily agreed with Andy. Emily also mentioned that this is more than infection control. The real goal of stewardship should be prevention. There is an adverse effect when we only focus stewardship on resistance.

5. Transition of care between facilities
    a. Ensure antimicrobial therapy is continued as needed.
    b. Ensuring relevant microbiology and patient history information is forwarded to the receiving facility.
        - Feedback:
            - Emily suggested that they often need to stop therapy on patients that come to them instead of continuing therapy because most of it is inappropriate. The theme of this should be around making sure all the diagnostic information is available instead of having to call around and track it down. It should be less about making sure we are treating all the resistance organisms and making sure that people have all the diagnostic information that they need
            - Tariq agreed, it is more about sharing information on patients and their previous antibiotic use
            - Andy mentioned that when thinking about data that needs to be shared, one of the things that would be useful as a DHHS function would be to collate antibiotic use data across the state. We all have good systems without our healthcare systems where the stewards track antibiotic use with in- and out-patient, but there is no real way of looking across and between systems particularly for practitioners who are not part of the big system
            - Tariq mentioned that there are companies that can give us some data, but it is costly, so we are trying in the future to apply for grants so we can collect more data about outpatients using antibiotics, like IQVIA. I am more than happy to get information from different facilities like the U, IMC, if you are willing to share some information we can post that data on our website or share it
            - Andy mentioned that Utah helped lead the way in providing antibiotic use data to NHSN to CDC, but I think that was predominantly Intermountain and the University systems. I don't know how widespread antibiotic use data going into NHSN is outside of those two systems. I don't know how easy it is for the state to get NHSN antibiotic use data for all facilities. That would certainly something to ask if CDC would share it back to you in real time

- Dr. Mayer mentioned that if the healthcare systems sign over and say that the health department is allowed to get this, they would be able to at least for Intermountain and the University. I don't know about HCA, MountainStar, and Steward. EMRs have the program and ability to gather and submit it NHSN, but I think its an additional module that you have to pay for and it's not required yet
- Amy mentioned in the chat that SNF and LTC currently only required for COVID, optional to participate with other NHSN applications/reporting
- Angela mentioned in the chat that HAI is looking into getting information from NHSN, but we do need to get sharing permission to be able to access it. Getting sharing permissions has been a challenge for some of these places and we have had outside conversations about being able to get this information and antimicrobial usage from LTC facilities
    - Becky mentioned that this is a process that is slow going, but is happening on our HAI side
- Dr. Mayer mentioned that she assumes that SNFs and LTCs aren't reporting antimicrobial use to NHSN so you have to get it elsewhere. You have access to our HAI reporting in NHSN, so likely the U and Intermountain could give you UA usage
- Becky said that she would have to get back to them about that. Tariq or Angela, do you know if we currently have access to that information or do we still need sharing rights for those systems?
- Angela said that unfortunately Devin's not here, he has been the one mainly trying to dive into that information, but do you know for sure Tariq, I did not think we had access.
- Tariq said that he knows Devin does and Tariq is working on getting access. It has taken a couple of weeks, but he has been able to look through some of the data through Devin's and there is some good data we can present and collect
- Dr. Mayer mentioned that if the acute care in the larger healthcare systems all have stewardship, the big gap in the state is LTC and SNF and another opportunity is outpatient. Would it help to have the experts like Emily and Intermountain work with you, Tariq, for presentations to a broader group?
- Tariq said absolutely. Any presentations and ideas that you want to share would be helpful to everyone. IF there is some educational piece that you want to present to LTC we can try and facilitate that
- Dr. Mayer mentioned that education and making people aware is one thing. Emily, do you have thoughts on what Intermountain is doing like in the urgent care with respiratory infections?

- Emily asked if Dr. Mayer is asking about education that has been done for the urgent cares?
- Dr. Mayer clarified if there are protocols that you use or processes in place that you could share and they try to implement?
- Emily said sure! It was Intermountain first and we learned from them. Yes, we have everything packaged and we have adapted Intermountain guidelines, for our own practices and drugs and all those guidelines for respiratory infections that exist. We also have other tools like educational talks, things around delayed prescribing, wait and watch, and all different kinds of steward methods with examples. They also have their dashboards for sharing provider prescribing data. The package could easily be disseminated to primary care, other non-U, non-IHC urgent cares if they are interested
- Dr. Mayer asked if Adam Herch is involved?
- Emily stated that Adam is involved in both. The whole theme of the CDC Epi Center is sharing stewardship practices across the state with acute care hospitals. The U is sharing information with IHC and vice versa.
- Dr. Mayer mentioned that two pushes could be the treatment of acute respiratory infections that are mostly viral and pushing out Intermountains packet and then a second thing that could be helpful for LTC might be asymptomatic bacteriuria
- Andy mentioned that there are a couple of aspects of the urgent care projects that were really important and it might be hard to reproduce. There were individual provider dashboard feedbacks that might be hard to do in the nursing care setting. There was a lot of effort to educate the patients beforehand so the physicians wouldn't need to spend 10 minutes every time they were not giving an antibiotic. That might be really doable in the nursing home situation to educate families.
- Tariq agrees with Andy. The study that HAI did, showed that nursing homes actually lagged on teaching antimicrobial stewardship to families. It was their lowest score.
- Dr. Mayer mentioned that the other target could be acute respiratory infections could still be outpatient ambulatory so it could be the non-Intermountain urgent cares and PCPs. There wouldn't be a dashboard to give them feedback, but they could at least have educational materials to provide to their patients so they could understand that it's best to not treat every "bronchitis" with an antibiotic.
- Emily mentioned that their guidelines could probably be branded as a part of the state. They also had the commitment posters in the clinics

with flyers that talk about how they are committed to only prescribing antibiotics when it's really necessary. This passive education to set the stage for patients and families, as well as to educate them about why we may not want an antibiotic and the side effects.
    - Dr. Mayer mentioned that Comagine was previously involved with a grant to do some sort of patient education without patient antibiotic treatment. She wasn't sure how comprehensive it was. The packages may be more polished and targeted.
6. Ways to collect antimicrobial use in non-acute settings (e.g. Nursing facilities, dental offices, GP, urgent care, ...)
    a. Feedback:
        - Becky mentioned that we previously had a good conversation about number 6, so to move on to outcomes.

Subcommittee Outcomes

1. Implementing the CDC's seven core elements of Antimicrobial Stewardship
    a. 2014-2021 CDC Data
        i. Tariq mentioned that local hospitals are doing great in this. The main focus is going to be LTCs and nursing homes.
2. Standardized policies focusing on AS
    a. Presentations
    b. Grand Rounds
3. Stewardship Spotlight (HCF call, monthly?)
4. Accountability (quantify the information, qualitative OR quantitative)
    a. LTCF assessments
        i. HAI REDCap survey
    b. Acute facility assessments
        i. Annual survey through NHSN
        ii. Need to define specific goals
            1. Feedback:
                a. Becky mentioned when it comes to number 4, she is looking for any suggestions the group may have because as they are working on these projects, when creating different projects and different ways to reach out, there needs to be a way to collect the information and hold ourselves accountable, as well as making sure we are actually doing what we're setting out to do to improve our antimicrobial stewardship. LTCFs is a big part of it, but what are other ways that the group can think of whether it's qualitative or quantitative to account for what is being done?

b. Dr. Mayer mentioned that when you say “account for what we're doing”, if the push from this committee is to start promoting interventions or sharing practices, it may be really hard to get data from LTC and outpatient settings. It will be easy to get the NHSN AU data from Intermountain and the University, but otherwise, it's hard to know the rest to be accurate or complete. It may be best to define the audience. See if you get participation, and then see if they've implemented the tools.
c. Emily agrees with Dr. Mayer. Emily suggested defining a cohort, ideally of LTCFs that would be interested in participating, and create a pre-assessment of their AS looks like, implement education, and then do a post-assessment.
d. Becky mentioned that there isn’t pre-assessment materials, but it is a great place to start.
e. Emily asked if HAI has data for that or not?
f. Becky said there isn’t too much, but Tariq is working on their topic on getting more pre-assessment data
g. Emily asked if there is any way we could incentivize the LTCs to participate?
h. Becky said that she didn’t know, but would look into it
i. Tariq mentioned when sending out the survey to 102 facilities, getting a response wasn’t easy. They reached almost 50% response rate.
j. Emily suggested identifying a cohort (longitudinal study) over the year stewardship mentoring program to help them implement stewardship. It wouldn't be just one survey, it would be multiple talks and help them implement guidelines. What would incentivize them to participate in something like that?
    i. Andy suggested that possibly good publicity is a good incentive. One could publicize that there’s quality improvement projects for LTC and these are the leaders in the field.
k. Dr. Mayer thinks that LTCFs don't want to “look bad” so they might be reluctant to participate because someone will be looking and investigating me. Is there a way to alleviate those concerns? Dr. Mayer continued saying, do we continue to say, “we understand there are gaps and want to fill them in. We have experts that are willing to share, have tools, and help make your patient outcomes look better.”

l. Andy mentioned that they are all pretty dependent on Medicaid and Medicare funding, so that side of DHHS might have some ideas about what would be both positive and negative incentives
m. Becky mentioned that incentives are a great idea to discuss at HAI. She isn't sure if it is something that is feasible for HAI, but anything that we can do to help, all is welcome.
n. Tariq mentioned that he thinks it is a good idea to provide them with educational materials, webinars, and trainings.
o. Becky mentioned that she liked Emily's idea of CMEs.
p. Emily mentioned that is something commonly used so that may be a lever to be used to get participation.
q. Becky mentioned that Amy wrote in the chat that CMEs for SNFs are offered through UHCA
r. Andy asked Emily about the grand rounds they have organized? They have been focused on stewards, more on advanced practitioners, more than people just getting started, but that is an existing program that could be more targeted more broadly
s. Emily mentioned that she mentioned that earlier, but that they could make one of those sessions more for LTC. That group that attends the Salt Lake Grand Rounds is a deep bench of them to get help, give talks, etc. That conference is already set up for CME through Intermountain if it hasn't lapsed yet
t. Becky said that is something that they should look into
u. Dr. Mayer mentioned Amy's suggestion about partnerships, that the IPs at the acute care hospitals would not be experts to provide guidance for the IPs at the SNFs
v. Emily mentioned that they could set up an Excel spreadsheet or a matrix where there are resources where pharmacists across the state doing stewardship could be assigned depending on who is willing and the resources. There could be mentoring (pairs or triads) that they could connect with questions
w. Dr. Mayer mentioned it would most likely be at a system level approach or policy like, not a case-by-case questions
x. Andy mentioned that you could see bigger SNFs that have their pharmacists, could do hands-on-training
    i. Dr. Mayer asked if SNFs have pharmacists?
    ii. Becky said its dependent
    iii. Tariq said some of them have independent pharmacist or pharmacy to get medications from

y. Andy mentioned that Adam has worked with CVS and some other big chains that might have clinics and have been very interested in stewardship, but that might not be the same side that serves the nursing homes

z. Tariq mentioned that none of them that filled out the survey are using those clinics. Some are using Omnicare, local pharmacies, and others. Tariq showed some results from the survey on the 7 core elements

   i. Tariq mentioned that percentage wise it is lower than what the hospitals are reporting

   ii. Dr. Mayer asked if this is LTCs?

      1. Tariq said yes
      2. Dr. Mayer is surprised that it is event that high

   iii. Dr. Mayer mentioned Payal's comment in the chat about whether it is a self-assessment?

      1. Tariq said that he realizes that it is a survey, but it is a source to get some information

   iv. Becky clarified that this survey was the REDCap survey that was sent out to facilities that they filled out themselves. Becky asked if we plan to do this annually?

      1. Tariq said yes

   v. Angela said that there are definitely some challenges with this, with some of the responses. There is room for improvement, but it gives a broad overview if they are even aware that this is something they need to do

aa. Becky asked for a final call for additional contacts.

bb. Dr. Mayer said she has some contacts and that Andy may have some dentists

Situational awareness

- **Current State of AS**
  - Becky shared that CIDRAP has a lot of good information. They send out weekly emails on stewardship, weekly quizzes, and news
- Antimicrobial Stewardship in the news
  - Becky mentioned that this is mostly for the group to know the good, bad, and the ugly that is happening, what can be done, and even some novel ideas that we can take from

Convene

- Every eight weeks
  - 04/20/2023
- Minutes will be posted to the HAI website

- https://epi.health.utah.gov/uhip-governance-minutes/

Next Meeting Discussion/Questions

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Next Meeting: March