

**NEVADA HEALTHCARE-ASSOCIATED INFECTION (HAI) TASK FORCE
MINUTES**

**July 6, 2018
10:30 a.m.**

Place of Meeting:

**Division of Public and Behavioral Health
3811 W. Charleston Blvd.
Suite 205
Las Vegas, Nevada 89102**

Video Conferenced to:

**Division of Public and Behavioral Health
4126 Technology Way
2nd Floor Conference Room
Carson City, Nevada 89706**

Teleconference Line:

**Teleconference Line: 1-415-655-0002
Access code: 809 623 141**

TASK FORCE MEMBERS PRESENT:

Donna Thorson, HealthInsight
Dustin Boothe, Carson City Health and Human Services (CCHHS)
Heather Holmstadt, Washoe County Health District (SNHD)
Kimisha Causey, HAI Coordinator, Health Program Specialist II, Office of Public Health Informatics and Epidemiology (OPHIE)
Marissa Brown, Nevada Hospital Association (NHA)
Skip Galla on behalf of Kathy Johnson, University Medical Center Hospital (UMC)
Zuwen Qiu-Shultz, Southern Nevada Health District Office of Epidemiology (SNHD)

TASK FORCE MEMBERS ABSENT:

Elena Mnatsakanyan, Northern Nevada Medical Center (NNMC)
Ihsan Azzam, Medical Epidemiologist, (OPHIE)
Joan Hall, Nevada Rural Hospital Partners (NRHP)

NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH PRESENT:

Adrian Forero, Health Facilities Inspector III, (OPHIE)
Ali Garcia, Disease Control Specialist II (OPHIE)
Chidinma Njoku, Health Facilities Inspector I, (OPHIE)
Danika Williams, Healthcare Preparedness Program Manager (PHP)
Jessica Conner, Health Facilities Inspector II, (OPHIE)

OTHERS PRESENT:

Alissar Lakkis, Renown Health
Amy McCombs, Renown Regional Medical Center
Becky Bailey, Nevada Rural Hospital Partners (NRHP)
Cara Cruz, Carson Valley Medical Center
Chris Moore, Summerlin Hospital
Gerard Marshall, AMG
James Wilson, University of Nevada, Reno
Judith Hollett, St. Rose Sienna
Laura Buford, Southern Hills Hospital
Lisa Schaffer, Mountain View
Michael Martin, Health Insight
Michelle Milette, St. Rose Sienna
Norman Wright, Kindred Hospital-Sahara
Rochelle Neilson, St. Mary's Regional Medical Center (SMRMC)
Stacy Clayton, St. Rose San Martin

Trent Decker, Grover C Dills
Vicki Kolar, HealthInsight

1. CALL TO ORDER

Kimisha Causey called the Nevada Healthcare Associated Infection (HAI) Task Force meeting to order at **10:30 a.m.** This meeting was video conferenced from the Nevada Division of Public and Behavioral Health, Las Vegas to the Nevada Division of Public and Behavioral Health in Carson City. This was a public meeting and the public was invited to make comments. In accordance with the Nevada Open Meeting Law [NRS 241.020](#) & [NRS 232.2175](#) this meeting agenda was posted at the following locations: Health Care Quality and Compliance (HCQC), Las Vegas; Nevada Department Health and Human Services (NDHHS), Carson City; NDPBH, Las Vegas; NDPBH, Carson City; Nevada State Library Archives, Carson City; Legislative Council Bureau, Carson City; Grant Sawyer Building, Las Vegas; WCHD, Reno; Elko County Library, Elko; the NVHAI web site at http://dpbh.nv.gov/Programs/HAI/dta/HAI_Advisory_Group/; and the public notice website at notice.nv.gov.

2. INTRODUCTIONS/ROLL CALL – CONFIRMATION OF QUORUM

Introductions were made at all locations/teleconference line and quorum was met.

3. FIRST PUBLIC COMMENT

Kimisha Causey announced the First Public Comment Session and invited members of the public to speak. Hearing no comments, Kimisha Causey moved to the next agenda item.

4. REVIEW AND APPROVAL OF MEETING MINUTES – October 16, 2017

Kimisha Causey asked for approval of the February 16, 2018 meeting minutes.

MOTION: Donna Thorson motioned to approve the meeting minutes
SECOND: Dustin Boothe seconded the motion
PASSED: All were in favor and the motion carried unanimously

5. PRESENTATION OF INFECTION RATES FOR NEVADA

Donna Thorson presented National Healthcare Safety Network (NHSN) data as of May 11, 2018. She included all of the data available rather than select data as presented at the last meeting.

6. MAKE RECOMMENDATIONS FOR UPDATING THE NEVADA HAI PLAN

The discussion regarding the infection rates in Nevada led into the discussion of the current HAI Plan. Currently, Nevada's plan focuses on CLABSI, CAUTI, and CDI; however, based off the most updated infection rates provided by Donna Thorson, the group discussed the idea of changing the focus to MRSA, SSI (KPRO), and Carbapenem-Resistant Enterobacteriaceae (CRE) pending the Centers for Disease Control and Prevention (CDC) approval as CRE is not currently an option available. Amy McCombs said she felt the statewide SSI rate is too high above the national benchmarks and needs more focus from the HAI Task Force. Rochelle Neilson asked if the data could be further broken down into the north and the south part of our state as she and Amy McCombs do not feel this data is representative of the northern Nevada facilities. They report statistically significant changes in infection rates in their facility. Kimisha Causey reminded the group that we must focus on the rates of the state as a whole and cannot split prevention targets between the north and the south.

The voting members of the group voted to make the change to the HAI plan to eliminate CAUTI, CLABSI, and CDI as prevention targets and change the prevention targets to MRSA, SSI (KPRO), and CRE.

Heather Holmstadt from Washoe County Health District confirmed there have been 5 cases of Carbapenemase producing CRE in Washoe County this year, and Kimisha Causey stated there have been approximately 100 cases of CRE in southern Nevada since March, when OPHIE began being alerted of cases. Of these 100 cases, 8 cases were determined to produce *Klebsiella pneumoniae* carbapenemase and are CP-CRE. Dr. James Wilson shared with the group that he is seeing documented carbapenem resistance in the pediatric population.

All participants agreed that the HAI Task Force should continue to review CLABSI, CDI, and CAUTI data, but that we could focus efforts on CRE as it is an emerging threat.

Kimisha Causey will contact the CDC to ask about the addition of CRE to Nevada's HAI plan as a focus area. Skip Galla from University Medical Center asked which definition the Task Force would use in the addition of CRE to the HAI Plan. Kimisha Causey stated that we will follow the CDC definition listed in the CRE Toolkit. Kimisha Causey brought up the idea of forming a subcommittee to help determine how we will track it as the state, but will ask this question to the CDC as well. Donna Thorson confirmed that right now it is only voluntary to be reported to NHSN. In order for Kimisha Causey to see CRE in NHSN, each facility would need to confer rights to her. This is an option for a means of reporting.

7. NOTIFICATION OF STERILIZATION AND DISINFECTION TRAINING

Meeting attendees were reminded of the Reprocessing Training, which will be hosted on July 27, 2018 at the University of Nevada Cooperative Extension located at 8050 Paradise Rd. #105 in Las Vegas, NV 89123. Kimisha Causey also reminded attendees that July 6th is the last day to register for this event.

8. DISCUSSION OF INTERFACILITY TRANSFER FORM

Many participants attended the meeting for the discussion on this agenda item. There have been many concerns expressed regarding the capability of facilities to implement the Interfacility Transfer Form. Many facilities are on an EMR system and integration of the proposed form into their system will be very time consuming and costly.

Kimisha Causey provided the clarification that facilities do not have to use the form provided by the Office of Public Health Investigations and Epidemiology (OPHIE); however, per NRS and NAC, they do have to convey all of the information outlined on the form in some way or another. Norman Wright notified the group that the Division of Public and Behavioral Health's Bureau of Healthcare Quality and Compliance (BHCQC) has begun citing facilities for not communicating important information, such as someone's MRSA colonization history, to receiving facilities.

Another issue brought up is the actual logistics of filling out the form. Many infection preventionists wear multiple hats, and the use of this form will increase the burden of their work. Kimisha Causey reminded everyone that it does not have to be the infection preventionist who fills it out. It could be the social worker, discharge planner, or the interdisciplinary team during the final rounds before discharge.

Changes to the form as requested by the group is that Vancomycin Intermediate *Staphylococcus aureus* (VISA) and Vancomycin Resistant *Staphylococcus aureus* (VRSA) be added.

9. CARBAPENEM-RESISTANT ENTEROBACTERIACEAE (CRE) OUTBREAK IN SOUTHERN NEVADA

The outbreak started with two patients who were positive for CRE who were transferred from a skilled nursing facility to an acute care facility. The acute care facility was notified of the CRE status of both patients upon their admission. One female patient, who had been at the same skilled nursing facility for about a year prior to her transfer, passed away after admission to the acute care. The other patient, a male, had been to two additional acute care facilities and one long term acute care facility. OPHIE was able to narrow the exposure down to three of these facilities. At the long term acute care facility, there were two additional patients identified as CRE positive. They had been roommates of the male patient. An outbreak was declared at the long term acute care facility and an ICAR was performed at this time. An unannounced visit to assess environmental cleaning, PPE use, and hand hygiene was also conducted at the long term acute care facility. Each facility was placed on active surveillance for 6 months per the CDC.

At this time facilities in the state are being asked to report CRE cases. Washoe County Health District already has a reporting system in place, so they are assisting OPHIE with setting up a reporting system for Southern Nevada Health District.

As of the date of the meeting, 100 CRE cases have been reported to the state, of these 100 cases 8 have been identified as KPC. The northern part of the state does not appear to account for much of this burden; most of the activity is occurring in the southern part of the state.

There was further discussion about physician involvement in antibiotic stewardship. The general consensus is that they are not in board with antibiotic stewardship. Kimisha Causey asked the group how we can better involve them in the effort. Dr. Wilson mentioned that he has gone through the board of medicine to publish articles on this topic. He has also gone to the Drug Utilization Review Committee to try to use the preauthorization mechanism to block certain antibiotics from being used in the outpatient setting. Cara Cruz recommended looking into medical schools to see if this information can be taught there, before doctors even begin practicing. Lisa Schaffer has recently asked the residents to sit in on the infection prevention/quality/safety meetings.

10. SET FUTURE MEETING DATE

The next meeting will be held on Friday November 9, 2018 from 10:30am - 12:00pm.

11. SECOND PUBLIC COMMENT

Kimisha Causey announced the Second Public Comment Session and invited members of the public to speak. Hearing no comments, Kimisha Causey moved to adjourn the meeting.

12. ADJOURMENT

Kimisha Causey adjourned the meeting at **11:58 a.m.**