



Antimicrobial Stewardship & Environmental Cleaning Task Force Minutes

Chair – Rebecca Reece, MD; Vice-Chair Kerry LaPlante, PharmD

4:00 – 5:00 pm DOH – Room 401 4/5/2016 Conference Call Number: 866-706-4994 Participant Code: 53796753

Preparation for this meeting

Please read: Previous meeting minutes and action items
Please update: Assigned action items
Please do: Note the changes in subsequent meeting dates and please mark your calendars with the updated information. Email Teresa Mota (TMota@healthcentricadvisors.org) with any agenda items for the next meeting by COB two days prior to meeting.

Voting Members

<input checked="" type="checkbox"/>	Nicole Alexander-Scott	<input checked="" type="checkbox"/>	Maureen Marsella	<input checked="" type="checkbox"/>	Janet Robinson
<input type="checkbox"/>	Utpala Bandy	<input type="checkbox"/>	Leonard Mermel	<input checked="" type="checkbox"/>	Gina Rocha
<input type="checkbox"/>	Annemarie Beardsworth	<input checked="" type="checkbox"/>	Teresa Mota	<input type="checkbox"/>	Gail Skowron
<input checked="" type="checkbox"/>	Cheston Cunha	<input checked="" type="checkbox"/>	Aman Nanda	<input type="checkbox"/>	Michael Smit
<input checked="" type="checkbox"/>	Monica Dorobisz	<input type="checkbox"/>	Robin Neale	<input type="checkbox"/>	Matthew Trimble
<input type="checkbox"/>	David Fried	<input type="checkbox"/>	Stacey Ranucci	<input type="checkbox"/>	Samara Viner-Brown
<input checked="" type="checkbox"/>	Kerry LaPlante	<input type="checkbox"/>	Rebecca Reece	<input checked="" type="checkbox"/>	Stephanie Wildenhain (Jill Powers sub)
<input checked="" type="checkbox"/>	John Lonks	<input type="checkbox"/>	Louis Rice		

Subcommittee Members

<input checked="" type="checkbox"/>	Tsewang Gyurmey	<input type="checkbox"/>	Christine Parker		
<input type="checkbox"/>	Erica Hardy				
<input type="checkbox"/>	Hao Yuan Huang				
<input type="checkbox"/>	Ralph Santoro				

Other Attendees

<input checked="" type="checkbox"/>	Grace Mortnide				
<input checked="" type="checkbox"/>	Linda Nelson				
<input checked="" type="checkbox"/>	Michael Ford				
<input checked="" type="checkbox"/>	Kelly Maston				

Old Business - Updates

	Lead	Status
1 Presentation updates: <ul style="list-style-type: none"> OPTUM Provider Educational Lecturer (Rebecca will be presenting in May) Leading Age Conference on 3/24 (audience, feedback) – Presentation went well, and this was the best year in terms of attendance of Administrators, Nursing Directors and Infection Control Nurses. Leading Age represents not- 	Stacey Ranucci, Janet Robinson Kerry LaPlante (5-10 min)	



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for-profit nursing homes, so draws less than the other nursing home association, but there were 50+ attendees. The presentation was well received, with good questions and comments throughout. Providers were assured of long-term care representation at our meetings. They had questions regarding what would be asked of nursing staff

- Plans for the pharmacy in-service to White Cross, Omnicare and Pharmerica. Kerry will be giving in-services regarding the importance of stewardship to these groups through the months of April and May.
- AHRQ Grant update - \$4.5M grant to train pharmacists on how to do a better job with stewardship. The score was good. The critique received was that there was limited generalizability for Rhode Island related to being able to spread throughout the country, implementation science and how we plan to implement. Jim Prochaska – psychologist at URI who has a good handle on implementation science, has offered some ways to change the behavior, because ultimately we would be asking the pharmacists to make recommendations and change prescribing behaviors of the nurses and physicians. We will also be updating the area on generalizability and are optimistic. We will be re-submitting on July 5th.

New Business		
	Lead	Status

- | | | | |
|----------|--|-------------------------------|--|
| 1 | Welcome & approval of minutes from the 3/1/2016 Task Force Meeting - Meeting minutes approved and seconded. | Kerry LaPlante | |
| 2 | Dr. Tsewang Gyurmey from PACE presented on the history of the PACE program of RI, it's Mission Statement, who they serve, the services provided, and about the antimicrobial stewardship program that they have (PPT available on SOS website). | Dr. Tsewang Gyurmey | |
| 3 | <p>a. Proposed Statement of Commitment Letter for LTC – This was pulled together by Kerry LaPlante’s pharmacy student (Grace) using background from a couple of different states, but mostly GA. In GA, they created an honor roll system, they asked all LTC facilities in GA to do three things: 1) sign a letter of commitment, 2) identify a team and 3) host an educational event. If the facilities do these three things their name is listed on the GA Dept of Health website. We are considering this recommendation going forward for RI.</p> <p>Discussion of the Statement of Commitment Letter for LTC (draft), included:</p> <ul style="list-style-type: none"> • Recommendations to strike “quality improvement professional,” from the document. • Diagnosis for each antibiotic and duration should be something that long-term care facilities know/follow. There is national guidance that can be shared with LTCF’s. • There was much discussion regarding this statement under #6: “A formal | Kerry LaPlante
(15-20 min) | |



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		<p>procedure for all practitioners to review the <u>appropriateness</u> of any antibiotics prescribed after 48 hours from the initial orders (e.g., antibiotic time out).” It was determined that because there is a wide variation of access to prescribers in the nursing home, and a statement to the effect that there are even struggles in the hospital regarding this (especially the enforcement of a 48 rule), that the statement will be struck from the letter. The first item under #6 in the letter seems to cover the general intent of this statement.</p> <ul style="list-style-type: none"> • Will continue to review between the end of this meeting and next, with the goal to finalize the document at the next meeting. <p>b. Website documents (Documents for “Leadership Commitment” and “accountability” are the first two Core Elements on the CDC’s website for AMS in LTCF.)</p>
4	<p>What can the task force do to assist BCBS and what can BCBS do to assist our efforts?</p>	<p style="text-align: center;">All (10-15 min)</p> <p style="text-align: right;">Did not get to this agenda item. Will hold for May’s meeting</p>
5	<p>Senator Whitehouse meeting – Dr. Alexander-Scott stated that the Senator is committed to providing allegiance and his availability to help with the issue of RI being one of the states with the poorest scores.</p> <p>HAI Sub-committee and Steering Committee update regarding this meeting: Both the HAI Sub-committee and Steering Committee pledged to give support to Senator Whitehouse in approaching hospital and nursing home leadership to be able to share the HAC data, the context for the data, and provide recommendations to improve RI’s scores.</p> <p>Maureen:</p> <ul style="list-style-type: none"> • Looked at HAC report and VBP report. There is a 1% reduction of Medicare dollars – 4 hospitals out of 11 got the penalty in 2015; in 2016, 7 out of the 11 hospitals received this penalty. It didn’t take much to push people into the penalty group – some were because of CLABSI, some because of CAUTI, and some of SSI’s and some were HCAHP. • The data that was presented was old (at least 2 years). Some of the data for 2016 was collected from 2012-2014. There was a year of data collected, and a year to look at it. It looks better for the years forward, except for CDI (not sure why our numbers look the way they do despite much analysis). • Infection preventionists came together – Senator Whitehouse’s assistant contacted HCA, infection preventionists are getting back to Maureen. Some suggestions have been how we can bill in RI, lower paid less in Medicare, some talk about financial resource lacking at the leadership level, amount 	<p style="text-align: center;">Dr. Alexander- Scott and Maureen Marsella</p>



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of work that takes away from surveillance to submit data, to get into data for HAC in NHSN need to be IPPS – 11 are all IPPS.

- Could there be something that goes on in another state where there are Critical Access Hospitals that don't have to submit where they get care there, but never get into the database because they are not in the IPPS system. The CLABSI, CAUTI numbers have changed, and Senator Whitehouse was disappointed with the CLABSI numbers because we had a SIR of 0.49 when the collaborative ended, now a SIR of 0.60, we didn't use NHSN then, we had a different reporting mechanism than what gets put in NHSN.
- 7 out of 11 hospitals are receiving a penalty under HAC reduction program, it gives RI the worse percentage of hospitals (64%) in the country and this is a concern.
- Need operating margins / financials to show that we are the lowest paid in RI. The different payment programs – have one program? HAC, readmission, VBP – how we get measured on a policy perspective for each program is difficult and confusing. One infection from a central line, you're in the 25th percentile. Need to look at algorithms.

Action Items		
	Lead	Status

- 1 Review letter and pledges and recommend edits prior to the next meeting – send to Kerry LaPlante (kerrylaplante@uri.edu) or Terri Mota (tmota@healthcentricadvisors.org).
- 2 Provide recommendations for the letter for Senator Whitehouse – send to Kerry LaPlante.
- 3



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**Future AMSEC Task Force Meeting Dates, 2016
4:00pm in DOH Conference Room 401**

**May 3
June 7
July 5
August 2
September 6
October 4
November 1
December 6**

For those unable to join in-person:

Conference Call Number: 866-706-4994 Participant Code: 53796753

Meeting agenda/minutes available on the Secretary of State's Open Meetings Web page:

http://sos.ri.gov/openmeetings/index.php?page=view_entity&id=1293

(Filed under the Health Care Quality Performance Steering Committee - reference the meeting date to find documents.)