

Antimicrobial Stewardship Workgroup

October 17, 2018

ANHA Boardroom 1 to 3 p.m.

Members in Attendance: Margaret Borders, Edward Chan, Darrell Childress, Teresa Fox, Katrina Magdon, Leigh Ann Hixon and Dee Jones. **Members present by phone:** Sherri Davidson **others present:** Heather Jones (MedMind); Veterinary Interns.

Leigh Ann shared her program activities since the last meeting (see attached).

Katrina indicated that she puts information and other news shared by ADPH in ANHA's Weekly Roundup newsletter, which will run through every week until the date of the event. ANHA will be hosting a big infection control program 3 days in December (16-hour program). Half a day for those staff who attended the 12-hour program so, they can pick up the remaining 4 hours.

The new rules indicate nursing homes must have an infection control preventionist on staff. Katrina said this is the first time rules have been touched since 1990.

CDC will also offer an online infection control 20-hour program with a target date in the first quarter of 2019. Not certain many people will take advantage of online programs. In person, training works best for nursing home staff. ADPH is collaborating with ANHA to provide PPE for the donning and doffing exercise. AlaHA mentioned they had recently held an infection control fashion show and had all the gowns, gloves, and masks left over and would gladly share with ANHA. Edward Chan asked if local chapters across the state were involved. Katrina said no. Chan said there many local APIC chapters that might be able to assist with the training. Teresa said the closest chapter was Birmingham and they have wonderful mentors that would love to participate as part of community service. There are also chapters in Dothan and Mobile. Teresa would encourage that nursing home staff attend Katrina's course first so the CDC course will make more sense.

Margaret (AlaHA) just had an IP Boot camp and Grandview was their winner. She said they had several mentors in their camp. She said she would contact them to see if they were willing to help ANHA whether it's just to drop in or lead a session.

Darrell is doing a webinar for AlaHA on how to create an effective antibiogram and cover pen allergies next week (Tuesday October 23; see attached flyer). AlaHA performed several hospital site visits with Dr. Tremaine. They have done many wide stroke initiatives. Dr. Tremaine stated staff needed to talk about what is happening at that facility and to utilize pharmacy students to address gaps. Empower the pharmacist. A list serve was started to give pharmacists a place to communicate. AlaHA is now offering CPE credits at their meetings due to pharmacists increased interest. AlaHA is working to expand reach to pharmacists because they are part of the team.

Heather from MedMined presented the MedMined quarterly MDRO and DOT per 1,000 Days at Risk (October 1, 2016 – September 30, 2018). (See attached powerpoint).

Teresa said they are working on special project – 1 lg, 1 md, 1 sm nursing home in the state. Questions – agree disagree always never. QIO is asking if the facility is receiving an antibiogram from the laboratory that is performing their culture sensitivity testing. Most don't know what it is. If not enough information, get information for facilities in your area. CDC will aggregate so education may be targeted. See where nursing homes are in national comparison.

1st of year – 8 live training – 6 hours each. Does it make a difference? Next QIO new scope of work should be released in January but confident nursing homes will be in there.

Some of the identified Issues with antibiotics is inappropriate specimen and testing criteria (i.e. testing when patients have had laxative; testing times 3 is outdated.) Katrina asked if Teresa had contacted Alabama Medical Directors Association and encouraged Teresa to reach out to them as it would be a great opportunity. Another identified issue is the appropriate use of products that are being used in environmental cleaning, including appropriate contact times. New product (Margaret) stays blue until it's ready.

Outpatient antibiotics

Darrell said Levaquin is easy to take, 1 pill a day, providers/consumers don't understand the risks. Margaret recommended making Levaquin protected not restricted because it will make it more difficult to prescribe. From pharmacy standpoint, reach out to local pharmacies such as CVS and Walgreens, etc.

Teresa said they will be able to pull what drugs are prescribed for Medicare patients. Good actionable data. Darrell said physicians like to see data and impact.

Chan said they try to reduce Quinolone use too. Darrell said it is on the \$4 list at Walmart.

Heather asked Darrell about viability of nursing homes conducting antibiogram themselves. Primary was UTI in Darrell's experience with something he did last year (?)(3 facilities). Darrell said some information is better than none. Will continue to build on what they have.

Teresa Fox stated that the QIO was planning to provide NHSN and UTI Prevention training in the spring. It will probably include 2 days of training. 1st day NHSN, 2nd day UTI.

Leigh Ann shared information about NHSN HAI checklists available on CDCs website <https://www.cdc.gov/nhsn/hai-checklists/index.html> and the CDC AR Lab inkjet accessibility to indicate if drug will or will not work <https://www.cdc.gov/drugresistance/solutions-initiative/innovative-hp-resistance-testing.html>. In addition, an article was shared on the importance of including your IP in equipment purchases. Leigh Ann explained limitations of this year's grant funding.

Meeting adjourned.