

SHARP: Bringing HAIs into Focus

Surveillance for Healthcare-Associated and Resistant Pathogens Unit
Michigan Department of Health and Human Services



ICAR: Past, Present and Future

The Infection Control Assessment and Response (ICAR) Program, originally part of the Ebola Supplemental funding, has been in place since 2015. SHARP unit staff have been offering infection control needs assessments to facilities across the continuum of care. The SHARP unit has been able to voluntarily recruit numerous facilities to participate. Using a CDC-developed tool, the SHARP unit conducts a needs assessment and provides technical assistance in a collaborative setting. The focus is on quality improvement, better patient outcomes increased knowledge, and available tools. To date, 73 ICARs have been conducted. This has exceeded expectations! Each participating facility receives a report detailing program strengths and areas of opportunity. Results are aggregated at both a state and national level, and will be used to help guide training efforts.

Across facility types, results have shown that education and training vary tremendously. ICARs have found that competency-based trainings have not been fully adopted, even though facilities all agree it is valuable. The greatest takeaway is that the ICAR is a great tool as it provides an opportunity to have discussions within the facility and offer technical assistance in a collaborative environment.

In order to continue strengthening infection control programs, ICAR assessments will now be offered to all facilities involved in a novel resistance investigation or other HAI outbreak. This is a more targeted approach to help contain outbreaks and tailor best-practice infection control strategies towards facilities in need. Voluntary recruitment will also continue. If you would like to participate, please contact Noreen at 517-335-8165.

**Antimicrobial Stewardship
Update:**
Communities of Care

NHSN Update:
TAP Strategy

**Antibiotics Awareness
Week**

CRE Update

Save the Date

www.mi.gov/hai

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Antimicrobial Stewardship Update: Communities of Care

In 2016, the SHARP Unit began the Communities of Care project which is an initiative focusing on antimicrobial stewardship within a healthcare community with a shared population.

The first cohort of this project includes two communities: one in Grand Rapids and one in Ann Arbor. Each community consists of an acute care facility, a long-term acute care facility, and a skilled nursing facility within the same geographical area. Each facility was awarded \$1,500 for their participation in the initiative. Funding could be used for professional and educational development or resources related to infection prevention and antimicrobial stewardship.

Earlier this year, facilities met to decide what area of stewardship they would collectively focus on and corresponding interventions to implement. The facilities agreed to focus on *Clostridium difficile* infections. Facilities submitted 6 months of baseline data which will be analyzed and reported back to the facilities. Beginning this fall, the two communities will implement interventions related to improving the appropriateness of *C. difficile* testing. Re-measurement will begin in January 2019 to determine the impact of these interventions.

Ultimately, the Communities of Care will improve appropriateness of testing, coordination of care for their patients; and promote stewardship across all healthcare settings.

NHSN Update: Targeted Assessment for Prevention (TAP) Strategy

The TAP Strategy uses NHSN data for action to prevent healthcare-associated infections (HAIs). The strategy is divided into three parts – target, assess, prevent.



Target - target facilities and facility units with an excess burden of HAIs, using two metrics including the Standardized Infection Ratio (SIR) and the Cumulative Attributable Difference (CAD).

Assess – use the Assessment Tool to assess gaps in infection prevention within a specific unit. The Assessment Tool is broken down into five sections, each focused on a different area of infection prevention. The assessment is meant to capture awareness and perceptions of policies and practices related to HAI prevention.

TAP Strategy, continued

Prevent – data collected with the Assessment tool is summarized into a TAP Feedback Report, to identify opportunities for the greatest improvement in infection prevention. TAP Implementation Guides contain actionable tools and resources that allow facilities to customize their interventions based on gaps identified in the Tap Feedback Reports.

What's New?

The SHARP unit will use the TAP reports to identify facilities and facility-units with disproportionately high rates of *C. difficile* infections (CDI). The SHARP Unit will be piloting the CDI TAP Assessment Tool in multiple facilities including Acute Care, Critical Access and Long-Term Acute Care facilities.



U.S. Antibiotic Awareness Week November 12 - 18, 2018

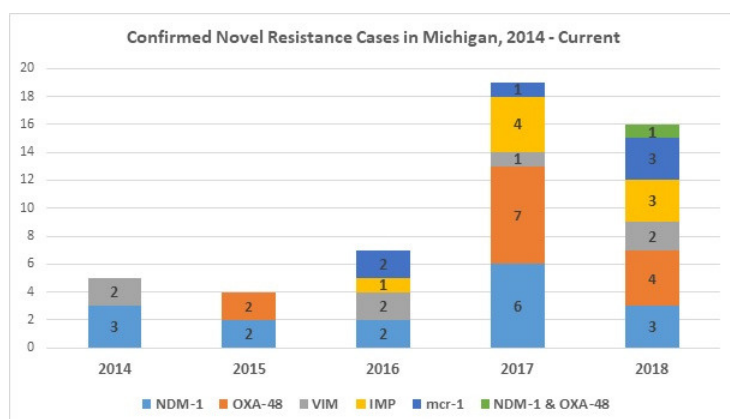
U.S. Antibiotic Awareness Week is an annual one-week observance to raise awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic prescribing and use. This year the SHARP unit will be supporting Antibiotic Awareness through multiple platforms including MDHHS building displays, website banners and social media posts. Join us as we celebrate the effort to combat the spread of antibiotic resistance and improve patient safety.



CRE Update

Novel Resistance Update

Since 2014, Michigan has detected a total of 51 cases of novel resistance: 16 NDM-1, 13 OXA-48, 8 IMP, 7 VIM, 6 mcr-1, and 1 with both NDM-1 and OXA-48. Novel resistance cases had a mean age of 65 years (range 5-87 years), and 27 (53%) were male. Thirty-one cases (61%) had been hospitalized within 6 months prior to their positive culture, of which 29 (94%) had a hospitalization in the US and 10 (32%) had a hospitalization in another country. Twenty-seven cases (53%) had traveled to another country within 6 months prior to their positive culture.



For each case of novel resistance detected, the SHARP unit works with healthcare facilities to implement the CDC's containment strategy outlined in the [Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms \(MDROs\)](#) to ensure a prompt response and proper containment of these organisms. Containment activities include implementing appropriate infection control measures (such as contact precautions), performing a healthcare investigation, screening roommates and other high-risk healthcare contacts, prospective and retrospective laboratory surveillance, and performing infection control assessments. Containment activities in Michigan to-date have resulted in no recognized secondary transmission of these novel resistant organisms.

The MDHHS Bureau of Laboratories (BOL) offers phenotypic and molecular testing to detect KPC, NDM, VIM, OXA-48, IMP, mcr-1, and mcr-2 in *Enterobacteriaceae*, *Acinetobacter*, and *Pseudomonas aeruginosa*.

Novel Resistance, continued

Laboratories are strongly encouraged to send isolates to BOL for confirmatory testing of carbapenem or colistin resistance. Early recognition and containment of these novel resistant organisms can help stop their spread and protect patients

CP-CRE Reporting News

On October 10, Brenda and Sara presented a CP-CRE Reporting webinar and tackled frequently asked questions. We are asking for feedback from Infection Preventionists and Local Health Departments to fine-tune guidance as CDC recommendations on follow-up for CRE, CP-CRE and novel resistance may be inconsistent from mechanism to mechanism and depend on geographic location. If you have questions or feedback on reporting, case classification, investigation or the prevention of CP-CRE, please contact Brenda or Sara at (517) 335-8165.

Updated guidance is set to be released January 2019.

Slides from the webinar are available at www.michigan.gov/hai.

Save the Date

U.S. Antibiotic Awareness Week
November 12-18, 2018

NHSN User Call
February 6, 2019