

*Vital Signs Town Hall Teleconference*

New CDC Data Tool: Antibiotic Resistance and Healthcare-Associated Infections

Q&A

March 8, 2016

1:00 pm CT

Steve Reynolds: Thank you for these excellent presentations. They were outstanding. We've got about 195 people on the call, so we have a great number of folks out there. Remember, you can get in the queue to ask a question, or make a comment, by pressing star 1.

State your name when prompted. The operator will announce when it's your turn. Please address your question to a specific presenter, or indicate that it is a question for all the presenters.

I encourage you to take advantage of this opportunity to share your own strategies, lessons learned, challenges and success stories. You can pose questions to our presenters or to each other. We have quite a few states and organizations on the call.

So this is a forum for you all to discuss, collaborate and question different methods, practices and experiences related to antibiotic resistance and healthcare-associated infections. Operator, we are ready to take any questions. Is there anyone in the queue?

Coordinator: At this time there is no one in the queue. But once again, if you would like to ask a question over the phone, please press star 1 and record your name. One moment please, as we wait for questions.

Steve Reynolds: While we wait for a question, Nicole let me ask you, what can patients do to stay safe?

Nicole Coffin: Thanks Dr. Reynolds. Sorry about that. I had an issue with the mute button. That's a great question. And I think at the cornerstone of that is helping patients feel empowered to ask questions about the care they are receiving.

So for example, some concrete questions that patients can ask is that if they have a catheter to ask daily if it's necessary. If you're having a surgery you can ask your doctor how he or she prevents infections following surgery.

And then of course, one of the most critical questions is to ask folks to clean their hands before they touch you. And that's not just doctors and nurses before - asking them before they touch you, but also your visitors and your family members, to ensure that they're clearing their hands often as well.

As far as improving antibiotic use and a particular question folks can ask especially in an outpatient setting, is ask if your antibiotic is necessary and what's being done to improve antibiotic use and protect other patients.

We certainly know that a lot of the antibiotic use in outpatient settings is - is unnecessary.

And so sometimes just even asking the question if your antibiotic is necessary, can help relay to your clinician the concern you have and also help them feel at ease in case they're feeling pressure to prescribe an antibiotic. It lets them know that they're not receiving that pressure from you.

Steve Reynolds: Thank you. Operator, I believe we have someone in the queue?

Coordinator: Yes, we do. Our next question comes from Carol Moss's line. And the line is now open.

Carol Moss: Hi. Hello to all. This is Carol Moss and I'm with Niles Project and I'm also on the HAI advisory committee for the State of California. We have just formed a new subcommittee for deep environmental cleaning.

And I am greatly impressed by the work that's being done on the two states that were highlighted today. Congratulations to you guys in Tennessee and in Wisconsin.

And my question is this, has deep environmental cleaning been any part of the discussion in either one of your states or any others that are on the phone today, that you've been able to establish best practices for testing, cleaning as a big part of the prevention process?

I'm just curious to see if - if some of this work has already been done.

Ashlie Dowdell: Hi. This is Ashlie in Wisconsin and I - honestly, I am not sure if that is something that they are looking at as - as part of that prevention collaborative.

Carol Moss: Okay, great.

Dr. Carolyn Gould: This is Carolyn from the CDC. I will say that based on information that we know from the work that - for example, the (QIN)-QIOs have been doing with the CDI facility assessment tools in their targeted facilities, the environmental cleaning piece is one of the major gaps that they're seeing across the board.

So we know that the environment is something that requires a lot more attention in both, you know, ensuring that the process is being followed, the - that the cleaning protocols are being followed and the high touch surfaces especially, are being cleaned.

But also in the use of sporicidal disinfectants where needed, for *C. difficile* and for understanding the best ways to audit practice and to train people who are doing the cleaning. And to make sure that people know who is supposed to clean what. That's another big gap that we're seeing commonly.

Is for - especially for things like, you know, equipment and mobile devices. Those are areas that are often missed. So we have a lot of work to do with the environment, specifically as it pertains to *C. difficile*. But also I think it - it's a foundational strategy to prevent all HAIs.

Carol Moss: Yeah. Exactly. Well Carolyn, I'll - I'll reach out to you and discuss some of the things that we're doing and see if there's anybody involved that you know of that would like to join in on the conversation.

Dr. Carolyn Gould: Great. Thank you.

Carol Moss: You bet.

Steve Reynolds: Thank you both. Just a reminder to all of our callers today, press star 1 if you have a question. If you want to get in the queue. And if you have any information you'd like to share with (Carol) about deep environmental cleaning or a question for any of our presenters today.

While we wait for more questions, Dr. Gould, I have a question for you. When did TAP launch? And how can someone access it?

Dr. Carolyn Gould: Sure. So the TAP reports first became available at the beginning of 2015. We had started a pilot with the (QIN)-QIOs initially, to sort of see how the TAP reports and the TAP strategy would work.

And it was so effective that we went ahead and were able to put the TAP report application into the analytic function of - of NHSN. So basically anybody with access to data can run a TAP report. And it's - it's quite simple to do if you know how to get to the analytic functions in NHSN.

It's - it's - there's a TAP report option. And we have guidance on how to use that up on the TAP Web site. But certainly if you need any assistance, if anybody needs any assistance they can go to the NHSN help desk. And we are putting more resources up.

We've done several TAP webinar demos for different organizations. And I think hopefully we'll have a demo that we can put up on the Web site as well.

Steve Reynolds: Thank you. Ashley Fell, a quick question for you. How have hospitals reacted to the report cards? Have they been well received?

Ashley Fell: Actually yes. We've gotten a lot of positive feedback on the report cards. And we weren't so sure at first, when you give that much data back to the hospitals what they'll think.

But the hospitals really like the CAD value that it's a - a concrete number of infections and it's easy for them to bring back to their front line staff and even take up to hospital leadership. They also like to see their data updated on a quarterly basis.

So they - they really enjoyed seeing the report cards and have used them and share them a lot.

Steve Reynolds: Thank you. Turning to Wisconsin, Ashlie Dowdell, are you willing to share the TAP letter you used?

Ashlie Dowdell: Yes. We are definitely willing to share that. I have a link in the slides. And then as Carolyn mentioned, it is also out on the - the TAP resource page on the - on CDC.

Steve Reynolds: Thank you. Hey, staying with you, after hospitals were recruited using the TAP letters, have those results been revisited to determine impact of the prevention collaborative?

Ashlie Dowdell: At this point they have not yet. So they launched that new iteration of the project last fall and started to work with the teams and - and start to build the prevention strategies. So they are working TAP into that process so that they are teaching those hospitals to run the report.

They're looking at the CAD by unit to see if there are some low hanging fruit to really start working with.

And then like I said, we're starting to do some training at the statewide level on the TAP reports as well, to try and drive even those that are not part of the prevention collaborative, into using some of those reports and some of those other analytic options in NHSN.

But that will be something we definitely revisit in the future.

Steve Reynolds: Thank you so much. Operator, I believe we have someone in the queue?

Coordinator: The next question comes from Jeanne Negley.

Jeanne Negley: Hi. This is Jeanne Negley from Georgia. I wanted to thank everyone for the excellent presentations. I had a specific question for Ashley Fell. I'm looking at slide 28 where she shows her example of the TAP report. And in Georgia we sent out a TAP report with actually Ashley's help.

We sent out a TAP report for hospitals and also our LTACs. And we ended up combining their - our data. And my question for Ashley is on slide 28 she has the wards separated out for both CAUTI and CLABSI. And I'm just wondering how many facilities that represents for wards.

And the second question is what her current thoughts are in terms of presenting data for LTACs in a TAP report. Would you do it completely - give them a completely separate report? Or would you just add a line to your existing report here?

Ashley Fell: Yeah. Thanks Jeanne. So for our wards, we have more - so we have about 80 or 90 facilities reporting from ICUs and then over 100 from wards. So actually for some of our smallest facilities that's where they actually see themselves show up on the TAP report for a CLABSI or a CAUTI.

So we were excited to start including ward level data in that. And great question on LTACs and that's something we've just recently started including. In our first iteration we have them combined in with the rest of the acute care hospitals.

And we just found that to be really confusing. So we separated them out and send them a separate report. And we've gotten a ton of positive feedback on that. We know that our LTACs are lagging behind a little bit in some of the prevention efforts, so we wanted to target them.

But they're also a group of facilities that there's not as much like benchmarking data out there. So they really appreciate having this kind of report available to them just because they're a setting up always looking for those benchmarks and comparison data.

And so we've given them an opportunity for that.

Steve Reynolds: Thank you. Jeanne, did you have any follow up questions? No? I think Jeanne just popped off. Hey, Dr. Gould, a quick question - can the TAP strategy be used in any type of healthcare setting?

Dr. Carolyn Gould: Yeah. I mean I think the concept of the targeting, assessing and preventing, absolutely. Currently we do have TAP reports available for both acute care hospitals and LTACs.

And as we have more baseline data, for example in the LTACs on *C. difficile* infection and MRSA bacteremia, we'll be able to add those TAP reports. We haven't created SSI TAP reports but I think we'd like to do that eventually.

Other settings, you know, I think it's just a matter of having enough facilities reporting into NHSN to generate SIRs which are required for the TAP reports.

And so - but, you know, until then you can still use the data in a targeted way, whether it's from NHSN or another data source, to try to target the prevention efforts to the areas that seem to need the most help.

And so I think the concept of the TAP strategy absolutely can be applied to any setting. And many of the tools - for example, the assessment tools and the implementation guides, can be applied to other settings, such as long term care.

And - and there is some work being done right now to try to modify some of those existing tools for the long term care setting.

Steve Reynolds: Thank you. If anyone is interested in asking another question, press star 1 and get in the queue. We will accept one more question. While we wait to see if anyone does have any additional questions, I will ask Nicole Coffin one more question.

And that's what can I do to learn more about CDC's healthcare-associated infections and antibiotic resistance data? Where can we go to find that?

Nicole Coffin: That's a great question. There are two resources that I think would be helpful. One is the HAI Web site that CDC manages at [www.cdc.gov/HAI](http://www.cdc.gov/HAI).

And then if you want to learn more about antibiotic resistance including healthcare-associated but the other part of the issue of antibiotic resistance including some of the pathogens that are in the community, some of the things that CDC is doing to combat antibiotic resistance, you can find that at [www.cdc.gov/drugresistance](http://www.cdc.gov/drugresistance).

Both of those sites have a lot of information that is acceptable for all the folks involved, in responding to these issues, both clinicians and doctors but also state health departments, also patients. And just a wide array of folks who - whose actions it's going to take to turn the tide on both of those issues.

Steve Reynolds: Thank you Nicole. Operator, I believe we have one more question in the queue and this will be the last question we take today.

Coordinator: Okay. And this question comes from Alicia Cole.

Alicia Cole: Hello. Good morning. Please excuse my voice. I'm actually sick. And I just - I - the portions that I was able to hear today I thought were wonderful, but I did join the call late.

And so I'm wondering if there'll be a recording available at some point, where I could go back and others who may have gotten on and missed the beginning, are able to listen and hear the presentations and follow along with the downloaded PowerPoint that I have.

So thank you very much. Thank you for all of your great information.

Steve Reynolds: Thank you Alicia. Yes. Absolutely there'll be a transcript that you can download and it'll be on our web site sometime next week. It'll be at [www.CDC.gov/STLTPublicHealth](http://www.CDC.gov/STLTPublicHealth). That last part is all one word. STLT Public Health.

And you'll go to find all the information regarding this call on that web site. You could also Google CDC *Vital Signs* Town Hall, click the top link and that should get you there as well. Thank you again for your question today.

And - but before we close I would ask that please everyone take a moment and look at the next to the last slide, slide number 53.

The prevention status report or PSR, highlights - is a highlight for all 50 states and the District of Columbia, the status of certain policies and practices designed to address ten public health problems including healthcare-associated infections. To view the PSR visit the link at the bottom of this slide.

And finally, please let us know how we can improve these teleconferences. Email your suggestions to OSTLTS Feedback that's O-S-T-L-T-S Feedback at CDC dot G-O-V. All one - it's all one word, [OSTLTSFeedback@CDC.gov](mailto:OSTLTSFeedback@CDC.gov).

We hope - we hope that you - you'll be able to join us for next month's town hall. That will be coming out and will be announced on our web site, again hopefully sometime next week. Thank you to our presenters and to everyone who attended the call today. And that will end our call. Goodbye everyone.

Coordinator: This concludes today's conference. Participants may now disconnect. And speakers, please standby.

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