Massachusetts Department of Public Health

Public Health Council Meeting
October 9, 2024

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the October 9 Public Health Council listing.

Massachusetts Department of Public Health

Public Health Council Meeting
October 9, 2024

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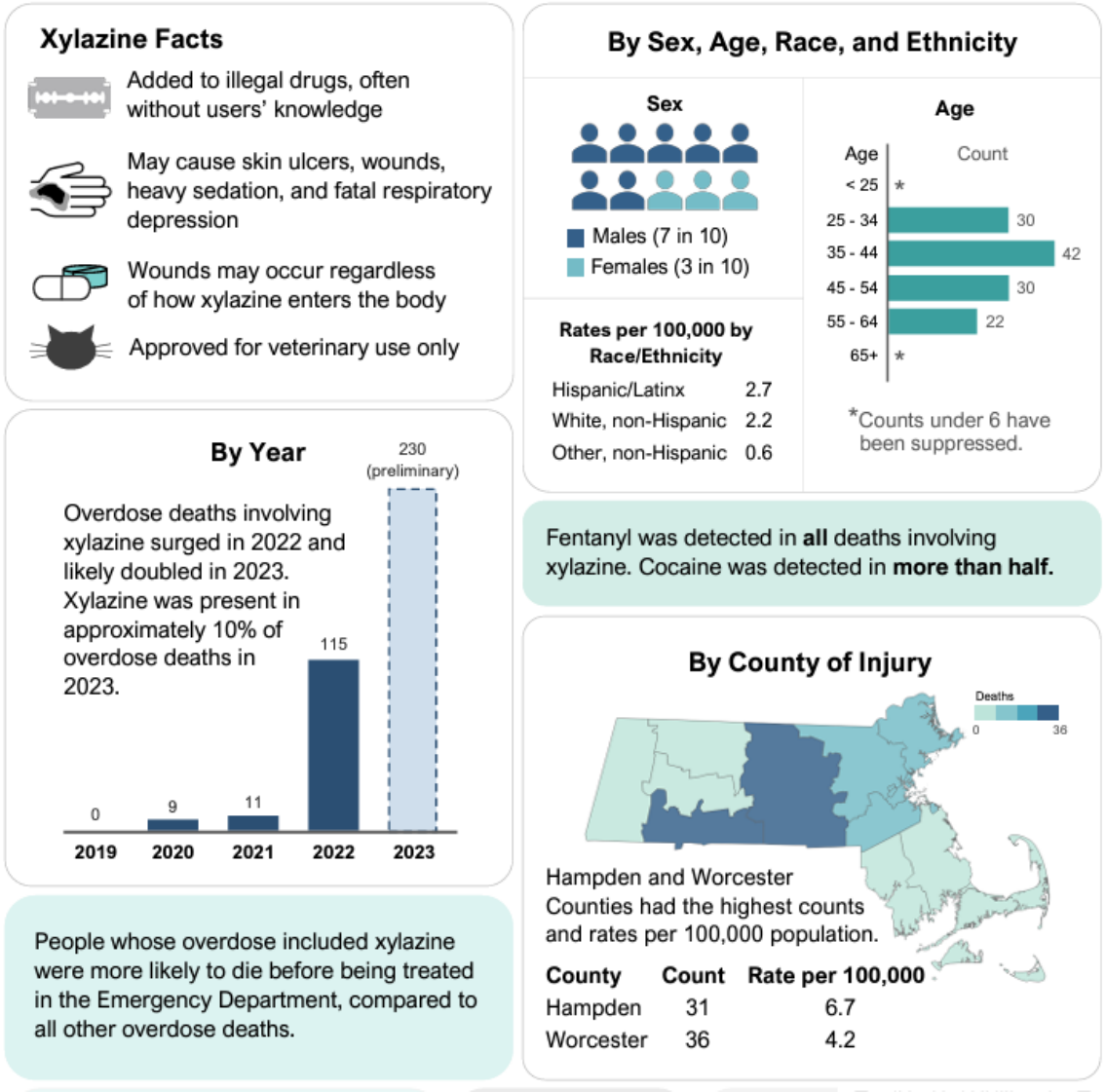
Indigenous Peoples Day

bit.ly/2024TribalSummit

Xylazine Infographic



mass.gov/doc/2019-2022-massachusetts-overdose-deaths-involving-xylazine/download

Testing for Bird Flu in Dairy Cows

PRESS RELEASE

State Officials Announce 100% Negative Results for HPAI Testing in Dairy Herds

mass.gov/news/state-officials-announce-100-negative-results-for-hpai-testing-in-dairy-herds

The Boston Globe

A highly contagious bird flu strain infected hundreds of dairy cows. Testing shows Mass. dairy farms are virus-free.

State's collaboration with the Broad Institute of MIT and Harvard could be a national model.

By Adam Piore Globe Staff, Updated September 16, 2024, 6:44 p.m.

Laboratory System Improvement Program (L-SIP)

DPH State Public Health Laboratory staff with L-SIP reassessment certificate.

Respiratory Illness

mass.gov/MobileVaccine
mass.gov/VaccinesAtHome

Mosquitoes and Ticks

mass.gov/MosquitoesAndTicks

Massachusetts Department of Public Health

Proposed Revisions to

105 CMR 130 – *Hospital Licensure*

105 CMR 140 – *Licensure of Clinics*

105 CMR 142 – *Operation and Maintenance of Birth Centers*

Marita Callahan

Director of Policy & Health Communications, Bureau of Health Care Safety and Quality

Summary of Regulation

DPH proposes revisions to the following regulations. These regulations set forth standards governing health care facilities to provide high quality care, industry standardization and strong consumer protection to the residents of Massachusetts.

Regulation	Description
105 CMR 130, Hospital Licensure	Sets forth standards for the licensure, maintenance and operation of hospitals
105 CMR 140, Licensure of Clinics	Sets forth standards for the licensure, maintenance and operation of clinics
105 CMR 142, Operation and Maintenance of Birth Centers	Sets forth standards for the maintenance and operation of birth center services in licensed hospitals and licensed clinics

Overview of Proposed Revisions to the Regulation

The proposed revisions to these regulations fall into three categories and will promote high quality care in these health care settings:

1. Updating requirements for stroke care in hospitals and satellite emergency facilities (105 CMR 130);
2. Updating requirements for birth center services operating under hospital and clinic license types (105 CMR 130, 105 CMR 140); and
3. Rescinding the now obsolete 105 CMR 142.

Background: Stroke Tiering

Current Regulation:

- The hospital licensure regulation has one designation for hospitals that provide stroke services – Primary Stroke Services. This designation is added to the hospital's license as part of the Department's licensure process.
- A Primary Stroke Services license designation requires a readiness to provide timely acute stroke evaluation and treatment.
- There are currently 71 licensed hospitals in Massachusetts, of which 60 hospitals are licensed to provide primary stroke services.

Legislation:

- The FY'24 Massachusetts budget requires the Department to promulgate regulations that create statewide criteria for **designating hospitals in a tiered system, featuring advanced designations in addition to primary stroke services, to treat stroke patients based on patient acuity.**

Proposed Revisions: Stroke Tiering

The Department proposes three levels of stroke care to be provided at hospitals:

1. Acute Stroke Ready
2. Primary Stroke Service
3. Endovascular Capable Stroke Service, which includes thrombectomy capable stroke centers and comprehensive stroke centers

- The Department will update the EMS Stroke Point of Entry Plan to allow for transport to an Endovascular Capable Stroke Service hospital under certain criteria.
- At a minimum, hospitals with an emergency department and satellite emergency facilities must be acute stroke ready.
- Hospitals demonstrating capability to care for higher-acuity stroke patients may seek certification through a nationally recognized accreditation entity, such as The Joint Commission, Det Norske Veritas, or the Accreditation Commission for Health Care.

Proposed Revisions: Stroke Tiering

Tier	Current State	Future State
1	**"Primary Stroke Services"** • Readiness to provide timely acute stroke evaluation and treatment. • 60 out of 71 licensed hospitals in Massachusetts are licensed to provide primary stroke services.	**"Acute Stroke Ready"** • An acute stroke team available for prompt consultation 24/7. • Protocols for ED stroke triage and treatment, communication with EMS, stroke stabilization, and transfer. • Administration of thrombolytics, when clinically appropriate.
2	N/A	**Primary Stroke Service (PSS)** • Emergency diagnostic and therapeutic services provided by a multidisciplinary team • Available 24/7
3	N/A	**Endovascular Capable Stroke Service** • PSS, plus mechanical endovascular reperfusion (MER)-capable. • Includes both **thrombectomy capable stroke centers** and **comprehensive stroke centers**.

Background: Birth Center Services

Current Regulation:

- A licensed clinic or hospital satellite may offer birth center services. This designation is added to the facility's license as part of the Department's licensure process.
- The Department has heard from stakeholders that the existing regulations for birth center services can often create prohibitive requirements for establishing and operating a licensed facility with birth center services.
- There is currently one licensed clinic providing birth center services in Massachusetts.

Legislation:

- In August 2024, the *An Act promoting access to midwifery care and out-of-hospital birth options* was passed by the Legislature. This legislation dictates a number of requirements for "freestanding birth centers" for the Department to include in the clinic licensure regulation (105 CMR 140.000), including staffing requirements.

Proposed Revisions: Birth Center Services

To provide high-quality, accessible care to all pregnant persons of the Commonwealth, the Department is proposing revisions to the birth center services requirements in 105 CMR 130 and 105 CMR 140 to ease challenges with operating a birth center and to strengthen the quality of care provided at birth centers by:

- Updating gender references and removing stigmatizing language;
- Aligning with national guidelines for the operation of birth centers;
- Revising staffing requirements to ease staffing challenges for birth centers; and
- Aligning requirements with the recently passed legislation.

Proposed Revisions: Birth Center Services

Current Regulation:

- Requires birth centers to have a written agreement with an obstetrician with full obstetrical privileges at a nearby hospital, and a written agreement with a pediatrician with full pediatric privileges at a nearby or the parent hospital.

Summary of Proposed Revisions:

- In response to the recently passed legislation and feedback from stakeholders that the existing requirements made it difficult for birth centers to find a supportive physician, the Department proposes requiring birth centers to have a written policy for the care and transfer of patients to hospitals for treatment beyond that provided by the center.

Proposed Revisions: Birth Center Services

Current Regulation:

- Requires full obstetrical privileges at a nearby hospital for the following birth center providers: (a) the Birth Center Director, (b) Director of Medical Affairs, and (c) the certified nurse midwife, obstetrician or family practitioner attending the birth.
- Requires licensed nurses to have labor and delivery experience within the past year.

Summary of Proposed Revisions:

- In response to stakeholder feedback, the Department proposes to:
  - Remove the requirement for the Birth Center Director, Director of Medical Affairs, and the certified nurse midwife, obstetrician or family practitioner attending the birth have obstetrical privileges in a nearby hospital;
  - Expand the providers that may be to the Director of Medical Affairs to include a certified nurse midwife or family practitioner; and
  - Remove the requirement that licensed nurses functioning as a birth assistant have labor and delivery experience within the past year.
- In response to the recently passed legislation, the Department proposes to:
  - Include a certified professional midwife as the Director of Medical Affairs as well as to be a birth attendant.

Proposed Revisions: Birth Center Services

Current Regulation:

- Requires birth centers to have a transfer incubator.

Summary of Proposed Revisions:

- To align with national guidelines for the operation of birth centers, the Department proposes to remove the requirement for birth centers to have a transfer incubator.

Proposed Recission: 105 CMR 142

- All content of 105 CMR 142, Operation and Maintenance of Birth Centers, was integrated into 105 CMR 130 (Hospital Licensure) in 2017 and into 105 CMR 140 (Licensure of Clinics) in 2021.
- The Department now proposes to rescind this now obsolete regulation, as was intended when its contents were integrated within the other licensure regulations.

Next Steps

- Following this presentation, staff will hold a public hearing and will provide a public comment period.
- After the close of the public comment period, staff will review comments, revise as necessary to reflect comments received, and then request approval of the final regulations at a subsequent meeting of the Public Health Council.

Thank you for the opportunity to present this information today.

For more information regarding these amendments, please find the relevant statutory language and the full current regulation here:

Massachusetts Law:

https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111

Current Regulation:

https://www.mass.gov/doc/105-cmr-130-hospital-licensure/download
https://www.mass.gov/doc/105-cmr-140-licensure-of-clinics/download
https://www.mass.gov/doc/105-cmr-142-operation-and-maintenance-of-birth-centers/download

Proposed Amendment:

mass.gov/dph/proposed-regulations

Please direct any questions to:

DPH.BHCSQ@MassMail.State.MA.US

Health Care Associated Infections Calendar Year 2023:

Acute Care Hospitals
Non-Acute Care Hospitals
Dialysis Centers

Christina Brandeburg, MPH, CIC, Senior HAI/AR Epidemiologist and Analytic Coordinator

Katherine T. Fillo, PhD, MPH, RN-BC, Director of Health Care Strategy & Planning

Jessica Leaf, MPH, CIC, Senior HAI/AR Epidemiologist and MDRO Coordinator

Eileen McHale, RN, BSN, Healthcare Associated Infection Coordinator

Introduction

Healthcare-associated infections (HAIs) are infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting.

- HAIs are among the leading causes of preventable death in the United States, affecting 1 in 17 hospitalized patients, accounting for an estimated 1.7 million infections and an associated 98,000 deaths.*

The Massachusetts Department of Public Health (DPH) developed this data update as a component of the Statewide Infection Prevention and Control Program created pursuant to Chapter 58 of the Acts of 2006.

- Massachusetts law provides DPH with the legal authority to conduct surveillance, and to investigate and control the spread of communicable and infectious diseases. (MGL c. 111,sections 6 & 7)
- DPH implements this responsibility in hospitals through the hospital licensing regulation. (105 CMR 130.000)
- DPH implements this responsibility in dialysis centers through the out-of-hospital dialysis regulation. (105 CMR 145.000)
- Section 51H of chapter 111 of the Massachusetts General Laws authorizes the Department to collect HAI data and disseminate the information publicly to encourage quality improvement. (https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section51H)

Haque M, Sartelli M, McKimm J, Abu Bakar M. Healthcare-associated Infections - an Overview. *Infect Drug Resist*. 2018;11:2321–2333.

Methods

The healthcare data summary includes the following statewide measures for the 2023 calendar year (January 1, 2023– December 31, 2023) as reported to the CDC's National Healthcare Safety Network (NHSN).

DPH required measures are consistent with the Centers for Medicare and Medicaid Services (CMS) quality reporting measures.

Acute Care Hospitals (ACH)	Non-acute Care Hospitals	Dialysis Facilities
• Central line-associated bloodstream infections (CLABSI) in intensive care units and wards • Catheter-associated urinary tract infections (CAUTI) in intensive care units and wards • Specific surgical site infections (SSI) • Specific facility-wide laboratory identified events (LabID)	• Central line-associated bloodstream infections (CLABSI) in intensive care units and wards • Catheter-associated urinary tract infections (CAUTI) in intensive care units and wards • Specific facility-wide laboratory identified events (LabID)	• Positive blood cultures • IV antimicrobial starts • Pus, redness or increased swelling at vascular access site

National baseline data for each measure are based on a statistical risk model derived from national data
^ All data were extracted from NHSN on August 21, 2024

Measures

Standardized Infection Ratio (SIR)

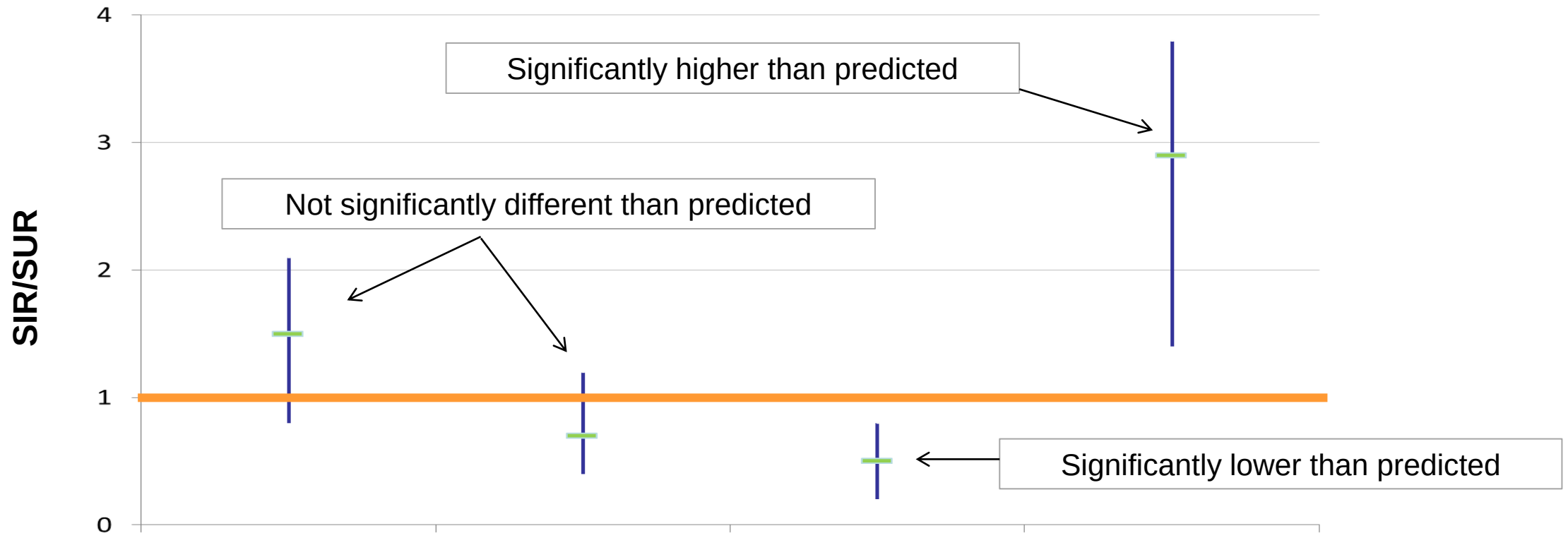
$$\text{Standardized Infection Ratio (SIR)} = \frac{\text{Actual Number of Infections}}{\text{Predicted Number of Infections}}$$

Standard Utilization Ratio (SUR)

$$\text{Standard Utilization Ratio (SUR)} = \frac{\text{Number of Device Days}}{\text{Predicted Number of Device Days}}$$

- If the SIR/SUR > 1.0, more infections/device days were reported than predicted
- If the SIR/SUR = 1.0, the number of infections/number of device days is equal to the predicted number
- If the SIR/SUR < 1.0, fewer infections/device days were reported than predicted

How to Interpret SIRs/SURs and 95% Confidence Intervals (CIs)

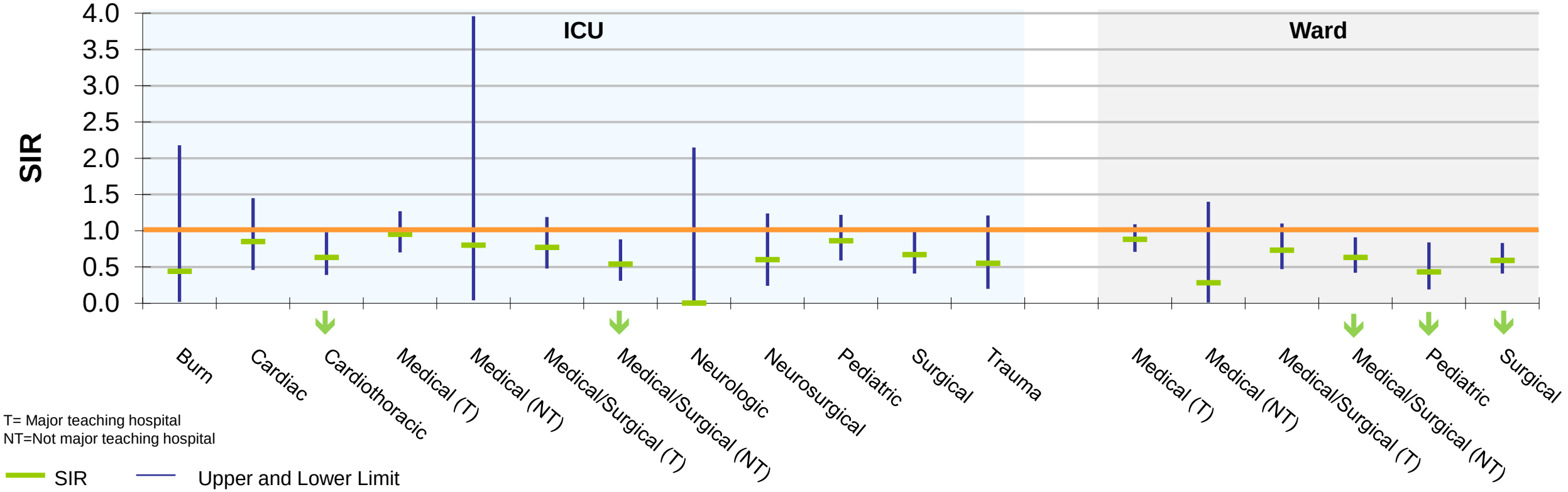


The green horizontal bar represents the SIR/SUR, and the blue vertical bar represents the 95% confidence interval (CI). The 95% CI measures the probability that the true SIR/SUR falls between the two parameters.

- If the blue vertical bar crosses 1.0 (highlighted in orange), then the actual rate is not statistically significantly different from the predicted rate.
- If the blue vertical bar is completely above or below 1.0, then the actual is statistically significantly different from the predicted rate.

2023 Central Line-Associated Bloodstream Infections (CLABSI): Standard Infection Ratio in Adult and Pediatric ICUs and Wards

CLABSI Standard Infection Ratio (SIR) by Acute Care Hospital Unit

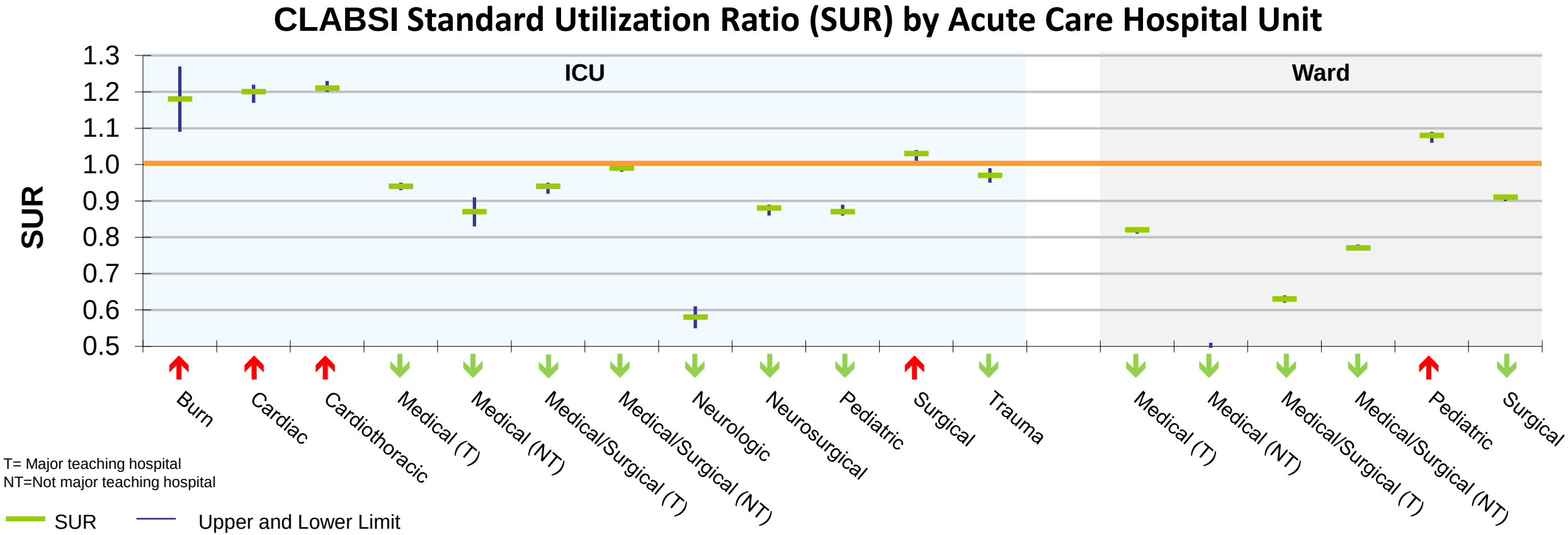


2023 Key Findings

Five unit types experienced a significantly lower number of infections than predicted, based on 2015 national aggregate data.

There were no unit types that experienced a significantly higher number of infections than predicted, based on 2015 national aggregate data.

2023 Central Line: Standard Utilization Ratio in Adult and Pediatric ICUs and Wards

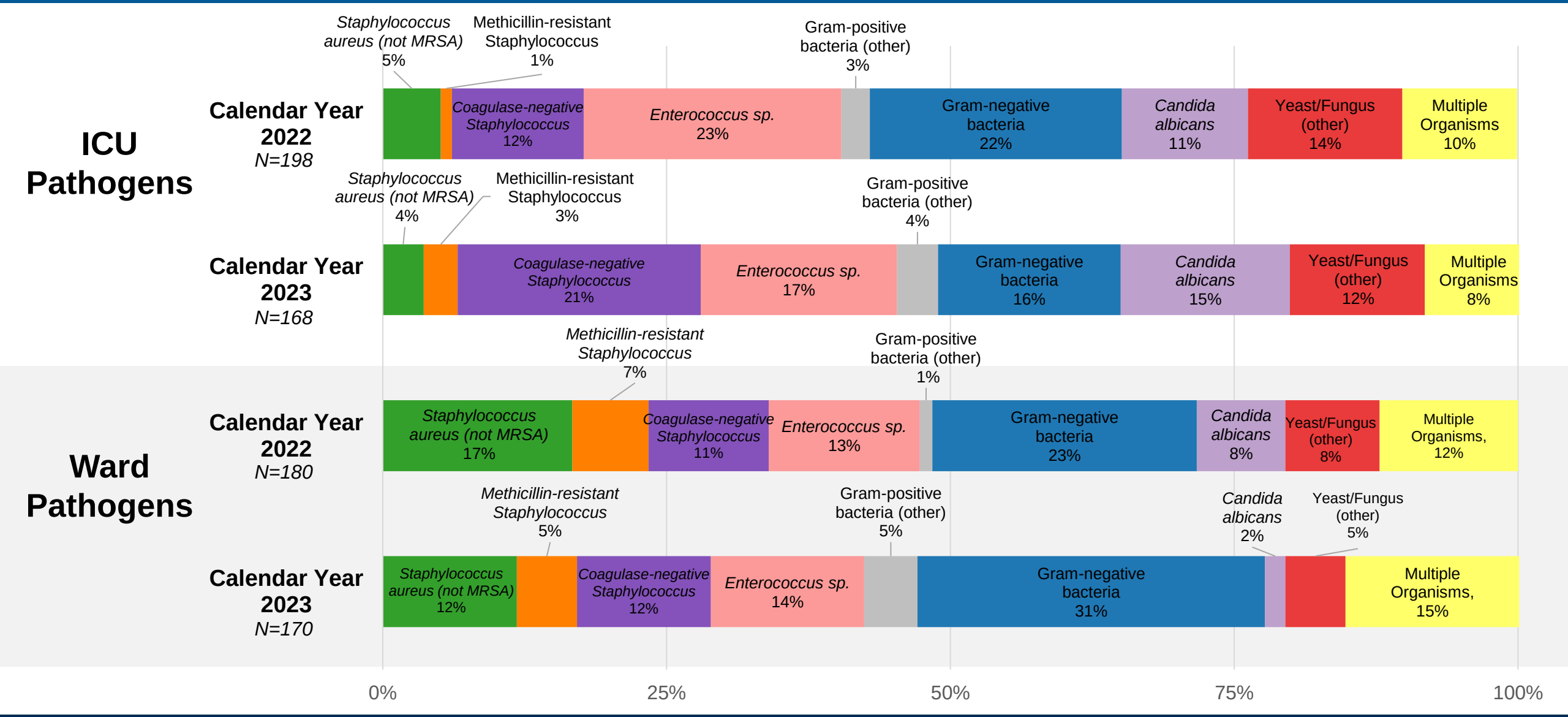


2023 Key Findings

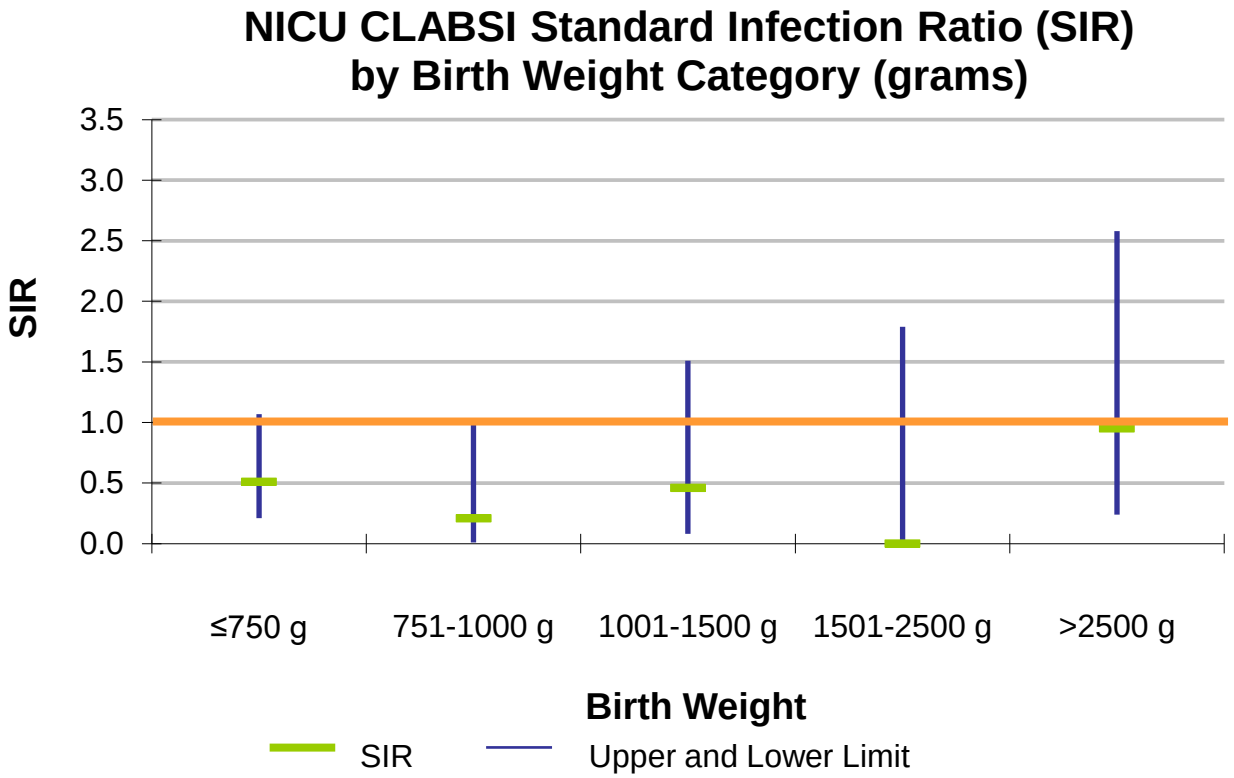
Thirteen unit types experienced a significantly lower number of device days than predicted, based on 2015 national aggregate data.

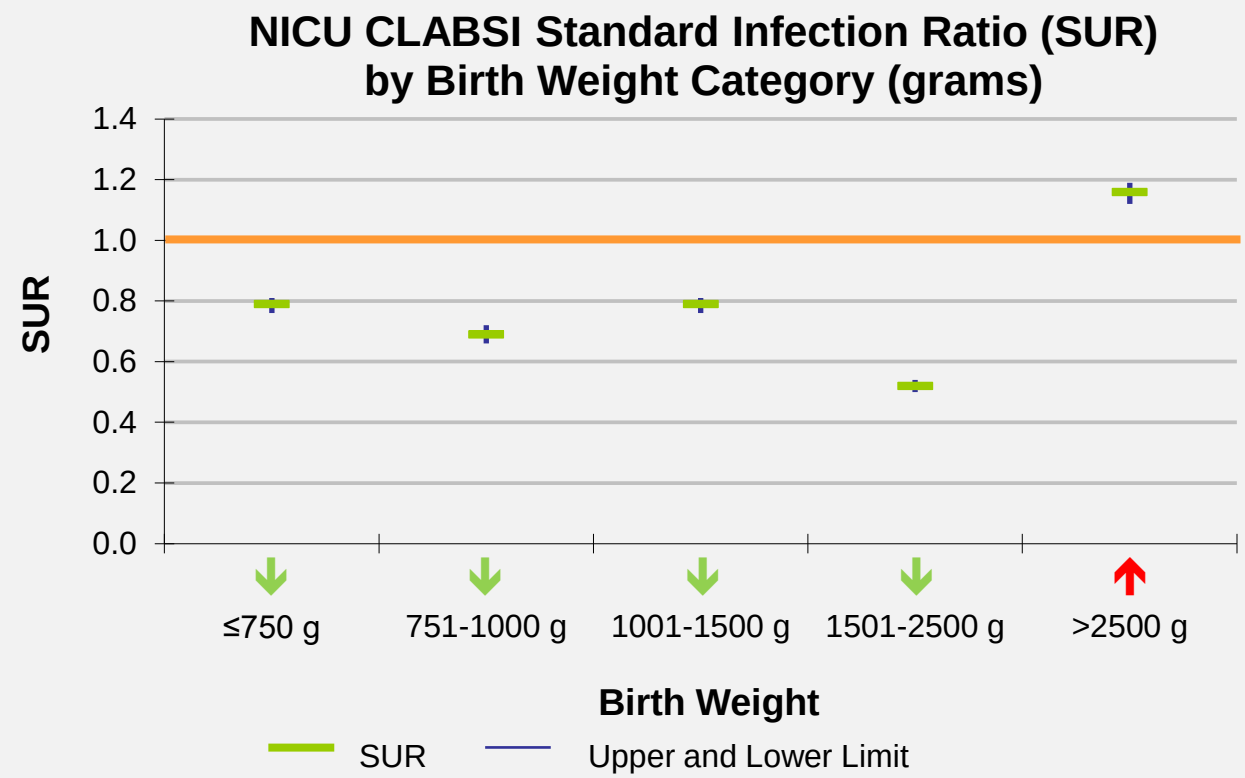
Five unit types experienced a significantly higher number of device days than predicted, based on 2015 national aggregate data.

CLABSI Acute Care Hospital Adult and Pediatric Pathogens for 2022 and 2023



2023 Central Line-Associated Bloodstream Infections (CLABSI): Neonatal ICUs by Birth Weight Category





2023 Key Findings

There were 12 CLABSIs reported in Neonatal ICUs.

There were no birthweight categories experiencing a significantly higher or lower number of infections than predicted, based on 2015 national aggregate data.

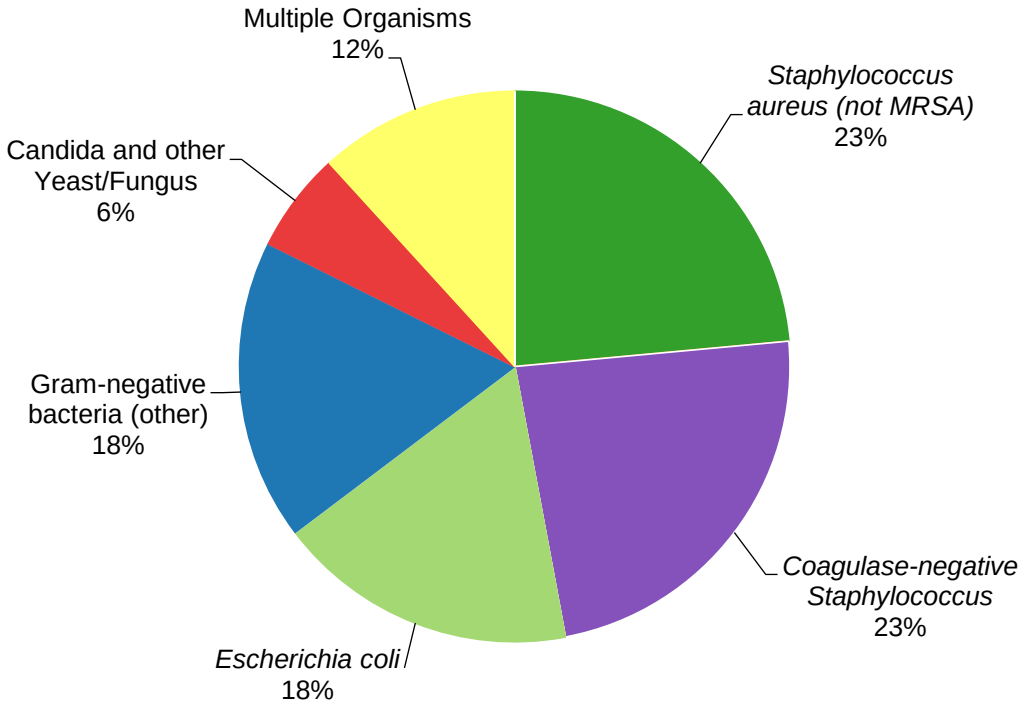
Four birthweight categories experienced a significantly lower number of device days than predicted, based on 2015 national aggregate data.

CLABSI NICU Pathogens for 2022 and 2023

Calendar Year 2022

January 1, 2022 – December 31, 2022

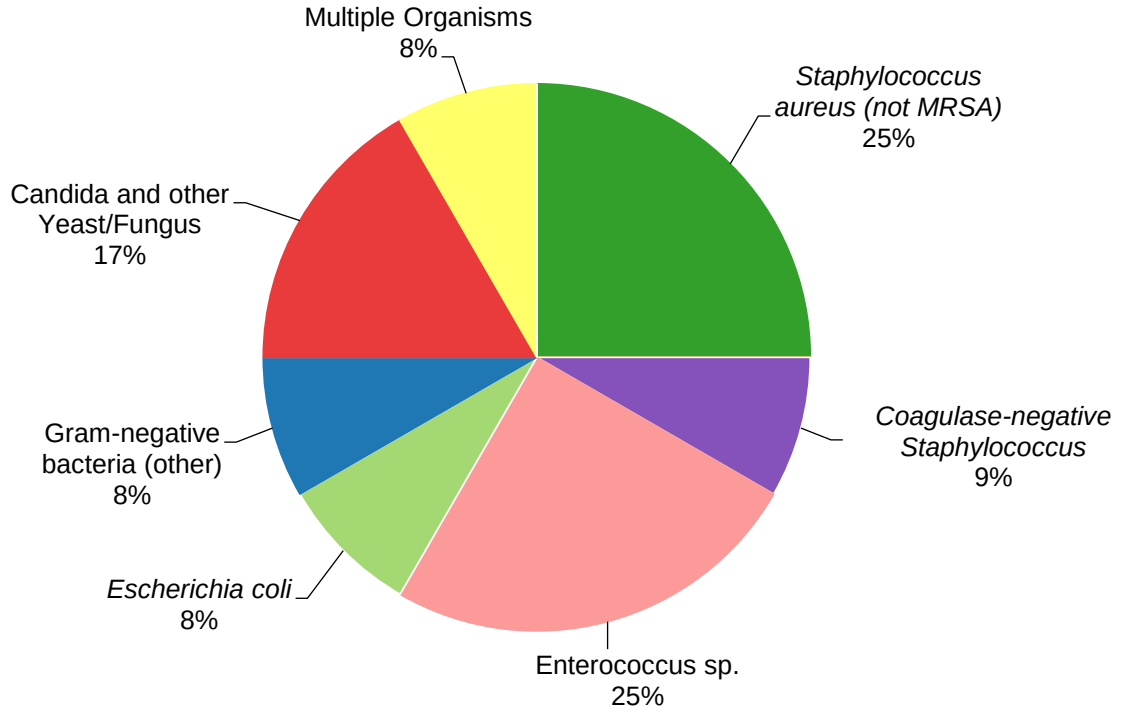
N=17



Calendar Year 2023

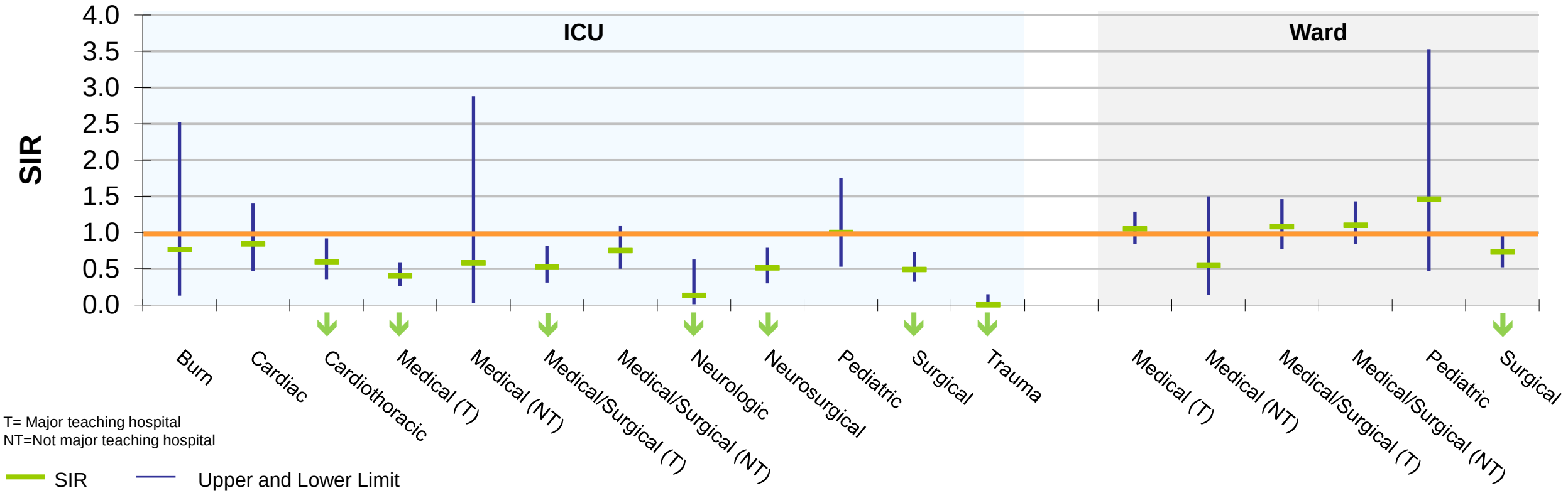
January 1, 2023 – December 31, 2023

N=12



2023 Catheter-Associated Urinary Tract Infections (CAUTI): Standard Infection Ratio in Adult and Pediatric ICUs and Wards

CAUTI Standard Infection Ratio (SIR) by Acute Care Hospital Unit



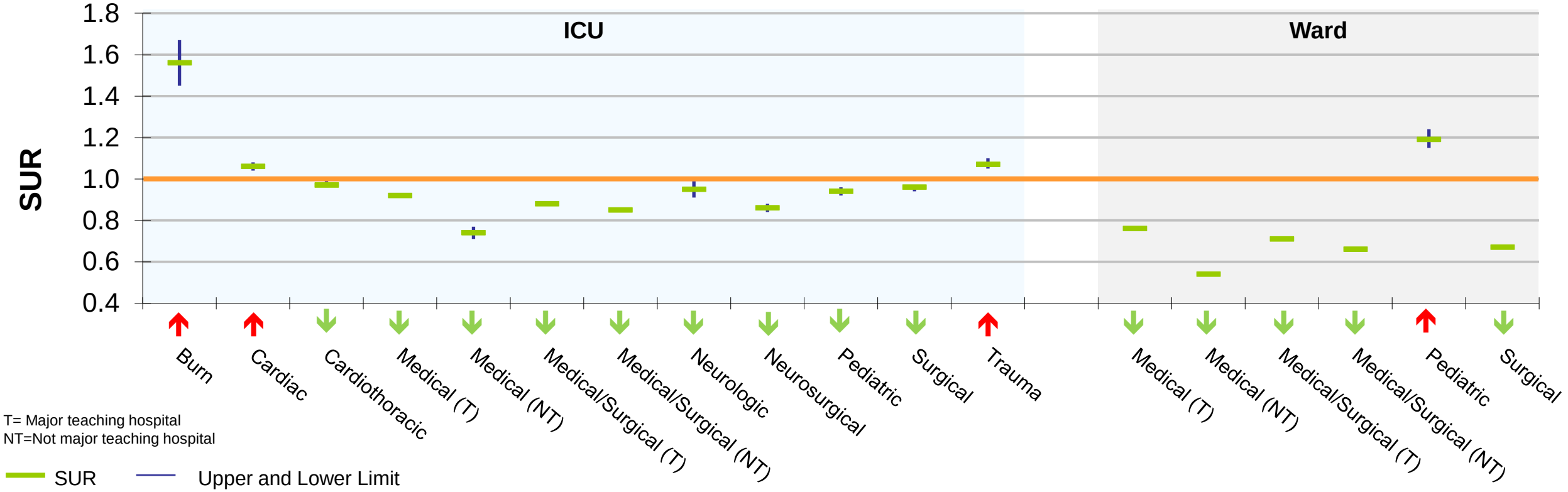
2023 Key Findings

Eight unit types experienced a significantly lower number of infections than predicted, based on 2015 national aggregate data.

There were no unit types that experienced a significantly higher number of infections than predicted, based on 2015 national aggregate data.

2023 Catheter: Standard Utilization Ratio in Adult and Pediatric ICUs and Wards

CAUTI Standard Utilization Ratio (SUR) by Acute Care Hospital Unit



T= Major teaching hospital
NT=Not major teaching hospital

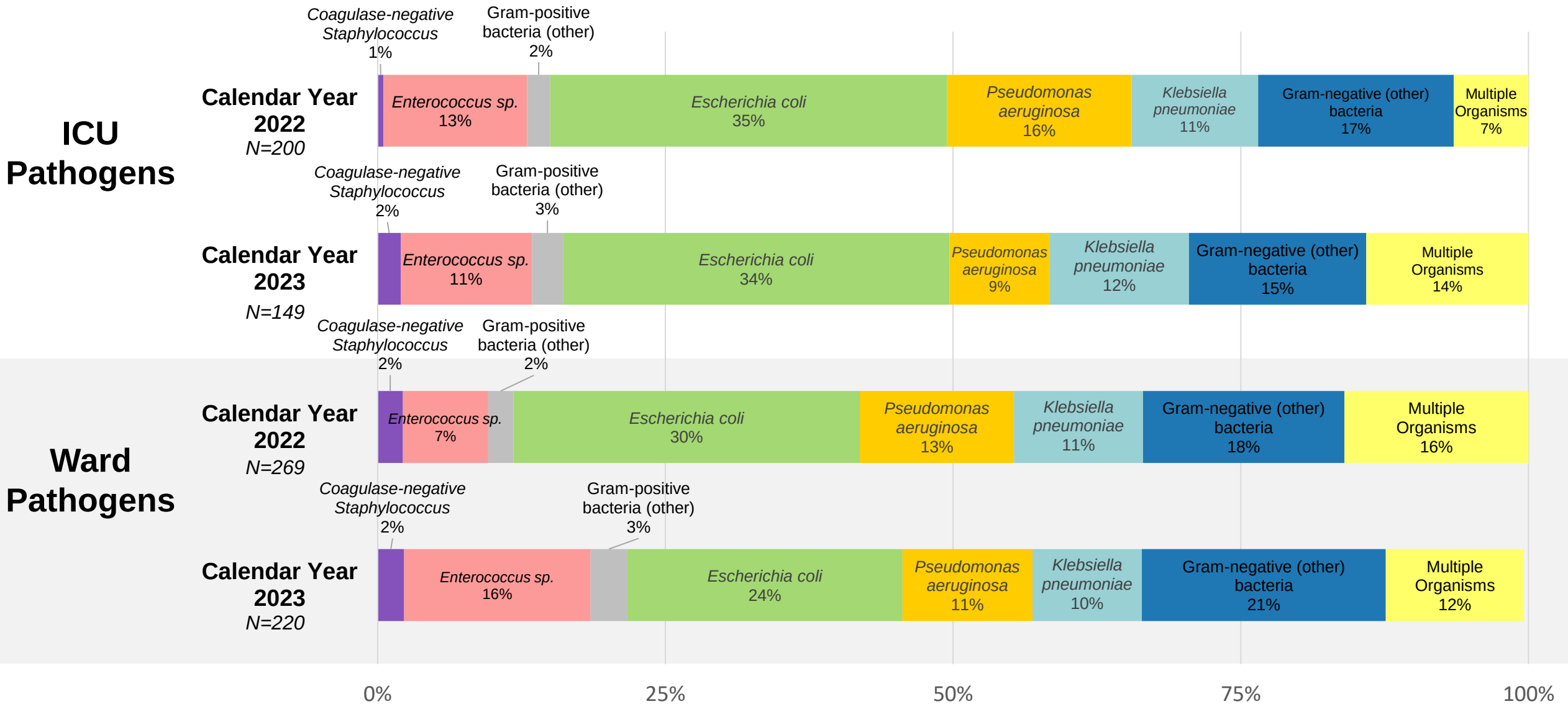
SUR — Upper and Lower Limit

2023 Key Findings

Fourteen unit types experienced a significantly lower number of device days than predicted, based on 2015 national aggregate data.

Four unit types experienced a significantly higher number of device days than predicted, based on 2015 national aggregate data.

CAUTI Acute Care Hospital Adult and Pediatric Pathogens for 2022 and 2023



Acute Care Hospital Surgical Site Infections (SSI)

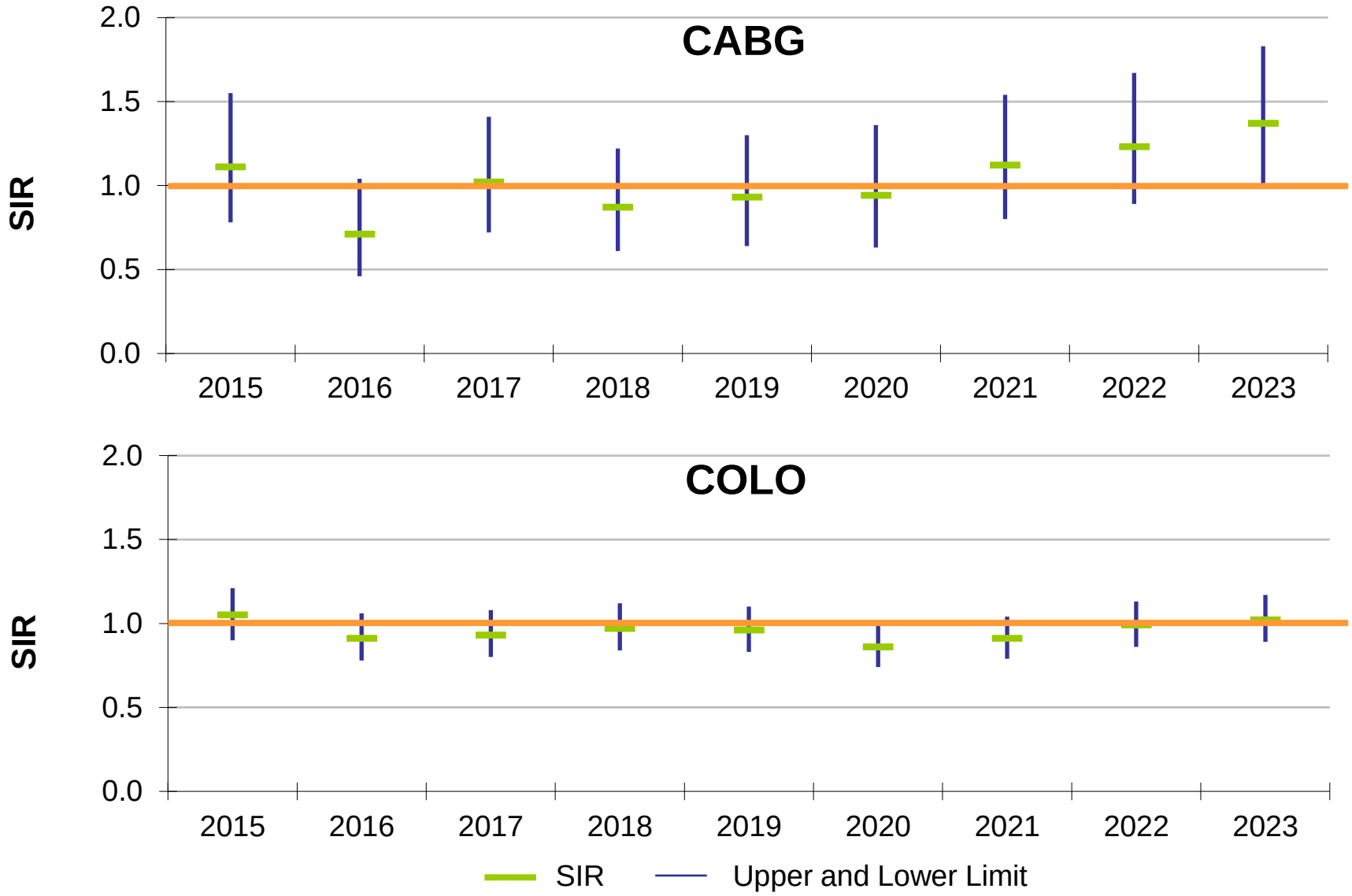
Coronary Artery Bypass Graft (CABG) SIR and Colon Procedure (COLO) SIR

Key Findings

In 2023, MA acute care hospitals performing coronary artery bypass graft (CABG) surgeries experienced a significantly higher number of infections than predicted, based on 2015 national aggregate data.

There were 43 CABG SSIs reported in 2023.

There were 201 COLO SSIs reported in 2023.



Acute Care Hospital Surgical Site Infections (SSI)

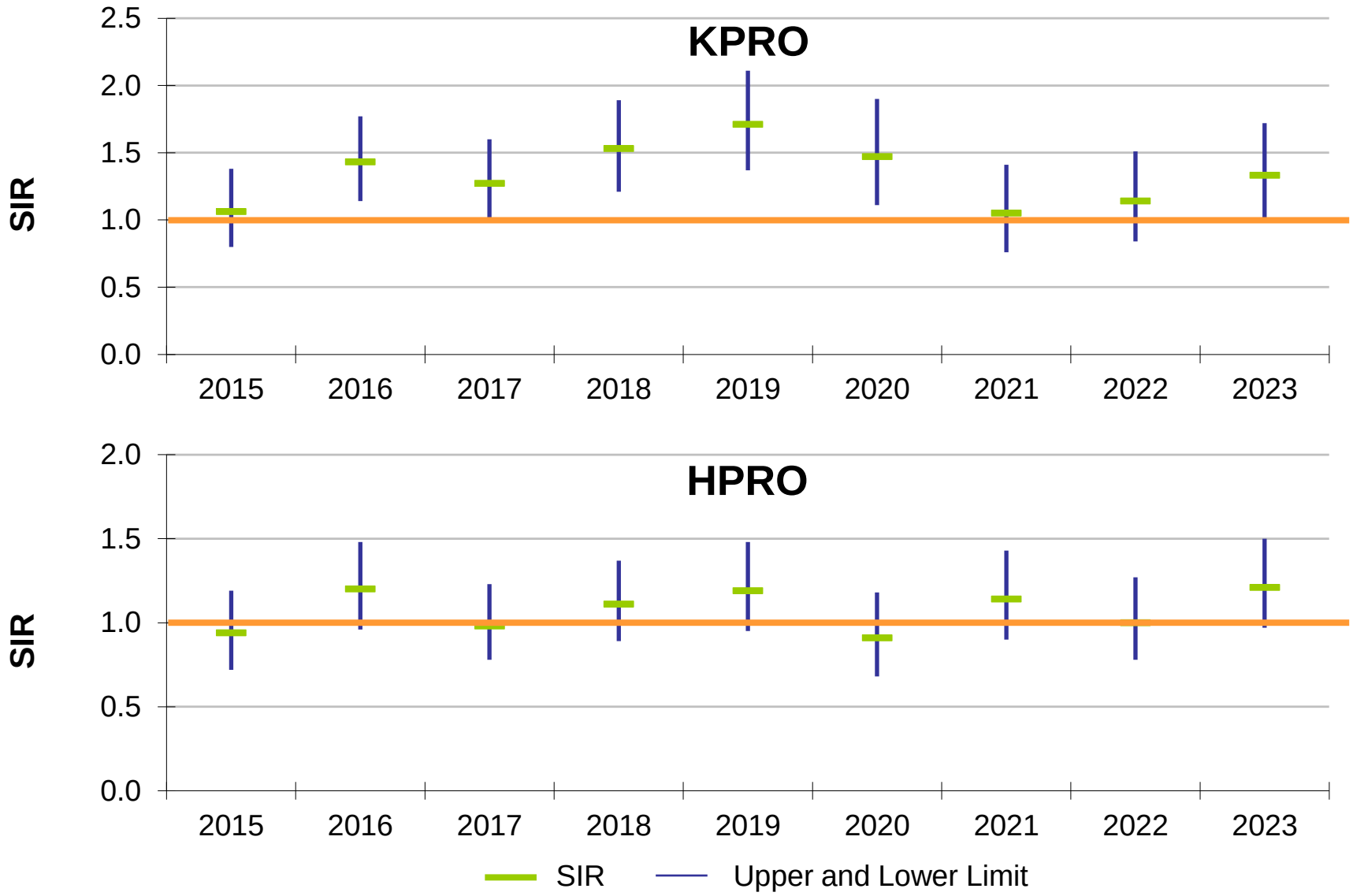
Knee Prosthesis (KPRO) SIR and Hip Prosthesis (HPRO) SIR

Key Findings

In 2023, MA acute care hospitals performing knee (KPRO) prosthesis procedures experienced a significantly higher number of infections than predicted, based on 2015 national aggregate data.

There were 53 KPRO SSIs reported in 2023.

There were 79 HPRO SSIs reported in 2023.



Acute Care Hospital Surgical Site Infections (SSI)

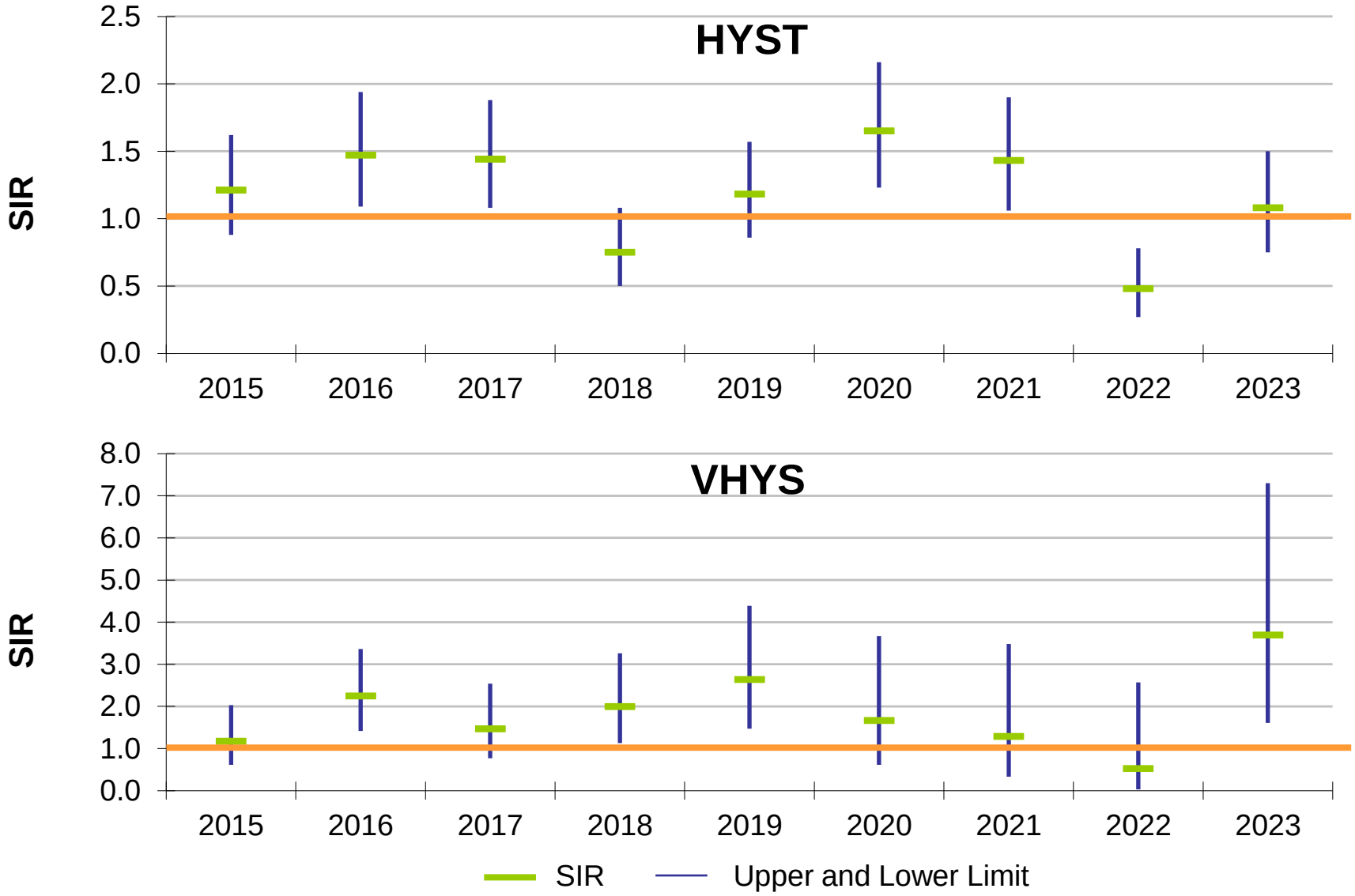
Abdominal Hysterectomy (HYST) SIR and Vaginal Hysterectomy (VHYS) SIR

Key Findings

In 2023, MA acute care hospitals performing vaginal hysterectomy (VHYS) procedures experienced a significantly higher number of infections than predicted, based on 2015 national aggregate data.

There were 32 HYST SSIs reported in 2023.

There was 7 VHYS SSI reported in 2023.



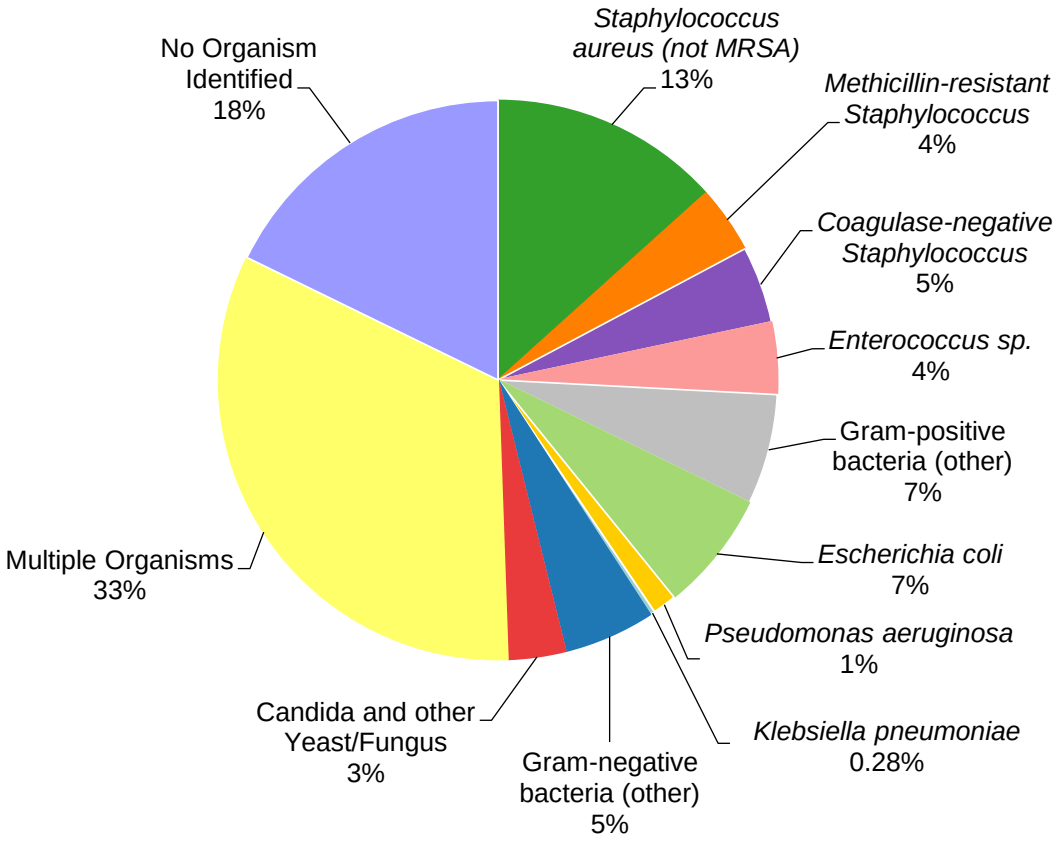
Acute Care Hospital SSI Pathogens for 2022-2023

CABG, KPRO, HPRO, HYST, VHYS, COLO

Calendar Year 2022

January 1, 2022 – December 31, 2022

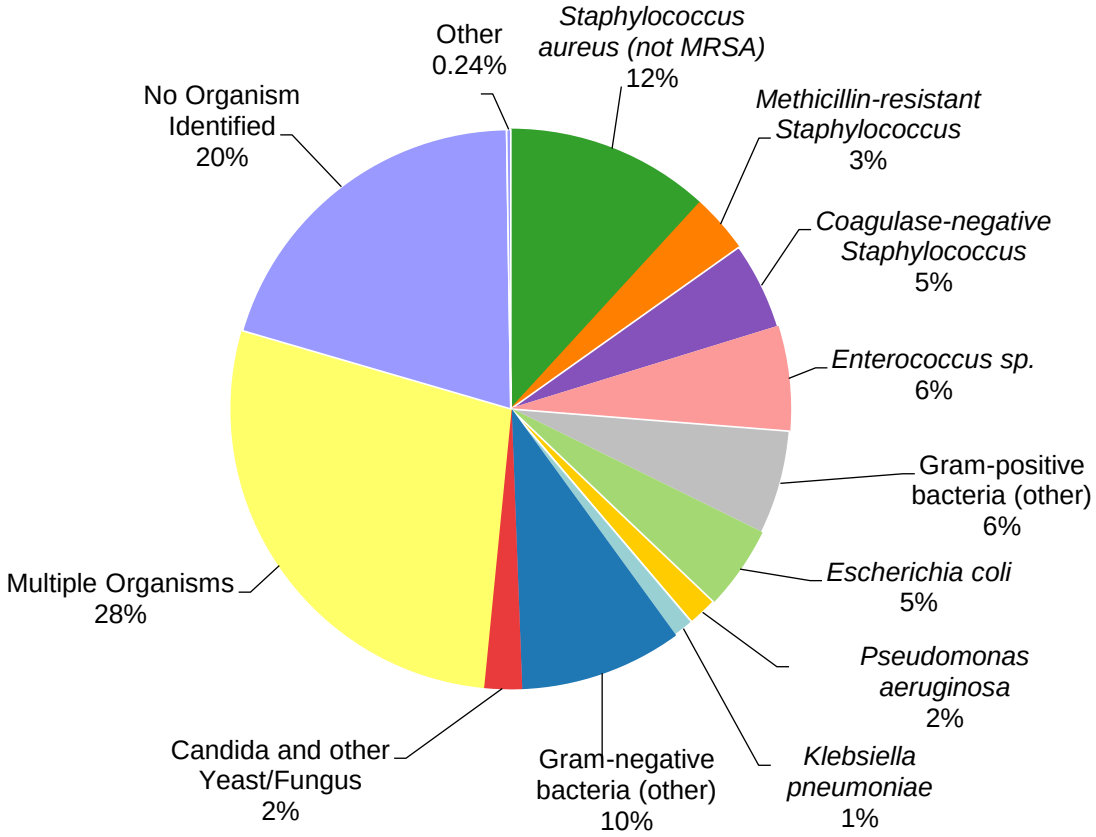
N=360



Calendar Year 2023

January 1, 2023 – December 31, 2023

N=415



Acute Care Hospital Laboratory Identified Events (LabID)

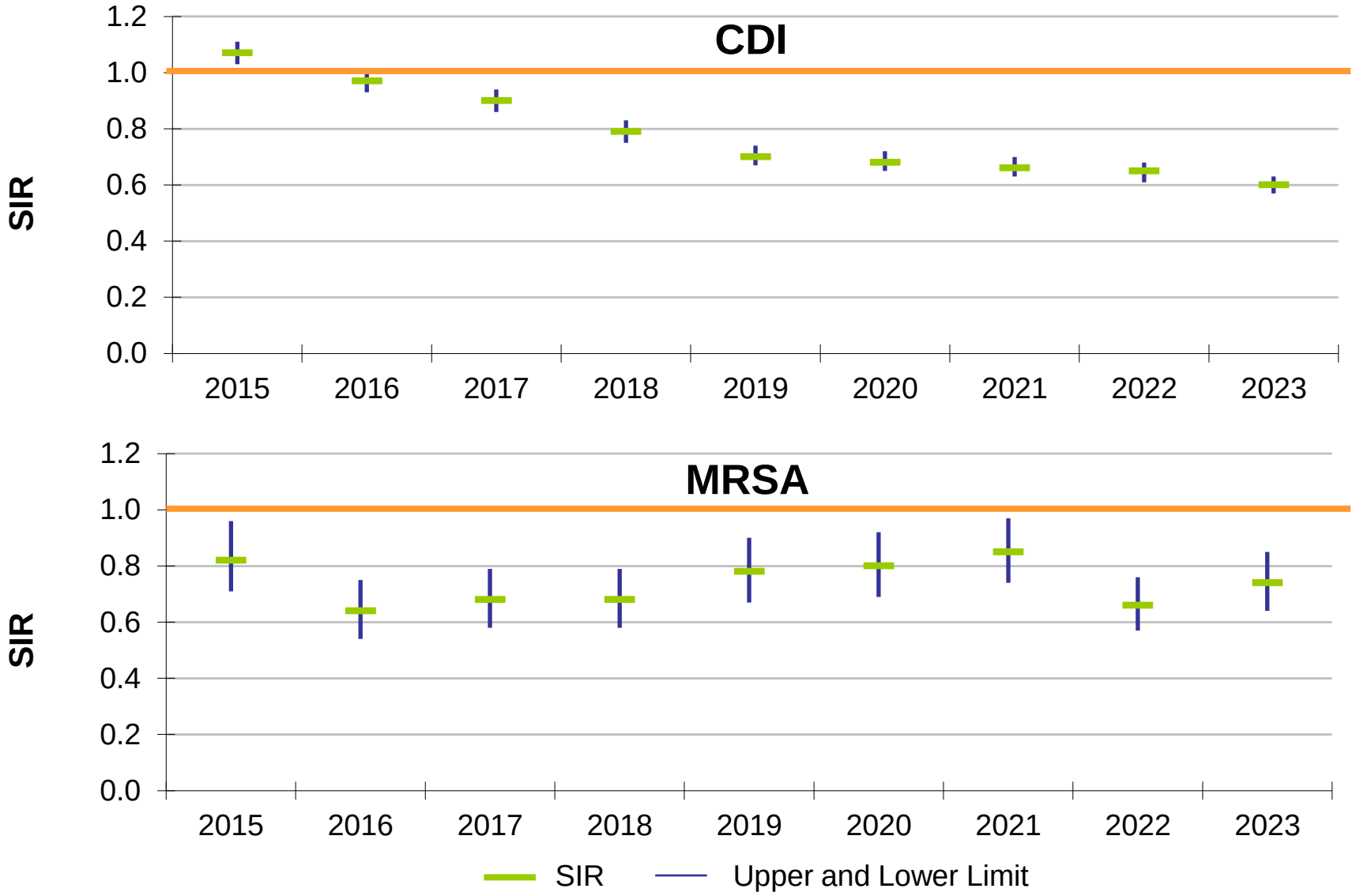
Clostridioides difficile (CDI) SIR and Methicillin-resistant Staphylococcus aureus (MRSA) SIR

Key Findings

For the past seven years, MA hospitals reporting CDI and MRSA events experienced significantly lower number of infections than predicted, based on 2015 national aggregate data.

There were 1,251 CDI events reported in 2023.

There were 192 MRSA events reported in 2023.

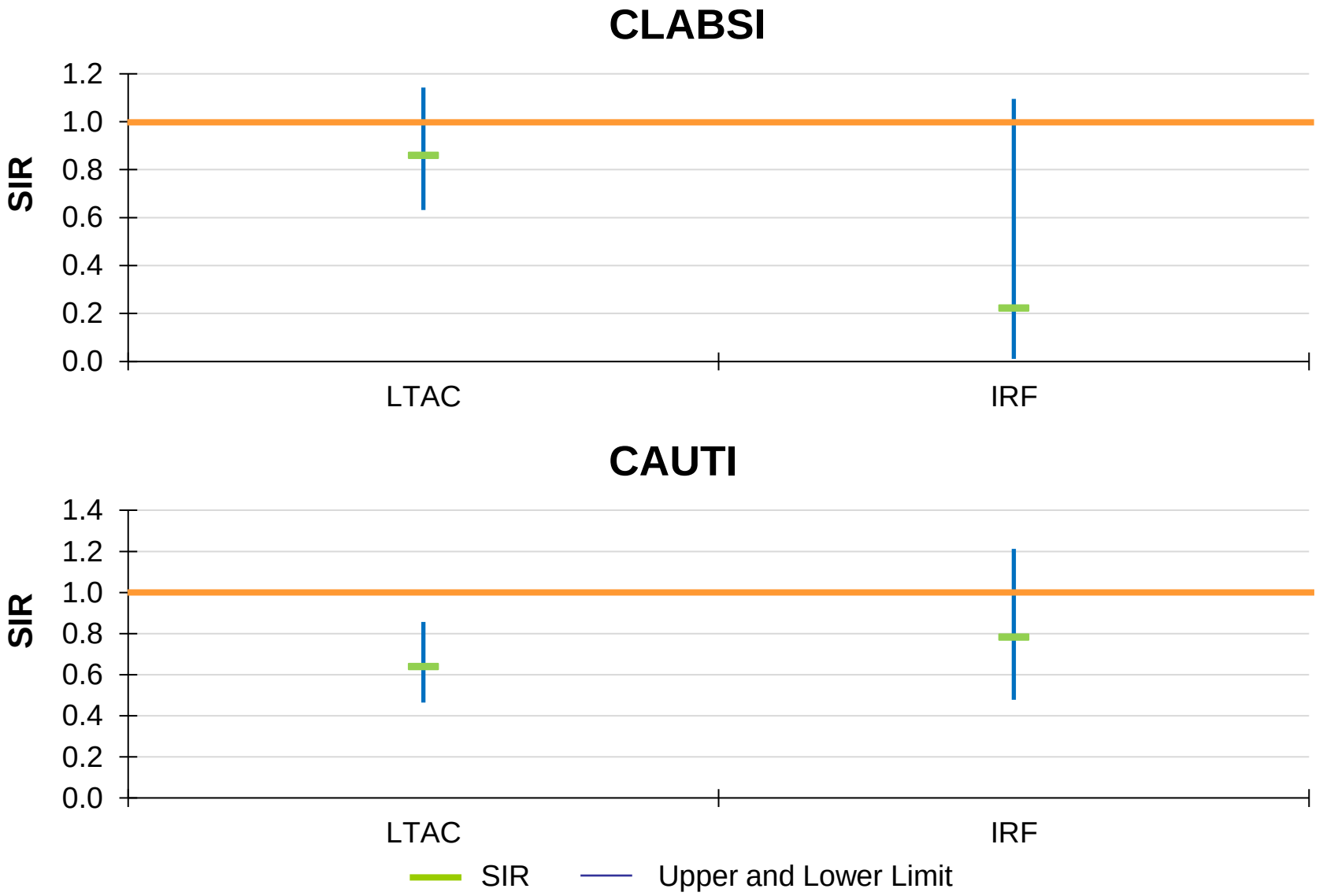


Long-Term Acute Care Hospitals (LTAC) and Inpatient Rehabilitation Facilities (IRF)

2023 Central Line-Associated Bloodstream Infections (CLABSI) and Catheter-Associated Urinary Tract Infections (CAUTI): Standard Infection Ratio (SIR)

Key Findings

In 2023, LTACs experienced a significantly lower number of catheter-associated urinary tract infections (CAUTI) than predicted, based on 2015 national aggregate data.



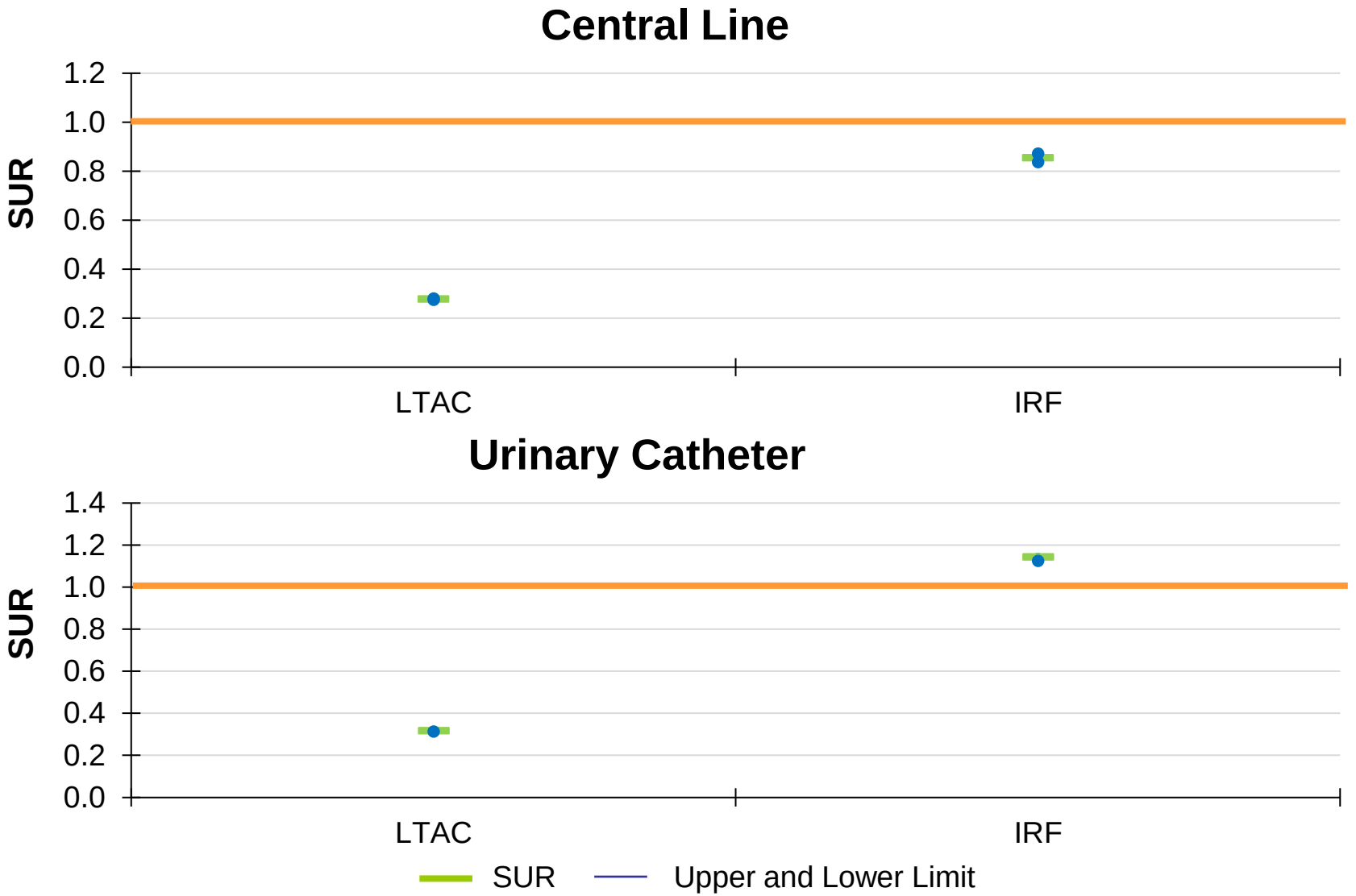
Long-Term Acute Care Hospitals (LTAC) and Inpatient Rehabilitation Facilities (IRF)

2023 Central Line and Catheter: Standard Utilization Ratio (SUR)

Key Findings

In 2023, LTACs and IRFs experienced a significantly lower number of central line days than predicted, based on 2015 national aggregate data.

In 2023, LTACs experienced a significantly lower number of urinary catheter days and IRFs experienced a significantly higher number of urinary catheter days than predicted, based on 2015 national aggregate data.



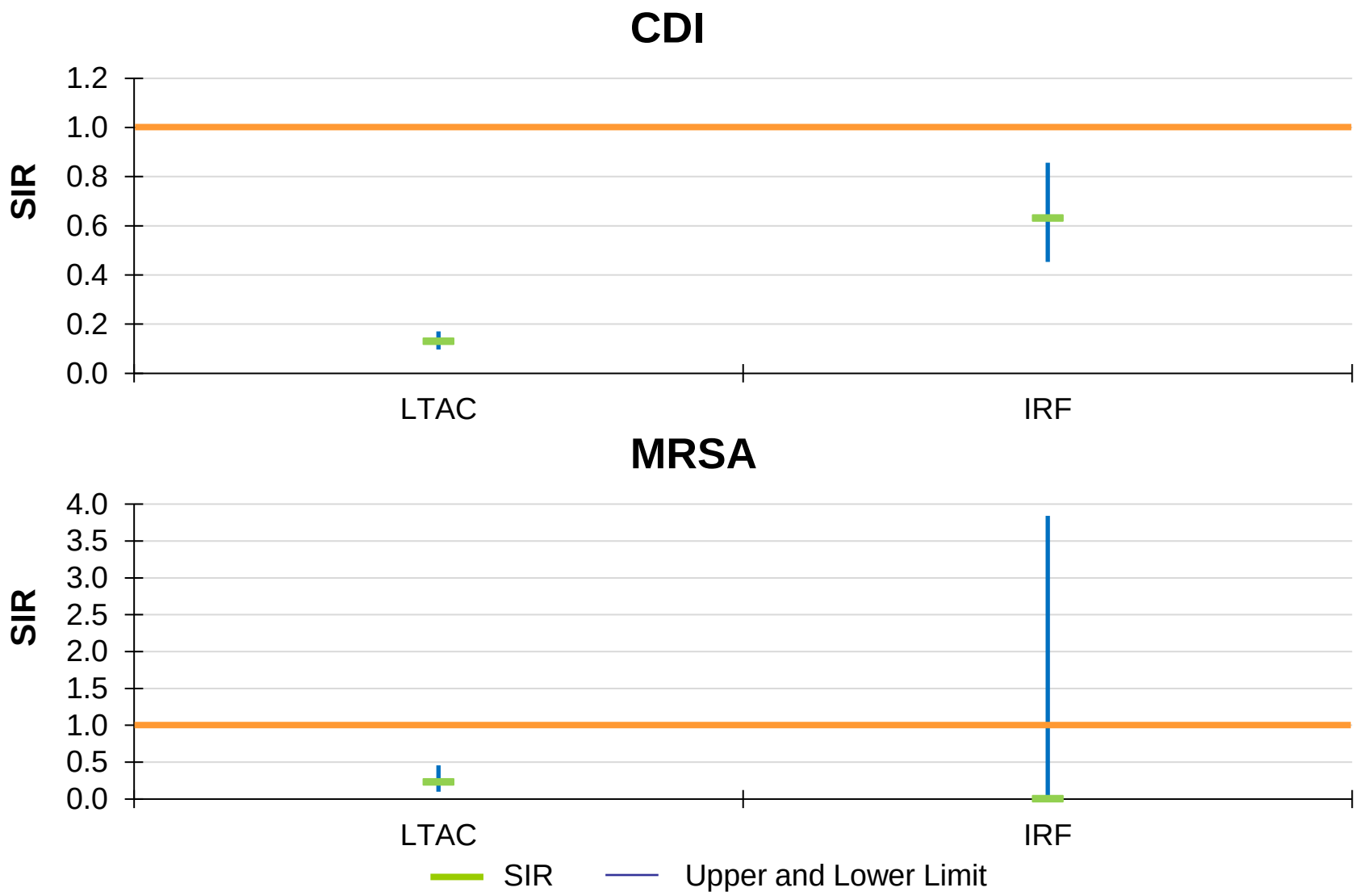
Long-Term Acute Care Hospitals (LTAC) and Inpatient Rehabilitation Facilities (IRF)

2023 Clostridioides difficile (CDI) SIR and Methicillin-resistant Staphylococcus aureus (MRSA) SIR

Key Findings

In 2023, LTACs and IRFs experienced a significantly lower number of CDI infections than predicted, based on 2015 national aggregate data.

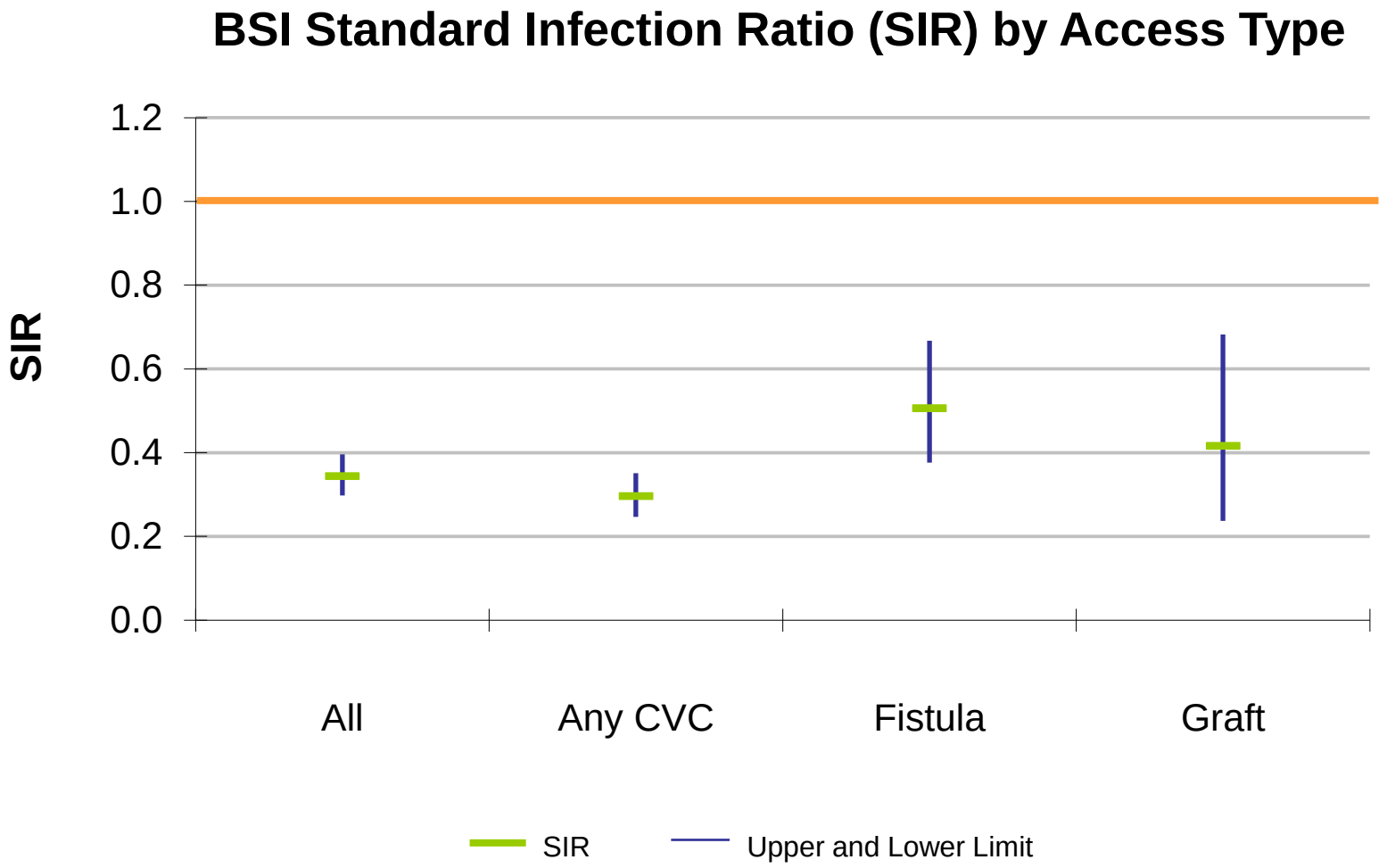
In 2023, LTACs experienced a significantly lower number of MRSA infections than predicted, based on 2015 national aggregate data.



Dialysis Center Bloodstream Infections (BSI): Standard Infection Ratio by Access Type

Key Findings

For the past four years, all hemodialysis access types (central venous catheters (CVC), arteriovenous fistulas and arteriovenous grafts) experienced a significantly lower number of infections than predicted, based on 2014 national aggregate data.

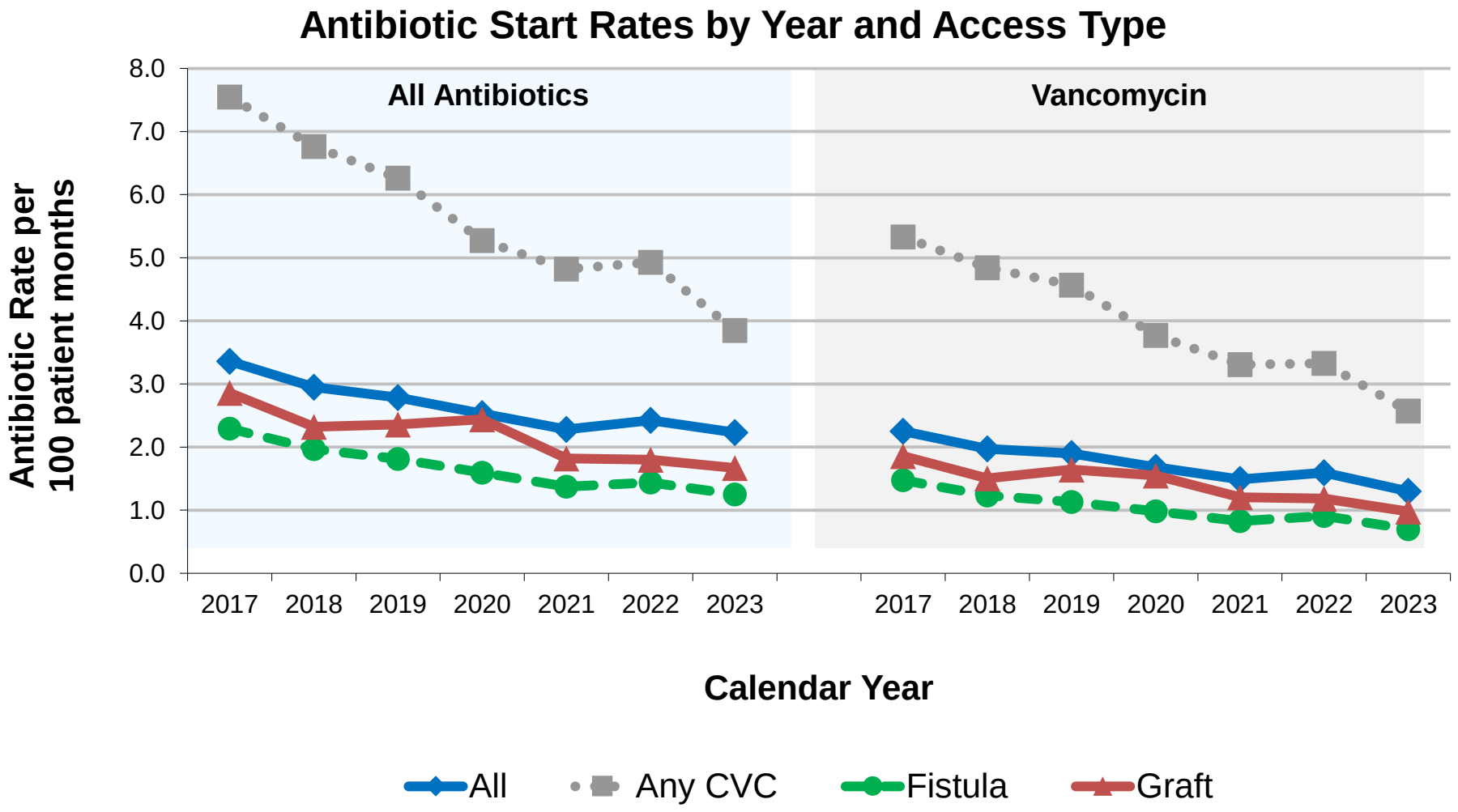


Dialysis Antibiotic Start Rates by Year and Access Type

2017-2023

Key Findings

Antibiotic and vancomycin start rates are highest in those with any kind of central venous catheter.



DPH HAI Prevention and Response Activities

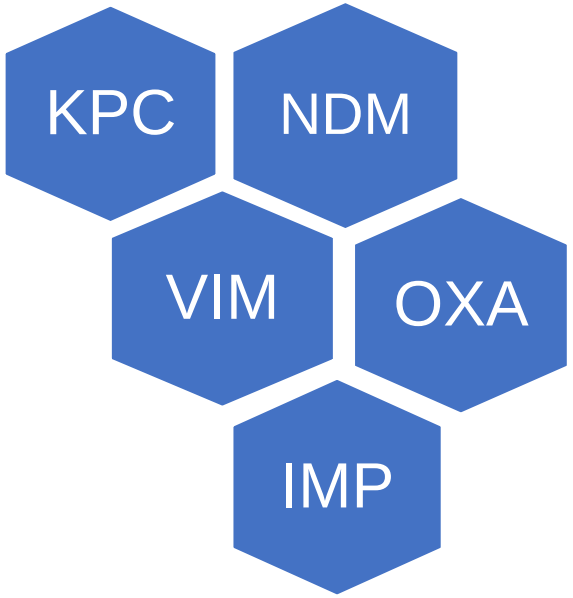
- Comprehensive proactive and responsive on-site Infection Control Assessment and Response (ICAR) visits are conducted at a variety of healthcare facilities. During these visits, an epidemiologist and public health nurse:
  - Discuss facility infection prevention and control (IPC) policies and practices.
  - Observe hand hygiene, PPE use, environmental cleaning and disinfection, wound care, point of care, blood glucose testing, and vaccine storage, and provide feedback and coaching to the facility staff.
  - Provide a comprehensive report to facility leadership with resources and recommendations for improvement.
  - Glo Germ kits are distributed for teaching hand hygiene and environmental cleaning and disinfection.
  - *NEW* IPC priority checklist for facility leadership and a staff IPC Bingo Card were developed and co-branded by CDC.
- Conducted webinars for nursing home staff on topics such as:
  - IPC in Wound Care: A Guide for the Clinician
  - Enhanced Barrier Precautions for Skilled Nursing Facilities
  - IPC in Skilled Nursing Facilities
  - Respiratory Viral Illness

DPH HAI Prevention and Response Activities (Cont.)

- Promote CDC's National Training Collaborative, Project Firstline, and develop MA-specific infection control training content and learning programs for frontline healthcare workers.
- Conducted three in-person simulation trainings for dialysis nurses, technicians and infection preventionists on CDC's dialysis evidence-based best practice recommendations.
  - Program content and materials shared with multiple state health departments to promote dialysis training nationwide.
- *NEW* Developed public-facing interactive maps for dialysis and non-acute hospital HAI data.

Antibiotic Resistance: Targeting Carbapenemase-producing Organisms (CPO) in MA

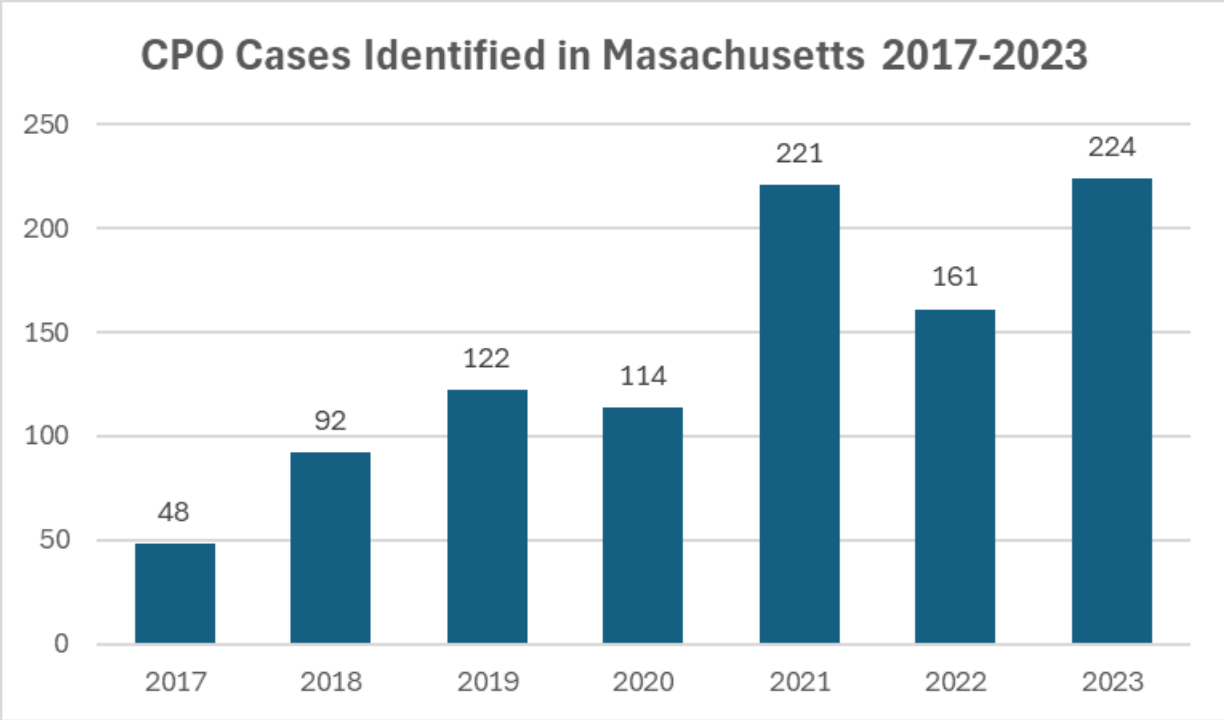
- **Carbapenems are a class of antibiotics often considered a "last resort" to treat infections caused by Enterobacterales, *Pseudomonas*, and *Acinetobacter***
- One way these organisms are resistant to carbapenems is by producing carbapenemases
- A carbapenemase is an enzyme that can break down (and thus resist) many classes of antibiotics, including carbapenems, making infections with these organisms harder to treat
- Genes that program the organism to produce a carbapenemase can be shared between bacteria
- **Carbapenemase gene targets:** KPC, NDM, VIM, OXA and IMP

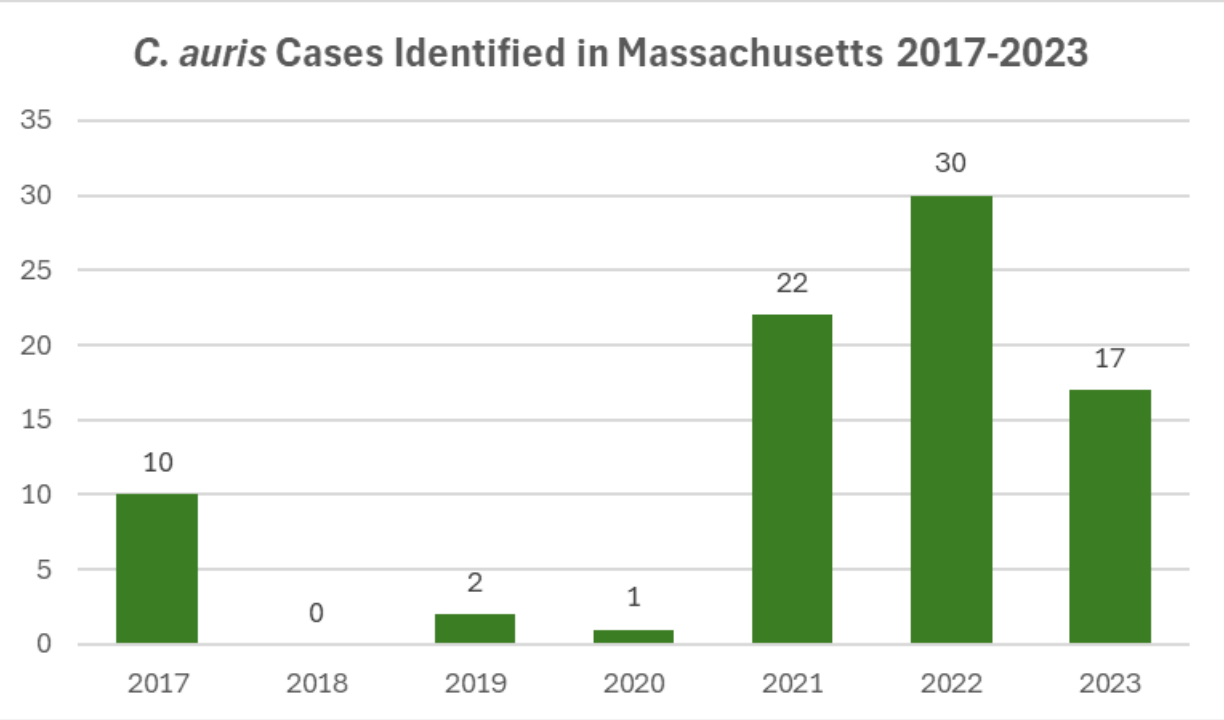


Antibiotic Resistance Surveillance: Reporting and Laboratory Testing Methods

- Electronic laboratory reporting (ELR) of multidrug-resistant organisms (MDROs) of concern into the Massachusetts Virtual Epidemiologic Network (MAVEN) is mandatory for clinical laboratories
- Mandatory submission of selected MDRO isolates to the Massachusetts State Public Health Laboratory (MA SPHL) for advanced testing at MA SPHL and at our regional Antimicrobial Resistant Laboratory Network (ARLN), the Wadsworth Center in New York:
  - Identify novel resistance mechanisms such as genes that code for carbapenemase production or colistin resistance
  - Identify *Candida auris*
  - Test swabs to identify colonization with target organisms to detect transmission within a healthcare facility
  - Conduct whole-genome sequencing to determine relatedness of organisms to identify transmission pathways within and across healthcare facilities

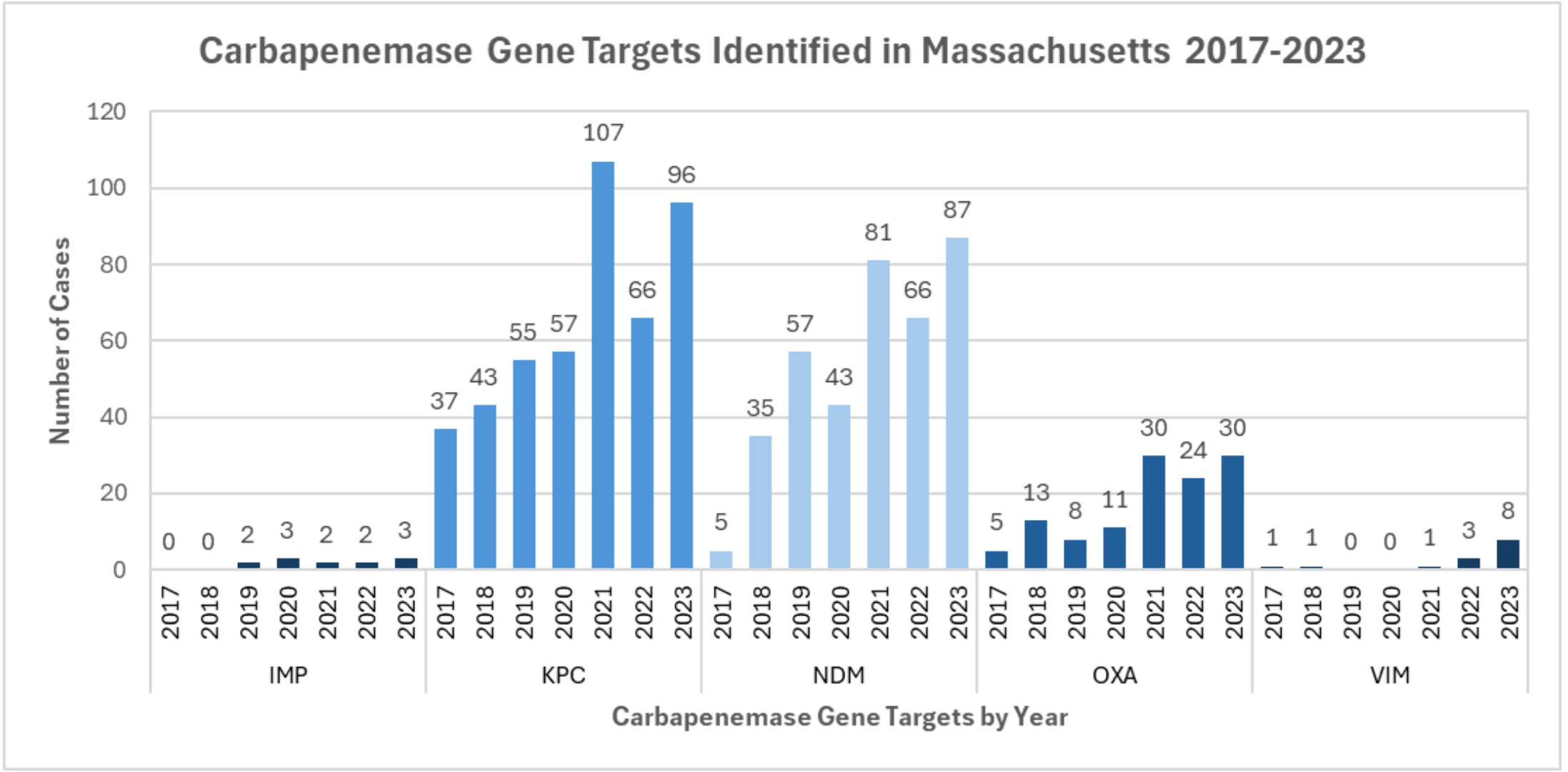
Antibiotic Resistance Surveillance: *Candida auris* and Carbapenemase-producing Organism (CPO) Cases in MA





*Data are current as of 8/15/24 and are subject to change

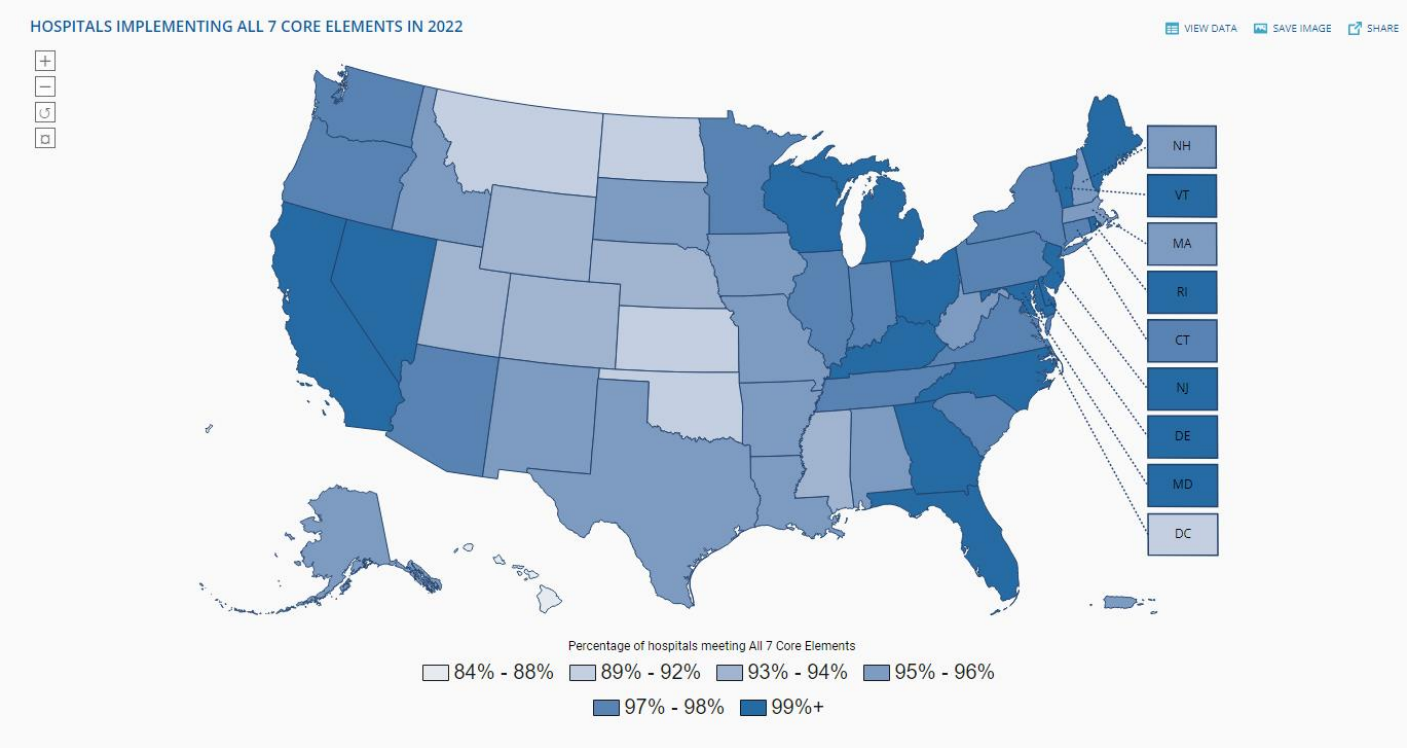
Antibiotic Resistance Surveillance: Carbapenemase-producing Organisms (CPOs) in MA



*Data are current as of 8/15/24 and are subject to change

Antibiotic Stewardship

- Studies indicate that about 30% of all antibiotics prescribed in hospitals and between 40-75% of antibiotics prescribed in nursing homes are unnecessary*
- Improved prescribing practices can help reduce rates of *Clostridioides difficile* and antibiotic resistance
- Appropriate antibiotic prescribing can improve patient outcomes and reduce healthcare costs



Hospital Antibiotic Stewardship | A.R. & Patient Safety Portal (cdc.gov)

*Core Elements of Hospital Antibiotic Stewardship Programs | Antibiotic Prescribing and Use | CDC

Core Elements of Antibiotic Stewardship for Nursing Homes | Antibiotic Prescribing and Use | CDC

Antibiotic Stewardship: Prevention and Educational Activities

- From July 2023-June 2024, DPH was a host health department to one of four IDSA/SHEA Leadership in Epidemiology, Antimicrobial Stewardship, and Public Health Fellows.
  - In addition to collaborating with the health department, Dr. Kap Sum Foong of Tufts Medical Center piloted a program to remove unnecessary antibiotic allergy labels in long term care facilities.
- Continued collection and analysis of facility-level antibiotic use data voluntarily submitted by long-term care facilities.
  - 86 facilities reported at least one month of data in 2023, on average 59 facilities reported each month.
  - Updated AS Honor Roll highlighting facilities with consistent participation: https://infectioncontrolma.org/antibiotic-stewardship-long-term-care-honor-roll.php

Antibiotic Stewardship: Prevention and Educational Activities Continued

- Ongoing collaboration with antibiotic stewardship (AS) experts from Tufts Medical Center to enhance AS support and activities in long-term care facilities, including monthly office hours.
- Re-established the Antimicrobial Use (AU) Subcommittee of the statewide HAI/AR Technical Advisory Group to provide guidance on how to best leverage NHSN AU module data for understanding trends in antibiotic use, monitoring stewardship activities, and obtaining a comprehensive, statewide picture of antibiotic use in the acute care setting.
  - Currently, DPH has access to NHSN AU data for 47 acute care hospitals.
  - Hospitals participating in the CMS Promoting Interoperability (PI) Program must begin reporting AUR Surveillance data in calendar year 2024.

Thank you for the opportunity to present this information today.

Please direct any questions to:

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Next Meeting:
November 13, 2024