



# *Candida auris* Workgroup Meeting Summary Report

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August 1, 2023

**Candida auris Workgroup Meeting  
Summary Report  
Tampa, FL  
August 1, 2023**

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**Workgroup Purpose:**

To develop a statewide *Candida auris* (*C. auris*) action plan in partnership with key stakeholders and organizations.

**Meeting Objectives:**

- Describe *C. auris*-related challenges.
- Identify root causes of *C. auris* control challenges, specifically those identified in the *C. auris* Learning Needs Assessment (e.g., discharge challenges and transmission).
- Agree to an ongoing commitment to address *C. auris*-related challenges through the development of an action plan.

**Meeting Summary:**

**State Surgeon General Dr. Joseph Ladapo** shared recent data on *C. auris* and provided the meeting purpose and objectives, which included the following key points:

- *C. auris* is an emerging public health concern across the nation and in Florida. *C. auris* can cause serious infections, is often resistant to antifungal medications, and can be difficult to identify, aiding in the transmissibility among patients in hospitals as well as residents in nursing homes. To date (July 2023), there have been a total of 3,326 *C. auris* cases in 37 counties within Florida, including 2,366 colonized cases and 960 clinical cases.
- *C. auris* adds strain to health care systems and health insurance. Between November 2021 and March 2022, one Florida hospital system estimates that the total cost of excess hospital stays for 31 *C. auris*-identified patients was \$121,367, with an average cost of \$3,915 per patient. In the facility's analysis, *C. auris* was found to be responsible for 303.4 excess patient days for 31 patients, which averages to 9.8 excess days per each of the 31 patients.
- The Florida Department of Health (DOH) and Agency for Health Care Administration (AHCA) are committed to safeguarding the public from emerging health threats like *C. auris*. Support and educational information continue to be provided to Florida's facilities to assist in equipping them to address *C. auris* through:
  - On-site prevention and response assessments,
  - Tabletop exercises and outbreak drills, and
  - Staff education and trainings.
- DOH developed and deployed a learning needs assessment to identify the challenges Florida's facilities are facing related to *C. auris*. These efforts have been critical to better understanding *C. auris*-related challenges and to supporting Florida's facilities in reducing transmission.
- The goal of the workgroup is to develop an action plan to support public health efforts that reduce *C. auris* transmission across the state and collectively commit to ongoing endeavors that bolster Florida's health care infrastructure.

**Deputy Secretary and State Survey Agency Director Kimberly Smoak** led introductions for Florida's Agency for Health Care Administration (AHCA) and emphasized collaboration and partnerships in creating a successful state-wide *C. auris* action plan.

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**DOH-Hillsborough Health Officer Dr. Doug Holt** provided background information on *C. auris* and an overview of current efforts and collaborations to reduce *C. auris* transmission statewide, which included the following key points:

- The population most at risk for *C. auris* colonization and/or infection are individuals who:
  - Suffer from chronic medical conditions.
  - Have frequent, extended health care stays.
  - Have chronic invasive devices such as tracheostomies or mechanical ventilation.
  - Have a history of colonization and/or infection of other multidrug-resistant organisms and antimicrobial use.
- Patients can be colonized with *C. auris* without anyone knowing, meaning that the fungus can survive on the skin, usually in the axilla and/or groin, without displaying signs or symptoms. There are currently no decolonization methods available, so colonization status is indicated as indefinite.
- Patients who are colonized are more likely to develop invasive infections in areas such as wounds, in the urinary tract, and within the bloodstream. These infections often have poor outcomes, particularly candidemia – or bloodstream infection – which has a 40% mortality rate within 30 days of infection. *C. auris* is typically not listed as the cause of death due to the complex health status and comorbidities of affected patients.
- Florida is already prioritizing efforts to reduce *C. auris* transmission statewide through prevention, response, and education efforts in partnership with Florida’s health care facilities.
- The purpose of the *C. auris* Workgroup Meeting is to increase *C. auris*-related efforts with key health care stakeholders by:
  - Discussing *C. auris*-related challenges and their root causes,
  - Identifying potential solutions that can be incorporated into an action plan,
  - Agreeing to an ongoing commitment to enhance the care and safety of Floridians.

**DOH Health Care-Associated Infections Prevention Program Manager Argentina Charles** provided an overview on the *C. auris* Learning Needs Assessment results and shared the analysis on the current barriers to discharging patients with *C. auris*.

- The epidemic curve presented clinical and colonized cases of *C. auris* in Florida from the first identified case in May 2017 to July 2023. During this timeframe, DOH identified a total of 3,326 cases with 2,366 colonized cases and 960 clinical cases.
- FDOH developed a Learning Needs Assessment to increase understanding of challenges and barriers related to *C. auris* case management and discharge within health care facilities.
- Facility leaders were asked to respond to an anonymous survey inquiring about demographics such as:
  - Facility type.
  - Facility county.
  - Respondent’s role within the facility.
- The survey included questions regarding:
  - Facility’s history in providing care to patients with *C. auris*.
  - Challenges with discharge or transfer.
  - Excess days patients have spent within a facility due to *C. auris* related delays.

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- 781 responses were recorded from a variety of health care settings, with the majority coming from skilled nursing facilities (SNF), acute care hospitals (ACH), and outpatient (OP) dialysis facilities. The respondent population included hospital administrators, nursing directors, infection preventionists, and registered nurses.
- The *C. auris* Learning Needs Assessment results were summarized with analyzed data including:
  - 498 respondents out of 781 reported that their facility has not provided care to patients with *C. auris* in the past 12 months.
  - 78 out of 229 respondents indicated that their facility was experiencing challenges with discharge and transfer of patients in the past 12 months.
- Out of the respondents who reported *C. auris* related delays in discharge and transfer within the past 12 months:
  - 14% reported 1-5 days of delays and another 14% reported 6-10 days of delays.
  - 11.5% reported 11-20 days.
  - 60.5% of respondents reported 21 or more days of delays.
- Analyzing the frequency of these experienced challenges per month:
  - 60.5% reported experiencing *C. auris* related challenges 1-2 times per month.
  - 23.3% reported 3-5 times per month.
  - 7.2% reported 6-10 times per month.
  - 9% reported experiencing *C. auris* related challenges 11 or more times per month.
- Respondents were asked to rank the major barriers to accepting infected and/or colonized patients from 1 being the most influential barrier to 6 being the least influential. Focused on what respondents considered to be the most influential barriers:
  - 44% reported that lack of training.
  - 26% reported lack of space.
  - 21% reported corporate policy.
  - 7% reported lack of funding.
  - 2% reported lack of staff.

**Deputy Secretary and State Survey Agency Director Kimberly Smoak** provided an AHCA Regulatory overview outlining facility types and regulations for infection prevention and control within Florida.

- Within Florida there are:
  - 324 acute care hospital (including long-term acute care).
  - 700 skilled nursing facilities.
  - 531 end stage renal disease facilities.
  - 2,994 assisted living facilities.
- The 28 regulations in the condition for participation for acute care settings include:
  - Active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases.
  - Optimization of antibiotic use through stewardship.
  - Demonstration of adherence to nationally recognized infection prevention and control guidelines including improving antibiotic use where applicable and reducing the development and transmission of HAIs and antibiotic resistant organisms.
  - Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.

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- The seven regulations for infection control within long-term care facilities include:
  - Establishment and maintenance of an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.
  - A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment.
  - Written standards, policies, and procedures for the program.
- The 40 regulations in the condition for infection prevention and control within end-stage renal disease facilities include:
  - CDC Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients
- The regulations for infection prevention and control within assisted living facilities include:
  - Providing services in a manner that reduces the risk of transmission of infectious diseases.
  - Implementing policies for infection control and staff training.

**Mirine Richey**, Independent Facilitator, introduced the modified Strengths, Weaknesses, Opportunities, and Threats (SWOT) framework for attendees to identify public health and infection control weaknesses and threats related to *C. auris* during the first portion of the meeting. For the second portion of the meeting, attendees were asked to identify their facility or organization's strengths and additional opportunities for improvement. Meeting attendees included representation from acute care hospitals, long-term care and nursing facilities, renal care, and professional organizations. The facilitated discussions included:

### I. Facilitated Discussion to Inform Weakness and Threats Regarding *C. auris*

Prompts:

- What areas of improvement would you like to address within your organization?
- What kinds of risk is your organization currently facing?
- What additional barriers exist beyond your control?
- Are there any significant changes in affected patient characteristics/demographics?

Summation of five key challenges to be addressed:

1. **Communication:** Facilitate community partnerships and collaboration between health care facilities to improve communication flow, patient transfers, and address barriers to case management.
  - Attendees mentioned issues related to inter and intra-facility communication when patients with *C. auris* transitioned to different levels of care. Communication issues include failing to report a patient's *C. auris* status to the accepting facility, failing to follow-up regarding pending *C. auris* laboratory results, and failing to effectively communicate a patient's *C. auris* status to other departments within a facility.
2. **Education:** Improve knowledge and training in appropriate infection control practices for management of *C. auris* across the continuum of care to include health care staff, providers, patients, and families.
  - Attendees mentioned perception and knowledge deficits that continue to foster fear and misunderstanding among healthcare staff, patients, and their families related to *C. auris*. Education deficits mentioned included lack of appropriate training tailored to all levels of staff (e.g., education level, language barriers), lack of education for patients and their families after diagnosis, and lack of engagement in education for physicians and health care providers.

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3. **Testing:** Address laboratory and facility capacity for *C. auris* testing, provide recommendations for screening and early identification of cases, and support data transparency for improved surveillance across the local, regional, and state levels.
  - Attendees mentioned testing and surveillance issues related to lengthy colonization testing turn-around time, increased cost of supplies and equipment required for accurate and timely *C. auris* identification, and the need for increased surveillance within all levels of care. The need for increased data transparency across the local, regional, state level was mentioned multiple times, emphasizing the limited information known about the impact of *C. auris* regarding unnecessary extended length of stay and financial impact of the related discharge and transfer issues.
4. **Resources:** Identify needs and barriers to implementing *C. auris* case management across health care settings and provide networking and informational resources among public health partners.
  - Attendees mentioned limited resources including workforce shortage and costly broad-spectrum disinfectants being a large factor in continued management of *C. auris* patients. Many attendees mentioned the inability to accept additional patients due to limited staff and the desire to dedicate staff to care for *C. auris* patients if present within the facility. An attendee also mentioned access to two broad-spectrum disinfectants that can be used across the facility on differing surfaces and have a kill-claim against *C. auris*. Both disinfectants were noted to be expensive and in limited supply.
5. **Policy:** Collaborate with regulatory agencies and other partners in Florida to improve *C. auris* reporting, develop standardized policies across the continuum of care, and support organizational best practices.
  - Attendees mentioned lack of consistent policies related to reporting, treatment, and facility management of *C. auris* patients. Admission and discharge planning challenges were a common theme. Attendees mentioned to be sure to include home health, hospice, and emergency medical services providers in planning discussions.

## II. Facilitated Discussion to Inform Strengths and Opportunities Regarding *C. auris*

Prompts:

- What do you or your organization do well in identification and treatment?
- What are additional strengths of your organization regarding leadership and/or changes in policy?
- Which resources and assets does your community or organization must support your management of patients?
- What resources or policies are you aware of but have not been able to implement?

Strengths and opportunities were identified within acute care, long-term care, and end stage renal disease (ESRD) health care facilities:

- Acute care representatives expressed the importance of utilizing professional organizations to provide education to providers by leaning into specialists within the field, the ability to share data, and to provide PCR screening within the acute care setting. Opportunities to share information and network via tabletop discussions, round tables, and collaborative discussions to share data at least quarterly in a statewide forum. The importance of research and publishing findings was also expressed.

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- Long-term care representatives described outreach to community partners, professional organizations, and medical associations to ensure proper infection prevention measures are being utilized when appropriate. The use of dedicated units for the care of patients colonized or infected with *C. auris* was also discussed.
- ESRD representatives provided some successful tools and best practices, which include developing a health care float pool to increase staffing, dedicated shifts for the care of *C. auris* patients, corporate patient multi-drug resistant organism (MDRO) dashboard and standardized corporate policies for the care of patients colonized or infected with *C. auris*.

**Mirine Richey**, Independent Facilitator, briefly spoke about next steps and action items, which included summary report of meeting and sharing with stakeholders, next steps of meeting within the next few months to develop SMART objectives and activities for the development of the statewide *C. auris* Plan.

**Deputy Secretary for Health Dr. Kenneth Scheppeke** provided closing remarks and thanked everyone for their attendance and participation.

### Attendance:

Name	Affiliation/Title
Dr. Joseph A. Ladapo	DOH, State Surgeon General
Dr. Kenneth Scheppeke	DOH, Deputy Secretary for Health
Dr. Douglas Holt	DOH-Hillsborough, Health Officer
Megan Gumke	DOH, Interim Infectious Disease Investigation and Prevention Section Administrator
Argentina Charles	DOH, Health Care Associated Infection Prevention Program Manager
Chantel Emery	DOH, Dialysis Infection Preventionist
Juliana Reyes	DOH, Health Care Associated Infection Outbreak Epidemiologist
Gregory Champlin	DOH, Infection Prevention Lead
Dr. Andrew Cannons	DOH, Bureau of Public Health Laboratories, Laboratory Director
Susanne Crowe	DOH, Bureau of Public Health Laboratories, Laboratory Director
Kimberly R. Smoak	AHCA, Deputy Secretary
Pat Kaufman	AHCA, Chief Field Ops
Michelle Dillehay	AHCA, Consultant
Frances Lima	AHCA, Field Office Manager
Julie Webster	AHCA, Registered Nurse Consultant
Dr. Katie Saunders	CDC, Florida Epidemic Intelligence Service Officer
Stephanie Holley	APIC, Director of IPC Education and Professional Development
Lisa Tomlinson	APIC, Government Affairs

## C. AURIS WORKGROUP MEETING

Cheryl Love	Florida Hospital Association, Chief Clinical and Patient Safety Officer
Kim Streit	Florida Hospital Association, Senior Vice President
Kim Broom	Florida Health Care Association, Director of Clinical and Risk Management
Deborah Franklin	Florida Health Care Association, Senior Director of Quality
Katherine Upton	Florida Senior Living Association, Director of Education and Engagement
Kristin Quirk	Florida Senior Living Association, Director of Membership and Partnership
Gail Matillo	Florida Senior Living Association, President/CEO
Dr. Ken Nanni	Florida Professionals in Infection Control, Administrator
Diane Godfrey	AdventHealth, Administrator
Dr. Michael Cacciatore	AdventHealth, Chief Clinical Officer
Xiomara Hemitt	AdventHealth, Director of Infection Prevention
Coeleen Bender	Aston Health, Divisional Vice President of Clinical Services
Lindsey North	BayCare, Director, Care Coordinator
Monica Lopez	BayCare, Infection Prevention and Control Manager
Kristin Jordan	BayCare (St. Joseph's Hospital), Infection Preventionist
Lori Floyd	DaVita Dialysis, Infection Preventionist
Dr. Unini Odama	DaVita Dialysis, Vice President of Medical Affairs
Dr. Chance Mysayphonh	Fresenius Medical Care, Director of Clinical and Therapeutic Initiatives
Crystal Grate	Fresenius Medical Care, Director of Infection Prevention
Bonnie Day Greene	HCA Florida, Assistant Vice President of Infection Prevention
Chaz Rhone	HCA Florida, Assistant Vice President of Infection Prevention
Dr. Nychie Dotson	HCA Florida, Assistant Vice President of Infection Prevention
Jamie Sabourin	HCA Florida, Infection Prevention Coordinator
Jessica Ramos	HCA Florida, Infection Prevention Coordinator
Kristen Munsell	Innovative Renal Care, Clinical and Regulatory Manager
Laura Velasco	Kindred, Director of Infection Control
Dr. Paula Eckardt	Memorial Healthcare System, Chief of Infectious Diseases and Medical Director for Infection Control and Antimicrobial Stewardship



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Rachel Guran	Memorial Healthcare System, Infection Control Director
Robin Bleier	RB Health Partners, CEO
A.C. Burke	RB Health Partners, Vice President of Healthcare Quality
Elizabeth Raymond	RB Health Partners, Director of Healthcare Quality
Donna Spangler	Southern Healthcare, Director of Infection Prevention and Control
Dr. Bhavarth Shukla	University of Miami Health System, Director of Infection Prevention
Mae Jones	US Renal Care, Director of Clinical Services
Mirine Richey	Independent Facilitator