

# Healthcare Associated Infections Advisory Committee

## BY-LAWS

### Article I

#### Name, Purpose and Function

##### Section A: Name

The name of this committee shall be the Healthcare Associated Infections Advisory Committee (HAI-AC). The formation of the HAI-AC is mandated by Health and Safety code (HSC) 1288.5 [Senate Bill 739, Chapter 526, Statutes of 2006] with appointment by the California Department of Public Health by July 1, 2007. [HSC 1288.5, 1288.45]

##### Section B: Purpose

The purpose of the Healthcare Associated Advisory Committee (HAI-AC) is to make recommendations to the California Department of Public Health ("Department") on the prevention, surveillance, and public reporting of healthcare-associated infections. [HSC 1288.5(a)]

##### Section C: Specific Functions

The HAI-AC is mandated to perform the following functions:

1. Make recommendations related to methods of reporting cases of HAIs occurring in general acute care hospitals. [HSC 1288.5(a)]
2. Make recommendations for the use of national guidelines and the public reporting of process measures for preventing the spread of HAIs that are reported to the Department pursuant to HSC subdivision (b) of Section 1288.8. [HSC 1288.5(a)]
3. Review and evaluate federal and state legislation, regulations, and accreditation standards and communicate to the Department how hospital infection prevention and control programs will be impacted. [HSC 1288.5(d)(1)]
4. Recommend a method by which the number of infection prevention professionals would be assessed in each hospital. [HSC 1288.5(d)(2)]
5. Recommend an educational curriculum by which health facility evaluator nurses and department consultants would be trained to survey for hospital infection surveillance, prevention, and control programs. [HSC 1288.5(d)(3)]
6. Recommend a method by which hospitals are audited to determine the validity and reliability of data submitted to NHSN and the Department. [HSC 1288.5(d)(4)]
7. Recommend a standardized method by which an HAI occurring after hospital discharge would be identified. [HSC 1288.5(d)(5)]
8. Recommend a method by which risk-adjusted HAI data would be reported to the public, the Legislature, and the Governor. [HSC 1288.5(d)(6)]

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9. Recommend a standardized method by which Department health facility evaluator nurses and consultants would evaluate health care workers for compliance with infection prevention procedures including, but not limited to, hand hygiene and environmental sanitation procedures. [HSC 1288.5(d)(7)]
10. Recommend a method by which all hospital infection prevention professionals would be trained to use the NHSN HAI surveillance reporting system. [HSC 1288.5(d)(8)]
11. By January 1, 2011 in consultation with the Department, develop a scientifically valid statewide electronic reporting system or utilize an existing scientifically valid database reporting system capable of receiving electronically transmitted reports from hospitals related to HAI. [HSC 1288.8(e)(3)]
12. Provide recommendations on the following as indicated:
  - a. A risk adjustment method for public reporting when there is no NHSN methodology [HSC 1288.55(c)(1)]
  - b. Definitions for purposes of reporting in the absence of NHSN definitions [HSC 1288.55(c)(2)].
  - c. Adoption of a public reporting model to be used by the Department for specific healthcare-associated infections, if one is not used by the Centers for Disease Control (CDC) [HSC 1288.55(c)(3)]
13. Make recommendations for phasing in the implementation and public reporting of additional process and outcome measures by January 1, 2008 and, in doing so, shall consider the measures recommended by the federal Centers for Disease Control and Prevention (CDC). [HSC 1288.8(c)]

This list is not intended to limit the HAI-AC from making additional recommendations to the Department for the prevention, surveillance, and public reporting of HAIs.

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## Article II

### Structure

#### Section A: Number of Members

The HAI-AC shall consist of a minimum of eight (8) and a maximum of twenty-four (24) voting members, excluding liaison and other non-voting members.

#### Section B: Appointment and Terms

All appointments of voting members to the HAI-AC shall be made by the Director of the Department ("Director"). Each member serves at the pleasure of the Director. Liaison members shall be appointed by and serve at the pleasure of the organizations they represent.

Applications for membership shall be submitted to the Director for approval. Following enactment of these bylaws, in order to create overlapping terms appointed members shall be invited to serve for an initial term of either three (3), four (4), or five (5) years, each selected randomly among the three (3) members in each the eight (8) categories of members. Thereafter, members shall be invited to serve terms of up to four (4) years.

A member may serve up to 180 days after the expiration of that member's term if a successor has not taken office. There must be a one-year interval after leaving office before a member is eligible to be appointed to another term. The Director reserves the right to maintain the balance and continuity of the HAI-AC.

If a member chooses to resign, s/he shall advise the Director by electronic or postal mail. If a member resigns with two years or less remaining in their term, the replacement member, upon serving the remainder of that term, is eligible to apply for an additional four-year term. If a member resigns with greater than two years remaining in their term, the replacement member will serve out the term and may reapply for membership after a one-year interval.

#### Section C: Healthcare Associated Infections Advisory Committee Composition

HAI-AC members shall be individuals with expertise in the surveillance, prevention, and control of HAIs and will include representation from the following discrete categories [HSC 1288.5(b)]:

1. Department staff (nonvoting members)

Current Department employees.

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2. Local health department officials

Local department of public health professionals including but not limited to health officers, communicable disease prevention professionals, public health nurses, and epidemiologists.

3. Healthcare infection control professionals

Infection Preventionists (infection control practitioners), including but not limited to nurses, epidemiologists, and microbiologists, currently or in the past working in the field of infection surveillance, prevention, and control.

4. Physicians with expertise in infectious disease and hospital epidemiology

5. Healthcare providers

Individuals who provide direct care to hospitalized patients, including but not limited to physicians, nurses, nurse practitioners, physicians assistants, infectious disease pharmacists, therapists.

6. Hospital administration professionals

Managers of hospitals, hospital departments, or hospital systems, including but not limited to chief executive officers, chief financial officers, chief operating officers, chief medical officer, and chief nursing officer

7. Integrated healthcare systems experts or representatives

Individuals with expertise in or representatives of an integrated healthcare system that delivers, manages, and organizes comprehensive healthcare services as a means of improving access, quality, user satisfaction, and efficiency.

8. Health care consumers

Health care consumers who are not affiliated with any health care provider or regulatory entity.

The Director shall appoint up to three (3) members for category.

### Section D: Subcommittees

Subcommittees shall be established by the Chairperson as needed and all subcommittees shall adhere to the provisions of the Bagley-Keene Open Meeting Act of 2004. The subcommittee chairperson must be a voting member. Subcommittees may include individuals who are not HAI-AC members. Non-HAI AC member contributors shall have full participating privileges but may not vote. There must be at least one Department staff member represented on any subcommittee and present during the meeting of any subcommittee.

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### Section E: Liaison Members

Liaison members are non-voting members of the HAI-AC who represent California healthcare organizations. When there is a vacancy, the organization will be requested to nominate up to three (3) individuals, one of whom will be selected and appointed by the Director. The primary role of a liaison member is to be a source of communication between the Committee and the respective agency or organization he or she represents. HAI-AC members in any other category may not serve concurrently as liaison members. It is expected that liaison members will present HAI-AC issues to their sponsoring entities and will bring the relevant concerns of their sponsoring entities to the HAI-AC. In addition, the liaison member may contribute information or expertise to the HAI-AC.

Liaison members may include one (1) representative from each of the following organizations:

1. California Hospital Association
2. California Medical Association
3. Infectious Disease Association of California
4. California APIC Coordinating Council
5. California Nurses Association
6. California Association for Nurse Practitioners
7. California Academy of Physician's Assistants
8. California Conference of Local Health Officers
9. California Association of Communicable Disease Controllers
10. California Quality Improvement Organization

The Director may select additional organizations to provide non-voting liaison representatives to the Committee as deemed necessary to effectively carry out the functions of the Committee.

### Section F: HAI-AC Chairperson

The Chairperson shall be nominated by the HAI- AC members and appointed by the Director for a two (2) year term. In the absence of an appointed Chairperson, the HAI Program Chief will serve as Acting Chairperson until a new Chairperson is elected.

The Chairperson shall:

1. Preside at all HAI-AC meetings
2. Appoint special subcommittees

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3. Coordinate with the Department to produce HAI-AC meeting agendas and minutes
4. Serve as official representative and spokesperson for the HAI-AC before the Department, the Health and Human Services Agency, and any other government or private entity.

### Section G: Members' Responsibilities

HAI-AC members shall:

1. Attend all HAI-AC meetings and all special subcommittee meetings to which they are assigned and provide expertise and advice to assist the Department in policy formulation.
2. Be familiar with and follow the mandates of the Bagley-Keene Open Meeting Act of 2004.
3. Cooperate with the Chairperson and the Committee in preserving order and decorum to meet the charge of the Committee.

### Section H: Compensation

Members serve without compensation, but are reimbursed for expenses in accordance with HSC 1288.5(c).

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## Article III

### Operational Procedures

#### Section A: Bagley-Keene Open Meeting Act of 2004

The HAI-AC and its subcommittees shall adhere to the provisions of the Bagley-Keene Open Meeting Act of 2004. The following procedures are consistent with these provisions:

#### Section B: Voting Rights

Each appointed member shall be entitled to one (1) vote to be exercised in person. "In person" shall be defined as physically present at a meeting or by telephone conference access if the teleconference site is open and audible to the public at a location specified in the notice of the meeting.

#### Section C: Quorum

All issues submitted for determination must be made by a quorum of members. A quorum is defined as fifty percent (50%) plus one (1) of all voting members, exclusive of non-voting Department staff or liaison members, present in-person or by teleconference. In the absence of a quorum, no official business may be conducted by the HAI-AC, and the Chairperson reserves the right to cancel the meeting.

#### Section D: Call for Vote

When a motion has been made, the HAI-AC shall strive to reach consensus (i.e., unanimity). However, if the Chairperson determines that a consensus cannot be reached, a vote will be called and decisions will be made by majority vote.

#### Section E: Meeting Logistics

1. HAI-AC shall meet at least quarterly. [HSC 1288.5(c)]
2. All meetings of the HAI-AC shall be open to the public. Any formal presentation to the HAI-AC shall be approved by the Chairperson and included in the agenda.
3. The Department shall send written notice of the place, date, time, telephone access information, and agenda of each meeting of the HAI-AC to each member addressed as shown on the records maintained by the Department. The Department and each HAI-AC member shall be invited to submit agenda items at least 20 days before each scheduled meeting. The agenda shall be published on the HAI website with location and telephone access information for the public no less than 10 calendar days prior to the meeting. The agenda shall provide a brief

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description of the items of business to be transacted or discussed. No item shall be added to the agenda after the agenda is posted. Pursuant to the Bagley-Keene Open Meeting Act, Government Code Section 11125.5, the HAI-AC may take action on items of business not appearing on the posted agenda under any of the conditions stated below:

- a. Upon a determination by a majority of voting members that an emergency situation exists.
- b. Upon a determination by a two-thirds vote of voting members or, if less than two-thirds of voting members are present, by a unanimous vote of voting members present, that there exists a need to take immediate action and that the need for action came to the attention of the HAI-AC subsequent to the agenda being posted.
- c. "Emergency situation" means any of the following: (1) Work stoppage or other activity that severely impairs public health or safety, or both; or, (2) Crippling disaster that severely impairs public health or safety, or both.

Notice of the additional item to be considered shall be provided to each member of the HAI-AC and to all parties that have requested notice of its meetings as soon as is practicable after a determination of the need to consider the item is made, at least 48 hours before the time of the meeting specified in the notice. Notice shall also be made available on the Department's website as soon as is practicable after the decision to consider additional items at a meeting has been made.

### Section F: Amendment of By-laws

These By-laws may be amended or repealed upon approval by the Director of the California Department of Public Health. A majority of the voting members at a duly constituted public meeting may recommend to the Director that these By-laws be adopted, amended, or repealed.

In the event of a statutory or regulatory change modifies the functions, composition or other aspect of the HAI-AC, the changes will be incorporated into these By-laws by Department staff and presented to the HAI-AC at the next meeting for recommendation to the Director.

### Section G: Invited Guests and Participants

The HAI-AC or Department may invite individuals to present information for consideration on matters under discussion by the HAI-AC. Participants may respond to questions and participate in discussion relevant to their presentation at the discretion of the Chair or by a majority vote of voting members of the HAI-AC.



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### Section H: Meeting Summaries

A record shall be made by the Department staff, or designee, of actions taken by the HAI-AC and, after approval by the HAI-AC, shall be made public. Minutes shall also be taken of any subcommittee meetings and reported back to the HAI-AC by the subcommittee Chairperson. If a consensus is not reached, all opinions will be reflected in the meeting summary.

### Section I: Administration

The HAI-AC functions shall be administered by the Healthcare Associated Infections (HAI) Program for the Department. The appropriate Department Senior and Executive Staff, including but not limited to the Director and his/her designees, shall be notified by the HAI Program of the place, time, and agenda of all scheduled meetings and shall be provided with minutes, summaries of meetings and other records of actions taken by the HAI-AC following each meeting.

**Date Presented:**

**Date Approved:**

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## Abbreviations

HSC	Health and Safety Code
CDC	Centers for Disease Control
VRE	Vancomycin-Resistant <i>Enterococci</i>
MRSA	Methicillin-Resistant <i>Staphylococcus Aureus</i>
CDI	<i>Clostridium Difficile</i> Infection
HAI	Healthcare-Associated Infection
CLABSI	Central Line-Associated Bloodstream Infection
SSI	Surgical Site Infection
NHSN	National Healthcare Safety Network