

California State HAI Prevention Plan Subcommittee
Thursday, October 3rd, 2013
12:00pm-1:00pm
TELECONFERENCE

Attendance

Members Present

Zachary Rubin, MD, Chair; *Suzanne Anders MHI; Marsha Barden, MSN; *Amy Dubois, MSN; Elizabeth Clark, MPH, RN; Cheryl Richardson, RN; *Matt Zahn, MD. MPH
*absent

Liaison Representatives Present:

Vicki Keller, RN,MSN,PHN,CIC

[California Department of Public Health \(CDPH\)](#)

Lynn Janssen, MS, CIC, CPHQ, Neely Kazerouni, DrPH, MPH, Jorge Palacios

Agenda Item/ Discussion
Call to Order Dr. Rubin, Chair of the subcommittee called meeting to order at 12:02 pm.
Welcome and Introductions Members introduced themselves
<u>Bagley Keene Open Meeting Act 2010</u> <ul style="list-style-type: none">Members were reminded the importance of sending agenda items to the chair, to comply with the rules for posting.
Summary Meeting Minutes (SMM) <ul style="list-style-type: none">Members reviewed the <u>September 19, 2013 SMM</u>, made a minor modification and approved the summary meeting minutes.

Update

L. Janssen presented an update on the Public Reports, including the Interactive Map status. Janssen proposed the need to work with hospitals on ways to help validate data in 2014 and the need to provide outreach to hospitals that continued to have high HAI rates in order to better track HAIs and help prevent infections.

CLABSI Discussion

- N. Kazerouni proposed three possible ways to help conceptualize the outreach to hospitals, with high CLABSI rates
 - Hospitals that have two consecutive years with rates higher than the average for one location
 - Hospitals that have two locations with rates higher than the state average
 - Top ten percentile.

Action Items:

The subcommittee recommends the [HAI-AC](#) to support the following:

Recommendations to CDPH for CLABSI

1. Separate Mucosal Barrier Injury-Laboratory Confirmed Bloodstream Infection (MBI-LCBI) from other CLABSI
2. Hospitals with high CLABSI rates, should participate in a prevention collaborative or develop action plans in coordination with CDPH
3. Hospitals should be following CDC's core strategies for CLABSI prevention
4. Recommend to CDPH to send a letter to CDC for a model analysis that excludes MBI-LCBI from their CLABSI analysis

Central line insertion practices (CLIP) Discussion

- Hospitals tend to do a very good job during the insertion but not so much during the maintenance, when it comes to documentation of CLIP forms
- Forms are being fill out and reported from multiple units, not just Intensive Care Units (ICUs)

Work Plan and Assignments

- Review CLABSI prevention targets and recommendations
- Discuss prevention of [Clostridium difficile \(also known as C. Diff\)](#)

Timeline

- Next subcommittee meeting will be held on October 17th, 2013
- Subcommittee meetings are held twice a month, on the first and third Thursday of each month.

Adjourn

- Meeting was adjourn at 1:01p.m