

**Healthcare-Associated Infections Advisory Committee Meeting
August 13, 2015, Sacramento, CA 10:00am-3:00pm**

Summary Meeting Minutes

Committee Members –

Present: David Witt (Chair), Carole Moss, Enid Eck, Jeffrey Silvers, Karen Anderson, Salah Fouad, Samantha Tweeten, Stanley Deresinski, Zachary Rubin

Participated by phone, at a posted public meeting site, able to vote: Rae Greulich

Absent: Alicia Cole, Brian Lee, Catherine Liu, Dawn Terashita, Marsha Barnden, Michael Langberg, Paige Batson

Liaison Representatives

Present: CACDC/Matthew Zahn, CNA/Kathy Dennis

Absent: CACC/Cheryl Richardson, CHA/David Perrott, CMA/Michael Butera

Department Staff

Present: Claudia Crist, Jean Iacino, Scott Vivona, CJ Howard, Lynn Janssen, Jorge Palacios, Lanette Corona, Erin Epton, Vicki Keller, Neely Kazarouni, Lori Schaumleffel

Agenda Item/Discussion
<p>Call to Order and Introductions Chair D. Witt called the meeting to order @ 10:19am Formally began at 10:39 with a quorum</p> <p>Introductions Claudia Christ, Chief Deputy Director, Policy and Programs, CDPH, introduced herself to the Advisory Committee and members of the public and shared her background as a hospital administrator and her passion for public health. Jean Iacino, Deputy Director of Center for Health Care Quality (CHCQ) introduced Scott Vivona as the Assistant Deputy Director of the CHCQ and Christopher “CJ” Howard, Chief of Policy and Planning for CHCQ. Iacino announced CDPH has received funding for 237 new positions, 140 of which will be for Health Facility Evaluator Nurses.</p>
<p>Public Story Kris Bleything read a story about her mother, Mary Showers Monroe, a 79 year old mother and grandmother who died after suffering for 8 months after acquiring an HAI. Ms. Bleything’s final statement was that more must be done to prevent HAI with mandatory requirements for all hospital procedures and must be made public.</p>
<p>Review of Rules of Order The Chair reviewed the rules of order per Bagley-Keene and the Committee by-laws. Voting members were reminded that they represent their individual expertise; Liaison Members represent the organization that appointed them.</p>

Prevention Progress Story –

Scott Fridkin, MD, from the Centers for Disease Control and Prevention (CDC), Division of Healthcare Quality Promotion, Atlanta, joined via teleconference presented the “Vital Signs: Estimated Effects of a Coordinated Approach for Action to Reduce Antibiotic-Resistant Infections in Health Care Facilities “ (See [Slides](#) and [Handout](#))

Discussion-

- This model serves to reduce other highly contagious/infectious HAI (such as MERS)
- Dr. Susan Huang’s model discussed in the presentation involved hospital inpatients only
- There is difficulty in handling transfer of patients between different jurisdictions – a challenge with no specific solutions at this time
- Oregon, Washington and Philadelphia are working on this as well
- Discussion of the “free rider phenomenon,” i.e.hospitals that rely on other facilities to take on the responsibility for inter-facility communication of infections
- Jurisdictions sharing information will further reduce HAI, rather than one jurisdiction working alone.
- CRE is not reportable – this is an issue
- We should start small with a few hospitals, long term care facilities, and skilled nursing within a county
- Kaiser Permanente in Los Angeles county has been approached for a project to reduce CRE involving seven of their facilities
- Discussion about how to involve the patient and family in these projects
- Dr. Susan Huang joined via teleconference to announce her facility received CDC funding to support their work to test an intervention for reducing CRE and other resistant pathogens using a coordinated model among Orange County healthcare facilities in collaboration with public health

Approval of the Minutes – May 14, 2015 meeting

Motion: D. Witt

Motion did not passed

Discussion: A member suggested posting it as a draft and bringing it back at the next meeting. Members who missed last meeting abstained and a few members who were present at the May meeting were absent.

HAI Program Updates – L Janssen, Chief, HAI Program

- “What is the best role for public health in the prevention of HAI” is at the forefront of all discussions at HAI-Program meetings
- Four areas to update today: Epidemiology Unit, Liaison Infection Preventionist (IP) Program, Antibiotic Resistance Program, other activities.
 - **Epidemiology Unit:** The 2014 annual HAI report initial analysis is completed. Currently in review with anticipated publication in fall 2015 along with the healthcare provider (HCP) influenza vaccination report. Multiple hospital campuses under the same license that report their data combined together will no longer be included in the interactive map. The QA/QC process is in place, reviewing 2015 data for accuracy. Data quality for 2015 quarter one is being reviewed. The third year validation plan to improve SSI surveillance is being developed.
 - **Liaison IP Program:** Liaison IPs have implemented the Data for Action strategy through outreach to 112 hospitals with high HAI incidence in 2013. Liaison IPs are also following-up with repeat validation visits in 86 hospitals who demonstrated low sensitivity for case finding of HAI <85% in the 2014 validation project. Liaison IPs provided education, “Using Data for Prevention,” a five-session distance learning workshop, and the 2-Day “Basics of Infection Prevention” course Los Angeles and Richmond. Beginning with the fall 2015 course, the Los Angeles County Department

of Public Health will be assisting with the Southern California class. A 2-day NHSN course is in development. Readiness visits are being planned with California's Ebola assessment and treatment hospitals. Outpatient dialysis center visits have begun to help reduce BSI. Openings for 2 new Liaison IP positions in the Richmond office have been posted.

- **Antibiotic Resistance Program:** CDC funding supports the Antibiotic Stewardship Program (ASP) collaborative. We just finished 7 months with 150 hospitals still participating in monthly calls. The program sent out and "Antimicrobial Use & Informatics Survey" to 271 larger volume hospitals and received a 33% response rate. 71% of those respondents are also in the ASP collaborative. Eleven hospitals in California are using the NHSN AU module; additional hospitals will be targeted for implementation assistance based on their readiness as identified by the survey. In collaboration with UCLA, we are developing a survey of clinical and public health lab directors; intend is to form a lab director AR network. The CDI prevention collaborative in Orange County kicked off in June 2015 with 40 facilities participating, including hospitals, skilled nursing facilities, and long term acute care. Locations for the next regional collaboratives are under discussion with hopes to support an additional CDI prevention collaborative in the Sacramento metro area, as well as launch a CRE prevention collaborative in the San Francisco Bay area in 2016.
- **Other Activities:** Jon Rosenberg and Janice Kim have been providing education regarding HAI outbreaks to local health departments. Jorge Palacios will update HAI Program public outreach activities later today. The Injection Safety subcommittee held their first meeting in July. Our Injection Safety Coordinator resigned; we will be re-posting the position soon. HAI Program staff are presenting five posters at ID Week in October. Preliminary discussions were held with the Hospital Quality Institute and California Hospital Association about collaborating on a webinar during International Infection Control Week in October to bring hospital IP staff together with hospital administrators to discuss the importance of identifying HAI. CDC Ebola supplemental funding was provided to support a project to map all California healthcare facilities and then assess their readiness for identifying and controlling outbreaks. At the July HAI Program Workshop, OSHPD presented data sources available. CDC has also requested a revision to the 2009 state HAI Prevention Plan by October 1, 2015; will bring back to the HAI-AC in November.
- **Discussion**
 - Is there a way to determine the number of deaths resulting from these specific HAI, or lives saved? The EU Chief and the Program Chief are working on developing best methodological practices, to determine true number of deaths.
 - Do outpatient dialysis centers have HAI reporting requirements? Yes, CMS requires data to be reported via NHSN. However, California has no outpatient dialysis reporting requirement so the NHSN data are not accessible by CDPH.

Subcommittee Presentation Reports

Safe Injection Practices: D. Witt, M.D. reported on behalf of D. Terashita (Subcommittee Chair)

The subcommittee met on July 23, 2015 and has recruited the following members:

Dawn Terashita (Chair), David Witt, Zach Rubin, Karen Anderson, Samantha Tweeten, Jeffery Silvers, Matt Zahn and Jorge Palacios will be the CDPH support staff.

State HAI Prevention Plan Subcommittee – Z. Rubin, MD

Since the rest of the plan was already voted, presented and approved by the HAI-AC, we are only voting on the MRSA target 2020 target based on the reductions from the 2015 re-base line years.

Public Discussion:

R. Wiebe, a political consultant representing the California Medical Association Foundation and the California Association of Nurse Leaders, asked to publically comment on the HAI Prevention Plan.

Presented an outreach communication program that will create a strategic HAI prevention plan for

antimicrobial stewardship. The plan will have 3 parts, research, outreach and communications, and a summit; funding is available from program stakeholders. R. Wiebe requested the Committee to submit a letter of support. He will be emailing L. Janssen the proposal for review.

Motion (Z. Rubin): The addition of this MRSA 2020 target reduction is located on page 2 of the [California HAI State Plan](#)

Motion approved unanimously by roll call vote

Antimicrobial Stewardship Subcommittee – No report was submitted to the Committee

Infection Preventionist Assessment Subcommittee – K. Anderson reported on behalf of M. Barnden (Subcommittee Chair)

The survey created by the Subcommittee may be useful to CDPH. SB 739 requires that every 3 years IP resources be evaluated by hospitals. Perhaps this tool can be used to help guide healthcare facilities and IP staffing. As many of you know, IP's are being pulled behind a computer and have less time for "boots on the ground" activities.

Discussion: The committee recommended that the survey (a detailed time analysis) be conducted, but did not recommend how the information would be used, and what the role of the HAI Program would be in recommending IP staffing. The literature does not find a correlation of HAI rates and IP staffing levels. CDPH leadership did not feel it was the role of the HAI Program to conduct such a detailed ecological survey of hospital IPs. IP staffing level data reported via the NHSN annual survey will be presented later today.

K. Anderson reported the subcommittee needs guidance and would like to know where to go from here. Assessing infection prevention staffing is not one of the roles of the HAI program. The Committee should recommend a way by which hospitals evaluate their staffing. The Committee can recommend how to evaluate their resources.

Dr. Witt asked to add an agenda item to revisit the topic.

Public Reporting and Education Subcommittee (PRES) – No report was submitted to the Committee

New Items / Updates

Regional Look at Carbapenem-resistant Enterobacteriaceae (CRE) in California – Erin Epon ([see slides](#))
Reviewed the process and results of the 2012 CRE prevalence in California. Greatest prevalence in southern California and in long term acute care facilities (LTAC)

Discussion:

- Further work and a regional CRE collaborative will happen with more resources.
- The public is not aware of the prevalence of CRE.
- Were duplicate specimens removed from the samples in the survey?
- Discussion of the prevalence of CRE in long term acute care
- Discussion on when and whom to screen

Motion: (C. Moss) To begin to make a recommendation to the Department of Public Health to begin to collect the data and report on CRE infections, just as we do for other infection diseases or antibiotic resistance. **Second:** (S. Fouad)

Discussion:

- Are we talking about reporting individual cases of CRE to the LHD or are we talking about reporting it via another process?

- Are we going to separate CP-CREs to non-CP-CREs because they have such difference into what they mean to mortality and how they are handled for isolation?

Motion withdrawn by C. Moss

Re-stated Motion: (Carol Moss) To begin to make a recommendation to CDPH to collect and report the data on isolates and infections of CRE as done with other HAIs.

Discussion:

- Must be a true CP-CRE only
- No denominator from local public health
- Should hospitals save isolates?
- Suggest a subcommittee to discuss this motion more thoughtfully and bring back to HAI-AC

Voted: the motion did not pass

Motion: (S. Derisinski) Refer to a subcommittee to investigate the feasibility to develop a recommendation for reporting CRE

Second: (J. Silvers)

- Discussion: Who should be on the committee?

Voted: The motion passed

Motion: (Z. Rubin)- Refer the previous motion to the Antibiotic Stewardship Subcommittee

Second: (J. Silvers)

- Discussion: J. Silvers, S. Derisinski, M. Zahn and S.Tweeten volunteered to assist

Voted: The motion passed

Terms of Office on the HAI-AC –L. Janssen, Chief, HAI Program

- D. Witt’s term as president is up. Committee needs a new chair to serve a 2 year term
- Members serving three-year terms are up as well after the November meeting.
- The list of committee members and term limits was presented.
- The application package and recruitment webpage will be available soon.

Action Items

David Witt, MD – Three agenda Items postponed until next meeting: 1) Discussion: Determining What Issues the HAI Advisory Committee Will Address and How To Address Issues More Efficiently, 2) Hospital IP Data from 2014 NHSN Annual Survey, and 3) HAI Public Outreach Plan Update

Announcements

Acronyms added

AAMI	Association for Advancement of Medical Instrumentation
ABS	Antibiotic Stewardship
AFL	All Facilities Letter
APIC	Association for Professionals in Infection Control and Epidemiology
CACC	California APIC Coordinating Council
CACDC	California Association of Communicable Disease Controllers
CAUTI	Catheter-associated Urinary Tract Infection
CDC	Centers for Disease Control and Prevention
CDI	<i>Clostridium difficile</i> infection
CDPH	California Department of Public Health
CHA	California Hospital Association
CMA	California Medical Association
CNA	California Nurses Association
CHCQ	Center for Health Care Quality
CHG	Chlorhexidine gluconate – a topical antimicrobial used for hand hygiene, patient bathing
CLABSI	Central Line-Associated Blood Stream Infection
CLIP	Central Line Insertion Practice
CMS	Centers for Medicare and Medicaid Services
CRE	Carbapenem-resistant Enterobacteriaceae
CSTE	Council for State and Territorial Epidemiologists
CUSP	Comprehensive Unit-Based Surveillance Program
HAI AC	Healthcare-Associated Infections Advisory Committee
HCP	Health Care Personnel
HICPAC	Healthcare Infection Control Practices Advisory Committee (CDC)
HSAG	Health Services Advisory Group - California's CMS-funded Quality Improvement Network
ICU	Intensive Care Unit
IDSA	Infectious Diseases Society of America
IP	Infection Preventionist
L&C	Licensing and Certification
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
NICU	Neonatal Intensive Care Unit
PD	Patient Days
PDSA	Plan Do Study Act – a quality improvement approach
QA/QC	Quality Assurance/Quality Control
QIO	Quality Improvement Organization
SIR	Standardized Infection Ratio
SSI	Surgical Site Infection