

**Healthcare-Associated Infections Advisory Committee Meeting
February 11, 2016, Sacramento, CA 10:00am – 3:00pm**

Summary Meeting Minutes

Committee Members

Present: Jeffrey Silvers (Chair), Brian Lee, Karen Anderson, Deborah Wiechman, Carole Moss, Alicia Cole, Dawn Terashita, Enid Eck

Members Absent

Michael Langberg, Paige A. Batson, Katherine Lu, Salah Fouad, Zachary Rubin

Liaison Representatives

Present: CACDC/Matthew Zahn, IDAC/Phillip Robinson

Liaison Members Absent

CMA/Michael Butera, CNA/Kathy Dennis, HSAG/Deborah Nixon, CHA/Debby Rogers, CACC/Scheryle Beal,

Department Staff

Lynn Janssen, Jorge Palacios, Lori Schaumleffel, Erin Epton, Janice Kim, Lanette Corona, Leah Schultze, Vicki Keller, Jean Iacino

Agenda Item/Discussion
<p>Call to Order and Introductions Chair Jeffrey Silvers called the meeting to order at 10:07am, stating that his rule as the new chair is that everyone must have fun and work hard. Additionally he stated that people were given a green sheet of paper on which to write their ideas for advancing/improving HAI prevention for the committee. The papers should be put into a box with the intention of discussing them after lunch (postponed until the next meeting).</p> <p>Introductions</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>
<p>Approval of the Minutes – November 12, 2015 Motion: D. Wiechman Second: B. Lee E. Eck not in the room Motion approved unanimously.</p>
<p>Public Story: Carole Moss – Niles’ Project - Carole’s deceased son’s former nanny has a daughter with recurring MRSA. The source is unknown. She has been in and out of the hospital. Isabel, the mother and prior nanny to Niles, also has recurring MRSA as well as other skin conditions. Carole asks: What are the answers? What guidance does she give to this young mother? What do we do now?</p>

Discussion:

- These infections affect families and communities. Our goal should be zero HAIs in California hospitals.
- Such stories remind us of the work we are trying to do every day and make us humble.
- Going for zero is right.
- Question addressed to doctors in the room about how to decolonize these communities? We know MRSA is not just in the hospitals.
- It is beyond the scope of this committee to discuss that. Decolonizing a whole community is not realistic. Need to focus HAI prevention efforts on hospitals where most occur.
- Recommendation that the Committee support CDC reports and regional efforts
- SHIELD Orange County is a project that will be launching as a regional antimicrobial resistance prevention intervention with participation from UC Irvine, Orange County public health (Matt Zahn), CDPH HAI Program, and CDC. Objective is to use the results of dynamic modeling to focus resources where they will have the most impact. Can be discussed in more detail later in 2016.

Subcommittee Presentation Reports and Discussion –

Antimicrobial Stewardship Subcommittee, Brian Lee, MD

([see slides](#)):

The Committee made the following recommendations to CDPH.

Motion 1. CDPH survey all health professional schools and residency training programs in California (medical, dental, pharmacy, nursing, physician assistant, veterinary, podiatry, and optometry) to assess their current curriculum on antimicrobial stewardship and antimicrobial resistance.

Motion: B. Lee

Second: C. Moss

E. Eck not in the room

Motion approved unanimously.

Motion 2. CDPH send an advisory to (and/or support legislation that requires) all health professional schools and residency training programs in California (medical, dental, pharmacy, veterinary, nursing, podiatry, and optometry) to develop and implement an integrated antimicrobial stewardship / resistance curriculum and to submit a progress report within 2 years and every 5 years thereafter describing their progress in antimicrobial stewardship / resistance training and related initiatives at each school.

Motion: B. Lee

Second: C. Moss

E. Eck not in the room

Motion approved unanimously.

Motion 3. CDPH request that the Medical, Dental, Pharmacy, Physician Assistant, Registered Nursing, Podiatry, and Optometry Boards of California (and or support legislation to) require that all licensed practitioners (including physicians, dentists, pharmacists, nurse practitioners, physician assistants, podiatrists, and optometrists) complete at least 10% of all mandatory continuing education hours in a course in the field of antimicrobial prescribing, stewardship, and resistance.

Motion: B. Lee

Second: A. Cole

E. Eck not in the room

Motion approved unanimously.

Discussion:

- The Committee will develop a list of training programs and schools to provide to CDPH.
- Reminder that CDPH can't comment publicly on pending legislation.
- Senator Jerry Hill is very interested in this topic, and yesterday introduced a "spot bill" with placeholder language addressing antimicrobial stewardship in outpatient settings. His staffers are working with stakeholders to help develop bill.

Safe Injection Practices Subcommittee, Dawn Terashita, MD, MPH

[\(see slides\)](#)

The Safe Injection Practices Subcommittee has had six meetings to date. Expert members have been recruited from outside the HAI Advisory Committee. The Subcommittee is collaborating to develop a useful and applicable dissemination strategy for the California One & Only Campaign.

Discussion:

- Sutter Health is working with CDPH on the One & Only Campaign. Sutter has 300 clinics they are looking at with regard to injection safety practices and education.
- Standardization is important. There are huge opportunities here.
- Maybe the subcommittee wants to look at healthcare systems and all of their associated outpatient clinics.
- Problem may be smaller practices rather than those connected to large health systems. Expressed worry about the individual and private practitioners.
- Subcommittee has amazing group of diverse members who can help develop recommendations for how to reach smaller practices.
- Sutter is also working on reaching smaller clinics; additional progress updates will follow.

Public Reporting and Education Subcommittee

No report was submitted to the HAI-AC. Subcommittee has not met.

Discussion:

- There is interest in reviving this committee.
- Reminder that this subcommittee worked to help develop materials prior to the formation and staffing of the CDPH HAI Program. The HAI Program is now fully staffed and has an annual education plan and robust website.
- What is the Committee's charge to this Subcommittee? What should be pursued in order for the HAI Advisory Committee to make recommendations about education and public reporting to CDPH?
- There are plenty of education opportunities.
- This subcommittee has multiple opportunities to make recommendations on how to educate the public based on the presentations that have been made today. Come back to Committee with recommendations on how you would like to see the state educate the public.

11:35 am - Bio-break

11:42 am – Reconvene

Environmental Cleaning in Healthcare Subcommittee

Discussed charge of new Subcommittee. Selected chair.

Motion (C. Moss): That Carol Moss chair the Environmental Cleaning in Healthcare Subcommittee

Second: A. Cole

E. Eck not in the room

Motion approved unanimously.

Discussion:

- What is CDPH doing in terms of EVS? The subcommittee should determine what's in place and then determine how the subcommittee can fill in the gaps.
- Objective should be to establish best practices for environmental cleaning of devices and facilities by working with experts and figuring out what's working.
- Recognition that there is a lot of facility oversight of cleaning already. Should the focus be on medical equipment?
- Consider development of a guideline with recommendations for cleaning facilities, equipment, and devices. Collaborate with CDC.
- Membership should be inclusive. All disciplines are needed to help prevent infections, which is the overarching goal.
- Consider inclusion or exclusion of scope disinfection, which is already being evaluated by federal partners. Recognition that CDC does not have final guidelines established for endoscope reprocessing.
- There are established best practices to environmental cleaning. Consider looking at penetration and barriers to best practices. Consider appropriate staffing levels.
- At the next Committee meeting, CDPH can present a gap analysis based on the onsite assessments done in hospitals to date. The Committee can use the gap analysis to determine what the gaps are and which of those they can help address.
- Suggestion that one area of focus for this new subcommittee could be an education component. How can we help hospitals make EVS more of a priority? Is it on hospitals' radar?
- It's about the basics, such as ensuring cleanliness of wheel chairs, Emergency Department floors, dirty waiting rooms, etc.
- What are the State requirements for environmental services contracts? Evaluate if items aren't allowed to be in labor union contracts, such as not cleaning IV poles and bed rails.
- Suggestion that many EVS workers in hospital are contractors. Subcommittee should consider inviting EVS companies to be part of the subcommittee.
- Committee members, A. Cole, D. Weichman, and K. Anderson volunteered for Subcommittee membership.
- Liaison member, S. Beal, from CACC, volunteered to serve on the Subcommittee.

HAI Program Updates – L Janssen, Chief, HAI Program ([see slides](#))

Topics covered: Improving timeliness of publication for the annual reports, data quality/validation, prevention assessments, regional prevention collaboratives, updates to HAI Program webpage, and revisiting how to get a handle on the statewide HAI prevention landscape of activities.

Motion: K Anderson - Committee endorses CDPH's proposed 2016 validation plan.

Second: D. Wiechman

Motion approved unanimously.

Motion (K. Anderson): Liaison members given the opportunity to submit a written report at the HAI-AC quarterly meeting.

Second: D. Wiechman

Motion approved.

One member abstain

HAI Annual Report Summary: Lynn Janssen, Chief ([see slides](#))

Published on February 10, 2016. For the first time, hospitals are sorted alphabetically by county. Hospitals that did not participate in validation are identified in red in the data tables. Hospitals with statistically high infection rates are targeted for our data for action strategy and offered an onsite assessment by an HAI Program liaison infection preventionist. Map has been re-envisioned.

Discussion:

- A few members were concerned that hospitals with incomplete HAI reporting are only given a citation by CDPH L&C. A citation for any kind of deficiency is written up on a Form 2567. These forms are available to the public, however the average citizen doesn't know that the 2567 forms exist or how to get them.
- Incomplete reporting hospitals are called out in the report, but not on the interactive map. CDPH should add the information to the map.
- Suggestion that it is time to call the offenders out. What happens to hospitals with continually high infection rates in the report? What is the Department doing to these hospitals? When will they be fined?
- CDPH does not have clear statutory authority to fine someone because they end up in the HAI annual public report. If L&C finds a regulatory failure of infection control practices then a facility can be fined.
- Suggestion to look into SB1301 regarding the fines for adverse (never) events as a possible vehicle for fining hospitals.
- CDPH understands that the Committee is recommending that the HAI report lead to enforcement actions.
- Opposing viewpoint that L&C enforcement is not the way to go; rather, public shaming is more effective.
- CDPH will evaluate enforcement options and address at the next HAI Committee meeting.

Research Proposal and Presentation: Richard Wiebe, Pacific Crest Public Affairs and Jenny Regas with EMC Research in Oakland

Speakers presented a concept for a research proposal to the HAI Advisory Committee regarding improving the public's understanding of the appropriate use of antibiotics. Seeking endorsement of Committee to apply for funding from the Pew Charitable Trust, and consultations with the Committee on project development, methods, and analyses.

Discussion:

- The HAI-Advisory Committee can not commit the resources requested for this project
- Committee unanimously choose not to provide consultative and project development to this project
- The Committee Chair thanked the presenters

Action Items

- B. Lee to send out revised motions and slides.
- Antimicrobial stewardship subcommittee to compile a list of professional schools and training programs for CDPH.
- Add discussion of enforcement options with Jean Iacino to the next meeting's agenda.
- Add review of committee members' suggestions to the next meeting's agenda.

Discussion and Meeting Closure

Chair posed the question to each Committee member: What can we do next time to improve our meeting?

Discussion:

- Go over the rules for the new members next time.

- Keep in mind that nothing said at the meeting is personal; rather, it is all about patient safety and saving lives.
- Thanked Jean Iacino for attending today's meeting.
- The meeting today represented hope.
- Need to figure out what can be accomplished in a meeting and what has to be set aside for another time.
- Suggestion to have more two-way dialogue and remember that we are all on the same side.
- We all picked this arena and it's our duty to protect patients.
- Infection preventionists have ideas about how to improve the L&C survey process.
- Contention can be okay.
- Change is hard. It important to have good open dialogue.

The meeting was adjourned at 3:00 pm.

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