

**Healthcare-Associated Infections Advisory Committee Meeting
Sacramento, CA, February 12, 2015, 10:00am-3:00pm**

Summary Meeting Minutes

Committee Members

Present: David Witt, Chair, Jeffrey Silvers, Salah Fouad, Samantha Tweeten, Marsha Barnden, Enid Eck, Carole Moss, Rae Greulich, Alicia Cole, Brian Lee, Deborah Wiechman, Paige Batson

Absent: Karen Anderson, Catherine Liu, Zachary Rubin, Stanley Deresinski, Michael Langberg

Liaison Representatives

Present: Suzanne Anders/HSAG, Dawn Terashita/CCLHO, Kathy Dennis/CNA, Cheryl Richardson/CACC

Participated by phone, not at a posted public meeting site: Michael Butera/CMA, David Perrott/CHA

Absent: Matthew Zahn/CACDC

Department Staff

Present: Lynn Janssen, Janice Kim, Jon Rosenberg, Jorge Palacios, Neely Kazerouni, Vicki Keller, Lanette Corona, Sue Chen, Lori Schaumleffel, Cheryl Starling

Agenda Item/Discussion
<p>Call to Order and Introductions</p> <p>Chair David Witt called the meeting to order @ 10:03 am.</p>
<p>Review of Rules of Order</p> <p>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>Public Story</p> <ul style="list-style-type: none">• Rae Greulich shared a story about a friend who has required hip replaced twice, due to SSI and has an infection in her prosthetic knee. The friend was self-sufficient prior to the surgery; now she faces a long road back to independence.• Rae's friend found the HAI interactive map and the education on prevention of infections on the CDPH HAI Program website very instrumental in her decision making. She emphasized that HAI Advisory Committee members remember the importance of what they are doing.
<p>Approval of the Minutes – August 7, 2014 meeting</p> <p>Motion (Silvers) Second (Fouad)</p> <p>There was no discussion.</p> <p>Motion approved without opposition</p>

Prevention Progress Story

- Editorial comment – D Witt
During the Ebola preparation and response in 2014, many hospital staff members were unable to perform their usual duties because of planning and training requirements. During that time, in the US there were two unfortunate cases of Ebola transmission in a hospital in Texas; during that same period an estimated 2,500 HAIs occurred in California. Prior to the Ebola crisis, healthcare workers used PPE poorly; now they have been trained to don and doff PPE properly.
- Developing the case for the “CA HAI Prevention Landscape, 2015” – L Janssen
The HAI Program is only one program among the many groups working on HAI prevention. Following are presentations from two key HAI prevention partners.
- Reducing HAI in California: The Quality Improvement Organization’s (QIO) Experience – S Anders ([see slides](#))
Discussed key points from a recent conference on Patient Safety, the value and methods for calculating Medicare reimbursement to hospitals from CMS’s “Final Rule”, and how the Health Services Advisory Group (HSAG – California’s QIO) could help California hospitals with HAI prevention efforts. Healthcare-acquired conditions (HAC) and Healthcare Value-based Purchasing (HVAP) were defined and compared.
- HAI Prevention in California Hospitals: The Hospital Quality Institute (HQI) – R Murthy ([see slides](#))
Provided an overview of the HQI HAI Workgroup she leads and the work being done related to infection prevention.
- Discussion: The Committee was asked if they would like to develop a CA HAI Prevention Landscape, which would be an overview of large prevention projects in the state, that could be used to help guide the Committee’s recommendations to CDPH.
 - How can the HAI-AC participate?
 - An inventory of prevention efforts is needed to avoid duplication. Is this an Advisory Committee function? Maybe a collaborative of CDPH, HSAG, CHA, etc. or a new subcommittee can develop this catalogue.
 - It would be useful to monitor which hospitals are not improving and why not.
 - What would be done with the information and how would it be disseminated about the state? Is it of value to the HAI-AC?
 - Decision was made not to create a Subcommittee. Topic may be an agenda item at a future meeting.

HAI Program Updates – L Janssen, Chief, HAI Program

- Personnel changes –
 - CDPH Director (and designated State Health Official), Dr. Ron Chapman, resigned effective the end of January 2015. Mike Wilkening has been appointed Interim Acting Director, and Dr. James Watt, acting State Health Official. Kathleen Billingsley, Senior Deputy Director, is also resigning from CDPH effective the end of February 2015. Jean Iacino was confirmed and is now officially the Deputy Director of the Center for Health Care Quality (no longer acting).
 - There are six new HAI Program members since the last meeting of the HAI AC in August 2014: Medical Officer, Dr. Janice Kim; Liaison IP, Lori Schaumleffel; epidemiologists, Carla Cueva and Holly Jessop; CDI Prevention Coordinator, Erin Garcia; Injection Safety Coordinator, Faridah Saifi
- Annual Public Report Update –
 - The 2013 Healthcare-Associated Infections in California Hospitals Annual Public Report and the 2013-2014 Healthcare Personnel Influenza Vaccination Annual Report are in the clearance

process.

- The HAI annual report's key findings and public health actions is developed as a single summary rather than a separate summary for each type of infection as in past years.
 - Of 424 facilities, only five reported incomplete data.
 - A one-page hospital HAI profile, showing the interpretive results for all infections on a single page, will be available via a link in the HAI interactive map
 - For the first time, hospitals were expected to participate in validation of their surveillance methods; specifically they were asked to attest to performing key surveillance processes. Hospital participation will be reflected in the report.
 - The HAI data will also be part of CDPH's new open data portal where anyone can access it.
- Overall findings continue to show progress in infection reduction since baselines: CLABSI down 48%, MRSA BSI down 27%, SSI colon surgeries down 18%, SSI abdominal hysterectomy down 28%. CDI infections are up 5%. This report highlights 61 hospitals with significant reductions in HAIs from 2012 to 2013, and 5 hospitals with significantly lower HAI incidence in two or more infection types.
- Improvement is not occurring uniformly across hospitals. The HAI Program's Data for Action strategy is now in its second year. 116 hospitals with significantly high rates have been identified and will receive detailed letters and an offer from a Liaison IP to provide onsite prevention assistance consultation.
- Healthcare Personnel Infection Vaccination Report 2013-2014 – 100% hospitals reported results. 18% (up from 13%) have more than 90% employee vaccination rates; hospitals demonstrate more success vaccinating employees than licensed independent practitioners. The HAI Program will put together an internal group to figure out how to improve the annual report by reflecting local public health efforts to improve vaccination rates. Data will be looked at by county for the 2014-2015 annual report.
- A meeting with the HAI-AC will be held to discuss the Public Report after it has been released.
- Data Validation
 - For 2013 HAI data, validation was conducted via attestation survey with a participation of 77%.
 - For 2014 HAI data, validation focused on case-finding. From August-December 2014, 234 of 254 (92%) larger volume hospitals were validated via an onsite one-day process performed by Liaison IPs. 111 of 137 (81%) smaller volume hospitals performed self-directed validation and provided results via web-based reporting. Preliminary analysis showed 94% capture of CDI. The lowest capture was of SSI; use of 'flag codes' for case finding will be recommended for 2015 SSI surveillance to assist these efforts. Validation findings will be brought to the May HAI-AC meeting.
 - For 2015 data, validation will focus SSI surveillance and reporting, including an evaluation of the accuracy of denominator data. Self-directed coaching and web based reporting method will be offered, with local coaching and assistance provided by Liaison IPs.
- 2015 HAI Prevention Outreach
 - Liaison IPs will continue to support approximately 45 larger volume hospitals per IP. Each will prioritize site visits to hospitals with high infection incidence and those that need improvement in their surveillance/reporting (as identified by 2014 validation site visits).
 - Onsite assessments for designated Ebola treatment centers and assessment hospitals will also be supported by HAI Program Liaison IPs and Medical Officers
 - CMS will begin requiring a new standard IC survey in 2015. The HAI Program will help support and provide education for CDPH L&C surveyors. A plan is in development.
 - A statewide Antimicrobial Stewardship Program Collaborative was launched in January 2015 and has >130 participating facilities.
 - A CDI prevention collaborative will be started in Orange County, to include hospitals and long

term care facilities.

- An injection safety campaign will be initiated. Facilities at high risk for unsafe injection practices will be catalogued.
 - A hemodialysis BSI prevention project will begin after IPs have been hired.
 - The HAI Program is looking to provide more HAI education, outbreak assistance, and consultation to local health jurisdictions.
 - An HAI outreach plan to the general public has been formulated for 2015. It will include an increase of social media messages, WebTrends analytics to better assess traffic to the HAI Program website, development of educational videos to help users understand the HAI interactive map. We are exploring the creation of a public HAI ListServe and more targeted outreach in local communities.
- The HAI Program has applied for CDC grant funding to improve both Ebola capacity and strengthen IC practices in settings outside hospitals. A gap analysis will be performed.

Discussion:

- All data on infections is available through the map
- Of the five non-reporting hospitals, 3 did not report denominator data and 2 did not confer rights to CDPH to see their data. It was suggested that L&C hold these hospitals accountable and cite them. As reporting has been required since 2008, penalties should be put in place. Patient safety is at risk.
- There are already penalties. Surveyors do not ask if there is sufficient IP resource

Motion (Moss): That this committee make a recommendation to CDPH that will implement fines and make hospitals names not in compliant with reporting requirements.

Second (Cole)

There was no further discussion.

Motion defeated by voice role call: 3 yes, 7 no, and 2 abstention

New Items

Cheryl Starling – 1:05 pm “Ebola Virus: Disease, Preparedness, and Response” ([see slides](#))

Dr. Stuart Cohen – 2:00 pm “Rapid Diagnostic Testing Methods for MRSA and Other Important Hospital Pathogens” ([see slides](#))

Subcommittee Presentation Reports

Infection Prevention Assessment Subcommittee – Marsha Barnden ([see slides](#))

In the absence of the November meeting, Subcommittee members piloted the survey tool among CACC members and APIC-San Francisco Bay Area Chapter. 25 responses were returned; results from 22 were used to improve the survey tool.

Discussion:

- It was noted that the presentation included some analyses of pilot study data (small sample size) rather than a focus on summary of changes to survey tool
- The pilot achieved its purpose to make the survey tool stronger. Broader distribution will provide much valuable information.
- Based on a presentation from this morning (Anders), how do we measure adequacy of IP resources?
- A member was very interested in issues and perceptions of IPs.
- Survey should go to all IPs.

Motion (Barnden): That the HAI Advisory Committee approve changes made to the IP Assessment Survey based on findings from the pilot.

There was no further discussion.

Motion approved unanimously by roll call vote.

Motion (Barnden): That the HAI Advisory Committee forward the survey tool, as approved, to the Department with a recommendation that the Department, working with members of the Subcommittee, distribute the survey to all California hospitals within 30 days.

There was no further discussion.

Motion approved unanimously by roll call vote.

Antimicrobial Stewardship Subcommittee – Brian Lee (see slides [Part One](#) and [Part Two](#))

Overview of regulations, history, and subcommittee activities was presented. Rationale for the inclusion of each tier criteria was given.

Motion (Lee): The Antimicrobial Stewardship Subcommittee requests that the HAI Advisory Committee approves the ASP toolkit so that it may be made available to California acute care hospitals via the CDPH website.

Discussion:

- Contributors of tools were thanked for their generosity
- This packet is very helpful to standardize AS programs. It provides a minimum standard to aid and assist hospitals. CMA and IDSA are supportive of this toolkit.
- The tools need an overview of what they are, how they should be used, and who should use them. Attributions to source and permission must be obtained prior to them being posted on the Program webpage.
- The above requirements caused consternation among Subcommittee members; discussion ensued about who would complete this task.

Motion approved unanimously by roll call vote.

Public Reporting and Education Subcommittee (PRES) – Enid Eck (see slides [Part One](#) and [Part Two](#))

History and charter of the PRES Subcommittee were summarized and goals reviewed. Survey results on use and power of social media were presented. CDPH already uses social media on the state webpage. Resources to support this type of outreach were given.

Motion (Eck): The Public Reporting and Education Subcommittee moves that CDPH develop a public awareness campaign to inform the public about the current CDPH Social Media presence (Facebook and Twitter) and to raise public awareness of currently available resources regarding HAIs and HAI prevention in California.

There was no discussion.

Motion approved unanimously by roll call vote.

Motion (Eck): The Public Reporting and Education Subcommittee moves that CDPH incorporate educational information that already exists on the HAI Program website for the public into its posts and tweets on the CDPH Social Media Platform.

There was no discussion.

Motion approved unanimously by roll call vote.

State HAI Prevention Plan Subcommittee – report postponed

Action Items

For HAI Program

Preliminary Analysis of Data Validation - will be brought to the May HAI-AC meeting.

Announcements

- The meeting was adjourned @ 3:02 pm
- The second quarter meeting will be held May 14, 2015 in Oakland

Acronyms added

AAMI	Association for Advancement of Medical Instrumentation
ABS	Antibiotic Stewardship
AFL	All Facilities Letter
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
CHG	Chlorhexidine gluconate – a topical antimicrobial used w/ hand hygiene and 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)
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