

**Healthcare-associated Infections Advisory Committee Meeting
April 18, 2013 Oakland, CA 10:00am-3:00pm**

Summary Meeting Minutes

Attendance

Members Present: all present or on phone –

*Alicia R. Cole, Amie Tishler Dubois, Carole Lee Moss, Catherine Liu, David Joel Witt, *Deborah Ann Weichman, Elizabeth G. Clark, Enid K. Eck, Jeffrey H. Silvers, Karen Anderson, Marsha A. Barnden, Rae Greulich, Salah E. Fouad, Samantha Tweeten, Stanley C. Deresinski, Suzanne Anders, Zachary A. Rubin

Liaison Representatives Present

Suzanne Anders, Susan B. Chapman Gilroy, Cheryl T. Richardson, Dawn Terashita, Matthew Zahn

Members and Liaison Representatives not present: Michael Langberg, Michael Butera, and David Perrott

Department Staff: Sue Chen, Neely Kazerouni, Lynn Janssen, Jorge Palacios, *Kavita Trivedi, Virginia Yamashiro

*On the phone

Agenda Item/Discussion
<p>Call to Order and Introductions</p> <p>Chair – David Witt called the meeting to order @ 10:05 am</p> <p>Introductions were made of those present and on the teleconference lines.</p>
<p>Public Story -</p> <p>Carole Moss shared her personal story. She recommended CEO involvement and a heightened sense of urgency for those working to prevent infections.</p> <p>Review of Rules of Order</p> <p>The Chair reviewed the active rules of order used by the HAI-AC, including following the queue, speaking clearly, respecting speaker opinions, muting phones if on the teleconference line, limiting comments to two minutes, and, in the interest of time, not rephrasing statements which have already been made.</p> <p>The HAI-Advisory Committee’s mission is to give recommendations to CDPH on implementing the statutory mandates.</p> <p>The public will be invited to comment after each topic discuss by members of the HAI-AC.</p>
<p>Approval of Minutes</p> <p>Minutes from the January 24, 2013 meeting were approved w/ the following addendum:</p> <p>The Antibiotic Stewardship Subcommittee under Chair Brian Lee and the Public Reporting and Education Committee Subcommittee under Chair Enid Eck were reconvened.</p>

HAI Program Update – Program Staff

(Note: Refer to HAI Program website <http://www.cdph.ca.gov/programs/hai/Pages/default.aspx>)

Administrative Activities – Virginia Yamashiro

- CDPH has proposed to use \$1.2 million from the QA fund for the HAI Liaison Team for continuation of their activities for the next year and it has passed in both budget subcommittees.
- The process to recruit an HAI Program Chief remains under way.
- By the end of this month, the Program will have hired an Associate Health Program Adviser. The Program is also in process of hiring a Senior Programmer Analyst. A vacant Research Scientist II position is posted.

Epidemiology Unit Activities – Neely Kazerouni

Discussion:

- Are public records act requests received?
 - 4-5 requests have been received by the Program and responded to.
- HAI_DATA was complimented for being helpful to IPs.
- How does CDPH determine how to present technical data to the general public?
 - The Public Reporting and Education Subcommittee submits recommendation to the HAI-AC; these assessed and when appropriate, they are incorporated into the interactive map and the HAI Program pages.
- When will the next public reports be released?
 - August – HAI report, mid-September – interactive map, November – HCP influenza vaccination rates from 2012-2013 flu season
 - *Reports will include a numerator and denominator*

California Antimicrobial Stewardship Program (ASP) Initiative – Dr. Kavita Trivedi

- ASP has continued to provide education to facilities. Had an article “The State of Antimicrobial Stewardship in California” published in Infection Control and Hospital Epidemiology (ICHE)
- A two-day training session specific to infection prevention in long term care facilities will be presented by the California Association of Healthcare Facilities (CAHF) and HAI Program staff (CDPH). The class will be held in northern and southern CA in September.

Discussion:

- Will an AFL be released about Carbapenem-resistant *Enterobacteriaceae* (CRE)
 - CDPH is working w/ CSTE and the CDC to develop an interim case definition prior to writing an AFL
 - Many hospitals cannot implement the CDC toolkit on CRE because they don't know regional rates of CRE
- How are the dangers of this infection being disseminated to the general public? Is any active surveillance being performed?
 - Information on [CRE is available on the HAI Program](#) website for physicians, hospitals, and the public.
 - CRE is a family of bacteria, not a single organism. Some laboratories do not have the capacity to test for CRE.
 - Preventive measures for hospital include general recommendations to prevent all multidrug resistant organisms including contact precautions and improved antimicrobial use.
 - One member sent a link to the CDC VitalSigns on CRE for distribution (available on the [HAI Program CRE Website](#)).

- Will any component of reporting be required?
 - A good definition must be developed and testing methods standardized; CDPH will follow recommendations of CSTE and CDC
 - The experience w/ reporting at a county level showed 30% organisms reported were not CRE
- It was recommended by a member that CRE be included in public reporting and remain an action item on the HAI-AC agenda.
 - Multiple committee members agreed that the definition and testing methods must be first established so that gathered data has meaning and no undue confusion is introduced
 - Hospitals with the best laboratories will look the worst
 - To look at issue differently, emphasis should be placed on preventing the infection (a horizontal infection prevention approach) which applies consistent principles and practices rather than 'chasing' the individual organism (a vertical approach)

Motion: To add CRE infections as publicly reportable immediately

Motion – Moss

Second – Cole

For: Cole, Moss

Against: Anderson, Clark, Silvers, Witt, Liu, Barnden, Wiechmann, *incomplete*

Abstained: Salah, DuBois

The motion was not passed

HAI Liaison IP Team Update – Lynn Janssen [see handout](#)

- Do CEOs ever attend summation visits?
 - Sometimes. Most often, a briefing is given to facility managers.

Update on Interactive Map – Jorge Palacios [see slide set](#)

- Map is intended to 1) educate the consumer, 2) allow consumers to make decisions based on the data
- A next step maybe how map can show improvement within a facility over time

Discussion:

- Areas for improvement: epidemiology language too complex, information difficult to interpret
 - A later agenda item might be to explain the limitations of SIR: CLABSI SIR is not as accurate as the non-risk adjusted rate. Program is working w/ Metrics Subcommittee for best approach
 - Public Reporting and Education Subcommittee is working hard to make language more user-friendly. Next meeting May 10
 - Focus is skewed towards a more educated audience
- Getting hospital administrators and quality management departments to pay attention to infections on the map, is positive
- While risk adjustment is essential, it does not take into account difference in case-finding abilities; need to mandate how validation is done
 - Epidemiology unit sends out QA/QC reports; they are not as thorough as actual data validation

Other Committee Business

Review of California Infection Prevention Plan – Lynn Janssen [see slides](#)

- Originally written in 2009 as a condition to receive federal funding
- Feedback from HHS was CDPH should work w/ their advisory group to monitor the effectiveness of activities
- Recommendations:
 - Set specific HAI-reduction goals; measure progress towards those goals
 - Disseminate state goals
 - Facilitate electronic reporting of data
 - Set up a prevention working group in the HAI-AC
 - Enhance surveillance and detection of HAI in non-hospital settings
 - Set up collaboratives to prevent HAIs in non-hospital settings
 - Evaluate HAI Program to learn how to increase impact of program including how to best use data reported

Discussion:

- Confidence in public reporting needs to be built: enhance case finding, effectively use
- Regarding the lack of progress in meeting CDI reduction goals, have testing methods been taken into account?
 - That information is requested in the latest NHSN annual survey
 - Cannot enforce type of CDI testing employed, but credit should be given to hospitals using more sensitive testing methods
- Current reporting does not take into account hospital data collection processes and NHSN does dictate processes to hospitals. There are many methods for case finding for SSIs; HAI-AC should advise best practices.
- Central line insertion practices are monitored, but many hospitals do not measure central line maintenance practices
 - CDC currently has a toolkit on CLABSI validation; CA had input into that process

Antibiotic Stewardship Subcommittee – Silvers [see slides](#)

- Priorities of the prior AS subcommittee reworded
- Would like to correlate AS with CDI rates
- Suggest three tier ABS Program
 - Tier 1 – Hospital has physician (antibiotic stewardship-trained)-led antibiotic stewardship program
 - Tier 2 – Antibiotic usage is monitored and reviewed based on local data. Some formulary restrictions are in place.
 - Tier 3 – AB usage is audited in real time with feedback to individual prescribers
- Recommendation to CDPH that progress towards achieving these tiers be publicly reported
- Recommendation to CDPH that an Infectious Diseases pharmacist be hired to assist Dr. Trivedi with the ABS Program

Discussion:

- Is there a time component or resource allocation suggested for the recommendations?
- If recommendations are made, they need to be enforceable across all hospital sizes and types
- ABS training needs to be specified; expert needs to be defined
- Most antibiotic usage occurs in the outpatient setting where there is little antibiotic stewardship

Future Priorities – Witt

Members asked to evaluate the following topics from the perspective of urgency and importance:

- Risk adjustment
- Recommendations on impact of regulations (e.g., Title 22, annual evaluation of IC program resources)
- Data integrity: validation, validation effectiveness
 - Case finding
- New technology – disinfection, hand hygiene, rapid testing
- Best practices
- How to best explain data, educate the public
- IP resources
- Enforcement issues – penalties for facilities that are not or incompletely reporting
- Revision of state HAI plan
- CRE
- Use of social media and press releases
- Expansion of reporting requirements (ventilator-associated events-VAE)
- Education of IPs

Discussion:

- Many committee members agreed that valid data was a high priority
 - Preliminary data from the current Liaison Team SSI Validation project should be available by June
 - L Janssen will define methodology related to case finding and report back to Committee
- Are making recommendations for infection prevention in non-GACH settings within the scope of HAI-AC duties?
 - V. Yamashiro will seek legal counsel on this issue
- Compliance issues:
 - Non-compliant hospitals should be fined
 - The Epidemiology Unit is working closely with hospitals with no or incomplete reporting
 - Per a committee member, hospitals are not always responsive to letters sent from HAI Program
 - A table at the end of each public report identifying these facilities be shown at the next HAI-AC meeting?
 - Suggested agenda item: List of non-compliant hospitals should be presented to the Committee after each public report
 - Nationally hospitals are being monetarily penalized for non-reporting of CLABSI, CAUTI, and certain SSI
- Question raised about systems issues discovered during validation
- Should there be a tiered approach to infection prevention and control programs?
 - 2 tier system described on CDC website

- What are prevention priorities?

Motion: That a subcommittee be formed to develop an HAI prevention work plan

Motion: Eck

Second: Clark

Motion carried

Motion: That Zachary A. Rubin be the Chair of the State Prevention Plan

Subcommittee

Motion: Silvers

Second: Fouad

Motion carried

- IP staffing issues
- *Revisit recommendation for nasal screening for MRSA*

Miscellaneous:

- Request for content to be posted two weeks prior to meeting for those not present on site?
If we follow this recommendation, it means that all materials be submitted to the HAI Program by July 18. No exceptions. Pros and Cons

Potential CCHLO meeting conflict schedule. After discussion with the Chair, D. Witt, he has recommended, we proceed with our meetings as scheduled through 2013.

Travel reimbursement procedures reviewed.

Bagley-Keene requires that any agenda be publicly posted 10 calendar days prior to the meeting.

Accordingly, if a member wishes to suggest an agenda item, it must be submitted to

Jorge.Palacios@cdph.ca.gov minimally 20 days prior to the meeting. Subcommittee agenda items must be submitted to the Subcommittee Chair and the Department 13 days prior to the meeting.

Announcements

The next meeting will be August 15th in Sacramento.

The fourth quarter meeting will be held December 12th in Oakland.

Acronyms

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
CLABSI	Central Line-Associated Blood Stream Infection
CLIP	Central Line Insertion Practice
CMS	Centers for Medicare and Medicaid Services
CSTE	Council for State and Territorial Epidemiologists
HAI AC	Healthcare-Associated Infections Advisory Committee
HCP	Health Care Personnel
ICU	Intensive Care Unit
IP	Infection Preventionist
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
QA/QC	Quality Assurance/Quality Control
SIR	Standard Infection Ratio
SSI	Surgical Site Infection