

**Healthcare-associated Infections Advisory Committee Meeting  
February 13, 2014 Sacramento, CA 10:00am-3:00pm**

**Summary Meeting Minutes**

**Committee Members**

**Present:** David Witt, Chair; Elizabeth Clark, Zachary Rubin, Karen Anderson, Rae Gruelich, Brian Lee, Jeffrey Silvers, Salah Fouad, Deborah Weichman, Catherine Liu, Samantha Tweeten, Marsha Barnden

Participated by phone, at a posted public meeting site, able to vote: Carole Moss

Participated by phone, not at a posted public meeting site, not able to vote: Alicia Cole, Stanley Deresinski, Paige Batson

*Absent:* Amie Dubois, Enid Eck, Michael Langberg

**Liaison Representatives**

**Present:** Dawn Terashita/CCLHO, Matthew Zahn/CACDC, Susan Chapman Gilroy/CAPA, Suzanne Anders/HSAG, Kathy Dennis/CNA

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

*Absent:* David Perrott, CHA, Cheryl Richardson/CACC

**Department Staff**

**Present:** Vicki Keller, Jorge Palacios, Sue Chen, Lanette Corona, Jon Rosenberg, Neely Kazerouni, Mary Nanning

*Absent:* Lynn Janssen

<b>Agenda Item/Discussion</b>
<p><b>Call to Order and Introductions</b></p> <p>Chair – David Witt called the meeting to order at 10:03 am.</p> <p><b>Review of Rules of Order</b></p> <p>The Chair reviewed the rules of order per Bagley-Keene and the by-laws. Reminder that voting Committee members represent their individual expertise; Liaison members represent a specified organization. Committee members are expected to attend all meetings in person. If attendance in person is not possible for an occasional meeting, the member should attend by telephone from a publicly accessible place posted on the Program website 10 days prior to the meeting</p> <p><a href="#">Committee By-laws</a> state that Committee members serve at the discretion of the Director of CDPH. There is currently no process for bringing in new liaison members</p> <p><b>Motion (Silvers):</b> That Liaison members serve a two year term that is renewable by their organization Second: Rubin</p> <p>Discussion: Should there be fixed terms parallel to voting members and/or term limits vs. leaving the selection up to the represented organization?</p> <p><b>Motion approved: Unanimous, no abstentions</b></p>

## Public Story

- There was no public story but importance of starting meetings with stories of persons affected by HAIs was re-emphasized. Names of volunteers should be sent to J Palacios. One member volunteered to send 3-5 minute video clips to J Palacios
- Landmark prevention success papers and stories are also solicited.

## Approval of the Minutes – December 12, 2013 meeting

### Motion (Silvers):

Minutes approved with one correction to spelling of member's name, Jeffrey Silvers, MD

Second: Rubin

### Motion approved without opposition

## Prevention Progress Story – CUSP ([see slides](#))

Discussion: One IP Committee member noted that the CUSP Program had a major impact on the safety culture of her facility by bringing prevention practices to the forefront that were not reflected in overall numbers of decreased infections. A general issue was consistent collection of device days

## HAI Program Updates – Vicki Keller, HAI Liaison Program Coordinator, Neely Kazerouni, Chief Epidemiology Section

V Keller:

- Per plan approved by the HAI-AC, a letter has been sent to all facilities outlining expectations for attesting to the validity of 2013 NHSN data. Contact information for facilities was updated.
- A final QA/QC report of all 2013 data will be placed on CalHEART website in March for review and correction as needed by hospitals
- A Program onsite meeting was held in Richmond February 3-6. The 2014 data validation process was discussed and protocol is under development
- 58 LTC facility visits completed by Liaison IP team; data are currently being entered and analyzed

N Kazerouni:

- Staff are working on QA/QC reports, assisting facilities to improve denominator data, and adjusting statistical programming codes to incorporate the new changes to NHSN

## Subcommittee Reports

### Antibiotic Stewardship (AS) Subcommittee – Dr. B. Lee – no formal report

Discussion:

- Concern was again expressed about what CDPH can legally do with Committee recommendations given vagueness of legislative language in HHS Code 1288.7  
“Require that general acute care hospitals develop a process for evaluating the judicious use of antibiotics, the results of which shall be monitored jointly by appropriate representatives and committees involved in quality improvement activities.”
- It was felt that it would be a mistake to make recommendations too timid – what CDPH can or cannot do should not dictate content of Committee recommendations
- CMA and IDAC are willing to work with legislators to craft clean-up language for this issue
- While the target of an AS program is to decrease inappropriate use of antibiotics, the metrics of how to best measure this have not yet been developed
- Per B Lee, the Subcommittee wants to get hospitals to establish AS programs; outcomes can then be assessed
- 80% antibiotic use in humans occurs in outpatient settings. 50% of overall antibiotic use is for animal husbandry (probably too much of an aside, but points out a larger scope of the issue)

**Infection Preventionist Assessment Subcommittee** – E Clark ([see slides](#))

- Project table and timeline was shared
- Subcommittee will come to May meeting with recommendations for survey

**Public Reporting and Education Subcommittee** – K Anderson ([see slides](#))

- New format for CDPH HAI Program website introduced; goal is to ensure that website is clear and useful to non-clinical consumers
- The Subcommittee is studying new ways to disseminate Educational Campaigns for members of the public, including CDPH Youtube and/or other local government sites

Discussion:

- “Hits” on website are tracked. Hits have increased from 16,000 in 2010 to more than 282,000 in 2013
- Questions were asked about use of other social media such as Facebook, Twitter or blogs

**State HAI Prevention Plan Subcommittee** – Dr. Z. Rubin ([see slides](#))

- The Subcommittee is working on finalizing recommendations for CAUTI, SSI, VAE, and influenza vaccination of health care workers.

Discussion:

- SSI: the sensitivity of case-finding will be difficult until more facilities are using data mining software
  - Variations in sensitivity surveillance also depend on readmission to the original facility where surgery was performed vs. a different facility
  - Methods other than review of microbiology results (such as antibiotic use, radiographic evidence) should be incorporated into surveillance methodology. This issue will be taken back to the subcommittee. SHEA is currently revising recommendations for surveillance methodology
  - Observation: Committee could consider a recommendation “that the CDPH HAI Program ([slide 5](#)) should define a standardized surveillance methodology for SSI case finding”
- Influenza Vaccination for HCW:
  - Question regarding whether CDPH can mandate influenza vaccination for healthcare workers. Such legislation was vetoed by the Governor’s Office
  - Effects on patient morbidity and mortality, HCW absenteeism discussed. What should/ would consequences for non-vaccination be? Who should decide those consequences? Who would enforce them? What objections (e.g., religious, medical) should be allowed?
  - Data on efficacy of mask use by non-vaccinated HCW remains questionable

**Motion (Silvers):** That the subcommittee recommendation “To increase influenza vaccination rates among HCW, hospitals should **consider** requiring mandatory yearly influenza vaccination for all employees” be amended to read “should **require**”.

Second: Weichman

**Motion failed to pass because of lack of a quorum.**

A final recommendation should be brought back to the Committee next meeting

**New Items**

- Future suggested agenda items include prevention of CDI, use of chlorhexidine gluconate (CHG) for pre-operative bathing

**Announcements**

- The second quarter meeting will be held May 8, 2014 in Oakland. Meeting dates for 2014 will be the second Thursday of February, May, August, and November, alternating between Sacramento and Oakland

## Acronyms added

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