

**Healthcare-associated Infections Advisory Committee Meeting  
August 15, 2013 Oakland, CA 10:00am-3:00pm**

**Summary Meeting Minutes**

**Committee Members**

Present: David Witt, Chair; Elizabeth Clark, Zachary Rubin, Enid Eck, Samantha Tweeten, Michael Langberg, Salah Fouad, Karen Anderson, Alicia Cole; Marsha Barnden, Rae Gruelich, Deborah Weichman, Brian Lee, Jeffery Silvers, Carole Moss\*, Paige Batson,\* Stanley Deresinski\*

*Absent: Amie Dubois, Catherine Liu*

**Liaison Representatives**

Present: Suzanne Anders/HSAG, Dawn Terashita/CCLHO, Matthew Zahn/CACDC, Kathy Dennis/CNA, Michael Butera/CMA\*

*Absent: Susan Chapman Gilroy/CAPA, David Perrott/CHA, Cheryl Richardson/CACC*

**Department Staff**

Present: Debby Rogers, Lynn Janssen, Jorge Palacios, Virginia Yamashiro, Sue Chen, Lanette Corona

\*Participated by phone

<b>Agenda Item/Discussion</b>
<p><b>Call to Order and Introductions</b></p> <p>Chair – David Witt called the meeting to order @ 10:10 am</p>
<p><b>Review of Rules of Order</b></p> <p>The Chair reviewed the rules of order as written in the by-laws.</p>
<p><b>HAI-AC By-Laws</b></p> <p>When the HAI-AC was reconstituted in 2013, per terms of the by-laws, length of service for each member is to be three, four, or five years. There will be a random selection for term lengths within each member category. Results will be presented at December meeting in Oakland.</p>
<p><b>Public Story</b></p> <p>Alicia Cole shared the aftermath of her SSI in terms of its life-changing impact. She requested that it be made easier for the public to find hospital infection rates and keep the public informed</p> <p>Discussion:</p> <ul style="list-style-type: none"><li>• All public reporting needs to be easier to read.</li><li>• Per D. Rogers, a department goal is to make the website more user-friendly, add more information to the website so that it can be utilized as a platform.</li><li>• It was requested that more complete administrative action be posted to the website in addition to individual hospital survey results and fines levied. This would include IC deficiencies and the facility's plan of correction.</li><li>• It was suggested that such information could be used to initiate a dialogue about patient safety with healthcare insurance entities.</li></ul>
<p><b>Approval of the Minutes - April 18,2013 meeting</b> <b>Motion (Silvers):</b> Second: Clark <b>Motion approved without opposition</b></p>

## Prevention Progress Story – \*NEW\*

Reviewed paper “Targeted versus Universal Decolonization to Prevent ICU Infection” (S Huang et al, *New England Journal of Medicine*, June 2013), which presents a randomized clinical trial to test the effectiveness of various HAI prevention strategies, including isolation, screening vs. decolonization and patient bathing with CHG. Each strategy is in use by different hospitals, with no agreement as to the superiority or relative effectiveness of any one approach. The research methods used in this study are relatively uncommon in the field of infection prevention; this approach to research is necessary to develop a stronger evidence base.

Discussion: The study findings led to discussion about the current value of MRSA screening, as well as the concern for long-term use of topical antibiotics and development of resistance. It was suggested that further discussion of this item be considered for a future meeting.

**HAI Program Updates** – Debby Rogers, Deputy Director, Center for Health Care Quality, and Lynn Janssen, Chief, HAI Program Chief

Debby R: Thanked Committee members for their ongoing work and desire to contribute. Introduced Lynn Janssen as the new HAI Program Chief. Thanked Virginia Yamashiro for serving as interim HAI Program Chief.

L Janssen:

Described her two lenses for HAI Program priorities:

- Does the activity contribute to prevention of HAIs in a measurable way?
- Does the activity improve the quality of the data so we can confidently assess HAI prevention progress?

Discussed status and structure of the public reports.

- Reports of 2012 HAI data currently in clearance.
- Structure of the reports will be similar to last year; more significant changes are planned for the 2013 data report.
- A revision to the interactive map is ongoing based on input from the focus groups and members of the Public Reporting and Education Subcommittee.
- The HCP Influenza Vaccination Report will be released later in the year. The goal is to issue that report prior to start of the next influenza season.

Provided update on funding and activities for the HAI Liaison IP Team

- The HAI Program received \$1.2 million from the Licensing and Certification Quality Fund in January 2014 for work with hospitals on prevention and validation. (A validation approach will be presented and reviewed with the HAI-AC at the December meeting).
- Grant funding equivalent to 2012-2013 levels is anticipated to be awarded by the CDC. Funding for LTAC project and new 60-facility LTC/SNF prevention project

## Subcommittee Reports

**Antibiotic Stewardship (AS) Subcommittee** – Dr. B. Lee [See handout](#)

To address the non-specific language of the law, subcommittee refined a tiered program structure and unanimously recommended that these components define an antibiotic stewardship program.

- Basic Tier: AS policy/procedure, a physician-supervised multidisciplinary AS committee, program support by an antimicrobial stewardship-trained physician or pharmacist, and in house reporting of quality improvement activities. Represents the minimum standards all hospitals should meet.
- Intermediate Tier: adds formation of an annual antibiogram, monitoring of defined daily dosing (DDD) and days of therapy (DOT), institution-specific guidance for common infection syndromes, and staff education about AS.

- Advanced Tier: adds annual review of the formulary based on the local antibiogram, prospective auditing of prescribing activities with intervention and feedback, and formulary restriction with preauthorization for use of specified antimicrobials.

**Motion (Lee):** That the three-tier list be adopted as the definition of an Antimicrobial Stewardship Program. Second: Cole

**Motion retracted**

**Motion (Lee):** That the 3-tier list be adopted as the definition of an Antimicrobial Stewardship Program but that the second bullet of Tier 2 (“Formulary that includes a limited number of antimicrobials”) be removed. Second: Cole

**Motion approved:**

**In Favor:**

Cole, Lee, Weichman, Clark, Eck, Silvers, Anderson, Barnden, Greulich, Fouad, Tweeten

**Opposed:**

Karen Anderson, Zachary Rubin

**Abstained:**

None

**Motion (Lee):** That this three-tier list replace definition from the prior ABS Subcommittee. Second: Cole

**Motion approved without opposition**

Discussion ensued regarding, how this guidance would be disseminated to hospitals.

#### **State HAI Prevention Plan Subcommittee – Dr. Z. Rubin**

The subcommittee had one meeting to set the structure for future meetings.

#### **Public Reporting and Education Subcommittee – E. Eck**

Subcommittee met three times to evaluate materials already on the website. They are evaluating recommendations for the following:

- Changes to update web functionality and ease of use, including incorporation of focus group recommendations; website perceived as contact ‘dense’ so that website ‘crawlers’ can miss site as a resource
- How to make public service announcements more consumer-friendly
- How to offer more/better comparisons of data between hospitals
- Language that should be deleted
- Incorporate new formats to present data and messaging prevention information to the community

#### **New Items**

##### **HAI Prevention Public Education Campaign – L. Janssen**

Based on suggestions at the April HAI AC meeting, proposed a new effort to provide in-person HAI education to the public. The Liaison IP Team could provide train-the-trainer sessions for hospital IPs using a common slide set and materials. Hospital IPs throughout the state could plan and hold HAI prevention public education sessions in churches, schools, or other venues.

Discussion:

- Offers consistent messaging, allows experts (IPs) to teach in their community, empowers the public and the patient.
- Content can be developed and vetted through the HAI AC Public Reporting and Education Subcommittee.

### **Role of the Advisory Committee in Non-hospital Settings – Dr. D. Witt**

The HAI-AC needs to determine what Committee responsibilities and authority are outside acute care hospitals.

- Discussion:

The HAI-AC discussed the possibilities of linking the Covered California information and Program's data gathered to subscribers when choosing a health plan via the HAI Program website. D. Rogers will follow-up with Office of Data's input regarding having Covered California representative to attend a subsequent meeting.

### **Prioritization and Timelines of HAI-AC Selected Topics – Dr. D. Witt**

L Janssen reviewed all references to the HAI-AC in Health and Safety Code 1288.5 through 1288.8 ([see slides](#)). Many duties have been met or addressed, some have not. For the December meeting, validation will be brought forward. Issues of infection preventionist staffing and post-discharge SSI surveillance have not yet been addressed.

Discussion:

- Discussed and planned future meeting topics for engagement for 2013 and 2014 (see attachment)
- Plan to review content of the 2005 White Paper written by the original HAI-Advisory Group.
- Carbapenem-resistant Enterobacteriaceae (CRE) prevalence review should be ready for the December meeting.
- For the issue of IP resources, recommended that three topics be combined (impact of regulations, IP resources, and IP education) and that a subcommittee be formed. Named the IP Program Assessment Subcommittee:

**Motion (Eck):** That a subcommittee be formed to review and make recommendations on the combined issues of infection preventionist and program resources and education of IPs. Second: Silvers

**Motion approved without opposition**

Elizabeth Clark volunteered to chair this Subcommittee.

- The Education Subcommittee will also address concerns about the public viewpoint and use of social media/press releases.
- It was requested that a list of facilities with incomplete reporting be presented at the December meeting. Program staff noted that there are very few facilities with incomplete reports.

### **Announcements**

The fourth quarter meeting will be held December 12, 2013, 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>CSTE</b>	Council for State and Territorial Epidemiologists
<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>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