

Healthcare Associated Infections Advisory Committee

BY-LAWS

Article I

Name, Purpose and Function

Section A: Name

The name of this committee shall be the Healthcare Associated Infections Advisory Committee (hereafter referred to as HAI-AC). The formation of the HAI-AC is mandated by HSC 1288.5 [Senate Bill 739, Chapter 526, Statutes of 2006] with appointment by the California Department of Public Health by July 1, 2007. [Reference: HSC 1288.5, 1288.45]

Section B: Purpose

The HAI-AC shall make recommendations to the California Department of Public Health (hereafter referred to as “the Department”) on the prevention, surveillance, and public reporting of healthcare-associated infections.

Section C: Specific Functions

The following functions are mandated by statute and are not intended to limit the HAI-AC from making additional recommendations on prevention, surveillance, and public reporting of HAIs:

1. Shall make recommendations related to methods of reporting cases of HAIs occurring in general acute care hospitals. [reference: HSC 1288.5]
2. Shall make recommendations on the use of national guidelines and the public reporting of process measures for preventing the spread of HAIs that are reported to the Department pursuant to HSC subdivision (b) of Section 1288.8. [reference: HSC 1288.5]
3. Shall make recommendations for phasing in the implementation and public reporting of additional process measure and outcomes measure by January 1, 2008, and, in doing so, shall consider the measures recommended by the CDC. [reference 1288.5(c)]
4. Provide recommendations on the following only as indicated:
 - a. The definition of reporting requirements by hospitals and public reporting by the Department for MRSA blood stream infections, CDI, VRE blood stream infections, CLABSIs and SSIs associated with cardiac, orthopedic and gastrointestinal surgeries. [reference: HSC 1288.55 (c)(2)]
 - b. Adoption of regulations for the risk-adjustment process for public reports issued by the Department. [reference: HSC 1288.55(c)(1)]

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- c. Public reporting model to be used by the Department for specific healthcare associated infections.[reference: HSC 1288.55(c)(3)]
- d. Determination of “preventable” HAIs for the purpose of defining “patient safety events” for root cause analysis. [reference: 1279.6(c)]
5. Shall review and evaluate federal and state legislation, regulations and accreditation standards and communicate to the Department how hospital infection prevention and control programs will be impacted [reference:1288.5(d)(1)]
6. Shall in accordance with HSC subdivision of (a) of Section 1288.6, recommend a method by which the number of infection prevention professionals would be assessed in each hospital. [reference: 1288.5(d)(2)]
7. Shall recommend an education curriculum by which health facility evaluator nurses and department consultants would be trained to survey for hospital infection surveillance, prevention, and control programs. [reference: HSC 1288.5(d)(3)]
8. Shall recommend a method by which hospitals are audited to determine the validity and reliability of data submitted to the NHSN and the Department. [reference: HSC 1288.5(d)(4)]
9. Shall recommend a standardized method by which an HAI occurring after hospital discharge would be identified. [reference: HSC 1288.5(d)(5)]
10. Shall recommend a method by which risk-adjusted HAI data would be reported to the public, the Legislature, and the Governor. [reference: HSC 1288.5(d)(6)]
11. Shall recommend a standardized method by which department health facility evaluator nurses and consultants would evaluate health care workers for compliance with infection prevention procedures including, but not limited to, hand hygiene and environmental sanitation procedures. [reference: HSC 1288.5(d)(7)]
12. Shall recommend a method by which all hospital infection prevention professionals would be trained to use the NHSN HAI surveillance reporting system. [reference: HSC 1288.5(d)(8)]
13. By January 1, 2011 provide consultation to the Department on the identification or development of a valid statewide electronic reporting system capable of receiving electronically transmitted reports from hospitals related to HAI. [reference: HSC 1288.8(e)(3)]

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Article II

Membership and Term

Section A: Number of Members

The HAI-AC shall consist of a minimum of eight (8) members and a maximum of XXX (XX) members, excluding liaison members.

Section B: Appointment Process

Appointments to the HAI-AC shall be made by the Director of the Department. Each member serves at the pleasure of the Director. The Director may exercise the right to ask a member to resign at any time.

Section C. HAI-AC Composition

HAI-AC members shall be individuals with expertise in the surveillance, prevention, and control of HAIs and will include representation from the following categories:

1. Department staff

This refers to CDPH staff.

2. Local health department officials

Health department public health professionals including but not limited to health officers, communicable disease controllers, public health nurses, and epidemiologists.

3. Healthcare infection control professionals

Infection preventionists (infection control practitioners), including but not limited to nurses, epidemiologists, physicians, and microbiologists, currently or in the past working in the field of infection surveillance, prevention, and control.

4. Hospital administration professionals

Managers of hospitals, hospital departments, or hospital systems, including but not limited to chief executive officer, chief operating officer. [Note: should this include/exclude chief medical officers?]

5. Health care providers

Individuals who provide direct care to hospitalized patients, including but not limited to physicians, nurses, nurse practitioners, physicians assistants, therapists.

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6. Health care consumers

Any actual or potential recipient of health care, such as a patient in a hospital, a client in a community mental health center, or a member of a prepaid health maintenance organization or other health insurance program.

7. Physicians with expertise in infectious disease and hospital epidemiology

Current or former hospital epidemiologist

8. Integrated healthcare systems experts or representatives

Integrated healthcare systems provide comprehensive delivery, management and organization of services as a means of improving access, quality, user satisfaction and efficiency.

[Reference: HSC 1288.5]

A minimum of one (1) member will be appointed for each category with a maximum of XX (XX) from each category. For selection purposes an HAI-AC member will represent one category.

Each member, with the exception of Department staff, is afforded one vote on issues or motions presented for voting.

Section D. Liaison Members

The primary role of a liaison member of HAI-AC is to be a source of communication between the committee and the respective agency or organization he or she represents. In addition, the liaison member may contribute information or expertise to the HAI-AC. The primary role in formulating policy or reaching decisions rests with the appointed HAI-AC.

The Committee shall also consist of nonvoting representatives from:

1. California Hospital Association
2. California Medical Association
3. California APIC Coordinating Council
4. California Conference of Local Health Officers
5. Others?

Liaison members have the same status as members except for the right to vote.

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Section E. HAI-AC Chairperson

The Chair shall be elected by the HAI-AC members for a two (2) year term. In the absence of a Chair the Program Director will act as Chair. Should a Chair vacate his/her position prior to the end of the term, Department staff will appoint a replacement to complete the remainder of the term. In the absence of a Chair, Department staff shall serve in the capacity of the Chair.

The Chair may recommend to the Department that a member who is absent for three (3) consecutive meetings be replaced by a new appointee to fill the remainder of the unexpired term.

The Chair shall:

1. Preside at the HAI-AC meetings
2. Appoint special subcommittees
3. Coordinate with the Department on development of HAI-AC meeting agendas and minutes
4. Represent the HAI-AC with the Department and Health and Human Service Agency.

Section F. Membership Term

Members shall serve for two (2) consecutive years. Members are limited to two, two-year consecutive terms. Following two consecutive terms there must be a one-year interval before a member is eligible for another term.

The term of a new committee member shall begin on January 1, unless the individual is replacing a member that has vacated their term.

Section G. Members' Responsibilities

HAI-AC members shall:

1. Attend HAI-AC meetings
2. Be familiar with the mandates of the Bagley-Keene Open Meeting Act of 2004
3. Cooperate with the Chair in preserving order and decorum.

Section H. Compensation

Members serve without compensation, but are reimbursed for expenses in accordance with HSC 1288.5(c).

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Section I. Department Representative(s)

Representatives from the Department shall serve as liaison members on the HAI-AC and subcommittees. Department staff shall not vote on official business

Section J. Transition Plan

All interested individuals may submit an application to the Director for consideration of appointment for a two (2) year term starting XXX. One-half of the appointed HAI-AC members will serve for a one (1) year term. Those individuals may serve a consecutive two (2) year term for a total of three (3) years. This method will ensure a measure of continuity of members during transition of appointed members. The Director shall determine what members will serve an initial one (1) year term, unless the applicant specifies a preference.

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Article III

Operational Procedures

Section A. Bagley-Keene Open Meeting Act of 2004

The HAI-AC shall adhere to the provisions of the Bagley-Keene Open Meeting Act of 2004. The following procedures are consistent with these provisions:

Section B. Voting Rights

Each appointed member shall be entitled to one vote to be exercised in person. "In person" shall be defined as physically present at a meeting or by telephone conference access. All issues submitted for determination shall be decided by a majority vote of those voting.

Department staff will not vote.

Section C. Quorum

A quorum is defined as majority of appointed members, not inclusive of Department staff or liaison members, present in-person and by teleconference. In the absence of a quorum, no official action may be taken by the HAI-AC, and the Chair reserves the right to cancel the meeting.

Section D. Meeting Logistics

1. HAI-AC shall meet at least quarterly. [Reference: HSC 1288.5(c)]
2. The Chair or the Department may solicit opinions and comments from members by telephone, postal mail and email but such will not be regarded as expressions or actions of the HAI-AC unless they are confirmed at a future meeting in which a quorum is present.
3. All meetings of the HAI-AC shall be open to the public. Any presentation to the HAI-AC by non-members shall be approved by the Chair prior to the meeting. Approval will be considered only if such presentation is either relevant to the agenda or otherwise can be accommodated during the meeting. The conditions in this sub-section shall apply to all subcommittees. Members of the public will be invited by the Chair to comment on each agenda item.
4. The Department shall send written notice of the place, date, time, telephone access information, and agenda of each meeting of the HAI-AC to each member addressed as shown on the records maintained by the Department. The Department and each HAI-AC member shall be invited to submit agenda items at least 20 days before each meeting, except when an emergency meeting is called and a shorter time may be necessary for setting the agenda. The agenda shall

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be published to the HAI website with location and telephone access information for the public no less than 10 calendar days prior to the meeting. The agenda shall provide a brief description of the items of business to be transacted or discussed. No item shall be added to the agenda subsequent to posting of the agenda. The HAI-AC may take action on items of business not appearing on the posted agenda under any of the conditions stated below:

- a. Upon a determination by a majority vote that an emergency situation exists, as defined in Section 11125.5.
- b. Upon a determination by a two-thirds vote or, if less than two-thirds of the members are present, a unanimous vote of those members present, that there exists a need to take immediate action and that the need for action came to the attention of the HAI-AC subsequent to the agenda being posted.
- c. Section 11125.5 (Bagley-Keene Act) "emergency situation" means any of the following: (1) Work stoppage or other activity that severely impairs public health or safety, or both. (2) Crippling disaster that severely impairs public health or safety, or both.

Notice of the additional item to be considered shall be provided to each member of the HAI-AC and to all parties that have requested notice of its meetings as soon as is practicable after a determination of the need to consider the item is made, at least 48 hours before the time of the meeting specified in the notice. Notice shall also be made available on the Internet as soon as is practicable after the decision to consider additional items at a meeting has been made.

Section E. Amendment of By-laws

These By-laws may only be amended or repealed by a majority of the voting members.

Exception: passage of statute or issuance of regulations that modifies the functions, composition or any aspect of the HAI-AC will be incorporated into the by-laws by Department staff and presented to the HAI-AC at the next meeting for adoption.

Section F. Subcommittees

All subcommittees shall adhere to the provisions of the Bagley-Keene Open Meeting Act of 2004. The following procedures are consistent with these provisions:

1. Subcommittees may be established by the Chair as needed. HAI-AC members shall volunteer to chair subcommittees and shall invite other HAI-AC members to serve on the subcommittee. Non-voting non-HAI-AC members may serve as consultants to the subcommittee; however, there must be at least one HAI-AC member and one Department staff member represented on any Subcommittee.

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2. Notices of subcommittee meetings will be sent to subcommittee members. Subcommittee meetings shall follow Subcommittee meetings are open to the public. Subcommittee meeting notices and agendas shall be published on the HAI website with telephone access information no less than 10 days prior to the meeting. Subcommittee chairs will be responsible for advising the Department of subcommittee meeting dates and agendas, and shall adhere to the 10-day rule.

Section G. Use of Consultants

The HAI-AC or Department may request consultants to present information for consideration on matters under discussion by the HAI-AC. Consultants may respond to questions and participate in discussion relevant to their presentation at the discretion of the Chair or by a majority vote of the voting HAI-AC members.

Section H. Minutes

A record shall be made by the Department staff, or designee, of actions taken by the HAI-AC and, after approval by the HAI-AC, shall be made public.

Section I. Administration

The HAI-AC functions shall be administered by the Healthcare Associated Infections (HAI) Program for the Department. The appropriate Department Senior and Executive Staff shall be notified by the HAI Program of the place, time, and agenda of all scheduled meetings and shall be provided with records of actions taken by the HAI-AC following each meeting.

Date Presented:

Date Approved:

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Abbreviations

HSC	Health and Safety Code
CDC	Centers for Disease Control
VRE	Vancomycin-Resistant Enterococci
MRSA	Methicillin-Resistant Staphylococcus Aureus
CDI	Clostridium Difficile Infection
HAI	Healthcare-Associated Infection
CLABSI	Central Line-Associated Bloodstream Infection
SSI	Surgical Site Infection
NHSN	National Healthcare Safety Network