

Healthcare-Associated Infections Advisory Committee
September 18, 2008, 10:00 a.m. to 3:00 p.m.
Location: California Department of Public Health, Sacramento

Attendance

Members/Alternates: Kim Delahanty (Chair), Raymond Chinn, Letitia Creighton, Charles Derby, Enid Eck, Annemarie Flood, Jennifer Hoke, Shelly Morris, Frank Myers, Terry Nelson, Amy Nichols, Shannon Oriola, Debby Rogers, Julia Slininger, Todd Stolp, Jonathan Teague, Dawn Terashita, Francesca Torriani, Anvarali Velji, Pat Wardell, Lisa Winston, David Witt

Guest: Kathleen Billingsley, Alicia Cole, Tonya Dowd, Hattie Hanley, Matt Beck, Marlise Hyde

Staff: Sue Chen, Jon Rosenberg, Sam Alongi, Roberto Garces

Agenda Items/Discussion	Action/Follow-up
<p>Call to Order and Introductions Committee Chair Kim Delahanty convened meeting at 10:00 a.m. Introductions made at Sacramento and on teleconference lines.</p>	
<p>Approval of Minutes The Chair called for approval of the July 2008 meeting minutes.</p> <p>A Flood – Motion to approve F Myers – Second All ayes; Motion passed</p>	<p>Staff to make minor revisions to July minutes based on member notes and comments.</p>
<p>Public Story –(none but Alicia Cole requested to speak during this time)</p> <p>A Cole – It’s important that we keep at the forefront of our minds the victims, survivors, and family members. When we’re talking about numbers and statistics, those represent lives – real people who’ve been affected by hospital acquired infections, like me, still recovering and having to incur medical bills and hardship and emotional stress. What we’re doing is important work. We’re saving lives; that’s what the goal is, not just about passing laws and reviewing legislation. Our charge should be to make sure that we’re spreading the word in the community and the hospitals that infections by enlarge are preventable by hand washing etc. Where that does not happen and infection does occur, then prevention has to step in and you have to do everything possible to contain that infection and prevent it from spreading.</p> <p>J Rosenberg – As an addendum, there have been well written articles about clostridium difficile in the NY Times and the Wall Street Journal.</p> <p>E Eck – There’s an excellent set of personal stories on YouTube that we (Kaiser Permanente) use. Recently, there’s been one that’s been published called Ginny’s Story and we used that as an awareness raising tool for the combined leadership of our eleven CA hospitals this past weekend.</p>	<p>J Rosenberg will electronically distribute the articles to the committee.</p>
<p>Committee Updates</p>	

<p>S Chen – Thank you to everyone. This marks one year of meetings. We will start working on the 2008 annual report and as you look backwards you'll see how much we've accomplished.</p> <p>Progress on Program Implementation – S Chen There are now 309 hospitals registered into NHSN as of September 8 out of 465 hospitals (a higher denominator because there's a question if acute psychiatric facilities fall under SB 739) – 66% of CA hospitals are registered which comprises 19% of NHSN hospitals nationwide.</p> <p>L Creighton – Between Jennifer (Hoke) and I, we've completed (for the initial go around) all the training of evaluators on surveying for infection control in the 16 district offices for licensing and certification. We're adding additional classes depending on bills that come up.</p> <p>S Chen – They're also starting to do infection control training for other consultants (pharmacy, dietary, etc.)</p> <p>D Rogers stated that California Hospital Association can work with CDPH (S Chen) to address the hospitals who have not signed up with NHSN.</p> <p>A Velji – Who trains the surveyors and are surveyors certified when they successfully complete training?</p> <p>L Creighton – Jennifer (Hoke) and I do the training. We use CDC guidelines and guidelines discussed in this group on how to survey for infection control. Some of the survey tools we're using were developed by S Chen and were shared with CDC.</p> <p>A Cole – Do you get patient input on some of the things that might be good to include when these surveys are done?</p> <p>L Creighton – When we survey we always survey families and patients. When we tour, we are easily accessible by the patients.</p> <p>A Cole – Having been a patient in a hospital that was surveyed, each time I was asked questions, a committee of administrators were also in the room guiding the conversation. I was not allowed to finish and answer.</p> <p>L Creighton – When that has happened to me, I leave my business card with the patient and ask them to contact me later.</p> <p>A Cole – Maybe it should be mandatory that a business card be left with the patient.</p> <p>S Oriola – If you're not a general acute care hospital do you fall under the requirements of SB 739.</p> <p>S Chen – General psychiatric and general specialty hospitals (e.g. maternity, dental) are considered general acute care. However a letter was written by a representative of several acute psychiatric facilities</p>	<p>Kim Delahanty and Sue Chen will continue to work on the draft of the HAI-AC annual report.</p> <p>L Creighton will distribute training packet to HAI-AC.</p> <p>Debby Rogers and Sue Chen will review outlier facilities that have not enrolled in NHSN; a letter/communication will be sent out as appropriate.</p>
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requesting clarification on whether they fell under SB 739. The letter has been forwarded to the L&C Legal Counsel for clarification.

S Chen – The next topic I'd like to address is the Influenza Module. AFL 08-17 was released August 29 and immediately several issues have come up. First, it was released close to the first due date of September 1st. That's why we sent out the June 4th letter, but also infection preventionists should keep an open line of communication especially when these AFLs cross professional discipline lines. Regarding how rapidly we can get these AFLs out, they will be expedited when a due date is in the letter. Second, there was an incorrect reporting date for Attachment F (Post Season Survey) – it should be April. Third, a reporting requirement for 2008-09 data parallel to Attachment A was inadvertently omitted.

[Reviews Attachment H]. If you'd like to send this back to the Influenza Subcommittee that would be fine. We'd like to have this done by the end of the year.

D Witt – Motion to endorse Attachment H as a data collection tool.

D Rogers – Second

Discussion

F Myers – Maybe this needs to be clarified that it refers to employees in all settings.

S Chen – And healthcare workers assigned to that facility.

J Slininger – Regarding Frank (Myers) comment, a simple way to clarify is in the footnote to include "influenza vaccines administered to employees and healthcare personnel of this facility at other sites." So they can submit a slip confirming they received vaccine from another site (e.g. Sav-on drug store). Also, is the intent of this for the facility to submit this only once, at the end of the flu season?

S Chen – Yes.

E Eck – I think there should be clarification on what every item means on this Attachment – some definitions. Are we asking the same question two different ways when we ask for the vaccination/declination rate and the sum total of vaccinations and declinations? What we really need to know is how many vaccines were given and how many were declined. Asking the same question in two different ways may confuse people. If you have a row that says, "How many vaccinations did you give?" "How many declinations did you have?" "How many employees do you have?" – that's straight and to the point.

S Chen – This was vetted through the Influenza Subcommittee...

E Eck – I think there should be definitions of exactly what we're asking. Questions 2 and 3 are asking the same thing.

S Chen – So in other words, we need instructions on the back on how to complete the form. We can do that.

**D Witt – I retract my original motion.
Motion retracted.**

R Chinn – Because we've looked at this form for so long, intuitively we know what we're talking about. I think it doesn't take much to define terms and have instructions on the back of the form. Given those, the Influenza Subcommittee would give our blessing.

S Chen – I'll put all the pertinent things on the back of the page.

J Slininger – Motion to adopt Attachment H with the described revisions including: revision to the footnote; definitions as need under the components column; clarifying column 3 is number of other healthcare personnel so that it's clearly differentiated from employees. Sue Chen can make these revisions and allow the Influenza Subcommittee Chair (Raymond Chinn) to review before completion.

E Eck – Second

Discussion

All ayes; Motion passed

A Nichols – Will the HAI-AC be recommending a goal as far as percentage increase over previous years or a particular percentage?

S Chen – No specific numeric goals will be set by Licensing and Certification or CDPH.

D Witt – I think the intent of the law is that we have full vaccination of healthcare workers. I would say our only goal is 100% and if I could make it mandatory I would.

J Slininger – Once it's publicly reported on the internet, and the consumers and the healthcare providers themselves are striving for a better performance record, the numbers should drive themselves up with some rapidity.

R Chinn – As a group, all we can do is make sure that the administration offers influenza vaccination to each healthcare employee. You're going to have employees that absolutely will refuse regardless. The onus of this initiative is to make sure that the administration approaches each employee with the prospect of vaccination. I think that's all you can do.

D Rogers – Does the information presented on the declination form meet the education requirement stated on the AFL?

S Chen – CDPH sought legal opinion on this and the answer is yes. The statements on the declination form can be considered education.

Sue Chen will revise Attachment H to include definitions, instructions and an FAQ; will be reviewed by Ray Chinn (Influenza Subcommittee Chair).

A Nichols – The declinations language we use does not quite match the language stated on the AFL but it does capture the same sentiment. Do we need to change the language to match?

S Chen – As long as it closely conveys the intent of the mandatory statement it's fine.

S Chen - The NHSN influenza module is not yet available. NHSN will send an email blast when CLIP and influenza modules are available.

S Chen [Reviews Healthcare Personnel Safety Component Facility Survey attachment] This is a mandatory NHSN form. This is not an easy form to fill out. If we opt not to use this form, it should be a HAI-AC decision.

J Slininger – Motion that we not require the facilities to complete this form.

S Oriola – Second

Discussion

D Rogers – Is there a downside to not do this form?

L Winston – It may be more labor intensive to report to CDPH, but it's only once a year.

E Eck – I would totally agree not having to fill out page 2. But to improve uptake, the data on page 1 may be useful. If there is a way for hospitals to enter this information which is much easier to get - # of acute care beds, patient days.

Member - OSHPD has this data.

J Teague – Hospitals should have utilization information readily available. I suggest that this information not be collected from OSHPD. We do not get 100% compliance on the submission of this data. But if you wanted to get this data, you could access the data online, but it's not going to be complete and their data is 1 year behind.

R Chinn – The original discussion of the Influenza Subcommittee was to recommend using the first page; we did not recommend the second. The real issue is whether CDPH can collect and collate this information and not do it through CDC.

J Slininger – The data collected through Attachment H would be just as or more helpful than this form.

T Stolp – Could the same denominator data be obtained on a different form?

J Rosenberg – No; not to CDPH.

J Teague – My point is there is no need for a special transmission; it's

out there.

S Chen – What if we just leave the AFL as it is with regards to Attachment G?

Member – That would be the best.

**J Slininger retracts motion.
Motion retracted.**

E Eck – I think we should modify the AFL and use the data that's already being reported to OSHPD and that hospitals not be required to report on something that's already available. So the motion would be to remove Attachment G and obtain the information from OSHPD.

A Flood – Second

Discussion

All ayes; Motion passed.

S Chen – An update on committee membership - Dr. Todd Stolp is the Health Officer of Tuolumne County and the newest member of HAI-AC. Alicia Cole has been nominated but not yet confirmed. We still need a representative from CA Association of Health Plans to replace April Alexander.

Overview of Senate Bills 1058, 158 – J Rosenberg

Both are enrolled and the presumption they will be either signed or vetoed. Since there is a likelihood they will be signed, go into effect January 1, 2009, and there will be an immediate effect on CDPH and this committee from both bills, it is important to review them.

[J Rosenberg reviews Current Proposed Legislation Related to Healthcare-Associated Infections Table from the handouts, beginning with requirements of SB 1058]

J Rosenberg – We've been asked to submit to the Legislative Office anything that's seen as a critical or unworkable flaw or mistake in the language of SB 1058. So we have a window of opportunity to try and correct errors. Let us know if there are any critical flaws in the language and send us an email what needs to be changed.

Discussion on definitions, language, and intent of SB 1058.

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Overview of Senate Bills 1058, 158 – J Rosenberg (continued)

[J Rosenberg continues review of Current Proposed Legislation Related to Healthcare-Associated Infections Table from the handouts and starts with requirements of SB 158]

Discussion on expanded duties of the HAI-AC; implementation issues at

All corrections/edits regarding clinical definitions in SB 1058 to be forwarded to Sue Chen and Jon Rosenberg.

<p>the facility level (e.g. all HAI's/housewide surveillance, root cause analysis, resource diversion); MRSA surveillance testing.</p> <p>S Chen – Where language is suboptimal for implementation of SB 158, it would be up to HAI-AC to make recommendations that would be realistic for implementing SB 158. I am firmly committed to reasonable implementation.</p> <p>K Delahanty – When we look at this legislation and moving forward and making recommendations, we want to make sure they're evidence-based and contain realistic improvement processes to get to the intent, which is to improve patient safety.</p>	
<p>Subcommittee Updates</p> <p>Public Reporting/Education Subcommittee (F Torriani for C Moss) No update.</p> <p>MDRO Subcommittee (F Torriani for L LaBar) No update.</p> <p>CLIP Subcommittee (E Eck) We were asked to reconvene to examine those central access devices that we felt were appropriate targets for daily assessment for line necessity. We reaffirmed the appropriateness of the insertion site validation and review. Beyond that we wanted to make a distinction on the two categories of lines: those that are used for specific medical interventions and are limited to the patient's hospital stay and those lines that the patient came in with or go home with (there is no need for a daily question about line necessity); long term lines versus acute care lines. None of that negates the need and appropriateness for monitoring the line for site stability etc. We want to reiterate that the hospital has to have a process that works for them. We do not want to be too prescriptive.</p> <p>E Eck – Motion that CLIP recommendation for assessment of line necessity is adopted as a clarification of what the process means.</p> <p>F Torriani – Second</p> <p>All ayes; Motion passed.</p> <p>SCIP Subcommittee (S Oriola) For those 6 hospitals that don't report through CMS, Julia Slininger is looking into if there's a possibility to deselect the others and send the data. If not, we're going to have to get the data sent a separate way.</p> <p>To report SCIP infection 1 through 3 on cardiac surgeries or SCIP infection 1 and 3 on all SCIP surgeries that are performed on children. The subcommittee discussed this and overwhelmingly recommended to report SCIP infection 1 and 3.</p>	

<p>S Oriola – Motion to accept SCIP infection 1 and 3 only on all SCIP surgeries for all pediatric populations.</p> <p>D Rogers – Second.</p> <p>Discussion</p> <p>All ayes; Motion passed</p> <p>Committee Membership (F Myers) The work we've done to this point: Members must have no more than 1 unexcused absence per 4 HAI-AC meetings; member must be present for 2 of the last 4 meetings to maintain membership; tracking attendance log; HAI-AC would have core groups; membership would last 12 months but could be extended by request; attendance defined as being present or being on the phone regardless of being at a pre-approved or non approved site; excused absence is notification prior to the meeting or within 24 hours after the meeting to the chair. Issues that we're working on are: trying to determine the core groups; conflict of interest; term limits; quality of contribution.</p> <p>BSI Reporting (D Terashita)</p> <p><u>Reporting Requirements</u></p> <ol style="list-style-type: none"> 1. On January 1, 2009, all California licensed acute care hospitals shall begin collecting data on all central line associated (CLA) BSIs in patients residing in an intensive care unit (ICU). 2. By April 30, 2009, data for the first quarter (January 1 to March 31) will be entered into the National Healthcare Safety Network (NHSN) BSI Module. Reports thereafter shall continue to be entered on a quarterly basis or more frequently. Reports for the quarter must be entered no later than one month after the end of the quarter. <p>S Chen – When using NHSN, facilities have to enter all the data for that month by the 30th of the following month (so data has to be entered within 30 days for the month being reported.) It prevents hospitals from cherry picking their data. The only exception is for 2008 because most hospitals are enrolling this year; they can enter data all the way back to January 2008.</p> <p>S Oriola – NHSN aggregates this report once a year. I think it's reasonable if you end up getting it at the first month at the end of the quarter. Ideally it would be entered within 30 days of the end of the reporting month.</p> <p>D Terashita – in #2: "Reports thereafter shall continue to be entered on a quarterly basis or more frequently." Some hospitals may want to enter every day.</p> <p>S Chen – When you enroll in NHSN you agree to participate by their</p>	<p>Pediatric infectious disease and NICU experts will be considered for membership to HAI-AC.</p>
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<p>rules. I don't want to advertise not following their rules.</p> <p>S Oriola – What would an L&C surveyor do if when they survey our facility, the data was entered in April rather than February?</p> <p>F Myers – I agree I wouldn't want to advertise willful violation of NHSN rules. But there are no NHSN police.</p> <p>S Chen – NHSN goes through every January 30 and they check to make sure that all enrolled hospitals have at least six months of reported data. It would be up to CDPH to discover if data was entered in a timely manner, and no we do not and will not have time to do that monthly.</p> <p>L Creighton – From a survey perspective, it would be difficult for a surveyor to determine whether or not the data was entered on time.</p> <p>F Torriani – in #1 it says, "shall begin collecting data on all central line associated (CLA) BSIs in patients residing in an intensive care unit (ICU)." Is that one or all intensive care units? Also do we mean adult and pediatric?</p> <p>S Oriola – In any ICU. We can put "any" intensive care unit.</p> <p>D Rogers – So the patient has to be in an ICU when the infection is identified? What if they were in the ICU 2 days ago and now they're on the floor...</p> <p>R Chinn – NHSN has definitions...</p> <p>D Terashita – A lot of these questions are answered by NHSN. It's pretty spelled out in the NHSN module.</p> <p>Chair – The intent is you follow the NHSN definitions for surveillance and reporting for central line associated bloodstream infections in all ICU's in the state of California and stratifying them according to their individual populations as required by NHSN.</p> <p>D Rogers – Does NHSN identify community-acquired versus healthcare-associated?</p> <p>Chair – Yes.</p> <p>D Terashita</p> <p>3. Definitions for CLA-BSI will be based on Centers for Disease Control and Prevention (CDC) and NHSN guidelines, [<i>CDC/NHSN surveillance definition of health care-associated infection and criteria for specific types of infection in the acute care setting</i>. AJIC 2008; 36(5):309-332] To calculate rates, the denominator will be device days.</p> <p>A Flood – We wanted to make it clear that we use "device days."</p> <p>S Oriola – NHSN does not use true "device days." What they do is put patients at risk for having a device-associated infection – so if you have</p>	
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1 or 3 lines it's just counted once. So it's not really device days, but it's patients in the ICU with a line or lines.

R Chinn – It's called device days by NHSN. I think the reason Dawn put it in here, is that someone (me) raised the issue of using patient days because all the other metrics for MDRO use patient days. This issue came up because at some point in the future, we'll be asking for all central line associated bloodstream infections, not only in the ICUs. A lot of hospitals don't have device days for anything other than the ICU. We wanted to make sure we used the same denominator for the ICU as for the non ICU.

S Oriola – We're going to have to do a lot of education on what device day means.

Chair – We should just put in "definitions according to NHSN for the collecting of device days. Numerators and denominators will be according to NHSN central line associated bloodstream infection module."

D Terashita – about housewide reporting...

4. The impact of reporting CLA-BSI data from outside of the ICU is unknown. Hospital-wide BSI data collection and risk assessment is a Joint Commission National Patient Safety Goal (07.04.01) by 2010 and a requirement of the proposed Senate Bill (SB) 1058. Subcommittee members acknowledge potential benefits of phasing in house-wide surveillance and will discuss at further Subcommittee meetings.

We thought we wouldn't tackle this at this point since we already have a requirement. We'll do a phase-in. Our first requirement will be ICU concentrated and then we'll reconvene to hash out the details for housewide data collection.

D Terashita

Public Reporting Requirements

1. CLA-BSI rates per hospital will be made publicly available. Public reporting will depend on the resources and readiness of the CDPH public reporting website.
2. The Subcommittee recommends that the data be stratified in the same manner as CDC/NHSN. Hospitals will be required to enter neonatal ICU birth weight data so data can be stratified by birth weight. The Subcommittee will consider further stratification beyond NHSN.

L Winston – Presumably you're putting in your birthweight data for the ICU on the infections you're reporting. But unless you have it for the denominator...are you suggesting that it's going to go in for everybody?

Member – Yes.

S Chen – Last time we had this discussion with CLIP, they said that capturing the denominator for NICUs was still a work in progress. Is it still a work in progress?

S Oriola – I think if it's a mandate the facility will find a way to do it. Now that it's a focus and an outcome measure and that we're going to be reporting, then the hospital is going to have to figure out how to collect the birthweight data.

S Chen – Remember when L Labar said that they were still trying to figure out how to get this data and whether or not it was the most appropriate data etc? It was something that really wasn't firmed up as a recommendation.

S Oriola – I remember that we excluded them from outcome reporting, but if you do a phase-in like Dawn is suggesting, maybe 2010, then they have all of 2009 to figure out how to collect the denominator and then in 2010 you can report by birthweight category.

S Chen – But this reporting would start in 3 months essentially. If everything is to be posted by January 1, 2011 you need to give us 6 months to work on this. It took New York state about that amount of time to write their report. CDPH would need time to write the report. A reasonable amount of data is then needed before public reporting is initiated. If you back that timeline up a year, that's where I get July 1, 2009 for the beginning of much of the reporting.

S Oriola – Maybe for #2 you say that hospitals will find a process so that they can stratify by birthweight.

S Chen - There should be some system of being able to get the birthweight data and I didn't think that the process was worked out.

R Chinn –But we've been doing it for years.

S Oriola - The point of the subcommittee was that the facility had to figure out a way to stratify by birthweight so that data can be compared among all NICUs across the state. It's probably what the consumers would want. Since we have very limited children's data, this is a very big piece.

S Chen – I have a recommendation for a person who the subcommittee can consult with on this topic, Greg Pullen from central California. He is not a neonatologist but he is extremely knowledgeable on neonatology issues.

A Flood – There is the CA Children's Healthcare Collaborative that has been reporting NICU data.

E Eck – At one of our meetings we said that we should be following what they're doing.

A Flood – and I think they stratify by birthweight.

R Chinn – Is it voluntary?

A Flood – It's voluntary for right now, but it's pretty ubiquitous.

Member – It's all of the Children's Hospitals and all of the big pediatric...

E Eck – All the Kaiser hospitals participate in the Vermont Oxford.

Member – I don't know how they compare.

Chair – UCSD used to be Vermont Oxford but they just transferred into this collaborative this year. They're different but they do stratify by birthweight.

F Torriani – I don't know why we're complicating our lives. I defer to these groups for us to feed into their methodology for what they're reporting. We should consult with them before we make any decisions. We definitely have an obligation to the kids.

S Oriola – There's VON, NHSN and the CA Collaborative.

A Flood – They compare themselves within the group if you're part of the collaborative. But that's a big chunk of the neonatal population in California.

Chair – Why don't we make the recommendation to contact the VON (Vermont Oxford) and the CA Collaborative (not sure of the exact name) and bring them into the subcommittee as an expert consultant. Amy could you assist Dawn in getting contacts to those groups?

Amy – Yes.

D Terashita

3. Since most hospitals experience small numbers of CLA-BSIs, the Subcommittee recommends that data be aggregated quarterly per hospital.

We recommended that the data be aggregated quarterly. In other words we report publicly, quarterly data.

S Chen – NHSN has a policy that data is not aggregated until the denominator reaches a certain level.

R Chinn – So for hospitals that don't reach the requirement, it should be left blank?

S Chen – Correct.

A Flood – The rationale behind a fairly vigorous turnaround was that the consumer would have an interest in that; we were looking at it from the point of view of what the consumer would be interested in.

L Winston – We actually talked about what Carole would say if we were going to be doing it nine months out, about her concerns about not getting that data out.

F Myers – How does CDPH envision releasing this data. I'm currently sending in data for 4 ICUs; 1 med, 1 surg, 1med/surg, one of them being at a teaching institution, one does not have a teaching program. Does that mean my hospital now has 4 rates?

A Flood – Yes this would be the way to risk stratify; comparisons will be made apples to apples.

D Witt – My concern is that the majority of our hospitals are small and their denominators will be low. If we do it quarterly...our colleagues don't understand statistical significance, let alone the public. The reporting group needs to grasp how to make this remotely significant to the public.

D Terashita – We didn't know how much to leave this up to the public reporting subcommittee; it did seem to blur lines a little bit.

S Chen – I wanted to make a comment about quality of data. South Carolina was mandated by their legislature to post all of their data and it was unintelligible, difficult to interpret data. They spent the next X number of months trying to explain this to the public. We don't need to make that mistake.

Chair – That's why we have that subcommittee.

S Chen – If the subcommittee makes a recommendation that ends up with bad data online, we should probably pull executive privilege...

Member – Don't we always have to all agree anyways? If a recommendation was made that didn't make sense to the rest of you, it wouldn't get passed.

R Chinn – I don't feel comfortable with quarterly rates.

S Chen – I want to post a year out for the first time we post data.

D Rogers – In the CHART process, its quarterly reporting with a year's worth of rolling data. If there are fewer than 25 cases in a quarter, then it's not statistically significant and it shows up as too few cases to report.

E Eck – The concern would be for a smaller hospital that's not going to have as many line days, but they could have every single one of those lines infected. Therefore the public in that community would never know that because of the current structure of how this could be reported. We need to drill down and think this through because not only could it be misleading but it could be detrimental because it could withhold information that should have a light shined on it.

<p>We need to compare apples to apples and I get that. It's going to be the little 4 bed ICU that's hasn't implemented the IHI bundle. We just bought a small 100 bed hospital with a small ICU – they've never heard of IHIs.</p> <p>How do we get to the intent of this which is to empower the public to be informed about what's going on in the state and it helps us make better decisions in terms of recommendations for interventions.</p> <p>A Velji – Since our original charge was to look at infection across all hospitals in California. We had our problems when we said that you can't compare trauma hospitals with Kaiser who doesn't do any trauma or burns etc. By the same token, we said we can't compare the little community hospital in a small town with the other hospitals. What we've addressed so far is the bigger picture. We need to hone down, specifically how do we judge infection rates in a smaller hospital; how do we improve the quality of data that's coming out of there and how do we make improvements to the quality issue?</p> <p>P Wardell – We're really going need the help of a statistician. Any data you report is only as good as the person who's helping to make others understand what it is.</p> <p>D Terashita</p> <ol style="list-style-type: none"> 4. Once the public reporting website is functional, the Subcommittee recommends that data will be available to the public three months after the collection interval ends. For example, Quarter 1 data (January 1 to March 31) will be posted on the website by July 1; Quarter 2 (April 1 to June 30) data will be available by October 1, etc. 5. Consensus was not reached on how much data to collect prior to posting on the website. For example, should CDPH publicly report after 1 quarter of data versus waiting for 2 or more quarters of data in order to establish a trend? <p>Chair – Subcommittee will reconvene with invited experts and have an update for the next meeting.</p> <p>L Creighton – Regarding #4, in 739 isn't there a stipulation that once CDPH receives the data it must be made public within 6 months?</p> <p>S Chen – That's referring to the process measures.</p>	<p>BSI Subcommittee will seek consultation with NICU experts.</p>
<p>Upcoming Meetings</p> <p>Conference Call October 9, 2008 8:00 – 11:00 AM to discuss BSI AFL in light of SB 1058 and 158.</p> <p>Full HAI-AC Meeting in Sacramento November 6, 2008.</p>	

Full HAI-AC Meeting in Sacramento December 11, 2008.

Action Items

K Delahanty [reviews action items]

1. Jon Rosenberg will email to HAI-AC the C Dif articles (NY Times) that he discussed.
2. Kim Delahanty and Sue Chen will continue to work on the draft of the HAI-AC annual report.
3. Debby Rogers and Sue Chen will review outlier facilities that have not enrolled in NHSN; a letter/communication will be sent out as appropriate.
4. Jennifer Hoke and Letitia Creighton (L&C) will make available to HAI-AC the materials they've been using for training district offices.
5. Sue Chen will revise Attachment H to include definitions, instructions and an FAQ; will be reviewed by Ray Chinn (Influenza Subcommittee Chair).
6. Sue Chen will send out updated AFLs on CLIP, SCIP and Influenza.
7. All corrections/edits regarding clinical definitions in SB 1058 to be forwarded to Sue Chen and Jon Rosenberg.
 - a. Recommend HAI-AC write a letter to the CDPH Legislative Office outlining recommended corrections/edits to SB 1058 for Floor presentation.
8. Pediatric infectious disease and NICU experts will be considered for membership to HAI-AC.
 - a. Committee members will submit candidates' names to Sue Chen and Kim Delahanty.
9. BSI Subcommittee will seek consultation with NICU experts.

Meeting Adjourned

Acronyms

AFL	All Facilities Letter
APIC	Association for Professionals in Infection Control and Epidemiology
ARDS	Acute Respiratory Distress Syndrome
BSI	Bloodstream Infection
CACC	California APIC Coordinating Council
CART	CMS Abstraction and Reporting Tool
CCLHO	California Conference of Local Health Officers
CDIF	<i>Clostridium difficile</i>
CDPH	California Department of Public Health / Department
CLIP	Central Line Insertion Practices
CMS	Centers for Medicare and Medicaid Services
DCDC	CDPH Division of Communicable Disease Control
DIC	Disseminated Intravascular Coagulation
ED	Emergency Department
HAI AC	Healthcare Associated Infections Advisory Committee / HAI Committee / Committee
ICP	Infection Prevention and Control Professional
ICU	Intensive Care Unit
IHI	Institute for Healthcare Improvement
JAMA	Journal of the American Medical Association
L&C	Licensing and Certification
LIP	Licensed Independent Practitioner
MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>

MSSA	Methicillin-Sensitive <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
NICU	Neonatal Intensive Care Unit
OR	Operating Room
PICC	Peripherally Inserted Central Catheters
RN	Registered Nurse
SA	<i>Staphylococcus aureus</i>
SB 739	Senate Bill 739
SCIP	Surgical Care Improvement Project
TB	Tuberculosis
UVC	Umbilical Venous Catheter
VAP	Ventilator-Associated Pneumonia
VRE	<i>Vancomycin-Resistant Enterococcus</i>