

**Healthcare-Associated Infections – Advisory Committee Meeting
September 27, 2007
Sacramento, California**

Summary

1. Procedural issues were reviewed, including requirements of the Bagley-Keene Open Meeting Act, items to be posted on the Committee website, Committee meeting rules, procedures to name committee alternates, and how to handle media queries.
2. Christine Cahill presented on dirty hospitals. California Department of Public Health (CDPH) Licensing and Certification is charged with evaluating those issues.
3. A presentation was given on the Centers for Disease Control and Prevention's (CDC) National Health and Safety Network (NHSN) program for reporting of data to CDPH. There was much discussion as to whether the process measures would be suitable and whether data reported to CDPH would be protected from lawsuits. Accordingly the group was divided into four subcommittees (see below), with the mandate to make recommendations at the next Committee meeting.
 - Central line insertion process (CLIP) measures
 - Influenza vaccination for employees and high risk patients
 - Surgical Care Improvement Project (SCIP) measures
 - i. Prophylactic antibiotic received within 1 hour prior to surgical incision
 - ii. Prophylactic antibiotic selection
 - iii. Prophylactic antibiotic discontinued within 24 hours after surgery end time
 - Legal issues
4. Use of NHSN as the system to report mandated data to CDPH was approved for CLIP and influenza vaccination issues. Centers for Medicare and Medicaid Services (CMS) criteria (SCIP data) will meet the requirements for surgical site infection prevention measures.
5. The next meeting will be held November 29, 2007.

Action Items

- S Chen to have deadline dates for agenda items posted on committee website 10 days prior to the next meeting (November 19, 2007).
- Third Sector Strategies (TSS) to investigate teleconferencing options.
- S Chen to distribute current roster to committee members.
- S Chen to query NHSN for answers on issues of potential for double-reporting and delays in reporting beyond 30 day window.
- S Chen to coordinate dissemination of Subcommittee findings to members prior to next meeting.
- J Rosenberg to query NHSN users group about admissibility and confidentiality issues of reported data.

Meeting Minutes

Agenda Items/Discussion	Action/Follow-up
<p>Call to Order and Introductions In the absence of the Chair, the meeting was called to order @ 10:15 a.m. by S Chen. She announced that she has accepted the position of HAI Program Coordinator effective today. Introductions of old and new Committee members and guests were made.</p>	
<p>Approval of Minutes Approval of prior meeting minutes was requested, including agreement about criteria for the public story.</p>	It was moved, seconded, and approved to accept the August minutes as written.
<p>Public Story Ms. Alicia Cole was introduced and shared her story of an HAI (necrotizing fasciitis).</p>	S Chen to send thank you note to A Cole.
<p>Committee Guidelines and Updates</p> <ol style="list-style-type: none"> 1) Resources <ol style="list-style-type: none"> a. Sam Alongi and Roberto Garces of Third Sector Strategies (TSS) were introduced. TSS will assist with facilitation of meetings, meeting minutes, and support the subcommittees. b. There are currently no reimbursements available for Committee member travel, etc. 2) Bagley-Keene Open Meeting Act <ol style="list-style-type: none"> a. Meeting location, the agenda, and minutes must be posted on the website 10 days prior to the meeting. Agenda items will be due to TSS with a "cc" to S Chen 7 calendar days prior to the posting date. b. Teleconferencing While the Committee intends to meet in person whenever possible, another option is teleconferencing for those members unable to attend. Sites must be accessible to the public. Bridge sites so that the public can access from their homes will be explored. It was requested that the Committee post guidelines (ex: audio prompt on the call-in line could advise "no names and no facility names to be used during public comment"). c. It is required that times be designated during the meeting for public questions and comments. Public comment is not required before every vote of the Committee. d. Members to review section of act re what can and cannot be discussed outside of meetings to maintain public transparency. 3) Committee Function <ol style="list-style-type: none"> a. List of committee member names and organization will be posted on the website. Contact information will be distributed to Committee members. b. Procedurally, subcommittees will be formed when issues further research is needed prior to making a decision. c. Contacts to the committee will be through S Chen or via the website. 	<p>Information</p> <p>Deadline dates for agenda inclusion, material distribution etc. will be posted on the website for each meeting. TSS will investigate tele/video conferencing issues including public access to bridge lines.</p> <p>S Chen to coordinate distribution of roster and postings.</p>

<p><i>K Delahanty (HAI Committee Chair) assumed the chair function.</i></p> <p>d. Committee Meeting Rules: The Chair noted that Robert's Rules of Order were <u>not</u> agreed upon at last meeting. The need to have a fallback plan in case of contentiousness was addressed when the Chair deems it necessary.</p> <p>e. Names of alternate members are to be submitted to Kim. The limit is one alternate per member. <i>[Alternates will be approved K Delahanty and S Chen]</i></p> <p>f. If a committee member receives a media request, they are to notify S Chen. S Chen will notify the Public Information Officer.</p>	<p>It was moved, seconded, and approved to conduct meetings following a consensus approach and 2/3 vote, with the Chair retaining the right to invoke Robert's Rules of Order. Email name of proposed alternate to K Delahanty.</p> <p>Information</p>
<p>Presentation on Dirty Hospitals – Chris Cahill</p> <p>Ms. Cahill has worked with hospitals since 1995 and has observed many hospitals that do not adequately follow cleaning procedures and guidelines. This includes personal and professional experience with dirty hospitals. Situations include significant environmental soiling in cleaned areas, failure of healthcare workers to use hand hygiene, and sterile/clean protocols when appropriate. She pointed that guidelines in hospitals regarding cleanliness are sometimes too vague to be practical. Risk of infection is higher in dirty environments. Ms. Cahill requested that the Committee create a memo to support "Stop Hospital Infections" and move forward with these issues.</p> <p>Issues of healthcare staff garb, control of environmentally persistent pathogens, how clearly the cleanliness message is phrased, and the need for a chain of accountability for cleanliness were discussed. The goal of the Committee is to present evidence-based guidelines that are doable and enforceable. The Committee should be a buffer to make sure what we recommend is effective and has a role in reducing infections.</p>	<p>Licensing & Certification is charged with reviewing and citing deficiencies in environmental cleanliness.</p>
<p>Role/Duties of HAI-AC for the remainder of 2007</p> <p>S Chen presented a PowerPoint on the National Healthcare Safety Network (NHSN) [slides posted on website]. Question posed whether a formal recommendation for using NHSN is required. Due diligence will be exercised in evaluating NHSN and alternatives. Of note, process measures for central line insertion procedures (CLIP) and employee and patient influenza vaccination may not be released before January 1, 2008. There are no SSI process measures under development.</p> <p>Motion: To adopt NHSN as the mechanism for reporting data to the State.</p> <p>Seconded</p> <p>Discussion</p> <p>There was general agreement on selection of NHSN as the mechanism</p>	

<p>reporting data to CDPH for as the way that hospitals report data to the state. If a desired measure isn't in NHSN, explore other mechanisms to report that measure. Proposal made to use Surgical Care Improvement Project (SCIP) measures already reported to Centers for Medicare & Medicaid Services (CMS) for antibiotic use and NHSN for central line insertion and influenza vaccination measures.</p> <p>Discussion on whether data reported to NHSN is protected from discovery under California's regulations for confidentiality. New York and a number of states are using NHSN as a reporting system; no issues of confidentiality that any Committee member is aware of.</p> <p>Other challenges discussed included: the potential for double entry due to incompatible reporting systems (existing legacy systems and new NHSN reporting system); problems with position vacancy turnover rates that hospitals (more often small hospitals) experience; as well as frequency of reporting to NHSN.</p> <p>Motion was retracted to introduce a revised motion:</p> <p>Motion: To use NHSN (<i>as reporting system</i>) for all measures except for SCIP measures for which CMS data will be used.</p> <p>Seconded</p> <p>Discussion Legal issues of discoverability and admissibility of submitted data (whether there is statutory protection) again brought up. Clarification requested prior to approval to use NHSN so as to "create an environment of a culture of safety where hospitals are going to accurately report and not be fearful from every different direction, including a fear of liability." Issued tabled by Chair until end of the afternoon to see if any additional information can be obtained from legal counsels.</p> <p>The urgency of approving NHSN as the reporting mechanism discussed. Per requirements of SB 739, hospitals need to enroll in NHSN or another national system (none noted) and start training staff for data collection and reporting. There is a deadline for reporting of process measures for central-line insertion procedures, appropriate use of antibiotics to prevent surgical site infections, and influenza immunizations for healthcare workers and patients. There was discussion on how to support hospitals enrolling in NHSN, time frame, and report format for resource reporting. Future tasks include support training for health care facility surveyors; any action towards recommendations for inclusion in updating Title 22. <i>[Prior motion on table not withdrawn.]</i></p> <p>Motion: Distinct areas where recommendations are to be developed are moved into subcommittee/task forces to build recommendations and present them to the group as a whole.</p> <p>Seconded and Approved (Unanimous)</p> <p>The charge of the subcommittees developing recommendations for</p>	<p>S Chen to query NHSN re double-reporting issues, frequency of required reporting, and how issues w/ delayed reporting due to ICP position vacancy are handled. Refer any other questions on NHSN to S Chen</p> <p>Approval of NHSN tabled by the Chair.</p> <p>Form Subcommittees with Chairs for CLIP, SCIP and Influenza Immunization charged with evaluating process measure recommendations. ▪ S Chen to share relevant</p>
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<p>their specific area discussed; a minimum data set can be recommended. If NHSN requirements found to be too onerous, participation in NHSN may not be recommended.</p> <p>At this point. The above motion was retracted to introduce a revised motion:</p> <p>Motion: That these distinct areas (Central Line Insertion Practices [CLIP], SCIP, Flu) where recommendations must be developed be moved into subcommittees to build recommendations and present them to the group as a whole.</p> <p>Seconded and Approved (Unanimous)</p> <p>Motion: Subcommittee information is provided to the Advisory Committee for review no later than 10 days prior to the next meeting date.</p> <p>Seconded and Approved (Unanimous)</p> <p>With formation of three different Subcommittees, discussion ensued about frequency of full Committee meetings in relation to developing formal recommendations by December 31, 2007.</p> <p>Motion: To meet mid-November to review subcommittee recommendations; recommendations to be submitted in advance of meeting.</p> <p>Seconded</p> <p>Discussion Importance of concentrating on developing the first three sets of recommendations for January 1, 2008, was stressed as a process to get started – so that the Committee can proceed. If minimal dataset is selected initially, modification at a later date is not precluded. Additionally a message needs to be provided to the infection control community about committee progress.</p> <p>Motion Approved (Unanimous). The next meeting will be held Thursday, November 29, 2007.</p> <p>Chair reopened the NHSN issue that was tabled earlier.</p> <p>Discussion Counsel to a member advised that data would be discoverable; queried whether the Committee can make a formal recommendation that that data not be discoverable or admissible in court? It was suggested to either table the issue to allow more time for clarification or to vote now and if privacy of data is not found to be an issue, revisit the issue at the next meeting.</p> <p>Motion: To table this issue until the next meeting on November 29.</p> <p>Seconded</p> <p>Discussion</p>	<p>NHSN process measures with appropriate subcommittee.</p> <p>Subcommittee findings to be made available to the whole committee before the next meeting (at least 10 days prior.)</p>
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Public Comment

The speaker wanted it duly noted that the bill was authored the way it was purposefully, and that decisions should be based on making hospitals safer, not on legal ramifications. Patients are continuing to become infected and die. Decisions should be based on that, not protecting hospitals legally.

Member comment

Because of uncertainty in status of protection of data, decision should be delayed until more formal legal opinion is obtained. Otherwise hospitals will be reluctant.

Above motion retracted.

Motion: That HAI AC recommends NHSN and SCIP reporting as was in the prior motion and if this group discovers between now and the next meeting that there are liabilities or exposure for reporting the data, that in the recommendations that this committee issues by the end of the year, we would recommend that we close that legal loophole - that we make a recommendation that this is a problem and that the law needs to be changed in this way.

Seconded**Discussion**

There was again vigorous discussion about the culture the Committee wishes to encourage, staying focused on the goal, the necessity of getting the recommendation right so that the result can be good data, and the advantages in raising the level of consistency of reported data if hospitals enroll in NHSN sooner than later. It was pointed out that NHSN does have a track record of no legal issues secondary to reported data, and there is belief by the CDPH counsel that data is protected. RE whether non-approval of NHSN at this time would have any significant impact, it was felt that if the decision is deferred, some hospitals might be incented to do nothing while awaiting direction from the Advisory Committee or State.

Motion (restated): That HAI-AC recommends NHSN as the reporting system. If the Committee discovers that there are issues with admissibility and discoverability, then this Committee will recommend that the law be changed to close that loophole.

Seconded**Vote:**

Yes (9): Witt, Chen, Terashita, Rogers, Wardell, Eck, Slininger, Mendelsohn, Flood

No (15): Chinn, Velji, Delahanty, Derby, Oriola, LaBar, Moss, McDonald, Morris, Nelson, Myers, Rosenberg, Tomiani, Fox, Frykman

Motion did not pass based on consensus

<p>Motion: This Committee recommends using NHSN as our reporting data collection tool and CMS for SCIP measures.</p> <p>Seconded and Approved (Unanimous)</p> <p>Motion: To amend the previous motion that the Committee supports NHSN as required by SB 739 as the reporting mechanism and data collection tool.</p> <p>Seconded and Approved (Unanimous)</p> <p>Motion: That the Committee recommend to the Department (CDPH) that we accept CMS data as meeting the requirements of SB 739 for the three surgical site infection prevention measures.</p> <p>Seconded and Approved (Unanimous)</p> <p>Motion: To form a subcommittee to consider the legal issues brought forth by some of the concerned members of this Committee that may negatively affect the said hospitals or institutions regarding liability issues for reporting through NHSN.</p> <p>Seconded and Approved (Unanimous)</p> <p>Miscellaneous</p> <ol style="list-style-type: none"> 1) Member requested to have action items differentiated from informational items on the next agenda. 2) The process for committee members to put items to the agenda is to send them to S Chen. The agenda will be set by K Delahanty, S Chen, and TSS. If an item does not make it onto the agenda, the member will be contacted prior to the meeting with an explanation. <p>Meeting was adjourned at 3:00 p.m.</p>	<p>Legal Subcommittee to research and report on the confidentiality and discoverability issues of data submitted to NHSN.</p> <ul style="list-style-type: none"> ▪ J Rosenberg to query NHSN user's group re admissibility and confidentiality issues of reported data. <p>Noted.</p> <p>Information</p>
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Respectfully submitted,

Sam Alongi & Roberto Garces
Third Sector Strategies