Healthcare-Associated Infections (HAI) Advisory Committee
Meeting Summary
September 14, 2023
In Person and Video Conference

Voting Members Present
Amber Theel, Ariana Longley, Carolyn Caughell, David Ha, Ethan Smith, Francesca Torriani, Jorge Salinas, Michele Lampshire, Robert Enteen, Zachary Rubin (Chair), Michael Vollmer

Voting Members Absent
Anjali Bisht, Carole Moss, Deborah Ellis, Geanny Ryan, Patricia Sung

Liaison Members Present

Liaison Members Absent
Howard Pitluck-QIN/HSAG, Louise McNitt-CPICD, Kathy Dennis-CAN, Michael Butera-CMA, Trina Gonzalez-CHA,

Center Staff Present

Department Staff Present
Erin Epson-Chief HAI Program, Lanette Corona, Valerie Sandles, Satya Keshav, Barbara Allen, Liz Mason, Lana Sato, Shannon Malidzak, Allison Bailey, Diana Holden, Lynn Jansen, Karla Vargas, Satya Keshav, Myesha Febres, Farina Shariar, Aftab Anjum, Mushfika Maknun, Andrea Parriott, Idamae Kennedy, Becca Czerny, Sheila Segura, Jane Kriengkauykiat, Mitra Baradar, Rebeca Elliot, Josie Williams, Elsa Villarino, Julie Stoltey, Erin Garcia, Vikram Haridass, Tisha Mitsunaga, Janice Kim, Tracy Lanier, Kristy Trausch, Kiara Velasquez, Maggie Turner, Zenith Khwaja, Sangeetha Moorthy

Call to order, introductions, and review meeting requirements.
Chair, Zachary Rubin, called the meeting to order at 10:05 AM.

Item 1. Public Story
Beatriz Mages shared a personal experience.

Item 2. Approve the June 08, 2023, meeting summary.
Meeting summary approved.

Item 3. California Department of Public Health (CDPH) HAI Program Updates

CDPH Guidance for Face Coverings as Source Control in Healthcare Settings
Consider implementing source control masking requirements for HCP during certain activities or times; may include requirements that HCP wear masks:
- During all patient/resident interactions.
- In certain locations within the facility and patient/ resident populations, such as areas of the facility housing the patients or residents at highest risk.

- During seasonal activity or increased community measures of COVID-19 and other respiratory infections (e.g. , influenza).
- In the event of an outbreak or intra-facility transmission, elevated levels of patient/resident or HCP respiratory infections, or high levels of staff absenteeism.

The interactive maps and link were shared:
HAI "My Hospital's Infections" map (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAImap.aspx)
Health Care Personnel Influenza Vaccination (HCP) map
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HCPFLUmap.aspx)
Overall, only 74% influenza vaccination coverage among hospital HCP. Only 58 (15%) hospitals met 90% Healthy People 2020 goal.

2023 HAI Data Validation – Update and Reminder
Goal: to help hospitals routinely examine and identify opportunities to strengthen their own HAI case-finding and reporting processes
- Internal (all hospitals) – hospital IP completes a validation workbook and submits summary of findings to the HAI Program
    - Summary of finding for 2023 internal validation - **submission due this week!**
- External (selected hospitals) – HAI Program IP conducts validation of hospital data onsite
    - 80 hospitals will be randomly selected for external validation exercise and there were 70 new facilities and 10 that participated in 2022.

HAI Program In-person Workshop #2 – September 27-28, 2023
Strategic planning to inform development of formal **HAI Program Health Equity (HE) Strategy,** with input from CDPH HE liaisons.
- What are our program's **existing capabilities** related to health equity, e.g., access to datasets with HE-related variables, existing HE-relevant partnerships or stakeholder engagement, projects already underway, etc.
- What are our program's **current gaps** related to health equity, e.g., lack of awareness of HE-relevant partners or initiatives, gaps in HE-relevant knowledge/expertise?
- What are our program's **opportunities** related to health equity, e.g., plans/ideas for new projects or partnerships?

Item 4. Patient and Public Notification of HAI Outbreaks – Dr. Dawn Terashita, MD, MPH, FACPM
Dr. Terashita discussed the Patient and Public Notification in Los Angeles County when there are HAI outbreaks. The guidance set up is used when an outbreak or increase in infections is identified with the possible risk of transmission to patients within the acute care hospital setting. As assessment of the risk evolves during an investigation, information about those changes can be communicated to the affected patients, visitors, and Health Care Personnel (HCP). HCP includes direct and indirect care personnel affected by the outbreak: such as hands-on patient contact, or indirect care not limited to environmental services. Notification is written and/or verbal communication regarding an identified outbreak or increase in infections to patients, visitors, and HCP in the affected unit(s), ward(s), or other hospital location(s).

Standard Communication Recommendations: Communicate information regarding the increase in infections to affected patients, visitors, and HCP are provided in verbal and written communication.

Notification should begin within 24 hours of when the outbreak is identified. Reports of outbreaks or any usual occurrence that may threatens the safety or health of others in the facility to Acute Communicable Disease Control (ACDC) and to the CDPH.

The primary goal of broader public notification is for public health purposes to control and prevent disease transmission.

Item 5. HAI Program update on Antimicrobial Stewardship – Erin Epson and Jane Kriengkauykiat

Background – AS Requirements in California

- California Senate Bill 1311

  "general acute care hospitals to adopt and implement, by July 1, 2015, an antimicrobial stewardship policy…that includes a process to evaluate the judicious use of antibiotics."

- California Senate Bill 361

  "all skilled nursing facilities … by January 1, 2017, to adopt and implement an antimicrobial stewardship policy … consistent with those antimicrobial stewardship guidelines."

Early CDPH HAI Program AS Activities

- Statewide hospital ASP collaborative – 2015
  - Structured around CA legislative requirements and CDC AS Core Elements for hospitals
  - Webinars, discussion sessions, and sharing tools/resources
  - >200 hospital participants
- AS Webinar Series for SNFs – 2016
  - Structured around CA legislative requirements and CDC AS Core Elements for Nursing Homes
- Regional CDI/AR Prevention Collaboratives; Emergency Department AS Collaborative
- Technical assistance for hospitals to submit antimicrobial use data to NHSN – 2018-19

AS Core Elements for Public Health – Examples

Actions: Developing a strategic plan; Providing direct technical assistance; Forming and fostering stewardship collaboratives; Supporting the development and implementation of guidance and policies.
Tracking: Assessing the uptake of the Core Elements to identify facilities and settings that need the most support; Tracking antibiotic use across different healthcare settings to identify where stewardship interventions are most need and monitor their effects.
Reporting: Using data on AS activities to provide stewardship-specific feedback or certificates to healthcare facilities (e.g., Honor Roll); Providing prescriber-level feedback with peer comparisons, either directly by the health department or within a stewardship collaborative.
Education: Engaging with local professional organizations to provide stewardship education, setting-specific AS workshops; Offering student practicum projects, or clinical trainee rotations on public health AS; Disseminating AS communication and educational resources tailored to needs and priorities that factor in health equity.

Overview of Current CDPH HAI Program AS Activities

- **Communication and Outreach:** Antimicrobial Resources page, Newsletters, Antimicrobial Stewardship Collaborative Network (ASCN)
- **Antimicrobial Use (AU) and Social Determinants of Health:** Data submission soon pending facility validation (few left); Definitions workgroup (durations)
- **LTACH AS Workgroup:** Facilities presented their intervention projects

- **Regional Collaboratives**: Joint collaborative with ACHs, LTACHs, and SNFs
- **Outpatient AS Work:** Outpatient Community Centers (e.g., rural, FQHC, underserved populations)
- **Pediatric AS in Emergency Departments** with limited/no access to AS expertise
- **ASP Honor Roll:** To recognize top performing antimicrobial stewardship programs (ASP) in California

Honor Roll Program Update

- **NHSN AUR -** HAI Plans for NHSN AUR Data for Internal Use: Dashboard demonstration. CDPH asked the committee for internal reviews how should we be looking at our statewide data to inform outreach or take public health action? For individual facility reports what should these look like - dashboard, static, or both? What data or analyses should be included?

Item 6. Antimicrobial Resistance/Stewardship Subcommittee – David Ha
The subcommittee shared what they'd like to see the committee focus on moving forward.
- Antibiotic stewardship in the wake of the COVID-19 pandemic
  Next steps/Ideas: Honor Roll data analysis; *Idea*: Share data (e.g., NHSN AU) with hospitals? LINK
  Idea: Focus on hospitals NOT on honor roll, identify their needs
- Outpatient (and TOC) antibiotic stewardship
Next steps/Ideas*: Idea*: TOC ASP as honor roll community outreach criterion; *Idea:* PCP/public education around GAS pharyngitis (testing/treating); *Idea:* Track azithromycin use in urgent care/ED discharge.
- Syndromic or antibiotic drug-targeted stewardship
  Idea: ASB in ED/SNF, partnerships, patient/family education (UTI myths), community outreach
- Support CDPH antibiotic stewardship initiatives
- Diversity, Equity, and Inclusion in antibiotic stewardship
  Idea: Incorporate DEI into Honor Roll; Invite advisors to HAI Committee meetings and/or subcommittee – TBD

Discussed the rise of Antibiotic Use Without Prescription on the rise. Shared various websites where patients can get prescripts online without seeing a doctor in person. Would like to focus on how this can be prevented.

 Item 7. Discuss future meeting agenda items.
Any suggestions or requests can be emailed to Valerie Sandles.

Next committee meeting December 14, 2023, 2023. Meeting adjourned at 11:59 PM.