

## **Healthcare-Associated Infections Advisory Committee**

### **Meeting Summary**

**February 8, 2018**

**Sacramento, CA**

#### **Voting Members Present**

Dawn Terashita (Chair), Tashia Orr, Michele Ramos, Marian Hollingsworth, Jeremiah Darnell, Keith Bradkowski, Patricia Kassab, Silvia Gnass, Jackie Daley, John Culver, Theresa Caughlin, Matt Zahn, Erica Pan, Marisa Holubar

#### **Liaison Members Present**

CACDC/Ying-Ying Goh

#### **Voting Members Absent**

Roy Boukidjian, Sara Doernberg, Cristine Lacerna

#### **Liaison Members Absent**

CHA/Debby Rogers, CHA/Kathy Dennis, HSAG/Howard Pitluk, CHA/Michael Butera, CAPICE/Mary Virgilito, CAAPA/Jeremy Elkins, IDAC/Phillip Robinson

#### **Department Staff Present**

Lynn Janssen, Erin Epon, Neely Kazerouni, Lori Schaumleffel, Vicki Keller, Lanette Corona, Janette Biorn, Valerie Sandles

#### **Call to order, introductions, and review meeting requirements**

Chair, D. Terashita, called the meeting to order at 10:04 AM.

#### **Item 1. Review the laws, requirements and purpose of the HAI Advisory Committee and describe roles of voting members, liaison members and Department staff**

HAI Advisory Committee was created by 2007 legislation. The Committee exists to make recommendations to CDPH for the prevention, surveillance, and reporting of hospital infections. Can work to prevent infections in other settings such as long term care and long term acute care in efforts to decrease infections in hospitals. In 2014, Bylaws were adopted and members were selected to serve 3, 4, or 5 year terms. As of 2018, all members are on 4 year terms. Subcommittees are created at the discretion of the Chair. For more information please see the Bylaws. The Bagley-Keene Act of California mandates meeting requirements and restrictions. The intent is for open and transparent meetings. Requirements allow public participation in all meeting discussions. The Committee and Subcommittees must post agendas 10 days in advance to announce the meeting, topics, and public locations. Chair revised and adopted the meeting facilitation memo developed in 2016 by previous chair, Dr. Jeff Silvers. CDPH reviewed that voting members represent themselves; selected based on expertise and interest. Liaison members appointed by and represent their organizations. CDPH HAI Program staff provide support staff for convening meetings. HAI Program staff are subject matter experts, not committee members, and are available for input on specific topics. The HAI Program asks for Committee input or recommendations when needed.

Discussion: Reminder that sub-committee recommendations need to go to the Committee in a timely fashion to meet Bagley-Keene rules. Important not to miss the deadlines or it is difficult to make progress with Committee work.

#### **Item 2. Approve November 9, 2017 meeting summary**

At November meeting, M. Hollingsworth voted for and against motion 4 so voting results need to be reviewed.

Concerns voiced regarding having meetings at the Richmond campus. Questioned if difficult to get to location from Oakland airport. Recommended we try it this year and reevaluate towards the end of the year. Noted that shuttles are available. Corrected meeting adjournment at 2:47 not 3:47.

Discussion: CDPH shared that per Bagley-Keene, agendas must be posted; there is no requirement to post meeting minutes or summaries. Looking for input on format, content, and length. Question whether too much or not enough information. Members requested more time to review the meeting summary to provide an accurate assessment. Members to provide comments to Dawn/Chair. Dawn would like to revisit format. No public comments.

Meeting summary unanimously approved with changes noted.

**Item 3. Provide CDPH/HAI Program updates – Lynn Janssen, Chief, HAI Program**

Reviewed key findings of HAI in California Hospitals Annual Report, 2016 (published January 11, 2018). Described newly created 2018 Data Action Teams reviewing CLABSI, MRSA BSI, VRE BSI, CDI and SSI data to obtain a deeper understanding for informing prevention work. Announced 20-city educational roadshow (April-May 2018) to review evidence-based HAI prevention practices, review observational findings, and encourage adherence monitoring. Announced release and distribution of Antimicrobial Stewardship Strategies to Prevent *C. difficile* Infections guidance to hospitals. CDPH re-sent All Facilities Letters addressing influenza in long-term care facilities (AFL 18-08) and hospitals (AFL 18-09).

Department responded to recent Committee recommendations: CDPH recommended CRE be reportable to CCLHO for approval and public comment. HAI Program collaborating with State Dental Director to develop a plan for promoting antimicrobial stewardship in dentistry. Committee content recommendations welcomed. CDPH evaluating how best to educate and assist health care facilities with development and maintenance of comprehensive water management programs that mirror CDC guideline. Looking into how and what to present and with which professional organizations to partner.

Discussion: Suggestion to review sterilization and disinfection of dental offices and HICPAC SSI prevention recommendations at subsequent meetings. Discussion of HAI annual report. CDPH clarified that high performing hospitals that have maintained low HAI, and low performing hospitals with higher than expected HAI in 2017 will be listed in the next annual report. CDPH clarified that L&C is scheduling 2018 relicensing surveys for 112 hospitals; high HAI considered a priority. L&C Infection Control Consultant will be on survey teams. Some third party payers are reviewing providers prescribing practices. HAI Program is providing content expertise and assisting in drafting letters to providers identified as “over prescribing” or “inappropriately prescribing.” Los Angeles County is working to help hospitals review data to encourage appropriate antibiotic use.

**Item 4. Overview and discussion of subcommittees appointed by the HAI Advisory Committee**

Committee does a lot of important work quarterly. Subcommittees do a lot of work in-between meeting. Reviewed what are subcommittees, what are their functions, how this Committee uses them, and what are their charges. Environmental subcommittee finishing Legionnaires’ disease issues. Need to appoint new chair and determine next topic. Chair must be a member of Committee. Committee Chair approves subcommittee chairs. Subcommittee to expand to sterilization and disinfection topics and review guidelines and impacts on facilities. Education subcommittee chair proposed a mission statement, however, scope is unclear. Need to discuss scope; for example, HAI interactive maps. Suggestion to form a long-term acute care (LTAC) subcommittee to identify expertise to evaluate data to make recommendations to CDPH. HAI Program

requesting Committee recommendations to LTAC hospitals. Chair requested subcommittees will write down their charges in bullet format and bring to the Committee in May.

Discussion: All Committee members encouraged to be on a subcommittee. Subcommittees can ask the Committee to work on a topic together. Good use of subject matter experts in a public meeting; anyone can become a member of a subcommittee. HAI Program staff can provide requested input and support to subcommittees.

**Item 5. Antimicrobial Resistance/Stewardship Subcommittee – Marisa Holubar, Chair**

Acknowledged the need to communicate information about transmissible disease. Discussed work on inter-facility communication for multidrug resistant organisms (MDRO). Dawn Terashita reported on transfer form used in LA County and described form pilot. Noted issues with who should be filling it out. Matt Zahn reported on transfer form used in Orange County. Noted hospital and LTC have differences in expertise. Noted issues with who is supposed to see it, when, what to do with the information, what is success and how is it measured. Also noted the Orange County public health agreed to address issues if facilities called to report other facilities' to communicate MDRO information; received no calls from facilities to date. Discussed the subcommittee creating an adherence monitoring tool for antimicrobial stewardship.

Discussion: CMS finished a pilot survey project to explore data shared between hospitals and long term care facilities; results not released yet. Recognition that IT needs to add to electronic medical record. Different facilities isolate differently causing confusion. SNF may be hesitant to take patients with certain organisms. Need to focus communication on bed control. Question regarding possible AFL to require/recommend transfer form use. No current State regulation. HAI Program to explore possibilities and bring back to Committee.

**Item 6. Environmental Cleaning in Healthcare Subcommittee – Marian Hollingsworth**

No presentation. No meeting since the previous chair stepped down. Need to revisit membership and recruit additional members. Jeremiah Darnell accepted becoming new subcommittee Chair. The Advisory Committee Chair asked the sub-committee come up with their mission and charge. Advisory Chair will send a list of sub-committee members.

Discussion: Question whether CDPH took action on Legionnaires recommendation. CDPH continues to provide information via the CDPH web site. Water management plan requirements sent to hospitals. CDC continues to update Legionnaires content as new information emerges. Webinars may not be the best way to reach target audiences. Continuing communications with facilities as information changes and is updated. Discussed broadening scope of the sub-committee to include other prevention efforts such as handwashing, adherence monitoring, and sterilization and disinfection practices. Could provide information on what products are appropriate for what type of action. CDPH noted cannot recommend products by brand names. May want to scale to encompass broad scopes of practice. Consider inviting a subject matter expert on a specific topic of concern if a decision is made to add this to the sub-committee's work for the year. No public comments.

**Item 7. Public Reporting and Education Subcommittee – Patricia Kassab, Chair**

Subcommittee drafting a mission statement. Will recommend links to CDPH website. Discovered browser issues with current website. Clarified that CDPH Office of Public Affairs (OPA) oversees all CDPH social media. Clearance process prior to posting messages. HAI website can be translated to various languages, except for documents in pdf format. Suggested including similar CDC links that are translatable.

Discussion: The Subcommittee requested CDPH inform and discuss website changes in advance of change. CDPH explained not possible in flow of day-to-day work needs. Encouraged subcommittee bring any suggestions to improve the website for Committee recommendation. Discussed need to foster public postings to social media about HAI in hospitals. Question regarding how to get more public input and push HAI information out.

**Item 8. Committee discussion of priority issues and meeting topics for 2018**

Add to agenda for next meeting a review of long-term acute care hospital data to inform decision for forming a new subcommittee. Requested presentation of CDPH oral health program. Suggestion to review their website. Focus is on dental care to the underserved rather than infection control. HAI Program engaged in discussions how HAI prevention to be part of their public health mission. Recommendation to discuss evidence-based SSI prevention recommendations and educational roadshows. Suggestion to evaluate flu vaccination with stewardship because secondary infections requiring antibiotics. Suggestion that HAI Program liaison infection preventionists be queried for agenda items. Encouraged their involvement in the work of this Committee.

**Item 9. Public comments on matters not on the agenda**

Question about public posting of all hospitals' antimicrobial stewardship programs (ASP) on the CDPH Spotlight on ASP webpage. CDPH described that data available on Spotlight ASP is submitted voluntarily. California does not have a mandate for publicly reporting hospital-specific antimicrobial stewardship practices. HAI Program continues to review NHSN annual survey for adoption of core ASP elements. 80% of CA hospitals have all 7 of the CDC elements of stewardship. Working with individual hospitals who have opportunities for improvement. Suggestion to look for ASP connection between vaccine preventable disease and antibiotic usage. Use of vaccines is part of ASP. Need to focus on outpatient ASP. Comment that Liaison Committee members do not have much opportunity to speak. Chair will look at adding time to the agenda for brief liaison reports.

**Item 10. Review action items and propose agenda topics for future meetings.**

Committee requested future agenda topics:

- LTAC HAI data and CDPH concerns
- Evidence based recommendation for HAI prevention, starting with SSI
- Liaison Committee members having time on each agenda to encourage more involvement in the committee
- Dental infection prevention and control and antimicrobial stewardship

Discussion: Question via phone about status of state mandate on hospitals for spotlight on stewardship programs posted to CDPH website. CDPH clarified hospitals must have ASP but no mandate to publicly report. HAI staff analyzing data hospitals submitted to NHSN; high ASP adoption. CDPH not able to provide hospital-specific information, but we can discuss the data in aggregate

**Meeting adjourned at 2:21 PM**