

Healthcare-Associated Infections Advisory Committee Meeting

Oakland, CA

May 11, 2017, 10:00 AM – 3:00 PM

Committee Members Present

Voting members: Jeffrey Silvers (Chair), Roy S. Boukidjian, Theresa Caughlin, John Culver, Jacqueline Daley, Jeremiah Darnell, Sara Doernberg, Kim Erlich, Marian Hollingsworth, Marisa Holubar, Patricia Kassab, Michael Langberg, Erica Pan, Michele Ramos, Dawn Terashita

Liaison members: CHA/Debby Rogers, CACDC/Ying-Ying Goh, CAPICE/Mary Virgilito

Committee Members Absent

Voting members: Tim Clark, Salah Fouad, Nancy Waters, Deborah Wiechman, Matt Zahn

Liaison members: HSAG/Howard Pitluk, APA/Jeremy Elkins, CHA/Kathy Dennis, IDA/Phillip Robinson

Participated by phone, at a posted public meeting site, able to vote: No site designated

Participated by phone, not a public meeting location: Alicia Cole, Carol Moss, CHA/Michael Butera, Lisa McGriffert

Department Staff Present

Scott Vivona, Lynn Janssen, Erin Epton, Vicki Keller, Lori Schaumleffel, Janice Kim, Sean O'Malley, Lanette Corona Valerie Sandles

Call to Order and Introductions

Chair, J. Silvers, called the meeting to order at 10:05 AM.

Item 1. Review of Bagley-Keene Open Meeting Act 2015

The Chair reviewed and referred committee members to Bagley-Keene open meeting act rules and Robert's Rules of Order. Round table introductions completed, the Chair encouraged all members to participate on a subcommittee. The Committee was reminded that reports will not be on the website due to ADA requirements for all documents. A PDF copy of reports can be provided to committee members and anyone who requests or lets HAIP know they will be attending the upcoming meeting via telephone. The Committee wants to work cohesively with CDPH and subcommittee members; they feel disappointed that committee information will not be on the website and feel this is a loss of transparency. The Committee wants recommendations for hospitals for cleaning and disinfecting hospitals to be on the website.

Item 2. Approve November 10, 2016 meeting summary

The Committee reviewed the November 10, 2016 meeting summary and approved. The new CDPH website will have meeting summaries and agendas posted for one year. Supporting documents for the meetings will be available upon request.

Item 3. Provide CDPH HAI Program Updates

Survey of antimicrobial resistance/stewardship education in health professions schools and clinical training program presented.

- HAIP presented survey background, methods, results, and action plan for the HAI Program's Antimicrobial Stewardship Curriculum Survey. Of 352 surveys sent to professional schools, 101 responded (29%)
- The survey design was to assess knowledge, attitudes, and practices related to antimicrobial stewardship and antimicrobial resistance as well as current and planned antimicrobial stewardship curriculum and training activities at health professional schools and residency training programs in California.

Discussion Points:

- Ask the subcommittee to review results to identify high performers and draft an outline for a robust program
 - Include how to assess quality of learning
 - Some would like to see the full set of data to include oncology and transplant groups
 - Would like to differentiate "training" and "competency" in a program
- **HAI prevention practice recommendations in state plan.**
 - CDHP provided a copy and reviewed the Summary of California HAI Prevention Plan, 2015-2020 with attendees. Targeted HAI reduction goals:
 - CDI, 30%; CLABSI, 50%; MRSA BSI, 50%; SSI, 30%; CAUTI, 25%

Discussion Points:

- What if hospitals do not meet the goals? CDPH cannot enforce these goals. CDPH provides target assessments with education and recommendations.
 - Is legislature planning to put rules forward for hospitals to meet goals? Scott Vivona addressed the process to pass legislation. There are currently 7 "packages" for hospital regulations being reviewed. The goal is for five of the seven to get to the Director by then end of 2017. After public comment, it may take 18 months from beginning of the legislative to passing of legislation into law.
 - Title 22 is currently under review
- **Gap analysis of assessment findings: CLABSI and SSI presented by HAIP**
 - CDPH presented data from 2015-2016 CLABSI and SSI prevention assessment visits.
 - Gaps in practices, educational needs and future assessment recommendations.
 - **CDPH action or response to recent Committee recommendations**
 - Adopt and use a 3-tier (14 elements) definition to provide a framework to California skilled nursing facilities for the implementation of Antimicrobial Stewardship Programs (ASP) **(Nov 2016)**

- Adopt standardized cleaning and monitoring whereby hospitals establish a written program of environmental cleaning that includes a method to verify cleaning quality and
 - Use a standardized cleaning process
 - Develop and use checklist of items/surfaces to be cleaned with assigned responsibility
 - Use standardized monitoring method to validate cleaning quality
 - Present results to designated oversight committee (QI, ICC, risk management) on a regularly scheduled basis for review, approval, and recommendations **(Nov 2016)**
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- Require California hospitals to minimally adopt as standard
 1. “Recommendations for Environmental Services” (pages 133-138) of the “CDC Guidelines for Environmental Infection Control in Health-Care Facilities, 2003 “
 2. “CDC Options for Evaluating Environmental Cleaning, 2010”
 3. All elements in the “CDC Environmental Checklist for Monitoring Terminal Cleaning, 2010”
- Require hospitals to implement the “CDC Options for Evaluating Environmental Cleaning,” in two-step approach by implementing a “Level I Program” by January 2018 and a “Level II Program” by July 2018
- **Consumers Union administrative petition to and response from CDPH**

Scott Vivona referred to his response to each of the items listed below in a letter sent to a Consumer Advocate. The committee reviewed the letter during the meeting:

 1. Provide hospital HAI data to L&C in real-time
 - CDPH is unable to receive real-time data from NHSN
 2. L&C to review HAI data prior to hospital survey
 - L&C reviews the CDPH annual report for hospitals with high HAI incidence and these data are incorporated into their survey process
 3. High HAI trigger L&C complaint investigation
 - There is currently no process for high HAI to trigger an investigation. L&C does prioritize hospitals with high HAI when developing their survey schedule.
 4. Include an Infection Preventionist to assist in the investigation and plan of correction

- L&C Medical consultant Unit employs two nurse consultants as experts in infection prevention and control to assist with conducting investigations.
 - The HAI Program employs experienced Infection Preventionists to consult onsite infection prevention assessments.
5. Immediate jeopardy penalties when HAI cause (or likely to) death or serious disability; fine hospitals for failing to report
- Health & Safety Code section 1280.3(g) defines “immediate jeopardy”. It can be very difficult to assess if HAI was the cause of death or serious illness. L&C is developing regulations to provide more guidance to hospitals on how they report adverse events
6. Prioritize hospitals with high HAI in L&C survey schedule
- L&C has a list of hospitals with two consecutive years of high HAI. These hospitals are a priority for the 2017 survey schedule.
7. Ensure relicensing survey (including PSLs) every 3 years
- Have added 145 additional Healthcare Facility Evaluator Nurses (HEFN) positions to improve timeliness of surveys. In total, 250 positions have been added and recruitment in ongoing to fill those positions.
 - Data with the number of surveys completed will be included on the new state website.

Discussion Points:

- A Consumer Advocate asked, if there are significant findings in a CDPH survey, is it reported to CMS?
 - CDPH clarified if a state surveyor sees a state regulation violation that might also be a CMS issue, they notify their supervisor who notifies CMS. CMS then decides if they need to investigate.
- A Consumer Advocate indicated CDPH has been out of compliance with the law by not doing completing hospital surveys for every hospital every three years.
 - CDPH explained that every hospital has some type of survey at least every three years by The Joint Commission, CMS or CDPH.
- A Consumer Advocate asked how are you measuring the success of HAI assessment visits?
 - CDPH has seen small reductions in HAI over time. The original 2013 targeted hospitals have seen significant HAI reduction.
- A Consumer Advocate asked of the 131 hospitals not inspected for patient safety regulation discussed 7 months ago, how many were surveyed.
 - CDPH did not have the data available for this meeting but it could be provided if requested. HAIP clarified the roll of the HAI Program Liaisons as assessment and prevention education. They are not part of the regulatory arm of CDPH.

Subcommittee Reports

Item 4. Antimicrobial resistance/Stewardship Subcommittee report by Marisa Holubar, MD

- Focus: Compile a toolkit to accompany the 3-tiered description of an ASP in a skilled nursing facility.
- Reviewed 3 tiers via slide presentation and handout

Motion 1: Marisa Holubar

CDPH use the example documents compiled and vetted by the AR/AS Subcommittee to develop a toolkit to accompany the 3-tiered definition of ASPs in skilled nursing facilities.

This will provide skilled nursing facilities in California a framework for the implementation of ASPs in their facilities.

Second: Kim Erlich

Discussion Points:

- Develop a crosswalk between the 3 tiered approach and the CDC core elements.

In favor: D. Terashita, E. Pan, J. Daley, J. Silvers, J. Darnell, J. Culver, K. Erlich, M. Hollingsworth, M. Holubar, M. Langberg, M. Ramos, P. Kassab, R. Boukidjian, S. Doernberg, T. Caughlin

Opposed: None

Abstained: None

Motion passed

Motion 2: M. Holubar

CDPH recommend that commercial labs produce antibiograms for skill nursing facilities by April 1 every year.

Second: Sarah Doernberg

Discussion:

- Dr. Erica Pan – Recommendation may not result in action
- Lynn Janssen – L&C does not have oversight over labs
- Dr. Dawn Terashita – Efforts going on nationwide to work with labs
- Dr. Erin Epton – Reference labs may not get all isolates from a given facility
- Dr. Marisa Holubar – Significance will need 30 isolates

In favor: D. Terashita, E. Pan, J. Daley, J. Silvers, J. Darnell, J. Culver, K. Erlich, M. Hollingsworth, M. Holubar, M. Ramos, P. Kassab, R. Boukidjian, S. Doernberg, T. Caughlin

Opposed: None

Abstained: M. Langberg

Motion passed

Item 5. Review existing subcommittees and discuss the charges to each subcommittee and next steps

Discussion:

The Chair described the process in a previous HAI-AC meeting where members submitted suggestions on which subcommittees may work. The subcommittees will then meet and discuss which suggestions they will be able to work on.

- The following people volunteered to subcommittees:
 - Public Reporting Subcommittee
 - Patricia Kassab
 - Erica Pan
 - John Culver
 - Mary Virgalito
 - Teresa Caughlin
 - Marian Hollingsworth
 - Environmental Cleaning in Healthcare Subcommittee
 - Jeramiah Darnell
 - Debbie Wiechman
 - Roy Boukidjian
 - Jackie Daley
 - Marian Hollingsworth
 - Jeff Silvers
 - Antibiotic resistance/antimicrobial stewardship Subcommittee
 - Marissa Holubar
 - Jeff Sivers
 - Dawn Terashita
 - Matthew Zahn
 - Michael Butera
 - Sara Doernberg
 - Kim Ehrlich
 - Phillip Robinson
 - Olga DeTorres
 - Dan Uslan
 - Michael Langberg

Unfinished Businesses

Item 6. Discuss potential posting of audio recordings from Committee meetings

Discussion:

CDPH explained there is no mechanism on the new website to post the recording; would need a transcript from the meeting. A Consumer Advocate asked for see more transparency; noted other organization's websites in CA are able to accommodate an audio recording or a transcript. They pointed out that historically recordings were available. CDPH explained anyone can record the meeting; the program does not have the resources to transcribe the meeting for posting

Motion: None

New Business

Item 7. Discuss California Medical Association's antimicrobial stewardship five-year-plan

A statement was read by the CMA liaison over the teleconference phone regarding the Council of Science and Public Health report outlining proposed CMA Public Health Strategy 5 year plan submitted at the October, 2016 CMA annual meeting

Item 8. Public comments on matters not on the agenda

Discussion:

What is the role of liaison members on the phone?

- CDPH will get clarification regarding the rules

Item 9. Review action items and propose agenda topics for future meetings

- Outbreaks in California
- Report on last four years of HAI Program Progress
 - A request for the recent grant proposal be given to committee members

Meeting adjourned at 2:35 PM