Healthcare-Associated Infections Advisory Committee
Meeting Summary
August 10, 2017
Sacramento, CA

Voting Members Present

Jeffrey Silvers (Chair), Theresa Caughlin, John Culver, Jacqueline Daley, Jeremiah Darnell, Sara Doernberg, Kim Erlich, Salah Fouad, Marian Hollingsworth, Patricia Kassab, Michael Langberg, Erica Pan, Michele Ramos, Dawn Terashita, Deborah Wiechman, Matt Zahn

Liaison Members Present

CAPA/Jeremy Elkins, IDAC/Phillip Robinson, CACDC/Ying-Ying Goh, CA-APIC/Mary Virgilito

Voting Members Absent

Roy Boukidjian, Tim Clark, Marisa Holubar, Nancy Waters

Liaison Members Absent

CHA/Debby Rogers, CHA/Kathy Dennis,

Participated by phone at a posted public meeting site (If voting member, able to vote): No site designated

Department Staff Present

Jean Iacino, Lynn Janssen, Neely Kazerouni, Lori Schaumleffel, Lanette Corona, Monise Magro, Valerie Sandles

Call to order, introductions, and review meeting requirements

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

Item 1. Approve May 11, 2017 meeting summary

Committee reviewed the May 11, 2017 meeting summary and approved with one change that member, Alicia Cole, be indicated as present (but non-voting) since she participates by phone due to illness.

Item 2. HAI Program updates

Presented an overview of HAI staffing structure, which is composed by 15 state civil service staff and 18 CDC-funded "contract" staff. In April 2018, project period ends for 9 contract staff. Beginning with the 2017/2018 state fiscal year, 6 new permanent state civil service positions add to the program: 4 nurse consultants, 1 medical director supervisor and 1 communications/program manager.

Discussion: Questioned if adding 6 new positions makes up for losing 9 contract staff. CDPH feels encouraged by the new positions because obtaining approval for permanent positions by legislature and the governor indicates recognition of the HAI Program's prevention role. Measuring HAI prevention progress can help raise additional support.

Reviewed HAI Program prevention activities from 2014–2017 accomplished by the liaison IP program, epidemiology unit, AR prevention epi unit, outbreak consultation team, and communications team. Observe reduction of HAI is the outcome we want to objectively measure and see improvement.

Discussion: Question about HAI Program involvement in Hepatitis A outbreak. Clarified community outbreak is purview of CDPH Immunization Program; HAI Program involved for healthcare facility outbreak investigations. For common healthcare facility outbreaks, HAI Program developed investigation "quick sheets" to educate local public health that are posted on HAI web page and available to anyone. Suggested contacting HAIProgram@cdph.ca.gov with questions or to request copy if can find.

Proposed format changes to the annual HAI public reports presented to seek Committee endorsement. Changes will make the information more accessible to consumers and clinical/technical staff. Hospital-specific 2-page reports will accompany the summary narrative report. Technical notes will also be provided. Moving forward, 2015 baseline will be used to compare HAI incidence over time.

Discussion:

- Expressed difficulty in finding HAI reports on the website. CDPH will review report accessibility on the website.
- Suggestion that the report explain to the user what they are viewing and definitions of terms like better or worse. A suggestion to add drop down boxes with explanations.
- Questions about if CDPH uses TAP reports for hospitals with high and low infection rates and displays risk adjusted data just like NHSN. CDPH assured the Committee that hospitals are taught to use the TAP reports and interpret SIR, which are not rates. CDPH has used the "TAP" method for identifying hospitals with high and low HAI before NHSN developed the TAP reports. CDPH data are comparable to TAP. Discussed reason for not displaying confidence intervals (i.e., not understood).
- Suggestion for the report to show how HAI liaison IP activities help decrease infections. CDPH is not sure how to reflect HAI liaison IP activities in the report other than to note if decreased infections reported. Suggestion to indicate if HAI liaison IP conducted hospital assessment or consultation.
- Question if antibiotic use included in the HAI reports. Only 13 California hospitals are using the NHSN antibiotic use module. Hospitals are not required to track or report antibiotic use to CDPH.
- Discussion of 2016 CLABSI not being comparable to previous published data due to exclusion of mucosal barrier injury CLABSI. Discussed that specialty care units (BMT, oncology) are included in risk adjustment models.
- Question about inclusion of outbreaks in report. Explained purpose and mandate for report to provide hospital HAI surveillance data to assess temporal trends over time. Outbreak investigation and control is the responsibility of local public health for the health of the residents of their jurisdictions, and L&C to ensure laws and regulations are followed to prevent further harm to patients/residents in the healthcare facility.

Committee vote on CDPH request to endorse the annual HAI report format changes.
In favor: M. Ramos, D. Weichman, J. Darnell, M. Langberg, S. Fouad, J. Daley, J. Culver, T. Caughlin, D. Terashita, M. Zahn, K. Erlich, S. Doernberg
Opposed: None
Abstained: M. Hollingsworth
Committee endorsement of report revisions approved.

CDPH responded to past Committee recommendations. As staff resources and priorities allow, CDPH will consider all materials provided by Committee to develop and publish an ASP toolkit for skilled nursing facilities. CDPH HAI Program and L&C do not have oversight of commercial labs and cannot make recommendations for producing annual antibiograms for skilled nursing facilities.

Public comments of Item 2: There were pages on the old website to educate the public. Suggestion to make available on the new website. Suggestion that bottom performers be noted in the report, especially 55 hospitals that are consistently low performers.

Item 3. Antimicrobial Resistance/Stewardship Subcommittee report by Kim Erlich, MD
Evaluated suggestions made by HAI Advisory Committee and new CDC guidelines. CDPH revision of ASP Toolkit for ACH should address the revision of ASP components/tiers for acute care facilities and ASP in small/critical access hospitals. Implementation challenges beyond checklist to develop/improve an inter-facility transfer checklist that provides information about potentially transmissible MDROs. The CDC guidelines address non-acute care settings, however, some outpatient facilities are not addressed. The future work of the Subcommittee is to address ASP education for healthcare workers and ASP in non-acute care settings.

Discussion: Suggestion that the ASP/AR Subcommittee examine the requirements regarding healthcare workers' knowledge of AS to renew a facility's license. The previous Subcommittee examined this and CMS is looking into the assurance of ongoing AS education before licensure. Need to evaluate ongoing AS education and the knowledge base of healthcare personnel in both inpatient and outpatient settings.

Public comment: Recommendation that there be a required certification by all those who prescribe in CA, physicians and pharmacists. Would require passing a quiz on antimicrobials to renew certification. Committee reminded the public that there are already laws for professional staff to have Antimicrobial Stewardship continuing education.

Item 4. Environmental Cleaning in Healthcare Subcommittee report by Jeff Silvers, MD
Focus on high touch objects, monitor the thoroughness of cleaning and use reports to drive continuous improvement.

Motion 1: John Culver
We recommend that the State of California Department of Public Health adopt standardized cleaning and monitoring for all outpatient ambulatory surgical centers. All California outpatient ambulatory surgical centers will be required to establish a written program of environmental cleaning including a method of verification of the quality of their cleaning.
Second**:** Marian Hollingsworth

Discussion: Environmental cleaning subcommittee has focused historically on acute care hospitals, now looking at ambulatory surgical centers (ASC) also. CDPH does not have licensing authority over ASC. Only a small number of ASC are regulated by L&C; most are under the Medical Board. Suggestion that the committee address cleaning of dialysis centers and dental surgery centers. Suggested utilization of a standardized monitoring method that validates the quality of cleaning. Discussed ATP and bioluminescence. Need to also look at other technologies such as UV light and Hydrogen Peroxide foggers. Discussion of making recommendations to various regulatory bodies.

Public comments: Expressed approval of the way that recommendations were structured for acute care hospitals. Out-patient center recommendations need to move forward so facilities have resources. Suggestion to focus on the small number of out-patient centers that CDPH does have jurisdiction over, and then go out to ask the others fora cooperation.

Voted in favor:	M. Ramos, M. Hollingsworth, J. Darnell, M. Langberg, P. Kassab, S. Fouad, S., Doernberg
Opposed:	D. Weichman, D. Terashita, M. Zahn
Abstained:	J. Daley, J. Culver, E. Pan, K. Erlich

Motion passed

Motion 2: Marian Hollingsworth
The environmental healthcare cleaning subcommittee recommends that the State of California Department of Public Health require all California outpatient ambulatory surgical centers to minimally adopt the CDC Guidelines for Infection Prevention and Cleaning in Hospitals as the standard guidelines, along with the Options for Evaluating Environmental Cleaning and the CDC Checklist for all hospitals, and implement level 1 by January 2019 and level 2 by July 2019.
Second: Michele Ramos

Discussion: Question if no other guidelines for ASC, is it appropriate to use acute care hospitals guidelines? Discussed different codes in acute care hospitals and ASC. Concerned about using the word “require.” Motion recommends guidelines. First one recommended creating a standardized program. The CDPH HAI Program will need specific references for guidelines. Guidelines need to be specific to ASC.

Public comment: CMS guidelines are specific.

Voted in favor:	M. Ramos, M. Hollingsworth
Opposed:	D. Weichman, J. Darnell, M. Langberg, P. Kassab, S. Fouad, J. Daley, J. Culver, T. Caughlin, D.

Terashita, M. Zahn, E. Pan, K. Erlich, S. Doernberg

Abstained: None

Motion did not pass.

Item 5. Public Reporting and Education subcommittee reported by Patricia Kassab

Suggestion to add external links (e.g., APIC) to CDPH HAI website to help to consumers and health care professionals. No motions.

Discussion: Questions and concerns about CDPH HAI website/interactive map data are 2 years old. HAI Program explained that surveillance for 2016 continues until March 30th. HAI team does the best they can to obtain and analyze the data as early as possible to have reports completed and approved for publication by September/October every year.

Public comments: Suggested CDPH develop videos for YouTube and use other social media vehicles for public educational purposes. Suggested that HAI Program report numbers of visitors and topics visited on HAI website.

Item 6. Discussion of New "Distributed" Model for CDPH Injection Safety Outreach Seeking Committee input

Seeking Committee input on a new injection safety outreach project using a distributed model proposed to and funded by CDC for 2017/2018 project period. Tentative project plans are to fund up to 12 partners to form a statewide "injection safety network." CDPH to develop award expectations and solicit applications; review application to ensure commitments to and understanding of the project mission and expectations; award funding based on applicant plans; establish progress report schedule; and support network by convening monthly meetings to facilitate discussion of outreach strategies, ideas, and successes. Questions posed to Committee

1) Are APIC chapters and local health departments the right targets? Who else should we solicit?

Discussion: APIC Chapters may be too busy to be involved and attend meetings. Hard for IPs to get to the community. Suggestion to target schools for medical assistants, LVN, PA, and nursing programs. Use grass root networks. Ambulatory IP Council could also be other interest groups. The funding is probably not enough for a county. Certain practice settings could be targets. Suggestion that senior pharmacy school students or post-baccalaureate could be interested in such an outreach QI project. Experts could be sent out on behalf of CDPH. Suggestion for healthcare associations and hospitals to apply. Senior pharm students could target their own communities of physicians and healthcare workers. The interest should not be in what a single entity can accomplish but rather in how to develop the network.

2) Should the work plan include specific minimum expectations, e.g., types and numbers of providers to be reached?

Discussion: Prioritize based on risk, e.g., pain clinics, complementary clinics, holistic/alternative medicine clinics, integrated healthcare systems, infusion centers, dialysis centers. CDPH tried to target naturopathic clinics but couldn't reach them; centralized approach didn't work. Question about how we get to them. Provide half of the money at the beginning and the other half after accomplishments. Suggestions for expectations in call for proposals, e.g., we'd like to see 3 novel approaches that haven't been used in the past. Put focus on approach and let the local folks come up with a plan. CDPH invites your suggestions as individuals, please email them to Lynn Janssen or to the CDPH email address.

Public comments: Perhaps could target 12 grassroots associations (e.g., diabetic, nutrition, non-profit, diseases requiring injections) or target fertility and plastic surgery clinics. Offer scholarship for a video contest. (CDPH clarified this project funded by CDC is to reach providers as the priority rather than consumers).

Item 7. Discussion about expanding CDPH's coordinated approach to HAI/AR prevention from a regional (county-level) model to a system or network model – Seeking Committee input

Due to time constraints, this item to be discussed at the next meeting.

Item 8. Public comments on matters not on the agenda

- Need more information on outbreaks. Discussion that HAI Program is not the investigation lead on outbreaks; local health department is the lead.
- Question about what has been removed from the website and how does public get more information. Suggestion to email the HAI Program at haiprogram@cdph.ca.gov
- Agenda needs to allow more comment from public on the phone.
- Suggestion that information about what will be voted on should be distributed prior to the meetings.

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

Question about the new CDPH website and who to send comments to. (Send emails to the OPA web team). Suggestion that CA acute care hospital recommendations should be referred to the subcommittee. Suggested topic: SB 1301.
Reminder at the next Advisory Committee meeting, new Committee chair will be elected for 2 year term.

Public comments: Would like to have more opportunities to discuss/make comments during the meeting as each topic/item is discussed. Whenever possible, send materials/information for motions in advance of meeting. Stewardship program recommendations for acute care hospital staff suggested as a possible topic for subcommittee discussion.

Meeting adjourned at 2:35 PM