

APPROVED

**Healthcare-Associated Infections Advisory Committee
Meeting Summary
November 09, 2017
Oakland, CA**

Voting Members Present

Jeffrey Silvers (Chair), Theresa Caughlin, Jacqueline Daley, Jeremiah Darnell, Sara Doernberg, Kim Erlich, Salah Fouad, Marian Hollingsworth, Patricia Kassab, Michael Langberg, Dawn Terashita, Alicia Cole, Tim Clark, Roy Boukidjian, Marisa Holubar

Liaison Members Present

CAPA/Jeremy Elkins, IDAC/Phillip Robinson, CACDC/Ying-Ying Goh,

Voting Members Absent

John Culver, Erica Pan, Michele Ramos, Nancy Waters, Matt Zahn

Liaison Members Absent

CHA/Debby Rogers, CHA/Kathy Dennis, HSAG/Howard Pitluk, CHA/Michael Butera, CAPICE/Mary Virgilito

Participated by phone at a posted public meeting site (if voting member, able to vote): Debbie Wiechman

Department Staff Present

Erin, Epon, Neely Kazerouni, Lori Schaumleffel, Lanette Corona, Monice Magro, Janice Kim, Monise Magro, Janette Biorn, Valerie Sandles

Call to order, introductions, and review meeting requirements

Chair, J. Silvers, called the meeting to order at 10:15 AM (waiting for a quorum).

Item 1. Approved August 10, 2017 meeting summary

Committee reviewed the August 10, 2017 meeting summary. No discussion or public comments. Meeting summary approved as written.

Item 2. CDPH HAI Program updates presented by Erin Epon

HAI in California Hospitals Annual Report, 2016 is in clearance. Presented summary of "Influenza Vaccination among Health Care Providers (HCP) in California Hospitals Annual Report, 2016/2017" to be published week of November 13, 2017. Overall, California hospitals reached 83% influenza vaccination among HCP, showing a steady increase since 2010. The highest vaccination rates are among employees paid by the hospital (87%) and the lowest are among licensed independent practitioners (67%), a category that includes physicians, advance practice nurses, and physician assistants who are not directly paid by the hospital. To reach the Healthy People 2020 goal of 90% vaccination, hospitals should have achieved 81% vaccination coverage in 2016-2017. Almost one-third of California hospitals (119) already achieved 90% vaccination. Annual influenza vaccination is increasing in 35 counties that require unvaccinated HCP to wear a mask (84%) and 20 counties that do not have such a health order (81%).

Discussion: Question about what is seen as barriers for hospitals that do not have success with increasing vaccinations. Important to share success stories. Flu vaccination should be convenient, free, and easy to access. Another member acknowledged gratitude for making the HCP influenza report available to the public. Request to make report available sooner, before the flu season starts, so it could be used for public health departments to look at their countywide campaigns. HAI Program is working on to improve the timeliness of these reports as well as the HAI reports and can look at options to get information to the counties sooner. A question about what organizations/hospitals can do besides the interventions mentioned summarized (for example, bringing vaccination carts into the facility, offering incentives) when staff refuse to get vaccinated for flu. Question about what other organizations may be doing to hold HCPs accountable. Hospitals in Maryland mandated flu vaccination and if staff does not comply, the person could lose his job. Talking about the flu cases and patients

who have died has made an impact on staff. Counties that require vaccination (or HCP must wear a mask) agreed on the time frame.

Provided an update on the Injection Safety Outreach Project, announced on November 3, 2017, at California APIC Coordinating Council meeting in Burlingame. Project aims to form a statewide injection safety network and reach priority providers and settings (for example, infusion clinics, pain clinics, medical assistants, RNs) as recommended to CDPH by the HAI Advisory committee in the past. Project targets funding 7-10 APIC Chapter partners. Briefly described requirements and expectations for partnership as well as the project timeline.

Discussion: Question whether APIC chapters are interested in applying and if they have that outreach capability to get to those targeted settings and providers (since they usually are more connected with hospitals which have better injection safety supervision). APIC members showed great interest in the project when presented to chapter leaders at the CA-APIC meeting and have connections with the types of settings the project aims to target (e.g., ambulatory surgery centers). Partners also encouraged to engage with their local health departments to come up with way to reach those settings/providers. APIC Chapters may have limited time to meet with their members by the end of the year but are interested in participating. Questions about who the call for proposal went to and if APIC members are supposed to reach the targeted settings/providers. Call for proposals went specifically to APIC Chapters. Can be creative in the ways they plan to reach target audiences. APIC members work within their local chapters to come up with their project ideas and plans.

Provided an update of the NHSN AU Implementation Project. 16 California hospitals reported at least one month of AU data in 2017 (to date). Many more hospitals are working to implement reporting. CDPH HAI Program collaborating with expert health informatics consultants to perform (upon request of hospitals) onsite technical assessments of IT infrastructure and AU reporting-readiness, step-by-step AU implementation plans customized to each hospital's needs, and ongoing technical support. Recently held 2 half-day AU training sessions in the San Francisco and Los Angeles areas (in coordination with LA County public health) with 44 attendees from independent or county-owned hospitals and health systems/organizations. Next steps to initiate statewide AU implementation collaborative.

Discussion: Healthcare facilities need to set up electronic reporting in order to report to NHSN AU. Electronic health records must be extracted using exact data standards; many types of software/utilities can be used. CDPH consultant, Lantana Consulting Group, providing expertise to hospitals to establish implementation plans. Takes some effort but doable. If interested in participating in the project, consultant can provide implementation advice based on existing data systems and assistance with data validation. Questions about if there future plans for AU data risk adjustment including hospital populations such as transplant and immunocompromised patients. NHSN has an ongoing process to refine the AU measure, and as more hospitals submit data, the more opportunities exist to refine. Question regarding added benefit of project for facilities already well established with experts already working on implementation. Suggestion that project focus more on facilities that are not reporting electronically or do not have all data systems to establish. By using NHSN facilities already tracking AU data can compare their data with the pool of other hospitals nationally submitting data (external benchmarking). Recent outreach has been with the smaller hospitals, which are not tracking their antibiotic use internally, and this project is helping them achieve that.

No public comments.

Item 3. Discussion about Expanding CDPH Coordinated Approach to HAI/AR Prevention from a Regional (County-Level) Model to a System or Network Model.

Hospitals are not on the same electronic health records so true collaboration on an inter-facility transfer form will be difficult. Long-term care facilities are hesitant to take patients requiring isolation precautions and need more education regarding infectious diseases. Suggestion that the Department mandate one form. Regional collaboratives have tried to implement same form but the challenge is to get facilities to actually use it. Electronic format would be more useful than paper. Suggestion of a web based portal with all providers having access. Suggestion that the Department distribute an AFL to require a transfer form. Difficult for infection preventionists to complete transfer form without

adequate training. Anything that promotes collaboration between facilities is an improvement. Suggestion that CRE be mandated for reporting.

Motion 1: M. Hollingsworth

Recommend that CDPH model the AFL guidelines for informing facilities of a patient being transferred with a known history of multi drug resistant organism during the hospitalization.

Second: S. Fouad

Discussion and public comments: Suggestion for a physician signature from sending facility to identify the need for isolation and a signature from the receiving facility acknowledging receipt of the information. Suggestion to form a facility transfer sub-committee. Suggestion to include transportation precautions in a document.

Voted in favor: A. Cole, M. Hollingsworth, D. Wiechman, S. Fouad, R. Boukidjian, K. Erlich

Opposed: J. Darnell, M. Langberg, P. Kassab, T. Clark, J. Daley, T. Caughlin, D. Terashita, M. Holubar, S. Doernberg.

Abstained: None

Motion did not pass.

Motion 2: M. Langberg

Refer the inter-facility transfer communication to the AR subcommittee to draft language for a motion at the next HAI Advisory Committee meeting.

Second: K. Erlich

Voted in favor: A. Cole, M. Hollingsworth, D. Wiechman, J. Darnell, M. Langberg, P. Kassab, T. Clark, S. Fouad, R. Boukidjian, J. Daley, T. Caughlin, D. Terashita, K. Erlich, M. Holubar, S. Doernberg

Opposed: None

Abstained: None

Motion passed.

Motion 3: Alicia Cole

Recommend that CDPH add CRE data to the list of what is being collected from the state for the annual public report.

Second: K. Erlich

Voted in favor: None

Opposed: A. Cole, M. Hollingsworth, D. Wiechman, J. Darnell, M. Langberg, P. Kassab, T. Clark, S. Fouad, R. Boukidjian, J. Daley, J. Silvers, T. Caughlin, D. Terashita, K. Erlich, M. Holubar, S. Doernberg

Abstained: None

Motion did not pass.

Motion 4: Alicia Cole

Recommend that CDPH add CRE surveillance data to the list of what is being collected from the state for the annual HAI public report.

Second: M. Hollingsworth

Voted in favor: A. Cole, M. Hollingsworth, D. Wiechman, J. Darnell, M. Langberg, P. Kassab, T. Clark, S. Fouad, R. Boukidjian, ~~J. Daley~~, J. Silvers, T. Caughlin, D. Terashita, K. Erlich, M. Holubar, S. Doernberg

Opposed: J. Daley

Abstained: None

Motion passed.

Item 4. Antimicrobial Resistance/Stewardship Subcommittee update presented by Marisa Holubar, Chair

Subject matter experts continued working with the subcommittee. At the last meeting, decided to address educational efforts to under-reached antibiotic prescribers. Based on CDC report on antibiotic use in U.S., 2017, dentists are fifth most common prescribers. Dentists not being exposed to antibiotic stewardship educational efforts. Studies show that dentists use narrow spectrum antibiotics for prolonged durations. Antibiotics used for surgical prophylaxis may not be prescribed in concordance with new guidelines. Subcommittee recruited subject matter experts to develop educational materials to promote ASP in dentistry. Currently discussing formats of materials that focus on prophylaxis, penicillin allergies, and common drug-drug interactions. Developed educational handouts to send to primary care providers.

Motion 1: M. Holubar

CDPH host an educational webinar or web-series to promote antimicrobial stewardship in dentistry. The AR/AS Subcommittee will develop the content for this webinar.

Second: A. Cole

Discussion: Great motion as far as the process followed to formulate the question and propose a motion. Maybe the subcommittee members or the dentist subject matter experts could develop the content and present materials for use on CDPH website. Dental Association or State Dental Directory are possible options for reaching dentists. Study showed antibiotic use in dentistry is linked to community-onset *C. difficile* colitis.

Voted in favor: A. Cole, M. Hollingsworth, D. Wiechman, J. Darnell, M. Langberg, P. Kassab, T. Clark, S. Fouad, R. Boukidjian, J. Daley, T. Caughlin, D. Terashita, K. Erlich, M. Holubar, S. Doernberg

Opposed: None

Abstained: None

Motion passed.

Motion 2: M. Holubar

CDPH perform surveillance for community onset *C. difficile* infections (CO-CDI) linked to antibiotics prescribed for dental indications.

Second: J. Darnell

Discussion: Dentists are not aware of over-prescribing. Finding sources of CDI data and showing the association between CO-CDI and dental over-prescription is challenging. The motion is vague and open to interpretation for timeframe of dental work to development of CDI. Questions about tracking CDI in the community and figuring out if CDI linked to over-prescribing by dentists. Suggestion to encourage dentists to follow-up with patients given antibiotics and provide education. Suggestion for dentist registry. Question regarding use of the surveillance data. Recognized need to raise awareness among dentists that there is a problem. Education is a relatively weak intervention if not linked to practice and that is why subcommittee recommended this motion. Find ways to engage the oral surgeons/dentists in discussions about antibiotic stewardship.

Voted in favor: None

Opposed: A. Cole, M. Hollingsworth, D. Wiechman, J. Darnell, M. Langberg, P. Kassab, T. Clark, S. Fouad, R. Boukidjian, J. Daley, T. Caughlin, D. Terashita, K. Erlich, M. Holubar, S. Doernberg

Abstained: None

Motion did not pass.

Item 5. Environmental Cleaning in Healthcare Subcommittee presented by Jeff Silvers, Acting Chair

Developing report emphasizing the need for health care facilities to implement a water management plan to minimize the risk of waterborne pathogen transmission. An overview of Legionellosis outbreaks and California statistics for 2011-2015 illness onset.

Motion: Marian Hollingsworth

Recommend that the State of California Department of Public Health provide a three-webinar series beginning

January 2018 to assist health care facilities with development and maintenance of a comprehensive water management program that mirrors CDC guidelines.

Second: Alicia Cole

Discussion: Ensure information on Legionella includes case definitions, modes of transmission, epidemiology, types of facilities that CMS requires to implement such a program, and an overview of CDC guidance. A comprehensive water management plan implementation will also inhibit other opportunistic pathogen growth besides legionella. Educational efforts on Legionellosis prevention by CDPH are currently underway and a tool kit is readily available on the CDC website. Suggestion that webinars would be more accessible to a larger number of health care facilities. CDPH to explore options for providing legionella educational programs to health care settings

Voted in favor: A. Cole, M. Hollingsworth, D. Wiechman, J. Darnell, P. Kassab, T. Clark, S. Fouad, R. Boukidjian, J. Daley, T. Caughlin, D. Terashita, K. Erlich, M. Holubar, S. Doernberg.

Opposed: None

Abstained: None

Motion passed.

Item 6. Public Reporting and Education Subcommittee presented by Patricia Kassab, Chair

Discussion about Advisory Committee recommending to CDPH to add a sentence to the interactive map that if a consumer sees a higher infection rate they can call the infection preventionist. Subcommittee to further discuss Looking at the entire HAI website and discussing recommendations to add a link to APIC in the *Me and My Family* page. Robust discussion of statewide and local outbreaks and how to notify consumers. No motions yet.

Discussion: May not be appropriate for consumers to call infection preventionists. No public comments.

Item 7. Legionella Control Update presented by Janice Kim

Discussion: Pall Medical providing a water system educational symposium on November 14 at Los Angeles Athletic Club and November 15 at UC Irvine. CDPH HAI Program agreed to share information with the California Association of Health Facilities (CAHF) for informing long-term care facilities. Suggestion that facilities that have not had a healthcare onset case start with a risk-assessment. Noted patients at highest risk are bone marrow transplant patients or those who are on biologics that cause immunosuppression. IDSA has guidance on when/how to test patients but it does not address legionella pneumonia. Legionella testing not done routinely for pneumonia. No commercially available PCR test for legionella.

Item 8. Committee Business

Recognized and thanked the efforts, expertise, and work passion of the four outgoing Committee members. Nominated and elected a new chair, Dawn Terashita. The 2018 Committee meetings will be held in Sacramento and Richmond (CDPH Campus), alternating, on February 8, May 10, August 9, and November 8, 2018. Suggestion to recommend qualified applicants for Committee membership. HAI Advisory Committee webpage has link to member recruitment and application. Open positions are healthcare consumer, two healthcare providers, hospital administration professional, infection control professional/epidemiologist, and integrated health systems representative. The Environmental Cleaning in Healthcare Subcommittee needs a chair.

Item 9. Public comments on matters not on the agenda

No public comments.

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

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Agenda recommendation for future meeting: Sterilization and disinfection of dental offices. Comment that CDPH has done a great job on device-associated infections and Committee would like to see more on SSI prevention.

Meeting adjourned at 2:47 PM