

Healthcare-Associated Infections Advisory Committee
Meeting Summary
November 14, 2019
Richmond, CA

Voting Members Present

Dawn Terashita (Chair), Roy Boukidjian, Theresa Caughlin, John Culver, Sarah Doernberg, Marisa Holubar, Patricia Kassab, Tashia Orr, Erica Pan, Arianna Sampson, Matt Zahn

Voting Members Absent

Keith Bradkowski, Tim Clark, Silvia Gnass, Marian Hollingsworth, Cristine Lacerna, Michele Ramos

Liaison Members Present

IDAC/Jeffrey Silvers, CA-APICE/Mary Virgallito, CHA/Michael Butera,

Liaison Members Absent

HSAG/Howard Pitluk, CHA/BJ Bartleson, CNA/Kathy Dennis,

Department Staff Present

Lynn Janssen, Erin Epon, Valerie Sandles, Naveen Makhdum, Idamae Kennedy, Mitra Baradar

Call to order, introductions, and review meeting requirements

Chair, D. Terashita, called the meeting to order at 10:02 AM.

Item 1. Approve May 9, 2019 meeting summary

Meeting summary approved.

Item 2. CDPH HAI Program updates – Erin Epon & Lynn Janssen

Annual HAI report 2018 preview

The Annual Report was approved and will be published November 18, 2019. CA hospitals continue to make steady progress in preventing HAI; LTACH progress is not as good. Progress towards 2020 goals (SSI – need more disaggregate analysis given aggregate increase). County-specific reports will be presented in the future.

New 5-year CDC award

HAI submitted an ambitious proposal and received funding for 7 staff including an ID pharmacist, no losses just shifting in responsibilities using existing state resources. Significant funding awarded for containment of HAI/AR included for follow-up onsite infection control assessments. As part of a response, HAI has proposed to do epi-lab coordination (AR pathogens), 20 AR, and 35 HAI investigations.

Targeted prevention projects proposed: vSNF in SoCal – basics of IC practice to prevent MDRO transmission; In response to national levelling off of MRSA BSI reduction, HAI is looking at MRSA BSI, targeting hospitals with high (absolute) CAD across California by focusing on potential sources (e.g., through SSI, CLABSI, non-surgical wounds), associated QI (Tier 2 project); Support existing Kern County ASP Consortium to engage SNF participation (with ID pharmacist); Binational border ASP project with Office of Binational Border Health (OBBH), San Diego County, Baja California counterparts, ID pharmacist, and Marisa Holubar.

LAC Tier 2 funded projects: CHG decolonization on discharge (MRSA) – hospital outpatient (based on CLEAR project from UCI) – CDPH will engage those hospitals not participating in LAC project.

Not funded: Dialysis center infection prevention; HAI surveillance and prevention in SNF with poor IC; External data validation in targeted hospitals.

Website and Communications updates

The website has been refreshed by the Communications Team. Webpages updated are - Antibiotic awareness week Nov 18-24, 2019; 2019 AR Threats Report; CDC will release core elements for AS for hospitals; CDPH releasing more social media messages.

ASP Honor Roll project

CDPH HAI is looking to reinstate and refresh previous ASP program (2014) – before CDC core elements, senate bill; Include implementation of more disaggregated ASP core elements as criteria looking to expand to SNF; Enrollment will be a limit to 1 calendar year, opportunity to submit success story on website, certificate/widget on website, recognition in Annual Report, network opportunities, support from ID Pharmacist, improve ASP in CA; Levels of the program - Bronze (any one activity in 7 core elements): Silver (specific activities of each core element and demonstrated outcomes): Gold (silver + demonstrate work with community/other healthcare facilities, other community engagement); CDPH does not want to compete with IDSA (\$5000) Center for Excellence program; Announce during antibiotic awareness week, receive applications for January 2020, will be reviewed by ID pharmacist/prevention epi team; Get recommendations/feedback from HAI Committee.

Response to Committee recommendations

From the May 2019 meeting:

The EHS Subcommittee proposed the following:

- Require EVS staff to obtain/maintain an advanced certification in environmental cleaning to take effect by September 2020
- Require certificate of new hires into EVS leadership staff
- Due to change in leadership at CHCQ moving this forward is at a temporary stand still
- State Dental Office develop a longitudinal plan to incorporate AS in dental practices, share draft by end May 2020 – no movement
- Review proposed content for ASP monitoring tool - plans for piloting – put into format of adherence monitoring tool, ID Pharmacist to pilot, and send out for feedback.

Future HAI Program Update Topics

- Annual HAI report findings

CDPH will Strategize on getting published early. A task group will work on this. Inclusion of AUR data – in an aggregate of those hospitals we have; Numerator/Denominator/Rates that can be released by hospital, but in law – Annual Survey data in aggregate; Publish more, cite publications from HAI report. Committee members wanted to know, can feedback to specific hospitals; Useful to have aggregate SAAR – as baseline for comparison, hospital type.

- AR/High Concern Pathogen Containment Plan –1st quarter meeting

- CPO/C. auris colonization testing decision tree – 1st or 2nd quarter meeting

- Data for action strategy for 2020-21 – 2nd quarter meeting

Committee discussion:

Local Public Health Issues - Lab capacity for *C. auris* testing, some sent to MN, WA, NY, CDC – scheduling large volume screening; Pulse Net – Whole Genome Sequencing (WGS) [Salmonella, Listeria] capacity but limited bioinformatics – bioinformatics support at WA ARLN, MDL Core Lab; Public health database of sequencing isolates (NCBI), WGS information from CDC coming; CDC plan to strengthen regional capacity.

Subcommittee Reports

Item 3. Antimicrobial Resistance/Stewardship Committee-Marisa Holubar, Chair

Most discussions during the subcommittee meetings were about the Antimicrobial Stewardship Honor Roll. Antimicrobial Stewardship efforts are prioritized. Committee wants to develop methods to expand the reach of Antimicrobial Stewardship Programs to settings beyond Acute Care Hospitals.

Vote: No items requiring a vote were presented.

Item 4. Environmental Cleaning in Healthcare

Jeremiah Darnell, the former chair of this subcommittee, resigned. No report given since there wasn't a Chair to lead meetings.

Vote: No items requiring a vote were presented.

Item 5. Public Reporting and Education Subcommittee- Patricia Kassab, Chair

The subcommittee has met twice since last Advisory Committee meeting; the subcommittee has lost a few members. The subcommittee is very complimentary of the great job that CDPH HAI did in revising the website. They were pleased to see that CDPH HAI integrated their recommendations into the website revisions.

Vote: No items requiring a vote were presented.

All Discussion: The purpose and function of each subcommittee and the need to define what the HAI Advisory Committee needs the subcommittees to accomplish and bring back to the Committee. Develop short- and long-term goals. Recommendations from the subcommittees are important whether they can be done. According to the law, the Advisory Committee Chair charges the subcommittee with a task. Subcommittee presentation contents must be on the agenda of the Advisory Committee meeting to be discussed.

A recommendation by the Advisory Board is to development of an *onboarding* process for new Advisory Committee members would help them to understand how the committee and the department work.

A Liaison Member expressed support for this the Environmental Cleaning in Healthcare subcommittee since the environment is one of the 3 components of the infection control triad (patients, healthcare personnel, environment). CDPH mentioned that attention to water management for microorganisms other than *Legionella* is important for healthcare facilities.

It was unanimously agreed upon to “pause” the subcommittees until new Advisory Committee members are appointed. Task force group recommended in the future.

CDPH pointed out that there can be changes to the by-laws. The Advisory Committee Meetings should be worthwhile for members to attend. A Liaison member agreed that subcommittees are good for building relationships and providing feedback to CDPH. A reminder was given that everyone rotating off the Advisory Committee can still be on subcommittees as subject matter experts.

New/Unfinished Business

Item 6. HAI AC Liaison member verbal reports and review of submitted “Liaison Member Report Form”

AC members reviewed the Liaison Member Report Forms and gave feedback. In addition, liaison members provided updates. A background/purpose for the forms was shared: In order to provide a more interactive and meaningful role to liaison members, the Liaison Member Report Form was created (modeled after the HICPAC process at the national level) to submit and present to the AC on an as needed basis. Members like the format and think it will be useful in facilitating updates back to their organizations; would be good to encourage liaison members to participate in the subcommittees.

Process: Liaison members can submit the report form in advance if they will not be present or bring to the Advisory Committee Meeting to discuss during the designated time. There will be a standing Liaison Member Reports section at future Advisory Committee Meetings. Liaison member reports should be brief (2 minutes); longer reports may be placed on the agenda as an additional item.

- Liaison Member Reports:
 - CA APIC
 - Opportunity to work on Title 22 recommendation changes
 - October 15-18, 2020 - will host annual education IP Foundations course in Ontario
 - IDAC
 - Spring 2020 – will host ambulatory stewardship symposium in Northern California (more info to be shared)

Voted in favor of adopting form: Roy Boukidjian, Theresa Caughlin, John Culver, Sarah Doernberg, Marisa Holubar, Patricia Kassab, Tashia Orr, Erica Pan, Arianna Sampson, Matt Zahn

Opposed: None **Abstained:** None

Motion Passed

Item 7. Develop process and timeline for updating the California HAI Prevention Plan

Following the CDPH presentation of the HAI Prevention Plan, committee members wanted to know if there is a multiyear plan? If there is, committee can work on that plan. As we get to 2020, we better know where to go, and have some ideas as where the Department is going, and what's ahead of us. The committee also wanted to know can this be done in a templet format so it can get to the committee; just the important discussion.

The committee wanted to know are there shorter goals, or ongoing plans? If there will be a system planned, will there be a live document so it can be modified, add and update some of the processing features between 4-5 years that would help with the future goals? What are the limits?

The committee discussed a need of new plan and format for projects/subcommittees as to what's needed, and if it can be performed by a task force. CDPH suggested if it's called a task force, can we get new individuals to work on the plan and format as needed. We will need to set goals to include what it is we need to accomplish. The committee asked can we incorporate stewardship.

Members suggested the 2-person task force can do the initial work; however, the subcommittee can still make the decisions. CDPH reminded it is mandated by CDC, that the work be divided by function.

Brainstorming suggesting sharing information with the group, and a pre-discussion to bring ideas and presenting the issues to the committee is very helpful. The task force should bring the issues to the subcommittee and then they need to process it. The smaller group have preliminary products to present to the subcommittee. The committee then helps with, which direction the group needs to go.

The committee suggest in the first subcommittee meeting, provide functions, org chart by activity, and more detail behind what is projected.

Voted in favor of setting up Task force and Subcommittee: Roy Boukidjian, Theresa Caughlin, John Culver, Sarah Doernberg, Marisa Holubar, Patricia Kassab, Tashia Orr, Erica Pan, Arianna Sampson, Matt Zahn

Opposed: None **Abstained:** None

Motion Passed

New subcommittee will have the meeting before next Advisory Committee meeting. The subcommittee is targeting for January 2020. The subcommittee will be divided to the task force and will form new members. Theresa Caughlin will lead the task force team.

Item 8. Thank outgoing members and select a new Committee Chair

CDPH expressed its gratitude to the members leaving the Advisory Board for their past four years of commitment. Certificates of appreciation was given to members present. Certificates will be mailed to members not present.

Item 9. Public comments on matters not on the agenda

Certification Board for Infection Control is conducting a correlation study between certification and outcome data, retained by Johns Hopkins. The study will be complete end of 2020 with a publication plan. Member asked what happened to the comments that went out for the general acute care hospital (GACH) licensing survey? The HAI Program will inquire about this.

Did the Centers for Disease Control and Prevention (CDC) make recommendations for healthcare worker (HCW) vaccination, all the standard vaccinations? We have rural hospitals pushing back on this recommendation for HCW to be vaccinated because they say they are having a very difficult time even trying to find staff. Considering the patient safety this is a liability. Some made the mandate that if you don't get vaccinated you don't have a job. The public health officer orders have been very helpful. Some hospitals enforce mask that is a very telling opportunity for discussions. At the State level, the HCW vaccination requirement went to legislation but was vetoed. The Los Angeles County has a public health officer order, however, the County can't enforce it well but hospitals can. As for vaccination versus mask, the evidence isn't clear. Enforcing the use of mask was perceived as punitive. The ethics committee didn't believe in scientific evidence, they said you just need to mandate it period. It is a political issue, too. Less than half of LA hospitals knew if their workers were immunized (e.g., against measles). Lots of work needs to be done in this area. The hospital leadership is needed to succeed. Some counties like LA and Alameda recognize hospitals with high HCW vaccination rate.

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

Meeting adjourned at 3:01 PM