

APPROVED

Healthcare-Associated Infections Advisory Committee Meeting Summary June 3, 2021 Video Conference

Voting Members Present

Marian Hollingsworth, Geanny Ryan, David Ha, Keith Bradkowski, Amber Theel, Silvia Gnass, Patricia Sung, Anjali Bisht, Cristine Lacerna, Theresa Caughlin, Zachary Rubin, Marisa Holubar (Chair)

Voting Members Absent

Tashia Orr, Arianna Campbell, Robert Bernstein, Sarah Doernberg

Liaison Members Present

Jeffery Silvers-IDAC, Kiyomi Burchill-CHA, Michael Butera-CMA

Liaison Members Absent

Howard Pitluck-QIN/HSAG, Louise McNitt-CPICD, Kathy Dennis-CNA

Department Staff Present

Erin Epon, Chief HAI Program, Lynn Janssen, Lanette Corona, Valerie Sandles, Ayda Alemayehu, Mitra Baradar, Priscilla Bennett, Ashya Cabral, Kimberley Dwyer, Joseph Engeda, Lisa Franqui, Geraldo Garcia, Vikram Haridas, Diana Holden, Neely Kazerouni, Vicki Keller, Idamae Kennedy, Zenith Khwaja, Janice Kim, Jane Kriengkauykiat, Tracy Lanier, Linda Lefrak, Naveen Makhdum, Brie Martin, Teresa Nelson, Kristi Olguin, Andrea Parriott, Neha Sardana, Margaret Turner

Call to order, introductions, and review meeting requirements

Chair, Marisa Holubar, called the meeting to order at 10:02 AM.

Item 1. Approve the March 25, 2021 meeting summary

Meeting summary approved with noted edits.

Item 2. CDPH HAI Program updates – Erin Epon

HAI Program Roles in the COVID-19 Response – Updates

- Infection prevention subject matter expertise for CDPH and local public health – guidance review and development. *Recent updates to quarantine/work exclusion, testing, masking, distancing, visitation, and group activity guidance based upon vaccination status.*
- Prevention outreach – weekly calls/webinars. To be continued post-COVID.
- Outbreak investigation and response: *Outbreaks involving unvaccinated and vaccinated healthcare personnel, patients and residents.* Pandemic and surge-related outbreaks of other pathogens and HAI.
- Infection prevention capacity building – CDPH, local public health, and facilities. Basics of Infection Prevention, SNF track, online format (launched February 2021). Project Firstline IPC training for

frontline HCP in SNF (launched March 2021). *Local Health Department Infection Preventionist online training (launched May 2021).*

- **Infection Prevention Capacity Building for Local Health Departments (LHD).** LHD have the Public Health authority to investigate and respond to communicable disease outbreaks in their jurisdictions, including outbreaks occurring in healthcare facilities. Most LHD have not previously employed trained, experienced IPs (nor dedicated staff to perform IP activities). Public health IP support critical for outbreak prevention and containment in high-risk facilities where facility-level IP expertise is frequently limited, skilled nursing facilities (SNF), assisted living and non-healthcare congregate residential settings.

- **Funding Support for LHD IPs:**

CDC

- Epidemiology and Laboratory Capacity (ELC) “Enhancing Detection” program award to CDPH
- Build capacity at LHD for response to COVID-19 and future threats

CDPH

- Described conditions for awarding funds to LHD
- Strategy 6: Hire at least one full-time IP (ELC Expansion provides support to maintain LHD IP through July 2023)

- **LHD IP Staffing**

Plans for filling IP position

- 39 (67%) LHDs -> full-time IP position
- 19 (33%) LHDs -> two half-time staff sharing IP position

Hiring progress as of 6.1.21

- 54 (93%) LHDs have IP in place (includes 10 LHDs that named an interim IP pending recruitment for “permanent” IP)

- **LHD IP Backgrounds**

Varied backgrounds

- Nursing: 67% of 77 LHD IPs
- 33% others with epidemiology, communicable disease investigation, health education, MD, other
- Hired experienced* IP 6 (10%) LHDs (*defined as having worked as an IP in a hospital or other clinical setting)

- **[HAI Program LHD IP Online Course Landing Page](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/IP_TrainingForSNFs_OnlineCourse.aspx)**

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/IP_TrainingForSNFs_OnlineCourse.aspx)

- Provides foundational infection prevention and control training for infection preventionists (IP) and IP specialists working in local health departments (LHD). 14-hour, self-paced course, online course, 22 training modules taken in sequential order, no cost, registration required, CEUs and certificate for completing entire course and passing the post test for each module (no partial credit)

- **Course Progress**

	May 19	May 26	June 2
LHD IPs registered	35	45	<i>Stretch goal</i>
Jurisdictions represented	25 (43%)	35 (60%)	<i>54 (93%)</i>

- **Ongoing HAI Program Support for LHD IPs**

Following completion of LHD IP training course:

- HAI Program IP Teams to establish mentorship and collaborative partnerships with and among LHD IP by matching specific LHDs to each regional HAI IP team
- Potential academic and health system partnerships
- HAI Program convening LHD IP Support & Education Forum (meet weekly)
- Developing LHD IP job description template (describes types of activities for each essential function)
- **Essential Functions of the ELC-Supported LHD IP**
 - Capacity: Build IPC expertise within the LHD
 - Training: Ensure IP or IP-designated staff receive comprehensive IPC training
 - Prevention: Engage with SNF and other high-risk congregate settings
 - Response: In response to COVID-19 and other HAI outbreaks, perform onsite IPC assessments
 - Partner: Establish partnerships with local or regional organizations and CDPH HAI Program enhance IPC capacity and expertise

- **What have we learned, and how are we sharing and leveraging the information to inform prevention?**

Society for Healthcare Epidemiology of America – April 2021

- Parriott et al. Comparing Hospital Healthcare-Associated Infection Incidence During Pre-COVID-19 Pandemic and Pandemic Eras
- Kriengkauykiat et al. Antimicrobial Stewardship in Acute Care Hospitals: A Report of the California Healthcare-Associated Infections Honor Roll Program
- Engeda et al. Associations between patient neighborhood characteristics and inappropriate antimicrobial use
- Stendel et al. Characteristics of On-Site Infection Prevention and Control Visits for the Novel Coronavirus (COVID-19) Response—California, February 2020–December 2020
- Holden et al. Multi-facility Outbreak of NDM/OXA-23-producing *Acinetobacter baumannii* in California, 2020-2021

Council for State and Territorial Epidemiologists – June 2021

- Parriott et al. Use of classification tree methodology to predict large COVID-19 outbreaks in skilled nursing facilities in California
- Haridass et al. Evaluation of California’s Coronavirus Disease 2019 (COVID-19) Surveillance System for Long-Term Care Facilities
- Engeda et al. Associations between racial/ethnic composition, neighborhood-level socioeconomic status and novel coronavirus cases in California’s skilled nursing facilities, May 25-August 16, 2020
- Magro et al. Pathogen Distribution and Antimicrobial Resistance Patterns for Healthcare-Associated Infections in Pediatric Patients in California, National Healthcare Safety Network Surveillance Data, 2014-2019
- **Associations Between Resident Racial/Ethnic Composition, Neighborhood-Level Socioeconomic Status and COVID-19 in CA SNFs, May 25-August 16, 2020**
 - Key variables
 - Main predictor: Resident racial/ethnic composition

- ≥88% of residents are White
 - ≥32% of residents are Black or Hispanic/Latinx
 - ≥32% of residents are Asian
 - No high proportion of any racial/ethnic composition (racially/ethnically mixed)
 - Outcome: Numbers of COVID-19 laboratory-confirmed cases among residents
- **Comparison of COVID-19 Incidence Among Mixed SNFs & SNFs with ≥32% Black or Hispanic/Latinx residents versus majority White SNFs – 3 Models**

Multi-level mixed-effects negative binomial regressions adjusted for facility, neighborhood, and county level factors. Incidence rate ratios (IRR) were used to interpret the associations main analysis using SNFs with majority white residents as the ref group, we compared those to SNFs that were mixed shown in orange and SNFS with 32% B or HL residents shown in blue. This figure shows results for each of the 3 models after adjusting for covariates at each level we assessed. Compared with SNFs with majority White residents, racially/ethnically mixed SNFs had a significantly higher COVID-19 incidence rate among residents after controlling for SNF-level factors (IRR = 2.98 [95% confidence interval (CI) = 1.95, 4.57]). After controlling for neighborhood and county-level factors; this association was attenuated but remained statistically significant (IRR = 2.12 [95% CI = 1.49, 3.03]). Incidence rates were higher among SNFs with high proportions of Black or Hispanic/Latinx residents compared to SNFs with majority White residents, after controlling for SNF-level factors (IRR = 5.12 [95% CI = 3.09, 8.51]) and neighborhood and county-level factors (IRR = 2.40 [95% CI = 1.56, 3.68]), although results were attenuated after further adjustments. (Supplement). In our sensitivity analyses, when cut-points were lowered for SNFs with Black or Hispanic/Latinx residents the COVID-19 incidence rates increased in these populations; when cut-points were lowered for SNFs with majority White residents, the COVID-19 incidence rates decreased for both racially/ethnically mixed SNFs and those with high proportions of Black or Hispanic/Latinx residents. However, the overall trends in differences remained consistent with our main results.
- **Conclusions**
 - SNFs with higher percentages of Black or Latinx residents have higher COVID-19 incidence, and these associations are exacerbated by SNF financial characteristics and neighborhood factors
 - SNFs with poorer financial performance may be less able to invest in resources, staffing, and quality improvement efforts
 - SNFs remain highly segregated and racial/ethnic minorities tend to be cared for in a small number of facilities
 - Reflecting segregation across neighborhoods
 - Payer status, income, or financial barriers
 - **Antimicrobial Stewardship Honor Roll**
 - Enrollment Period announced on January 21, 2021
 - Deadline for enrollment was March 21, 2021
 - We received 42 completed applications
 - Demographics-Regions: 23 applications (55%) from N.Cal, 19 applications (45%) from S.Cal, 4

applications (10%) upgrade from Silver, 4 applications (9%) upgrade from Bronze, 34 new applications (81%)

- **Demographics-Facility Type and Number of Beds:** 7 applicants (17%) were Free Standing, 35 applicants (83%) were part of a healthcare system/hospital network, 12 applicants <125 beds, 16 applicants 125-250 beds, 14 applicants >250 beds
- **Current total enrollment:** 137 Facilities, 29 Gold (21%), 47 Silver (34%), 61 Bronze (45%), 56 N.Cal (41%), 81 S.Cal (59%), 16 Freestanding (12%), 118 part of a healthcare system/hospital network, 1 other (1%)
- **Next steps:** Open enrollment - July 2021, Deadline – September 1, 2021, CDPH Antimicrobial Stewardship Mentorship pilot, Antimicrobial Stewardship Collaboration Network (ASCN) for California
- **2020 Hospital HAI data files posted to CHHS Open Data Portal:** Statewide *SIR for CLABSI went up for the first time since 2015* - it was 0.98 in the second half of 2020, compared with 0.67 in 2019. This seems to be consistent with national data, and there are a number of likely pandemic and surge-related contributors (e.g., staffing shortages/turnover, crowding, PPE misuse, proning of COVID patients) that led to lapses in known CLABSI prevention practices. Getting back on track with CLABSI prevention will be a major focus of our HAI prevention work in hospitals in 2021 and beyond as we (hopefully) recover from the pandemic.

Item 3. Subcommittee: Revision the state HAI/AR Plan update and discussion (sections of 2015 HAI Plan reviewed)

- **HAI program infrastructure:** Most of the recommendations (originally developed when the HAI program was founded) led to a now well-established infrastructure. The committee tentatively to NOT retain most of the section in the new HAI plan. The committee tentatively decided to include a new recommendation to review the HAI program organizational structure with the HAI advisory committee on a regular basis (TBD.)
- **Surveillance, Detection, Reporting, and Response:** Include a goal on continuous optimization of outbreak support and laboratory programs. Consider inclusion of the public in the improvement of communication related to outbreaks. Conduct periodic data-driven assessment of impact of programs, including gap analysis. Incorporate targeted data validation activities in the HAI surveillance. Build capacity for surveillance training. *Periodic reporting of the status of the above to the HAI advisory committee – progress tracking, issue awareness,*
- **Prevention: Adding specific AMR and ASP goals**
 - *Report out on success/progress of collaboratives*
 - *Reconvening the AMR/ASP subcommittee to expand this section.*
 - *ASP honor roll*
 - *Evaluate need for targeted collaborative groups – especially for smaller hospitals and non-acute care settings*
 - *Address training requirements for infection prevention practitioners in different settings.*
- **Evaluation & Communication**

Evaluation

- Each section of the HAI plan will have an established mechanism for measuring success of implementation.
- The measurement process will include parameters of how often measurement will occur, established targets that define success and where measures will be reported.

Communication

- Each section of the HAI plan will have an established mechanism for communicating progress on implementation.
- The communication plan will include parameters of how often updates will occur, who are the stakeholders or settings that will be updated and the mechanism for communication.
- Healthcare Infection Control Response
 - Specific recommendations for format and structure that incorporate data-driven assessment
 - Include ASP goal to improve antimicrobial prescribing across continuum of care
 - Focus on prevention of emerging organisms – CPOs, C. Auris, and other MDROs
 - Enhance collaboration and communication between state and healthcare partners by sharing surveillance and outbreak data through data use agreement (DUA)
- **Key Recommendations** based on key strategies identified in the plan so far:
 - Overall infrastructure
 - Inclusion of ASP goals
 - Non-acute, non-healthcare care settings
 - **Periodic review by HAI Advisory Committee for feedback and awareness of emerging issues**
 - Capacity-building support
 - Outbreak management
 - Surveillance
 - Training and Education
 - Communication
 - Collaborative groups
 - Annual report
 - Periodic needs-assessment/gap analysis

- **Motion:** *The HAI Plan subcommittee recommend that the Advisory Committee accept the above listed recommendations to the CA Healthcare Associated Infections State Plan.*

Voted in favor recommendations: Marian Hollingsworth, David Ha, Amber Theel, Silvia Gnass, Patricia Sung, Anjali Bisht, Cristine Lacerna, Terri Caughlin, Marisa Holubar

Opposed: None, **Abstained:** None, **Motion Passed**

Item 4. AS/AR subcommittee presentation and discussion

The CDPH HAI AS/AR subcommittee recommends the following for inclusion of Antimicrobial Stewardship in the CDPH HAI program plan. ASP is a critical component in preventing the spread and limiting the emergence of multi-drug resistant organisms.

- Develop and sustain a public education and advocacy campaign to increase public awareness of AMR and the appropriate use of antibiotics (*building on respect for PHD garnered during COVID*)
- Promote and track sustainable “core” ASP interventions for long-term care facilities (*specific targets can be informed by the CDPH HAI advisory committee*)
- Promote and track outpatient ASP efforts across the state (*specific targets can be informed by the CDPH HAI advisory committee*)
- Assist ASP growth by describing staffing of ASPs across the state (i.e., according honor roll status) to allow for benchmarking and programmatic growth/expansion
- Strengthen collaboratives between established and nascent ASPs to elevate ASP standards across the state
- Integrate ASP clinicians in state-wide laboratory initiatives to help anticipate clinical implications of changes
- Incorporate data regarding ASPs in the annual CDPH HAI report

Motion: *That the HAI Advisory Committee approve the submission of the above goals to the CDPH HAI Program for inclusion in the CA Healthcare Associated Infections State Plan. Voted in favor recommendations:* Marian Hollingsworth, David Ha, Amber Theel, Silvia Gnass, Patricia Sung, Anjali Bisht, Cristine Lacerna, Terri Caughlin, Marisa Holubar

Opposed: None, **Abstained:** None, **Motion Passed**

Item 5. Review action items and propose agenda topics for future meetings

Items and subject suggestions for future meetings can be emailed to Valerie.

Meeting adjourned at 12:06 pm.