

**Healthcare-Associated Infections Advisory Committee**  
**Meeting Summary**  
**September 17, 2020**  
**Video Conference**

**Voting Members Present**

Tashia Orr, Marian Hollingsworth, Arianna Sampson, David Ha, Keith Bradkowski, Amber Theel, Silvia Gnass, Patricia Sung, Cristine Lacerna, Theresa Caughlin, Robert Bernstein, Marisa Holubar, Sarah Doernberg, Geanny Ryan,

**Voting Members Absent**

Anjali Bisht

**Liaison Members Present**

Kathy Dennis-CNA, Michael Butera-CMA,

**Liaison Members Absent**

BJ Bartelson-CHA, Howard Pitluck-QIN/HSAG, Jeffery Silvers-IDAC, Louise McNitt-CPICD

**Department Staff Present**

Erin Epton, Chief HAI Program, Lynn Janssen, Lanette Corona, Valerie Sandles, Tisha Mitsunaga, Naveen Makhdom, Diana Holden, Erin Garcia, Idamae Kennedy, Jane Seigel, Joseph Engeda, Linda Lefrak, Lori Schaumleffel, Mitra Baradar, Monise Magro, Myesha Febres, Neely Kazerouni, Tracy Lanier, Vicki Keller

**Call to order, introductions, and review meeting requirements**

Chair, Marisa Holubar, called the meeting to order at 10:04 AM.

**Item 1. Approve the June 4 meeting summary**

Meeting summary approved.

**Item 2. Public Story**

Shared by Dr. Robert Bernstein

**Item 3. CDPH HAI Program updates – Erin Epton**

2019 HAI Interactive Map published. For 2019 HAI data and beyond, HAI Program will post Open Data Portal (ODP) tables and refresh the Interactive Map once the data are available, rather than when the narrative annual reports are approved. CLABSI, CDI, MRSA and VRE BSI ODP tables posted on April 15, 2020; SSI tables posted May 18, 2020. The Interactive Map published on September 11, 2020. Narrative report drafted and in review; includes overview of planned analyses of COVID-19 impact on HAI in hospitals.

In 2020, the HAI Program is focusing our infection prevention efforts and resources on the COVID-19 pandemic. Analysis of hospital COVID-19 impact on HAI incidence and reporting, which could vary by

HAI type. Despite the temporary suspension of reporting requirements, 84% of hospitals reported first quarter 2020 data for laboratory reportable HAI, specifically, CDI, MRSA BSI, and VRE BSI. Analyses of social determinants of health impacts on COVID-19 in skilled nursing facilities, antimicrobial use in hospitals. CDC-funded Activities - ASP Honor Roll was announced Aug 4, 2020 with a deadline of Sep 1, 2020 for enrollment. Number of applications: 100 completed (33% northern, 67% southern and 19 incompletes. Application review timeline: Phase 1 - Week 1-3 post deadline. Contact facilities regarding missing documentation; Phase 2 – Week 4-6 post deadline Preliminary designations, Invite external blinded expert reviewers for outcomes (Part III) portion of applications; Phase 3 - Week 7-8 post deadline, Final Designations, Facility notifications.

HAI Program Roles in the COVID-19 Response - Infection prevention subject matter expertise for CDPH and local public health – guidance review and development. Prevention outreach and assessment – weekly statewide calls, tele- and onsite assessments at SNF. Investigation and response – initially, exposed healthcare personnel -> outbreaks, primarily SNF, but increasingly hospitals; C auris and other HAI in COVID-impacted facilities. Infection prevention capacity building – CDPH, local public health, and facilities.

## **New Business**

### **Item 4. CDPH HAI/AR Plan Review**

History: CDC/HHS required State HAI Plan with initiation of funding, 2009. HAI Advisory Committee charged a subcommittee to update the statewide HAI prevention plan for California hospitals, April 2013. Developed by review of national guidelines (e.g., CDC, SHEA, APIC) and select studies. HAI Advisory Committee recommended final plan to CDPH, February 2015.

Purpose of the Plan: Establish HAI prevention strategies and target goals for hospitals. Represent consensus minimum standards of care (as recommended by Committee). Not meant to supersede federal, state, or county regulations or requirements that may call for additional measures and standards. Intended for use by HAI Program staff when providing guidance to hospitals as part of “data for action” strategy. Hospitals can use for self-assessment.

Target HAI Goals: Recommended CDPH adopt targets consistent with the National Action Plan to Prevent Healthcare-Associated Infections. By 2020, hospitals expected to reduce HAI from 2015 national baselines:

CLABSI, 50% (SIR=0.50)  
MRSA BSI, 50% (SIR=0.50)  
CDI, 30% (SIR=0.70)  
SSI, 30% (SIR=0.70)  
CAUTI, 25% (SIR=0.75)

Prevention Strategies: All infections-daily bathing, oral care, CHG for select populations; Specific infections-CLABSI, CDI, SSI, CAUTI, VAP, HCP influenza vaccination.

CDC-Provided Template in 2009 and 2015 which covered - Enhance HAI Infrastructure, establish state HAI advisory council, HAI program, lab integration, Surveillance, Detection, Reporting, and Response. Improve outbreak detection and investigation, enhance lab capacity, collaborate with licensing; Identify priority prevention targets for HAI surveillance, enhance in non-hospital settings; Adopt national standards (e.g., NHSN), measure/improve data quality/accuracy, develop reports; Report HAI data to public, risk-adjust to enable comparisons. Prevention: Implement HICPAC recommendations, improve compliance; Coordinate state HAI collaboratives, include non-hospital settings; Develop HAI prevention training; Evaluation and Communication  
Conduct needs assessment; evaluate impact of HAI program; Provide consumers access to useful measures, HAI data; Infection Control Assessment: Create healthcare inventory, identify regulatory oversight; Assess healthcare facility IC capacity; Assess Ebola readiness in designated facilities.

**Update CA HAI Prevention Plan, 2020** - Required as condition of CDC funding, due July 31, 2020 – deadline extended. Expected to derive from state HAI Advisory Committee. No required template; align and link with CA Antimicrobial Resistance Containment Plan (in process); Requesting Committee determine outline, timeline, process.

Discussion: An ad hoc group would only cover a specific purpose a subcommittee could cover a broader spectrum of information. The committee chair will select a subcommittee chair and CDPH will assist with organizing the first subcommittee meeting.

Volunteers: Amber Theel, Arianna Sampson, Marian Hollingsworth, Silvia Gnass, Cristine Lacerna, David Ha

What is the Antimicrobial Resistance Containment Plan? Standard operating procedures for responding to initial reports of AR pathogens; Documents to aid decisions for laboratory testing; Protocols for contacting facilities  
Templates for information gathering; Documents to aid decisions on colonization screening and onsite infection control assessments.

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

The current HAI/AR Plan will be shared with the committee to review.

The next meeting is September 17, 2020.

**Meeting adjourned at 12:04 pm.**