

APPROVED

Healthcare-Associated Infections Advisory Committee
Meeting Summary
December 3, 2020
Video Conference

Voting Members Present

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

Voting Members Absent

Tashia Orr, Robert Bernstein

Liaison Members Present

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

Liaison Members Absent

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

Department Staff Present

Erin Epton, Chief HAI Program, Lynn Janssen, Lanette Corona, Valerie Sandles, Hosniyeh Bagheri, Mitra Baradar, Joseph Engeda, Lisa Franqui, Vikram Haridas, Diana Holden, Ellora Karamarkar, Neely Kazerouni, Vicki Keller, Janice Kim, Jane Kriengkauykiat, Linda Lefrank, Naveen Makhdum, Brie Martin, Tisha Mitsunaga, Andrea Parriott, Jon Rosenberg, Neha Sardana, Jane Siegel, Patrick Stendel, Kristy Trausch, Margaret Turner

Call to order, introductions, and review meeting requirements

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

Item 1. Approve the September 17, 2020 meeting summary

Meeting summary approved.

Item 2. CDPH HAI Program updates – Erin Epton

2019 HAI narrative report published - Annual HAI Data – Process and Timeline 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 were posted on April 15, 2020; SSI tables were posted May 18, 2020 (<https://data.chhs.ca.gov/organization/california-department-of-public-health>)

Interactive Map was published on September 11, 2020; Narrative report was published on November 16, 2020.

2019 HAI Report – Key Findings

- 2019 HAI incidence was significantly lower than national baselines for all reportable infection types.
- 2020 goal for *C difficile* infection prevention was achieved in 2019; nearly 30 percent of hospitals on track to achieve 2020 reduction targets for at least three infection types.
- It is likely not possible to assess if 5-year prevention targets will be met in 2020.

Next Steps

- Analyses of hospital COVID-19 impact on 2020 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 – Selected Updates

- Antimicrobial Stewardship Honor Roll
 - Final Designations for CDPH HAI Program Antimicrobial Stewardship Honor Roll; Gold-19%, Silver-35%; Bronze-43%; None-3%; 56% received the designation they applied for and 46% did not.
 - Next enrollment period: Start early January, 2021 and the deadline is March 1, 2021. Applicants can apply for new enrollment or upgrades.
- *C. auris*, COVID-19 Cases in CA through November 30, 2020 (N=676)
 - The resurgence of *C. auris* cases closely mirrors the increase in COVID-19 cases. Predominantly in southern California (Orange and Los Angeles counties in LTACH and ventilator-equipped skilled nursing facilities).

Key Messages – MDRO Containment During the COVID-19 Pandemic

- MDRO transmission in healthcare facilities remains a challenge
- Implementation and reinforcement of basic infection control practices can:
 - Improve patient AND healthcare personnel health and safety
 - Reduce transmission of MDRO AND SARS-CoV-2
- Public health resources are available to support MDRO testing and containment

HAI Program Roles in the COVID-19 Response - Updates

- Infection prevention subject matter expertise for CDPH and local public health – guidance review and development
- Prevention outreach and assessment – weekly calls/webinars
- Outbreak investigation and response

- As of 12/2, consultations on 633 facility outbreaks, including on-site IP visits to 383 facilities (multiple visits at > 50 facilities)
- Leveraging hospital and SNF daily reporting data for HAI, local public health action
- Infection prevention capacity building – CDPH, local public health, and facilities
 - Basics of Infection Prevention, SNF track, online modular format
 - Basics of Infection Prevention, local public health track (anticipated January 2021)
 - Project Firstline – IPC training for frontline HCP in SNF

Discussion: *The Report*-Many facilities are seeing an uptick in CLABSI during the pandemic and they are trying to see if it's tied to Covid or just the increase in patient volume in the facilities. CDPH has also noticed that a lack of PPE availability may attribute to HAI increases. Another facility noticed a decrease in SSI during the onset of the pandemic and it may be contributed to ORs being more careful; their MRSAs increased when there was a lack of surgical gowns so they reused or extended use. MRSAs are trending down with supplies available. The public expressed a concern with understanding the report with the summary page no longer on the first page. CDPH made note.

The Honor Roll-119 hospital applied and 25% received an Honor Roll; over 210 started the application. CDPH is considering feedback from some applicants regarding the application process. Facilities that wants more information or assistance can contact CDPH. The Chair mentioned that in the future a subcommittee could address how to expand on the stewardship work.

C.auris Data-Counties in SoCal are testing and tracking. There is a need for other counties to test.

COVID-Facilities do not have resources to test all frontline workers. CDPH agrees with what many facilities are doing in testing symptomatic patients and frontline workers as a priority and to report resource issues to the **MOHLTC** (the testing taskforce). The frequency of tests need not be more than weekly. There are no mandates on how many tests need to be completed. Recommended that the committee make a consensus statement to relay to CDPH Leadership. The Chair will draft a short statement as a representative of the committee.

New Business

Item 3. CLIP Reporting (L. Janssen and K. Burchill)

- Kiyomi/CHA introduced the topic as a request to discontinue central line insertion practices (CLIP) reporting to CDPH since this process measure has become the standard of care since even prior to California reporting laws, is only measuring part of the care processes needed to prevent central-line associated bloodstream infections (CLABSI), and is burdensome to hospitals since the data are not being used. CLABSI reporting will continue.
- I/L Janssen provided the background of CA hospital CLIP reporting, including early decisions made by the HAI Advisory Committee to limit monitoring of central lines to those inserted in an ICU, and described national recommendations for CLABSI, but not CLIP, for public reporting purposes as comparative measures of hospital quality. (My slides presented to the Committee are **attached**).

- Discussion among Committee members was of general agreement with the CHA recommendation to stop mandated CLIP reporting. Committee member comments included
 - Any value is really related only to the use of the CLIP form as a checklist that hospitals may choose to selectively use where needed to evaluate prevention practices if CLABSI occur
 - CLABSI is the important measure rather than CLIP, which is a set of clinical practices that can prevent some but not all CLABSI. Other checklists for CLABSI prevention include central line maintenance practices.
 - CLIP reporting process is manual and time-consuming for most hospitals. Some hospitals have automated through medical record system but don't look at the electronic data; for meeting reporting purposes only
 - Process measure reporting is not a requirement in other states or from CMS and should be removed as a California requirement
 - One Committee member, who is one of 3 members representing the general public, objected to discontinuing CLIP reporting to CDPH if it helps prevent any CLABSI
- Public comment came from a healthcare consumer advocate and former member of Committee, Carole Moss, who questioned why the Committee and CDPH would attempt to change the law requiring CLIP reporting
- Committee Chair, Dr. Marisa Holubar, entertained a motion. Requirement for all reasons stated in the presentation and during discussion.
 - **Motion:** Recommend CDPH take actions necessary to allow discontinuation of the CLIP reporting.
 - Voted in favor: Arianna Sampson, Geanny Ryan, David HA, Keith Bradkowski, Amber Theel, Silvia Gnass, Anjali Bisht, Cristine Lacerna, Theresa Caughlin, Zachary Rubin, Marisa Holubar, Sarah Doernberg
 - Opposed: Marian Hollingsworth
 - Abstained: None
 - **Motion Passed**

Unfinished Business

Item 4. Revising the state HAI/AR Plan – Cristine Lacerna

The subcommittee chair reviewed the Thursday, November 19, 2020 meeting notes. Proposed meeting every two to three weeks starting December 14, 2020. CDPH will be available to provide SME as needed.

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 11:59 am.