

**Healthcare-Associated Infections Advisory Committee  
Meeting Summary  
December 12, 2024**

**Voting Members Present**

Carole Moss, Carolyn Caughell, Deksha Taneja, Ethan Smith, Francesca Torriani, Jorge Salinas, Lorene Campbell, Michael Vollmer, Michele Lampshire, Mindy Sampson, and Zachary Rubin (Chair)

**Voting Members Absent**

Ariana Longley, Benjamin Carter, Deborah Ellis, and Dolly Green

**Liaison Members Present**

Michael Butera-CMA,

**Liaison Members Absent**

Howard Pitluck-QIN/HSAG, Louise McNitt-CPICD, Kathy Dennis-CAN, Trina Gonzalez-CHA

**Center Staff Present**

Chelsea Driscoll

**Department Staff**

Erin Epon , Juliet Stoltey, Satya Keshav, Andrea Parriott, Aurora Avalos, Becca Czerny, Cristina Edwards, Daniel Dodson, Elizabeth Maestretti, Erin Garcia, Hilary Metcalf, Farina Shariar, Idamae Kennedy, Janice Kim, Lynn Janssen, Janice Kim, Jessica Weber, Kay Royo, Kiara Velasquez, Kiya Komaiko, Kris Trausch, Lian Hsiao, Liz Mason, Maggie Turner, Mitra Baradar, Mushfika Maknun, Myesha Febres, Nadia Barahmani, Pearlie Beltran, Rebeca Elliott, Sangeetha Moorthy, Shannon Malindzak, Sheila Segura, Sydney Loewen, Teresa Nelson, Tisha Mitsunaga, Tracy Lanier, Valerie Sandles, Vikram Haridass, Will Lyon, Zenith Khwaja,

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

Chair, Zachary Rubin, called the meeting to order at 10:06 AM.

**Item 1. Approve the September 12, 2024, meeting summary.**

Meeting summary approved.

**Item 2. Public Story – Celina Medina**

Celina Medina shared her experience. She is a two-time kidney transplant recipient. She was only two years old when her issues began. Throughout life, she had, to be in and out of the hospitals. Her first transplant was with a living related donor. When she was about 26 years old, she had a second transplant and unfortunately, that transplant didn't last long. At 35, she was back again needing dialysis but this time around she ended up in the emergency room right away. Instead of going through peritoneal dialysis, which

was her method of treatment since the

beginning, they put a CVC. For the second time once her peritoneal catheter was maturing, she needed to go back to the ER with an infection and she was incoherent. The hospital put her on regular antibiotics. The CBC was so infected that the antibiotics that she was placed on were not working. After the results of three-day blood cultures, she learned she had developed sepsis and was put on a different antibiotic. They determined she had CRBSI because the infection did reach her bloodstream. She was in the hospital for ten days. Four of those days, she was under a unique care unit and had some sort of cardiac episode. After five days, she was able to start functioning much better. They went ahead and did peritoneal dialysis because they figured that she couldn't use a CVC port any longer. When they removed it, there was so much scarred tissue on that vein that the doctor told her that there's no way to use that port once again or even have another port CVC placed there. She is now on her second transplant, received about five years ago. Now she is an advocate for Donate Life, and one of the ambassadors for One Legacy, which is one of the largest organ procurement organizations in California.

### **Item 3. Dialysis Access Discussion – Caroline Chinn**

Caroline Chinn discussed the challenges and objectives related to dialysis access for patients. She highlighted the four types of dialysis access: AV fistula, AVG, peritoneal dialysis catheter, and central venous catheter (CVC). She emphasized that CVC is the least desirable option due to its high risk of complications and the need for daily care. She also presented statistics showing the increasing rate of CVC usage in southern California and the associated healthcare costs. Caroline proposed potential solutions to address the barriers in the CVC removal process, including expanding the pool of surgeons available through LA Care and streamlining the access placement process. Caroline shared her passion for improving patient lives, particularly in the context of kidney dialysis. She recounted her cousin's experience with kidney failure and the lack of education from his nephrologist, which led to complications. Caroline expressed her commitment to advocating for better healthcare and education. CDPH suggested a potential collaboration with Caroline's team to improve patient care in rural areas. Caroline agreed to share her presentation with other healthcare partners and offered to host educational sessions for them. She concluded by expressing the need for continued collaboration with healthcare entities and patient advocacy efforts.

### **Item 4. CDPH HAI Program Updates – Erin Epton, MD**

CDPH provided an update on the California Hospital HAI Interactive Report, which has been redesigned to better meet the needs of various stakeholders and facilitate timely review and publication. The new format includes a consolidated report on one web page, a brief executive summary and a prominent search function directing users to individual

hospital profiles. The report is now more user-friendly and accessible. CDPH also mentioned that the HAI program provides consultation and technical assistance to healthcare facilities and local health departments regarding healthcare-associated infections and antimicrobial resistance. CDPH reminded the committee that the program is separate from the CDPH licensing and certification program.

### **New Report Format and Publicity**

CDPH discussed the new format of HAI Annual report, which was designed to be more user-friendly for the public and healthcare consumers. They highlighted the statistic of one in 31 hospital patients and emphasized how and where people can find their own hospital's infection data. Also mentioned, the HAI Program has been working on ways to publicize the new format, including social media messaging and presentations to local public health partners. CDPH anticipate additional updates for the 2024 report, including new standardized infection ratios using 2022 data as the new baseline for comparison. The HAI Program has been redesigning their web content to be more user-friendly with less text and more images and icons.

### **Antimicrobial Stewardship Program Reorganization**

CDPH discussed the reorganization of the antimicrobial stewardship program consultations to make them more accessible to the public and healthcare facilities. They mentioned that the HAI Program is working on creating a dedicated consultation sub-page and testimonials and will include information about participation in consultations in their Honor Roll application. CDPH also discussed the development of a statewide campaign to reduce unnecessary urine cultures and the creation of a template for urine culture stewardship. They highlighted the importance of engaging healthcare facilities locally to implement these initiatives effectively. Also mentioned is the ongoing work on regional antimicrobial resistance and multi-drug-resistant organism prevention collaboratives, with a focus on the far northern and southern regions of California. CDPH asked the committee to provide more clarification and materials for a watchful waiting approach to positive urine cultures that could be consumer-facing.

### **New Brand, ASP Centers, and Honor Roll**

In the meeting, CDPH discussed the new brand and the requirement to show a specific slide at the end of all presentations. CDPH confirmed that the LTACs are included in the regional collaboratives and that there are dedicated initiatives focused on LTACs statewide.

*Discussion:* The committee suggested considering the California Initiative in relation to the IDSA centers of excellence and the possibility of becoming ASP centers of

excellence. Also suggested, was adding a color-coded system to the Honor Roll report to indicate the level of achievement. CDPH agreed to consider this for future reports. Another member proposed incorporating nursing quality indicators into the ASP initiative and discussed the challenges of telehealth and antibiotic use in outpatient settings. In the meeting, it was expressed there are challenges of providing education quickly and remotely and CDPH conferred the decrease in antibiotic demand for upper respiratory tract infections, indicating a possible shift in expectations. CDPH clarified that the HAI program is not regulatory and cannot mandate the use of transfer forms, but local health departments can enforce such measures.

#### Subcommittee Report(s)

##### **Item 5. Antimicrobial Resistance/Stewardship Subcommittee – Ethan Smith, Chair**

The chair presented an update on the Antibiotic Stewardship Subcommittee, highlighting the issues with lab accreditation and FDA approval delays. A thank you to Dr. Rubin, Jenna Endler and Wendy Manuel, who was called into the last meeting from LA county to discuss some of the prior work that they've done with implementation or timely implementation of new clinical.

##### **Item 6. Public Report and Public Education Subcommittee – Carolyn Caughell, Chair**

The subcommittee chair reported that the subcommittee was waiting for further direction from the HAI Advisory Committee. It was suggested the Public Report and Education Subcommittee could work on a consumer-facing FAQ document. The team agreed to continue brainstorming and potentially collaborate on a consumer-facing campaign.

*Discussion:* A member of the committee expressed concern about the lack of a standardized form for transferring patients with infectious diseases, which is believed is crucial for patient safety and healthcare worker protection. It was suggested forming a subcommittee to address this issue and make recommendations to the state. Other members agreed on the importance of this issue but noted that it would require legislative action to enforce. They also discussed the challenges of compliance with existing health orders and the need for better communication between facilities. The committee agreed this discuss is good for the subcommittee on public reporting to discuss.

##### **Item 7. Discuss future meeting agenda items.**

Proposed items can be sent to the committee chair or the meeting facilitator.

The next Advisory Committee meetings is March 13, 2025.

Meeting adjourned at 12:16 PM