

**Healthcare-Associated Infections Advisory Committee**  
**Meeting Summary**  
**March 9, 2023**  
**Video Conference**

**Voting Members Present**

Amber Theel, Anjali Bisht, Ariana Longley, Carole Moss, Carolyn Caughell, David Ha, Deborah Ellis, Francesca Torriani, Jorge Salinas, Patricia Sung, Robert Enteen, Zachary Rubin (Chair)

**Voting Members Absent**

Ethan Smith, Geanny Ryan, Michele Lampshire

**Liaison Members Present**

Jeffery Silvers-IDAC,

**Liaison Members Absent**

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

**Center Staff Present**

Chelsea Driscoll

**Department Staff Present**

Erin Epton-Chief HAI Program, Lanette Corona, Valerie Sandles, Sam Horwich-Scholefield, Liz Mason, Tisha Mitsunaga, Nadia Barahmani, Pearlle Beltran, Lynn Janssen, Jane Siegel, Barbara Allen, Jon Rosenberg, Cherish Mendoza, Erin Garcia, Janice Kim, Becca Czerny, Kristy Trausch, Rebeca Elliott, Rachel Levit, Sujit Vettam, Andrea Parriott, Diana Holden, Lana Sato, Lizette Brenes, Hosniyeh Bagheri, Kiara Velasquez, Mushfika Maknun, Mitra Baradar, Monise Magro, Myesha Febres, Janice Kim, Kristecia Turman, Hilary Metcalf, Josie Williams, Jane Kriengkauykiat, Satya, Keshav, KhueDan Doan, Liz Mason, Sheila Segura, Idamae Kennedy, Shantala Ahanya, Vikram Haridass, Tracy Lanier,

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

Chair, Zachary Rubin, called the meeting to order at 10:03 AM.

**Item 1. Approve the December 8, 2022, meeting summary**

Meeting summary approved.

## **Item 2. CDPH HAI Program Updates**

Review of the February 2023 Health Advisory: Emergence of *Candida auris* (*C. auris*) in Healthcare Facilities in Northern California memo. Figure 1. Showed *C. auris* cases reported in California by local health jurisdictions for January 2020 – January 2023. CDPH is engaging Local Health Jurisdictions (LHJs) with At-Risk Facilities. An active surveillance is necessary to prevent further *C. auris* spread. A graph showed counties with LTACH or vSNF targeted for *C. auris* prevention activities and counties with *C. auris* transmission. The *C. auris* cases by facility type are 75% Long-term acute care hospitals, 14% Acute care hospitals, 10% Ventilator-capable skilled nursing facilities and 1% skilled nursing facilities (SNF).

### **An All-Hands-On-Deck Strategy Based on Local Epidemiology of *C. auris***

Phase 1 (naïve): prevention in all facilities (public health-led)

- Engage LTACH to conduct proactive IPC onsite assessment, point prevalence survey (PPS), admission screening, species identification for all *Candida* isolates
- Engage vSNF to conduct proactive IPC onsite assessment, PPS
- Engage SNF to implement Enhanced Standard Precautions
- Engage ACH to conduct admission screening of high-risk patients and consider species identification for all *Candida* isolates from high-risk patients

Phase 2 (new cases): early detection and aggressive response in affected facilities

- Public health-led.

Phases 3 and 4 (endemic): mitigation and maintenance to prevent further spread

- Facility-led

### **Challenges Using Contact Precautions in SNFs**

- Impractical to place all known MDRO-colonized residents on Contact Precautions **in the absence of ongoing transmission** within a SNF
- SNF have few single occupancy rooms
- Asymptomatic colonization with MDRO can be prolonged, intermittent
- No standard guidance for discontinuing Contact Precautions for MDRO colonization
- Personal protective equipment (PPE) fatigue
- Resident/family satisfaction

### **What We Have Learned: Unrecognized MDRO Carriage in Nursing Homes**

- Facilities with skilled units (n=14), 58% MDRO carriage → Documented MDRO: 17%
- Facilities with ventilator units (n=4), 76% MDRO carriage → Documented MDRO: 20%
- Even when roommates are negative, other residents in facility may be positive (McKinnell JA et al. Clin Infect Dis. 2019; 69(9):1566-1573)

### **When are Resistant Gram-Negative Bacteria Transmitted to HCP Gloves and Gowns?**

Highest Risk:

- Showering
- Hygiene
- Toileting
- Wound dressing changes

Lowest Risk:

- Assist feeding
- Giving meds
- Glucose monitoring

**ESP is a Shift from Bacteria or Fungal-Centered Care to Resident-Centered Care.**

**What are ESP?**

- A resident-centered, risk factor-based approach to prevent MDRO transmission in SNF
- For residents at high risk of MDRO colonization and transmission, use gloves and gowns for high contact care activities based upon the risk
- Does not rely on knowledge of resident MDRO colonization status
- Allows residents with adequate hygiene and containment of body fluids to leave room and participate in group activities

**Who Needs ESP?**

- Residents who have one or more characteristics associated with increased risk for MDRO colonization or transmission
- Residents with indwelling medical devices or unhealed wounds
- Risk factors should be re-assessed periodically when there is a change in resident condition

**When are the 6 Moments of ESP?**

- Bundle high-contact activities
- Perform hand hygiene and don PPE within room before engaging in activity
- Use hand hygiene, gowns, and gloves during each of the 6 moments
- Remove PPE and perform hand hygiene inside room when activity is complete

**Accepting New or Returning Residents**

- Ensure appropriate instructions are provided to all HCP
- Communicate and educate all HCP about reasons for decisions
- Document decisions for Enhanced Standard or Transmission-Based Precautions, room placement, and roommate selection
- SNF in compliance with state statute and federal regulations must be able to provide care for residents with MDRO
- A positive MDRO test is NOT a reason to deny admission as long as the facility can provide needed supportive and restorative care
  - [CDPH AFL 22-21](http://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-21.aspx) (www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-21.aspx)

**ESP Webinars**

ESP Education (2-hour) Webinar Series:

- One – Introduction to ESP
- Two – How to Implement ESP
- **982** ESP Webinar Series Participants!

- Web Series was taped and now available in LearningStream
  - Registration link available on [ESP Webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)  
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)
- Licensing and Certification (in person, webinar, and online)
- CDPH SNF Online Course ESP Module
- Health Services Advisory Group (HSAG) Collaborative Webinar(s)

#### **ESP Implementation Steps**

- **Assess** readiness
- Evaluate resource availability
- **Educate** stakeholders
- **Implement** ESP practices
- Use ESP tools and processes
- ESP Adherence Monitoring
- **Reassess** satisfaction and processes

#### **ESP Toolkit**

- ESP for SNF, 2022 Guidance Document
- Introduction to ESP slides
- ESP Implementation slides
- ESP Readiness Checklist
- ESP sign
- Educational pamphlet
- Adherence monitoring tools (hand hygiene, EVS, ESP)
- ESP section template for Infection Prevention Plan and Risk Assessment
- Frequently Asked Questions (FAQ)
- Flipcharts (hand hygiene, EVS, ESP (later release))
- Resource guide
- Healthcare Facility Transfer For

#### **ESP Toolkit: Checklist**

- ESP Readiness Checklist; used to assess readiness to implement ESP in a facility
- Review preparedness of each position/role to use ESP
- Inform each department of their roles and responsibilities for ESP implementation

#### **ESP Toolkit: ESP Sign**

- Educate staff to place sign in a standard location (door, above head of bed) per policy to indicate the need for ESP and PPE during resident's care
- [The Six Moments of Enhanced Standard Precautions](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx)  
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF\_EstablishingIC\_Program.aspx)

#### **ESP Adherence Monitoring Tool**

- [CDPH HAI Program Adherence Monitoring Tool](http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringTool_ESP_110521.pdf) (PDF)  
(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringTool\_ESP\_110521.pdf)

#### **Many Other Works in Progress....**

- Online IP courses: acute care hospital, SNF, LHD
- Hospital resilience analyses and engagement strategy
- 2022 hospital HAI data preparation for open data portal, interactive maps, narrative report
- Hospital HAI data validation
- Hospital CLABSI reduction project

- Dialysis center infection prevention project
- Multiple general/non-AR outbreak investigations
- COVID-19 guidance updates

### **Subcommittee Reports**

#### **Item 3. Antimicrobial Resistance/Stewardship Subcommittee – David Ha**

AS/AR subcommittee presented two motions to the Advisory Committee

***Motion 1:***

The HAI AS/AR Subcommittee motions to modify the CDPH Interfacility Transfer Communication Form as follows:

- Change “Receiving Facility Name” to “Receiving Facility Name (if known)” and make Receiving Facility “Contact Name/phone” optional
- Add check box for “Patient was not admitted to the Sending Facility” resulting in does not need to fill out precautions/organisms section
- Add check box for patient does not have identified MDRO, obviating organisms section

Voted in favor: Anjali Bisht, Ariana Longley, Carole Moss, Carolyn Caughell, David Ha, Deborah Ellis, Francesca Torriani, Patricia Sung, Robert Enteen, Zachary Rubin

Opposed: None

Abstained: None

**Motion Passed.**

***Motion 2:*** The HAI AS/AR subcommittee motions that for all health care facility transfers, CDPH require California health care facilities to use the CDPH “Interfacility Transfer Communication Form – Abbreviated” Form or equivalent form or mechanism to communicate all included data elements

Voted in favor: Anjali Bisht, Ariana Longley, Carole Moss, Carolyn Caughell, David Ha, Deborah Ellis, Francesca Torriani, Patricia Sung, Robert Enteen, Zachary Rubin

Opposed: None

Abstained: None

**Motion Passed.**

#### **Item 4. Resilience in HAI Prevention Subcommittee - Deborah Ellis**

No information to share at this meeting. The subcommittee is waiting for direction from the Advisory Committee.

**Item 5. September 14, 2023, In Person Meeting Poll**

Discussion and a poll to have an in-person meeting for the September 14, 2023, meeting. Unanimous decision to have an in-person meeting. Location and length of meeting to be determined.

The committee suggested for future meeting discussion:

- Ways to broaden membership
- Outpatient Ambulatory Facility – Outreach/Participation
- Revisit motions for Environmental Cleaning

**Next committee meeting June 8, 2023. Meeting adjourned at 12:01 PM.**