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 (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** ([www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx](http://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)

**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)

**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.