

Healthcare-Associated Infections Advisory Committee
Meeting Summary
September 9, 2021
Video Conference

Voting Members Present

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

Voting Members Absent

Tashia Orr, Robert Bernstein, Sarah Doernberg

Liaison Members Present

Jeffery Silvers-IDAC, Michael Butera-CMA, Kathy Dennis-CAN,

Liaison Members Absent

Howard Pitluck-QIN/HSAG, Louise McNitt-CPICD, Kiyomi Burchill-CHA,

Department Staff Present

Erin Epon, Chief HAI Program, Lanette Corona, Valerie Sandles, Hosniyeh Bagheri, Priscilla Bennett, Erin Garcia, Geraldo Garcia, Vicki Keller, Idamae Kennedy, Satya Keshav, Janice Kim, Jane Kriengkauykiat, Tracy Lanier, Monise Magro, Naveen Makhdum, Tisha Mitsunaga, Andrea Parriott, Peea Purkayastha, Neha Sardana, Jane Siegel, Patrick Stendel, Genie Tang, Dirk Winston

Call to order, introductions, and review meeting requirements

Chair, Marisa Holubar, called the meeting to order at 10:05 AM.

Item 1. Approve the June 3, 2021 meeting summary

Meeting summary approved with noted edits.

Item 2. CDPH HAI Program updates – Erin Epon

Updating the CDPH HAI/AR Plan

Using input and suggested template from the HAI Advisory Committee:

- Infection Prevention Infrastructure, Standards, and Practices
 - Goal: Build infection prevention capacity and facilitate coordination among state and local public health and across the continuum of health care.
- HAI/AR Surveillance and Reporting
 - Goal: Generate actionable HAI/AR surveillance data and reports to inform prevention and response activities.
- HAI Prevention and Antimicrobial Stewardship
 - Goal: Using HAI, antimicrobial use and resistance (AUR) surveillance data, prioritize and implement public health-initiated HAI/AR prevention initiatives.
- Outbreak Detection and Response
 - Goal: Conduct timely epidemiologic investigation and infection prevention and control support in outbreak facilities to facilitate containment.

Carbapenemase-Producing Organisms (CPO)

Replace current carbapenemase-producing carbapenem-resistant Enterobacterial (CP-CRE) with CPO reportable condition

- Simplify reporting by excluding carbapenem-resistant organisms not tested for carbapenemase
- Expand to include other epi-relevant CPO (e.g., *Acinetobacter*, *Pseudomonas*, *Citrobacter*)
- Keep as lab-reportable within 1 working day with no susceptibility testing results, and no isolate submission requirements
- CSTE/CDC currently revising CP-CRE position statement
- Will not override local reporting/submission requirements

Candida auris

- Nationally notifiable to CDC; reportable in some local health jurisdictions
- Regional outbreak in southern California
- **Laboratories** report detection of *C. auris* from anybody site using either a culture or a non-culture-based test (e.g., PCR) within 1 working day.
 - Submit isolates from sterile sites within 10 working days.
- **Healthcare providers** submit a report including:
 - Patient demographic factors
 - Facility & lab information
 - Epi information (e.g., risk factors)

Title 17 Revision Process

Solicited feedback from key stakeholders

- Laboratory
 - Public Health Lab Directors (CAPHLD), Microbiologists (CA regional ASM), CDPH Clinical Lab Technology Advisory Committee (CLTAC)
- Healthcare
 - Infection Preventionists (CA-APIC)
- Public Health
 - Communicable Disease Controllers (CACDC), CAPHLD
 - Creating *C. auris* condition in CalREDIE before reportable

Antimicrobial Stewardship Honor Roll

Enrollment Period; Announcement: July 13, 2021 and Deadline: September 1, 2021

- 42 applications completed
- Demographics:
 - 50% from NCal, 50% from SCal
 - 59% new application, 41% upgrades (12 to bronze, 5 from silver)
 - 88% healthcare network (37), 7% freestanding (3), 5% other (2)

Discussion: Many hospitals are experiencing shortage of staff dealing with Covid. CDPH will work with hospital leaders to engage discussions on needs and sharing points to educate staff and the public. The Committee suggested using realistic goals such as 80/20 or 90/10 versus the 100% the state has set now. CDPH expressed the state has always used a supportive approach to facilities and focused on what they can achieve and help them improve on what they need help with. Goals and accountabilities are needed to move forward. The Committee suggested a webinar or sharing forum for the Stewardship program between facilities. Share success stories.

Item 3. Public Health Infection Preventionist Externship Program

Objective of the program

- Describe the need for experienced IP in local and state public health departments

- Discuss challenges recruiting experienced infection preventionists (IP)
- Introduce the Public Health Infection Preventionist Capacity Externship Program (PHIPCEP)

Background

Ongoing COVID-19 pandemic and increasing antibiotic resistant pathogens in healthcare facilities have underscored need for more IPs in local and State public health departments. Public health IP support critical for outbreak prevention and containment in high-risk facilities where facility-level IP expertise is frequently limited. Skilled nursing facilities now require full time IP. Many experienced IP are about to retire. Most IP applicants have minimal or no acute care hospital experience. The CDPH HAI program is developing new IP externship program as a template guide for health department IP to gain knowledge of the ACH IP environment.

PHIPCEP Overview

A template for health departments to develop new IPs with a minimum level of experience in the acute care hospital setting. IP extern will complete the required 80-hour externship in an acute care hospital with an experienced IP to gain better understanding of the IP role in acute care. Example: 8 hours a week for 10-12 weeks. Specific predetermined activities must be completed during the allotted timeframe. The specific days and hours spent with the hospital will be flexible to allow for all the activity elements of the program to be met.

PHIPCEP Manual

- **Preparation and getting started**
- Preparing for externship as the **Extern IP**
- Preparing for externship as the **Hospital IP**
- **Suggested activities**
 - Performing adherence monitoring
- Attending committee meetings
 - Example: IP committee and Surgery committee
 - Participation in facility rounding
 - Assist with facility outbreak (if applicable)
 - Complete specific project for the Hospital (optional)

Getting Started

Health Department outreach to a local ACH. Set expectations with ACH IP and IP extern. HAI Program IP available to assist. Introductions, suggestions for IP projects. Visits to other ACH for consulting experience. Weekly check in with the IP extern and assigned health department supervisor or mentor.

Discussion: The committee suggested keeping smaller facilities in mind for the Externship Program. Local public health departments will need to reach out to the smaller facilities in their regions. The Committee agrees that the stewardship for IPs is very important. Educating the public will empower the patient and this will also help the IP program.

Item 4. Public Health Orders

Time did not allow to discuss this item.

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 12:02 pm.