

**Healthcare-associated Infections Advisory Committee Meeting
August 7, 2014 Sacramento, CA 10:00am-3:00pm**

Summary Meeting Minutes

Committee Members

Present: David Witt, Chair; Zachary Rubin, Jeffrey Silvers, Salah Fouad, Samantha Tweeten, Marsha Barnden, Enid Eck, Carole Moss, Rae Greulich, Deborah Wiechman, Paige Batson, Stanley Deresinski

Absent: Alicia Cole, Karen Anderson, Michael Langberg Brian Lee, Catherine Liu

Liaison Representatives

Present: Matthew Zahn/CACDC, Suzanne Anders/HSAG, Dawn Tereshita/CCLHO

Participated by phone, not at a posted public meeting site: Michael Butera/CMA

Absent: David Perrott/CHA, Susan Chapman Gilroy/CAPA, Kathy Dennis/CNA, Cheryl Richardson/CACC

Department Staff

Present: Lynn Janssen, Jean Iacino Jorge Palacios, Vicki Keller, Sue Chen, Lanette Corona, Erin Epton, Jon Rosenberg, Mary Gish, Steve Otto

Agenda Item/Discussion
<p>Call to Order and Introductions</p> <p>Chair – David Witt called the meeting to order at 10:10 am.</p>
<p>Review of Rules of Order</p> <p>The Chair reviewed the rules of order per Bagley-Keene and the Committee by-laws. Reminder that voting Committee members represent their individual expertise; Liaison members represent the organization that appointed them.</p>
<p>Public Story</p> <ul style="list-style-type: none">• Carole Moss shared a personal story about the health care services her sister received during a hospital stay. Moss believes this hospital currently provides good pre-op teaching. However the hospital did not do pre-operative MRSA screening and does not use rapid testing methods.• This issue is to be placed on a future HAI-AC agenda; CDPH will put together a presentation.
<p>Approval of the Minutes – May 8, 2014 meeting</p> <p>Motion (Silvers): Second: Eck</p> <p>Discussion: on page 4, re-dosing of antibiotics should read “after two to three” half-lives instead of “after 2.5 half-lives.” The motion itself should read “That the HAI-AC accept these recommendations after addition of the following: hygiene, OR doors, time out, re-dosing of <i>antibiotics</i>, and for glycemic control, and preamble.” A verb was added under the Public Reporting and Education Subcommittee presentation, “The subcommittee decided it [<i>is</i>] unrealistic to expect overly busy hospital IPs to provide public education on infection prevention from a pre-determined template.”</p> <p style="text-align: center;">Motion approved as amended without opposition</p>
<p>Prevention Progress Story – D Witt (see slides)</p> <ul style="list-style-type: none">• Story told about how northern California Kaiser Permanente hospitals reached beyond CDI bundle elements to decrease CDI in their facilities. Merits of approaches to implementation that

were and were not successful at the unit level were discussed, including isolation of patients for the duration of their hospital stay, leading to “isolation fatigue.” One activity was to include unit compliance with prevention activities as part of manager’s performance measures.

- Responsibility of cleaning of equipment was designated piece by piece to a single category and staff.
- A result of this project is that the sensitivities of various bacteria to some antibiotics are beginning to improve.
- Issues of broad spectrum antimicrobials used for sepsis and use of proton pump inhibitors (decrease gastric acid) were considered.
- The frequency of testing for CDI in one hospital was high. Their approach was to make testing a “conditional order” which can be activated by RNs. This resulted in an 80% decrease in CDI positive tests and a decreased number of patients in isolation for CDI.
- More CDI is being seen in the community. In one study, genomic testing showed that many patient CDI strains were not related to hospital strains.

D. Witt encouraged members of the committee to share more stories such as this at future committee meetings.

HAI Program Updates – Lynn Janssen, HAI Program Chief

- L. Janssen introduced Dr. Erin Epton. Dr. Epton just joined us this summer as the new Assistant Chief of the HAI Program and Public Health Medical Officer. She is an infectious disease board certified physician. She just finished her Epidemiology Intelligence Service (EIS) training through CDC. She is leading the development and implementation of the HAI Program’s antimicrobial resistance/stewardship portfolio. We are thrilled to have her in the program
- Program Education presented in the past quarter:
 - Basics of Infection Prevention and Control 2-Day Mini in northern and southern CA
 - Analysis of NHSN data (four sessions) to teach IPs how to use their hospital HAI data to prevent infections
 - Results of infection control gaps from assessment visits to 60 long term care facilities
 - Results of the 50-hospital SSI validation project of 2013 – presented by webinar three times
 - Results from statewide CRE survey, presented four times; Hospitals and local public health invited to specific presentation based on the prevalence if CRE in their geographical area. Results are currently posted on the website
- An Antibiotic Resistance landing page is under development on the HAI Program’s website. Will be a “what you need to know”
- The new Liaison IP program was launched. Each IP will have approximately 40-45 hospitals (total 12,000 beds) and be responsible for a prevention portfolio and on site validation. Dr. Epton and Sam Horwitz-Scholefield will cover one region until the final Liaison IP joins the team this November. It is anticipated that all facilities will have data validated within the next 20 weeks. Non-participation in data validation will be noted in the public report.
- Beginning August 1, an HAI staff team was assembled to provide NHSN technical and clinical IP support to CA’s 140 small volume hospitals. This is to ensure consistent reporting and offer validation, which will test hospital’s ability to do case-finding (i.e. identify and report infections) through a sel-directed process rather than through on-site visits. S Chen is part of this support team and will also provide consultation to new IPs throughout CA.
- HAI Annual Public Report:
 - We had staffing challenges resulting in our Epidemiology Unit working at 25% capacity; they are doing a phenomenal job compiling the data tables and producing the reports.
 - Our goal remains to move the new single HAI Public Report forward by September 2014. Hospitals that participated in the Data for Action project and “validation by attestation” will be noted in the annual HAI public report. Recommendations for public health actions will be more specific.

- The Program is working on updating the HAI Interactive Map and individual hospital HAI Profiles, to be released at the same time as the HAI Public Report.
- We are going to move the Healthcare Personnel Influenza Vaccination report forward during the same time, to get it out in October, to help support hospitals during their fall healthcare worker vaccination campaigns. The goal is to release the report on HCW compliance with influenza vaccination prior to the start of the influenza season.
- CDC Cooperative Agreement: \$780,000 (of \$1.8 million applied for) was awarded for work on five of seven projects. Projects funded are:
 - CDI Prevention in Orange and LA Counties that must incorporate long term care facilities reporting through NHSN
 - Support for a statewide Antimicrobial Stewardship collaborative and encouraging use of the NHSN AUR module for tracking antibiotic use
 - Prevention of BSI in outpatient hemodialysis facilities. Currently 50% dialysis facilities report NO BSIs, so the project will include random validation and teaching facilities surveillance methods
 - Injection Safety (“The One and Only One Campaign”) in healthcare settings such as pain clinics and alternative medical settings
 - CRE prevention was not funded. LA County was awarded funding for this project.
- The HAI Program received a 2014 Vision Award from the Association of State and Health Officers (ASTHO) for being an innovative and replicable program.

Discussion:

- Questions about State Lab have capacity for CRE and other HAI pathogens – to be presented at future HAI AC meeting
- Individual hospital reports on the HAI Interactive map and HAI Profiles for 2014 will have symbols indicating above average, average, or below average. A concern was expressed that dots are not a message and not useful for comparison of individual hospitals. Future reports will provide numbers and indicate if changes by a facility from year to year are statistically significant.
- Suggestion to note new activities and projects funded/not funded by CDC on the Program website
- Kaiser Permanente looked at the appropriateness of antibiotics in long term care and dental. A letter was sent to dentists to provide education, with a positive response from dentists. D Witt will share the letter w/ CDPH. A similar issue was noted with orthopedic surgeons.

Subcommittee Reports

Antibiotic Stewardship (AS) Subcommittee – Dr. J. Silvers – ([see slides](#))

- Two pharmacists were added to the subcommittee, one representing community facilities and one representing academic facilities. 15/16 of the remaining excellent candidates are happy to participate as an informal advisory group
- The subcommittee is working on a toolkit to teach ASP to hospital staff

Discussion:

- L&C is interested in issues pertaining to regulatory compliance.

State HAI Prevention Plan Subcommittee – Dr. Z. Rubin ([see slides/handout](#))

- A document with reduction goals was submitted. There was no goal noted for MRSA bloodstream infections as CA rates are very low. One choice would be to defer to CDC goals. A recommendation will be brought to the HAI-AC in November.
- The Subcommittee was thanked for their work.

Motion (Silvers): That the HAI-AC accept these recommendations after addition of the following: the issue of setting a target for MRSA BSI will be brought back to the Committee in November.

Motion approved.

Discussion:

L Janssen recommends that the MRSA goal, aligns with CDC goals.

Infection Preventionist Assessment Subcommittee –

(Newly elected subcommittee Chair) M. Barnden ([see slides - introduction & tool](#))

- There were many concerns as well as helpful suggestions/recommendations noted at the May meeting. The Subcommittee has thoughtfully considered and can respond to each discussion point key. Key changes from the first draft presented were noted.

Discussion:

- The Department noted that the charge was to recommend a method by which the number IPs would be assessed in each hospital. Hospitals will develop a three year plan that they update every year that assesses their IC capacity. Does this survey meet the intent of the law that was tasked to the Subcommittee?
- CDPH has had a mandate to update Title 22 (circa 1986). The prior HAI-AC made recommendations for updating Title 22 but no changes resulted from that work.
- If the survey is accepted and administered, how will results be used?
- The analysis plan should be determined prior to sending out the survey. What are the outcomes of interest?
- Discussion whether NHSN IDs should be collected. If obtained, they may be subject to a Request for Information query. Can Part I of the survey be separate from Part II?
- If a hospital can be identified, the IP may be fearful of providing a forthright answer. One member brought up that any surveys completed must be approved by hospital administration prior to submission.
- Without names of hospitals, staffing can be correlated by size of hospital, then looking at the variance in groups

Motion (Moss): That results of the survey be included on the public reports (if insufficient resources or support, will see result in outcome numbers), repeat the survey on an annual basis and use this data to recommend a minimum level of IP staffing.

Second: Eck

Motion was not approved

Motion (Moss): That once the survey has been completed and data analyzed, results should be brought back to the HAI-AC. Recommendations to the Department will then be made.

Second by E Eck.

Motion Passed by voice roll call

Motion (Barnden): That the survey tool be approved, that analysis be performed by S Tweeten, and that the Department send the survey tool out.

Motion Passed by voice roll call

L. Janssen introduced Jean Iacino who is currently the interim Deputy Director of the Center for the Health Care Quality

Public Reporting and Education Subcommittee – E Eck ([see slides](#))

- Subcommittee goals and updated recommended actions were reviewed.

Discussion:

- A desire was expressed that the Program website be the place to go for HAI information
- Technology needs to be utilized for more effective communication and public outreach

Motion (Moss): That a social media campaign be launched to 1) educate the public on who the Department of Health is, 2) bring attention to the soon-to-be released public report, and 3) educate why it is important for the public to pay attention to the annual HAI report. A friendly amendment was to focus education about CDPH to emphasize HAIs.

Second – Eck

Motion approved by voice roll call.

Discussion:

- Confusion was expressed as the motion changed during the roll call vote
- It was noted that implementation was being discussed prior to approval of the recommendation
- That the motion be limited to focus on HAI rather than CDPH as an entity
- Desire to acknowledge the most public health issues are local
- Clarification from D Witt to recommend to the Department to generate public service announcements on the two issues previously mentioned.

Alternate verbiage for motions:

- That this Committee agree to a public campaign, including a public service announcement that will educate the public on who the Department of Public Health is, that the public should pay attention to messages, and the release date of the next public HA report

Motion (Eck): That the updated recommendations from the PRES Subcommittee be approved as presented.

Motion approved by voice roll call.

New Items

Updates from the July 17-18 HICPAC meeting were presented by L Janssen ([see slides](#))

Action Items:

- Place the article “How a team of doctors at one hospital boosted hand washing, cut infections, and created a culture of safety” on the November agenda.
- Recruit another “Prevention Progress” story
- Update on development of the CA hospital ASP toolkit
- The State HAI Prevention Plan will come back with a recommendation for how to set a goal for MRSA BSI reduction, and an introductory statement about how hospitals and CDPH should use the State Plan

Announcements

- A Tisher-Dubois and E Clark have resigned from the HAI-AC. E Clark is now employed by the CDPH HAI Program
- The meeting was adjourned at 2:57 pm
- The fourth quarter meeting will be held November 13, 2014 in Oakland

2015 Meeting Dates:

February 12 in Sacramento
May 14 in Oakland
August 13 in Sacramento
November 12 in Oakland

Acronyms added

AAMI	Association for Advancement of Medical Instrumentation
ABS	Antibiotic Stewardship
AFL	All Facilities Letter
CAUTI	Catheter-associated Urinary Tract Infection
CDC	Centers for Disease Control and Prevention
CDI	<i>Clostridium difficile</i> infection
CDPH	California Department of Public Health
CHG	Chlorhexidine gluconate – a topical antimicrobial used w/ hand hygiene and patient bathing
CLABSI	Central Line-Associated Blood Stream Infection
CLIP	Central Line Insertion Practice
CMS	Centers for Medicare and Medicaid Services
CRE	Carbapenem-resistant Enterobacteriaceae
CSTE	Council for State and Territorial Epidemiologists
CUSP	Comprehensive Unit-Based Surveillance Program
HAI AC	Healthcare-Associated Infections Advisory Committee
HCP	Health Care Personnel
HICPAC	Healthcare Infection Control Practices Advisory Committee
ICU	Intensive Care Unit
IDSA	Infectious Diseases Society of America
IP	Infection Preventionist
L&C	Licensing and Certification
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
NICU	Neonatal Intensive Care Unit
PD	Patient Days
PDSA	Plan Do Study Act – a quality improvement approach
QA/QC	Quality Assurance/Quality Control
SIR	Standardized Infection Ratio
SSI	Surgical Site Infection