

**Healthcare-Associated Infections Advisory Committee Meeting  
May 8, 2014 Oakland, CA 10:00am-3:00pm**

**Summary Meeting Minutes**

**Committee Members**

**Present:** David Witt, Chair; Elizabeth Clark, Zachary Rubin, Karen Anderson, Brian Lee, Jeffrey Silvers, Salah Fouad, Catherine Liu, Samantha Tweeten, Marsha Barnden, Alicia Cole, Enid Eck

Participated by phone, at a posted public meeting site, able to vote: Carole Moss

Participated by phone, not at a posted public meeting site, not able to vote: Rae Gruelich, Deborah Wiechman

*Absent:* Michael Langberg, Stanley Deresinski, Paige Batson

**Liaison Representatives**

**Present:** Suzanne Anders/HSAG, Kathy Dennis/CNA, Cheryl Richardson/CACC

Participated by phone, not at a posted public meeting site: Matthew Zahn/CACDC

*Absent:* David Perrott, CHA, Susan Chapman Gilroy/CAPA, Michael Butera/CMA, Dawn Terashita/CCLHO

**Department Staff**

**Present:** Lynn Janssen, Vicki Keller, Jorge Palacios, Sue Chen, Lanette Corona, Neely Kazerouni, Mehlanjah Martin

Participated by phone: Teresa Nelson, Sahskkia Saballos

<b>Agenda Item/Discussion</b>
<p><b>Call to Order and Introductions</b></p> <p>Chair – David Witt called the meeting to order at 10:11 am.</p>
<p><b>Review of Rules</b></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 a specified organization. Committee members are expected to attend all meetings in person or from a publicly accessible meeting site, which is posted on the Program website 10 days prior to the meeting.</p>
<p><b>Approval of the Minutes – February 12, 2014 meeting</b></p> <p><b>Motion (Silvers):</b> <b>Second:</b> Tweeten <b>Motion approved without opposition</b></p>
<p><b>Public Story</b></p> <ul style="list-style-type: none"><li>• Dr. Witt spoke about a family issue where miscommunication between healthcare personnel led to a poor outcome.</li></ul>
<p><b>Prevention Progress Story</b></p> <p>Reviewed paper "<a href="#">Effect of Hospital-Wide Chlorhexidine Patient Bathing on Healthcare-Associated Infections</a>", PubMed.gov, Rupp M, et. al., Infection Control and Hospital Epidemiology, November 2012, Vol. 33, No. 11.</p>

Discussion: With recent focus on environmental cleanliness, cleanliness of the patient has not been adequately emphasized as an effective infection prevention intervention. Bathing patients with CHG has been demonstrated to decrease infections such as CLABSI or CDI in certain patient populations, e.g. Intensive care units. There was concern expressed by Committee members that patients are not being bathed, much less with CHG. The Committee felt it important that the message about routine bathing be distributed, such as inclusion in the CA State HAI Prevention Plan and added to the assessment checklists for the Liaison IPs when evaluating hospitals.

**Motion (Moss):** We believe it is important and support patient cleaning, at a minimum daily bathing and daily oral care.

**Second:** Cole

**Motion passed without opposition.**

#### **HAI Program Updates – Lynn Janssen, HAI Program Chief**

- Jean Iacino is currently acting Deputy Director of the Center for Health Care Quality.
- Ms. Janssen thanked HAI Program staff for stepping up while she is managing health issues.
- Personnel updates provided including: Office Technician Mehlanjah Martin was introduced. The Assistant Chief/Public Health Medical Officer position will be filled by Dr. Erin Epton when she finishes her Epidemiology Intelligence Service (EIS) commitment with the CDC. Dr. Epton is board-certified in Infectious Diseases. Liaison IP staff who were laid off between contracts have been rehired; still looking to fill three Liaison IP positions and a Nurse Consultant III position. One Research Scientist (RS) III position has been filled; still looking for three additional epidemiologists.
- CDC/CSTE Fellow, Sam Horwich-Scholefield, completed the statewide CRE survey, achieving an 85% response rate. His first presentation of findings was given at the APIC-Orange County Chapter meeting. As CRE is concentrated in the LA/Orange County area, HAI Program resources will be concentrated in that region.
  - A question was asked why this area had such a high prevalence. Orange and LA counties have 34% of the CA population and two thirds of long term acute care hospitals, a known risk-factor for CRE.
- The 2012-2013 California Hospital Healthcare Provider Influenza Vaccination report was released April 15. The Program goal is to release the next report covering the 2013-2014 influenza season in October 2014 so it can be used in a more timely way as part of hospital influenza vaccination campaigns.
- 2013 data for the annual HAI Public Report were downloaded April 15. The Program hopes to have the report complete by July 15 for Department and Agency review, and construction of the interactive map. Only three hospitals were non-compliant in reporting 12 months of data; they will be cited by Licensing and Certification when the public report is released.
- Approximately 300/389 (77%) hospitals returned 2013 "Validation by Attestation" surveys, attesting to six important HAI surveillance and review methods. Hospital participation or non-participation will be included in the upcoming annual HAI Public Report
- CDC is offering new five-year cooperative agreement funding opportunities for HAI-related prevention activities. The HAI Program has applied in all seven areas.

Discussion:

- A concern was noted as to whether patients in a hospital for "observation" are included in HAI surveillance. For example, a patient may not be formally admitted to a hospital and therefore not considered a "patient" until their length of stay is longer than two midnights. Some hospitals count these patients while others count them only if the patient is on a dedicated observation unit.

#### **Subcommittee Reports**

**Antibiotic Stewardship (AS) Subcommittee – Dr. B. Lee – (see slides [Part I](#) and [Part II](#))**

- In March 2014, CDC released a report focusing on antibiotic use in hospitals. In April, the

World Health Organization released a report on antibiotic resistant organisms and the lack of new antibiotics to combat them.

- A new “[Spotlight on Antimicrobial Stewardship Programs \(ASP\)](#)” project was launched April 30 on the HAI Program webpage representing 31 ASPs in 45 hospitals. ASP leaders from the hospitals spotlighted have agreed to serve as peer-to-peer resources for facilities developing their programs.
- The Subcommittee thinks that stronger wording in support of the necessity of antimicrobial stewardship programs in acute care hospitals and a public reporting process is warranted. This would be in keeping with IDSA/SHEA, CDC, and the Pediatric Infectious Diseases Society recommendations.

**Motion (Lee):**

- That CDPH require acute care hospitals to develop and implement, at a minimum, a basic tier antimicrobial stewardship program as previously defined by the HAI-AC. This is a necessary means of reducing the spread of antibiotic-resistant HAIs, and this recommendation is supported by *national guidelines* put forth by both government and professional organizations.
- That CDPH require acute care hospitals to provide data about which ASP components have been implemented. Based on the ASP definition (previously approved by the HAI-AC), acute care hospitals will be designated as having a basic, intermediate, or advanced ASP. This designation, as well as the ASP components that have been implemented, will be publicly reported. These ASP components represent *process measures* for preventing the emergence of antibiotic-resistant HAIs. The collection and reporting of these data should be mandatory.

**Second: Silvers**

**Motion accepted by unanimous roll call vote.**

Discussion:

- The public has access to ASP data.
  - Concern was expressed about hospitals with inappropriate prescribing of antibiotics and hospitals that do not have a strong program.
  - Can a regulation be written based on Health and Safety Code 1288.5? CDPH will begin the regulation-writing process for HAI-related mandates later this year.
  - What would be the consequence of non-compliance?
  - It is hoped that public comment and peer pressure will influence hospitals to begin their programs prior to release of a regulation.
- The AS Subcommittee is looking for a pharmacist for the subcommittee and hopes to develop a tool kit for hospitals developing their AS Programs.

**Infection Prevention Assessment Subcommittee – E Clark ([see slides/ attachments](#))**

- Overview and the proposed introduction and survey were presented. The survey is designed to measure numbers of full time equivalent (40 hrs/week) IPs against number of licensed beds and to present the scope of IP responsibilities and activities.
- Support was requested of the HAI Program. (This will not be decided upon until the Committee has determined how the survey will be used.) Dr. Witt offered Kaiser Permanente resources to review the survey instrument.
- The Subcommittee will send the survey to survey experts to ensure questions assessed the original intent of the survey, revisit issues from the AC discussion, and resubmit to the full Committee in August for approval.

Discussion:

- How was the assigned coverage of an ambulatory surgery center given a weight of 50 acute care beds determined? (Answer: determined by New York Department of Public Health).
- Are observation beds being incorporated into licensed beds?

- How does the survey measure implementation (time commitment) of infection prevention-related programs?
  - IPs do not always have authority (hire-fire power) commensurate with their responsibilities. IPs create, educate, and facilitate implementation of programs. They do not have the authority to 'roll' them out.
- How is degree of difficulty (e.g., IP participation in an outbreak investigation) measured?
- While an infection is the responsibility of the clinical care providers, perception by some is that an HAI is the "responsibility" of the IP and the IP is expected to "fix" the problem. How is time spent investigating infections measured? How is the difficulty of the IP's job captured?
- Are IPs actually able to do what should be done?
- There was discussion about the complexity of the survey. What is the analysis plan for survey results?
- Does the survey incorporate reporting communicable diseases to local health departments? (Answer: yes)
- Recommendation made to include measurement of time spent monitoring CDI prevention measures
- Does the survey ask questions with sufficient precision, e.g., is there too much room for interpretation of wording?
- What is the survey timeframe; e.g. does 'daily/weekly' cover the past month, year, or two years?

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

- The subcommittee decided it is unrealistic to expect overly busy hospital IPs to provide public education on infection prevention from a pre-determined template,
  - The recommendation has been changed to provide use of standardized messaging posted on the HAI Program website.
- A tutorial on how to use the website is being considered.
- As disappointment with the recommendation was noted, the subcommittee will also explore options for other outreach options to the community.

Discussion:

- What is the outreach to persons who do not use computers? This could be reaching out to news stations, radio stations and YouTube.
- It was suggested if and when IPs provide educational trainings at schools and churches the information may not be standardized.
- How are educational efforts being marketed to the public?
- Having educational resources on the HAI Program website is very helpful for consumers.

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

- Recommendations for prevention of SSI were presented. The recommendations are more specific than in the recently released HICPAC document.
- Prevention for ventilator-associated events (VAE) will be added.
- A statement adding daily bathing and oral hygiene will be added to recommendations.

Discussion:

- The issue "maintain tight glucose control" might be differently stated by giving a range of blood glucose values and a reference. If referring to national standards, specify the desired standard.
- For re-dosing of antibiotics, the recommendation should specify 're-dose after two to three half-lives of the drug based on the time of the first dose, not the surgical start time' and specify > 120 kilos for adjusting the dose for patient weight.
- There should be a stronger statement for keeping OR doors closed as much as possible and a "time out" to ensure that proper personnel and equipment are in the room.
- A HICPAC guideline for "essential" infection prevention practices are in development to apply

- across the continuum of care.
- The State HAI Prevention Plan needs a preamble addressing how hospitals should use the document.

**Motion (Silvers):** That the HAI-AC accept these recommendations after addition of the following: hygiene, OR doors, time out, re-dosing of antibiotics, and glycemic control.

**Second:** Fouad

**Motion approved.**

### New Item(s)

HAI Annual Public Report Update, 2013 Data – L Janssen

- Target date for release of a single annual HAI Public Report (rather than individual reports by infection type) is September 15.
- The report will include hospital participation/non-participation in validation by attestation.
- 2012-2013 data will be posted side-by-side for ease of comparison where possible.
- The HAI interactive map will be accessible via iPads and smart phones.
- SSI associated with abdominal hysterectomy will be added as the tenth surgery type reported on the Map.
- The Map will show ICU- and ward-specific CLABSI findings for each hospital.
- Hospital HAI Profiles, showing a hospital's HAI findings for all infection types on a single page, will be compiled for each hospital and posted to the HAI Program website as pdf files. It is the intent the Profiles will be added to the Map in 2015.

### New Discussion Item(s):

- A member requested an informed answer on how patients on observation units are counted.
- A member requested information on how many facilities do not use rapid testing methods for identification of MDRO. How many places has that patient been prior to results becoming available?

### Announcements

- The meeting was adjourned at 3:10 pm.
- The third quarter meeting will be held August 14, 2014 in Sacramento. *Note: date subsequently changed to August 7*

### Acronyms added

<b>AAMI</b>	Association for Advancement of Medical Instrumentation
<b>ABS</b>	Antibiotic Stewardship
<b>AFL</b>	All Facilities Letter
<b>CAUTI</b>	Catheter-associated Urinary Tract Infection
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDI</b>	<i>Clostridium difficile</i> infection
<b>CDPH</b>	California Department of Public Health
<b>CHG</b>	Chlorhexidine gluconate – a topical antimicrobial used w/ hand hygiene and patient bathing
<b>CLABSI</b>	Central Line-Associated Blood Stream Infection
<b>CLIP</b>	Central Line Insertion Practice
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CRE</b>	Carbapenem-resistant Enterobacteriaceae
<b>CSTE</b>	Council for State and Territorial Epidemiologists

<b>CUSP</b>	Comprehensive Unit-Based Surveillance Program
<b>HAI AC</b>	Healthcare-Associated Infections Advisory Committee
<b>HCP</b>	Health Care Personnel
<b>ICU</b>	Intensive Care Unit
<b>IDSA</b>	Infectious Diseases Society of America
<b>IP</b>	Infection Preventionist
<b>L&amp;C</b>	Licensing and Certification
<b>MRSA</b>	Methicillin-resistant <i>Staphylococcus aureus</i>
<b>NHSN</b>	National Healthcare Safety Network
<b>NICU</b>	Neonatal Intensive Care Unit
<b>PD</b>	Patient Days
<b>PDSA</b>	Plan Do Study Act – a quality improvement approach
<b>QA/QC</b>	Quality Assurance/Quality Control
<b>SIR</b>	Standardized Infection Ratio
<b>SSI</b>	Surgical Site Infection