

**Healthcare-associated Infections Advisory Committee Meeting  
December 12, 2013 Oakland, CA 10:00am-3:00pm**

**Summary Meeting Minutes**

**Committee Members**

Present: David Witt, Chair; Elizabeth Clark, Zachary Rubin, Enid Eck\*, Michael Langberg, Karen Anderson, Rae Gruelich, Brian Lee, Jeffrey Silvers, Carole Moss\*, Stanley Deresinski,

Participated by phone, not at a posted public meeting site, not able to vote: Catherine Liu, Deborah Wiechman, Marsha Barnden

Absent: Amie Dubois, Samantha Tweeten, Salah Fouad, Alicia Cole, Paige A. Batson

**Liaison Representatives**

Present: Dawn Terashita/CCLHO, Matthew Zahn/CACDC, Michael Butera/CMA\*, Susan Chapman Gilroy/CAPA,

Absent: David Perrott/CHA, Cheryl Richardson/CACC, Suzanne Anders/HSAG, Kathy Dennis/CNA

**Department Staff**

Present: Debby Rogers, Lynn Janssen, Jorge Palacios, Sue Chen, Lanette Corona, Jon Rosenberg, Neely Kazerouni, Sam Horwich-Scholefield, Kavita Trivedi, Vicki Keller

*\*Participated by phone*

<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 of Order</b></p> <p>The Chair reviewed the rules of order as written in the by-laws.</p>
<p><b>HAI-AC By-Laws</b></p> <p>When the HAI-AC was reconstituted in 2013, per terms of the by-laws, length of service for each member is to be three, four, or five years. Term limits were determine by a random selection process. Results were presented. (<a href="#">Slides</a>)</p> <p>Reminder that voting Committee members represent their individual expertise; Liaison members represent a specified organization.</p>
<p><b>Public Story</b></p> <ul style="list-style-type: none"><li>• L. Janssen announced the release of the annual HAI public report in November 2013. Noted that 18,000 infections were reported. Reminded committee these aren't just numbers, but are 18,000 people impacted by HAI. Our work continues to prevent HAI.</li></ul>

**Approval of the Minutes** – August 15, 2013 meeting

- Minutes were approved with a minor revision to include Covered California discussion. “D. Rogers to discuss the outcome of Office of Data’s input regarding having Covered California representative to attend and provide report on status at next meeting”.

**Motion (Silvers):** Second: Anderson

**Motion approved without opposition**

**Prevention Progress Story – \*NEW\***

Reviewed paper “Is patient isolation the single most important measure to prevent the spread of multidrug-resistant pathogens?” ([C Landelle, et. al., Virulence 2013 Feb 15:4:2, 163-171](#)), which presents pros and cons of contact precautions.

Discussion: Standard precautions still need emphasis as contact precautions alone do not prevent 100% transmission or clarify the issue on when to stop isolation; any approach must be multimodal. It stimulates thought on how to minimize patient harm while preventing spread of the resistant organism.

**HAI Program Updates** – Debby Rogers, Deputy Director, Center for Health Care Quality, and Lynn Janssen, Chief, HAI Program

D Rogers: Thanked Committee members for their ongoing work and desire to contribute value to the state. The Secretary of Health and Human Services Agency is very proud of what the Committee and Program are accomplishing. The [HAI Program website](#), including the [interactive map](#) speaks to the nation.

L Janssen:

- Acknowledged the Program Epidemiology Unit and unit supervisor Neely Kazerouni for getting the public reports together.
- For future reports, wants to commit to a regular release date of mid-September.
- The 2014 report will contain individual hospital report profiles.

Liaison IP Program:

- Vicki Keller has accepted the position of HAI Liaison Program Coordinator
- Liaison IPs will be transitioning from federal funds to L&C quality improvement funds
- 2013 projects included SSI data validation, Data for Action visits, wrap up of the LTACH Collaborative (begun in 2011), and current visits to long term care facilities to characterize them and teach infection prevention.

Staffing Update

- Dr. Jon Rosenberg is back working on outbreaks and providing consultation.
- Patricia McClendon (epidemiologist) left the Department and Kavita Trivedi’s last day will be December 20, 2013. The Program will be recruiting for both positions.
- Sam Horwich-Scholefield is a two-year CSTE fellow working on the CRE Project.
- L Janssen has been appointed to a four year term on HICPAC.

## Subcommittee Reports

### Antibiotic Stewardship (AS) Subcommittee – Dr. B. Lee ([see slides](#))

- Subcommittee members expressed formal appreciation for the work of Dr. Trivedi on antibiotic stewardship and the national impact the program has had.
- The tiered definition for antimicrobial stewardship programs was revisited. A preface/introduction was written to accompany this structure. It was recommended and voted that:

**Motion (Lee):** CDPH disseminate the preface/introduction and 3-tier definition as “guidance” to acute care hospitals.

**Motion approved: Unanimous**

**Motion (Lee):** CDPH establish a collaborative process among California hospitals to facilitate the implementation of the three tiers of Antimicrobial Stewardship. The collaboration should include representation from a diverse cross section of California hospitals.

**Motion approved: Unanimous**

**Motion (Lee):** Recommendation to CDPH that six months after the start of the collaborative to collect baseline and follow-up data on tier elements and after one year, public reporting is to begin on individual institutions.

**Motion approved: Unanimous**

- Discussion:
  - How this guidance would be disseminated to hospitals.
  - What is enforceable vs. what is advisable vs. what CDPH can require in the context of the current law.
  - What is the intent of how the hospital would be evaluated (i.e. must meet all tier requirements to claim that level program vs. pick and choose between elements)?
  - Per current legislative language/guidance, L&C surveyor can only ask if the facility has a program. Any specific requirements would constitute an underground regulation that the HAI Program does not have the authority to make.
  - The HAI Program can only post guidance which does not require a hospital to initiate any specific ASP-related activities.
- Of note, these recommendations are not keeping pace with federal regulations where physicians must now write indications with antibiotic orders and show ongoing assessment of ASP activities through their Pharmacy and Therapeutics Committees. It would be helpful to have a sense of hospital responses over time.

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

- The goals of the Subcommittee are to recommend prevention standards for CA hospitals that can be used by CDPH on consultative “Data for Action” follow-up and to recommend surveillance changes. Prevention practices reviewed thus far were for CLABSI, CLIP, CDI, and CAUTI.
- Additional HAI prevention measures will be reviewed by the Subcommittee, formatted into recommendations, and brought to the next Advisory Committee for discussion and voting.

Discussion:

- Accountability for following prevention practices is lacking.
- There is better compliance with more simple recommendations.
- Approaches such as recommendations for nurse-driven protocols and scope of RN practice were discussed.
- Recommendations may require resources; currently unfunded.

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

- The Subcommittee will continue to collaborate with CDPH on the HAI Public Education Campaign.
- Enhancement recommendations made by the Subcommittee have been incorporated into the HAI V3 Map.
- PRES members will continue to provide the Program guidance by reviewing program web content for public accessibility, interpretation of information, and functionality.

Subcommittee recommendations:

- Program IP Liaisons, in conjunction with this subcommittee, will develop educational materials for the general public. Program IPs will contact IP volunteers and provide train-the-trainer sessions.
- Resources for a prevention library will be made available to the public via the HAI website.

**Infection Preventionist Assessment Subcommittee** – E Clark ([see slides](#))

- A review of literature was done pertinent to IP staffing and resources from the past 25 years and processes and legislation from other states to measure IP resources was done.
- The survey method was the most common measure used to assess IP staffing.
- The Subcommittee currently plans a two-prong approach to develop a tool to assess IP resources:
  - **Part I:** Follow the method used by New York State in their public reports (measures full time equivalent (FTE) IPs vs. number of licensed beds and FTE IPs vs. a weighted average that incorporates other areas of IP responsibility)
  - **Part II:** Develop a survey that more comprehensively measures assigned responsibilities that fall outside physical areas the IP is responsible for.

**New Items**

**Update on Carbapenem-resistant *Enterobacteriaceae* (CRE)** – S Horowitz-Scholefield ([see slides](#))

- An overview of national prevention and control strategies for CRE was presented; described the HAI Program survey to determine regional prevalence of CRE in California, necessary to implement CDC recommendations.
- CRE phone surveys have been completed with 225 hospitals. This outreach served to educate and sensitize IPs to the possible presence of CRE in their facilities. Final results are anticipated to be available in Spring 2014. Region-specific education is planned.

Discussion:

- Due to issue complexity, information of laboratory breakpoints for defining CRE is not being collected. Contact information for hospital laboratory directors should aid in collecting that information in the future.
- As patients move between facilities; some individuals with CRE may be captured more than once. This will be corrected in upcoming renditions of the survey.

**Data Validation** – L Janssen ([see slides](#))

HAI data validation was defined, objectives set, results of prior CDPH Program validation efforts presented, and a three-year plan proposed.

**Motion (Moss):** That the plan proposed by L Janssen for hospital leadership to attest to the accuracy of their 2013 data and the plans for 2014 and 2015 be approved as presented.

Second: Rubin

**Motion approved: Unanimous**

Discussion:

- A question was asked when hospital leaders would be informed of this approach. Currently quarterly Quality Assurance/Quality Control reports are posted in CalHeart by the Program.

**Announcements**

The first quarter meeting will be held February 13, 2014, in Sacramento.

Meeting dates for 2014 will be the second Thursday of February, May, August, and November, alternating between Sacramento and Oakland.

## 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>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