

**Healthcare-Associated Infections Advisory Committee**  
**November 26, 2008, 07:00 – 09:00 AM**  
**Location: Conference Call**

**Attendance**

**Members/Alternates:**

Kim Delahanty (Chair), Raymond Chinn, Alicia Cole, Enid Eck, Annemarie Flood, Lilly Guardia-Labar, Jennifer Hoke, Lisa McGiffert, Mary Mendelsohn, Shelly Morris, Carole Moss, Rekha Murthy, Frank Myers, Terry Nelson, Shannon Oriola, Debby Rogers, Julia Slininger, Jonathan Teague, Francesca Torriani, Anvarali Velji, David Witt

**Guests:** Kathleen Billingsley, Chris Cahill

**Staff:** Sam Alongi, Sue Chen, Roberto Garces, Jon Rosenberg

Agenda Items/Discussion	Action/Follow-up
<p><b>Call to Order and Introductions</b>            Committee Chair Kim Delahanty (Chair) convened meeting at 12:00 noon.            Introductions made.</p>	
<p><i>Next HAI-AC meeting to be in San Diego [note: location changed to Sacramento], Monday January 12, 2009 from 10:00 AM to 3:00 PM.</i></p> <p><i>The AFL regarding the new legislation not expected to be released until at least the middle of December.</i></p> <p>C Moss [MOTION] - I'd like to make a motion to approve the following proposed amendment language: "each health facility shall report quarterly to the department all health care associated surgical site infections that meet CDC/NHSN definitions and methodology for deep incisional and organ space infections following orthopedic, cardiac and gastrointestinal" with the additional language of the first box "surgeries designated as clean and clean contaminated operative procedures" with the additional language as noted "the department in consultation with HAIAC shall annually add to subsection 12.88.55 one or more surgical site procedures to be reported to CDC/NHSN" and the original language in the law on the second page top box "health facilities that report data pursuant to the system shall report this data to NHSN and the department as appropriate has the authority in consultation with the HAIAC to develop and require clients with specific instructions to help facilities necessary to enable effective reporting."</p> <p>D Rogers seconds.</p> <p>K Delahanty - If we put the word "add" in and then we do a substantive change to the law, then will that not say add in any surgical procedures, so when we use the word add then that is an actual change to the legislation, not a technical change.</p> <p>C Cahill - Yes, my only comment about the gastrointestinal surgery is that that includes all surgery from the mouth to the anus, also just</p>	

about every one of those surgeries are considered not clean but clean contaminated because they are in a contaminated space. I would propose that you select a specific surgery such as colon resection for the gastrointestinal surgery to be reported.

J Slininger - My input after having listened carefully to Carol's choice with the motion is that it seems to me as though the selection that I did not hear included was in the middle of the page of the text we're looking at which talks about how to record the number of surgeries so that we can get toward a rate. My later motion, if we have the chance to make it, will be to go more with the second elective box in each section talking about types of operations and then the number of surgeries for those types going with the first box so that the language is consistent for the numerators and denominators and would also include the specifications of surgeries as Chris just recommended.

K Delahanty - We're voting on this motion. If you are going to have a different motion please wait until the vote is passed.

A Cole - My comment is I think we missed, I agree that we missed the number of surgeries for each of these types must also be reported for the same period. I don't think it included what needs to be reported.

S Oriola - I'm confused about the amendment and I thought one of the reasons we wanted to clean it up because it was physically impossible to do this. I agree with what Chris Cahill just said. While most orthopedic and CABG surgeries are clean or clean contaminated, most of the gastrointestinal procedures are at minimum clean contaminated, most are contaminated and many are dirty, and that is part of the risk stratification process. If you pull out the gastrointestinal surgeries vs. the clean contaminated there would be no hope, and I know I think Lisa had the comment, it's really important to be able to compare our data and by pulling out the clean and clean contaminated GI procedures or we're not going to be able to compare our data to anyone in NHSN...

L McGiffert - OK, a couple of things. I'm not sure if Shannon intended to leave out the most of infections to identify for specific procedures and a date upon which those would start. I didn't hear that in the amendment. And it seems that the date is important since the percentage is all then you'd have to establish something happening in between all and then the annual update, I think that we maybe argue that it's a technical amendment to get to all. And as far as the elective colon, about the gastrointestinal I don't think, I think if we remove that it would not be technical but we're trying to get the authority to define which procedures would be done and so I'll say that I do think there are some issues that have been raised about whether we should be including dirty and contaminated.

I need to just make a clarification based on I wasn't talking about the "all" as a substantive change, I was talking about the word "add."

D Witt - A couple of things. I'm concerned that you know, generally this is ok, but I don't think that we addressed the primary problem

generating the need for the technical amendment which is some sort of prioritization designation and identification for reporting and surveillance and I don't see that in here. I think that we still have the all – we still have all three categories of surgeries and I don't think we've clarified anything for the public or the department. I also have a little bit of a problem with the language of “the department with consultation with the HAI-AC” if that indeed changes the tone of the bill a bit. What I would propose is that the HAI-AC will recommend to the department and somehow we need to get the language identifies what we're going to recommend because here I think it's just all, I don't see any substantive change to the bill, and why do a technical amendment?

S Chen - A couple of things. I agree with the first, on the first set of blocks it should be just surgeries, it should not be specifying clean or clean contaminated because you eliminate too much and you're actually going the other way. Second, I agree with David that the, we haven't effectively addressed the issue of “all.” Third I would urge for a withdrawal of the current motion and voting this in pieces so we can get through this.

S Morris - My question has to do with what Shannon was talking about with the NHSN methodology. When you go into these and report the denominator information for these particular surgeries, and you use NHSN, I don't know that you could only put in the clean or clean contaminated ones, I think you have to put them all into NHSN. And when I see this reading NHSN methodology how I read that is that you've followed the rules that NHSN has set up. Now I don't know when we designate CDC/NHSN as a group I don't know if we can designate them specifically only to look at a clean rate or a clean contaminated rate within that operative category? I don't know how that operates, do you?

C Moss [restates an amended MOTION] –

12.88.55 (a)(3) Each health facility shall report quarterly to the department all health-care-associated surgical site infections that meet CDC/NHSN [criteria for both] definitions and methodology for deep incisional or organ/space infections following orthopedic, cardiac, and gastrointestinal

- surgeries designated as clean and clean-contaminated operative procedures.
- The number of surgeries of each of these types must also be reported for the same period

Infections **as defined in (a)(3)** following:

- (A) Knee prosthesis/arthroplasty;
- (B) Hip prosthesis/arthroplasty;
- (C) CABG and/or cardiac valve replacement via median sternotomy;
- (D) Elective colon resection **vs. colon resection;** shall be reported separately to the department via NHSN.

- The department, in consultation with the HAI-AC, shall annually add to subsection 1288.55(a)(4) one or more surgical site procedures to be reported to CDC/NHSN.

d) Health facilities that report data pursuant to the system shall report this data to the NHSN and the department, **as appropriate**.

- The department has the authority, in consultation with the HAI-AC, to develop and require compliance with specific instructions to health facilities necessary to enable effective reporting.

A Cole seconds.

Discussion on specific language in the motion – NHSN definitions; addition of all colon resection categories; addition/deletion of categories or procedures;

Motion WITHDRAWN by C Moss.

J Slininger - I would like to recommend a motion and I appreciate the ability to do it by making menu selections as Sue has laid it out.

J Slininger [MOTION] –

12.88.55 (a)(3) Each health facility shall report quarterly to the department all health-care-associated surgical site infections that meet CDC/NHSN [**criteria for both**] definitions and methodology for deep incisional or organ/space infections beginning with the following orthopedic, cardiac, and gastrointestinal

- types of operative procedures designated as clean and clean-contaminated.
- The number of surgeries of each of these types must also be reported for the same period

Infections **as defined in (a)(3)** following:

- (A) Knee prosthesis/arthroplasty;
  - (B) Hip prosthesis/arthroplasty;
  - (C) CABG and/or cardiac valve replacement via median sternotomy;
  - (D) Elective colon resection **vs. colon resection**;
- shall be reported separately to the department via NHSN.

- On an annual basis these selected procedures being reported will be reviewed by the HAI-AC, who will make recommendations to the department.

d) Health facilities that report data pursuant to the system shall report this data to the NHSN and the department, **as appropriate**.

- The department has the authority, in consultation with the HAI-AC, to develop and require compliance with specific instructions to health facilities necessary to enable effective reporting.

That's the end of my motion and I believe it's specific enough to help hospitals begin but open enough for the department and HAI to make additions as requested each year.

M Mendelson seconds.

Vote: 4 Nays (K Delahanty, D Rogers, A Flood, M Mendelson)  
Motion DOES NOT PASS.

K Delahanty [MOTION] - So we're going to start with the proposed amendment menu. The first section 12.88.55. "Each health care facility shall report quarterly to the department all health care surgical site infections that meet CDC/NHSN criteria for both definitions and methodologies for deep incisional or organ space infections following orthopedic, cardiac and gastrointestinal

- surgeries designated as clean and clean-contaminated operative procedures.
- types of operative procedures designated as clean and clean-contaminated.
- surgeries.

D Witt seconds.

Vote on box 1:  surgeries designated as clean and clean-contaminated operative procedures.

Nays: M Mendelson, A Flood, R Murthy, L LaBar, S Chen, R Chinn, F Torriani

Motion DOES NOT PASS.

Vote on box 2:  types of operative procedures designated as clean and clean-contaminated.

Nays: R Chinn, C Moss, S Chen, S Oriola, T Nelson

Motion DOES NOT PASS.

Vote on Box 3:  surgeries.

Nays: M Mendelson, A Flood, S Morris, R Murthy

No abstentions.

Motion PASSES.

K Delahanty [MOTION] - "The number of surgeries of each of these types must also be reported for the same period" or "the number of surgeries of each category of procedures shall be reported for the same period."

Commentary: Can we clarify this between number 1 and number 2. Are we stratifying by type of surgery in number 1 and number 2 is lumping them into a category.

Well it's the size of category, so in other words I would read number 1 as saying that all of the orthopedic, all of the CABG, all of the GI's as

opposed to breaking them down further.

Vote on Box 1:  The number of surgeries of each of these types must also be reported for the same period.

Nays: S Chen, R Murthy, D Witt, E Eck, F Torriani

Vote on Box 2:  The number of surgeries **for each category of procedures shall** be reported for the same period.

Nays: D Witt

Ayes: K Delahanty, D Rogers, M Mendelson, C Moss, F Torriani, A Flood, S Oriola, S Chen, J Slininger, T Nelson, E Eck, J Teague, J Hoke, R Murthy, R Chinn, S Morris, A Cole, A Velji, L LaBar, J Rosenberg  
Motion PASSES.

K Delahanty - OK, going onto the next. "Infections as defined in three categories following knee prostheses/arthroplasty, hip prostheses/arthroplasty, CABG and/or cardiac valve replacement via median sternotomy, elective colon re-section vs. colon re-section."

S Chen - Could we just break this vote down elective colon re-section vs. colon re-section?

Yes.

R Chinn - I think that by removing the clean contaminated section and going to surgeries in the above section that we actually are able to do colon re-section as a whole. I don't know that we should just take out the clean/clean contaminated. So the word elective can be eliminated and we just go with colon re-section. The other comment I have is under C, where you mention CABG and/or, do you really mean and/or because CABG should be part of the ... surgery.

S Chen - The CABG and then when it says, we don't really want it to be only cardiac valve replacement vs. median sternotomy, what everyone else is doing is just CABG, but we were looking at anything that cracked the sternum and that's why the cardiac valve replacement. The reason the **/or** was bolded, it's because I wanted reconsideration of that particular piece of language.

R Murthy - Following up on Ray's comment about the clean, clean contaminated and colon re-section, I guess I'm a little puzzled about having removed the clean and clean contaminated from surgery, I look to this clarification of infections to start with and maybe an opportunity to begin selecting procedures for which there would be some comparability across institutions, and I'm worried a little about having all colon re-sections, because of that dirty, etc. and getting back to Deborah's point about NHSN methodology, if we use NHSN methodology, the CDPH would have access to the information all, whatever hospitals put in, but in terms of reporting purposes, they would be able to pick the clean/clean contaminated categories so that it would be comparable across institutions.

S Oriola - Just a comment to Reyka, I understand about the non-

elective colon being a higher risk of infection but that's why we risk stratify, and if we have to customize it to take out the non-elective colon re-sections, again it's not comparative to NHSN at that point, so I think that we wanted to provide consumers with a rate that we can compare, not only to California hospitals, but to the rest of the nation, so I would think that keeping colon re-section in with not having a subset with elective...

S Alongi - There is a call for the vote. I don't know exactly what we're voting on anymore.

S Oriola [MOTION] - I move to remove "or" from the sentence. (C) CABG and/or cardiac valve replacement via median sternotomy;

J Rosenberg seconds.

Nays: 0

Ayes: All

No abstentions.

Motion PASSES.

C Moss [MOTION] - Now we need a vote to remove the word elective. (D) Elective colon resection.

T Nelson seconds.

Nayes: 1 (R Murthy)

No abstentions.

Motion PASSES.

K Delahanty – Next:

- The department, in consultation with the HAI-AC, shall annually add to subsection 1288.55(a)(4) one or more surgical site procedures to be reported to CDC/NHSN.
- On an annual basis these selected procedures being reported will be reviewed by the HAI-AC, who will make recommendations to the department.

C Moss [MOTION] – Motion to approve Block 1: The department, in consultation with the HAI-AC, shall annually add to subsection 1288.55(a)(4) one or more surgical site procedures to be reported to CDC/NHSN.

A Cole seconds.

D Rogers - Could you remind us what existing law says because I think existing law is written the opposite way that...

K Delahanty - It is not written this way, you're correct, Debbie and that's what we already commented on three times about the "add" is a substantive change.

L McGiffert - I would just argue that "add" is a technical change to get

us to "all". Because we have "all" in the... and we're starting with a subset and so in order to get to all we have to "add" on a regular basis.

E Eck - I would be opposed to this amendment because it substantively changes the authority of the HAI-AC. All of SB 739 gives authority to the committee to recommend to the department and the way that this is structured, the department has all of the authority and they can talk to us, not necessarily take a recommendation of this committee and would do whatever they wanted to and I think that would lead to weakening of the authority of this committee as empowered by SB 739.

C Moss - As it relates to the content of this and with regards to the remarks from Enid, as we all know, all of the things that we have put our heads together on solutions, they're all just recommendations. We really have no authority. And the way that this is stipulated, it talks about the department in consultation with the HAI-AC, and that's really all we do right now. We may make recommendations and submit them, and then really the department makes the decision. If they can or can't do it. What this says, it gives them the ability to add to without having to go through legislation again. And it's pretty much a moot point as it relates to what we have as authority today. As an Advisory Committee, we don't have any authority, even with the legislation.

Vote on Motion to approve Block 1: The department, in consultation with the HAI-AC, shall annually add to subsection 1288.55(a)(4) one or more surgical site procedures to be reported to CDC/NHSN.

Nayes: 5 (D Witt, E Eck, M Mendelson, L LaBar, K Delahanty)  
Motion DOES NOT PASS.

K Delahanty [MOTION] – Motion to approve Block 2: On an annual basis these selected procedures being reported will be reviewed by the HAI-AC, who will make recommendations to the department.

D Witt seconds.

A Cole - On the second box, I believe there needs to be something incorporated in there that will get us to the original intent of "all." I think that to just say that "make recommendations" is too vague and does not at all address the issue of adding additional surgeries.

T Nelson - I think that the comment that given the existing legislation still contains the word "all" then by definition we don't need to repeat that later on in another section.

L McGiffert - This means that in year two, the department could require you to report "all".

Correct.

E Eck - Lisa, you're absolutely correct and that would be based on a recommendation of the committee.

Vote on Motion to approve Block 2: On an annual basis these selected

procedures being reported will be reviewed by the HAI-AC, who will make recommendations to the department.

Nayes: 2 (C Moss, A Cole)

No abstentions.

Motion PASSES.

K Delahanty - All right, now we're going down original language in the law. There are three boxes that we will be voting on. d) Health facilities that report data pursuant to the system shall report this data to the NHSN and the department, **as appropriate**.

Motion to approve Box 1:

- The department has the authority, in consultation with the HAI-AC, to develop and require compliance with specific instructions to health facilities necessary to enable effective reporting.

J Slininger seconds.

D Witt - I truly don't understand the point of that. In this, clearly the bill gives the department authority, the department has authority, in it, so I think this is a redundant addition.

J Rosenberg - Without exempting of rule making, this doesn't give us any authority to do anything we don't already have.

S Chen - This is a comment to David. When you put the words "as appropriate" in the original language that means that the department cannot specify how the data is reported. The hospitals get to choose. That is crippling.

C Moss - So the intent of the language Jon, to clarify, the department has the authority in consultation with HAI-AC to seek, develop and require compliance with specific instructions...we constantly hear you tell us what will never get this passed. Oh, whatever are the things that we're recommending to you, time and time again, all we hear is, "Oh, this won't get passed." The simple intent of this paragraph is to make it known in writing that what the HAI-AC and has recommended to the department does not need to continuously go back to legal. To get to all, we're going to need this. And, mainly it's because of the delays that we constantly hear from you that we have to take this to legal. In order to get things done and not have to wait so long, this is going to be required as a team, and hopefully it will save you some time.

S Chen - In response to Carole's comment, it is my understanding from a long legal consultation yesterday, that this particular language with specific instructions necessary to enable effective reporting once again is not going to withstand the legal challenge; it will be still directing us to write and try to get more legislation through. This particular language is really not quite strong enough, and the second thing is, if we do go with this particular version, I would ask of the person who is sponsoring this motion to change the words "in consultation with the HAI-AC" to "following consultation with the HAI-AC."

Vote on Motion to approve Box 1: The department has the authority, in consultation with the HAI-AC, to develop and require compliance with specific instructions to health facilities necessary to enable effective reporting.

Nayes: S Chen, J Teague, E Eck, T Nelson, M Mendelson  
Motion DOES NOT PASS.

K Delahanty [MOTION] – Motion to approve Box 2: The department, with consultation w/ the HAI-AC, may annually delete from or add to subsection 1288.55(a)(3) a category or categories of surgical site infections to be reported to NHSN or to the department, including development of specific directions noted to enable effective reporting.

A Cole seconds.

J Slininger - Sue do I gather by your vote that this is one your lengthy legal counsel yesterday indicated would be appropriate.

S Chen - This one still contains the section “including development of specific directions noted to enable effective reporting” would also require additional legislation. So, it is a little bit different, but it is still not the whole enchilada, but we really have to discuss the whole enchilada which would be number 3, and maybe it might be better to discuss number 3 and come back to number 2 as a compromise on this one if we disagree with number 3.

D Rogers - And Sue, legal counsel thinks that the problem with this is that you would still have go through the regulatory process to develop instructions?

S Chen - Correct.

E Eck - I'd like to bring us back to the process of what we were trying to do here. And that was to clarify the language on the three categories of surgical procedures that were so vague that we really couldn't even begin to implement them. I think that we have managed to develop language that would allow us to move forward as a technical clarification. I think this, these three proposed motions, one of which has already been defeated, all of which require additional legislative work, and I think that needs to happen, and that can be done, and we can work forward to do that, but I think that the task that was laid before us, we have completed. And if the law needs to be reopened and there needs to be additional legislative work, that should be done in the way that the Senator always does work, which is to have all of the relevant parties participate in the development of and seeking consultation from them and then developing the legislation that the Senator wants to bring forward. I do not think that this group is in the position to do that kind of work on her behalf and I think that should be, we should end, and bring forward the legislation proposed technical changes and get that to her as quickly as possible and allow whatever legislative clarifications that need to occur, occur.

S Chen - The reason this section is in here is because this is a section

that allows CDPH to specify how things are reported to the department and it actually applies to more than the surgical language. Without some sort of specification here, the hands of CDPH are tied as far as being able to require facilities to report data in a manner that could be useful.

E Eck - I am saying what we were asked to do was clarify how we could begin to proceed with surgical procedure reporting and identify that process. The legislation very clearly reiterates that it has to be reported to the department by way of NHSN. That's in there several places. We have done that work. This next section is another whole body of work and I don't think that this is the venue or the group or the process for which we should do this.

Motion to approve Box 2: The department, with consultation w/ the HAI-AC, may annually delete from or add to subsection 1288.55(a)(3) a category or categories of surgical site infections to be reported to NHSN or to the department, including development of specific directions noted to enable effective reporting.

Nayes: C Moss, E Eck, D Rogers, J Slininger, M Mendelson, K Delahanty  
Motion DOES NOT PASS.

K Delahanty [MOTION] - Motion for the third box.

M Mendelson – Second.

E Eck - We have previously approved that the health care HAI-AC on an annual basis will review and make recommendations to the department. We have all agreed that we will do that. That is the commitment, we have passed that. In the original law, it clearly states that the data being reported pursuant to this system, shall be reported. There is no wiggle room. There is a big fat "shall" in the middle of that first sentence as in the law originally stated. There is no need for additional definition of "the hospitals have to report." The law says that they have to. If there are clarifications for exactly what that process needs to be, that the department feels it needs, that should be worked out in an appropriate legislative process. Not at 8:30 AM on the Wednesday before Thanksgiving with a handful of people in the state, that's not appropriate.

D Rogers - I think that the intent of the original legislation was to allow the department to implement this. I think we run into problems with a legislative cleanup that specifically exempts the process from the ATA rule making process. I think that it raises a lot of eyebrows and I think it won't go through as easily as we think it will.

L McGiffert - I just wanted to call attention to the fact that this amendment also gives authority to the department to require reporting to the department and not using NHSN.

T Nelson - My concern is that, is that if we add this particular paragraph, which I understand the intent of putting it there, that that puts an anchor on the rest of the technical language cleanup that we

want to do. Someone made a point several meetings ago that we need to something concise and something that does not question our credibility with the recommendations that we do want to seek it through and I'm concerned that if we start dabbling with something that someone had mentioned raises eyebrows, that would call into question our credibility and our motives for the other pieces that we vitally need to get through.

D Witt - I think that these amendments are really legislative legal amendments that are not our expertise. I don't understand the last one to be honest. I'd be really hesitant to vote for something I have no clue about.

Motion to approve Box 3: Health facilities that report data pursuant to this section shall report this data to the department either through NHSN or directly to the department. For any specific data, following consultation with the HAI Advisory Committee, the department will determine the appropriate method of reporting. This determination shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and shall be implemented without being adopted as a regulation, except that the department shall inform hospitals of the appropriate method of reporting at least 30 days prior to the initiation of reporting.<sup>1</sup>

Nayes: J Slininger, E Eck, K Delahanty, M Mendelson, A Flood  
Motion DOES NOT PASS.

D Witt [MOTION] – Motion to reopen and approve box 2: The department, with consultation w/ the HAI-AC, may annually ~~delete from~~ ~~or~~ add to subsection 1288.55(a)(3) a category or categories of surgical site infections to be reported to NHSN or to the department, including development of specific directions noted to enable effective reporting.

S Chen seconds.

E Eck - I think that we have already come to the agreement that we would have this process in place with what we approved a half hour ago on the first page, bullet 2 under the list of specific procedures, and that is that on an annual basis, selective procedures being reported will be reviewed by the HAI and will make recommendations to the department. We've already done this. It's already there. I don't think this is necessary.

Motion to approve Box 2 (revised): The department, with consultation w/ the HAI-AC, may annually ~~delete from~~ ~~or~~ add to subsection 1288.55(a)(3) a category or categories of surgical site infections to be reported to NHSN or to the department, including development of specific directions noted to enable effective reporting.

Nayes: E Eck, T Nelson, L LaBar, A Velji, S Chen  
Motion DOES NOT PASS.

K Delahanty - All right. Now we need to restate the full changed language.

E Eck [MOTION]- I submitted language to Sue, and it's on toward the bottom of the second page. I would move that that sentence, "The CA HAI Advisory Committee recommends to Senator Alquist that she recommend as a technical amendment to SB 1058 solely the following language which the Committee has agreed is necessary to interpret and properly implement the law" is what gets brought forward.

F Torriani seconds.

A Cole - I have a question, maybe I'm missing this. When we were discussing earlier the full options, the department in consultation with the HAI-AC vs. on an annual basis, one of the comments that was made in response to the fact that the authority of the committee is pretty vague based on just the language "will make recommendations" and a comment was made that that's clarified later in the language, and we just voted down all three of those later clarifications, so my question is, what are we going to incorporate, that then brings us back to the original gist of the law which is to get to all because I don't see anything left in this technical language now that is intended to give us quantitative, empirical, one addition a year, adding anything, we're just left with what we have in the middle section and nothing that specifically calls out adding in other procedures.

J Slininger - In response to Alicia's comment I quite understand it but I feel that all the discussion we had around the substantive change of process that all of those choices make, I think that consensus was we came back to deciding we will be comfortable with the language we've already approved on an annual basis, that selected procedures will be reviewed by the HAI-AC, with recommendation, and try to add procedures that way without being too specific. For myself, that was what sounded like the consensus of the discussion about the infections.

Motion to include E Eck's language.

All Ayes; no abstentions.

Motion PASSES.

K Delahanty - After we review it we will send it out later. Our next meeting face to face is January 12<sup>th</sup> in hopefully San Diego but we'll let you know for sure. I appreciate everyone's time and patience and due diligence on this. And that is the adjournment.

End Call

HAI-AC staff will email finalized cleanup language to the advisory committee.

**Acronyms**

AFL	All Facilities Letter
APIC	Association for Professionals in Infection Control and Epidemiology
ARDS	Acute Respiratory Distress Syndrome
BSI	Bloodstream Infection

CACC	California APIC Coordinating Council
CART	CMS Abstraction and Reporting Tool
CCLHO	California Conference of Local Health Officers
CDIF	<i>Clostridium difficile</i>
CDPH	California Department of Public Health / Department
CLIP	Central Line Insertion Practices
CMS	Centers for Medicare and Medicaid Services
DCDC	CDPH Division of Communicable Disease Control
DIC	Disseminated Intravascular Coagulation
ED	Emergency Department
HAI AC	Healthcare Associated Infections Advisory Committee / HAI Committee / Committee
ICP	Infection Prevention and Control Professional
ICU	Intensive Care Unit
IHI	Institute for Healthcare Improvement
JAMA	Journal of the American Medical Association
L&C	Licensing and Certification
LIP	Licensed Independent Practitioner
MRSA	Methicillin-Resistant <i>Staphylococcus aureus</i>
MSSA	Methicillin-Sensitive <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
NICU	Neonatal Intensive Care Unit
OR	Operating Room
PICC	Peripherally Inserted Central Catheters
PSC	Patient Safety Committee
RN	Registered Nurse
SA	<i>Staphylococcus aureus</i>
SB 1058	Senate Bill 1058
SB 158	Senate Bill 158
SB 739	Senate Bill 739
SCIP	Surgical Care Improvement Project
TB	Tuberculosis
UVC	Umbilical Venous Catheter
VAP	Ventilator-Associated Pneumonia
VRE	<i>Vancomycin-Resistant Enterococcus</i>