

**Healthcare-associated Infections Advisory Committee Meeting
February 17, 2011, San Diego, California. 10:30 a.m. to 3:30 p.m.
MEETING SUMMARY**

Attendance

Members Present: Kim Delahanty (Chair), Mike Butera, Raymond Chinn, Enid Eck, Annemarie Flood, Lilly Guardia-LaBar, Lisa McGiffert, Michael McLean, Mary Mendelsohn, Roberta Mikles, Rehka Murthy, Frank Myers, Terry Nelson, Shannon Oriola, Francesca Torriani, Lisa Winston, David Witt

Members not present: Alicia Cole, Eric Frykman, Daniel Gross, Michael Langberg, Carole Moss, Debby Rogers, Dawn Terashita, Kathy Wittman

Guests: Dr. C. Mollie Bigger (Guest Speaker), Chris Cahill, Sherilyn Fagan, Sheri Gordon, Michael G_____, Margot Hudson, Jackie _____, Michelle Morris, Sheri Morgan, Tammie Russell, Sahskkia Saballos, Cindy Salgado, Susan Schenazy, Elmerissa Sheets, Susan Trau

Department Staff: Linda Becker, Loriann DeMartini, Lynn Janssen, Cheryl Kalson, Theresa Nelson, Jorge Palacios, Jon Rosenberg, Kavita Trivedi

Agenda Item/Discussion	Follow-up
<p>Call to Order and Introductions</p> <p>HAI AC Chair Kim Delahanty convened the meeting.</p> <p>The HAI AC members extended their appreciation to Sharp HealthCare for providing the meeting room, set up, lunch and refreshments for today's meeting.</p> <p>Introductions were made of those present and those on the teleconference lines.</p> <p>The Chair requested members to introduce themselves, state their area of expertise, and, if comfortable, briefly relay their personal experience with healthcare-associated infections.</p>	<p>CDPH to send thank-you notes to Sharp Coronado Hospital, and Sharp Medical Center</p>
<p>Review of Rules of Order</p> <p>Chair briefly reviewed the active rules of order used by HAI AC, including following the queue and respecting speaker opinions, muting phones if on the teleconference line, as well as limiting comments to two minutes and not repeating statements which have already been made.</p> <p>The HAI Advisory Committee's mission is to give recommendations to CDPH on implementing the bills for prevention of morbidity and mortality from HAIs. The Committee is neither a regulatory or punitive body.</p> <p>It has been determined that it is appropriate under Bagley-Keene for members to call into a meeting from a private area that is not accessible to the public without losing their voting rights. The requirement only applies when the meeting is conducted by teleconference and no public place is available. Due to improved technology since Bagley-Keene was written, there are enough bridge lines available for the public to call into the meeting and listen from anywhere.</p> <p>Note that there will be public comment after each topic today.</p>	
<p>Public Story</p> <p>Dr. C. Mollie Bigger was introduced and relayed her story.</p>	<p>CDPH to send a thank you note</p>

Agenda Item/Discussion	Follow-up
<p>Approval of Minutes</p> <ul style="list-style-type: none"> • Motion to approve January 13, 2011 HAI minutes (with minor corrections provided). <ul style="list-style-type: none"> ➤ Motion—LaBar ➤ Second—Flood ➤ Motion Passed (12 yes, 0 no, 1 abstention) 	
<p>HAI Program Update</p> <p><u>HAI-AC By-laws:</u> The Committee has no written bylaws to address issues such as membership composition, tenure, etc.</p> <p>It was suggested that a bylaws draft be developed and then brought to the HAI-AC for review. If necessary, another sub-committee will be formed, but as such the members are already over-committed. Discussion of bylaws began at the Committee's inception and information is in the historical minutes. The HAI Program will refer to those minutes when creating a bylaws draft as well as the mandates of the Bagley-Keene Act.</p> <p><u>HAI-AC Meeting Support:</u> The Third Sector Strategies (Sam and Roberto) contract has run out and a contract request has been in the works for about six months. The Department has issued an "Invitation for Bid". The bid is for a three-year contract.</p>	<p>HAI Program will draft bylaws for presentation and discussion at April 14, 2011 HAI-AC meeting.</p> <p>HAI Program staff to update HAI-AC on progress with bid for meeting support at April 14, 2011 meeting</p>
<p>Surgical Site Infection (SSI) Reporting—J. Rosenberg, M.D.</p> <p><u>Requirement:</u> The Department, commencing January 1, 2012, will post on their web site information regarding SSIs. Any information reported publicly shall meet all of the following: 1) follow a risk adjustment process that is consistent with NHSN; 2) infections shall be reported using NHSN definition when ever possible; 3) public reporting model shall follow CDC (if available) incidence rate or a model recommended by the HAI-AC.</p> <p><u>Background:</u> With the new NHSN risk-adjustment methodology for SSIs (SIR using a multivariate model) CDPH is able to fulfill the mandate for public reports following a "risk-adjusted" methodology. Prior to October 1, 2010, the NHSN SSI risk-adjusted methodology wasn't available.</p> <p>At the December 9, 2010 HAI-AC meeting the Committee passed a recommendation that hospitals be required to report SSIs following coronary artery bypass graft (CABG) and hip prosthesis surgeries.</p> <p>The Committee did not address what to do about the hospitals that don't perform either or both hip or CABG, or the disposition of SSI data collected in aggregate form (e.g. as cardiac, gastrointestinal, and orthopedic SSIs), so the Program is asking for recommendations on these two issues.</p> <p><u>Discussion: Hospitals that don't perform CABG and/or hip surgeries</u></p> <p>The HAI Program requested that the Committee consider additional surgical procedures to be reported by those hospitals that do not perform either hip prosthesis or CASBG surgery or neither. The Committee was provided a provisional list of 15 NHSN procedures considered to be cardiac, orthopedic, or gastrointestinal. The initial suggestion by the Program was to create a list of those procedures in priority based on volume in California and risk of infection from NHSN data so that hospitals would start at the top of that list and select until they reached two procedures. Annemarie Flood proposed that instead hospitals be provided a list of</p>	<p>CDPH to send out an AFL on SSI reporting for April 1, 2011</p>

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<p>NHSN cardiac, orthopedic, or gastrointestinal procedures in NHSN and be required to select the additional procedures to be reported based upon their own risk assessment, using volume and risk.</p> <ul style="list-style-type: none"> • Motion that any hospital performing surgical procedures will be mandated to report through NHSN SSIs following hip prosthesis surgery and coronary artery bypass graft (CABG) surgery; if they do not do one or either they must conduct a risk assessment to determine which one or two of the surgeries on the NHSN/SB 1058 list to select for reporting. The risk assessment must be based on the volume and risk of infection at their hospital. All hospitals performing surgery must report SSIs following at least two procedures. <ul style="list-style-type: none"> ➤ Motion: Murthy ➤ Second: Torriani ➤ Motion passed by (12-0-0) vote <p><u>Discussion: Disposition of SSI data collected in the aggregate</u></p> <p>The HAI Program has been collecting the number of infections and procedures associated with cardiac, orthopedic, or gastrointestinal surgeries as mandated by SB 1058. The Program reviewed some of the reports received over the last quarter of 2010, demonstrating the inconsistency in reporting. Because reporting is only in these broad categories and contains no patient-specific information, the rates cannot be risk adjusted as mandated by SB 1058. The Program requested that the Committee make a recommendation as to the disposition of these data. The discussion centered on several issues. Of major concern is the absence of definitions for cardiac, orthopedic or gastrointestinal surgeries, thereby leaving it up to the hospital to make the determination and consequently precluding comparability of data from one hospital to the next. Additionally, the data submitted cannot be risk adjusted due to the absence of patient-specific information, and therefore cannot be used for inter-hospital comparison.</p> <ul style="list-style-type: none"> • Motion that CDPH will develop a process whereby they will be able to identify the hospitals who reported using the paper form and the data that they currently have available. <ul style="list-style-type: none"> ➤ Motion—Eck ➤ Second—Myers ➤ Motion Passed (12 yes, 1 no, 0 abstentions) • Motion that CDPH develop a report for the public using the last four quarters of the data that they have currently to provide information about surgical infections in the State, using the data in an aggregate manner. <ul style="list-style-type: none"> ➤ Motion—McGiffert ➤ Second—Flood ➤ Motion Failed (1 yes, 12 no, 0 abstentions) 	

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<p>Education Requirements for CDPH Surveyors</p> <p>The Committee has been asked to recommend a standard education curriculum to train surveyors for infection prevention and recognition. No subcommittee is necessary but the full Committee will need to start looking at this.</p>	
<p>Clarification of UCOP CLABSI Reporting Definitions—F. Torriani, M.D.</p> <p>A letter was generated by the University of California Office of the President based on discussions of the UC Epidemiology Collaborative.</p> <p>The Collaborative expressed concern regarding uncertainties in the NHSN definitions and call for a better understanding of NHSN guidelines for CLABSI reporting. Of particular concern to the Committee is the variability in reporting CLABSI within the first three days of hospitalization. Some hospitals can afford to use national data management services such as Premier, which extracts only data that is considered “healthcare onset.” Hospitals not using a Premier-like management service may be extracting data differently from those that do, which can significantly impact data comparability. The letter outlines the definitions as developed by the Collaborative and will be sent to the HAI members.</p>	<p>CDPH to send the UCOP CLABSI clarification letter to the Committee electronically</p> <p>If HAI-AC members have information or connections in regards to data mining systems and how they work, please send that information to Jon Rosenberg or Jorge Palacios</p>
<p>Antibiotic Stewardship Subcommittee Report—D. Witt, M.D.</p> <p>The Antibiotic Stewardship Subcommittee presented their final recommendations to the Committee. (See Program website for Report.) An antibiotic stewardship program is mandated but antibiograms reporting is optional. The Subcommittee’s recommendations are the required minimum and address hospitals’ internal validation as opposed to external reporting.</p> <p>Licensing and Certification will decide whether the recommendations are sufficient to include in their survey or have them written in appropriate regulatory language to include in Title 22.</p> <ul style="list-style-type: none"> • Motion that the Committee adopts the final recommendations of the Antibiotic Stewardship Subcommittee. <ul style="list-style-type: none"> ➤ Motion: Witt ➤ Second: Eck ➤ Motion passed by (12-0-0) vote 	<p>CDPH to create an AFL based on the Antibiotic Stewardship Subcommittee recommendations</p>
<p>Clostridium difficile Subcommittee Report—R. Murthy, M.D.</p> <p>The use of NHSN laboratory ID reporting was the topic of discussion. (See Program website for Report.) The Subcommittee plans to discuss incorporating risk adjustments in future meetings and whether to recommend a technical CDI report along with the public report.</p>	

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<ul style="list-style-type: none"> • Motion that the Committee adopts the recommendations from the C. difficile Subcommittee. <ul style="list-style-type: none"> ➤ Motion: Murthy ➤ Second: Eck ➤ Motion passed by (12-0-0) vote <p>Due to lack of time, the Chair determined that the Public Reporting and Education and the Title 22 Subcommittee reports would be held over until the next meeting.</p>	
<p>Action Items</p> <ul style="list-style-type: none"> • CDPH to send an email inviting Committee members to sign up for the SSI Reporting Subcommittee • CDPH to send thank-you notes to Sharp Coronado Hospital, Sharp Medical Center, and public story speaker Dr. C. Mollie Bigger • CDPH to formulate an HAI Advisory Committee Bylaws draft for review at the April 14 meeting • CDPH to send out an AFL on SSI reporting for April 1, 2011 • CDPH to create an AFL based on the Antibiotic Stewardship Subcommittee recommendations • CDPH to send the UCOP CLABSI clarification letter to the Committee electronically • If any HAI-AC members have information or connections in regards to data mining systems and how they work, please send that information to Jon Rosenberg or Jorge Palacios 	
<p>Future Meetings</p> <ul style="list-style-type: none"> • The next HAI-AC meeting will take place on April 14, 2011 from 10:30 am-3:30pm in Sacramento 	