

Healthcare-Associated Infections – Advisory Working Group (HAI-AWG)

February 15, 2007 - Minutes

Sacramento, CA

SUBJECT/DISCUSSION	ACTION/FOLLOW-UP
<p>Introduction: Sandra Shewry</p> <p>Contextual Commentary: noted pending split of Dept of Health Services into the Dept of Health Care Services and the Dept of Public Health (DPH) – per SB 162. The HAI-AWG will be under the new DPH. SB 739 is related to integral part of the Governor’s Health Care Reform which will include health care coverage for the uninsured. The plan calls for sections on prevention, coverage, and affordability. Under Prevention, there would be an Office of Patient Safety; addressing prevention of infections will be a separate and distinct part of that section. Keeping the legislative focus on patient safety is essential.</p>	
<p>Implementation Issues</p>	
<p>1. All Facilities Letter</p> <p>Per G Henning, an All Facilities Letter (AFL) has been written by Licensing & Certification (L&C) and may be released as early as week of Feb 20th to all general acute care facilities (via blast fax and electronically). Per Legal Counsel, the requirements listed in 1288.7 (offering onsite influenza vaccinations to employees, institution of respiratory hygiene and cough etiquette protocols, and revision of the hospital disaster plan to include a pandemic influenza component) are considered self-explanatory, thus self-implementing.</p>	<p>An internal memo will be sent with the AFL to district offices to explain current requirements.</p>
<p>2. Resources</p> <p>A Budget Change Proposal (BCP) has been written to fund SB 739 (copy in packet of attendees). It requests 14 positions, including training resources for L&C for this year and positions in Infectious Diseases Branch and Microbiology. The BCP is currently in budget hearings.</p>	<p>Dates of budget hearings will be shared with CACC* 3-4 days prior to hearings so that testimony can be presented if needed.</p>
<p>3. Advisory Committee</p> <p>a. There was discussion on the role and composition of the committee. The need for the new group to ‘hit the ground running’ requires that that a cohesive committee be formed as soon as possible. The group consensus was that current members should apply if they desire to continue to participate, and a gap analysis be performed to add missing areas of technical expertise. Specific potential gaps included:</p> <ul style="list-style-type: none"> • Data analyst/informatics training • CDC-trained epidemiologist • Hospital administrators (CEO, COO, CMO, Quality) • Small hospital perspective • Pediatrics • Consumers’ Union (CU) issues: don’t want focus on assisting consumer to choose a hospital lost; candidate must be able to hold own (interest, expertise). L McGiffert wishes to submit a name to represent the CU. <p>b. Per G Chavez, the advisory committee’s function is advisory, not watchdog or oversight. Ultimately the PHD makes decisions.</p> <p>c. SB 739 stresses reporting by Jan 1, 2008. Does current working group want to address reporting issues (how, what to collect) as a first task? There will be outside pressures to address issues like MDRO. It was felt that the initial focus must be on reporting/surveillance methodologies, with a secondary role interpretation of national guidelines. Expert subgroups will examine these for value and feasibility, prioritize them, and make recommendations.</p>	<p>G Chavez will contact current members to see if they wish to remain on the committee. Applications by others should be sent immediately to G Chavez; letters of appointment could come as soon as within the next few weeks.</p>

<p>4. Statutory Authority</p> <ol style="list-style-type: none"> a. Requirements for July 1, 2007 are self-implementing (do not need added regulation to be put into place). b. There is a need to evaluate and change regulations (Title 22) as appropriate. Care needs to be taken w/ this process so the result does not produce more damage than good. c. SB 739, 1288.6 requirement for tri-annual hospital report for evaluating infection prevention resources: needs clarification. By not making SB 739 overly prescriptive, hospitals will have more leeway. However CACC members need details on reporting portions to know how to manage the workload. Public reporting by DHS must be timely to be pertinent. 	
<p>5. Reporting</p> <ol style="list-style-type: none"> a. The HAI Advisory Committee will play a critical role in this process. b. The group agreed that reporting should be standardized so as to decrease the surveillance burden and redundancy. While there are many groups working on reporting measures, the National Health and Safety Network (NHSN) is the only national data base that is working on process measures, is “real time”, and can provide good connectivity between CA hospitals. CHART (California Hospital Assessment and Reporting Taskforce) infection control surveillance measures are not meaningful at this time. 	<p>CACC requests a follow-up letter to the AFL that explains the role of the HAI Advisory Committee and either prescribes actions or lets facilities know when or what further actions will be required. SB 739 mandates NHSN or an alternative of which there is none.</p>
<p>6. Practice Standards</p> <ol style="list-style-type: none"> a. Data validity not mentioned; outcomes must be valid. b. Some definitions not ready for public reporting (e.g., ventilator-associated pneumonia [VAP]); process is progressive/dynamic. c. Question re: how to reconcile data when NHSN definitions are different from NQF (for example) will need to be addressed by the HAI Advisory Group. d. It is anticipated that outcome reporting will occur in stepwise manner, w/ limited access to the initial data. 	<p>HAI Advisory group urged to address validity. R Chinn will share w/ group “Essentials of Public Reporting”</p>
<p>7. Regulatory Changes – See item 4 above.</p>	
<p>8. Other - none</p>	
<p>Next Steps</p> <ul style="list-style-type: none"> • G Chavez will email query to group members re whether they wish to continue to serve on the HAI Advisory Committee. • A gap analysis will be done by DHS for technical expertise • The group will be appointed to start sooner than later. The first meeting will be educational. • It was suggested that T Horan be invited to a meeting to present the NHSN data base developed to date. 	

* CACC = California APIC Coordinating Council