

**California Department of Health Services
Healthcare Associated Infections Advisory Working Group
July 25, 2005
1:00 p.m. – 4:00 p.m.
1500 Capitol Avenue, Hearing Room 167, Sacramento, California**

Minutes

Members Present: Gilberto Chavez, MD, MPH; Raymond Chinn, MD, FACP; Kim Delahanty, RN, BSN, PHN, MBA, CIC; T Warner Hudson, MC, FACOEN, FAAFP; William Jarvis, MD; Mary Mendelsohn, RN, CIC; Shelly Morris, RN, CIC; Frank Myers, CIC; Robert Nakamura (for Lennox Welsh); Shannon Oriola, RN; Roger Richter; Zenith Khwaja, RN; Jonathan Teague; Francesca Torriani, MD; Lisa Winston, MD; Anvarali Velji, MD.

Others Present: Sandra Shewry, Brenda Klutz; Donalda Dunnett; Maureen Plumstead, RN; Chris Cahill, RN; John Rosenberg, MD; Duc Vugia, MD, Kevin Reilly, DVM, Mark Starr, DVM.

Welcome and Charge to the Working Group

- **Welcoming Remarks:** Sandra Shewry, Director, Department of Health Services (DHS) welcomed the participants and thanked them for their willingness to participate in developing options to decrease the rates of healthcare associated infections (HAI). The Director emphasized that although DHS has a very important role to play in reducing HAI, any solution will require strong collaboration by many entities in the public and the private sectors. Accordingly, the Director reminded the HAI Advisory Working Group of their charge “***to make recommendations to public and private entities for active steps to reduce morbidity and mortality resulting from healthcare associated infections in California by December 31, 2005.***”

Director Shewry stressed that it would be most helpful if the HAI Advisory Working Group organized its recommendations by sector (e.g. state government, local government, healthcare facilities, and healthcare providers) and prioritized recommendations within each sector in order of critical importance.

- **Overview of DHS’ Current Regulatory Role:** Brenda Klutz, Deputy Director, Licensing and Certification, DHS gave a brief presentation. On her remarks, Ms. Klutz stated that DHS is responsible for licensing healthcare facilities including enforcing the minimum standards required by the federal government. She indicated that DHS also plays an important consultative role in working with healthcare facilities to reduce HAI.

Introductions by Working Group Members

William Jarvis, MD is a private consultant and is interested in development of an effective system of public reporting.

Zenith Khwaja is from Long Beach Memorial Hospital, Infection Control Nursing, she is also interested in developing a good method for public reporting.

Raymond Chinn, MD, FACP is an Infectious disease physician in private practice and an epidemiologist. He wishes to seek consensus in the issue and indicated that previous efforts have not involved infection control professionals.

Francesca Torriani, MD is Director of the Epidemiology Unit at UC San Diego with extensive experience in HIV and Hepatitis C. She is also interested in building consensus on ways to reduce HAI.

Kim Delahanty, RN, BSN, PHN, MBA, CIC is the Lead Infection Control Practitioner at UC San Diego. She brings input on improving processes to increase patient safety.

Shannon Oriola, RN is Lead Infection Control Practitioner at Sharp Metropolitan Medical Campus. She would like to see more universal adoption of evidence-based infections control practices.

Shelly Morris, RN, CIC is with Sutter Medical Center in Sacramento. She would like to group to work towards building trust in the public.

Robert Nakamura attended on behalf of Lennox Welsh of Cal OSHA. He is interested in airborne infectious disease standards.

Jonathan Teague is from the Office of Statewide Health Planning and Development., Healthcare Information Resources Center. This office can provide administrative data from healthcare facilities.

Lisa Winston, MD is an Assistant clinical Professor at UC San Francisco. She brings a university hospital perspective. She wants to see development of useful public reporting guidelines that recognize the limited resources available for collecting data.

Frank Myers, CIC Is Clinical Manager of Epidemiology and Safety Systems at Scripps Mercy Hospital in San Diego. He is interested in looking at best practices. He cited studies showing that while the public does not use report cards, report cards do drive improvement efforts.

Roger Richter is Senior Vice President of the California Hospital Association. He brings the hospital administration perspective.

T Warner Hudson, MC, FACOEN, FAAFP is Director of Health, Safety, and Environment for DST Output. His interest is in health and safety of patients and employees.

Mary Mendelsohn, RN, CIC is Infection Control Coordinator at City of Hope Medical Center in Southern California. She wants the committee to focus its work on issues where there can be outcome improvements.

Anvarali Velji, MD is Chief of Infectious Diseases for Kaiser Permanente South Sacramento Medical Center. He is concerned with the lack of universal HAI control guidelines and healthcare providers that do not always follow basic infection control practices.

Introductions by Others in Attendance:

Donalda Dunnett works in education and research for SEIU 121 RN, Southern California Registered Nurses Union.

Maureen Plumstead, RN is a Senior Project Manager with LUMETRA.

Chris Cahill, RN is an Infection Control Consultant, Licensing and Certification Program, DHS.

John Rosenberg, MD is a Healthcare Epidemiologist, Infectious Diseases Branch, Division of Communicable Disease Control, DHS.

Duc Vugia, MD is the Chief of the Infectious Disease Branch, Division of Communicable Disease Control, DHS.

Mark Starr, DVM is the Acting Chief of the Division of Communicable Disease Control, DHS.

Kevin Reilly, DVM is the Deputy Director for Prevention Services, DHS.

Presentations on Best Practices

- Healthcare Associated Infections: A Brief Overview Gil Chavez, MD, MPH (State Epidemiologist, DHS) presented an overview of HAI issues including data on prevalence, contributors to the increasing rates and recently published research on HAI prevention. The full presentation is attached to these minutes.
- CMS QIO Infection Control Indicators. Maureen Plumstead RN, BS, MBA, CPHQ (Senior Project Manager, Lumetra) described her organization's work on quality improvement particularly as it relates to infection control. The full presentation is attached to these minutes.
- Overview of Healthcare Safety Network. Shelly Morris, RN, CIC (Sutter Medical Center, Sacramento) described the CDC National Health Safety Network a web-based system for HAI reporting. The full presentation is attached to these minutes.
- Surveillance, Prevention and Control of Healthcare-associated infections – Quality Indicators. Chris Cahill MS, BS, RN (Infection Control Consultant, Licensing and Certification Program, DHS). The full presentation is attached to these minutes.

Discussion of Working Group Process and Next Steps

In a facilitated discussion the group developed agreements on basic operating procedures for the HAI Advisory Working Group.

1. **Decision Making:** The group agreed that it should operate by consensus wherever possible but that it would keep the option of using voting or some other form of decision-making process if necessary. In discussion it was pointed out that given

the multiple points of view on this topic and the absolute need for voluntary involvement in implementing solutions, consensus agreements are critical. It was also suggested that the final report should clearly describe all cases where consensus did not exist and that all recommendations should include a description of the underlying context and assumptions used to reach the recommendation.

- 2. Scope of Recommendations:** The group reviewed a list of possible areas for recommendations that had been proposed by DHS and added additional items. The list (below) will be prioritized in the next meeting.

<u>Possible Focus Areas</u>
<ul style="list-style-type: none"> • Development of QI Standards • Reporting • Accountability • Resources • Evidence based Prevention Activities-Outcomes • Public and Professional Education about HAI • The public’s role in prevention • Facilities that are not subject to licensing

- 3. Membership:** The group reviewed the list of those present and agreed on the need for additional constituencies in order to ensure full input. The discussion further recognized that some constituencies only need to have *ad hoc* representation in order to ensure that a particular point of view is represented at specific points in the working group’s process. The final lists agreed to were.

Recommended Regular Participants	Recommended <i>ad hoc</i> Participants
<ul style="list-style-type: none"> • All those originally invited by DHS • Add: Children’s Hospital Association (person with infection control experience) • Add: Ambulatory surgical clinics 	<ul style="list-style-type: none"> • Consumers Union • Critical care facilities • American College of Surgeons (also likely to be represented by ambulatory surgical clinics) • Dialysis Centers

The group also listed Hospital CEOs, long-term care and the American Nursing Association but recognized that those constituencies had been included through the current representatives.

In discussion the group agreed that colleagues of working group members may attend meetings as members of the public but may not join the working group.

- 4. Leadership:** The group discussed the idea of having a Co-Chair to serve with Dr. Chavez and agreed that Kim Delahanty should serve in that role. Kim and Dr.

Chavez will coordinate the agenda preparation and perform other leadership functions.

5. Other Points Made:

1. Some of the issues will take more than six months to resolve. While the Working Group's charge is to have a report by December 31, all expect the working to go on past that date to fully address the entire spectrum of HAI issues.
2. The first point notwithstanding, the group needs to accomplish something by December 31. This urgency points to the importance of prioritizing the focus areas and addressing the issues where consensus solutions are possible using evidence-based information and where recommendations can be made by December 31.
3. This committee might make recommendations regarding policy issues including need for legislation. In doing so, expert opinion should be heeded.
4. The cost/benefit of proposed solutions and impact on mortality and morbidity should be some of the criteria for prioritization.
5. One of the areas of scope identified was public education about the issues surrounding HAI. In that vein, the report should acknowledge that not all infections can be prevented.
6. The group also recommended changing terminology from Healthcare Acquired Infections to Healthcare Associated Infections.
7. Infection rates vary depending on the type and level of facility. Any report card developed should have a cautionary note explaining this fact.
8. The report should also acknowledge that healthcare facilities are open systems, which include visitors and other non-medical personnel over whom the facility has limited control.
9. The committee should "jumpstart" the process by using current evidence-based best practices as a basis for initial recommendations.
10. One way of building consensus in the community could be to have ad hoc members publicly endorse the recommendations.
11. In all of the working it will be important to have thorough minutes that accurately reflect the technical comments made.
12. Because of the working nature of the meetings and size of the group, Workgroup members expressed their preference that participation in the monthly meetings should be in person. No phone conferencing will be available.

6. Plan for Next Meeting: The HAI Advisory Working Group identified prioritization of the scope areas and establishment of a timeline for the group's working as two key items for the next meeting. Additionally, members agreed that to accomplish the challenging tasks ahead, the creation of workgroups will be necessary. Workgroups will work on specific areas and report to the full HAI Advisory Working Group.

During the next meetings workgroup areas will be identified and workgroup members selected. Other items will be added to the agenda base on group input over the next few weeks and the leadership's identification of issues. The next meeting will be a face to face meeting from 10:00 am-4:00 pm on August 25, 2005. The meeting location will be in Sacramento at a place to be determined. The group also discussed the possibility of future meetings being done on line or using some other virtual meeting format.

Public Comment

There were no presentations or comments by members of the public at this time.

Attachments