

**California Department of Health Services
Healthcare Associated Infections Advisory Working Group
September 29, 2005
10:00 a.m. – 4:00 p.m.
Holiday Inn Capitol Plaza Hotel, 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; Mary Mendelsohn, RN, CIC; Frank Myers, CIC; Robert Nakamura (for Lennox Welsh); Shannon Oriola, RN; Zenith Khwaja, RN; Jonathan Teague; Anvarali Velji, MD.; Chris Cahill, MS, BS, RN; Enid Eck, RN, MPH; Elizabeth Bancroft, MD, SM; Dorel Harms; Justin Graham, MD,MS; Vicki Bermudez, RN; Marian McDonald, RN, MSN, CIC; Maribeth Shannon; Beth LaBouyer ;

Others Present: Jean Iacino, Sara Stoots, David Stoebel, and Eric Zendejas.

Meeting discussion summary:

Kim Delahanty and Dr. Gilberto Chavez called the meeting to order at 10:00 am. Kim Delahanty asked the group for their comments and any corrections to the minutes of the August 29, 2005 meeting. It was moved by Oriola and seconded by Eck that the minutes be approved. The motion was approved unanimously.

Chavez and Delahanty reviewed the Healthcare Associated Infections Advisory Working Group (HAI AWG) norms and the process of conducting these meetings. Chavez consulted with the DHS legal counsel and found out there is no statute, legal act or executive order mandating this HAI AWG conduct business per the Public Meeting Act. The HAI AWG is able to conduct business as they choose. Chavez proposed that the group's proceedings and agendas continue to be shared with the public and that public input continues to be incorporated throughout the group's deliberations. HAI AWG members agreed. Accordingly, minor modifications were made to the agenda.

The five Focus Area Teams broke out to continue their deliberations and prepared a report for presentation to the HAI AWG. After a thorough discussion of each Team's work, the HAI AWG approved the following consensus recommendations, identified additional areas for discussion, and the need for further literature review and/or new research.

Ventilator-Associated Pneumonia (VAP)

Consensus Recommendations to DHS

1. Survey hospitals Policy & Procedures for standard of practice (SOP) that have been adopted and changed based on CDC Category 1 VAP recommendations
 - a. Make recommendations based on regulatory versus SOP
 - b. Develop a compliance evaluation tool for current recommendations
 - c. Collaboration with Administrators for Buy-In

- d. Use similar ratings as restaurants for process measures
2. Determine how the hospitals (acute and LTC) have implemented the policy
 - a. Consider multidisciplinary teams
 - b. Data collected, evaluated
 - c. Provide recommendations for improvement
3. Findings should be reflected in the hospital's 2567 report.

Consensus Recommendations to Facilities

1. Demonstrate implementation of guidelines selected
2. Establish Multidisciplinary Teams (including Frontline)
3. Process for data collection/QI
4. Have a process to ensure compliance including accountability and incentives

Consensus Recommendations to Local Government

1. Provide Consultation on:
 - a. Outbreaks
 - b. Unusual organisms
 - c. Clarification of CDC recommendations
2. Provide public health education on:
 - a. Hand hygiene
 - b. Prevention of respirator infections

Consensus Recommendations to Providers (MDs, RNs, RTs, Pharm, RMPs, PAs, etc.)

1. Demonstrate knowledge/skills to implement VAP prevention
2. Comply with all protocols
3. Active participation in improvement efforts (Best practices, collaboration, continuous care improvement)

Consensus Recommendations to Others

Encourage labor unions and professional organizations (CAN, NQF, CMA):

1. To support initiatives, provide educations (CEUs and CME)
2. To provide funding for grants to identify best practices

Committee Recommendations Not Receiving Consensus from HAI AWG

1. DHS Surveyor Education Needed
 - a. Review IC/ID resources
2. Local Health Departments should provide technical assistance

Antimicrobial Resistance

Consider at all times the 7 essential functions of an effective IC program

1. Enhanced Standard Precautions to include:
 - a. A upgraded skin assessment and to culture open wounds prn
 - b. Transmission prevention-universal respiratory etiquette

2. Antibiotic Surveillance Team-Stewardship
 - a. Antibiogram Report (minimum annual)
 - b. Curtailing Antibiotic use
 - i. Empiric: protocols in hospitals (DC after 48 hours)
 - ii. Treatment: Narrow to appropriately treat targeted utilization
 - iii. Prophylaxis: Surgical, dental, implants (use the SCIP/SIPS Model)

Consensus Recommendations for Antibiogram

1. Labs using appropriate NCCLS Criteria
2. Antibiogram publish internally and review/revise at least annually

Consensus Recommendations for Curtailing Antibiotic Use

1. Empiric Use-
 - a. CAP orders should be standard –CMS Criteria
 - b. Outpatient Clinics: Peds URI, Ear Infections- HEDIS Criteria
 - c. Public Education: From DHS/CDC to: Patients/ Public/MD's/RN
 - d. Evaluate appropriate use of empiric Treatment

Committee Recommendations Not Receiving Consensus from Workgroup

1. Formulary (Requires further literature review)
 - a. Need ID consult
 - b. Restriction of Part Meds
 - c. Protocols/Policy
2. Transition and Treatment
 - a. Increase nursing education and notify doctor of critical value (colon/inf)
 - b. Appropriate look at susceptibilities
 - c. Appropriate dosing
 - d. Clinical Pharmacology Information (procedures/policy)
 - e. Stop orders/P&P
 - i. (Who to culture and when culture done)

Determine Current Practice

1. Survey Hospitals/clinics
2. Define SOP (Standard of Practice) in your institution
ID'd at admit?
 - Y/N: Isolation?
 - Y/N: Process flag read
 - YN: Active Surveillance?

For Discussion by Entire Work Group

1. External publication of Antibiogram (This was a recommendation that did not receive consensus)
2. Can a Survey be done?
3. Auto Stop Orders: If yes, what drugs and populations?
4. Auto stop surgical orders; antimicrobial prop within 24°
5. Incorporation of IHI guidelines on VAP, CLBSI& SSI and CDC/SIPS
6. How to educate MDs, RNs, surveyors and the public.

Issues for Further Literature Review/Research

Antibiotic use component. Use of data overall and in some specific increased risk patients (ICU/surgical/NICU/PICU)

Bloodstream Infections (BSI)

Consensus Recommendations to the State

1. Expand oversight of health care facilities accessing vascular system/BBBP issues
2. Training Surveyors
 - a. Standard precautions/BBP issues
 - b. GSO Guidelines

Consensus Recommendations to Healthcare Facilities

1. Develop policies and procedures addressing 1A recommendations from HICPAC guidelines
2. Provide education to those inserting and maintaining lines and DCing
3. Competency development and assessment for those inserting and maintaining lines
4. Process and outcome measures
5. Monitor BSI in ICU patients with central lines,

Consensus Recommendations to Providers

1. Follow HICPAC 1A recommendations for Intravascular Access
 - a. Full Barrier Precautions
 - b. Site selection favoring the optimal site as reflected in the literature
 - c. Daily assess line's necessity
 - d. Hand Hygiene

Consensus Recommendations to Policy Makers

1. [Determine?] Who gets held accountable?
 - a. Facility
 - b. Independent Licensed Practitioners

For Discussion by Entire Work Group

1. Does everything need to be evidence based?
2. Who has ultimate accountability?
3. What is the best way to motivate practice change?

Influenza

Consensus Recommendations to Hospitals

1. Mandatory offering of flu vaccine to Health Care Workers (HCW)—Free and accessible
2. Mandatory tracking of acceptance rates including vaccination elsewhere
3. Educate HCWs re responsible hygiene

4. For themselves
 - a. For patients
 - b. Signs and supplies
 - c. Accountability
5. Report Outbreaks
 - a. Surveillance
6. Have an Outbreak Plan for ILI
 - a. Surveillance
 - b. Staffing
 - c. Rapid diagnostic testing
 - d. Antiviral prophylaxis
7. Have a pandemic plan
 - a. Document collaboration with local or state public health agencies
 - b. Have a policy to evaluate HCWs with febrile respiratory illness.

Issues for Further Discussion

1. For purposes of offering vaccine, need to define HCW
2. For purposes of reporting, need to define what an outbreak
3. Mandatory flu vaccinations for HCWs

Issues for Further Literature Review

1. How to get per diem workers to report illness
2. Efficacy of preplanning

Issues for Further Research

1. The proportion of transmission that is airborne vs. Droplets vs. contact
2. What kind of mask, eye protection is most effective.
3. Motivators and barriers to receipt of vaccine including cultural barriers

Surgical Site Infections (SSI)

1. Adopt CDC NNIS definition of SSI
2. Prophylactic antibiotics should be delivered following established guidelines
 - a. Timelines-within 60 min of surgery (vanco and C-section)
 - b. Duration-Discontinue within 24hr except cardiac (48 hr)
3. Maintain patient body temperature between 36-39 C [colorectal surgery]
4. Avoid shaving of surgical site-Either no hair removal or hair removal with clipping or depilatory.
5. Review recommended practices in the preoperative arena adopted as standards
Examples: O.R. Environment, Sterilization, Attire

New Member

1. Marian McDonald, RN, MSN, CIC, CACC 2005 President was voted in as a member of this HAI Advisory Work Group unanimously.

Parking Lot Overall Issues

1. Manage Public Releases
2. Increase Resources
3. Define the roll of local and state agencies
4. Develop and Disseminate IC competency standards
5. Hold Providers Accountable for these SOP's
6. Survey Hospitals Compliance
7. Educate Surveyors on all five issues (per Enid Eck 10-12-05)

Adjourn

The meeting was adjourned at 4:00 pm