

**Healthcare-Associated Infections Advisory Committee Meeting
Sacramento, CA
August 11, 2016, 10:00am-3:00pm**

Meeting Summary

Committee Members Present

Voting members: Jeffrey Silvers (Chair), Alicia Cole, Brian Lee, Carole Moss, Dawn Terashita, Deborah Wiechman, Karen Anderson, Marisa Holubar, Matt Zahn, Michael Langberg, Michelle Ramos, Patricia Kassab

Liaison members: CHA/Debby Rogers, CAPA/Jeremy Elkins, IDAC/Phillip Robinson, CACC/Schyerle Beal

Committee Members Absent

Voting members: Catherine Liu, Enid Eck, John Culver, Matt Zahn, Nancy Waters, Paige Batson, Roy Boukidjian, Salah Fouad, Tim Clark, Zachary Rubin

Liaison Members: HSAG/Howard Pitluk, CNA/Kathy Dennis

Participated by phone, at a posted public meeting site, able to vote: No site designated

Participated by phone, not at a public meeting location: CMA/Michael Butera

Department Staff Present

Jean Iacino, Lynn Janssen, Erin Epton, Jorge Palacios, Neely Kazerouni, Vicki Keller, Lanette Corona, Lori Schaumleffel, Sean O'Malley, Carla DeVille

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Call to Order and Introductions

Chair, J. Silvers, called the meeting to order @ 10:12 am

Item 1. Review of Rules

The Chair reviewed and referred committee members to Bagley-Keene open meeting act rules and Robert's Rules of Order. The Committee discussed all six items presented in the [memorandum distributed by Committee Chair and HAI Program Chief](http://www.cdph.ca.gov/programs/hai/Documents/HAIACMeetingFacilitationMemo5.23.16.pdf) (<http://www.cdph.ca.gov/programs/hai/Documents/HAIACMeetingFacilitationMemo5.23.16.pdf>) on May 23, 2016. Members agreed that it is important to the transparency process to record motions by names. CDPH HAI Advisory Committee bylaws were discussed and members were reminded to refrain from having serial meetings; a serial meeting is when you have a discussion on the phone, face-to-face and/or via e-mail with more than two people, outside of the Committee meeting. All meetings must be

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public and locations published on the CDPH website. Voting members were reminded that they represent their individual expertise; Liaison Members represent the organization that appointed them. Committee reviewed the May 12, 2016, meeting summary. On page three, Antimicrobial Stewardship Subcommittee, the word raining should be replaced with training. Amendments were made to the public story. Edits are now published on the CDPH HAI-AC Summary Meeting Minutes 2016Q3, page 2. The Environmental Cleaning in Healthcare Subcommittee motion three was not captured on the minutes, and was subsequently added to the minutes.

Motion: C. Moss

Licensing and Certification will have access to all hospital acquired infection data now collected as a part of SB1058 Alquist 2008 Nile's Law AKA The Healthcare Facility Infection Prevention Act and SB158 Florez as received from the state of California quarterly reports and will move forward with correcting the problems that are contributing to hospital acquired infections harming and ending the lives of many."

Second: A. Cole

In favor: A. Cole, C. Moss

Opposed: B. Lee, C. Liu, D. Terashita, E. Eck, J. Culver, K. Anderson, M. Holubar, M. Zahn, M. Ramos, N. Waters, P. Kassab, R. Boukidjian, S. Fouad, Z. Rubin

Abstained: None

Motion did not pass

Motion: A. Cole

Move to approve the meeting summary with amendments discussed and presented.

Second: C. Moss.

In favor: A. Cole, B. Lee, C. Moss, D. Terashita, D. Wiechman, K. Anderson, M. Holubar, M. Zahn, M. Ramos, P. Kassab

Opposed: None

Abstained: None

Not in the room: M. Langberg

Motion passed

Item 2. [CDPH / HAI Program Update slides](http://www.cdph.ca.gov/programs/hai/Documents/CDPHHAIProgramUpdatesHAIAC8.11.2016.pdf)

(<http://www.cdph.ca.gov/programs/hai/Documents/CDPHHAIProgramUpdatesHAIAC8.11.2016.pdf>)

– Jean Iacino, Deputy Director, Center for Health Care Quality (CHCQ) and Lynn Janssen, Chief, HAI Program

Ms. Iacino and Ms. Janssen addressed past recommendations from the Committee to CDPH.

- Committee recommended that CDPH consider all available enforcement options for hospitals with high HAI incidence (February 2016).

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- Ms. Iacino reminded the committee that CDPH cannot call a high HAI incidence in a hospital an Adverse Event. CDPH does not have outcome data for cause of death or serious disability of a patient that would enable an Adverse Event report.
- CDPH L&C surveyors will begin reviewing a hospital's HAI rates on the public website prior to the hospital survey and will use the information to guide areas of focus during the survey.
- CDPH will be in hospitals for more frequent unannounced re-licensing surveys and will consider prioritization of hospitals with higher HAI rates.

Discussion Points:

- In response to question about and immediate jeopardy (IJ) or 'Never Events,' Ms. Iacino responded that L&C does respond to adverse events as case by case incidents. CDPH investigates adverse events based on complaints or entity reported incidents.
 - Member, A. Cole, shared her personal HAI experience and that the hospital was not cited. Ms. Iacino responded that indeed the hospital was cited by CDPH L&C and fined a penalty, however the court ruled differently.
 - Question whether the Department tracks hospital death rates. CHCQ (L&C and HAI Programs) do not collect such data.
- Committee recommended that CDPH optimize the expertise of the Public Reporting and Education Subcommittee by actively seeking input and recommendations to enhance education and HAI information provided to consumers (May 2016).
 - Ms. Janssen responded that CDPH HAI Program welcomes recommendations by the HAI Advisory Committee such as at the last meeting when provided a review of the HAI interactive map with recommendations for improvement.
 - Stated it would be very helpful to get feedback on posted educational materials and website content and suggestions for new web-based content.
 - Committee recommended that CDPH provide HAI information in languages that reflect the populations across the state (May 2016).
 - Ms. Janssen responded that CDPH is currently migrating its website to a new platform with more functionality. It will be using Google translate that allows users to change web content to a preferred language.
 - Committee recommended that CDPH develop a public awareness campaign to inform the public about current CDPH social media presence (Facebook and Twitter) (May 2016).
 - The Committee also recommended to incorporate posts and tweets on the social media platforms using the educational information that already exists on the CDPH HAI Program website to raise public awareness of the available resources for HAI and HAI-prevention in California (May 2016).
 - Ms. Janssen informed the Committee that content from the HAI Program website is being used to create messages. 90-100 messages have been sent for Department-level approval. 75 messages have been published via the CDPH Facebook and Twitter accounts.

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- The HAI Program has more social media messages planned throughout the rest of the year, including at the initiation of flu season and to support the CDC Get Smart with Antibiotics week and twitter day.
- All CDPH social media messages are distributed by the CDPH Office of Public Affairs.
- Committee recommended that CDPH provide an update on adding comparative data capabilities to the HAI map as previously requested (May 2016)
 - Ms. Janssen reviewed a live version of the map and discussed the history of upgrades and specific improvements. The Program developed the first map on Adobe Flash in 2011 with funding from the California Health Care Foundation and with technical expertise from Stamen, a mapping company. The first version was not accessible on mobile devices. In 2012 the map was brought in-house and supported by the CDPH Information Technology Services Division (ITSD). In 2014 the map was in GIS; in 2015, CDPH ITSD moved the technology to ArcGIS. The current map is now accessible with mobile devices.
 - Department resources vary and staff map capabilities continue to change with time, but CDPH is very committed to keep improving the map. The capability for hospital side by side comparisons is a priority. Will keep working with the development team to accomplish.
- Committee recommended that CDPH review 8 map suggestions and provide a report at the next meeting of those items that can and cannot be corrected with a timeline (May 2016.)
 1. “The map was redesigned to show the entire country and not just California. While it looks appealing and replaces the former ‘white space’ it makes it harder to navigate. Before you can even begin looking, you have to make it bigger and you have to know that you can hold your mouse and cursor down to move the map and find the location you want”
 - CDPH tested the issue and it is believe that it may be an issue of compatibility view settings in the user’s browser. To facilitate users to better navigate the map, we will add a legend next to the zoom in/out icons.
 2. “No matter how closely you zoom in, the circles for the hospitals do not get any bigger. In fact, they look smaller and harder to see.”
 - The size of the icons was selected to minimize overlap of hospitals in geographic locations with many hospitals such as Los Angeles and other populated areas. The map team will evaluate making the icons a slightly larger font size, but may result in lost ability to see multiple hospitals unless zoom to street view.
 3. “The new design with an actual topographic map is more distracting than the muted gray background of the old map, which focused the viewer on the infection rate symbols.”
 - The map team is exploring additional options for improving topographic features.
 4. “The new map no longer has the language the committee collaborated on and voted should be on

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the map page to help the public better understand the information they were seeing on the map.”

- The language displayed on the map has been simplified based on the input received from three focus groups conducted in collaboration with the California Health Care Foundation in early 2013. Findings were presented to HAI Advisory Committee at April 18, 2013, meeting, and map changes were also discussed at the May 8, 2014, Committee meeting.
 - CDPH will also consider recommended HAI reporting language adopted by the Council of State Territorial Epidemiologists (CSTE) to improve consistency of reporting HAI information across states.
5. “On the new map, the pop-up box for each hospital is so tiny you have to increase your actual computer screen view to read it. Hitting the ‘full screen’ enlarge on the box only increases the white space and not the information box, text, or font.”
- The map team will increase the font size on the text popups.
6. “In our last meeting we were told the public would be able to see the infection rate results for each hospital over the period of time the department has been collecting the data. This would allow a consumer to see for themselves whether a hospital has improved or declined in a particular area of prevention. That is currently not on the site.”
- This may have been a misunderstanding. The annual report presents side-by-side HAI data comparing one year to the next. We were working with CDC to perform analysis to examine each hospital’s HAI incidence over time. However, changes to NHSN definitions and protocols, and improved reporting by hospitals have made comparisons difficult. We have no current plans to present longitudinal HAI findings on the map.
7. “The legend tells you Lower, Same, or Higher, but nowhere on the page is a link to or information about what the average California or US rates are. What is the number, percentage, or baseline that these hospitals are being compared to? There are consumers who would like to know the starting point of the comparison.”
- The map has a direct link to the annual report for users seeking the numeric data.
8. “Before when you typed in a hospital’s name, their results came up in a box and the rate symbol of the same category for each hospital near them came up as well. Now when you type in a name only that hospital comes up. You cannot do a visual comparison of your neighborhood or region.”
- For HAI with a single hospital-wide result, such as CDI, can still see neighboring hospital CDI findings. For SSI data that displays ten procedures, there was some loss of this function with the upgrade. This is something that the map team is aware and hoping to bring it back after moving to the new platform.

Discussion Points:

- Ms. Iacino acknowledged the work and support of the HAI Advisory Committee in the development of the map. The hospital infections map is the most sophisticated geographical data representation on the Department’s entire website.

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- Members recognized the complexity of the HAI report and how findings are summarized on the map.
- Members were proud of the map and the collaboration with the Department.
- Question regarding hospitals with too few data to report (grey dots). Do not represent hospitals are not reporting HAI data. Rather, shows hospitals don't have a comparison statistic because NHSN does not calculate an SIR unless predicted number of infections is greater than 1. Many small hospitals don't have a predicted number greater than one. For presenting 2015 data, CDPH will calculate an SIR when the predicted number is above 0.2 allowing more hospital results to be displayed on the map.
- Question about how the Department will present 2015 and 2016 data to account for NHSN rebaselining. CDPH to publish 2015 HAI data in fall 2016 comparing to "old" 2009 and 2011 baselines. In 2017, CDPH will post an annual report with both 2015 and 2016 HAI data compared to updated 2015 baselines. Only one year of HAI finding will be presented on the map.
- Committee recommended that CDPH implement a statewide injection safety campaign based on 30 recommendations in the Safe Injections Subcommittee report (May 2016)
 - The Department created a crosswalk of the 30 Committee recommendations and the injection safety activities funded by CDC. Asked the Committee to charge the Subcommittee to help prioritize their recommendations and help determine which are feasible based on available HAI Program resources for this activity (i.e. 1 FTE).
 - The Department offered support to help prioritize these recommendations.

[Infection Prevention Practices Gap Analysis slide 12](#)

(<http://www.cdph.ca.gov/programs/hai/Documents/CDPHHAIProgramUpdatesHAIAC8.11.2016.pdf>)

- Ms. Janssen shared findings from 66 CDI prevention onsite assessments at hospitals and 46 onsite BSI prevention assessments at outpatient hemodialysis clinics in 2015. Members were reminded that the CDPH HAI Program is non-regulatory and visits are voluntary. HAI Program liaison infection preventionists provided end-of-visit feedback to staff and leadership and follow-up assistance with implementing improvement plans. The intent of presenting these data to the Committee are to enable a mutual understanding of current practices as observed by HAI Program staff, and discuss findings, educational needs, and future assessment visit recommendations.
- Ms. Janssen submitted a future presentation plan for 2016-2017 Committee meetings, seeking approval based on Committee interest.
 - November 2016 - CLABSI & MRSA BSI prevention assessments, Ebola hospital readiness
 - February 2017 - SSI prevention assessments, LTAC hospital prevention assessments
 - May 2017 - Skilled nursing facility and ambulatory surgery center prevention assessments
 - August and November 2017 – To be determined

Motion: M. Langberg

Move to approve the [HAI Program schedule for 2016-2017 as presented on slide](#)

[30](#) (<http://www.cdph.ca.gov/programs/hai/Documents/CDPHHAIProgramUpdatesHAIAC8.11.2016.pdf>)

Second: D. Wiechman

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In favor: A. Cole, B. Lee, C. Moss, D. Terashita, D. Wiechman, K. Anderson, M. Holubar, M. Zahn, M. Langberg, M. Ramos, P. Kassab

Opposed: None

Abstained: None

Motion passed

Discussion Points:

- Question whether skilled nursing facilities fall under the purview of Committee. Advisory Committee authority is to provide recommendations to the Department related to hospitals. However, law includes language that the Committee can provide additional recommendations to the Department on other topics related to infection prevention.
- May be an opportunity to collaborate with the Hospital Quality Institute and the California Hospital Association and reinforce some of the learning and work the Program has done in hospitals.
- IDSA is to come out with new CDI prevention guidelines sometime before the end of the year. Recommended re-establishing the CDI Subcommittee.

Motion: M. Zahn

Motion to re-establish the CDI Subcommittee once the new guidelines are released by IDSA.

Second: P. Kassab

In favor: A. Cole, B. Lee, C. Moss, D. Terashita, D. Wiechman, M. Holubar, M. Zahn, M. Langberg, M. Ramos, P. Kassab

Opposed: None

Abstained: K. Anderson

Motion passed

Unfinished Business

Item 3. Review ideas submitted for advancing/improving HAI prevention collected at the February, 11, 2016, Committee meeting

- Committee Chair and CDPH staff broke down the [list of recommendations](http://www.cdph.ca.gov/programs/hai/Documents/2016HAI-ACQ2-CommentsFromMembersbyDomains(2).pdf) (http://www.cdph.ca.gov/programs/hai/Documents/2016HAI-ACQ2-CommentsFromMembersbyDomains(2).pdf) and suggested that subcommittees work on the list and report back to the Committee with recommendations.
- Members expressed need to brainstorm the ideas for advancing HAI prevention collectively. Due to time constraints and possible quorum issues, the Committee decided to defer item 3, to our next Committee meeting.

Motion: A. Cole

Take the ideas for advancing and improving healthcare-associated infections prevention that were originally thought of as a brainstorming session in February and move discussion to the next meeting

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(with a designated amount of time, 30 minutes-to-1 hour, whichever is appropriate for the schedule)
where we can brainstorm the ideas shared.

Second: C. Moss

In favor: A. Cole, B. Lee, C. Moss, D. Terashita, D. Wiechman, K. Anderson, M. Holubar, M. Zahn,
M. Langberg, M. Ramos, P. Kassab

Opposed: None

Abstained: None

Motion passed

Item 4. Discuss ["Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Clin Infect Dis. \(2016\)"](http://cid.oxfordjournals.org/content/early/2016/04/11/cid.ciw118.full.pdf%2Bhtml) (<http://cid.oxfordjournals.org/content/early/2016/04/11/cid.ciw118.full.pdf%2Bhtml>)

- Committee Chair recommended the Antibiotic Stewardship / Antibiotic Resistance Subcommittee Carefully review the article with the goal to update and revise prior recommendations as appropriate.

Subcommittee Presentation Reports

Item 5. [Antimicrobial Stewardship/Antimicrobial Resistance Subcommittee slides](http://www.cdph.ca.gov/programs/hai/Documents/ASSubcommitteeReport8.11.16.pdf) – B. Lee
(<http://www.cdph.ca.gov/programs/hai/Documents/ASSubcommitteeReport8.11.16.pdf>)

- B. Lee acknowledged the support received from subcommittee members and subject matter experts.
- Submitted a survey and accompany letter that CDPH can use to assess antimicrobial curriculum of health professional schools and residency training programs. Developed list of health professional schools and residency training programs in California to provide to the Department.
- Subcommittee continuing to work on antimicrobial stewardship in long term care facilities as mandated by SB361 by developing a three-tier definition and an ASP toolkit.

Discussion Points:

- The intent of work is to support future clinicians to better interact with patients when patients are requesting antibiotics.
- Anticipatory guidance about antibiotic usage is something some pediatricians are currently practicing in their hospitals.
- Providers must talk about antibiotic use during visits, before patients are sick. Should not introduce the philosophy when patients present with fever and sore throats.
- It was recommended that CDPH use CDC Twitter campaign to support antibiotic resistance and stewardship efforts

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Motion: B. Lee

CDPH use the survey and accompanying letter developed by the AS/AR subcommittee to assess the current curriculum on antimicrobial stewardship and antimicrobial resistance at California health professional schools and residency/fellowship training programs.

Second: M. Holubar

Motion withdrawn after discussing amendment.

Motion: A. Cole

CDPH use the survey questions and accompanying letter text, including questions to ask if education is provided regarding patient interactions, to assess the current curriculum on antimicrobial stewardship

and antimicrobial resistance at California health professional schools and residency/fellowship training programs.

Second: C. Moss

In favor: A. Cole, B. Lee, C. Moss, D. Terashita, D. Wiechman, K. Anderson, M. Holubar, M. Langberg, M. Ramos, P. Kassab

Opposed: None

Abstained: None

Motion passed

Item 6. [Environmental Cleaning Subcommittee slides](#) - C. Moss

(<http://www.cdph.ca.gov/programs/hai/Documents/EVSSubCommitteeMotionFinalVersion.pdf>)

- Subcommittee met 11 times since March 2016. Subcommittee reviewed several scientific articles on programmatic approaches to cleaning previously contaminated rooms; programmatic improvements to cleaning; improved cleaning impact on decreases in environmental contamination and acquisition of pathogens.
- Presenting to the Committee a message of hope. The goal is a standardized method that it can be implemented across all hospitals.

Discussion Points:

- Question about existing law and regulations and what the subcommittee is proposing.
- Title 22 is very old and needs to be updated. Subcommittee proposed a standardized method for hospitals. Current regulations do not require monitoring and tracking cleaning activities.
- Recommendations to be based on scientific evidence. The goal is to use a standardized method to prevent infections and track outcomes.
- It was recommended that the subcommittee evaluate the Certified Healthcare Environmental Services Technician to support competency development of EVS technicians.

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Motion: C. Moss

We recommend that the State of California Department of Public Health adopt standardized cleaning and monitoring for all hospitals. All California Hospitals will be required to establish a written program of environmental cleaning including a method of verification of the quality of their cleaning

Second: A. Cole

Motion withdrawn due to lack of quorum.

Discussion Points:

- Concern expressed regarding the lack of quorum and inability to vote on motions. Suggestion to find alternatives for voting. Ms. Janssen explained that bylaws require the quorum and a bylaws change would be required.
- [Safe Injection Practices Subcommittee slides](http://www.cdph.ca.gov/programs/hai/Documents/HAI-ACInjecpresentation811.pdf) (<http://www.cdph.ca.gov/programs/hai/Documents/HAI-ACInjecpresentation811.pdf>) provided an update (agenda item 7). Reviewed prior recommendations approved by the Committee, including priority focus on outpatient facilities and paying closer attention to single dose injectable medications. In response to CDPH guidance that the Committee (subcommittee) does not have authority to conduct surveys independently but can provide recommendations to CDPH to perform surveys, the Subcommittee clarified that CASA was performing a safe injection practices survey. Suggested that CDPH could request survey results from CASA.
- Reviewed remaining agenda items. Determined that new business, Item 8, discussion on “what CDPH and the Committee can do to address hospitals in the lowest 25% of infection control practices” had been previously discussed during Jean Iacino’s presentation (agenda item 2). Determined that Item 9, establish action items, including proposing agenda items for future meetings, had been accomplished earlier in the meeting. Reviewed 2016 and 2017 Committee meeting dates.
- Question about process for selecting new members and subcommittee chairs. Committee chair can charge the subcommittee and recommend subcommittee chairs for approval by the Committee. Committee members are appointed by CDPH Director. As in past years, HAI Program will post Committee vacancies and the application process on website.
- Question regarding L&C staff attendance at Committee meetings. L&C staff can be invited to participate as needed to provide requested information or answer specific questions.

No ability to vote on motions or continue an official Committee meeting. The meeting was officially adjourned at 2:30 pm.

Acronyms added

AAMI	Association for Advancement of Medical Instrumentation
ABS	Antibiotic Stewardship
AFL	All Facilities Letter
APIC	Association for Professionals in Infection Control and Epidemiology
CACC	California APIC Coordinating Council
CACDC	California Association of Communicable Disease Controllers
CAUTI	Catheter-associated Urinary Tract Infection
CDC	Centers for Disease Control and Prevention
CDI	<i>Clostridium difficile</i> infection
CDPH	California Department of Public Health
CHA	California Hospital Association
CMA	California Medical Association
CNA	California Nurses Association
CHCQ	Center for Health Care Quality
CHG	Chlorhexidine gluconate – a topical antimicrobial used for hand hygiene, patient bathing
CLABSI	Central Line-Associated Blood Stream Infection
CLIP	Central Line Insertion Practice
CMS	Centers for Medicare and Medicaid Services
CRE	Carbapenem-resistant Enterobacteriaceae
CSTE	Council for State and Territorial Epidemiologists
CUSP	Comprehensive Unit-Based Surveillance Program
HAI AC	Healthcare-Associated Infections Advisory Committee
HCP	Health Care Personnel
HICPAC	Healthcare Infection Control Practices Advisory Committee (CDC)
HSAG	Health Services Advisory Group - California's CMS-funded Quality Improvement Network
ICU	Intensive Care Unit
IDSA	Infectious Diseases Society of America
IP	Infection Preventionist
L&C	Licensing and Certification
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
NICU	Neonatal Intensive Care Unit
PD	Patient Days
PDSA	Plan Do Study Act – a quality improvement approach
QA/QC	Quality Assurance/Quality Control
QIO	Quality Improvement Organization
SIR	Standardized Infection Ratio
SSI	Surgical Site Infection