Healthcare-Associated Infections Advisory Committee Meeting
Oakland, CA
November 10, 2016, 10:00am-3:00pm

Meeting Summary

Voting Members Present

Jeffrey Silvers (Chair), Karen Anderson, Roy Boukidjian, Alicia Cole, John Culver, Enid Eck, Salah Fouad, Marisa Holubar, Patricia Kassab *(participated from alternate publicly announced meeting site)*, Brian Lee, Catherine Liu, Carole Moss, Zachary Rubin, Dawn Terashita, Nancy Waters

Voting Members Absent

Tim Clark, Michael Langberg, Michelle Ramos, Deborah Wiechman, Matt Zahn

Liaison Members Present

Jeremy Elkins representing CAPA, Howard Pitluk representing HSAG, Phillip Robinson representing IDAC

Liaison Members Absent

Schyerle Beal representing CACC (listened by phone), Michael Butera representing the CMA (listened by phone), Kathy Dennis representing CNA, Debby Rogers representing CHA

Department Staff Present

Lynn Janssen, HAI Program chief, Erin Epson, HAI Program assistant chief, Jorge Palacios, Lanette Corona, Aileen de los Angeles, Vicki Keller, Janet Kim, Neely Kazerouni, Sean O'Malley, Lori Schaumleffel

Call to Order and Introductions

Chair, J. Silvers, called the meeting to order at 10:02 am

Item 1. Review key Committee requirements of the Bagley-Keene Open Meeting Act 2015 and the HAI-AC Bylaws

Members were reminded to refrain from having serial meetings. A serial meeting is when more than 2 members have a discussion on the phone, face-to-face, or via e-mail outside of Committee or subcommittee meetings. All meetings need to be open discussion for all members and the public.

Members were reminded the importance of attending the entire meeting from 10 am to 3 pm to ensure a quorum is maintained and the meeting can continue. Members are expected to commit to attending a minimum of four meetings per year.

Discussion: New meeting agenda format clarified upon request. The public has the opportunity to comment on each agenda item. Public comment periods are scheduled to occur after committee member discussion but before motions are voted on by the committee. Items that are not on the agenda can be proposed for a future agenda meeting.

Public comments: Suggestion to allow 3-5 minutes to members of the public to share comments about items not listed on the agenda.

Item 2. Approve August 11, 2016 meeting summary

Discussion: Suggestion made to consider taping the committee meetings and posting audio files on CDPH website. No recommended changes to minutes.

Public comments: None

Meeting minutes were unanimously accepted by committee.

Item 3. CDPH HAI Program Updates

Website updates – Lynn Janssen

- CDPH preparing for migration to a new more user friendly web platform. All posted content is required to be ADA compliant. Not all pages or previously posted documents will migrate. Discussions occurring about length of time committee meeting agendas and meeting summaries will be migrated to new website
- New or updated HAI Program webpages
    - Antimicrobial stewardship program (ASP) initiative page re-organized and new content and resources added. Spotlight on ASP has a new look. Intermediate and advanced ASP elements now combined. Spotlight enrollment remains open and data updated once/quarter. ASP toolkit is available in PDF form and will soon be available in modular format. New ASP collaborative page that includes archived presentations from 2015 statewide hospital ASP collaborative. Includes section for skilled nursing facility ASP resources and webinars. SNFs are encouraged to look at acute hospital ASP programs to identify areas of collaboration within their networks of care.
    - New adherence monitoring webpage with tools for healthcare workers to monitor practices known to prevent infections, including hand hygiene, contact precautions, central line insertion and maintenance, environmental services, and 17 others. Packet of adherence monitoring tools sent to all hospitals during national infection prevention week, October 16-22, 2016.
    - New webpage to support the investigation and control of *M. chimaera* infections associated with exposure to Sorin 3T heater-cooler devices. Provides resources for hospitals, clinicians, and local public health. Provides links to federal recommendations and CDPH recommendations distributed in all facilities letters (AF).
    - HAI Advisory Committee member recruitment webpage re-opened for 2017 recruitment. Includes information about the committee, member categories, vacant open positions, and the application and appointment process.

M. chimaera investigation update - Erin Epson and Lynn Janssen

- Described the problem. Reviewed select FDA guidance for heater-cooler device use and maintenance and CDC recommendations for clinician and patient notification. Described CDPH activities to date, and reviewed frequently asked questions (and answers)

- Key points: CDPH taking action to communicate risk and recommendations broadly. Clinician awareness and index of suspicion for *M. chimaera* infections are critical to ensure patient identification and appropriate diagnostic testing (i.e., acid fast bacillus (AFB)). Hospitals should follow CDC guidance to alert clinicians and patients. Hospitals should follow FDA guidance to minimize further infection risk associated with heater-cooler devices. Providers must notify local and state public health of *M. chimaera* infections per Title 22 and Title 17 reporting requirements.

Preparedness, capabilities, and gap analysis in California's designated Ebola hospitals - Lori Schaumleffel

- List of designated Ebola assessment and treatment hospitals presented.
- CDPH activities included
    - In 2014 (November and December), performed onsite assessments of 8 hospitals in coordination with CDC and other key partners.
    - In 2015, designated more assessment hospitals for better geographic and patient demographic (e.g., pediatrics) coverage. Received training at CDC in Atlanta to better train and support California facilities.
    - In 2016, CDPH team performed onsite hospital preparedness assessments using modified CDC tools. Evaluations ongoing. Attended hospital preparedness drills to help identify gaps.
- Results from 13 hospitals preparedness assessments in 11 domains: facility Infrastructure, 92% prepared; patient transportation, 85%; laboratory, 77%; staffing, 85%; training, 92%; personal protective equipment, 92%; waste management, 100%; worker safety, 92%; environmental services, 92%: clinical management, 92%; and operations coordination, 100%
    - Biggest gap is maintaining voluntary caregiver team.
    - 3 hospitals have not met minimum capability expectations for performing CDC recommended lab tests. 10 hospitals need to improve collaboration with local EMS providers.
    - All hospitals need to improve collaboration with local public health to facilitate management of the deceased.

Discussion: Re M. chimaera investigation - Question regarding heater-cooler devices in operating room on standby. HAI Program seeking clarification from CDC. Question about need for broad scale notification. No CDC recommendation for broad scale notification, only hospital surgical patients exposed to the 3T device. CDPH is following CDC recommendations. Discussions about patient notification, including format, language, strategy. Hospitals encouraged develop a notification strategy using their own hospital expertise. Suggestion that a balance needs to take place between notification and over-testing. Suggested that CDPH provide testing time-frame to avoid over-testing. CDPH needs to stay consistent with CDC recommendations. CDPH seeking suggestions or perhaps even volunteers from organizational partners to help further disseminate infection suspicion messaging for clinicians.

Re Ebola gap analysis - Comments about Ebola hospitals and how gaps identified. All facilities were open and transparent about gaps and barriers. Relationships with local/regional EMS varies by hospital. CDPH should help foster collaboration. Discussed next gap analyses to present to committee. Majority of members suggested CLABSI and SSI.

Public comments: Recommendation to consider evaluating an Iowa hospital's process for putting the fan outside the room. Suggestion that information gathered should be used to guide requirements. Suggestion that the CDPH AFL and *M. chimaera* information and education be distributed to skilled nursing facilities.

Unfinished Business

Item 4. Review ideas for advancing/improving HAI Prevention

Ideas were solicited at the February 2016 HAI Advisory Committee meeting. Chair Jeff Silvers assigned the ideas for consideration to the most relevant subcommittee. Items discussed, grouped by subcommittee.

Discussion: Environmental Cleaning in Healthcare: Suggestion that CDPH considers creating a one-day mini course for EVS employees on infection control and perhaps certifies cleaning staff. Consider a yearly one hour webinar on EVS elements for c-suite administrators. Subcommittee currently working on water and air filtration issues. Suggestion that committee address infections in non-acute settings on environmental care.

Injection Safety: Issues in outpatient settings, such as ambulatory surgery centers where invasive procedures are increasingly high risk, have been considered by the subcommittee, and are included in recommendations to CDPH.

Public Reporting and Education: Suggestion that CDPH considers providing a monthly newsletter to committee members on changes on the website. Suggestion for an asterisk to be placed for welfare and institutions code and administrative penalties (as reference). Suggestion for phone number to be included on website to explain immediate jeopardy to consumers.

Antibiotic Resistance / Stewardship: Discussed need to make the work of the group broader to help address non-acute care settings. Outpatient settings such as ambulatory surgery centers are doing more invasive procedures on increasingly higher risk patients. The HAI program has an inter-facility transfer form that can be adapted for local use. Suggestion that the HAI program include discussion of HAI reporting other than the HAI specified in legislation. HAI Program expanded rights conferral template to receive more data about AR infections from hospitals, including CAUTI data, and to allow participants in regional prevention collaboratives able to share additional HAI data beyond what is mandated. Expanded data will help with understanding resistance patterns better.

Items not assigned to specific subcommittee: Hospital acquired pneumonia pending subcommittee assignment. Discussion about increasing frequency of HAI data access. Hospitals report data on infection outcomes quarterly. Data posted to website one-two years later. Suggestion that HAI Program liaison IPs should not have to be invited into facilities.

Public comments: None

Recognition and acknowledgment or outgoing committee members. Certificates given by Chair.

Subcommittee Reports

Item 5. Antimicrobial Resistance/Stewardship Subcommittee report- B. Lee

California Senate Bill 361 described. Antimicrobial Stewardship policy for skilled nursing facilities (SNF) required by law (Health and Safety Code 1274.4): "Adopt and implement an antimicrobial stewardship policy that is consistent with antimicrobial stewardship guidelines developed by the federal Centers for Disease Control and Prevention, the federal Centers for Medicare and Medicaid Services, the Society for Healthcare

Epidemiology of America, or similar recognized professional organizations." Suggested a framework to help facilities understand what is a basic program, with intent that they progress to a more advanced program. Proposed a 3-tiered approach to define ASP elements for SNFs: Basic tier, 6 components, Intermediate, 5 components, and Advanced, 3 components.

Discussion: Expression of hope that the work of the subcommittee will help SNF to develop ASP roles and follow guidelines.

Public comments: Suggestion that ASP structure is key to adoption and basic elements should be manageable. Suggestion that the lab and pharmacy should provide resources to support IP, and IPs should be collecting data related to specific infections such as CDI and consulting with pharmacy about these outcomes.

Motion: A. Lee
CDPH use the Antimicrobial Stewardship Programs for California Skilled Nursing Facilities Preface and 3-Tier Definition to provide skilled nursing facilities in California a framework for the implementation of their ASPs.
Second: C. Moss

In favor: K. Anderson, R. Boukidjian, A. Cole, J. Culver, E. Eck, S. Fouad, M. Holubar, B. Lee, C. Liu, C. Moss, Z. Rubin, D. Terashita, N. Waters.

Opposed: None

Abstained: None

Motion passed

Item 6. Environmental Cleaning in Healthcare Subcommittee – C. Moss
Described mission of the subcommittee, to protect the public from HAI by establishing best practices in the area of environmental cleaning in California healthcare facilities. Reminded that outline of the science and best practices for environmental cleaning was presented previously, including success stories. Described interviewing experts on reducing *C. difficile* and other antibiotic resistant infections. Introduced two motions:

1. Recommend that CDPH adopt standardized cleaning and monitoring for all hospitals. Require to establish a written environmental cleaning program including a verification method to assess quality of cleaning. Require each hospital to have standardized cleaning process; use checklist with assigned responsibility; use standardized monitoring method for validating cleaning quality; present results to designated oversight committee (e.g., quality improvement, infection control, risk management) on regularly scheduled basis.

2. Recommend that CDPH require hospitals to adopt CDC Guidelines for Infection Prevention and Cleaning, Options for Evaluating Environmental Cleaning, and the elements of the CDC checklist. Recommended implementation in 2-step approach with Level One implemented by January 2018 and Level Two by July 2018.

Discussion: Concerned about recommendations in document becoming outdated with advancing technology. Subcommittee reiterated that doing the basics is a first step for all California hospitals.

Public comments: Suggestion to focus on the very basic work upon which hospitals need to take action.

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.
Required Elements: Standardized Cleaning Process; Checklist with assigned responsibility to ensure that the standardized process is followed; Utilization of a standardized monitoring method that validates the quality of the cleaning; Program results shall be presented to a designated oversight committee (such as quality improvement, infection control, risk management, etc.) on a regularly scheduled basis for review, approval, and recommendations.
Second: A. Cole

In favor: K. Anderson, R. Boukidjian, A. Cole, J. Culver, E. Eck, S. Fouad, M. Holubar, B. Lee, C. Liu, C. Moss, Z. Rubin, D. Terashita, N. Waters.

Opposed: None
Abstained: None
Motion passed

Motion: C. Moss
The environmental healthcare cleaning subcommittee recommends that the State of California Department of Public Health require all California Hospitals to minimally adopt the CDC Guidelines for Infection Prevention and Cleaning as the standard guidelines, along with the Options for Evaluating Environmental Cleaning and the elements of the CDC checklist for all hospitals.
The subcommittee recommends a two-step approach: Level One should be implemented by January 2018 and Level Two should be implemented by July 2018
Second: A. Cole

In favor: K. Anderson, R. Boukidjian, A. Cole, J. Culver, E. Eck, S. Fouad, M. Holubar, B. Lee, C. Liu, C. Moss, Z. Rubin, D. Terashita, N. Waters.

Opposed: None
Abstained: None
Motion passed

Item 7. Safe Injection Practices Subcommittee report: D. Terashita
Subcommittee met 3 times since the last HAI Advisory Committee meeting, August 11, 2016. Discussed the 30 injection safety recommendations previously presented to CDPH. Consolidated the list into ten recommendations. 30 elements consolidated into 10; nothing added or removed. Subcommittee to go on hiatus until new the committee charge. CDPH thanked the committee for the work and recommendations.

Discussion: None

Public comments: None

Item 8. Nominate new subcommittee chairs
Committee agreed on new chairs for antimicrobial resistance / stewardship subcommittee, M. Holubar, and environmental cleaning in healthcare, D. Wiechman. Chair for public reporting and education subcommittee to be determined.

Item 9 - Establish Action Items and Propose Agenda topics

Action items: CDPH will review the 2015 state HAI prevention plan recommendations made by the Committee previously. CDPH will present a CLABSI and SSI gap analysis.

Proposed agenda topics: Discuss posting audio recordings of committee meetings on public website. Discuss more support for CDPH for timely reporting of HAI data and timely action and intervention by HAI liaison IP. Discuss doctor-patient communication expectations related to 3T heater-cooler exposure, recognizing M. chimaera incubation period may be to up to 5 years. M. Butera to review updated CMA 5-year plan for public health.

Meeting adjourned at 2:15pm

Agenda Item/Discussion Points

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
CAPA	California Academy of Physician Assistants
CACDC	California Association of Communicable Disease Controllers
CAUTI	Catheter-associated Urinary Tract Infection
CDC	Centers for Disease Control and Prevention
CDI	*Clostridium difficile* 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 *Staphylococcus aureus*
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