

Healthcare-Associated Infections Advisory Committee
Meeting Summary
June 9, 2022
Video Conference

Voting Members Present

Marian Hollingsworth, Amber Theel, David Ha, Deborah Ellis, Geanny Ryan, Jorge Salinas, Marisa Holubar (Chair), Michele Lampshire, Patricia Sung, Zachary Rubin

Voting Members Absent

Anjali Bisht

Liaison Members Present

Jeffery Silvers-IDAC,

Liaison Members Absent

Howard Pitluck-QIN/HSAG, Louise McNitt-CPICD, Kathy Dennis-CAN, Trina Gonzalez-CHA, Michael Butera-CMA,

Department Staff Present

Erin Epson-Chief HAI Program, Lanette Corona, Valerie Sandles, Hosniyeh Bagheri, Priscilla Bennett, Erin Garcia, Geraldo Garcia, Vicki Keller, Idamae Kennedy, Satya Keshav, Janice Kim, Jane Kriengkauykiat, Tracy Lanier, Monise Magro, Tisha Mitsunaga, Andrea Parriott, Peea Purkayastha, Neha Sardana, Jane Siegel, Myesha Febres, Neely Kazerouni, Ayda Alemayehu, Mitra Baradar, Rachel Lizette, Deweese Quigley, Brie Martin, Teresa Nelson, Shantala Ahanya, Elsa Villarino

Call to order, introductions, and review meeting requirements

Chair, Marisa Holubar, called the meeting to order at 10:07 AM.

The Chair reviewed the vacant categories on the committee. The information to apply will be sent to the members to assist with recruiting.

Item 1. Public Story

Committee member Amber Theel shared how hospital staff have worked through the pressures of COVID and how depressing it can be to see patients have to die alone. To encourage families of patients affected by COVID, at one SoCal facility a hospital team saddened by patience having to die alone recreated a patient room in the Serenity Area of the facility to allow a family to visit before a patient before they had to put on a ventilator. They practiced safe distancing and took safety measures to ensure everyone was safe and allowed the family to visit. 12 hours later the patient died. This reengaged the nurses with a purpose and was encouraging to the family. This story showed how dedicated care givers are to what they do.

Item 2. Approve the April 14, 2021, meeting summary

Meeting summary approved.

Item 3. CDPH HAI Program updates – Erin Epton

The HAI 2020 Annual Report was approved to post in April. There have been increases in CLABSI and MRSA BSI. Multiple factors contribute to increased HAI incidents and emergence and the spread of AR during the COVID-19 pandemic. CDPH is engaging the CA HAI Advisory Committee and other hospital partners to help identify and support strategies for building resiliency, maintain the highest possible quality of infection prevention and control practices while managing the ongoing pandemic and surge related challenges.

The 2021 HAI data is available via the [CHHS Data](https://chhs.ca.gov/group/diseases-and-conditions) (chhs.ca.gov/group/diseases-and-conditions) . During 2021 CLABSI and MRSA BSI were high. There continued to be increases in HAI incidents during the second year of the COVID-19 pandemic. Nationally, SIRs continued to be significantly higher than those during the pre-pandemic period, particularly during the 1st quarter of 2021 and the 3rd quarter of 2021. HAI incidences were elevated during the periods of high COVID-19 hospitalizations. CDPH HAI Epidemiology staff lead by Dr. Andrea Parriott reviewed additional analyses of 2020 HAI data and COVID hospitalization data report to NHSN and found at an individual hospital level higher increases in CLABSI and MSRA BSI in COVID related burdened facilities.

CDPH HAI Program will be resuming some of the programs started before COVID-19 to reintroduce the HAI Program to hospitals and their IP staff some of the non-regulatory consultation. Regional hospital IP calls will resume June 21, 2022. The IP team lead by Tracy Lanier has created an online course for Acute Care hospital IPs similar to in person training offered before the pandemic. HAI surveillance, NHSN reporting, and validation resources will also be offered. There will be a program to introduce and foster relationships with local public health IPs through an Externship program lead by Teresa Nelson. There will be initiatives through the Regional Calls to engaged hospital IPs to share lessons learned from HAI/AR prevention like the CLABSI project and recommendations from the HAI Advisory Committee.

The HAI Program has expanded like the Project First Line team lead by Erin Garcia and expanded the IP team lead by Idamae Kennedy. Through SHARPs funding the epidemiology teams and prevention team has also expanded.

Discussion: Will the online IP course be self-paced or a set two-day course? It will be self-paced and modular, like the Infection Preventionist for Skilled Nursing Facility. Is there an executive summary with numbers like it use to have? There is a narrative report on the HAI Program website, and you are able to download a PDF version that includes the executive summary and a breakdown by infection types, facility types and what is being done based on the findings. The open data portal is the base place to get a summary of all findings. For the general public the interactive map will have

more information. Will there be a Public Reporting subcommittee again? The Committee can suggest this if they feel it, is a need. Is there a list of ongoing initiatives the committee members can see? CDPH will look into developing a comprehensive list in one place. Any updates on Title 22 process? CDPH will follow up with leadership regarding the distribution notification list. Will hospital acquired COVID related infections be added to the annual report? The way the data is collected does not allow for individual identification of COVID related infections. It is possible to identify by hospital but not individual incidences.

Item 4. Subcommittees Reports

Antimicrobial Resistance/Stewardship Subcommittee – An initiative for more members is underway. Looking for the group to be diverse from many front-line workers and from various geography location. Areas of interest 1) AR/AS in the wake of the COVID-19 pandemic; 2) Outpatient Antimicrobial Stewardship; 3) Antibiotic drug targeted stewardship; and 4) Institutional Antimicrobial collaboratives.

Resilience in HAI Prevention Subcommittee - What questions would you want leaders across the state be asked as CDPH assesses the current state of HAI prevention in California hospitals/healthcare settings? #1: How are IP leaders planning to support infection prevention recuperation and expansion? Most IPC programs are under-staffed and under-resourced. IPCs are leaving the field because they are exhausted; Nature of work is changing e.g., outpatient IPC needs are increasing; Need to reframe as serving the healthcare continuum; Need to restructure staffing model; Account for the complexity of service offered instead of ratio of IPCD to licensed beds; Appropriate staffing for high-yield surveillance. #2: How are IP leadership planning to support relationship between IP and frontline staff? Pandemic increased the “standing” of IPCD in hospitals; Revealed confusion about PPE utilization – and lack of understanding re: the “WHY” of PPE; All parties traumatized; #3: How is CDPH planning to support the relationship between IPCD and leadership? Need representation of IPCD at ‘high-level’ decision-making levels. #4: How are you planning to continue to support robust environmental cleaning? #5: The pandemic exposed silos within healthcare systems – from data sharing to decision-making. How are planning to break these down?

Discussion: Many nurses are interested in joining the IP teams in their facilities; however, the pay is a discouragement. The committee expressed the frustration of staffing facilities when it’s based on size. This staffing method needs to be reviewed. There are Environmental Cleaning recommendations made by the committee in the past. The scope of the IP’s role has expanded over time. How can you find one person to fill these rolls who has a wide variety of skills? CDPH is working on EVS and IP collaboration within facilities. It would be good to look at other positions and widen the scope of the collaboration. Possibly a checklist for staff in facilities to understand what they need to assist the IPs.

Item 5. Review action items and propose agenda topics for future meetings

CDPH will share the link to the HAI Advisory Committee membership application. The committee would like to see an overview of the IP self-pace training course. Review Environmental Cleaning past motions. CDPH thinks it is good to have the Infection Disease Pharmacist to join the AS/AR subcommittee meeting to hear ideas regarding the Honor Roll.

Next committee meeting September 8, 2022. Meeting adjourned at 12:05 PM.