

Healthcare-Associated Infections Advisory Committee
Meeting Summary
December 9, 2021
Video Conference

Voting Members Present

Marian Hollingsworth, Arianna Campbell, Geanny Ryan, David Ha, Amber Theel, Patricia Sung, Cristine Lacerna, Theresa Caughlin, Marisa Holubar (Chair)

Voting Members Absent

Tashia Orr, Robert Bernstein, Zachary Rubin, Sarah Doernberg, Keith Bradkowski, Silvia Gnass, Anjali Bisht

Liaison Members Present

Jeffery Silvers-IDAC, Michael Butera-CMA, Trina Gonzalez-CHA

Liaison Members Absent

Howard Pitluck-QIN/HSAG, Louise McNitt-CPICD, Kathy Dennis-CNA

Department Staff Present

Erin Epton-Chief HAI Program, Chelsea Driscoll-CHCQ/CEA, 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, Patrick Stendel, Genie Tang, Myesha Febres, Neely Kazerouni, Ayda Alemayehu, Mitra Baradar, Rachel Lizette, Deweese Quigley, Brie Martin, Teresa Nelson, Shantala Ahanya, Sangeetha Moorthy, Elsa Villarino

Call to order, introductions, and review meeting requirements

Chair, Marisa Holubar, called the meeting to order at 10:15 AM. (Waiting for a quorum.)

Item 1. Approve the September 9, 2021, meeting summary

Meeting summary approved.

Item 2. CDPH HAI Program updates – Erin Epton

- **Strengthening HAI/AR Program Capacity (SHARP) Funding**
 - CDC Epidemiology and Laboratory Capacity (ELC) funding. 64 state/local/territorial health department recipients.
 - American Resume Plan Act of 2021. Total of \$385 million for “Strengthening HAI/AR Program Capacity to ELC recipients. CA was awarded \$22.3 million. This is separate from the ELC Long-Term Care Facility Strike Team funding.
- **SHARP Funding Purpose:** Support healthcare infection prevention and control (IPC) and epidemiologic to detect, monitor, mitigate and prevent SARS-CoV-2 spread in healthcare

settings. Other conditions may also be addressed, such as, HAI/AR that rely on the same IPC and epidemiologic approaches. Protect COVID patients from complications. Complement, not duplicate existing funding from prior ELC awards, including CARES, Enhancing Detection/Expansion, Project Firstline; SNF activities primarily supported through Core and Strike Teams.

- **SHARP Funding Period:** Funding awarded in current ELC Core funding cycle Budget Period 3 (BP 3); intended to support activities through BP 5, which ends July 2024. Within 90 days of receipt of Notice of Award, recipients are required to submit workplan and revised budget by the end of January 2022. Funds may be used to support additional administrative, budget or management position(s) to achieve necessary monitoring and management requirements.
- **SHARP Project Areas and Activities:** 27 required activities across 5 project areas
 - Project I: HAI/AR Program Network for Prevention and Response
 - 4 strategies: A) strengthen existing HAI/AR Program infrastructure. Workforce development; widely available across entire jurisdiction; B) enhancing multidrug-resistant organism (MDRO) prevention. Enhanced MDRO prevention program. Proactive point prevalence survey, onsite assessments in high-risk facilities. Expand/add regional HAI/AR collaboratives (Stanislaus and San Diego). Develop and monitor process and outcome measures; C) supporting the HAI/AR response workforce. Establish dedicated HAI Outbreak Lead; ensure that LHD PIP and epi staff are trained in HAI outbreak training; D) implementing targeted HAI/AR prevention projects. Outpatient hemodialysis required; multiple optional setting/HAI-specific activities and health equity. Establish and maintain relationships with ESRD networks, improve IPC capacity and competency, education, and onsite IPC assessments. Hospital engagement on CLABSI reduction. Participate in CDC Health Equity Community of Practice.
 - Project II: Antibiotic Resistance Laboratory Network (ARLN)
 - Project III: Antibiotic Stewardship
 - Antibiotic Stewardship Lead. Identify and engage stewards/clinicians/facilities/systems that need additional support to improve Core Element implementation. Track antibiotic use. Partner with academic institutions, facilities, and other partners.
 - Project IV: Enhancing Use of NHSN
 - NHSN Coordination Lead. Technical assistance to SNF regarding NHSN enrollment and reporting. Establish or update data use agreements to access Antimicrobial Use and Antimicrobial Resistance (AU/AR) data. NHSN data validation. Dialysis Events and SNF HAI.
 - Project V: Project Firstline
 - Project Firstline Lead. Partner with local health departments for Regional HAI/AR collaboratives. Partnerships with local healthcare organizations, prioritizing those serving underserved healthcare personnel. CNA and Environmental Services. Data-informed training, education, communications.
- **SHARP Workplan Approach:** We have most of the infrastructure in place, some activities already underway are in planning phase:
 - 1) Add/designate new management & coordinator roles;

- 2) Continue to integrate projects/activities across teams;
- 3) Expand and deepen our reach and impact through distribution and capacity-building with LHD, and through partnerships with academia, healthcare organizations.

Discussion: *Are there any plans to add pneumonia to the plan?* The IPs do have that as a component of their vSNF enhancement tools during assessments. The HAI Program is open to suggestions on including this in other Long Term Care facilities. A member asked about HAI in the San Diego area specifically; it is suggested to visit the interactive map for specific information in areas of interest that can be searched by counties. An AR report is being developed to add to the interactive map. *Has the State considered oral care as a method of prevention of pneumonia?* It is something to consider in areas other than vSNFs. It is a part of the adherence monitoring tool. It would be good to get updated data. It would be good to encourage facilities to report or track their vap or pneumonia prevention care measures to CDPH or at least CDC. *What are the plans for intervention with Outpatient Dialysis centers with this funding and Antimicrobial Stewardship?* The state has had past experience with hemodialysis monitoring, and it is something to consider again for prevention and data tracking and sharing. It is a goal to spread it through out the IP team versus how we addressed it in the past. We do see opportunities now to address Stewardship again. If there is anyone on the committee who'd like to be an expert with the Stewardship work is greatly appreciated. *How can the Committee and/or Subcommittees can help?* The discussions during the meetings are good. Members are encouraged through their facilities and or organizations to host an IP externship. Revising the subcommittee that discussed the number FTEs of IPs to beds is suggested. Addressing the IP programs in facilities and the support of activities they need to accomplish and not just the FTEs.

Item 3. Discuss renewing and new subcommittees

Suggested subcommittee to make recommendations to LNC to provide feedback during the regulatory review. HAI or LNC staff would not be a member of the subcommittee but can attend to provide context as needed.

Item 4. Review action items and propose agenda topics for future meetings

- CA HAI Plan Update.
- Create and revise subcommittees.
- Advisory versus Regulatory Roles.

Further items and subject suggestions for future meetings can be emailed to Valerie.

Meeting adjourned at 11:59 AM.