

Healthcare-Associated Infections Advisory Committee
Meeting Summary
June 8, 2023
Video Conference

Voting Members Present

Amber Theel, Anjali Bisht, Ariana Longley, Carole Moss, Carolyn Caughell, Deborah Ellis, Ethan Smith, Geanny Ryan, Michele Lampshire, Patricia Sung, Robert Enteen, Zachary Rubin (Chair)

Voting Members Absent

David Ha, Francesca Torriani, Jorge Salinas

Liaison Members Present

Jeffery Silvers-IDAC, Michael Butera-CMA

Liaison Members Absent

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

Center Staff Present

Department Staff Present

Erin Epon-Chief HAI Program, Lanette Corona, Valerie Sandles, Barbara Allen, Lynn Jansen, Karla Vargas, Satya Keshav, Myesha Febres, Farina Shariar, Liz Mason, Aftab Anjum, Mushfika Maknun, Andrea Parriott, Idamae Kennedy, Lana Sato, Diana Holden, Becca Czerny, Sheila Segura, Jane Kriengkauykiat, Mitra Baradar, Riya Mehta, Rebeca Elliot, Josie Williams, Elsa Villarino, Julie Stoltey, Erin Garcia, Vikram Haridass, Olivia Cuaresma, Tisha Mitsunaga, Janice Kim, Monise Magro, Tracy Lanier, Kristy Trausch, Kiara Velasquez, Maggie Turner, Zenith Khwaja, Sangeetha Moorthy,

Call to order, introductions, and review meeting requirements

Chair, Zachary Rubin, called the meeting to order at 10:03 AM.

Item 1. Public Story

Zachary Rubin, MD shared a personal experience.

Item 2. Approve the March 09, 2023, meeting summary.

Meeting summary approved.

Item 3. CDPH HAI Program Updates

CDPH gave an update to motions passed during the March HAI Advisory Committee meeting regarding Interfacility transfers.

Motion 1: The HAI AS/AR Subcommittee motions to modify the CDPH Interfacility Transfer Communication Form as follows:

- Change “Receiving Facility Name” to “Receiving Facility Name (if known)” and make Receiving Facility “Contact Name/phone” optional.
- Add check box for “Patient was not admitted to the Sending Facility” resulting in does not need to fill out precautions/organisms’ section.
- Add check box for patient does not have identified MDRO, obviating organisms’ section.

An example form was shared to show the requested modifications made to the Interfacility Transfer Communication Form.

Motion 2: The HAI AS/AR subcommittee motions that for all health care facility transfers, CDPH require California health care facilities to use the CDPH “Interfacility Transfer Communication Form – Abbreviated” Form or equivalent form or mechanism to communicate all included data elements.

To be enforceable, such a requirement would need to be established in statute or regulation. CDPH is exploring other options for facilitating interfacility communication of MDRO status and other relevant patient information via electronic health information exchanges.

2022 HAI Data Validation – Overview

The HAI Program resumed HAI data validation in 2022. The goal: to help hospitals routinely examine and identify opportunities to strengthen their own HAI case-finding and reporting processes. *Internal* (all hospitals) – hospital IP completes a validation workbook and submits summary of findings to the HAI Program; *External* (70 selected hospitals) – HAI Program IP conducts validation of hospital data onsite.

2022 HAI Data Validation – Internal Validation Timeline

Stage 1: August 9, 11, 15, and 22, 2022 – Validation Webinar

Stage 2: August 10, 2022 – Begin internal validation process.

Stage 3: October 14, 2022 – Summarize validation findings and submit results online.

Stage 4: October 2022 – Summit missing events identified during data validation to NHSN.

Stage 5: October 2022 – External validation will begin.

Example: CLABSI Validation Review of Blood Cultures

-Obtain a laboratory printout (not ‘filtered’ by a data-mining or other program)

-Sort each positive blood culture by patient

If cultures are taken multiple days in a row and would be reported as the same infection, that is one “event”

-Number each event and randomly select 20 to review

-Enter those events, numbers corresponding, on CLABSI Validation Form 1

A graph showing a Sample Blood Culture Line List was provided and a CLABSI Validation Form 1.

2022 Internal Data Validation - Participation

Participation: 245 (62%) of 396 invited facilities participated

Completeness: 217/245 (89%) of participating facilities had complete results submission by deadline (i.e., 10/14/2022). The remaining 28 facilities with incomplete submission by the deadline were provided with eight additional days.

2022 Internal Validation Results -1

Distribution of Missed Events Across Validated HAI Types Among Participating Facilities (N=245)

Number of HAI Event Types Identified with Missed Event	No. of Facilities	Percentage of Facilities
0	127	52%
1	68	28%
2	37	15%
3	9	4%
4	4	1%

2022 Internal Validation Results -2

Facility-level Average and Median HAI Case-finding Percentages Among Participating Facilities (N=245)

Facility-Level HAI Reporting Sensitivity, By HAI type		
HAI type:	No. of Facilities	Facility-level Average
CLABSI	129	93%
MRSA BSI	203	92%
VRE BSI	144	89%
CDI	226	96%
SSI COLO	142	85%
SSI HYST	42	96%
SSI CSEC	52	89%

HAI case-finding percentage levels (aka HAI-reporting sensitivity levels) are calculated as the proportion of events reported **CORRECTLY** into NHSN prior to 2022 validation among the total number of randomly selected cases which meet NHSN-reporting criteria (i.e., **CORRECTLY** reported + **MISSED** NHSN-reportable events prior to 2022 validation) for a given HAI type. Some randomly selected cases by each facility (i.e., positive blood cultures for CLABSI + Lab ID events/positive CDI PCR tests and assays/Surgical Procedures with Flag Codes) did not meet NHSN reporting criteria, and thus do not contribute to calculation of sensitivity.

Sensitivity = No. of Accurately Reported Events Prior to Validation

Please see the chart for criteria detailing the number of randomly selected cases for each HAI type reviewed:

- 20 randomly selected cases each for CLABSI and Lab ID Events (i.e., MRSA/VRE/CDI)
 - **Criteria:** positive blood culture of interest, any organism for CLABSI validation *otherwise organism specific*.
- 10 randomly selected cases for each surgical procedure type of interest
 - **Criteria:** Procedures accompanied with a corresponding ICD-10-CM diagnostic “FLAG” code(s) for each SSI type of interest– COLO/HYST/CSEC procs. within the 30-day surveillance window post-procedure.

2022 Internal Validation Results -3

Overall Case-finding Percentage Distribution Among Participating Facilities (N= 245)

Overall Proportion of Validated HAI Types with a Case-finding Percentage \geq 85%	Number of Facilities	Percentage of Facilities
0-75%	42	17%
80-86%	47	19%
100%	156	64%

All facilities that identified HAI types with a case-finding percent of 84% or lower were recommended to conduct validation for that given HAI type for the subsequent two quarters of 2022

2022 HAI Data Validation – External Validation Process and Timeline

70 hospitals were randomly selected from appx 250 hospitals with sufficient central line days and procedures. *Continue selecting 70 hospitals per year until all hospitals receive at least one external validation every 5 years.* External Validation visits were conducted by HAI Program IPs between October 2022 and February 2023.

2022 External Validation Results - 1

Missed Events Across Validated HAI Types Among Participating Facilities (N=70):

- **36 (51%) facilities** identified \geq 1 missed HAI event(s) and \geq 1 misreported surgical denominator data element(s)
- **7 (10%) facilities** identified \geq 1 missed HAI event(s) only
- **25 (36%) facilities** identified \geq 1 misreported surgical denominator data element(s) only
- **2 (3%) facilities** with **NO** missed HAI events/misreported denominator data elements across all validated HAI types

2022 External Validation Results - 2

Distribution of Missed Events Across Validated HAI Types Among Participating Facilities (N=70)

Number of HAI Event Types Identified with Missed Event	No. of Facilities	Percentage of Facilities
0	27	39%
1	24	34%
2	11	16%
3	7	10%
5	1	1%

2022 External Validation Results - 3

Facility-level Average and Median HAI Case-finding Percentages Among Participating Facilities (N=70):

Facility-Level HAI Reporting Sensitivity according to HAI type		
HAI type:	No. of Facilities	Facility-level Average
CLABSI	31	95%
MRSA BSI	70	93%
VRE BSI	48	94%
CDI	68	98%
SSI COLO	67	83%
SSI HYST	25	88%
SSI CSEC	23	85%

Sensitivity description: See description previously explained.

2022 External Validation Results - 4

Overall Case-finding Percentage Distribution Among Participating Facilities (N= 70)

Overall Proportion of Validated HAI Types with a Case-finding Percentage $\geq 85\%$	Number of Facilities	Percentage of Facilities
43-72%	8	11%
80-86%	25	36%
100%	37	53%

2022 HAI Data Validation – Key Observations

Majority of the hospitals are using data mining software for HAI case finding. Some gaps in location-specific lab ID reporting algorithms. Some inaccuracies in SSI denominator data e.g., BMI, duration. Facility IP still needs to correctly apply surveillance definition for events flagged by the data mining software.

HAIs validation process helps facility IP to evaluate effectiveness of their data mining software, if used, other case-finding strategies, and application of surveillance definitions includes use of ICD-10 flag codes to identify potential SSI.

2023 validation training webinars conducted during the **June 20th Regional IP Call**. Office hours during the **week of June 26th and July 3rd**. Overall Timeline for completion **July 3 – September 14, 2023**.

CDC Funding Update

Second round of COVID-19 Epidemiology and Laboratory Capacity (ELC) supplemental funding, **Strengthening HAI/AR Programs 2 (SHARP 2)** originally forecast for August 2024, was awarded in May 2023 with implementation plans due August 2023.

- Project period through July 31, 2027, corresponding with Budget Period 3 of the next 5-year Core ELC cycle.
- Continue and complement SHARP 1 funds/activities through July 2024; no-cost extension of SHARP 1 remains TBD.

- Shift from strengthening and expanding HAI/AR Program activities, to sustaining and maintaining those activities.

SHARP 2 Framework

SHARP 2 retains most of the same organization as SHARP 1:

- Project I. HAI/AR Program Network for Prevention and Response
- Project II. Antimicrobial Resistance Laboratory Network (AR Lab Network)
- Project III. Antibiotic Stewardship
- Project IV. Enhancing Use of NHSN

A few changes include (but are not limited to):

- Health equity activity now required (was optional in SHARP 1)
- Project I incorporates MDRO/AR *containment*, implementation of prevention
- Project Firstline now incorporated into Project I
- Project III optional activities now incorporated as examples within required activities.

SHARP 2 Required Health Equity Activity

Health equity “brainstorming” session conducted during HAI Program onsite workshop in January 2022

- Conduct analyses to identify and characterize associations between sociodemographic variables (e.g., race/ethnicity, HPI, primary language spoken, % Medicaid) and HAI outcomes, including antimicrobial prescribing, outbreaks.
 - Improve collection, reporting and use of sociodemographic variables.
- Use the results of analyses to guide prevention efforts, and advocate for policy and regulatory change.
- Incorporate health equity focus into existing projects, e.g., regional HAI/AR prevention collaboratives, Project Firstline, etc.

Plans to develop formal HAI Program Health Equity Strategy. CDPH will seek input from the HAI Advisory Committee

Discussion: Committee members thought it would be great to consider some of the work HCAI is doing so there is alignment in definition without creating separate bodies of work. Is CDPH looking to involve the leaders from the Faith community that work with and involve vasa diverse community or only in healthcare? CDPH would like to ‘think outside of the box’ and include different groups and stakeholders to help CDPH to think about their strategy. CDPH will draft a strategy and look to the Committee for input. An adhoc subcommittee may be needed to review the strategy CDPH drafts. CDPH will look for volunteers in the future.

The committee wanted to know if any of the SHARP 2 funding get shared with the Local Health Care Constituents for their work on HAIs? Los Angeles county get’s it’s own funding from CDC and CDPH will focus more on the areas outside of LA County on projects funded by SHARP and CORE. Some Local Public Health Offices did receive funding for projects to hire Infection Prevention (IP) Specialist within their organization. CDPH will continue to support, training and education the Local Public Health work with SHARP 2 funds.

Item 4. Antimicrobial Resistance/Stewardship Subcommittee – Jeff Silvers

The AS/AR subcommittee has had several rich discussions lately re: future motions to be made. Some ideas that have been discussed – the subcommittee welcome discussion from the larger committee.

- Should CDPH share NHSN AU data with hospitals (example from [MN DPH Antibiotic Use and Stewardship](http://www.health.state.mn.us/diseases/antibioticresistance/auas23.pdf) (PDF) (www.health.state.mn.us/diseases/antibioticresistance/auas23.pdf))
- Should CDPH focus effort on hospitals not on the honor roll to identify and help address their needs.
- Should CDPH include “standardized communication between hospitals and nursing facilities” as a community outreach criterion for honor roll (to address the issue of hospitals not communicating to nursing facilities indication and duration of abx post discharge – this goes beyond the interfacility transfer form)
- Should CDPH engage in public/PCP education on certain outpatient syndromes like group A strep pharyngitis (both testing and treating)
- Should CDPH begin tracking select outpatient antibiotic use like azithromycin in EDs and urgent cares.
- Should CDPH engage in patient/family education and community outreach on asymptomatic bacteriuria in nursing homes and ED.
- We also plan on reviewing the honor roll renewal process with CDPH in a future meeting.

Discussion: The committee suggested more discussion at a future Advisory Committee meeting around Stewardship and the Honor Roll Program. CDPH will consider having a presentation of the Honor Roll Program at a future meeting. CDPH is addressing some of the other points such as outpatient services at local levels and hope to have updates in the future. There are opportunities for CDPH to incorporate Equity, Diversity, and Inclusion (EDI) in some of the local public programs CDPH is working on with a UC Davis Health Experts.

Item 5. Resilience in HAI Prevention Subcommittee - Deborah Ellis

No information to share at this meeting. The subcommittee is still waiting for direction from the Advisory Committee.

Item 6. Discuss September 14, 2023, in person meeting.

The September 14, 2023, meeting will be in person at the CDPH Richmond Campus. Detail regarding travel reimbursement, and meeting room will be emailed to the committee.

Suggestions for future meeting discussion

- L&C Leadership explaining their processes
- Antimicrobial Stewardship Honor Roll Discussion
- Public notification of outbreaks – Dawn Tereshita

Next committee meeting September 14, 2023. Meeting adjourned at 11:59 PM.