

Healthcare-Associated Infections Advisory Committee
Meeting Summary
November 8, 2018
Richmond, CA

Voting Members Present

Dawn Terashita (Chair), Keith Bradkowski, Theresa Caughlin, John Culver, Jackie Daley, Sarah Doernberg, Kim Erlich, Marian Hollingsworth, Marisa Holubar, Patricia Kassab, Cristine Lacerna, Tashia Orr, Erica Pan, Michele Ramos, Jeremiah Darnell, Roy Boukidjian

Voting Members Absent

Tim Clark, Silvia Gnass

Voting Member on the Phone (Not a registered site.)

Matt Zahn

Liaison Members Present

CHA/Debby Rogers, IDAC/Phillip Robinson, CA-APICE/Mary Virgallito

Liaison Members Absent

CNA/Kathy Dennis, HSAG/Howard Pitluk, CHA/Michael Butera, CAAPA/Jeremy Elkins, CACDC/Ying-Ying Goh,

Department Staff Present

Lynn Janssen, Erin Epton, Lori Schaumleffel, Lanette Corona, Myesha Febres, Janice Kim, Jane Siegel, Valerie Sandles, Naveen Makhdum, Erin Garcia, Kyle Rizzo

Guest Presenter

Susan Huang, MD, UC Irvine Medical Center

Call to order, introductions, and review meeting requirements

Chair, D. Terashita, called the meeting to order at 10:10 AM.

Item 1. Approve August 9, 2018 meeting summary

Meeting summary approved with noted changes.

Item 2. Provide CDPH HAI Program Updates – Lynn Janssen

Noted that update topics are selected by HAI Program leadership, but can also be based on Committee input. Suggested CDPH HAI Program activity topics for future updates should be sent to Valerie Sandles.

Described IDWeek pro/con panel presentation that debated public reporting's impact on HAI prevention. Demand for transparency by patient advocates drove the HAI public reporting laws in early-mid 2000s. The intended impact is for consumers and health care purchasers to use data for decision-making. CDC data show steady reductions in HAI incidence in U.S. hospitals in the years following widespread adoption of HAI reporting to NHSN and continuing today. California hospitals are following same pattern. HAI public reports and data may not be widely used by patients or the general public, but the laws have been a catalyst for change.

Reviewed key findings and public health actions in annual report, "HAI in California Hospitals, 2017" (published October 24, 2018). HAI Program will review plans of correction from hospitals with incomplete reporting and follow-up during year. Reminded that CA hospitals need to meet CDPH reporting deadlines (not CMS deadlines)

for timely production of CDPH annual report. CDPH is open to suggestions for public health action from the Committee.

Discussion: Some improvements are related to facilities clearly following definitions. NHSN refined definitions over time; will never be perfect surveillance definitions. CMS addressed gaming. Question whether CMS publishes their validation findings; CDPH to inquire. CDPH HAI report and CMS Hospital Compare reports are not the same; CMS uses a rolling year each quarter. For many hospitals, one quarter of data would not accurately reflect sentinel trends. Question regarding HAI Program “cleaning” data. Much less than in the past; using data as reported to NHSN and not excluding hospitals with missing months. Encouraging hospitals to use CalHEART-posted QA/QC reports to look at their data and errors and take action throughout the year. Data for 2018 due January 30, 2019; prior to deadline, HAI Program outreach to hospitals if something does not appear accurate.

Described new pages on the HAI website, including Skilled nursing facility (SNF) ASP Toolkit; Sepsis webpage; CA AR Lab Network webpage; 2017 HAI Annual Report, hospital profiles, and map; Liaison IP regional assignments page. Other web content recently updated includes “Recommendations for the Prevention and Control of Influenza in California Long-Term Care Facilities” and “Use of ICD Diagnosis Codes to “Flag” Post-operative Patients for Further Evaluation of Possible SSI.” Added link to new APIC/CDC infection prevention evaluation tools to Adherence Monitoring webpage.

Discussion: Suggestion to revise Transfer Form; several examples currently available. Reminder that HAI Program cannot mandate a specific form. Suggested a needs assessment of antimicrobial stewardship programs. Plans for *Legionella* webpage. CDPH sent an AFL regarding Legionella prevention based on CMS requirement for water management plan. Will evaluate need for specific webpages at HAI Program’s All-Staff meeting in December. Question regarding number of web hits on the HAI report. Question about updates to Title 22 Infection Control regulations. If the prevention guidance in the regulations is clearer, then surveyors will be better able to evaluate and cite for IC deficiencies and hospitals will be better able to know what specified in regulations. Question regarding if CDPH can require CRE reporting. No, current public reporting laws do not include CRE. Some county public health departments have made CRE reportable (including LA and Orange).

Public comment: The counties that have tried Transfer Forms have not been able to require a specific transfer form.

Unfinished Business

Item 3. Update on Los Angeles Department of Public Health LTAC Collaborative and CDPH CLABSI prevention initiative – Dawn Terashita and Teresa Nelson

Teresa Nelson, Liaison IP, provided background and history of HAI Program LTAC prevention projects. There are 23 LTAC hospitals in California, mostly corporate owned. Patients with prolonged mechanical ventilator use and multiple co-morbidities. Long term stays in short term acute care hospital ICUs prior to LTAC admission place patients at high risk of colonization with MDROs. Described multiple HAI Program LTAC interventions since 2011, including focused CLABSI Improvement visits in 2016 which may have led to reductions in 2017. To date, HAI prevention progress has not been sustainable. CA LTACs continue to have significantly high incidence of most HAI types compared with national LTAC data.

Dawn Terashita, provided an update on the ongoing LTAC collaborative in LA County. LA County has eight (8) of the 23 LTACs in the state. Activities in the past have included quality improvement projects that were facility

specific, including improvements in terminal cleaning and antibiotic stewardship. Future activities for additional HAI reduction projects are being discussed.

Discussion: Discussed APIC's role in supporting LTAC IPs. APIC has a role, but it is difficult to get LTAC IP's to attend local chapter meetings. National APIC offers course for LTAC infection prevention. Many LTAC IPs have other duties in addition to infection control. Some improvement as time has passed. General acute care hospital IPs are going into alternate settings to assess infection prevention in the continuum of care; financial incentives to improve. LTAC HAI incidence from 2010-2016 not significantly improving. 2017 public report showed increases in CDI and MRSA BSI, and remain above the 2015 national LTAC baselines. CLABSI incidence reduction in 2017 moved CA LTACs to 2015 national baseline.

Item 4. Discuss HAI Advisory Committee Liaison members providing regularly scheduled updates of their organizations' HAI prevention and related active – Open Committee

Question about the role of Liaison Committee members. Suggestion that at each Committee meeting, one of the Liaisons can present what their organization is doing to reduce HAI. At federal level, HICPAC liaisons are given a few minutes to give a brief update of their organizations' activities. Each organization also supplies a written report of the work they are doing.

Discussion: Discussed representatives not able to attend; how can they share information at committee meetings? The State reimbursement process does not allow multiple people (alternates) to fill a role. Liaison members may send in a written report but not as helpful as attending the meeting. Suggestion that a template/format be considered to allow the Liaisons to submit a written report. HAI Program will distribute a draft document for consideration. HAI Advisory Committee Liaison members are to provide regular updates to their organizations. Question about opportunities to maximize the efforts of the Liaison members to improve communication to the organizations they represent. Suggestion from APIC Liaison that the most valuable information is coming from subcommittee reports. Both CHA and APIC Liaisons agreed that they bring back information from the subcommittee reports and HAI Program update. Continued discussion if possible to provide a written summary similar to HICPAC or that there be briefings for the Advisory Committee by Liaison reviewing key information about their represented organizations. Discussion to be continued at next meeting.

Subcommittee Reports

Item 5. Antimicrobial Resistance/Stewardship Subcommittee – Marisa Holubar, Chair

Antimicrobial Resistance/Stewardship Subcommittee has had two (2) calls since the last meeting. The subcommittee has been discussing a process where an assessment similar to the "tracer" methodology from The Joint Commission could be established to assess a facility's success with stewardship activities. A suggestion is to utilize a case scenario to open up a conversation about how a MD might treat a patient with a suspected infection. The committee decided that the assessment needs further work.

Discussion: CDPH weighed in on pros and cons of the current approach. HAI Liaison IP activities are not the appropriate process to assess MD practice. Peer-to-Peer evaluation or pharmacist-to-provider might be a better strategy. Suggested a process that would be aimed whether general prescribing practices are understood by front line prescribing staff. Discussed possibly using the new NHSN Annual Survey to assess statewide hospital practices. Another discussed idea is to use an evaluation/audit to look at how frontline prescribing staff interact with stewardship activities.

Item 6. Environmental Cleaning in Healthcare Subcommittee – Jeremiah Darnell, Chair

Question whether the HAI Advisory Committee recommendations developed by the Subcommittee can be included in Title 22 revision. Need to elevate EVS workers as a significant member of HAI prevention process. Need more information to know if EVS certification decreases HAI. The concept of EVS certification is supported for the first line manager. Outsourced EVS programs also need to follow the recommendations.

Item 7. Public Reporting and Education Subcommittee – Patricia Kassab, Chair

Subcommittee has had 2 meetings. Pleased to hear CDPH provided updates to the website which included a new Sepsis page for the general public and social media support for Antibiotic Awareness Week and International Hand Hygiene awareness day. May proposed the acronym “TIME” for social media campaign. TIME stands for temperature, infection, mental array, and extreme infection. The Subcommittee will further explore.

New Business

Item 8. Suggestions for monitoring adherence with CHG bathing – Susan Huang

What is the difference between using 2% or 4% CHG? Two-fold residual on body with 2% (non-rinse). Bathe first then CHG is not supported in studies. If dirty, wash with water only first. Staff need to be encouraged to explain that “this is the bath” to patients and families. Patient satisfaction an issue; feel they are “Not really getting a bath.” Education needed that CHG baths are better than a bubbly bath. May leave a sticky residue on skin; educate the public that it will go away in a few minutes. Education needed for the family, patient and healthcare workers. In projects, got push back from wound care nurses (WCN). Helpful to link WCN with one another and educate; not early adopters of the product. CHG ok for all wounds except those that are packed. Studies have shown SSI reduction with bathing for fresh wounds. Socio-economic differences in outcome. Europe has skepticism for the use of CHG on MRSA, preference for soap. Tide is changing in Europe with worry about the microbiome. NICU outbreaks with MRSA (and MSSA) increased when CHG stopped. Recent NICU outbreak (cluster) was approximately 1 per month. Lots of measures in place to stop the transmission and prevent the outbreak. Ultimately found a carrier healthcare provider who was taken off work and decolonized. Working on a dialysis trial, however, no space or privacy to bathe the patient.

Discussion: Most hospitals are using CHG in some fashion. Recommendations to the HAI Advisory Committee regarding CHG bathing: Areas of focus should be MDRO, BSI, and Pre-Op bathing. Hospitals need proper protocol and checklist; HAI Program could develop a checklist. Need to provide full training guidance and a way to identify gaps in practice. The ASP subcommittee will look at guidance opportunities for the Committee.

Item 9. Exploring what leadership support for hospital infection prevention looks like – Lori Schaumleffel

Explored what leadership support recommendations exist in hospital infection prevention. HICPAC Core Infection Prevention Recommendations, include Leader Support of the organization as the first recommendation. HAI IP

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Liaison briefed the committee about the APIC consensus meeting discussions; highlighted that relationships with facility leadership with an IP's experience and background; may not be trained to approach / work with leadership. Both Kaiser representatives highlighted that during current surveys from various organizations, leadership is becoming a larger focus. Another committee member asked what CHA is messaging to facility CEOs. The Committee member representing CEOs mentioned his experience at his facility has included increased messaging and activity about Infection Prevention.

Discussion: Discussed "absolute need" for a C-Suite member to attend each Infection Prevention Committee meeting; The Joint Commission is looking for evidence of this during survey. CHA responded to CEO question that there is a shift in culture; believes there is improvement in many facilities. A need for further leadership training of IPs suggested. Suggestion for possible joint communication from CHA and CDPH to CEOs. Suggestion to table further discussion for the next meeting.

Item 10. Public comments on matters not on the agenda

None.

Item 11. Review action items and propose agenda topics for future meetings

Meeting adjourned at 3:02 PM