Healthcare-Associated Infections Advisory Committee (HAI-AC)
Meeting Summary
September 12, 2024
In-Person/Video Conference

Voting Members Present

Ariana Longley (V), Carole Moss (V), Carolyn Caughell (I-P), Deborah Ellis(I-P), Deksha Taneja (V), Dolly Green (I-P), Ethan Smith (V), Lorene Campbell (I-P), Michael Vollmer(I-P), Mindy Sampson(I-P), Zachary Rubin (I-P) (Chair),

Voting Members Absent

Benjamin Carter, Francesca Torriani, Jorge Salinas, Michele Lampshire

Liaison Members Present

Michael Butera-CMA (V), Trina Gonzalez-CHA (V)

Liaison Members Absent

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

Center Staff Present

Chelsea Driscoll

Department Staff

Erin Epson (I-P), Juliet Stoltey(I-P), Lanette Corona(I-P), Satya Keshav(I-P), Amber Owens(I-P), Andrea Parriott(I-P), Aurora Avalos(V), Barbara Allen(I-P), Beth Maestretti(I-P), Becca Czerny(I-P), Cristina Edwards(V), Elsa Villarino(V), Erin Garcia(V), Hilary Metcalf(V), Farina Shariar(V), Idamae Kennedy(V), Janice Kim(I-P), Lynn Janssen(I-P), Kay Royo(V), Kiara Velasquez(V), Kiya Komaiko(V), Lian Hsiao(V), Liz Mason(V), Maggie Turner(V), Mitra Baradar(I-P), Mushfika Maknun(V), Myesha Febres(V), Nadia Barahmani(V), Pearlie Beltran(I-P), Rebeca Elliott(V), Sangeetha Moorthy(V), Shannon Malindzak(V), Sheila Segura(V), Sydney Loewen(V), Teresa Nelson(V), Tisha Mitsunaga(V), Valerie Sandles(I-P), Vikram Haridass(V), Will Lyon(V), Zenith Khwaja(V),

Call to order, introductions, and review meeting requirements.

Chair, Zachary Rubin, called the meeting to order at 10:05 AM after a quorum was met.

Item 1. Approve the June 13, 2024, meeting summary.

Meeting summary approved.

Item 2. Public Story – Robin Hemphill

Dr. Hemphill shared her father's experience. She encouraged patients to have an advocate during any hospital visit.

Item 3. CDPH HAI Program Updates

The organizational chart of the HAI Program of 65 positions was shared with the committee. CDPH reviewed the roles and responsibilities of the various teams with the program. A summary of the CDC Epidemiology and Laboratory Capacity (ELC) funding and how CDC distributes funding to states, local public health and territorial health departments.

CDC ELC Core Program H: HAI/AR – Application Outcome
The CA HAI Program implementation plan was rated 5 out of 5 (Outstanding) by the CDC. The Core amounts awards have been reduced by approximately half. The remaining COVID-supplemental funds (i.e. SHARP1 and 2) in addition to Core funds will be used through the end of the SHARP 2 funding period in July 2027. CDPH is already adjusting staffing in response to CDC's announcement of reduced award and further cost savings in the next 2-3 years will need to be identified.

CDC ELC Core Program H: HAI/AR Strategies & Activities
Area A: Surveillance, Detection and Response, antimicrobial resistance (AR) response, improving laboratory detection. General HAI outbreak response, including response-driven prevention. Area B: Prevention and Intervention: AR/Multi-drug resistant organisms (MDRO) prevention; Regional AR/MDRO prevention collaboratives. General HAI prevention-based assessment and gap mitigation: LTACH BSI prevention, Dialysis. Health equity: Low/under IPC-resourced hospital and SNF serving disproportionately affected patient/resident populations. Antimicrobial stewardship by facility setting. Area C: Communication, Coordination and Partnerships: Public Health HAI/AR response and prevention expertise across entire jurisdiction: Local health department (LHD) HAI/AR educational series, LHD IP capacity building/ongoing support. HAI/AR Education and Training: Frontline HCP (Project Firstline) and IP. Coordination and Partnerships: LHDs, regulatory/licensing, CMS-funded (QIN/QIO, ESRD networks) hospital and long-term care associations, academic partners, EIP, etc., HAI Advisory Committee.

Local Health Jurisdictions Prioritized for AR/MDRO Prevention & Response Capacity Building
Lower capacity for AR/MDRO prevention & response but increasing numbers of cases. Imperial county, binational patient population; Northern California counties (22) - prioritizing Butte, Humbolt, Shasta (public health laboratories, largest numbers of hospital and SNF). Capacity building for LHDs, healthcare facilities and laboratories, LHD peer-to-peer learning, regional AR/MDRO prevention collaboratives.

Regional AR/MDRO Prevention Collaborative Framework - Local Public Health, Laboratory, and Healthcare Facility Partnership.
Working to prevent HAI/AR by Enhance AR surveillance and response; Improve infection prevention and control (IPC) practices; Strengthen interfacility communication; Support antimicrobial stewardship.

Regional AR/MDRO Prevention Collaborative Activities
Enhance AR surveillance and response: Tabletop exercise for priority LHDs to detect, prevent and contain *Candida auris* and carbapenemase-producing organisms (CPOs);

Clinical commercial lab outreach for carbapenemase and *C. auris* testing and linking public health labs with clinical and commercial labs. Proactive screening at long-term acute care hospitals (LTACHs) & ventilator-equipped skilled nursing facilities (vSNFs).

Strengthen interfacility and multistakeholder communication: Regular meetings among facility IP representatives and LHDs; Support interfacility transfer form use.

Improve IPC practices: Proactive onsite IPC assessments for LTACHs, vSNFs and SNFs; Core IPC training for LHDs, hospitals and SNFs. Project Firstline training for environmental services (EVS) staff and certified nursing assistant. Hands-on EVS training and interactive stations and mobile simulation lab trailer.

Support antimicrobial stewardship (AS): Mentorship and training for hospitals, SNFs and consultant pharmacists. Pilot interfacility transfer form with additional AS-related fields.

Annual HAI Report
Substantial delay in publication of 2022 report and feedback from the California HAI Advisory Committee. Confusion regarding how some data is represented on the map. Request for a table with total numbers of HAIs in addition to statistical measures. The HAI Program engaged a communications consulting firm to conduct focus groups among members of the public to gain insights into usefulness, understandability, and function ability of the HAI Program website and reports including interactive map and profiles. The goal was to redesign report format to better meet interests of the public (healthcare consumers) and facilitate more efficient review and clearance process for publication.

Focus Group Findings
Most participants selected a hospital either because of where their preferred/recommended doctor practiced or based on insurance coverage. A few mentioned HAI as initial consideration but motivated to learn more when shown information from the HAI Program's website. The key take way from the focus group participants was they were most interested in their own individual hospital's data (overall and overtime) and the ability to compare their hospital to another. They felt the *narrative report* was too dense content-wise and stylistically and more information than the focus group participants needed. The map functionality alone was not meaningful or useful. They wanted a prominent "find your hospital here" search function that directs to the hospital-specific data. The individual hospital profile was exactly what participants were looking for in terms of HAI information for their specific hospital. They appreciated the graphics that conveyed this information in a visually compelling way.

Annual Report Redesign
A streamlined, consolidated report format that efficiently directs users to the information they are most interested in (i.e their individual hospital's profile). The information will be all on one webpage. The executive summary of statewide total numbers of HAIs reported and SIRs by the infection type, overtime, a prominent "Find my hospital here" search function that will direct the user to the individual hospital profile. The current map will be

retired however, the comparison function will be kept. A preview of new annual report redesign was shared with the committee.

2022 HAI Re-baseline
The process of updating the calculations for NHSN's standardized infection ratios (SIRs) and standardized utilization ratios (SURs). These are the metrics used to measure incidence of HAIs and device utilization. These metrics require a baseline, from which progress can be measured over time. At some point the baseline must be updated; the current baseline is 2015. The 2022 "re-baseline" will update the national baseline year from 2015 to 2022.

New Risk Adjustment Models
Risk adjustment models, created based on 2022 national HAI data submitted, allows the SIR to provide a comparison of a facility's HAI experience to more recent national benchmark. Examples of SIRs calculated using 2022 risk adjustment models: SIR = # of observed HAIs (HAIs reported to NHSN / # predicted HAIs (Calculated based on the new 2022 risk adjustment models). CDC's goals are to have all new SIRs available by the end of 2024.

Important Point
SIRs under the 2025 baseline are not comparable to SIRs under the 2022 baseline. Different baseline time, baseline incidence levels, and risk models; SIRs may provide different conclusion and interpretation of results. Some differences in inclusion/exclusion rules. SIRs under either baseline should be analyzed and assessed independently of the other baseline.

Central Line-Associated Blood Stream Infection (CLABSI)
The distribution of CLABSI SIRs using the 2022 baseline is generally higher compared to that from when the 2015 baseline is used.

The HAI Program Plans for Incorporating the 2022 Re-baseline in 2024 HAI Report are that the graphs of SIR over time in Executive Summary and Hospital Profiles will "start over" at 2022. Previous reports and Hospital Profiles using 2015 baseline will be archived and available to search via dashboard (data will also be available via Open Data Portal).

Infection Prevention & Control Education and Training Offerings
Individual hospital profiles were exactly what focus group participants were looking for in terms of HAI information for their specific hospitals: number of HAIs reported, rates of HAIs over time, very simple comparison verses the baseline. The participants appreciated the graphics that conveyed this information in a visually compelling way.

Partnership & Stipend Opportunity for Certified Nursing Assistant (CNA) Training Programs
One and half year partnership and stipend to support infection prevention & control (IPC) education for healthcare personnel in training. Stipend administered to CNA training

programs committed to establishing or enhancing IPC skills labs and curriculum. Partners will receive $20,000 and recognition on CDPH HAI Program webpage; one on one consultation and support from the HAI Program; access to Project Firstline (PFL) materials and resources. Applications will be open from September 16 to November 30, 2024.

Simulation Lab Mobile Training Unit
The purpose of the unit is to build capacity and support IPC Education and Training in California SNFs. The mobile training unit is a 25-foot mobile medical unit trailer leased through a subcontractor with Optum, Service. It is set up as a single hospital room outfitted with a patient bed; includes a sink and toilet (non-operational for leaning demonstration only). Environmentally controlled inside space, powered by an external generator.

- Provide Enhanced Frontline Healthcare Personnel Training, hands-on IPC training to frontline healthcare workers. It is more than just technology; it is about a methodology for teaching strategy.
- Participants will have an opportunity to share IPC best practices with peers. Gain a better understanding of their role in preventing disease transmission through core IPC practices specific to their roles.
- Target audience: EVS staff, CNAs, CNA trainees, and SNF educators.
- Stakeholders and teams: CDPH HAI Program IPC team, local health departments, SNFs, ventilator-equipped SNFs and CNA training programs.

Simulations are a useful tool for the adult learner; it enhances IPC skill sets. They can immediately apply concepts learned. It provides space for participants to practice skills and solve problems within a realistic and controlled environment. They can identify and correct performance gaps. They can be motivated and provide opportunities for participants to be involved.

A tour of the mobile trailer will be provided to in-person attendees.

Item 4. Mobile Training Unit - Tour and Demonstration

The committee toured the new HAI Mobile Training trailer.

Subcommittee Report(s)

Item 5. Antimicrobial Resistance/Stewardship Subcommittee - Ethan Smith, Chair

The Antimicrobial Resistance/Stewardship subcommittee presented two motions:

Motion #1

The HAI AS/AR Subcommittee motions to promote and enhance the visibility of CDPH's ASP Consultations:

- Consider a dedicated consultation sub-page (currently at the bottom of the ASP page)
- Include testimonials and/or use-cases for CDPH's ASP Consultation on the website.

- Engage current honor roll hospitals to serve as mentors for like facilities or to participate in consults – consider making this an option under the community engagement requirement for gold status.
- Include a standing reminder about CDPH's ASP Consultation in the ASR Update and/or HAI Program Insider
- Provide direct outreach regarding CDPH's ASP Consultation for facilities that are not currently on the honor roll.
- Include information on CDPH's ASP Consultation in the Annual Report

Motion moved by Lorene Campbell and seconded by Michael Vollmer.

Voted in favor: Ariana Longley, Deborah Ellis, Carolyn Caughell, Deborah Ellis, Deksha Taneja, Dolly Green, Ethan Smith, Lorene Campbell, Michael Vollmer, Mindy Sampson, Zachary Rubin
Opposed: None
Abstained: None

Motion passed.

Motion #2

The HAI AS/AR Subcommittee motions for CDPH to create a state-wide campaign focused on reducing unnecessary urine cultures:

- Develop CDPH template/framework for urine culture stewardship that can be adapted and deployed at the facility level:
  - Include a strong recommendation that facilities review order sets and/or triage protocols and remove "automatic" urine culture orders for non-specific symptoms.
  - Encourage facility engagement through identification of champions (i.e., MD, RN, Rx) and by recommending urine culture stewardship as a Magnet project.
  - Develop a urine culture testing/treatment algorithm (consider Scripps Mercy protocol as an example)
  - Provide education regarding common "myths" related to diagnosis and avoid treatment of asymptomatic bacteriuria.
  - **Develop framework for measuring "diagnostic intensity" and tracking progress over time.**
  - **Recognize that change management will include behavioral modification (i.e., provider not wanting to "miss something")**
  - **If possible, include state-level data on resistance trends for urinary isolates.**

The HAI AS/AR Subcommittee motions for CDPH to encourage a watchful waiting approach to positive urine cultures without any new genitourinary-related symptoms with a consumer-facing FAQ document (Public Reporting & Education Committee)

- **Partner with other facilities in development of materials (see Scripps Mercy patient education)**
- **Engage AS/AR Subcommittee for review of proposed educational materials prior to dissemination.**

Motion moved by Dolly Greene and seconded by Michael Vollmer.

Voted in favor: Ariana Longley, Deborah Ellis, Carolyn Caughell, Deborah Ellis, Deksha Taneja, Dolly Green, Ethan Smith, Lorene Campbell, Michael Vollmer, Mindy Sampson, Zachary Rubin
Opposed: None
Abstained: None

Motion passed.

Discussion: A committee member asked if a separate pediatric algorithm hand been considered. The subcommittee chair assured the committee this is a high-level overview and that further insight into the historical algorithms treated would be considered. A committee member appreciates this is being considered since many of the SNFs inherit this type of patient. Question raised by the committee, who are the targeted audience for the training? The subcommittee expressed this would need to be a two-part approach for physicians and patient training.

The subcommittee recognizes that susceptibility testing is fundamental to the treatment of infectious diseases that they are really focused on how they can improve implementation or the repetition of implementation of new break points within the state of California. CDPH has done some excellent outreach in the past for labs for breakpoints updates and toolkits. Despite these efforts there are labs that have not updated their breakpoints and further complicate the matter by using automated susceptibility testing. There are ways of updating existing panels but that requires dedicated human resources and technical expertise to do that. There is an increasing problem with CRE within the state but there are still labs not reporting to the current *carbapenemase* breakpoints; it is recognized that this is a huge fundamental issue for the treatment of these pathogens. The subcommittee is looking for feedback from committee members to help draft a motion to help the facilities and labs to get the assistance at a faster rate. CDPH is aware of challenges despite the tools provided. Committee members also recognizes the issue in many commercial facilities. Member, Dolly Greene, would like to assist and give a few faculty recommendations.

Item 6. Public Report and Public Education Subcommittee - Carolyn Caughell, Chair

Submitted two sample FAQs for the CDPH webpages:

- Healthcare-Associated Infections (HAIs) and Antimicrobial Resistance (AR)
- Provided constructive feedback to the HAI-AC after reviewing below items:
    - Analyzed the current format of the annual report and proposed improvements to make report more engaging and informative to public.
    - Conducted a review of the 2015-2017 annual reports to track the evolution and highlight key changes.
- Awaiting further guidance from the HAI-AC on additional tasks for the subcommittee

New Business

Item 7. LTACH Subcommittee

CDPH would like to reengage the LTACH subcommittee and would like volunteers to join the subcommittee. CDPH is not looking for long term commitment, just the opportunity to bounce ideas and share information.

Item 8. Discuss future meeting agenda items and the December 12, 2024.

Have someone from a lab to speak to the committee, Janice Hilar, was a suggested speaker. The committee would like to further discuss public notice of outbreaks in hospitals. The committee suggests this be discussed in the Public Reporting and Education subcommittee. Rapid response testing in hospital and ERs regarding infection types. The committee suggested the AS/AR subcommittee is a better area to address this subject. The discussion of how facilities are handling the new Joint Commission changes. High HAI risks in Acute Care Facilities and the association to the ownership.

The next Advisory Committee meetings is December 12, 2024.

Meeting adjourned at 2:08 PM