Public Reporting and Public Education HAI Advisory Subcommittee Meeting Summary April 8, 2024 1:00 – 2:00 PM

Voting Members Present Carolyn Caughell (Chair), Arianna Longley, Carole Moss, Deksha Taneja, Francesca Torriani,

Voting Members Absent Zachary Rubin

CDPH Department Staff Present Anisah Alshiekh, Valerie Sandles

CDPH Department Staff Absent

Call to Order and Introductions

The meeting was called to order by the Chair, Carolyn Caughell at 1:03 PM.

Item 1. Discuss subcommittees goals and mission.

The subcommittee discussed the suggested wording for the mission/goals statement.

<u>Suggestion 1</u>: The Reporting Subcommittee of the CDPH HAI Advisory Committee is formed to provide input to CDPH HAI Program on healthcare facility reporting to the public. The goals of the subcommittee are to improve the transparency and understanding of HAIs and other publicly reported data in order to both assist with healthcare process improvement and to provide healthcare consumers with information that they can use to make informed decisions about their care.

<u>Suggestion 2</u>: We are committed to protecting the public and their healthcare professionals from the spread of healthcare-associated infections.

Our mission is educate and inform the public and the healthcare professionals who care for them with easy to understand Data and health information that they can use to make informed decisions for safe healthcare with the best outcomes.

After further discussion the following statement was approved with minor edits.

The purpose of the Reporting Subcommittee of the CDPH HAI Advisory Committee is to provide input to the CDPH HAI Program on reporting available healthcare-associated infection data to the public meaningfully and concisely. The subcommittee's goals are to facilitate transparency of publicly reported data by providing healthcare consumers with information that they can use to make informed decisions about their care and assist with healthcare-associated infection process improvement.

Votes: Carole-Suggestion 2; Ariana-Suggestion 1 with edits; Carolyn-Suggestion 1 with edits; Deksha-Suggestion 1 with edits; Francesca-Suggestion 1 with edits.

Item 2. Review the 2015 through 2017 Annual Reports

The subcommittee reviewed the 2015 Annual Report, Executive Summary. It was suggested to start including Table 1 of the report back to the Annual Report.

N	No. of HAI Reported by California Hospitals in 2015	2015 California HAI Data Compared with National Baselines*
CDI	10,771	↑ 8% since 2011
CLABSI	2,894	↓ 39% since 2008
MRSA BSI	751	↓ 10% since 2011
VRE BSI	674	No national baseline
SSI – All Reportable Surgeries	4,757	↓ 34% since 2008

 Table 1. Numbers of Healthcare-Associated Infections (HAI) Reported by California Hospitals

 and Comparisons with Statewide HAI Incidence with National Baselines, 2015

*National baselines are based on surveillance data reported by U.S. hospitals to the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) to create national population standards for comparisons over time. California HAI data are compared to the NHSN national standard populations. The population standard used for CLABSI and SSI comparisons are from 2006-2008 national data. The population standard used for CDI and MRSA BSI comparisons are from 2011 national data.

CDPH recommends caution if comparing these 2015 HAI data with previous California hospital HAI annual reports. CDPH completed a three-year data validation plan that helped hospitals identify infections and resulted in more HAI reported in 2015 than in previous years. In 2015, we also recommended and helped hospitals implement an improved method for identifying SSI, resulting in more SSI reported in 2015 than previous years. In addition, NHSN implemented several data classification and reporting changes in 2015, which changed how certain infections were counted and how incidence was calculated. This resulted in higher overall CLABSI and MRSA BSI incidence and higher CDI incidence for some hospitals in 2015 compared with previous years. All of these changes will improve the quality of the HAI data going forward, allowing more accurate comparisons in 2016 and beyond. (Additional details about these changes are described in Interpreting 2015 HAI Data).

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The website <u>Leapfrog Ratings</u> (ratings.leapfroggroup.org/) was reviewed and the members liked the layout of the website. Carole Moss volunteered to meet with a CDPH representative to review if the graphics of the Leapfrog website can be replicated on the CDPH HAI website.

Meeting adjourned at 2:02 PM.