

MM for Infection Preventionists Assessment Subcommittee
February 5, 2014

Attendance: E Clark, S Anders, K Anderson, M Barnden, E Eck, C Richardson, D Witt, CDPH staff
J Palacios, S Chen

Meeting was called to order @ 1103 by Subcommittee Chair E Clark

A brief review of Bagley-Keene requirements was noted.

Charge from Section 1288.6:

(d) In addition to the responsibilities enumerated in subdivision (a), the advisory committee shall do all of the following:

- (1) Review and evaluate federal and state legislation, regulations, and accreditation standards and communicate to the department how hospital infection prevention and control programs will be impacted.
- (2) In accordance with subdivision (a) of Section 1288.6, recommend a method by which the number of infection prevention professionals would be assessed in each hospital.
- (8) Recommend a method by which all hospital infection prevention professionals would be trained to use the NHSN HAI surveillance reporting system.

Goal: Survey Motion from Dec Notes:

Part I: Members agreed to replicate the New York annual survey method.

Part II: Design a second set of domains to fill gaps in the NY study and identify other factors impacting the day of an IP.

Motion was made by E Eck to approve January meeting summary notes as written, seconded by K Anderson. Motion was passed.

A table outlining project sections, due dates, and responsible persons was presented and accepted by subcommittee members. It includes presentation of a first final (oxymoron?) set of questions to be sent to Dr. Stone. Members agreed that April would be an appropriate time to bring in Drs. Pat Stone and Monika Pogorelska (Columbia U) for consultation w/ this project.

Data analyst from a large corporate group was interviewed and a position description obtained. This information can be used to formulate questions for Part II of the survey as related to IC program resources.

It was suggested that as questions are agreed upon, word-smithing has been done and that subcommittee members be aware of the rationale for inclusion/exclusion for particular questions in the survey. HAI-AC will be then asked if they have other ideas and a motion requested for approval to move forward.

Subcommittee To Do List:

1. D Wiechman will send 4 slides that characterize LTACH and be ready to answer questions. Members should be prepared to make weighting decision at March meeting.
2. E Eck and C Richardson will formulate questions to best ascertain added resources beyond the IP present in programs in a format suitable for survey monkey. Please send these out NLT Feb 25 so they can be distributed to all subcommittee members.
3. E Clark, M Barnden and S Anders will put their section questions in Y/N format for survey monkey. See start by S Anders in Part II of these minutes. Please send a more final list for consideration NLT Feb 25
4. All members must be ready to finalize as many of these questions as possible by end of meeting.
5. Project table and timeline to be updated for next meeting – S Chen

The next meeting will be Wednesday, March 5, 2014. The agenda and any other materials to be shared must be received no later than February 25, 2013 so they can be posted on the Program website 10 days prior to the meeting.

Meeting was adjourned @ 1203.

Part I

Questions for NY style survey: Designed to duplicate the NY Survey methodology

General demographic

1. Location: southern, central, northern CA
2. NHSN number: for campuses with multiple NHSN numbers, if under one IP department, include all numbers on the same form. Only 1 form should be submitted per IP department.
3. Classification of Hospital: general acute care, long term acute care, acute rehabilitation, specialty hospital <maternity, oncology, pediatric>, critical access
4. Number of licensed acute care beds as documented on the hospital license

Adjusted Staffing

Number of IPs (vs. staff in the IP department); if working less than 40 hrs/week in IC, please provide the percentage in 1/10ths of full time of time formally allotted to IP *duties regardless of actual hours worked.*

Do you cover a/an

1. ICU beds? Y/N Number of beds _____
2. Long term acute care beds? Y/N Number of beds _____
3. Acute rehabilitation beds? Y/N Number of beds _____
4. Long term care beds? Y/N Number of beds _____
5. Dialysis facility? Y/N

6. Ambulatory surgery center? Y/N
7. Ambulatory clinics (either within the facility or off campus)? Y/N Number of clinics _____
8. Physicians' Offices? Y/N Number of offices _____

Part II

Infection Control Management:

- What is the highest level of education of the manager/director?
- Has he/she received formal training in management (i.e. staffing, budget)

Other staffing

- Does your department have help with PI/QI projects? If yes, how many hours?

Number of hours per week performing other tasks

- Team meetings
- QI activities (RCA, FMEA, Gap analysis)
- Reviewing literature
- Attending local conferences, APIC meetings
- IC committee related activities
- Mentoring other IPs

Organization Support

- Do you have a say in the development of your department's budget?

Electronic Surveillance System

- Do you share reports with unit based staff and the board of directors?

HAI Prevention and Policies

- CAUTI
- Do you have a checklist or a CAUTI bundle observation tool?

Other Responsibilities

- Staff influenza administration, tracking and reporting
- Construction projects
- EOC activities
- EVS activities, including education
- Survey readiness (i.e. TJC, CDPH, CMS)
- Waste management activities
- Laundry
- Central Services
- Sterile processing

Also note that CDPH has the 2012 case mix acuity figures for CA hospitals for inclusion if so desired.

Part II – highlighted → delete <proposed wording in blue>

Infection Control Management:

- What is the highest level of education of the manager/director?
- Has he/she received formal training in management (i.e. staffing, budget) Y/N

- Do you have a say in the development of your department's budget?

Other staffing

- Does your department have help with PI/QI projects? **If yes, how many hours?** Y/N or skip question because it is below

Number of hours per week performing other tasks On a monthly basis, does IP do, attend, or have responsibility for:

- **Team meetings** Other facility meetings? Y/N If yes, how many different groups/month?
1-2 3-4 more than 5
- **Participation in** QI activities (RCA, FMEA, Gap analysis) Y/N
- **Reviewing literature** Y/N
- **Attending local conferences, APIC meetings** Y/N
- **IC committee related activities** Y/N
- **Mentoring other IPs** Y/N
- **Employee Health** Y/N If no, does IP assist w/ annual vaccination of HCW? Y/N
- **IP input into construction project planning** Y/N
- **Monitoring adherence of contractors to construction plan** Y/N
- **EVS activities, including rounds to monitor facility cleanliness** Y/N
- **EOC activities excluding facility cleanliness** Y/N
- **Oversight of EVS department** Y/N
- **Survey readiness (i.e. TJC, CDPH, CMS)** Y/N
- **Monitoring of waste management activities** Y/N
- **Monitoring of laundry processes** Y/N
- **Oversight of Central Services / sterile supply** Y/N
- **Facility participate in external collaboratives?** Y/N If yes, how many? 1-2 3-4 more than 5
- **List other areas where IP has oversight** _____

Does IP have assistance gathering device denominator data?

Does IP share unit-specific data with unit staff on a regular basis?

Organization Support

Electronic Surveillance System

- Do you share reports with unit based staff and the board of directors?

HAI Prevention and Policies

- CAUTI
- Do you have a checklist or a CAUTI bundle observation tool?

Other Responsibilities

- Staff influenza administration, tracking and reporting

Assessment of Sustainability