

MM for Infection Preventionists Assessment Subcommittee
September 3, 2014

Attendance: K Anderson, M Barnden, E Eck, L Guardia-LaBar, S Hiyama (HSAG), C Quintanilla (HSAG), C Richardson, D Wiechman; CDPH staff J Palacios, S Chen

Meeting was called to order @ 1100 by Subcommittee Chair M Barnden

A brief review of Bagley-Keene requirements was presented.

Motion was made by C Richardson, seconded by D Wiechman to approve the August 4, 2014 meeting minutes as written; passed without changes.

The Subcommittee's original charges were reviewed:

(1) Review and evaluate federal and state legislation, regulations, and accreditation standards and communicate to the department how 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 system.

Follow-up from HAI-AC meeting August 8, 2014

- After the slide presentation was given by M Barnden, the discussion was lengthy and wide-ranging. Issues such as IP staffing ratios, the update of Title 22, the analysis, and what to do w/ the data were brought in through motions. To prevent such occurrences in the future, it was suggested that the motion should be scripted prior to the meeting. The impression of subcommittee members in attendance was that the value of this tool was not appreciated.
- The final result of motions was that the survey tool was accepted, S Tweeten will perform the analysis, and the Department will send out the survey. Results will be brought back to the HAI-AC for discussion prior to making recommendations on the method. L Janssen has accepted the survey and will determine how and when to pilot, etc.
- As the pilot survey may not be sent out prior to the November meeting, a question arose as to why the hesitancy in piloting the survey. The group decided that the most prudent approach was for M Barnden to query D Witt to present this concern.

Discussion of (1) above:

- Two tools were sent to members, one a draft from M Barnden and K Anderson and the other a draft table of legal requirements and links from S Chen. The larger issue is to

describe how all of this impacts an infection prevention program. Part is addressed by specific questions in the survey tool. The documents will be merged.

- A subgroup consisting of L LaBar, E Eck, and M Barnden will connect to begin drafting a response. These communications fall under Bagley-Keene requirements.

Discussion of (8) above:

- Since the legislation was written (2008), many resources have been developed to assist IPs to learn to use NHSN. It is proposed that these resources be listed and presented to the Committee to fulfill this requirement.
- A concern was expressed about a 'mandate' to use NHSN for analysis instead of other programs with greater analysis capacities. There is no such mandate.

Next steps:

- M Barnden will draft a letter and contact D Witt to express Subcommittee concerns. The response will be brought to the October meeting.
- S Chen will merge the two tools distributed for the next meeting.
- The subgroup for drafting a recommendation to (1) above will meet to begin process.

The next meeting will be Wednesday, October 1, 2014 @ 1100.

The meeting was adjourned at 1200.