

MM for Infection Preventionists Assessment Subcommittee
December 3, 2014

Attendance: K Anderson, M Barnden, E Eck, L Guardia-LaBar, C Quintanilla, C Richardson

CDPH staff: J Palacios, S Chen

Absent: D Wiechman. S Hiyama has resigned from the Subcommittee

Meeting was called to order @ 1108 by Subcommittee Chair M Barnden

A brief mention was made of Bagley-Keene requirements.

Motion: C Richardson to approve the October 1 summary minutes with one correction (misspelled name). Seconded by M Barnden. Passed with correction.

Review of Charges to Subcommittee:

(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.

Due to the postponement of the November HAI-AC meeting, M Barnden has not yet asked for the agenda item to request more information about the timing for piloting and disseminating the survey. No alternate meeting is currently scheduled.

Charge #1:

- L LaBar made a list of regulations that affect IP programs. She will add recommendations made by professional organizations and the Title 24 (CA Building Standards Codes) prior to presenting it to the Subcommittee.
- There was a discussion about best how to present the impact of these regulations and guidelines. The day-to-day scope of knowledge, qualifications and caliber of performance required of an IP to be able to protect patients and staff is very high. The Subcommittee would like facilities to provide 'right' resources to IPs rather than stripping IPs of duties because IPs are 'over-burdened.'

Charge #8:

- Per investigation by C Richardson, most NHSN resources for use of the NHSN database are on the NHSN Members page. There are also helpful documents on the CDPH HAI Program webpage. These will be incorporated.
- A summary paragraph will need to be written.

As a continuation of agenda item [5. i.], a question was asked about the impact on the survey from the postponement of the November HAI-AC meeting. Senate Bill 158 (and the requirement for the HAI-AC

to recommend how to assess IP resources in hospitals) went into effect in 2009. It was noted that HAI-AC motions at the August HAI-AC meeting reflected acceptance of the current form of the survey, pilot and plan for analysis by S Tweeten. The results are to be brought back to the HAI-AC for further recommendations to the Department.

- Timing for distribution of this survey has become more critical as National APIC will be announcing the release of a “mega survey” to chapter leaders next week. The Subcommittee is concerned that if no immediate action is taken, the survey would potentially not be distributed before the spring of 2015.
- Results from this survey will be used to when looking at how regulations and guidelines affect IP programs.

Subcommittee members decided to proceed with a pilot so as to be able to present a better tool to the Committee.

Action Items:

- L LaBar and M Barnden will collaborate further on the list of regulations and guidelines affecting infection prevention programs.
- C Richardson will complete compilation of NHSN educational resources.
- M Barnden’s administrative assistant will put the survey into survey monkey format.
- C Richardson will forward the survey to CACC members. K Anderson will distribute the survey to APIC-SFBA IPs.
- M Barnden will follow up w/ the HAI-AC Chair to apprise him of results of this meeting.

Motion:

M Barnden moved that CDPH provide C Richardson the most recent version of the IP Resource survey, that M Richardson will coordinate piloting the survey to California APIC Coordinating Council members, the CACC Executive Board, and APIC-San Francisco Bay Area Chapter members. Results of the pilot will be presented at the February 2015 HAI-AC meeting. Motion second: L LaBar

Motion passed unanimously.

The next meeting will be Wednesday, January 7, 2015 @ 11:00 am

The meeting was adjourned @ 1150

Addendum:

Because there was no clear resolution about whether to ask for NHSN numbers or other identifiers and time constraints, a conference call with CDPH was convened December 4, 2014 @ 1030. Per M Barnden, it was agreed to not collect NHSN numbers and make information about county optional.