

# HAI-AC Member List by Category

- **Local Health Department**
  - 4 Years Amie Tishler Dubois
  - 5 Years Paige A. Batson
  - 3 Years Samantha Tweeten
- **Health Care Provider**
  - 5 Years Brian P. Lee
  - 4 Years Deborah Ann Weichman
  - 3 Years Stanley C. Deresinski
- **Physician with Expertise in Infectious Disease and Hospital Epidemiology**
  - 5 Years Catherine Liu
  - 3 Years David Witt
  - 4 Years Zachary A. Rubin
- **Healthcare Infection Control Professional/Epidemiologist**
  - 3 Years Elizabeth Clark
  - 4 Years Karen Anderson
  - 5 Years Salah E. Fouad
- **Healthcare Consumer**
  - 5 Years Alicia R. Cole
  - 4 Years Carole Lee Moss
  - 3 Years Rae Greulich
- **Hospital Administration**
  - Michael L. Langberg
- **Integrated Health Care Systems Expert or Representative**
  - 4 Years Enid K. Eck
  - 5 Years Jeffrey H. Silvers
  - 3 Years Marsha A. Barnden

# HSC 1288.5

## **The HAI-AC will**

- Make recommendations on the use of national guidelines and public reporting
- Include persons with expertise in the surveillance, prevention, and control of HAI
- Meet at least every quarter, travel reimbursed
- Review and evaluate federal and state legislation, regulations, and accreditation standards and communicate to the Department how hospital infection prevention programs will be impacted

# HSC 1288.55

## The HAI-AC will recommend

- A method by which the number of IPs would be assessed in each hospital (in progress)
- An educational curriculum for training evaluator nurses and Department consultants on how to survey hospital infection surveillance, prevention, and control programs
- A method by which hospitals are audited to determine the validity and reliability of data submitted to NHSN and the Department (in progress)
- A standardized method by which an HAI occurring after hospital discharge would be identified

1288.55 continued

## **The HAI-AC will recommend**

- A method by which risk-adjusted HAI data would be reported
- A standardized method by which Department surveyors and consultants would evaluate health care workers for compliance with infection prevention procedures
- A method by which all hospital IPs would be trained to use NHSN

## HSC 1288.6

- Each hospital that uses central venous catheters (CVCs) will implement policies and procedures to prevent occurrences of HAI, as recommended by CDC or other evidence-based national guidelines, **as recommended by the HAI-AC** (in progress)

## HSC 1288.8

### **The HAI-AC will**

- Make recommendations for phasing in public reporting of additional process and outcome measures and, in doing so, consider measures recommended by the CDC

## HSC 1255.8

- ☑ Each patient admitted will be tested for MRSA within 24 hours of admission if the patient:
  - Is scheduled for inpatient surgery and has a medical condition making patient susceptible to infection
  - Has been previously discharged from a hospital within 30 days prior
  - Will be admitted to an ICU or burn unit
  - Receives inpatient dialysis treatment
  - Is being transferred from a skilled nursing facility

The Department may interpret this to take into account **recommendations of CDC or HAI-AC**

	<b>Proposed Issues / Topics for HAI-AC Engagement (Apr 2013)</b>	<b>Proposed date For Committee Action</b>
<b>1.</b>	<b>Risk adjustment and data presentation</b>	<b>2010-2012</b>
<b>2.</b>	<b>Infection Preventionists Program</b> <ul style="list-style-type: none"> <li>• <b>Resources/Staffing</b></li> <li>• <b>Recommendations on impact of regulations (e.g., Title 22, annual evaluation of IC program resources)</b></li> <li>• <b>Education of IPs</b></li> </ul>	<b>4th Quarter (Dec.)</b>
<b>3.</b>	<b>Data integrity: validation, validation effectiveness</b> <b>Case finding</b>	<b>4th Quarter (Dec.)</b>
<b>4.</b>	<b>Revision of state HAI plan</b>	<b>4th Quarter (Dec.)</b>
<b>5.</b>	<b>CRE</b>	<b>4th Quarter (Dec.) Update</b>
<b>6.</b>	<b>Enforcement issues – penalties for facilities that are not or incompletely reporting</b>	<b>4th Quarter (Dec.) Update</b>
<b>7.</b>	<b>How to best explain data, educate the public</b>	<b>1<sup>st</sup> Quarter (Feb.)</b>
<b>8.</b>	<b>Public Reporting and Education Subcommittee</b> <ul style="list-style-type: none"> <li>• <b>Social media and press releases</b></li> </ul>	<b>1<sup>st</sup> Quarter (Feb.)</b>
<b>9.</b>	<b>Standard for Adherence:</b> <b>New technology: disinfection, hand hygiene, rapid tests</b>	<b>1<sup>st</sup> Quarter (Feb.)</b>
<b>10.</b>	<b>Reporting requirements (ventilator-associated events-VAE)</b>	