

MM for Infection Preventionists Assessment Subcommittee
January 8, 2014

Attendance: E Clark, K Anderson, M Barnden, E Eck, L Guardia-LaBar, C Richardson, D Wiechman, CDPH staff J Palacios, S Chen

Meeting was called to order @ 1100 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.

Motion was made by C Richardson to approve December meeting summary notes as written, seconded by D Wiechman. Motion was passed.

A summary of Subcommittee activities was presented at the December HAI-AC meeting by E Clark. The feedback to the subcommittee for replicating the New York survey was that NY is different from California.

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.

Getting Started on Survey Content

- NY's survey included 4 long term acute care hospitals (LTACH), none of which are comparable to CA facilities identifying themselves as LTACH. As these facilities have different rates of device utilization and challenges, how should IP resources be weighted for evaluating these hospitals? The group agreed to review literature prior to making a decision on this issue.
- Ways to ensure distribution to all CA hospitals was discussed. 100% participation is essential. A draft product should be available before more formal assistance w/ distribution is requested.

- Some of the articles included from the literature review may contribute to the scope and validity of the survey. Members are encouraged to review them. Several will be re-forwarded. They will also be available on the Program website.
- There was discussion on alternate classifications of personnel that should be queried about when assessing IC resources so that the IP is able to concentrate on activities they are uniquely educated to do. Several members have experience delineating and obtaining those resources.
- The CA version of NY data should be presented in aggregate for side-by-side comparative purposes but then subsets such as LTACH, acute rehabilitation, pediatric, and possibly critical access hospitals can be separated out so as to recognize their unique characteristics.

Subcommittee To Do List:

1. J Palacios will re-send the NY/Massachusetts survey articles and the article on staffing structure for discussion at the next meeting. Individual groups should be prepared to brief the subcommittee on what they were able to glean from the article that adds to the formulation of their survey questions.
2. K Anderson and M Barnden will gather information on regulations and standards as per (d)(1).
3. E Eck and C Richardson will formulate questions to ascertain added resources beyond the IP in programs.
4. D Wiechman will send materials to CDPH for distribution to assist subcommittee members to better understand LTACH and acute rehab facilities in terms of acuity, device-use, and patient outcomes.
5. L Guardia-LaBar and S Chen will begin to formulate questions for the NY-style portion of the survey.
6. E Clark and M Barnden (recommend also including S Anders) will begin to formulate questions for other portions of the survey based on topics from the Dec MM.
7. S Chen will provide background information on licensing of acute care and skilled nursing facilities.

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

Meeting was adjourned @ 1146.

http://www.cdph.ca.gov/services/boards/Documents/HSC1250_55.pdf provides definitions for Section 1250 (a) general acute care hospital, (b) acute psychiatric, (c) skilled nursing facility, (d) intermediate care facility, (e) intermediate care for developmentally disabled, (f) specialty hospital (here, maternity). Reporting requirements quoted from SB 739 and 1058: “1288.55. (a) (1) Each health facility, as defined in paragraph (3) of subdivision (a) of Section 1255.8, meaning ‘general acute care hospitals.’” One must look at the individual facility license to see

how the beds are licensed. Acute beds include general acute care, long term acute care, rehabilitation, critical access.

A "skilled nursing facility" means a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. A subset of a SNF is a subacute facility. A links describing this setting is <http://aspe.hhs.gov/daltcp/reports/scltrves.htm>

January 22, 2014

S Chen contacted Valerie Haley, PhD, Director, Hospital-Acquired Infection Reporting Program, New York State Department of Health. Questions asked:

- For survey methods, were only IPs counted or were other resources such as administrative, data entry or analysis included?
A: Only IPs (and the percentage of time spent on IP duties) were included in the public reports. However questions were asked about other resources. NY will share both the survey and examples of other information collected.
- Was any analysis of specific types of hospitals done?
A: The aggregate methodology was a 'best guess' at the time* for the first public report. The department is currently not satisfied with as it is "hard to interpret". No separate analysis by type of hospital (i.e., LTACH, specialty, CAH, pediatric) has been performed.
- Were any attempts made to capture other IP duties?
A: An effort was made to look at time commitments for various tasks; nothing formal has resulted from this attempt.
- Has this survey had an impact on IP staffing in NY?
A: This information over time has had a small impact on staffing. Surveyors can look at the report and make recommendations if the hospital is less well staffed than the state baseline.

*Also confirmed by personal communication Nov '07 from Rachael Stricoff, Program Lead at the time the first public reports were released.