

MM for Infection Preventionists Assessment Subcommittee
December 4, 2013

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

Meeting was called to order @ 1105 by Subcommittee Chair E Clark

A brief review of Bagley-Keene requirements was presented.

(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.

IP Literature Review

A summary of an expanded review of literature was presented by L Guardia-LaBar (see handout). Most studies used a survey method. Of note, licensed vs. occupied beds should be delineated. Survey numbers are not a predictor, but represent a point in time. The numbers alone are not an assessment or judgment of staffing adequacy. IPs have had additions to their job responsibilities since the last survey was completed > five years ago. Literature on the topic over the past 25 years is sparse. The target user may be an L&C surveyor; method needs to be objective.

Motion by L Guardia-LaBar: Based on the review of the literature, it is moved that the group design a survey, the results of which will be used to make recommendations for a method to assess infection prevention professionals in a facility. There was a friendly amendment to replicate the New York methodology and to augment that data with a survey of other factors impacting the IP workload.

Both seconded by C Richardson

There was no further discussion. The motion passed unanimously.

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.

List of potential measures to survey for:

Those factors noted in Nov MM (listed here for convenience):

- Internal planning such as for bioterrorism
- # isolated patients, device days, case mix index
- Time for investigation of outbreaks
- Oversight of external sites such as prisons, ambulatory care centers, long term care, home care, visiting nurses, hospice, mental health, dialysis
- Time spent with rounds, education of patients, families, staff

- Number of administrative assistants
- Number and complexity of surgeries
- Technology resources: EMR, tools such as data mining, assistance w/ data entry and management, IT support

Additions:

- Average daily census vs. admissions vs. patient days (info from finance)
- What is the New York CMI?

E Clark will present a brief overview of Subcommittee activities at the December 12 HAI-Advisory Committee meeting.

The next meeting will be Wednesday, January 8, 2014. The agenda and any other materials to be shared must be received no later than December 23, 2013 so they can be posted on the Program website 10 days prior to the meeting.

Meeting was adjourned @ 1200.