

## MM for Infection Preventionists Assessment Subcommittee

January 21, 2015

**Attendance:** M Barnden, K Anderson, L Guardia-LaBar, C Quintanilla, C Richardson, S Tweeten, D Wiechman

CDPH staff: J Palacios, S Chen

**Absent:** E. Eck

Meeting was called to order @ 1304 by Subcommittee Chair M Barnden

Bagley-Keene requirements were briefly reviewed.

**Motion:** K Anderson moved to approve the October 1 summary minutes as written. Seconded by C Richardson. Passed without changes.

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.**

Samantha Tweeten, epidemiologist from the HAI-AC volunteered to perform data analysis on survey results. Her comments on the data from the pilot were:

- There was missing data
- Need to ensure that only one person from an IP Department fills out the survey
- Time categories for IP experience, extra hours worked, etc., need to be mutually exclusive. Suggestions to be emailed to the Chair and J Palacios
- She will be looking correlating frequency of tasks with # IPs at the facility

Other issues re question clarity (as assessed by answers to the pilot were:

- Some IPs were unfamiliar with what an LTAC or CAH were
- #8: specify “new” policies or procedures being implemented
- 11-22: Add foley catheter maintenance practices
- #23: Readers seemed to miss that answer wanted ‘impromptu’ teaching included. Group decided to separate formal and impromptu teaching performed
- #24: Question clarified to seek frequency of formal and impromptu education of family and/or visitors
- #35-36 on construction planning and monitoring had relatively similar answers. Wording was adjusted to better differentiate these activities.
- #51: Answers showed uncertainty about how to answer the question. Should “most important duties postponed or missed” have greater emphasis placed? It was agreed to clarify the question by not asking for “Not Top Five”.

- h. was clarified to read “reading/responding to routine emails.

Next steps:

1. Revise the tool per suggestions (S Chen)
2. Begin presentation with thoughts on how to best drive home the point about how patient safety is impacted by having adequate IP resources (M Barnden and others). Presentation to be reviewed at Feb meeting prior to HAI-AC Feb 12<sup>th</sup>.
3. D Wiechman was asked to submit a slide on financial outcomes

(8) Progress on how hospital IPs should be trained to use NHSN and other available resources: C Richardson will forward to the group later today.

(1) How regulations and professional guidance impact IP Programs: A cross walk and At-a-Glance Table were submitted by L LaBar. Subcommittee members need to review these. The group consensus needs to be formulated into 1-2 paragraphs. M Barnden will lead this effort but all need to contribute.

The next meeting will be Wednesday, February 4, 2015 @ 11:00 am.

The meeting was adjourned @ 1413