

MM for Infection Preventionists Assessment Subcommittee
June 4, 2014

Attendance: E Clark, M Barnden, L Guardia-LaBar, S Hiyama, C Richardson, CDPH staff J Palacios, S Chen

Meeting was called to order @ 1059 by Subcommittee Chair E Clark

A brief review of Bagley-Keene requirements was presented.

Subcommittee charge:

(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.

Motion was made by M Barnden, seconded by C Richardson to approve the April 16, 2014 meeting minutes as written; passed without opposition.

Feedback from the HAI-AC presentation is below. Highlighted items were discussed.

Discussion:

- How was the assigned coverage of an ambulatory surgery center given a weight of 50 acute care beds determined? (Random, decided by New York Department of Public Health)
- Are observation beds being incorporated into licensed beds?
- How does the survey measure implementation (time commitment) of infection prevention-related programs?
 - IPs do not always have authority (hire-fire power) commensurate with their responsibilities
 - IPs build programs; do not 'roll' them out. That is done by managers and front line users
 - IPs are facilitators
- How is degree of difficulty (e.g., participation in an outbreak investigation) measured?
- While an infection is not the "responsibility" of the IP, they are many times considered the "owner" of the infection by popular perception. For example, how is time spent investigating infections measured?
- What is the analysis plan for survey results?
- Does the survey incorporate reporting to local health departments? (yes)
- Recommendation made to include measurement of time spent monitoring CDI prevention measures
- Does the survey ask questions with sufficient precision, e.g., is there too much room for interpretation of wording such as 'daily/weekly'? The survey needs a consult from a survey expert.

- What percentage of time is spent motivating people might be phrased as “how effective do you feel you are” with multiple choices, or “how well do you feel you are supported by nurses, physicians, etc.?”
- Suggestion to separate DW into two categories, Daily and Weekly.

Further, feedback was sought from APIC-SFBA, asking them how this survey could be made useful/valuable to them.

- Hospitals are not able to get more IP resources until cited by CMS
- How could this tool be shared w/ Administration and Finance?
- University hospitals are measuring productivity but not extra consults
- Instead of asking what IPs do, ask what they cannot do when an event derails their day causing them to have to turn on a dime
- What stage is the construction in – planning, repair, new construction
- Assess support thru evaluating organizational maturity (support, sustainability practices in place)
- Stanford University shared a tool to measure productivity (below)

	Q4 2013	Q1 2014	Q2 2014	Q3 2014	Q4 2014
1 Total Healthcare - associated Infections (HAIs)**					
2 CLABSI Healthcare - associated Infections (HAIs)					
3 CAUTI Healthcare - associated Infections (HAIs)					
4 VAP Healthcare - associated Infections (HAIs) (VAE not VAP)					
5 SSI Healthcare - associated Infections (HAIs)					
6 Total Culture Evaluations					
7 Blood Culture Evaluations					
8 Urine Culture Evaluations					
9 Surveillance Cultures					
10 Total Surveillance Beds**					
11 CLABSI Surveillance Beds					
12 CAUTI Surveillance Beds					
13 VAP, VAE Surveillance Beds					
14 Total Device Days					
15 CLABSI Device Days					
16 CAUTI Device Days					
17 Ventilator associated pneumonia or event (VAP, VAE) Device Days					
18 Surgical Site Infection (SSI) Surveillance Procedures					
19 Isolation Management Patient Days					
20 MRSA infection surveillance Patient Days					
21 VRE infection surveillance Patient Days					
22 Cdifficile infection surveillance Patient Days					
23 ICRA Construction/renovation projects					

Subcommittee members were surprised at the amount of dissatisfaction expressed about the survey and that a major external perception of the IP role was program implementation (as opposed to collaboratively assisting with program implementation.)

- The intent of the survey would be to recommend a way to assess whether IP resources at a facility were adequate to support patient safety.

- Rationale for asking for frequency rather than quantifying time spent was reviewed. If quantifying time was used, the survey would be too difficult for IPs to complete, leading to a decreased response. It is also difficult to estimate moving targets.
- How the survey tool would be used was discussed. There has been no further input from Licensing and Certification. If individual responses to Part II were used, confidentiality of the IP/facility would be compromised.
- APIC/SHEA have written a White Paper about IP resources but it doesn't break new ground. Based on the initial review of the literature, information from this survey would be unique and valuable.
- Piloting the survey should be expedited and the survey adjusted from lessons learned.
- Part of the survey is educational – to explain the complexity of the position. Members agreed that a question “what gets missed when priorities change” should be added.
- The survey needs to be amended in response to HAI-AC input but approach itself needs to be better explained to the full HAI-AC.
- Overview by a survey consultant was a recommendation. Drs. Stone and Pogorzelska (Columbia U) are experts on surveying and publishing on infection prevention issues. The role of the external consultant volunteered by Dr. Witt needs to be clarified – content vs. how to best word questions. Is this resource free?

Next steps:

- Members need to clarify how their hospital system counts or doesn't count observation beds in their licensed acute care beds.
- Subcommittee members need to come up w/ a list of top seven activities that are dropped by IPs in response to other urgent needs or emergencies.
- J Palacios will find out whether assistance from the external consultant will be free to the subcommittee.

L Clark announced that she has accepted a different position in infection prevention so can no longer chair the subcommittee. A volunteer is sought to assume the sub-chair position. The importance of the position cannot be overstated. If interested, please contact J Palacios. E Clark was thanked for her service.

The next call will be July 2 @ 1100.

The meeting was adjourned @ 1158.

For the new chair (not part of MM): Other steps missed

- Operationalize next changes to survey
- Find out from D Witt if we need permission to pilot?
- Set timelines for accomplishing all of the above.