

MM for Infection Preventionists Assessment Subcommittee

July 23, 2014

Attendance: M Barnden, L Guardia-LaBar, S Hiyama (HSAG), D Wiechman, D Witt; CDPH staff L Corona, S Chen

Meeting was called to order @ 1101 by Subcommittee Chair M Barnden

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.**

**Motion** was made by L Guardia-LaBar, seconded by D Wiechman to approve the July 2, 2014 meeting minutes as written; passed without opposition.

The goal of the meeting was to review the most recent version of the survey, review input from survey experts, and discuss subcommittee responses to suggestions made. (HAI-AC healthcare consumer representative R Guerlich is also to submit comments about the survey.)

Subcommittee members liked the new, shortened format. While there is still concern about the length of the survey, it is more readable. The survey will be piloted so time needed to complete it can be presented up front in the cover letter. It was agreed that the survey monkey format would be preferable to a paper-based survey. Dr. Jako will be asked what he recommends for number of pilots to be performed. Numbers in the responses boxes will be removed. The cover letter needs to clearly delineate who should be filling out the survey.

Should NHSN numbers be requested as part of the survey? Member questions were 'would the survey lose robustness?' (such as the ability to compare resources to NHSN outcome data) vs. there could be unwanted consequences such as public disclosure of some of this information via a Freedom of Information request and answers that might not be as forthright. Subcommittee members wished to have more information prior to making this decision.

There was discussion about "How will this tool help the IP in the hospital?" A member commented about how overwhelmed hospital IPs are. When a facility is surveyed, the surveyor asks questions, but never directly about IP resources, or if asked, the IP may not feel comfortable sharing a less than "wonderful" response, especially if administrative staff are present. It was agreed that the subcommittee should not be recommending IP staffing ratios. When results are presented to the full HAI-AC, the Committee can then make recommendations as seen fit.

Pros and cons of survey results were discussed. Some departments could get added staff. In others, administration could use results to decrease IP resources by assigning current tasks to others. Survey results can also point out where non-IP resources could be added. Once results

are available, some specific questions could be pulled out that would create a tool that could be used within a hospital or by a surveyor to assess the adequacy of resources.

It was decided that another meeting should be held Monday, August 4th from 12 noon to 1pm to finalize the draft and cover letter that will be presented at the August 7 HAI-AC meeting.

Next steps:

1. S Chen will contact Dr. Jako to query the recommended number of hospitals to pilot this on.
2. S Chen will update the most recent Cover Letter for discussion at the next meeting.
3. S Chen will combine a communication from NHSN with information from L LaBar about administrator responsibilities to subcommittee members. They will then respond with a yes or no to Sue for leaving the question requesting NHSN numbers in the survey. Results will be incorporated and made public in the August meeting summary.
4. L Corona will post an agenda and send out invitations today for the August 4<sup>th</sup> meeting.

The meeting was adjourned at 1210.

DRAFT