COMMITTEE MEMBERS PRESENT:
Kimisha Causey, Health Program Specialist II, Office of Public Health Informatics and Epidemiology (OPHIE)
Lorne Belt, Health Program Specialist II, (OPHIE)
Jessica Flen, Health Facilities Inspector I, (OPHIE)
Doris Dimmitt, Epidemiologist, Carson Tahoe Health Systems (CTHS)
Adrian Forero, Health Facilities Inspector III, OPHIE
Kathy Johnson, Infection Control Manager, University Medical Center of Southern Nevada (UMC)
Richelle Natale, Infection Preventionist, Kindred Healthcare
Rochelle Neilson, Infection Preventionist, Saint Mary’s Regional Medical Center
Windi Altemeyer, Renown Health
Melissa Bullock, Washoe County Health District (WCHD)
Nancy Williams, Southern Nevada Health District Office of Epidemiology (SNHD)
Judy Dumonte, Epidemiology & Laboratory Capacity (ELC) Program Manager, (OPHIE)

OTHERS PRESENT:
Karli Dodge, Health Resource Analysis, (OPHIE)
Mona Lisa Paulo, Health Program Specialist I, (OPHIE)
Laura Erskine, Sentinel Event Registrar, (OPHIE)

1. CALL TO ORDER

Ms. Kimisha Causey called to order the Healthcare Associated Infection (HAI) Plan Revision meeting at 8:37 a.m. teleconferenced and video conferenced from the Nevada Division of Public and Behavioral Health (DPBH) in Las Vegas. This was a public meeting and the public was invited to make comments. In accordance with the Nevada Open Meeting Law, this meeting agenda was posted at the following locations: Nevada Department Health and Human Services (NDHHS), Carson City; DPBH, Las Vegas; DPBH, Carson City; Nevada State Library Archives, Carson City; Legislative Council Bureau, Carson City; Grant Sawyer Building, Las Vegas; WCHD, Reno; Elko County Library, Elko; the DPBH web site at http://health.nv.gov; and notice.nv.gov.
Introductions were made at all locations. Quorum was meet.

2. PUBLIC COMMENT

Ms. Causey inquired, if there was any public comment at this time. No public comment at this time.

3. REVISE CURRENT HAI REDUCTION AND PREVENTION PLAN

Ms. Causey read each section of the Template for State Healthcare-associated Infection Plan out loud. After discussions at the end of each section, reviewing of the current plan, the group approved the following changes to the plan:

- Page one, statement section, will state in “catheter associated bloodstream infections.”
- Page two, statement section, will include the following statement “this plan will be evaluated and subject to change, annually or as needed, based on the epidemiological environment.” The document will remain in draft as it is a work in progress.
- Page three, section one “Enhance HAI program infrastructure”, table one, subsection a., the word “control” will be omitted and “prevention” will be inserted and the following will be inserted “long term acute care, skilled nursing centers, rehab facilities, and ambulatory surgery centers.”
- Page five, section one, table one, item two, subsection b., the wording “and infection control” will be removed.
- Subsections will be changed from Roman numeral characters to alpha characters, throughout the plan revision document.
- Page five, section one “Enhance HAI program infrastructure”, table one, item one, subsection b., the words “and infection control” will be omitted.
- Page five, section one “Enhance HAI program infrastructure”, table one, statement section, the following will be removed “and associated Education Prevention Intervention (EPI) Team” and replaced with “Support Team”, the acronym BHCQC will be added, “EPI Team” will be replaced with “Support Team”, the word “the” will be removed before the acronym BHCQC.
- Page six, as a continuation from page five, statement section, the statement “One of these contractors are employed as the project Manager and two are employed as facility Inspectors” will be removed.
- Page six, section one, “Enhance HAI program infrastructure”, item three, “Integrate” will be replaced with “Support the integration of”, “through collaboration with facilities and local and state health authorities” will be added. Subsection a., will be removed, target date will be “ongoing.”
- Page six, section one “Enhance HAI program infrastructure”, statement section, “by the local or state health authority” will be added, removal of the word “the” before CCHHS. “Data is also collected and analyzed from the EPI Team assessments” will be removed. “Education and consulting are provided by the EPI Team” will be changed to “Education and consultation are resources available through the Support Team.”
- Page six, section one “Enhance HAI program infrastructure”, item four, the word “Improve” will be replaced with “Support the.” Addition of subsection a., to item four as follows
“Ensure that everyone required has joined the DPBH group within NHSN.” This section will remain as “ongoing” as a target date.

- Page six, section one “Enhance HAI program infrastructure”, statement section, the wording “Every facility mandated to report through NHSN has been previously notified” will now read “Every facility mandated to report through NHSN will or has been previously notified.” The wording “however, not all facilities required to report through NHSN have joined the DPBH group. Every facility mandated by these statues is also required to join the DPBH group and grant the state access to its data” will be changed to read as follows, “and is mandated by these statues to report and join the DPBH group and grant the state access to its data.”

- Page seven, section one “Enhance HAI program infrastructure”, item five, will be removed.

- Page seven, section one “Enhance HAI program infrastructure”, the statement section will be removed.

- Page eight, section two “Surveillance, Detection, Reporting and Response”, statement section, the statement will be changed to read as follows, “The HHS Action Plan identifies targets and metrics for five categories of HAIs and identified Ventilator-associated Events as HAIs. (Appendix 1).” The word “Infections” will be replaced with “Bacteremia.” “Ventilator-associated Pneumonia (VAP)” will be changed to “Ventilator-associated Events (VAE).”

- Page nine, section two “Surveillance, Detection, Reporting and Response”, table two, item one, subsection a., “Council of State and Territorial Epidemiologist” will be added before the acronym of CSTE.

- Page nine, section two “Surveillance, Detection, Reporting and Response”, table two, item one, subsection d., “health care” will be added before the acronym of HC.

- Page nine, section two “Surveillance, Detection, Reporting and Response”, table two, item one, subsection a., for activities/description, will be removed and replaced with “Data collected from OPHIE surveys will be analyzed to identify how OPHIE can better support state licensed healthcare facilities during outbreaks. OPHIE will continually review outbreak guidance from CSTE, CDC and state legislatures pertaining to outbreaks.”

- Activities/descriptions for each subsection will be relocated under the subsection it applies to.

- Page nine, section two “Surveillance, Detection, Reporting and Response”, table two, item one, subsection b., for activities/description, will be removed and replaced with “During an outbreak, the Support Team will work with the HAI coordinator in assessing hospital and ASC surveillance programs. This will include interpretation of data to identify trends, clusters and outbreaks as well as identifying harmful breaks in technique or protocol. OPHIE is in the process of hiring an operational plan writer to develop the EPI disease and surveillance plan.”

- Page nine, section two “Surveillance, Detection, Reporting and Response”, table two, item one, subsection c., for activities/description, will read as follows, “SFTP is currently available for electronic reporting during outbreaks.”

- Page nine, section two “Surveillance, Detection, Reporting and Response”, table two, item one, subsection d., for activities/description, will read as follows, “The HAI coordinator will work with the HAI Advisory Group to establish protocols and training opportunities for IPs and/or BHCQC staff to identify and/or investigate outbreaks, clusters or unusual cases of HAIs.”
• Page ten, section two “Surveillance, Detection, Reporting and Response”, table two, item two will be changed as follows “Support the enhancement of laboratory technology for improved state and local detection and response to new and emerging HAI issues.”

• Page ten, section two “Surveillance, Detection, Reporting and Response”, table two, item two for activities/description, will read as follows, “Perform a gap analysis to assess the availability and need for Polymerase Chain Reaction (PCR) testing capability.” The following statement will be added below the activity/description, “Enhanced technology is critical for more accurate and efficient identification of microorganisms.”

• Page ten, section two “Surveillance, Detection, Reporting and Response”, table two, plan section will read as follows, “Qualtrics to determine if PCR educational campaign is needed.”

• Page ten, section two “Surveillance, Detection, Reporting and Response”, table two, item three, “Improve communication” will be replaced with “Supporting processes currently in place.”

• Page ten, section two “Surveillance, Detection, Reporting and Response”, table two, item three, subsection a., “Develop” will be replaced with “Utilizing.”

• Page ten, section two “Surveillance, Detection, Reporting and Response”, table two, item three, subsection b., “Establish” will be replaced with “Utilizing.”

• Page ten, section two “Surveillance, Detection, Reporting and Response”, table two, item three, subsection b., the Nevada Health Alert Network will be added.

• Page eleven, section two “Surveillance, Detection, Reporting and Response”, table two, item four, subsection d., will be changed from “Infections” to “Bacteremia.”

• Page eleven, section two “Surveillance, Detection, Reporting and Response”, table two, item four, subsection f., will be changed from “Pneumonia” to “Events” and the acronym will change from “VAP” to “VAE.”

• Page eleven, section two “Surveillance, Detection, Reporting and Response”, table two, item five, the group agreed to CLABSI, CDI, and CAUTI will be the priority prevention targets.

• Page eleven, table two, item four, CLABSI will be marked as underway, CDI and CAUTI, these will be marked as planned, based on obtaining access to the data from the facilities.

• Page eleven, section two “Surveillance, Detection, Reporting and Response”, table two, item five, the word “Adopt” will be replaced with “Follow.”

• Page eleven, section two “Surveillance, Detection, Reporting and Response”, table two, item five, subsection a., the word “Develop” will be replaced with “Review.”

• Page eleven, section two “Surveillance, Detection, Reporting and Response”, table two, item five, subsection b., the following will be added “based upon available data.”

• Page eleven, table two, item five, will be marked as “on going” for target dates for implementation.

• Page twelve, section two “Surveillance, Detection, Reporting and Response”, table two, item six, the word “state” will be replaced with “healthcare facility” and the word “competencies” will be replaced with “as needed.”

• Page twelve, section two “Surveillance, Detection, Reporting and Response”, table two, item eight, the following will be added “Based upon funding and employee availability,”
• Page twelve, section two “Surveillance, Detection, Reporting and Response”, table two, item eight, subsection a. through f. will be marked as items planned.
• Page twelve, section two “Surveillance, Detection, Reporting and Response”, table two, item nine, subsection a., Ms. Causey and Mr. Adrian Forero will work on this section and the edits will be presented at the next meeting.
• Page thirteen, section two “Surveillance, Detection, Reporting and Response”, table two, item ten, activities and description will be changed as follows, “The BHCQC currently engages professional licensing organizations as appropriate. In addition, the Support team responds to surveyor findings and requests for Infection Prevention (IP) education, either form the healthcare facility or referral from surveyors. Surveyors investigate Infection Prevention (IP) complaints and involve the Support team when appropriate. Analysis of surveyor findings as well as Support team assessments is baseline for educational training.”
• Page thirteen, section two “Surveillance, Detection, Reporting and Response”, table two, item eleven, the word “Adopt” will be removed.
• Page fourteen, section two “Surveillance, Detection, Reporting and Response”, table two, item eleven, subsection a., the words “Improve overall use of” will be replaced with “Monitor”, the word “prevent” will be replaced with “respond to”, the following will be removed “across the spectrum of inpatient and outpatient healthcare settings” the item will be marked as underway.
• Page fourteen, section two “Surveillance, Detection, Reporting and Response”, table two, item eleven, subsection a., will be marked as “on going” for target date for implementation.
• Page fourteen, section two “Surveillance, Detection, Reporting and Response”, table two, item eleven, subsection b., will be removed.
• Page fourteen, section two “Surveillance, Detection, Reporting and Response”, table two, item eleven, subsection a., for activities/description will be changed to read “Encourage participation in mentoring program that has been established through the Southern Nevada APIC chapter and the Northern Nevada Infection Control network matching up newer IPs with experienced IPs.”
• Page fourteen, section two “Surveillance, Detection, Reporting and Response”, table two, item eleven, subsection b., for activities/description will be removed.
• Page fourteen, section two “Surveillance, Detection, Reporting and Response”, table two, item twelve Mr. Lorne Belt will work on this section and the edits will be presented at the next meeting.
• Page fifteen, section two “Surveillance, Detection, Reporting and Response”, table two, item thirteen, will be removed.
• Page fifteen, section two “Surveillance, Detection, Reporting and Response”, table two, item fourteen, Ms. Causey will work on this section and the edits will be presented at the next meeting.

Ms. Causey stated Health Care Quality and Compliance (HCQC) had been contacted, however they had not responded.

Mr. Belt will reach out to the new PHP at Southern Nevada Health District and/or the state PHP for representation for the hospital preparedness.

Ms. Causey will get the project date from the grant and provide the information to the group.
Ms. Causey will contact the Centers for Disease and Prevention (CDC) and find out if the group can use “on going” as target dates for implementation.

Mr. Belt will elaborate more on page ten, table two, item three, subsection b., during the next meeting.

Ms. Causey stated we can send out conferring right letters to all the facilities and that target date for completion will be March 2016.

Ms. Causey will contact the BHCQC regarding the statement under page thirteen, table two, item ten, activities and description an verify the statement.

4. FUTURE MEETING DATE

The group discussed the next meeting date where as it was determined August 13th would be set as the next meeting date, depending on room availability.

5. PUBLIC COMMENT

Ms. Causey inquired, if there was any public comment at this time. No public comment at this time.

Ms. Causey adjourned the meeting at 3:25 p.m.