

NEVADA HEALTHCARE-ASSOCIATED INFECTION (HAI) PLAN REVISION COMMITTEE MINUTES

August 26, 2015

12:30 p.m.

Division of Public and Behavioral Health
4150 Technology Way
Room 301
Carson City, Nevada 89706

Division of Public and Behavioral Health
3811 W. Charleston Blvd.
Suite 205
Las Vegas, Nevada 89102

AT&T Conferencing
Dial-In Toll Free Number 1-888-557-8511
Participants Code # 7845036

COMMITTEE MEMBERS PRESENT:

Kimisha Causey, Health Program Specialist II, Office of Public Health Informatics and Epidemiology (OPHIE)

Adrian Forero, Health Facilities Inspector III, (OPHIE)

Richelle Natale, Infectious Preventionist, Kindred Healthcare

Linda Verchick, Southern Nevada Health District Office of Epidemiology (SNHD)

Lorne Belt, (OPHIE)

Jessica Flen, Health Facilities Inspector I, (OPHIE)

Doris Dimmitt, Epidemiologist, Carson Tahoe Health Systems (CTHS)

Kathy Johnson, Infection Control Manager, University Medical Center of Southern Nevada (UMC)

Rochelle Neilson, Infectious Preventionist, Saint Mary's Regional Medical Center

Windi Altemeyer, Renown Health

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 **12:30 p.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 met.

2. PUBLIC COMMENT

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

3. REVIEW AND APPROVAL OF MEETING MINUTE FROM JULY 7, 2015

Ms. Causey asked the committee for any edits/changes to the draft minutes of the July 7, 2015 meeting. No edits/changes at this time.

Ms. Causey moved to approve the meeting minutes from July 7, 2015 meeting. Ms. Jessica Flen seconded the motion. The motion passed unanimously without public comment.

4. REVIEW AND APPROVAL OF MEETING MINUTE FROM JULY 30, 2015

Ms. Causey asked the committee for any edits/changes to the draft minutes of the July 30, 2015 meeting. No edits/changes at this time.

Ms. Causey moved to approve the meeting minutes from July 30, 2015 meeting. Ms. Jessica Flen seconded the motion. The motion passed unanimously without public comment.

5. REVISE CURRENT HAI REDUCTION AND PREVENTION PLAN

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

- Table three, item one the word "met" will be replaced with "maintained." The "HAI coordinator" will be replaced with "EPI support team." The following will be added to the section "and facilities following other accreditation guidelines." The word "criteria" will be added. The word "met" will be replaced with "maintained." The following will be removed "In addition, consider additional strategies for non TJC organizations (facility specific). Will consider use of intended dates for NHSN implementation through 2012."
- Table three, item two the word "coordinate" will be replaced with "participate with."
- Table three, item two the following will be added "The HAI task force will provide consultation with collaboratives within the state of Nevada." The target date for implementation will be ongoing.
- Table three, item three the following will be removed "(i.e. addressing CLABSI thru "On the CUSP: Stop BSI" will be the first to be considered Nevada Hospital Association will head this effort)."
- Table three, item three the following will be added "EPI support team will coordinate with IPs to develop an IP quick reference guide." All of the items will be marked as items planned. Start date will be 4/1/2016.
- Table three, item four the following will be removed "The EPI Team currently approaches individual facility types to support them with their IPC program. Following interview, observation and verbal recommendations, the IP follows up with written recommendations and another visit 6-8 weeks later. Depending on findings and needs, future visits are planned. During these interactions, information and educational resources are provided - APIC, APIC chapter or

NNIC, EPI 101, EPI 201, other trainings out of state. In July 2009 we held our first statewide HAI conference.”

- Table three, item four the following will be added “OPHIE will develop competency and/or training tools utilizing resources provided by APIC and the CDC.”
- Table three, item four the following will be removed “Second annual statewide HAI meeting-focus to be determined.”
- Table three, item four the following will be added “The state hosts annual statewide HAI meetings with Nevada Antimicrobial Stewardship Program (NVASP) and QIN/QIO. We held our last HAI update on 8/3/15.” The target date for implementation will be ongoing.
- Table three, item five the following will be removed “Priority Module 1 -Recommendations for Aseptic Insertion of Vascular Catheters. Related IDCPAC Recommendations: IDCPAC Rec.: Maintain aseptic technique during insertion and care of intravascular catheters (Category 1A). IDCPAC Rec.: Use aseptic technique including the use of a cap, mask, sterile gown, sterile gloves, and a large sterile drape, for the insertion of central venous catheters (CVC),including for peripherally inserted central catheters (PICC) and guide wire exchange (Category 1A). IDCPAC Rec.: Apply an appropriate antiseptic to the insertion site on the skin before catheter insertion and during dressing changes (Category 1A). HICPAC Rec.: Although a 2% chlorhexidine-based preparation is preferred, tincture of iodine, an iodophor, or 70% alcohol can be used (Category 1A). IDCPAC Rec.: Select the catheter, insertion technique, and insertion site with the lowest risk for complications (infectious and noninfectious) for the anticipated type and duration of IV therapy (Category 1A). IDCPAC Rec.: Use a subclavian site (rather than a jugular or a femoral site) in adult patients to minimize infection risk for non-tunneled eve placement (Category 1A). IDCPAC Rec.: Weigh the risk and benefits of placing a device at a recommended site to reduce infectious complications against the risk for mechanical complications (e.g., pneumothorax, subclavian artery puncture, subclavian vein laceration, subclavian vein stenosis, hemothorax, thrombosis, air embolism, and catheter misplacement) (Category 1A). Priority Module 2- Recommendations for Appropriate Maintenance of vascular Catheters: Related IDCPAC Recommendations: IDCPAC Rec.: Use either sterile gauze or sterile, transparent, semi-permeable dressing to cover the catheter site (Category 1A). IDCPAC Rec.: Promptly remove any intravascular catheter that is no longer essential (Category 1A). IDCPAC Rec.: Replace the catheter-site dressing when it becomes damp, loosened, or soiled or when inspection of the site is necessary (Category 1A).”
- Table three, item five the following will be added “Priority module 1: recommendations for HAI prevention bundles for CLABSI, CAUTI and Cdiff utilizing HICPAC and SHEA compendium.”
- Table three, item six the following will be added “The state will maintain and enhance collaborations with healthcare coalitions (APIC, NNIC and Nevada Rural Hospital Partners, etc.)” The target date for implementation will be ongoing.
- Table three, item seven the following will be added “The EPI support team will collaborate with partners within the state as collaboratives for these facility types become available.”
- Table four, item one, subsection a will have a target date for implementation of October 31.
- Table four, item one, subsection b the following will be added “Other health care facility types will have an assessment conducted by the EPI support team utilizing a CDC assessment tool that is currently being developed to identify and close gaps.” This will be marked with a target date for implementation of March 31, 2018.
- Table four, item three the following will be removed “<http://www.health.nv.gov>” and replaced with “<http://www.dpbh.nv.gov>.”

- Table four, item three will read as follows “HAI findings and sentinel events reports will be compiled annually by OPHIE.”
- Table four, item three the word “Develop” will be replaced with “Enhance.”
- Table four, item three the following will be removed “NHSN specific reports will be available for 2010.”
- Table four, item four the following will be removed “Identify priorities and provide input to partners to” and replaced with “Priorities identified in the NV HAI plan will be provided to partners to.”
- Table five, item two, subsection b will read as follows “Maintain relationships with regulatory/licensing oversight authorities.” The target date for implementation will be ongoing.
- Table five, item three under other activities or descriptions it will read as follows “CDC/ERA team will assist state with determining gaps and conducting initial assessments. State will assist identified hospitals to address gaps and conduct follow up assessments as needed.”
- Table six, item one, under other activities or descriptions it will reads as follows “Other health care facility types will have an assessment conducted by the Epi support team utilizing the CDC assessment tool that is currently being developed to identify and close gaps.”
- Table six, item two, subsection a, under other activities or descriptions it will reads as follows “State will develop an infection prevention and control competency examination. The competency examination will be presented to licensing/credentialing organizations for consideration for integration into the licensure process.” The target date for implementation will be June 1, 2016.
- Table six, item two, subsection b, under other activities or descriptions it will reads as follows “The HAI Task Force will work to develop sustainable training programs. Currently our Safe Injection Ambassador Training is a train the trainer program. Based on resource availability and funding, incorporation of hands on evaluations and competency assessments of best practices and a system to monitor ongoing compliance and competency will be developed.”
- Table six, item three under other activities or descriptions it will reads as follows “Provide training on case definitions, surveillance capacity, and outbreak reporting.” The target date for implementation will be April 1, 2016.

Ms. Causey stated that the Public Health Advisor (PHA) with the Center for Disease Control and Prevention (CDC) said we could use “ongoing” as an implementation date, try to put an approximate date of when it will be completed and a start date.

Ms. Causey stated for the end dates for the grant itself, anything that falls under project A, activity A will have an end date of March 31, 2017. Project B items will be March 31, 2018.

Ms. Causey stated she would contact the PHA at the CDC for clarification of the standard assessment tool referenced in table five, item four.

Ms. Causey stated she will investigate the AB123 for the safe injection for different facility types with doctor’s offices.

Ms. Causey stated that she would contact the CDC and find out if the deadline for the plan revision could be extended until the end of October.

6. FUTURE MEETING DATE

The group discussed the next meeting date where as it was determined that a doodle poll would be sent out to the members to select a date and a time that works best for all members.

7. 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 **4:00 p.m.**