

**NEVADA HEALTHCARE-ASSOCIATED INFECTION (HAI) TASK FORCE  
MINUTES**

**March 18, 2016  
10:30 a.m.**

**Place of Meeting:**

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

**Video Conferenced to:**

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

**Teleconference Line:**

**Dial-In Toll Free Number 1-775-887-5619  
Conference Code 2001#**

**TASK FORCE MEMBERS PRESENT:**

Kimisha Causey, Health Program Specialist II, Office of Public Health Informatics and Epidemiology (OPHIE), HAI Coordinator  
Dustin Boothe, Carson City Health and Human Services (CCHHS)  
Ellen DePrat, HealthInsight  
Ihsan Azzam, Medical Epidemiologist, OPHIE  
Joan Hall, President, Nevada Rural Hospital Partners (NRHP)  
Kathy Johnson, Infection Control Manager, University Medical Center Hospital (UMC)  
Marissa Brown, Nevada Hospital Association (NHA)  
Zuwen Qiu-Shultz, Southern Nevada Health District Office of Epidemiology (SNHD)

**TASK FORCE MEMBERS ABSENT:**

Elena Mnatsakanyan, Northern Nevada Medical Center (NNMC)  
Linda Feola, Market Director Infection Prevention, St. Rose Dominican Hospitals  
Melissa Bullock, Washoe County Health District (WCHD)

**NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT:**

Adrian Forero, Health Facilities Inspector III, OPHIE  
Daniel Mackie, State Epidemiologist, OPHIE  
Jessica Conner, Health Facilities Inspector II, OPHIE  
Melissa Slayden, Management Analyst II, OPHIE  
Mona Lisa Paulo, Health Facilities Inspector I, OPHIE

**OTHERS PRESENT:**

Becky Bailey, Program Manager, Nevada Rural Hospital Partners (NRHP)  
Christine Hartman, Nevada State Public Health Laboratory (NVPHL)  
David Woodard, Manager, Emerging Disease Laboratory, University of Nevada, Las Vegas (UNLV)  
Diane Rhee, Valley Health Systems  
Linda Verchick, Disease Surveillance Supervisor, Southern Nevada Health District Office of Epidemiology (SNHD)  
Stephanie Van Hooser, Administrative Director, Nevada State Public Health Laboratory  
Viva Wells, Health Facilities Inspector II-RN, Healthcare Quality and Compliance (HCQC)

## **1. CALL TO ORDER**

Ms. Kimisha Causey called the Nevada Healthcare Associated Infection (HAI) Task Force meeting to order at **10:35 a.m.** This meeting was video conferenced from the Health Care Quality and Compliance (HCQC) office in Las Vegas to the Nevada Division of Public and Behavioral Health in Carson City. This was a public meeting and the public was invited to make comments. In accordance with the Nevada Open Meeting Law [NRS 241.020](#) & [NRS 232.2175](#) this meeting agenda was posted at the following locations: Health Care Quality and Compliance (HCQC), Las Vegas; Nevada Department Health and Human Services (NDHHS), Carson City; NDPBH, Las Vegas; NDPBH, 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 NVHAI web site at [http://dpbh.nv.gov/Programs/HAI/dta/HAI\\_Advisory\\_Group/](http://dpbh.nv.gov/Programs/HAI/dta/HAI_Advisory_Group/); and the public notice web site at [notice.nv.gov](http://notice.nv.gov).

## **2. INTRODUCTIONS/ROLL CALL – CONFIRMATION OF QUORUM**

Introductions were made at all locations/teleconference line and quorum was met.

## **3. FIRST PUBLIC COMMENT**

Ms. Causey announced the First Public Comment Session and invited members of the public to speak. Hearing no comments, Ms. Causey moved to the next agenda item.

## **4. DISCUSSION ON DEVELOPING AN EDUCATION TOOL FOR INFECTION PREVENTION AND CONTROL COMPETENCY**

Ms. Causey stated we left off at our last meeting where Rochelle Natalie presented a tool that New York had used in different hospital settings, the tool was used to identify gaps that they had. Michelle Sotero suggested we do our own assessment and determine where our gaps lie and then develop an education tool for each facility type.

## **5. DISCUSSION ON FUTURE TRAINING TOPICS**

Ms. Causey stated in the HAI plan that was developed last year, there are areas that need trainings developed. The data that is being collected is a survey for outbreaks. Working together with the HAI group, the HAI Task Force will develop protocols and training opportunities for infection preventionists and/or for (HCQC) staff to identify and/or investigate outbreaks, clusters or unusual cases of HAI's. Another training area is the National Healthcare Safety Network (NHSN) training, since our hospitals and skilled nursing facilities are mandated to report to NHSN. Skilled nursing facilities (SNF's) are requesting training on how to report, their Urinary Tract Infections (UTI's) and Clostridium difficile (C.Diff) infections into the database. Ms. Causey stated she is working with facilities on enrollment and she would work on a training for NHSN once enrollment has been completed. Ms. Causey stated other training areas that were discussed in the HAI plan were establishing HAI collaboratives with ten hospitals and a quick reference guide for infection preventionists and these trainings are to be implemented at the beginning of April per the HAI plan. The idea was to develop a committee to address the trainings that were listed in the HAI plan, then taking those ideas and developing a plan on how we want to develop those trainings. Ms. Causey inquired if there were any other training topics that are needed throughout the state in the healthcare facilities. Ms. Marissa Brown stated a training on sepsis would be helpful. Ms. Causey stated that she is working with the Nevada antimicrobial stewardship program to host a C.Diff webinar training and they need presenters, which is a topic we plan to cover to decrease rates in Nevada. The training will take place in April or May and Ms. Diane Rhee will put together a case study.

Mr. David Woodard inquired if there is a clearing house in Nevada that has all of this education that is being offered by various agencies and at various times available to new practitioners and healthcare professionals? Ms. Causey stated that she is not aware of a clearing house and asked if any other members knew of one. Ms. Kathy Johnson stated there are different divisions such as Association for Professionals in Infection Control and Epidemiology (APIC), United Healthcare (UHC), and McKesson that have webinars on topics, perhaps make a web pages that directs healthcare professional to the various webinar trainings that already exist and are free. Mr. Woodard asked if there was a centralized website where all available trainings were listed. It was determined that many different organizations post a calendar of available trainings, but this is often unhelpful because each one must be checked. Mr. Woodard suggested that perhaps it should become an agenda item to establish a clearing house for HAI prevention education. Ms. Causey stated that the state web site has an HAI web page and it has a link for trainings, it has trainings that have been put together by the state. Mr. Woodard stated that is a problem, there is a page here and a page there that houses trainings but not a centralized location for all trainings. Ms. Causey stated we can put links on the HAI page and then notify healthcare facilities that trainings/webinars are available, making sure to keep everything current and up to date. Ms. Causey stated we can make that an action item for our next meeting, looking at different educational links and/or webs sites that are available that we can utilize. Ms. Causey stated she will contact the Office of Information Technology (OIT) and find out if we can record the webinars and keep them on the state web site so that they are available at any time, also providing the presenters information from the webinar so if there is a need to contact the presenter the viewer will be able to do so. Ms. Causey stated the state also has a Facebook page. Ms. Jessica Conner confirmed the Facebook page and a Twitter account.

Ms. Causey inquired who would like to volunteer for a group that would focus on developing trainings and collaboratives. Mr. Woodard stated that he was asked to participate in developing an HAI training for all the rural hospitals in the state of Wyoming and their rural hospitals are very similar to Nevada's rural hospitals. It is a self-conducted training program that contains seventeen modules. He believes it is public domain and we could use a similar product for the state of Nevada, but he will get clarification that it is public domain. Ms. Causey stated Mr. Woodard would present the Wyoming self-training module at the next meeting. Mr. Woodard stated that they have proposed a twelve academic credit certificate program at the graduate level in infection prevention to the University of Las Vegas (UNLV) that will be taught online through the school of Community Health sciences at UNLV, it will be available to anyone with a bachelor's degree and a certificate in infection prevention through UNLV will be provided when the courses are completed. The curriculum includes basic infection prevention, epidemiology, biostatistics and departmental stuff as it pertains to hospitals infection prevention. The program takes a year to eighteen months to complete, it is four courses of three units each, one semester can be doubled up. They are waiting for approval of the program. Ms. Causey stated once it has been approved it can be posted on the Facebook page for people to go online and register. Ms. Causey stated a group would be developed to work on the trainings and collaboratives that need to be developed, each topic will be addressed separately.

Ms. Zuwen Qin-Shultz inquired if we will be using the New York tool. Ms. Causey stated we are going to develop our own tool to identify gaps in the state, it will be available next year and it will be provided to the facilities, the New York tool was an example to develop trainings so we could take the trainings to the Board of Nursing and seeing if they wanted to add that into the trainings that the nurses must complete to obtain their licenses. Mr. Woodard stated there is a law in California that requires all infection control committee chair physicians take a four hour training program in infection prevention. Ms. Causey stated that they were looking at what can be regulated, they have to go through four hours of training, but it is not specified what type of training, Ms. Causey said this group can put that information together and present to legislation.

Ms. Causey stated outbreaks was a topic we want to cover for training, and asked if we would like to make that our first topic to cover. Mr. Woodard suggested we start with C.Diff as a lot of facilities struggle and rates are still above what is expected. Ms. Johnson asked Ms. Causey if the April training, is considered an educational session or a round table discussion about C.Diff. Ms. Causey stated it is more of a round table. Dr. Rhee stated it will be both, she will go through the guidelines on C.Diff, how to diagnose, how the treatment is based on the guidelines and recommendations and then from there leave it up to the panel to speak about their own experiences, so there will be a little bit of education. Ms. Causey stated since there will be partial training, more discussion, I think we can go into more in depth training on C.Diff. and inquired if the group agreed. The group agreed. Ms. Causey stated she will add to the next meeting's agenda what type of C.Diff training topics we want to cover, and how long we want the training to be.

Dr. Rhee asked if the Nevada HAI is looking into the Vancomycin-resistant enterococci (VRE) that is popping up in Southern Nevada. She reported that some of the patients that are coming in with VRE are completely resistant to every antibiotic, they have been tracking them but can't find any similarities. Ms. Causey stated this was not something put into the HAI plan to look at, and didn't think the CDC put into their plan. Dr. Rhee asked if this is something we could track from state level. Ms. Causey stated she doesn't have access to any databases that would have it, and inquired if the labs were able to track VRE's. Ms. Stephanie Van Hooser stated that is something they do confirmatory testing if there is a concern that it is happening. If they get a sample they would be willing to track it. Mr. Woodard asked if there is a way we can track it under the reportable disease act through the health district/department(s) put out a state wide Healthcare Alert Network (HAN) alert to facilities, if you identify a pan-resistant VRE, please notify your district health agency and submit the organism, to identify new and emerging pathogens. Ms. Linda Verchick stated before a HAN alert is sent out it will need to be discussed at the health department level, perhaps even state wide, with our partners up North. This is the first she has heard about these pan-resistant organisms, and wants to look at what other jurisdictions are doing, what the recommendations are and if we are going to do some sort of surveillance. She stated we have to come up with a set of goals and objectives, as to what we are looking for and how we are going to track this, because this could explode, this could be something that we can't handle with limited staff and when you get a lot of information you need to know what you are going to do with it once you get it, this is a plan all in itself. Dr. Rhee requested that Ms. Verchick contact her directly regarding the pan resistant VRE's. Ms. Causey asked that Ms. Verchick keep us in the loop after speaking with Dr. Rhee. Ms. Causey wants to see where we need to go issuing an alert state wide, and add it as agenda item to the next meeting.

## **6. DISCUSSION ON THE FACILITY INFECTION ASSESSMENTS**

Assessments are currently being done in acute care, long term acute care, skilled nursing, ambulatory surgical centers, rehab hospitals, rural hospitals and critical access hospitals. We are in the process of identifying gaps, using a Centers for Disease (CDC) based tool. We are planning on being finished with the assessments by October of this year or at the latest early 2017, then we can identify where the gaps are and develop education tools based off our findings on the assessments. Ms. Causey stated the CDC has a tool that all of the assessments are loaded into and it identifies where we are deficient. Once the assessments are completed, the information will be presented to the Task Force and from there we can decide what we want to include in the education tool, a committee will be formed to put together the education tool. Once the education training tool is completed it will be provided to healthcare facilities throughout the state. Ms. Ellen DePrat inquired if the Task Force be provided a list of facilities that are currently being assessed and Ms. Causey stated she can get that out to the members after the meeting.

## **7. FUTURE MEETING DATES**

Ms. Causey stated the next meeting will be Friday, June 17<sup>th</sup> at 10:30am to 12pm.

#### **8. SECOND PUBLIC COMMENT**

Ms. Causey announced the First Public Comment Session and invited members of the public to speak. Hearing no comments, Ms. Causey moved to adjourn the meeting.

#### **9. ADJOURMENT**

Ms. Causey adjourned the meeting at **11:55 a.m.**