

**INFECTION CONTROL COMMITTEE
MINUTES
(Date)**

It is with the specific direction from the Infection Control Committee that all information, interviews, reports, statements, memoranda or other data furnished to the Infection Control Committee and its members is done so in the interest of research, education, and/or reducing morbidity and mortality and is done with the specific intention of providing information pursuant to Neb. Rev. Stat. §§71-3401 through 71-3403, and, therefore should be considered privileged communications not subject to discovery or disclosure pursuant to Neb. Rev. Stat. §71-3403.

Members:	P	A	E		
P= Present, A=Absent, E=Excused					

Call to Order	The meeting was called to order by (time). by (name)	
Approval of Minutes	Minutes approved as written at (insert time). Any changes can be emailed to (name)	
<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
Healthcare Acquired Infection Report	<p>(Name) Presented for Infection Control. Hospital-Acquired Infection Surveillance</p> <ul style="list-style-type: none"> • Organizational HAI Graphs • CLABSI 	HAI surveillance data will be posted and distributed to organizational leadership.

	<ul style="list-style-type: none"> • CAUTI • VAE • CDI • MRSA <p>3. HAI summary SSI-Presented by (name)</p> <ul style="list-style-type: none"> • Overall and Unite based rates • Overview of Interventions <ul style="list-style-type: none"> ○ Continue to send out monthly SSI notification letters to surgeons through EPIC. ○ Presenting data at Cardiac and Ortho groups meetings ○ Quarterly data will go out to Surgery Chairs ○ HYST deep dive process through Quality 	HAI trends were reviewed and analyzed.
Sterile Processing	No issues reported for the month of August.	

Dialysis	<p>Dialysis was presented by (Name)</p> <p><u>(Date):</u></p> <p>Results for Colony Count & Endotoxin—Source: Water & Dialysate</p> <ul style="list-style-type: none"> • Dialysis Portable Reverse Osmosis Water Machines <ul style="list-style-type: none"> ○ No ‘action level’ results—all results within safety limits • HD Machine Outlet Tests <ul style="list-style-type: none"> ○ No ‘action level’ results—all results within safety limits • Distribution Loop <ul style="list-style-type: none"> ○ No ‘action level’ results—all results within safety limits <p><u>Infection Control Audit</u> (Month): 90% (Goal 95%)</p> <p>Common Issues:</p> <ul style="list-style-type: none"> • Computer on wheels not disinfected after each treatment <p><u>Hepatitis B Compliance Monitoring</u> (Month): 100% (Goal 100%)</p> <ul style="list-style-type: none"> • Chart audits completed • Completed dialysis on two known Hep B positive patients • All safety precautions and machine disinfects done appropriately <p><u>(Date):</u></p> <p>Results for Colony Count & Endotoxin—Source: Water & Dialysate</p> <ul style="list-style-type: none"> • Dialysis Portable Reverse Osmosis Water Machines <ul style="list-style-type: none"> ○ No ‘action level’ results—all results within safety limits • HD Machine Outlet Tests <ul style="list-style-type: none"> ○ No ‘action level’ results—all results within safety limits • Distribution Loop <ul style="list-style-type: none"> ○ No ‘action level’ results—all results within safety limits <p><u>Infection Control Audit</u> (Date): 90% (Goal 95%)</p> <p>Common Issues:</p> <ul style="list-style-type: none"> • Missed opportunities for hand hygiene between glove changes • New audit tool being developed, will go-live in (Month) 	
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	<ul style="list-style-type: none"> Updating Dialysis Infection Control policy <p><u>Hepatitis B Compliance Monitoring</u> (Month): 100% (Goal 100%)</p> <ul style="list-style-type: none"> Chart audits completed To prevent gaps in testing and delays in care, Dialysis staff RNs reminded to order monthly Hepatitis B Surface Antigen tests prior to them being due if the patient is to remain inpatient during their next dialysis run One instance of Hepatitis B testing being cancelled on a dialysis patient in the ED by ED staff who thought the Hep B testing orders were a “mistake”— this was caught by lead dialysis RN who re-entered tests May indicate need for Hepatitis B education for ED and floor nursing staff 	
<p>Employee Health Report</p>	<p>(Name) presented July Data for Employee Health.</p> <p>(includes MDs):</p> <p style="padding-left: 40px;">(#) total exposures</p> <p>UNMC:</p> <p style="padding-left: 40px;">(#) total exposures</p> <p>Trends:</p> <ul style="list-style-type: none"> Continuing to monitor sharps related injuries. A couple of clinics are not using safety needles. Employee health is reaching out to those clinics. Had one event where the safety on the needle didn't engage correctly. Employee Health is reaching out to the manufacturer. 	
<p>Safety Report</p>	<p>(Name) reported for safety. (#) total CRAs so far in September. (#) CRAs for (year) so far. No safety concerns to report.</p>	

Facilities Report	Facilities not present.	Data will be presented at next months ICC.
Patient Care Equipment testing	<p>(Name) reported for Environmental Services</p> <p>(Month)- # out of # pieces of equipment passed.</p> <ul style="list-style-type: none"> • Insert details here <p>(Month)- # out of # pieces of equipment passed.</p> <ul style="list-style-type: none"> • Insert details here <p>(Month)- # out of # pieces of equipment passed.</p> <ul style="list-style-type: none"> • Insert details here 	.
EVS Report	No one present from EVS to report	
Pathology/Microbiology Report	<p>(Name) reporting for Pathology/Microbiology.</p> <p>Only sporadic cases of WNV infection have been identified...</p> <p>Multiple mumps cases continue to be identified ...</p>	

	<p>Laboratories are preparing for the influenza season.</p> <p>The (Month) blood culture inpatient overall contamination rates was (#)% (#/#) with laboratory draw at (#)% (#/#) and nurse draws at #% (#/#). These contamination rates both meet the #% threshold established for our hospital</p>	
Policies	<p>(Name) presented Food and Nutritional Services. Approved as written.</p> <p>(Name) presented Disinfection Sterilization. Approved as written.</p>	
Investigations:		
New Business	<p>(Name) presented Legionella Culture Results: A total # water cultures were collected in (Month)</p> <ul style="list-style-type: none"> • Locations: • Specimen Sources: <ul style="list-style-type: none"> • # swabs • # water • No Legionella isolated 	
Old Business	No old Business	
Adjourn	Meeting Adjourned at (Time).	
Next Meeting	Next ICC will take place on (Date)	

Respectfully submitted,
(Name).

Chairman of Infection Control Committee