**INFECTION CONTROL COMMITTEE**

**MINUTES (EXAMPLE)**

**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.

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| Members: | P, A, E  |  | P, A, E |  | P,A,E |
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| **Call to Order** | The meeting was called to order by 12:01 p.m. by **ICC Chair** |  |  | Actions/Recommendations |
| **Approval of Minutes** | \_\_\_\_\_\_\_\_\_\_\_\_\_asked for approval of the minutes; the minutes were approved as written. Any potential changes can be emailed to---------. |  |
| **Topic** | **Discussion** | **Action** |
| Healthcare Acquired Infection Report  | **\_\_\_\_\_\_\_\_\_\_\_\_\_Presented for Infection Control. IC Manager****Hospital-Acquired Infection Surveillance**  **Hospital-Acquired Infection Surveillance**  1. CY18 Annual HAI rate graphs
* CLABSI
* CAUTI
* VAE
* CDI
* MRSA
1. 2018 Program HAI summary
2. 2018 Program Goals Evaluation

 1. 2019 Risk Assessment, IC plan, Goals

Discussion:**Quality:** Cookies and Popcorn is going out to the units who had no CLABSIs in 2018.Infection Control will meet with Xenex Representatives today along with Environmental Services to discuss Prevention initiatives.  | HAI surveillance data will be posted and distributed to organizational leadership.HAI trends were reviewed and analyzed.   |
| Employee Health Report |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_presented for Employee Health****2018 Employee Health Report:*** Exposures in 2018 were trending upward.
* \_\_\_\_total exposures in 2018 involving RN’s (?% of all exposures in 2018).
* Employee Health will be teaming with the OR to help decrease the OR numbers**.**

  | **Interventions/ Action Plan:*** Managers are kept apprised of exposures through the incident reporting process and email correspondence.
* Initiation of investigation into the exposures occurring in the departments reporting the most exposures and opportunities to be identified and interventions developed based on findings
* Employee Health will attend UBC meetings and present Department specific information to several units.
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| Safety Report |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_reported for safety.**# total CRAs in January, and # total CRAs in February.  |  |
| Facilities Report | **\_\_\_\_\_\_\_\_\_\_\_\_\_presented for Facilities:**Just one Failure on a negative room in January. | .  |
| Patient Care Equipment testing | **\_\_\_\_\_\_\_\_\_\_\_\_reported for Patient Care Equipment.**200 pieces of equipment were tested in January of 2019. 188 pieces of equipment passed for a pass rate of --%.**(All failures were recleaned before putting back into service)** |  |
| EVS Report  | **\_\_\_\_\_\_\_\_\_\_\_reported the Monthly EVS Backlight data.** Monthly EVS Blacklight for January 2019 Total Blacklight 448 Patient Rooms 253  Most misses items:  Bedpan flush lever 88% Faucet & sink 89% Over bed table 89% XENEX total 433 Isolation 41 C diff 5 per day 14 |  |
| Pathology/Microbiology Report |  **\_\_\_\_\_\_\_\_\_\_\_ reporting for Pathology/Microbiology.** Influenza is widespread in Nebraska with the influenza A H3 strain dominating. Serological testing of selective isolates as a part of the WHO surveillance system has shown that our circulating strains are present in this year's vaccine. A recent increase in norovirus, Salmonella and Cryptosporidium have been noted by the public health laboratory. The January blood culture inpatient overall contamination rates was  |  Unit specific Blood Culture contamination data is sent to Unit managers and Directors for any needed action. Unit Blood Culture contamination results are being added to the Inpatient Dashboard.  |
| Policies | CJD policy- Approved as written EVS policy-Approved as written Washer Dryer Policy-Approved as written | Policies will uploaded to Compliance 360 next week*.*  |
| Investigations: |  |  |
| New Business |   |  |
| Old Business |   |   |
| Adjourn | The meeting was adjourned at 1:01 p.m.  |  |
| Next Meeting | The next meeting will be in \_\_\_\_\_\_\_ on March 27th, 2019.  |  |

Respectfully submitted,

Medical Director of Infection Control and Epidemiology