
Bree Collaborative | Infection Control Workgroup

April 11, 2022 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Mark Haugen (chair), MD, Walla Walla Clinic & Surgical Center

Anne Sumner, BSN, MBA, Baker Boyer Bank

Cathy Carroll, Washington State Health Care Authority

Faiza Zafar, DO, FACOI, Community Health Plan of Washington

Larissa Lewis, MPH, RN, CIC WA Department of

Health

Lisa Hannah, BS, RN, CIC, WA Department of Health

Rebecca Brown, Walla Walla Clinic & Surgical Center

Rhonda Bowen, Comagine Health

Stephanie Jaross, BSN, RN, Proliance Center for Outpatient and Spine Surgery

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

Ginny Weir, MPH, Foundation for Health Care Quality

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the Infection Control workgroup. Members briefly introduced themselves and reviewed the previous month's minutes.

Decision: Adopt March 14th Minutes

REVIEW: FOCUS AREAS AND WORKGROUP QUESTIONS

Mark Haugen, MD, Walla Walla Clinic reviewed the group's discussions on focus areas and touched on some of the comments from workgroup members between meetings.

- Focus Areas: The section on "staffing and administration" was reconciled with the "prevention" section to create a section on "preventative measures." Additionally, the sterilization/high-level disinfection topic was split into multiple sections for environmental cleaning and a specific section on high-level disinfection.
 - Environmental cleaning is a more surface-level topic, while high-level disinfection denotes a specific level of attention and specific recommendations.
- Workgroup Comments: Workgroup members discussed whether or not the recommendations will be specific to COVID-19. Workgroup members would prefer to have the recommendations be broader to outpatient infection control beyond COVID.

DISCUSS: OUTPATIENT HEALTH SYSTEM RECOMMENDATIONS

Dr. Haugen presented a document with draft recommendations for outpatient health systems for review.

- Prevention
 - Workgroup members suggested references the audience/responsible party when drafting the recommendation (such as tying hand hygiene/cough etiquette to both patients and staff)

- It is important to address vaccine hesitancy, but current best practices for addressing vaccine hesitancy are not well-defined. The best approach comes from pediatric settings, encouraging motivational interviewing.
- The recommendation for prophylactic treatment is currently specific to COVID and can be edited to be broader.
- Monitoring
 - The recommendations were amended to be more specific about the level of public health that should be notified about circulating infectious diseases.
- Administration
 - Administration recommendations should be reconciled with prevention recommendations.
- Minimizing Exposure
 - Recommendations for cleaning rooms after seeing a currently infected patient were edited to be more specific for the pathogen of concern
 - Telehealth recommendations were linked to previous Bree recommendations
 - Defining “High-Risk” patients was linked to CDC and depends on the pathogen of interest
 - Workgroup members discussed the extent that the recommendations go beyond COVID, especially for point of care testing and treatment with anti-virals
- Environmental Cleaning
 - Ventilation recommendations were added to a section on “environment of care.” Additional recommendations include the provision of PPE and disinfection of ‘cleanable’ surfaces.
- Community Spread
 - Workgroup members discussed researching best practices to partner with communities before an outbreak begins.

PUBLIC COMMENT AND CLOSE

Dr. Haugen thanked everyone for attending and opened up space for public comment. At the next meeting the workgroup will review the outpatient recommendations and begin to discuss recommendations for health plans and employers. The next workgroup meeting will be held on May 9th, 2022, and will focus on reviewing recommendations for outpatient healthcare facilities.