
Bree Collaborative | Infection Control Workgroup

June 13, 2022 | 8:00 – 9:30 a.m.

Virtual

MEMBERS PRESENT

Mark Haugen (chair), MD, Walla Walla Clinic & Surgical Center
Andrea DeLong, ARNP, Walla Walla County Department of Community Health
Daniel Kaminsky, MD, Walla Walla County Department of Community Health
Faiza Zafar, DO, FACOI, Community Health Plan

of Washington
Rebecca Brown, Walla Walla Clinic & Surgical Center
Rhonda Bowen, CIC, CPPS, CPHQ, 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 May 9th Minutes

REVIEW: EMPLOYER AND INSURER RECOMMENDATIONS

Mr. Locke reviewed some of the updated language to recommendations for employers and insurers. Mark Haugen, MD, Walla Walla Clinic reviewed the new material and invited comments.

- Employers:
 - Workgroup members discussed adding recommendations to the “minimizing exposure” section for when workers are unable to take paid time off and need to come in to work with symptoms.
 - Potential solutions include PPE, better workplace spacing/cleaning, or alternative work schedules to avoid as much overlap of in-person hours.
- Insurers:
 - Workgroup members discussed how the current coverage recommendations can facilitate infection control.
 - The biggest benefits from insurers perspective are telehealth and vaccination coverage.
 - The recommendation to waive copays for those with infectious disease was amending because it would be too difficult to implement. Instead, the workgroup recommends insurers work with infected patients to remove financial barriers to treatment.

DISCUSS: PUBLIC HEALTH AND PATIENT RECOMMENDATIONS

Dr. Haugen continued the discussion by turning to new recommendations for public health and patients. Recommendations for public health focused on communication, education, and training, as most public health agencies have their own processes for developing infection control guidelines. Recommendations for patients are meant to be educational and easy to implement.

- Public Health:

- Communication continues to be a difficulty between federal, state, and local public health, which makes it more difficult for health systems to have guidance.
- We can recommend better communication departments, but it may be difficult for local public health jurisdictions (LPHJs) to hire full-time communications staff.
- In addition to public health communication, there should be better communication between physicians and patients, as well as better communication systems within healthcare delivery as well.
- ICAR visits for technical training are great, but could do more to communicate the non-regulatory nature.
- Additional recommendations could identify further funding for public health and communicable diseases, and encourage LPHJs to partner with neighbors when needed.
- Patients:
 - One recommendation was changed to avoid encouraging patients to discuss health needs with a “trusted community leader” and instead focus on connecting with a “trusted healthcare provider”

PUBLIC COMMENT AND CLOSE

Dr. Haugen thanked everyone for attending and opened up space for public comment. Between now and July, Bree staff will synthesize all the recommendations in one draft document. At the next meeting the workgroup will review all the full draft recommendation document before sending the draft to the Bree Collaborative for public comment. The next workgroup meeting will be held on July 11th, 2022.