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## Bree Collaborative | Infection Control Workgroup

July 11<sup>th</sup>, 2022 | 8:00 – 9:30 a.m.

Virtual

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### MEMBERS PRESENT

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

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

Daniel Kaminsky, MD, Walla Walla County Department of Community Health

Rebecca Brown, Walla Walla Clinic & Surgical Center

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

Rhonda Bowen, CIC, CPPS, CPHQ, Comagine Health

### STAFF AND MEMBERS OF THE PUBLIC

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Nick Locke, MPH, Bree Collaborative

### WELCOME

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

**Decision:** Adopt June 13<sup>th</sup> Minutes

### REVIEW: DRAFT OUTPATIENT INFECTION CONTROL RECOMMENDATIONS

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Mr. Locke reviewed the changes made to the Infection Control recommendations. Since the last meeting, Bree staff added an executive summary, background for the Bree collaborative and topic selection, and a section to review the evidence behind recommendations. Mark Haugen, MD, Walla Walla Clinic led the workgroup through a review process between each of the updated introduction sections.

- Executive Summary: Workgroup members provided some minor grammar changes, especially to the first paragraph which had an incomplete sentence.
- Bree Collaborative Background: Workgroup members recommended minor edits to remove the passive voice. Additionally, workgroup members removed the reference to “telehealth” and changed to “outpatient infection control.”
  - Mr. Locke invited workgroup members to check Appendix B and make sure their name, title, and organization are listed correctly.
- Background: Workgroup members recommended additional background statistics that may be useful to provide background information. Mr. Locke will try to find the following information:
  - Add number of outpatient visits a year in the US
  - Add number for COVID-19 mortality in WA (currently includes infections and hospitalizations)
  - Add the number of outpatient visits due to infectious disease (if possible)

Following the review of background sections, Dr. Haugen led the workgroup through a review of the draft recommendations.

- Outpatient Health Systems
  - Remove brand names from “prophylactic treatment” bullet point
  - Add language to “recognize bias and barriers contributing to vaccine hesitancy”
  - Add clarification that patients should notify hospital whether they are currently infected/high-risk prior to entering the hospital building

- Add language about ventilation and clearance times for hospital rooms where patients with respiratory diseases were treated.
- Add language to notify receiving entities of any referrals of infected patients (such as urgent care or ED referrals)
- Employers:
  - Include local public health jurisdictions for monitoring/reporting infectious disease.
  - Some bullet points were duplicated from “outpatient health systems” but this is intentional because readers may only skip to the portion of the document which applies to them instead of reading through all recommendations.
- Insurers:
  - The workgroup discussed adding coverage only for “approved” diagnostic tests, but members agreed that insurers would only provide coverage for approved tests either way.
  - Workgroup members spent time discussing the best way to reimburse infection control practices. Currently, the document recommends infection control metrics for value-based purchasing, as well as increasing patient payments to offset infection control costs.
    - Workgroup members elected NOT to ask insurers to cover PPE, as this is the obligation for employers/clinics.
    - However, workgroup members suggested that insurers increase per patient payments overall as a mechanism to offset increased infection prevention practices that are not likely to decrease anytime soon.
- Public Health:
  - No comments/changes were made for the public health section.
- Patients:
  - More recommendations were added to encourage patients to wash their hands and follow DOH tips if they are at high-risk for infectious disease.
  - Mr. Locke will add more links to relevant recommendations to the patient section to make it easier to follow-up on recommendations.

Finally, Dr. Haugen asked workgroup members if they had any additional comments about the “Review of Evidence” section. Workgroup members did not have any specific comments, only a few grammar changes.

#### **PUBLIC COMMENT PERIOD AND APPROVAL OF DRAFT FOR PUBLIC COMMENT**

Dr. Haugen thanked everyone for attending and asked about next steps. The next full Bree Collaborative meeting will be held on Wednesday, July 27<sup>th</sup>. The infection control workgroup elected to send the current draft to the full Bree to approve for public comment. If the full Bree approves the draft for public comment, the public comment period will begin in August. The infection control workgroup tentatively plans on reconvening on Monday, September 12<sup>th</sup> to review public comments and make edits for the final version of the draft.

**Action:** Approve current draft to send to the Bree for approval for public comment.