The Bree Collaborative
Infection Control Charter and Roster

**Problem Statement**

The past several decades have seen a significant shift in healthcare delivery from inpatient to outpatient settings, yet outpatient settings often lack the infrastructure or resources to support infection prevention and surveillance activities.¹ The COVID-19 pandemic has demonstrated the importance of infection control measures and as of December 2021 over 800,000 Washingtonians have been infected.² At the same time, strong infection control policies and procedures introduced during the COVID-19 pandemic like physical distancing and masking have disrupted the circulation of other respiratory viruses and infectious diseases.³

**Aim**

To help standardize infection control practices in the outpatient setting in order to mitigate the spread of prevalent infectious diseases.

**Purpose**

To propose evidence-informed recommendations to the full Bree Collaborative on practical and evidence-based methods for implementation of infection control in the outpatient setting, including:

- Outpatient transmission-based protocols, sterilization and disinfectant protocols.
- Accessing appropriate testing, PPE, and other needed resources.
- Surveillance of infectious disease transmissibility.
- Developing clinical workflows for high-risk/crisis situations.
- Partnering with patients to provide education about disease risk.
- Engaging community leaders to mitigate community spread.
- Designing benefits and incentives to help encourage behavior change.
- Applying existing infection control guidelines to the varied resources available in outpatient settings.

**Duties & Functions**

The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Maintain an equity lens throughout the guideline development process.
- Align recommendations with federal, state, local, and manufacturer guidance when possible.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.
Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Mark Haugen, MD (chair)</td>
<td>Family Medicine Physician</td>
<td>Walla Walla Clinic &amp; Surgery Center</td>
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<tr>
<td>Anne Sumner, BSN, MBA</td>
<td>VP Head of Operations</td>
<td>Baker Boyer Bank</td>
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<td>Cathy Carrol</td>
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<td>WA Health Care Authority</td>
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<td>Faiza Zafar, DO, FACOI</td>
<td>Medical Director</td>
<td>Community Health Plan of Washington</td>
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<td>Larissa Lewis, MPH, CIC</td>
<td>HAI Education and Guidance Development Supervisor</td>
<td>WA Department of Health</td>
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<td>Lisa Hannah, RN, CIC</td>
<td>Infection Prevention Team Supervisor</td>
<td>WA Department of Health</td>
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<td>Lisa Waldowski,DNP, CIC</td>
<td>Regional Director, Infection Prevention and Control</td>
<td>Kaiser Permanente</td>
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<td>Rhonda Bowen, CIC, CPPS, CPHQ</td>
<td>Senior Improvement Advisor, Patient Safety</td>
<td>Comagine Health</td>
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<tr>
<td>Stephanie Jaross, BSN, RN</td>
<td>ASC Director</td>
<td>Proliance Center for Outpatient Spine and Joint Surgery</td>
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<tr>
<td>Sierra Bertolone-Smith</td>
<td>Medical Student</td>
<td>Pacific Northwest University of Health Sciences</td>
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3 Centers for Disease Control and Prevention. (July 2021) Changes in Influenza and Other Respiratory Virus Activity During the COVID-19 Pandemic. https://www.cdc.gov/mmwr/volumes/70/wr/mm7029a1.htm