

### Reliable Design of IP Programs (Sue)

1. Is there a standard guideline for how IP programs are structured?
2. What determines the structure of an IP program in any given California hospital?
3. Is there always a medical director of the IP program?
4. In your experience what reporting structure is the most effective for an IP program?
5. Is there a standard position description for the Medical director of an IP Program?
6. What would be the benefit of having a standard for an IP program?
7. What is the benefit of physician leadership in an IP program?
8. Could you describe your vision of a good staffing model for an IP program department for a 300 bed hospital with 10 associated clinics?
9. ROI - why we should IP Programs be resourced - two slides - Reliable design of ID and IP

### Individual IP/Competency Model (Frank)

1. CIC required?
2. Validation of competency
3. Silo approach for large facilities - device associated and SSI and HH
4. Review of HAI data and how to validate data AKA secondary review - Medical Director role
5. Training for profession vs. function
6. SP specialists for endoscope reprocessing

### CDC Regional Work / Continuum of Care (Jamie)

1. Home care, dialysis, infusion, ambulatory clinics, LTCF, SNF - IP Programs cover this? readmission rate
2. Project clear - decolonization post discharge showing promising results
3. Adversarial vs. team CDC and PHD - regulatory vs. program
4. **More outpatient vs. inpatient - IP Programs resourced for oversight of both**
5. Post op dressing by LTCF, SNF - standardizing among surgeons to support reliable care
6. Hospitals not always forthcoming with HAI data - how at address
7. **Outbreak requires notifying PHD, L&C - not necessarily helpful (regulatory)** CRE now reportable but not visible to public in LA county - voluntary disclosure to public health - regulators vs. PHD
8. Gaming - Bias towards under-reporting due to rates tied to pay, and APIC focus on Zero infections - kill the messenger

### Public Health/Antimicrobial Stewardship (Arjun)

1. IP role - be prepared with sharing opinion re: MD and Pharmacy - vs. IP - no training - but required involvement by TJC - Lab results regarding antibiotic impact on CDI, and other MDRO - what does it look like for LTCF/SNFs?
2. ASP inpatient and outpatient
3. Outbreaks - pandemic - serratia and heparin - IP/CDC collaboration; collaborating vs. adversary with PHD - what's the point EPI must report to L&C

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