HAI Collaborating Partners Committee

Operating Guidelines

Draft

**Mission:**

The HAI Collaborating Partners Committee will assess and analyze the status of infection prevention and control in the state of Maine and make recommendations on state strategies for the reduction of healthcare associated infections across all healthcare settings.

**Objectives:**

1. Provide guidance to the Maine Quality Forum (MQF) for the reporting of metrics related to healthcare associated infections for Chapter 270.
   1. Evaluate the completeness and the accuracy of reporting requirements.
   2. Establish priorities for external validation studies.
   3. Recommend additions and deletions of HAI related metrics.
2. Evaluate successfulness of the State HAI Plan and update as needs/priorities demand.
   1. Review infection prevention and control data on a state level.
   2. Develop mitigation strategies for addressing identified gaps in infection prevention and control.
   3. Analyze healthcare associated infection data by region to assess infection/pathogen threat.
   4. Provide guidance to address potential emerging threats.

**Membership:**

This volunteer committee shall include persons with expertise in the surveillance, prevention, and control of healthcare associated infections; safe and effective medication use; clinical laboratory testing, healthcare facility administration and nursing leadership; infectious disease and patient care; healthcare preparedness activities; accreditation and licensing; as well as representatives from applicable state healthcare associations and coalitions.

**Staff:**

This committee will be chaired by a representative from each of the following organizations:

* Maine Center for Disease Control (Maine CDC)
* Maine Quality Forum (MQF)

**Decision Making**

Recommendations within the Group will be made by consensus which means that:

* The particular question to be answered or problem to be solved is clear
* We understand enough about the issue to make a recommendation
* Every point of view is heard, although not necessarily incorporated
* Recommendations will be made only when a quorum is present, defined as a majority of active members.
* If the members of the committee can’t agree, than a majority of those present may decide.
* The recommendation is drafted immediately

# Meeting Format

* Meetings start and end on time
* Meetings always start with welcome, explanation of the agenda, review of the ground rules, and introductions.
* Meetings always end with a preview of topics expected for the next meeting and a group evaluation of the meeting and overall process.

# Ground Rules

* Understand all views before forming final recommendations
* Give input in the best interests of the overall effort
* Accept that all suggestions may not be feasible and that others may have different suggestions
* Facilitator manages the process and serves the group as a whole from a neutral perspective
* Be on time and be prepared for meetings
* Chairs calls on people so everyone gets and equal chance to speak
* Phone participation is welcome although not encouraged
* Meetings and related processes are regularly evaluated and improved
* If you share information by e-­‐mail between meetings, share it with the whole group (although it’s okay to privately share personal opinions)

# Schedule

* XX of every other month -­‐
* Within two weeks after – Draft Meeting Notes circulated to whole Group for review and comments

# Role of Chair

* Develop draft agendas and final agendas with input from Committee Group Members.
* Prepare meeting notes.
* Distribute and post final Agendas, Meeting Notes, and other relevant documents.
* Coordinate preparation of materials and the overall schedule
* Be available to all Committee Members to address process concerns and facilitate discussions that result in shared understanding and agreement.

**Responsibilities of Members**

* Members should make every effort to attend all meetings to assure that recommendations reflect the informed opinions of the Committee’s diverse membership. In the event that a member is unable to attend a meeting in person or via telephone, a proxy is permitted but must be knowledgeable and have the authority to speak and vote for the member.
* Members were selected to serve on this Committee because of their knowledge and the importance of HAIs to their practices, patients, peers or constituents. When deliberating on an issue, members are asked to consider the interests of the group that they represent rather than a personal opinion. To the extent possible, members are expected to share information with their constituent group between meetings and to incorporate those broader viewpoints during meeting discussions.
* Members should review materials sent in advance of each meeting so that meeting time can be efficiently used to discuss and deliberate the issues under consideration.
* In advance of discussion or when a potential conflict of interest becomes apparent, members are asked to disclose to the Committee the nature of any conflict they may have on an issue. Conflict of interest is broadly defined to include a situation in which a member is in a position to derive personal benefit from actions or decisions made by the Committee, other than the obvious improvement in the quality of care.

**Role of Subcommittees -TBD**