







MEETING SPONSORED BY:



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In-Person Lunch Networking... Will return at 1:00pm PST for our virtual presentation.



(VIRTUAL PRESENTATION AT 1PM PST)

- Education Presenter: J. Darrell Hicks, BA, MESRE, CHESP, CMIP
- Presentation: The 2024 Joint Commission's NEW Infection Prevention and Control Chapter –
 Focus on the Role of Disinfecting Surfaces in "Close Proximity to the Patient"
 - 1. Build awareness of the New and Revised TJC Infection Control Chapter Effective July 1, 2024
 - 2. Introduce Element(s) of Performance for IC.06.01.01 pertaining to cleaning and disinfection in healthcare facilities
 - Discuss the CDC's "Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings" Environmental Cleaning and Disinfection
 - 4. Define terms that inform our decisions
 - 5. Explore the world of hospital-grade chemical disinfectants
 - 6. Explain dry-surface biofilm and why it is the Unseen Threat
 - 7. Look into the challenges that soft-surfaces present to disinfection
 - 8. Aid in the selection of the BEST disinfectant for the challenges in 2024 and beyond



Empowering you to **Be The Difference**® in infection prevention—transforming patient care and improving outcomes



Environment of care

From daily, facility-wide use to outbreak situations, PDI's complete line of disinfectants and cleaners addresses your environment of care needs.



*Market leadership claims based on Q3 2022 Clarivate Data, excluding Easy Screen®

Sani-Cloth® Prime Wipes

Bactericidal, tuberculocidal, virucidal, fungicidal

Protect your patients, staff, and facility

Rapid disinfection & cleaning

- + 1 minute kill time bactericidal reduces the time to disinfect a room
- + Effective against 56 microorganisms, including C. auris and TB, in 1 minute; Clorox® HP kills TB in 5 minutes

Power to protect

- + Broadest range of protection against MDROs
- + Kills 90% of the most common pathogens causing HAIs including *C. auris*
- + Kills 17 MDROs; Clorox HP kills 14; CaviWipes1[™] kills 7
- + Kills 5 strains of MRSA, 8 strains of CRE, and VRE
- + Kills Norovirus in 3 minutes.

Compatible

- + Does not require personal protective equipment (PPE) under normal conditions**
- + Compatible with commonly used materials***













Sani-HyPerCide® Wipes



Bactericidal, tuberculocidal, virucidal, fungicidal, sporicidal

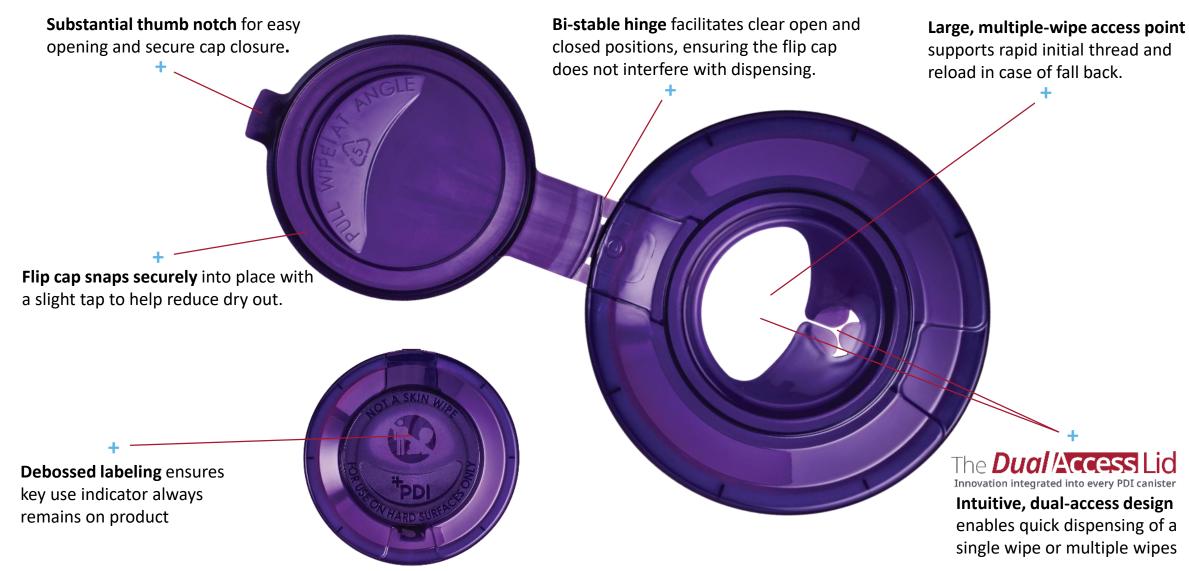
Powerful disinfection made easier

Powerful H₂O₂ disinfectant

- + Sani-HyPerCide disinfectant's Hydrogen Peroxide formula provides a powerful solution to kill a broad spectrum of the most prevalent healthcare pathogens, including *C. diff.**, *C. auris* and Norovirus
- + Rapid efficacy: 1 minute overall contact time with the ability to address *C. diff*. in 5 minutes
- + An apple cider vinegar like scent that is more acceptable than bleach
- + 24 efficacy claims at 1 minute for wipes



Features of the Dual Access Lid



Super Sani-Cloth® Wipes Softpack

The same trusted Super Sani-Cloth wipes, now in a new softpack

- Easy to use, intuitive and portable design provides greater flexibility
- Provides greater flexibility and 80% reduction in packaging¹
- + 8.2" x 9.8" wipe size
- + 80 wipes/softpack, 9 softpacks/case















Super Sani-Cloth® Wipes Softpack Sustainability

You're concerned about a clean environment. So are we.

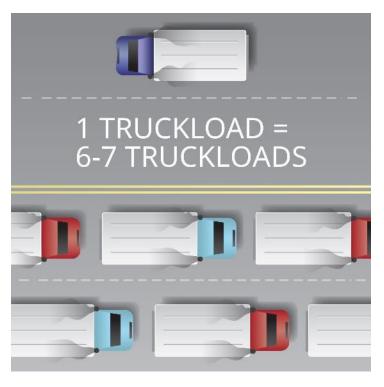




80% less plastic than canisters and reduces the overall waste footprint¹



Super Sani-Cloth Wipes Softpack occupies 52% less space compared to a large canister²



One truckload of softpack packaging materials equals 6-7 truckloads of large canister packaging materials²

¹In comparison to weight of plastic for similar canister format; data on file. PDI large canisters (160 wipe count) and softpacks (80 wipe count) contain approximately the same amount in square inches of wipe material per container.

²Data on file

Easy Screen® Cleaning Wipe

Finally, a compatible touchscreen cleaner that works at the speed of technology.

- + Features the power of 70% isopropyl alcohol (IPA)
- + Compatible with touchscreen healthcare equipment*
- + Removes dirt, grime, fingerprints, and smudges
- + Fast drying and anti-streaking
- + Available in canister and packet format for ease of use



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Easy Screen® Cleaning Wipe

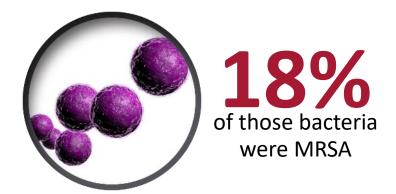
New AORN Guideline for Surgical Attire

+ "Clean cell phones, tablets, and other personal communication or hand-held electronic equipment according to the device manufacturer's instructions for use before these items are brought into the OR, and perform hand hygiene." 1

Of the 200 healthcare workers' mobile phones sampled,



72% were contaminated with bacteria



+ "Researchers recommended *regular cleaning* of cell phones and other hand-held electronic devices to *reduce* the number of microorganisms present on the devices which *helps to protect* patients from the risk of HAIs.^{2,3}



^{1.} AORN Guideline For Surgical Attire, Section 9. Personal Items, Recommendation 9.2, page 12

^{2.} Datta P, Rani H, Chandler J, Gupta V. Bacterial contamination of mobile phones of health care workers. Indian J Med Microbiol. 2009;27(3):279-281. [IB]

^{3.} Cleaning the screen of your mobile device with a wipe containing alcohol may reduce the lifespan of any anti-fingerprint coating. Please check your device manufacturer's cleaning instructions. Energized electronic equipment use only.

Prevantics Device Swab & Swab Strip

First and ONLY 3.15% chlorhexidine gluconate and 70% isopropyl alcohol solution with FDA clearance to disinfect needleless access sites prior to use and blood culture bottle tops









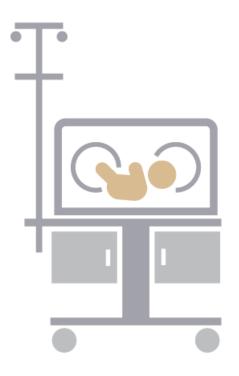


US clinical guideline for disinfection of needleless access devices

Organization and guideline	Port/hub cleansing recommendations
Centers for Disease Control and Prevention: Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011 www.cdc.gov	Minimize contamination risk by scrubbing the access port with an appropriate antiseptic (chlorhexidine, povidone iodine, an iodophor, or 70% alcohol) and accessing the port only with sterile devices.
Infusion Nurses Society (INS): Infusion Nursing Standards of Practice (#34), 2016 www.ins1.org	Perform a vigorous mechanical scrub for manual disinfection of the needleless connector prior to each VAD access and allow it to dry. Acceptable disinfecting agents include 70% isopropyl, iodophors (i.e. povidone-iodine), or >0.5% chlorhexidine in alcohol solution. Disinfect needleless connectors prior to each entry into the device. Once removed, caps are discarded and are never reattached to the needleless connector. After removal, multiple accesses of the VAD may be required to administer a medication (e.g. flush syringes and administration sets) and require additional disinfection before each entry. Consider using a vigorous 5-to-15 second scrub time with each subsequent entry into the VAD, depending upon the needleless connector design.
Society for Healthcare Epidemiology or America (SHEA): Strategies to Prevent Central-Line Associated Bloodsteam Infections in Acute Care Hospitals, 2014 www.shea-online.org	Before accessing catheter hubs, needleless connectors, or injection ports, vigorously apply mechanical friction with an alcohol chlorhexidine preparation, 70% alcohol or povidone-iodine. Alcoholic chlorhexidine may have additional residual activity compared with alcohol for this purpose. Apply mechanical friction for no less than 5 seconds to reduce contamination.
The Joint Commission: Preventing Central Line-Associated Bloodstream Infections: Useful Tools, An International Perspective, Nov 20, 2013 www.jointcommission.org/CLABSIToolkit	To scrub the hub: Use a scrubbing device with an alcohol product such as chlorhexidine with alcohol or 70% alcohol to disinfect catheter hub and stopcocks. Rub for 10 to 15 seconds (unless directed otherwise by the manufacturer's instructions), generating friction by scrubbing in a twisting motion as if you were juicing an orange. Make sure you scrub the top of the hub well, not just the sides.
APIC: Guide to Preventing Central Line-Associated Bloodstream Infections, 2015 Apic.org/Resource	Scrub the injection site of needleless connector attached to the hub (or injection site on an IV administration set) for 15 seconds with alcohol or chlorhexidine gluconate (CHG)/alcohol prior to accessing central line (e.g. withdrawing blood, administering IV medication or fluids).
CDC: Hemodialysis Central Venous Catheter Scrub-The-Hub Protocol, 2016 www.cdc.gov/dialysis/prevention-tools/scrub-protocols.html	Remove the caps and disinfect the hub with a new antiseptic pad for each hub. Scrub the sides (threads) and end of the hub thoroughly with friction, making sure to remove any residue (e.g. blood).

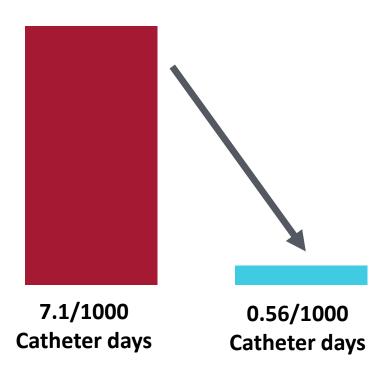
The **Prevantics**® Difference

Prevantics® Device Swab attained a 92% infection rate reduction and sustained zero CLABSIs



NICU

STUDY





Prevantics[®] Swabsticks

- + 1.6 mL Swabstick and 5.1 mL Maxi Swabstick: approved for preinjection and preoperative use
- Unique 2-sided applicator for inter-digital areas and skin folds
- Demonstrated continued antimicrobial activity for up to 7 days¹
- Packaged as a la carte/individual units as well as bulk format for use in kits









^{*}Swabstick and Maxi Swabstick use on dry sites only. For wet sites: 120 second scrub and 90 second dry. 1-Swabstick and Maxi-Swabstick. 2014 Prevantics" Clinical Compendium.

Profend® Nasal Decolonization Kit

- + Quick, 60 second total treatment time
 - 4 swabsticks per patient
 - 2 swabsticks per nostril for 15 seconds each
- + Neat, dry-handle design minimizes mess
- + Assured treatment compliance as product is applied by clinician 1 hour prior to surgery
- + Suitable for use in the OR and ICU as well as for MRSA and *S. aureus*-colonized patients¹
- + Kills 99.7% of *S. aureus* at 10 minutes, 1 hour and 99.9% at 12 hours²





¹Sievert D. Antimicrobial-resistant pathogens associated with healthcare associated infections: summary of data reported to the NHSN at the CDC, 2009-2010. *Infect Control Hosp Epidemiol*. 2013;34(1):1–14.

²PDI in vivo Study 0113-CTEVO

Patient experience and HCAHPS

Patient satisfaction scores directly impact whether your hospital receives 1-2% of Medicare reimbursement each year or not.

+ Provide your patients with the best experience possible





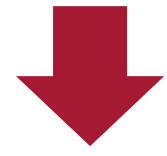
Patient hand hygiene and Clostridioides difficile*

+ Patient hand hygiene program with **Sani-Hands**® wipes implemented at a 495-bed university-affiliated medical center.

Results:







C. diff SIRs showed a statistically significant decrease

"Although alcohol is not considered to be an effective agent for killing C. diff spores, it can be theorized that the alcohol wipes provided mechanical cleansing of the patients' hands, which removes organic debris and, potentially, spores from the skin surface." 1

Point-of-Care Solutions

We don't just stop at products. We carry through to point of implementation.

High Traffic Areas

Wall, Stationary & Mobile Equipment Mounting

Counters, Flat Surfaces & Isolation Carts







^{*}Cleaning the screen of your mobile device with a wipe containing alcohol may reduce the lifespan of any anti-fingerprint coating. Please check your device manufacturer's cleaning instructions.

Point-of-Care Solutions

We don't just stop at products. We carry through to point of implementation.

High Traffic Areas



Hand Hygiene Station



Safety Station



Respiratory Hygiene Cough Etiquette

Station



Pop Up Multi-Canister Floorstand

Walls & Mobile Equipment



Sani-Bracket®

Point-of-Care Solutions

Sani-Bracket®

+ Fits medium, large & extra-large canisters







Thank you



PDI 400 Chestnut Ridge Road Woodcliff Lake, NJ 07677



INTRODUCTIONS & RECOGNITIONS

- New Members or Visitors
- New CIC certifications or re-certifications



OLD BUSINESS

JARROD BECASEN

- April minutes
- Vendor Liaison vacancy board approved for an appointed backfill for second position. Accepting interests until end of May.
- Community Outreach w/ #TeamAryeh
 - Volunteers < 12
 - Vendor fundraiser goal \$500



Keeping families close"



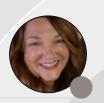


Tina Foudy (3M) Vendor Liaison





Kim Delahanty, BSN, PHN, MBA/HCM, CIC, FAPIC Legislative Representative



Frank Edward Myers III, M.A., CIC, FAPIC President Elect



Margaret "Maggie" Turner, M.Ed., FAPIC (CIC), PHN, BSN, RN Immediate Past President



Kristyn Schumacher BSN, RN, PHN, CIC, VA-BC Treasurer









Jarrod Becasen, MPH, CIC President



Margaret "Maggie" Marlatt, BSN, RN, PHN Secretary



Heidi Campas-Higgins, RN, BSN Social Committee



Christian B. Andaya, RN, BSN, CIC Social Committee



Latrice Jackson-Washington, MPA, BSHS Social Chair & Committee



Liz Jefferson, B.S., Ph.D., CIC Membership Chair



Kai A. Bryant, MPH, CLS, CIC, CHSP, LSSBB **Education Chair & Committee**



Kyle Mataya, RN, CIC, LTC-CIP, CRCST **Education Committee**



2024 CHAPTER GOALS

- Elevate Infection Preventionists as essential advocates, leaders, and experts
 - Increase member certification (CIC®, a-IPC™, LTC-CIP) by 5% from December 2023 within 1 year
- Foster development of the next generation infection prevention and control workforce
 - Improve LTC IP membership and engagement through educational outreach and chapter representation
 - Host a infection prevention educational conference to provide continuing education and network with industry partners by September 2024
 - Host a virtual infection prevention educational webinar geared towards California SNF & LTCF IPs by November 2024



NEW BUSINESS

JARROD BECASEN

- Chapter Conference Planning Committee
 - SAVE-THE-DATE: September 20, 2024
 - Preview flyer went out with .ics share/forward
 - Vendor registration opened share/forward
- Health Advisory Updates
 - Botulism-like Illness After Cosmetic Injections
 - Highly Pathogenic Avian Influenza A(H5N1) Virus
 - Chagas Disease Now Locally Reportable
- CMS Proposed Rule open for comment until June 10, 2024
 - CY2026/FY2028 reporting period adopting the reporting of "CAUTI-onc" and "CLABSI-onc" into Hospital IQR Program







MEMBERSHIP REPORT

LIZ JEFFERSON



TREASURER REPORT

KRISTYN SCHUMACHER



LEGISLATIVE REPORT

KIM DELAHANTY

CLR reports in new website location







Chapter Legislative Representative Meeting

March 25, 2024



APIC Advocacy



APIC Advocacy

Coalition Letters:

- Letter supporting the Public Health Loan Repayment Program and the Bio-Preparedness Workforce Pilot Program.
- American Statistical Association letter supporting increased funding for the National Center for Health Statistics
- Data: Elemental to Health letter supporting the Data Modernization Initiative and the Center for Forecasting and Analytics.
- CDC Coalition letter supporting \$11.6 billion in topline funding for the CDC.





Virtual Advocacy

Become an APIC Virtual Advocate!

- APIC is searching for new virtual advocates!
- Should take less than 2 minutes to fill out.
- Opportunity for meetings with your legislative members to influence change on the state and local level!
- APIC staff will provide talking points throughout the process and be available for any questions!

Scan QR code to access the virtual advocacy network!





Chapter Meetings

Invite Us to a Chapter Meeting!

- APIC Public Policy staff would love an opportunity to update your chapter on the lasting policy items
- Reach out to Rosha (<u>rchowdhury@apic.org</u>) or Rich at (<u>rcapparell@apic.org</u>) to learn more
- Thank you to the chapters that have reached out so far this year





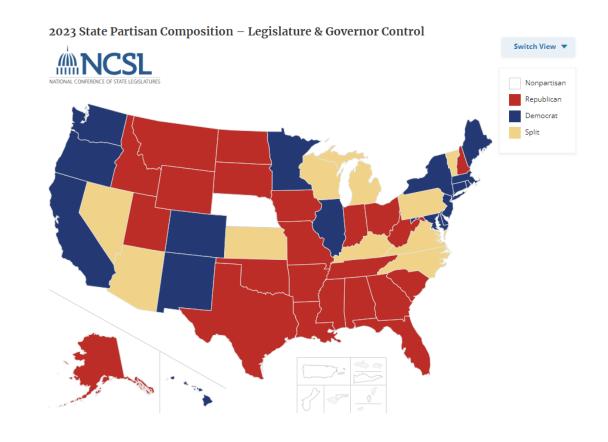
State Update

State Advocacy

State legislative sessions coming to an end:

- Florida 3/8
- Georgia 3/28
- Idaho 3/29
- Indiana 3/8
- Iowa 4/16
- Kentucky 4/15
- Maine 4/17
- Maryland 4/8
- Nebraska 4/18
- New Mexico 2/15

- Oregon 3/7
- South Dakota 3/25 (ENDS TODAY)
- Utah 3/1
- Virginia 3/9
- Washington 3/7
- West Virginia 3/9
- Wisconsin -3/12
- Wyoming 3/8





Federal Update



Federal Environment

Current State of Appropriations – FY 2024

- Finally passed all bills for FY 2024
 - March 9 VA, Transportation, State etc.
 - March 23 70% of discretionary spending including Defense and Labor-HHS
- Most of our priorities were flat funded
- One of the latest budgets in the modern era this was supposed to be in place October $\mathbf{1}^{\text{st}}$ of last year
- On to FY 2025!



Funding Level	FY 2025 President Budget	FY 2024	FY 2023
Advanced Molecular Detection	\$40M	\$40M	\$40M
Agency for Healthcare Research and Quality	\$387.3M	\$369M	\$373.5M
Antibiotic Solutions Resistance Initiative	\$207M	\$197M	\$197M
Center for Forecasting and Outbreak Analytics	\$50M	\$50M	\$55M*
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Centers for Disease Control and Prevention	\$9.683B	\$9.2B	\$9.2B
Department of Health and Human Services	\$130.7B	\$127.3B	\$117.5B
Epidemiology and Laboratory Capacity	\$40M	\$40M	\$40M
	\$12M	\$12M	\$12M
	\$24M	\$50M	\$24M



APIC Federal Priorities

118th Congress

- Representative Kay Granger is stepping down from the Appropriations Committee
- Representatives Mike Gallagher (April 19) and Ken Buck (March 22) departures make an even thinner majority
- Senate Minority Leader McConnell leaving leadership
- Representative Marjorie Taylor Greene filed a motion to vacate the Speaker



NOMINATING & AWARDS REPORT

CLAUDIA SANCHEZ GOAD & LISA MATTIA



EDUCATION REPORT

KAI BRYANT & KYLE MATAYA



SOCIAL REPORT

LATRICE JACKSON-WASHINGTON, HEIDI CAMPAS-HIGGINS, CHRISTIAN ANDAYA

- Summer Social Event
 - Opportunity raffle
 - Membership drive
 - Food, games, & more
 - RSVP by June 25 ALL WELCOME
 - https://sdapic.org/2024-summer-event/



HAI LIAISON & ADVISORY REPORT

MAGGIE TURNER, DEWEESE QUIGLEY

- Education opportunities for new IP training, and CEUs/IPUs for relicensing for RNs and CIC certification renewal
 - SNF IP modules for new IPs now available: 18 CEUs
 - ACH IP modules slated to go online in July: 20 CEUs when reposted
- Will be working on upcoming education on infection control plan & risk assessment for IPs
- New QSO 24-08 for Nursing Homes mandates Enhanced Barrier Precautions (EBP) implementation
 - Will be working to align CDPH HAI's Enhanced Standard Precautions from 2022 to Enhanced Barrier Precautions, with some California considerations
 - AFL mandating EBP is under review and pending
- Next HAI Advisory Committee meeting: June 4 2024 10 am 12 noon
 - www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAICommitteeAndLaws.aspx#:~:text=The%2 0Healthcare%20Associated%20Infection%20(HAI,Health%20and%20Safety%20Code%20128 8.5).



CA APIC

JESSICA ALICDAN, JARROD BECASEN

Meeting schedule posted

https://community.apic.org/cacc/events/meetings

Joint Chapter Education Schedule

https://community.apic.org/cacc/events/jointchapter

- Foundations Planning Committee
- <u>CA APIC</u> 4x \$500, 2-3x \$1,000





IDAC REPORT

LISA KILGORE

- https://idac.org/
- IDAC 38th Annual Southern California Symposium
 - July 13-14, 2024 7:30 AM Huntington Beach Hyatt Regency
 - **\$400.00++**
 - Hospital Onset Bacteremia and Peripheral IV Surveillance Jessica Alicdan, MPH, CIC



GERM COMMISSION REPORT

FRANK MYERS

- San Diego County Medical Society Group to Eradicate Resistant Microorganisms
 Commission
- http://www.sdcms.org/about-sdcms/committees-commissions/sdcms-germcommission.aspx
- Meets: Quarterly (February, May, August, November)



LONG TERM CARE LISA KILGORE



AMBULATORY CARE

JANESSA ESTEBAN



PEDIATRIC CARE

RADY CHILDREN'S



COUNTY EPIDEMIOLOGY

GRACE KANG & MARA RAUHAUSER



ANNOUNCEMENTS, QUESTIONS, & COMMENTS

- Survey preparedness, Survey experiences
- Announcements
- New Positions in San Diego or Imperial County
- Questions/Round Table Discussion

• Next Hybrid Meeting: July 10, 2024

