Healthcare-Associated Infections Advisory Committee

June 28, 2017
1:00 – 3:00 pm
800 NE Oregon St., Portland, OR 97232, Room 1B
Phone: 877.873.8018 (passcode: 7872333)

Category	Item	Presenter	Time
Committee Business	1. Call to order & roll call	Genevieve Buser, Providence Portland (Chair)	1:00 – 1:05
	2. Introductions and membership updates	Roza Tammer, OHA	1:05 – 1:15
	3. Approve March 2017 minutes	All members	1:15 – 1:20
	4. Outbreaks update 2017	Alexia Zhang, OHA	1:20 – 1:30
	5. ICAR update	Mary Post, OPSC	1:30 – 1:45
	6. Annual CDC report	Roza Tammer	1:45 – 1:55
Break			1:55 – 2:00
	7. Annual HAI Program report	Roza Tammer	2:00 – 2:20
	8. NICU collaborative update	Judy Guzman-Cottrill, OHSU	2:20 – 2:35
	9. MDRO Toolkit	Judy Guzman-Cottrill	2:35 – 2:45
	10. Discussion: Themes & topics for future 2017 meetings	All members	2:45 – 2:55
	11. Public comment	Open	2:55 – 3:00
	12. Adjourn	Genevieve Buser	3:00

Objectives for 6/28/2017 HAIAC meeting:
- Approve March meeting minutes
- Review ICAR activities
- Discuss CDC's upcoming HAI data report
- Discuss HAI Program's upcoming HAI annual report
- Update on NICU collaborative activities
- Update on MDRO Toolkit progress
- Brainstorm themes and topics to address at future meetings

Healthcare Associated Infections Advisory Committee (HAI AC) meeting

March 15, 2017   PSOB –Room 1D
1:00-3:00 pm   800 NE Oregon St.
                                                            Portland, OR 97232

APPOINTED MEMBERS PRESENT:	• Paul Cieslak, MD, Medical Director, Acute and Communicable Disease Prevention, Oregon Health Authority • Kelli Coelho, RN, CNOR, MBA, Clinical Director, RiverBend Ambulatory Surgery Center • Larlene Dunsmuir, DNP, FNP, ANP-C, Assistant Executive Director of Professional Services, Oregon Nurses Association • Jon Furuno, PhD, Associate Professor, Oregon State University/OHSU College of Pharmacy • Jamie Grebosky, MD, Vice President of Medical Affairs/Chief Quality and Patient Safety Officer, Asante Health (phone) • Melissa Parkerton, MA, Interim Executive Director, Oregon Patient Safety Commission • Rebecca Pawlak, MPH, Director of Public Policy, Oregon Association of Hospital and Health Systems (phone) • Mary Shanks, RN, MSN, CIC, Infection Preventionist, Kaiser Westside Medical Center • Dee Dee Vallier, Consumer Advocate (phone)
APPOINTED MEMBERS EXCUSED:	• Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc. • Pat Preston, MS, Executive Director, Center for Geriatric Infection Control • Dana Selover, MD, MPH, Manager, Healthcare Regulation and Quality Improvement, Oregon Health Authority
OTHER PARTICIPANTS PRESENT:	• Deborah Cateora, BSN, RN, Healthcare EDU/Training Coordinator and RN Consultant, Office of Licensing and Regulatory Oversight, Oregon Health Authority (phone) • Jennifer Graham, MPH, Medical Countermeasures Coordinator/CHEMPACK State Coordinator, Health Security, Preparedness, and Response, Oregon Health Authority • Debra Hurst, RN, BSN, CIC, Environmental Health Consultant (phone) • Rachel Plotinsky, MD, Medical Director of Infection Prevention Program, Providence St. Vincent Medical Center (phone) • Mary Post, RN, MS, CNS, CIC, Director, Infection Prevention, Oregon Patient Safety Commission

| OTHER PARTICIPANTS EXCUSED: | • Beth DePew, Regional Liaison, Health, Safety and Public Health Response, Oregon Health Authority
• Laurie Murray-Snyder, Hospital Improvement Innovation Network Project Lead, HealthInsight Oregon (phone)
• Nancy O'Connor, RN, BSN, MBA, CIC, Director, Oregon Regional Infection Prevention, Providence Health and Services
• Teresa Shepherd, RN, Sterilization and Disinfection Consultant |

| OHA STAFF PRESENT: | • Richard Leman, MD, MPH, Health Security Preparedness and Response (HSPR) Chief Medical Officer
• Alyssa McClean, MPH, AWARE Coordinator
• Monika Samper, RN, HAI Reporting Coordinator
• Lisa Takeuchi, MPH, HAI Epidemiologist
• Roza Tammer, MPH, CIC, HAI Reporting Epidemiologist
• Dat Tran, MD, Public Health Physician
• Alexia Zhang, MPH, HAI Epidemiologist |

| ISSUES HEARD: | • Call to order and roll call
• Approval of September 28 and December 14, 2016 Healthcare Associated Infections Advisory Committee (HAIAC) meeting minutes
• Outbreaks 2017
• Bed availability crisis: Acute care perspective and the Oregon Crisis Care Guidance
• Update on National Healthcare Safety Network (NHSN) version 8.6
• 2016 Healthcare Associate Infections (HAI) annual report
• HAIAC roster
• Public comment
• Discussion: Themes and topics for future 2017 meetings
• Adjourn |

These minutes are in compliance with Legislative Rules. <u>Only text enclosed in italicized quotation marks reports a speaker's exact words.</u> For complete contents, please refer to the recordings.

Item	Discussion	Action Item
Call to Order and Roll Call (Mary Shanks, Kaiser Westside, Committee Chair)	Quorum met. Sixty-seven percent of the appointed members present.	No action items

Approval of September and December 2016 HAIAC Meeting Minutes (All Committee Members)	September 28 and December 14, 2016 minutes were approved.	No action items

Outbreaks Update 2017 (Alexia Zhang, Oregon Health Authority)	• Outbreak snapshot for 01/01/2017-03/07/2017
	    o Healthcare associated infections (HAI) account for 81% of all outbreaks from January to March
	    o Most common etiology was influenza A followed by respiratory outbreaks
	    o Increase in norovirus or mixed outbreaks started to increase in late February
	    o Outbreaks of interest:
	      ▪ Mumps outbreak among wrestlers
	        ❖ 13 cases from 6 counties
	        ❖ Age range 10-54, mostly male
	        ❖ Provider reported 2 wrestlers from the same family wrestled while communicable
	        ❖ Most recent case with onset in mid-February
	      ▪ *E. coli* O157 related to I.M. Healthy Brand soy nut products
	        ❖ Since 03/17, 16 people from 9 states have been affected
	        ❖ Six cases have been hospitalized, four with Hemolytic Uremic Syndrome
	        ❖ Two cases are from Oregon
	      ▪ Thirty-three cases of norovirus
	        ❖ Twenty-eight from long-term care facilities (LTCF)
	        ❖ Five from schools
	      ▪ Thirty-four cases of various types of gastroenteritis
	        ❖ *Yersinia pseudotuberculosis* - 1 case
	        ❖ *Salmonella* - 2 cases
	        ❖ *E. coli* - 2 cases
	        ❖ Rotavirus - 2 cases
	        ❖ Unknown - 27 cases
	      ▪ One hundred twenty respiratory outbreaks
	        ❖ Influenza - 101 cases
	        ❖ Pertusis- 2 cases
		No action items

	❖ Mumps - 1 case ❖ Unknown - 16 cases ▪ Three cases of rash	

Bed Availability Crisis: Acute Care Perspective and the Oregon Crisis Care Guidance (Mary Shanks, Kaiser Westside, Committee Chair; Richard Lehman, Chief Medical Officer, OHA)	• Bed crisis in Portland during peak influenza season
	  o Emergency rooms (ER) were on divert
	  o Intensive care units (ICU) were full
	  o Weather-related issues
	• Drs. Cieslak and Lehman created and distributed a documents which had recommendations for:
	  o How to handle patients at these high hospital census
	  o How to manage the transfer of patients that are potentially still infectious when going into areas where the staff may not be trained to handle these types of patients
	• Discussion about how to handle staffing issues when the staff cannot get to work
	• Discussion about what to do when there are patients that are ready to be discharged to home or other facilities but are unable to due to lack of space at other facilities, lack of transportation due to weather, or outbreaks of their own
	• The Oregon Crisis Care Guidance has strategies outlined for dealing with situations that do not require a declaration of emergency
	  o It might be helpful to use these guidelines to create an emergency response plan and practice them as preparation for a potential future situation
		Further discussions about a plan to formalize the lines of communication for the future

Update on NHSN Version 8.6 (Roza Tammer, Oregon Health Authority)	• There is a handout with a summary of resolutions for known issues impacting National Healthcare Safety Network (NHSN) patient safety data entry and analysis reports related to the upcoming Centers for Medicare and Medicaid Services (CMS) quality reporting deadline. NHSN modules impacted include:
	  o Multi-module issues
	  o Device-associated infections
	  o Surgical site infections (SSI)
	  o Methicillin-resistant S*taphylococcus aureus* (MRSA) bacteremia and *Clostridium difficile* (CDI) LabID events
		No action items

2016 HAI Annual Report (Roza Tammer, Oregon Health Authority)	• Recap of changes implemented in the 2015 Annual Healthcare-Associated Infection (HAI) report
	  o One report for both consumers and providers
	  o PDF report for aggregate data
	  o All facility-specific tables and maps on data.oregon.gov	

- o Device-associated infections – central line-associated bloodstream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI)
  - Split by hospital location types: neonatal intensive care unit (NICU), ICU, wards
  - Provided benchmarks for aggregate data and by location type
  - o Feedback from 2014 report incorporated into 2015 report
    - Graphic was busy; split graphic into two pages
    - Table was confusing; removed table
- Major changes to consider for the 2016 Annual Healthcare Associated Infections (HAI) report
  - o New standardized infection ratios (SIR) under the 2015 baseline are now available
    - CDC's national progress report showing 2015 data will present re-baselined SIRs
    - New SIR output option for dialysis event
    - SSI SIRs stratified into adult and pediatric outputs (cannot be aggregated)
    - CLABSI, CAUTI, MRSA, CDI SIRs stratified into acute care hospital (ACH), critical access hospital (CAH), long-term acute care (LTAC), inpatient rehabilitation facility (IRF) (cannot be aggregated)
  - o New national US Department of Health and Human Services (HHS) HAI reduction targets
    - HHS HAI reduction targets are SIRs
  - o New national SIRs, to be announced by US Centers for Disease Control and Prevention (CDC)
    - CDC's National Progress Report (2015 data) will display re-baselined national SIR
    - SIRs calculated under the new baseline cannot be compared to SIRs calculated under the old baseline
  - o Prevention activities – how best to represent?
    - Link to existing webpage?
    - Additional information?
    - Include more information on prevention work?
  - o Patient advocate review
    - Goal is to allow patients to use data to make healthcare choices

	▪ Looking for ideas for outreach to identify reviewers	

HAIAC Roster (Roza Tammer, Oregon Health Authority)	• There are some new names, faces, and voices at the meetings.
	• A number of terms are up and need to be renewed or replaced
	• Member terms are 2 years
	• Need to have a current CV to prepare paperwork for everyone
	• There is a need to replace the Chair position due to Mary Shank's term being up
	• There are currently 4 vacancies
	    o Health insurer representative
	    o Representative of the Department of Human Services
	    o A healthcare purchasing representative
	    o A hospital administrator with expertise in infection control at a facility with fewer than 100 beds
		Obtain any CVs still needed
		
		Fill vacancies and chair positions

Public Comment	No public comment	No action items

Discussion: Themes and Topics for Future 2017 Meetings	• Future discussion about:
	    o Sun setting, by statute, of the HAIAC on January 1, 2018, unless the statute is amended
	    o Requested some language around the annual report to legislature for permission for not have duplication of information that CMS is already producing
	    o There is value in the information that the report which is important in the efforts toward improvement on public health.
		No action items

Adjourn		

Next meeting will be June 28, 2017, 1:00 pm-3:00 pm, at Portland State Office building, Room 1B

Submitted by: Reviewed by:
Tina Meyer   Roza Tammer

EXHIBIT SUMMARY

A – Agenda

B – September 28, 2016 meeting minutes
C – December 14, 2016 meeting minutes
D – Outbreaks 2017
E – Updates on NHSN version 8.6
F – 2016 annual report

HAIAC

Alexia Zhang, MPH

Healthcare-Associated Infections Epidemiologist

Acute and Communicable Disease Prevention Program

Wednesday, June 28th, 2017

Outbreaks since 3/1/2017

Etiology	Count	Setting
Norovirus	46	**LTCF (25),** School (6), Restaurant (5), **Hospital (5)**, DCC (2), Other (2), Camp (1)
Gastroenteritis		
Norovirus/Salmonella	1	Camp
Salmonella	4	Other (3), poultry (1)
E. coli O157	2	Foodborne (1), school (1)
Rotavirus	2	**LTCF (1),** school (1)
unknown	27	**LTCF (14),** School (8), Restaurant (4), **Hospital (1)**
Respiratory		
Influenza	6	**LTCF (6)**
Pertussis	4	School (4)
RSV	2	**LTCF (2)**
Mumps	1	Community wide (1)
Unknown	7	**LTCF (2)**, school (2), DCC (1)
Rash	7	School (6), DCC (1)
Total	112	

Oregon Health Authority

*Other includes: school field trip, cruise ship, catered events,

Healthcare associated outbreaks, 3/1/2017-6/22/2017

- Healthcare associated infections account for 51% (n=57) of all outbreaks from March to June
- Most common etiology was norovirus or noro-like outbreaks
  - Most common norovirus strain: GII.4 Untypeable

Facility type	Norovirus	unknown-GI	unknown-respiratory	Influenza	RSV	Rotavirus	Total
Memory Care	5	2	0	0	0	0	7
Assisted Living Facility	11	4	0	3	1	0	19
Skilled Nursing Facility	4	4	1	1	0	0	10
Nursing Home-type unknown	2	1	1	1	1	0	5
Retirement Community	1	1	0	0	0	0	2
Mixed (e.g., both ALF and SNF)	1	2	0	1	0	1	5
Total	24	14	2	6	2	1	48

Acute and Communicable Disease Prevention Program
Oregon Public Health Division

Oregon Health Authority

Outbreaks of Interest

- Hepatitis A in Food Handlers
  - 2 confirmed Hepatitis A cases in food handlers at the same restaurant
  - 2 additional symptomatic food handlers but did not meet case definition
    - IgM negative, no LFTs
  - Multnomah county organized immunization efforts
  - No additional reported cases
- *Salmonella* and live poultry
  - CDC working with multiple states to investigate multiple clusters of *Salmonella*
    - Cases reporting exposure to live poultry
  - Currently 10 different *Salmonella* serotypes and 18 different PFGE patterns
  - 8 Oregon cases

Acute and Communicable Disease Prevention Program
Oregon Public Health Division

Thank You

http://public.health.oregon.gov

alexia.y.zhang@state.or.us

HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE: EBOLA GRANT(ICAR) UPDATES

June 28, 2017

Mary T. Post, RN, MS, CNS, CIC

Director, Infection Prevention

Oregon Patient Safety Commission

Centers for Disease Control and Prevention (CDC) Ebola Grant

Focus: Build statewide infection prevention infrastructure, capacity, and education

- Conduct Ebola readiness consultations of Oregon Ebola Tier 2 Assessment hospitals
- Develop statewide infection control capacity to prevent healthcare-associated infections (HAIs)
- Expand biosafety capacity at the Public Health Laboratory

ICAR Onsite Consultations

- Funding for 95 onsite general infection prevention consultations over three years

- To include healthcare facilities across the continuum of care

- 35 consultations completed

- Consists of staff interviews, audits, observations, and policy reviews

OREGON
PATIENT SAFETY
COMMISSION

Ebola Grant Updates (Cont.)

- Three new certified infection preventionists have signed contracts to provide general infection prevention consultations

- Prioritizing facilities to receive offer for consultation

- Discussion underway to include facilities selected to receive new Targeted Assessment for Prevention (TAP) Strategy consultations while onsite at facilities

OREGON
PATIENT SAFETY
COMMISSION

Common Trends for All Domains

- Hand hygiene-
  - Great to see increased hand sanitizer use in LTCF's
  - Dialysis facility audits-90%
  - Opportunity to improve other settings - recommend audits
  - Often forget to wash hands after glove removal
- Personal Protective Equipment (PPE)
  - Gloves available, but need to increase use of gowns
  - Need to focus on increasing use of PPE

OREGON
PATIENT SAFETY
COMMISSION

Common Trends

- Respiratory/Cough Etiquette-
  - Signage available for respiratory outbreaks, but need educational materials and supplies throughout the year, esp. in non-hospital settings
- Antibiotic Stewardship Programs-
  - Most hospitals have started to address requirements with policies, audits, teams, and practice changes
  - Dialysis, ASCs, and clinics starting initiatives
  - LTCF's have started to address with policies and practice
  - Audits found that orders frequently do not include indication for treatment and date to discontinue

Injection Safety and Point of Care

- Facilities not always using glucometer approved for multi-patient use or one designated for specific resident, esp. non-hospital settings

- Need to use approved disinfectant for recommended contact time

- Success: Insulin pens, multi-dose vials, lancets not being shared

- Challenges:
  - Shared multi-dose vials in common patient care areas
  - "Scrubbing of the Hub" for IV access
  - Disinfecting vial rubber septum upon opening

- No facility could describe how they would assess risk to patient if tampering is suspected or identified nor had policy in place to consult IP Program

OREGON
PATIENT SAFETY
COMMISSION

Interfacility Transfer Communication

- Need to strengthen intake and transfer information for patients & residents with MDROs and special precautions

- Need to develop process to obtain culture information when resident has been admitted and/or transferred from facility

Oregon Interfacility Transfer Communication

https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Prevention/Pages/Interfacility-Communication.aspx

OR- Observations

- Instructions for application of CHG skin antiseptic including drying time not consistently followed

- Best practice- at start of suite turnover, place disinfectant wipe or cloth on top of equipment to designate it needs to be cleaned

Device Reprocessing

- Documentation issues continue for QC checks for high-level disinfection

- Issues with brushes-right size, cleaning or dispose

- On-going issues with immediate-use sterilization

- IP needs to be notified when reprocessing error or lapse occurs

- Hospital should have policy in place for stakeholders group to be involved with risk assessment and communication when lapses occur

Other Findings

- Many hats are worn by individual(s) overseeing infection control program

- Environmental Services need additional training
  - Disinfectant concentrations and dwell or contact times
  - Sequence of room cleaning and bathroom cleaning, including hand hygiene and glove use
  - Focus on clean to dirty work flow
  - Dialysis issues with station disinfection in-between patients

Healthcare Environmental Services: Practices to Prevent HAIs

2017 Dates and Locations

June 30, OMEF Event Center, Tigard

July 7, Lane Community College, Eugene

July 19, Inn at the Commons, Medford

July 21, St. Charles Hospital, Bend

July 25, OMEF Event Center, Tigard

OREGON
PATIENT SAFETY
COMMISSION

Environmental Services (EVS) Workshop Objectives

- Compare differences between healthcare and non-healthcare facility recommended cleaning processes

- Verify if a product is registered by the Environmental Protection Agency as a hospital disinfectant

- Implement three EVS processes specific to norovirus or *C.difficile* outbreaks

- Examine the role of the environment in the transmission of healthcare-associated infections

- List five components every effective infection control EVS program should include

- Describe three best practices commonly used by healthcare EVS programs

- Describe three methods for evaluating environmental cleaning quality in healthcare settings

OREGON
PATIENT SAFETY
COMMISSION

English language videos: bitly.com/IPTrainingVideos

Spanish language videos: bitly.com/IPTrainingVideosEspanol

C. difficile
Education for Environmental and Equipment Cleaning Staff

OREGON PATIENT SAFETY COMMISSION

Infection Prevention Video Series

Environmental Hygiene*	Completed
Norovirus*	Completed
Laundry & Linens*	In production
Influenza Outbreak Long-term Care Facility	In production
OR Room Turnover & Terminal Clean*	In production
Dietary Kitchen*	In production
Dialysis Station*	In production
C.difficile*	Final stage
Blood Glucose Monitoring*	Final stage

*Spanish version planned

OREGON
PATIENT SAFETY
COMMISSION

Multi-Regional Infection Prevention Partnership Collaborative Status

- Launched April 6, 2017 – Long-term care facilities (LTCF)

- NHSN Webinars for LTCF's – April 11 & 25

- First joint learning session – May 23 (Virtual)
  - Attendance: 2 hospitals, 5 LTC facilities

- Continuing to recruit hospitals and LTC facilities

- Second learning session July 20

- Requested and anticipate stable CDC Collaborative funding for next grant year

OREGON
PATIENT SAFETY
COMMISSION

Participating Facilities

Long-term Care

- Marquis Centennial
- Marquis Piedmont
- Marquis Mt. Tabor
- Marquis Mill Park
- Marquis Oregon City
- Marquis Plum Ridge
- Lakeview Gardens

Hospitals

- Kaiser Sunnyside
- Kaiser Westside
- Lake District Hospital

* Still recruiting for both facility settings

Clostridium *difficile* (CDI) Webinars

- May 11 – Practical Approaches to Caring for Individuals with CDI in Acute Care and Long-term Care Facilities (35 attendees)

- June 6 – Managing and Treating Individuals with CDI in Your Facility

- June 15 – An Overview of CDI Infections *To be rescheduled

- June 20 – Environmental Services: Preventing Transmission of InfectionS

Partnership with HealthInsight and OAHHS

NHSN TAP Strategy Webinar Series

Partnership with OHA, HealthInsight, and OAHHS

NHSN Data for Action 3-Part Webinar Series

You are invited to join the Oregon Health Authority for the NHSN Data for Action webinar series, where we'll explore the Targeted Assessment for Prevention (TAP) Strategy. The HealthInsight HIIN, the Oregon Patient Safety Commission and the Oregon Association of Hospitals and Health Systems are co-sponsoring the event, and all infection prevention and quality hospital staff are welcome to attend.

Introduction to NHSN's Targeted Assessment for Prevention (TAP) Strategy and the Cumulative Attributable Difference (CAD)
May 25, 2017 | 1 p.m.-2 p.m. PT, 2 p.m.-3 p.m. MT

Roza Tammer, MPH, CIC, of the Oregon Health Authority will demonstrate how the TAP strategy can be used to translate data to action for prevention of healthcare-associated infections (HAIs), with a special focus on understanding the cumulative attributable difference (CAD).
Register here: https://healthinsight.zoom.us/meeting/register/dc84d23544ea1b72c5b9141539e44ee6

Accessing, Understanding and Using TAP Reports at your Facility
June 27, 2017 | 1 p.m.-2 p.m. PT, 2 p.m.-3 p.m. MT

Roza Tammer, MPH, CIC, of the Oregon Health Authority will demonstrate how to generate and interpret TAP reports for their own facilities, and be given practical examples regarding how these data may be used to target HAI prevention efforts.
Register here: https://healthinsight.zoom.us/meeting/register/bcb166742e3fb2b2d746f627e8486654

Introduction of TAP Assessment Tool
July 27, 2017 | 1 p.m.-2 p.m. PT, 2 p.m.-3 p.m. MT

Additional Infection Prevention Grant Activities

MDRO Toolkit for use in all facility settings

- LTC Stakeholders group
- Hospital Epidemiologists addressing MRSA screening and discontinuation of precautions

Dialysis Activities

- Member End Stage Renal Disease National Coordinating Center Learning Action Network (LAN) Workgroup
- National APIC Dialysis Training Workshop

Data Explanation for 2015 HAI Data Report

- In the 2015 report, NHSN will publish national and state-specific SIR data for various HAIs by the following facility types: acute care hospitals (ACHs), critical access hospitals (CAHs), long-term acute care hospitals (LTACHs) and inpatient rehabilitation facilities (IRFs; includes free-standing IRFs enrolled in NHSN as "HOSP-REHAB", and CMS-certified IRF units located within another hospital).

- <u>2015 Report Format</u>
  - SIRs will be calculated using the 2015 baseline and updated risk models.
  - The 2015 Data Report will consist of several Excel workbooks, one for each facility type, and several supporting resources (methodology, appendices, etc.). The state-specific fact sheets ("one pagers") and the state landscape pages ("arrow pages") will not be published this year.
  - 2015 SIRs will *not* be compared to SIRs from the prior year.
  - In addition to the technical Excel tables, NHSN will publish a national snap shot of the various measures separated by facility types.

- NHSN data that will be used in this report were frozen on August 1, 2016. Group rights and data updates made after this freeze date may result in differences between CDC results and state results from NHSN.

- State-specific SIRs include all in-plan data that has been entered into the NHSN Patient Safety Component for each facility type, regardless of whether or not the state has access to the data. This report includes military and VA facilities.

- Facility-specific data from the complete calendar year of 2015, calculated under the 2015 baseline, will be available on Hospital Compare in mid-December, 2016. Hospital Compare data can be downloaded here: https://data.medicare.gov/data/hospital-compare. Data shown on Hospital Compare may differ from the data used by CDC in the Data Report due to different freeze dates and reporting facilities.
  - *NOTE: At the end of April 2017, Hospital Compare will be updated with HAI data from 2015 Q3 – 2016 Q2. After this update, data from calendar year 2015 can be accessed at the Hospital Compare Data Archive: https://data.medicare.gov/data/archives/hospital-compare*

List of HAI Measures Included in the 2015 HAI Data Report:

HAI Type	ACH		CAH		IRF		LTACH	
	National	State	National	State	National	State	National	State
CAUTI (by location)	✓	✓	✓	✓	✓	✓	✓	✓
CLABSI (by location)	✓	✓	✓	✓	✓	✓	✓	✓
CDIFF (Facwidein)	✓	✓	✓	✓	✓	✓	✓	✓
MRSA (Facwidein)	✓	✓	✓	✓	✓	✓	✓	✓
SSI-All procedures for adults and pediatrics. Complex A/R Model only	✓		✓					
*SSI-adult procedures only, Top voluminous procedures/SCIP. Complex A/R Model only.		✓		✓ COLO and HYST only				
VAE (by location)	✓	✓	✓	✓			✓	✓
IVAC Plus (by location)	✓	✓	**	**			✓	✓
SUR	✓		✓		✓		✓	

*The SCIP procedures plus 5 of the most reported procedures nationally. **There isn't a model for Critical Access Hospital (CAH) for IVAC Plus Model

Measures included in the Excel Data Tables of the 2015 HAI Data Report:

- **Presence of State Mandate:** This will indicate whether the particular facility type and HAI type are included in the state's HAI reporting mandate. This information is collected from the state HAI coordinators via a DHQP Survey Monkey.

- **Validation:** This will indicate whether the SIR data from the particular facility type and HAI type were validated by the state health department or other agency. This information is collected from the state HAI coordinators via a DHQP Survey Monkey, and will indicate data quality checks (internal validation) or medical record audit (external validation).

- **# facilities reporting:** This is the number of facilities that reported at least 1 month of in-plan data that was used to calculate the SIR.

- **SIR data: # infections (events) observed, # infections predicted, SIR, and 95% confidence interval.** See pages 3-5 below for information on how to generate these values in NHSN.

- **Facility-specific Key Percentiles:** This shows the distribution of SIRs within a state. The distribution only includes facilities that had at least 1 predicted infection. This distribution is only calculated if at least 20 facilities within the state had at least 1 predicted infection.
  - For example: let's say the 10th percentile within the SIR distribution was 0.40. This can be interpreted as 10% of facilities in this state (with at least 1 predicted infection) had an SIR equal to or lower than 0.40.

- **Percent of Facilities Significantly Higher/Lower than National SIR**
    - States should be aware that facilities that report to NHSN but do not share data with the state are included in this number, and that NHSN cannot share their names.
    - Use relevant report in NHSN to obtain a single facility-level SIR for each facility for 2015. See pages 3-5 of this document for details about running specific NHSN reports.
        - Alternatively, download the data from Hospital Compare using the link above, navigate to the "Healthcare Associated Infections-Hospital" section of the data, and modify the dataset so that it includes only those hospitals in your state.
    - This calculation involves comparing each facility's SIR to a nominal value (i.e., a "target", or the national SIR value) to determine how the facility's SIR compares to that target value. This methodology is similar to that used in the TAP reports. Only facilities with at least 1 predicted infection are eligible to be included in this method.

        Methods to compare facility's SIR to the national SIR value:
        1. Multiply the facility's number of predicted infections by the national SIR value to arrive at a "new" number of predicted infections.

        2. Use the macro called "Compare Single SIR to 1"" to compare the observed number of infections to the "new" (adjusted) predicted number of infections from step #1 above. The macro is posted at: http://www.cdc.gov/nhsn/PS-Analysis-resources/index.html

        3. If the p-value is ≤ 0.05, NHSN considers the facility's SIR to be significantly different from the national SIR value.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

☑ Search NHSN   SEARCH   🔍

CDC A-Z INDEX ⌄

National Healthcare Safety Network (NHSN)

NHSN

NHSN Login

About NHSN   +

Enroll Here   +

Materials for Enrolled Facilities   +

2015 Rebaseline

Group Users   +

Analysis Resources   +

Annual Reports

CMS Requirements   +

National Quality Forum (NQF)

Newsletters

E-mail Updates

Data Validation Guidance

HIPAA Privacy Rule   +

✉ **Get Email Updates**

To receive email updates about this page, enter your email address:

CDC > NHSN

NHSN Reports

Data & Reports

[f] [t] [+]

This page contains reports organized by the year of data included in the report. The annual reports include the Antimicrobial Resistance Reports, National and State-specific Healthcare-Associated Infections Progress Reports, and additional NHSN reports and resources.

Annual Reports

⌄ **2016 Data**

- NHSN Healthcare Personnel Influenza Vaccination Summary Data Tables by State, Acute Care Hospitals, 2015-2016 🔴 [PDF – 240K]
- NHSN Healthcare Personnel Influenza Vaccination Summary Data Tables by CMS Region, Inpatient Rehabilitation Facilities, 2015-2016 🔴 [PDF – 98K]
- NHSN Healthcare Personnel Influenza Vaccination Summary Data Tables by CMS Region, Long-Term Acute Care Hospitals, 2015-2016 🔴 [PDF – 98K]
- NHSN Healthcare Personnel Influenza Vaccination Summary Data Tables by CMS Region, Ambulatory Surgery Centers, 2015-2016 🔴 [PDF – 98K]
- NHSN Healthcare Personnel Influenza Vaccination Summary Data Tables by State, Outpatient Dialysis Facilities, 2015-2016 🔴 [PDF – 242K]
- NHSN Healthcare Personnel Influenza Vaccination Summary Data Tables by CMS Region, Inpatient Psychiatric Facilities, 2015-2016 🔴 [PDF – 98K]

› **2015 Data**

› **2014 Data**

New! NHSN's Guide to the SIR (updated June 2017) 🔴 [PDF – 1M]
A comprehensive guide to NHSN's SIR, including risk factors used in the SIR calculations under the 2015 baseline.

NHSN v8.7 (June 17, 2017) Release Notes

Changes to All Components:	
Enrollment/Facility Data	On the Facility Information screen, the AHA ID field and VA Station Code field can now be edited/updated. This functionality allows the facility to edit or update the fields at any time.

Changes to the Patient Safety Component:	
Groups/Confer Rights	Antimicrobial Use and Resistance – The available locations have been updated so that 'FACWIDEIN' is available in the 'Antimicrobial Use and Resistance' section for Group Define Rights and Group Confer rights template of the Patient Safety Component. Previously within the NHSN Group Template, there was not a specific 'FacWideIN' location listed in the 'Antimicrobial Use and Resistance' (AUR) section. As more facilities are submitting AUR data into NHSN, this functionality provides facilities the opportunity to share only FacWideIN data without having confer rights to all locations.
User Rights	Antimicrobial Use and Resistance – User rights functionality now includes AR Option Events in the listing of events to which rights can be granted.
Procedures	Updates and Corrections for NHSN Procedure Codes (ICD-10 PCS/CPT codes for 2017) have been made - this change is effective for records with procedure dates of 1/1/2017 and going forward. Facilities will need to edit any data that is affected by the code corrections for records submitted prior to the v8.7 deployment. A blast email with a list of the code corrections has been sent to all active facilities following the PS Component in NHSN.
Events	An Alert Message has been added if the organism *Candida auris* is reported – the alert message will be triggered for whenever a user tries to submit an event with the organism *Candida auris*. If the warning message is displayed the user will have options for reviewing and saving as follows: i. If the **"OK"** button is chosen, the NHSN will save the record to the database and the event will be added to **"Incomplete Event"** alerts. ii. If the **"Confirm"** button is chosen, NHSN will save the record to the database. The user will return to the data entry screen. iii. If the **"Cancel"** button is chosen, the user should return to the data entry screen and would need to select a different organism If *Candida auris* is included in a CDA import, there is no warning to the user during import process. The imported event will automatically go "**Incomplete Events**" alerts. **Note:** This process is very similar to existing functionality used to mitigate Unusual Susceptibility profiles.

1

Specifically Targeted and Resolved Defects for PS application	1. **GROUPS**: The MRSA Bacteremia SIR report for long term acute care hospitals (LTACs) is now showing the number of predicted infections on all tables.(4251) 2. Issues with the "Alerts" functionality have been resolved. (various defects) 3. The MDRO/CDI summary data form for outpatient locations is now functioning correctly. (4441)
Patient Safety Analysis Updates	
TAP Strategy Dashboard	From the NHSN Patient Safety Component Home Page, a new selection has been added called "**TAP Strategy Dashboard**". After generating datasets, NHSN facilities will be able visualize HAI TAP data for CAUTI (ACH), CAUTI (IRF), CLABSI (ACH), FAWCIDEIN CDI (ACH), and FACWIDEIN CDI (IRF). This is an initial phase to allow a facility user to view TAP data at a glance without having to run the various TAP output options to see that data. The dashboard contains a bar chart with facility-wide infection count trends by TAP category, for the five most recent quarters, with the ability to drive down to details for any HAI type. Data will be pulled from the most recent generated data sets for the user. The user has the option to generate new analysis data sets directly from the TAP dashboard.
Availability of new SUR/SIR Reports	The following Reports are now available; these were previously deferred from the NHSN v8.6 re-baseline efforts • SUR – Acute Care Hospital Central Line Device Use • SUR – Critical Access Hospitals Central Line Device Use • SUR – Long Term Acute Care Central Line Device Use • SUR – Inpatient Rehab Facilities Central Line Device Use • SUR – (Ventilator Days) – Acute Care Hospitals Ventilator Device Use • SUR – (Ventilator Days) – Long Term Acute Care Ventilator Device Use • SUR – Acute Care Hospital Catheter Device Use • SUR – Critical Access Hospitals Catheter Device Use • SUR – Long Term Acute Care Catheter Device Use • SUR – Inpatient Rehab Facilities Catheter Device Use • SIR – MBI-CLABSI Data • VAE SIR for CAH
Specifically Targeted and Resolved Defects for PS Analysis and Reporting	1. The title of the *C.difficile* LabID SIR report for acute care hospitals, found in the "CMS Reports" analysis folder, has been corrected. (4192) 2. Users can now modify published reports, and export custom reports. (4477 + 4229) 3. The cumulative "group by" option is now working on the long term acute care (LTAC) *C.difficile* SIR report. (4444) 4. The "prevPos" (previous positive) variable available for LabID event analysis is now updating correctly for events entered out of chronological order. (4432

Changes to the Biovigilance Component:	
Groups/Confer Rights	The age at adverse reaction, derived, is now available for Groups even if DOB is not a granted right

Changes to the Healthcare Personnel Safety Component:	
Survey	Two questions have been added to the Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel and will available for July 2017 in preparation for the 2017-2018 influenza season. 1. What is your facility's influenza vaccination policy for healthcare personnel? 2. Which personnel groups are covered by your facility's influenza vaccination policy?
Reporting Plan	Currently when either the IRF unit box or IPF unit box is unchecked by a NHSN user for the monthly reporting plan, the NHSN system automatically unchecks the monthly reporting plan box for the acute care hospital if there are not any saved healthcare personnel influenza vaccination summary data on file for the associated influenza vaccination season. NHSN has been updated so that the system does not automatically uncheck the monthly reporting plan box for the acute care hospital if either the IPF unit or IPF unit is checked, regardless of if there are any saved healthcare personnel influenza vaccination summary data on file for the associated influenza vaccination season. The monthly reporting plan box for the acute care facility will need to be manually unchecked rather than having the system automatically uncheck it.

Changes to the LTCF Component:	
Specifically Targeted and Resolved Defects for LTC	1. For A&R – the CDI denominator variable, "NumResAdmCDIRx" is now available from the variables list on the modification page for Group/Advanced Folder/Summary Level Data/modify Line Listing 2. The UTI event can now be saved when selecting "Yes" to the question "Has resident been transferred from an acute care facility in the past 4 weeks?"

Changes to the Dialysis Component:	
Analysis and Reporting	An update for 2015 aggregate data has been completed so that users can have access to the most recent data available when comparing a facility or group's rate to the national pooled mean rate. This update includes new aggregate rates, p-values, and percentiles for 6 rate tables and 6 run charts (all of those in Analysis Reports > Dialysis Events > Rates > CDC-Defined Output).

Changes impacting facilities reporting via Clinical Document Architecture (CDA):	
General CDA	1. Antimicrobial Use and Resistance – Updates have been made to the Meaningful Use Stage 3 (MU3) process - Due to MU3 changes, Office of National Coordinator (ONC) requested edits to the information displayed in the NHSN-MU3 page and in the PDF MU3 status letters sent to the facility. 2. The .zip file size for CDA import has been increased to 2MB or 1000 .xml files (whichever comes first) 3. **Procedure Code updates** as noted in the *Patient Safety* section: - Updates and Corrections for NHSN Procedure Codes (ICD-10 PCS/CPT codes for 2017) have been made - this change is effective for records with procedure dates of 1/1/2017 and going forward. A blast email was sent out in April that documents the changes. Facilities will not need to correct data that has already been submitted; but facilities will need to correct any mis-mapped procedure codes for records submitted after the v8.7 deployment. 4. For manual entry into the NHSN application there will be an alert if *Candida auris* is reported. **If *Candida auris* is reported**, as noted in the *Patient Safety* section, via CDA import, there is no warning to the user during the import process. The CDA imported event will automatically go "**Incomplete Events**" alerts. *Note: This process is very similar to existing functionality used to mitigate Unusual Susceptibility profiles.*

Annual HAI Program Report

Roza Tammer, MPH, CIC

HAI Reporting Epidemiologist, HAI Program

HAIAC

June 28, 2017

Oregon Health Authority

Progress to date

- Reviewed 2015 report to identify changes
  - HAIAC
  - OSWAPIC
  - ACDP staff
- Internal validation
- Solicited comments

Work in progress

- Analyses
- Report preparation
- Quality assurance

- Aggregate (PDF report)
- Facility-specific (web-based tables and maps)

Changes to look for

- Aggregate data will present SIRs under the original baseline
- Facility-specific tables and maps will present SIRs under both the original and the 2015 baselines
- New baseline and new HHS metrics will be mentioned in narrative of PDF report for context
- Include a link to our prevention activities

Oregon Health Authority

What to expect next

- Aiming late August publication date
- Data to be presented during September's HAIAC
- Coordinating talking points, public release, press communications
- Facilities will have access to facility-specific data and will be notified before publication

Internal validation

- Froze data on 4/3
  - Prepared reports
  - Sent to facilities on 4/10
- Provided technical assistance
- Refroze data on 4/24
  - Prepared reports
  - Sent to facilities on 5/9

Planned external changes

- Additions
  - Alerts
  - Data quality checks (built into NHSN)
  - SSI-specific checks (proprietary)
- Timing
  - Quarterly? Biannually?
  - More warning time!
- Guidance

Discussion

- What worked for you this year?

- What didn't?

- What can we do differently to improve this process?

Discussion & Questions

Roza Tammer, MPH, CIC

Healthcare-Associated Infections (HAI) Reporting Epidemiologist

Acute & Communicable Disease Prevention

Public Health Division

Oregon Health Authority

Direct phone: 971-673-1074

Fax: 971-673-1100

roza.p.tammer@state.or.us

Judy Guzman-Cottrill

June 2017

HAIAC Updates

iNICQ 2016 / 2017

VON Choosing Antibiotics Wisely

**Presented in Collaboration with
The Centers for Disease Control and Prevention**

What if current hospital practices were helping create an antibiotics crisis?

Vermont Oxford Network's 2016-2017 ASP QI Collaborative

- Partnership with CDC DHQP
  - Faculty: Drs. Arjun Srinivasan & Daniel Pollack
- 169 participating teams (NICUs + nurseries)
- 39 states, 7 countries and Puerto Rico
- Five <u>statewide</u> collaboratives
  - Colorado, Oregon, Tennessee, Washington, Wisconsin
  - OR + SW WA = "NW IPAS"
    - *Northwest Improvement Priority: Antibiotic Stewardship*

AU Reporting: 2016 HAI Program Priority

http://www.cdc.gov/nhsn/pdfs/training/aur/aur-training.pdf
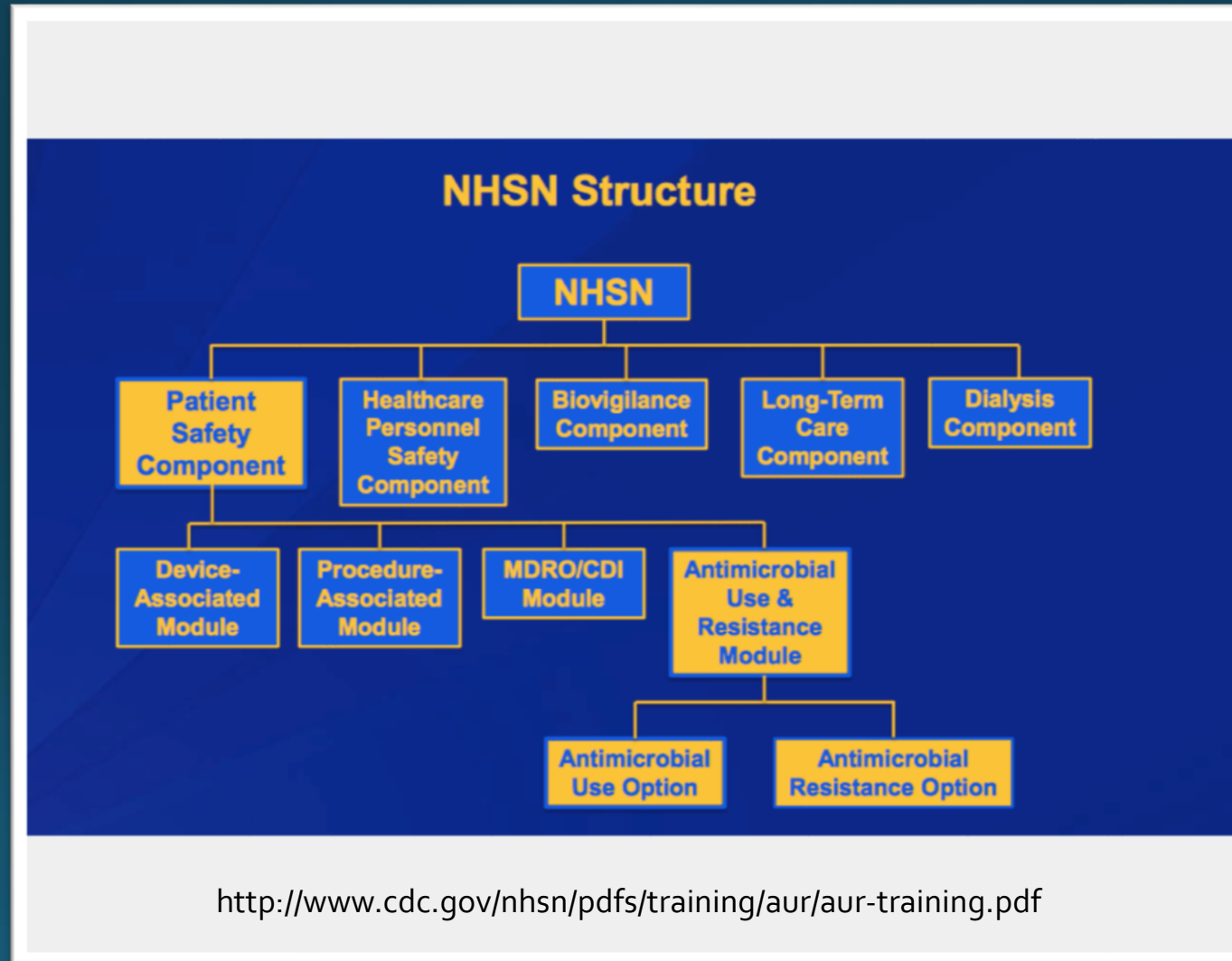
HAI Program & NICUs

- **HAI Epidemiologist involved in ASP state collaborative**
  - Assistance with creating and analyzing state-level AU reports
- **Targeted partnerships and incentives**
  - Approached hospitals demonstrating ASP leadership & AU interest
  - Encourage Oregon hospitals to report AU to NHSN by spring 2017
- **HAI Program utilized AU funds to sponsor all NICU's 2017 VON tuition**
- **2017 VON Faculty Member**
  - Connect NICUs to state HAI programs, building collaboration
  - Member, new VON/NHSN AU Special Interest Group for NICU

OR Facilities Reporting AU

- **Currently the following hospitals are reporting AU to NHSN**
  1. Portland VA Medical Center
  2. Asante Ashland Community Hospital
  3. Asante Rogue Regional Medical Center
  4. Asante Three Rivers Medical Center
  5. Legacy Good Samaritan Medical Center
  6. Legacy Emanuel Medical Center
  7. Legacy Mt Hood Medical Center
  8. Legacy Meridian Park Medical Center
  9. PeaceHealth Sacred Heart Medical Center Riverbend
  10. PeaceHealth Sacred Heart Medical Center University District
  11. PeaceHealth Peace Harbor Medical Center
  12. PeaceHealth Cottage Grove Community Medical Center
  13. Sky Lakes Medical Center

Date from the CDC

AU Option Submission Metrics*

- 263 facilities submitted at least one month of data
    - From 41 states (+AE & DC): AK, AL, AZ, CA, CO, CT, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NM, NV, NY, OH, OK, OR, PA, RI, SD, TN, TX, UT, VA, WA, WI
    - Bed size
        - Average = 221
        - Median = 177
        - Min/Max = 10, 1317
    - Teaching status
        - Teaching: 55%
            - Major teaching: 57%

*As of April 17, 2017

Data from the CDC

AR Option Submission Metrics*

- 16 facilities submitted at least 1 AR Event
  - From 9 states: CA, FL, KS, LA, MD, MO, TN, TX, VA
  - Bed size:
    - Average = 242
    - Median = 256
    - Min/Max = 20, 541
  - Teaching status:
    - Teaching: 69%
      - Major teaching: 64%

*As of April 17, 2017

Moving forward – potential next steps

- Partnering with WA State in continued on-boarding efforts?
- Incentivize one Oregon hospital to begin Antimicrobial Resistance (AR) reporting to NHSN?

AUR Module Reporting

How do we encourage more facilities to report?

Ideas and requests welcome!

CDC also working to spread the word

- Sent contractors from Public Health Informatics Institute to Oregon in April
- Sought to understand the connection between public health departments, CDC, providers, and vendors for antibiotic use and antibiotic resistance surveillance

Public Health
Informatics Institute

PHII.org

Oregon's Journey to Reduced Antibiotic Use in Neonatal Intensive Care Units

A PHII CASE STUDY | May 30, 2017

In 2016, a coalition of Oregon's and southwest Washington's 11 neonatal intensive care units (NICUs), with guidance and support from the Vermont Oxford Network (VON) and CDC, established a goal to reduce antibiotic use by 25%. Thanks to a collaborative partnership between VON, health systems and the Oregon Health Authority's Healthcare-Associated Infections (HAI) group, participating Oregon NICUs saw a 23% reduction in antibiotic use by early 2017. The coalition's success in leveraging the CDC's National Healthcare Safety Network (NHSN) tracking system to measure antibiotic use reduction serves as a leading example for public health agencies looking to curb antibiotic-resistant infections.

Background

Public health concerns around antimicrobial use and resistance (AUR) are rapidly growing in the U.S. Each year, antibiotic-resistant infections sicken more than two million Americans, at least 23,000

programs – however, due to the technical requirements for data submission, health partners may perceive the time and resources needed to self-report into NHSN's AUR module as a barrier. Public health agencies are in a unique position to help health partners work through these challenges and connect them with needed support.

MDRO Toolkit Update

- Similar to the DROP CRE toolkit

- User-friendly infection prevention guidance for healthcare facilities caring for patients with MDRO infection or colonization

- Not only for acute care hospitals!

- "Reach Goal": To harmonize policies and procedures across the state

The Oregon CRE Toolkit

- Published June, 2013
- Updated 2016

http://public.health.oregon.gov/DiseasesConditions/DiseasesAZ/CRE1/cre_toolkit.pdf
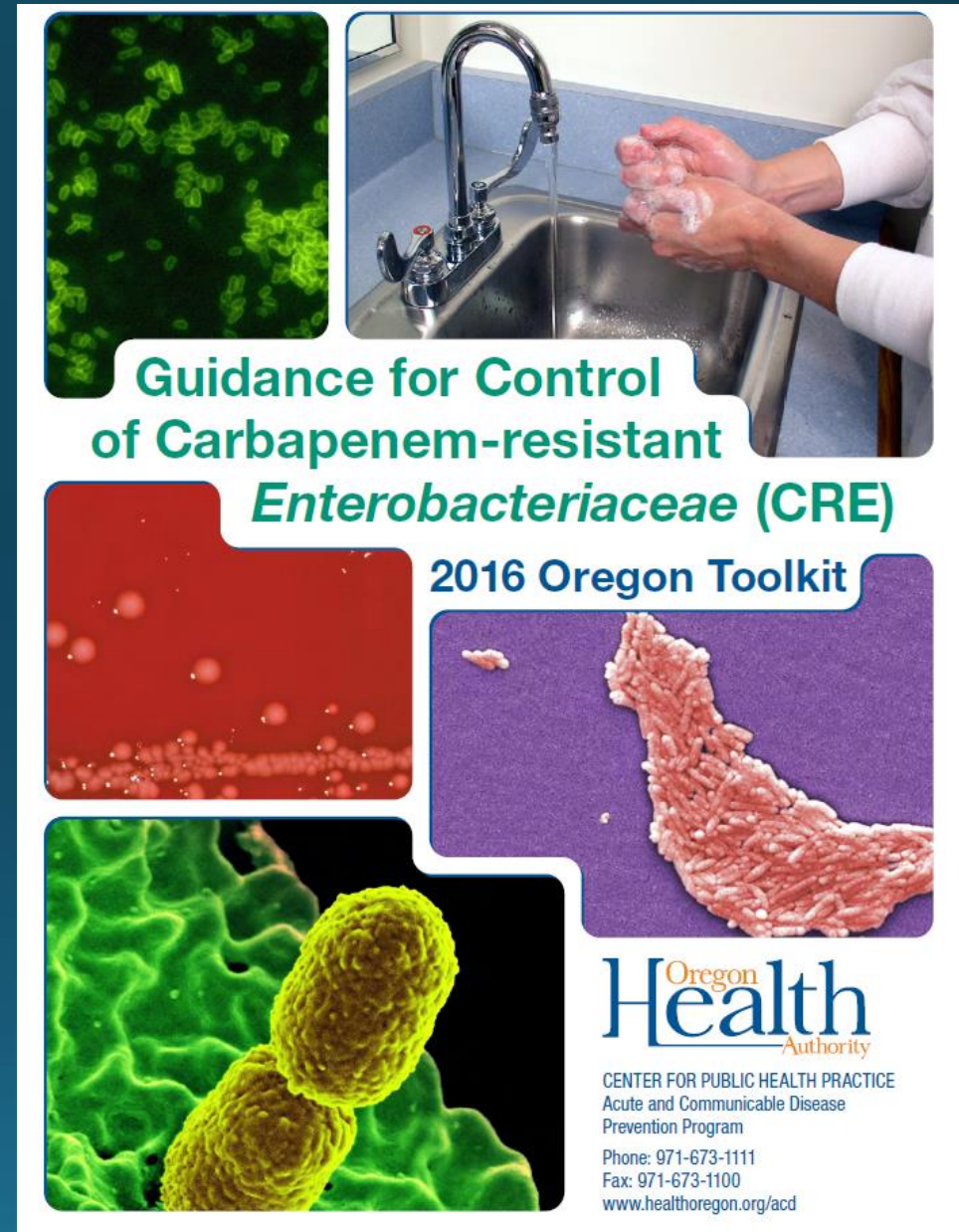
Part 2:
What to do when CRE are identified at your ACH or LTACH

Initial recommendations before carbapenemase testing

1. **Notify the local health department** of the county of residence within one business day of identification of a patient isolate meeting the CRE case definition. Report any new cases or known cases transferred from out-of-state. Both laboratories and clinicians are required to report cases. Local health department information: www. healthoregon.org/diseasereporting.

2. **Upon patient transfer to another health care facility, notify the receiving facility the patient has CRE in a readily available written manner in addition to verbal communication.** An example transfer form is provided in the appendix. Be sure the individuals directly caring for the patient and those responsible for infection prevention at the receiving facility are aware of the patient's CRE status.

3. **Place CRE-infected and CRE-colonized patients in contact precautions.** Empower staff to monitor and enforce contact precautions.
   - Continue contact precautions for hospitalization duration.
   - "Flag" the chart of a CRE-positive patient so they can be identified and placed in contact precautions immediately if re-admitted.

4. **Place CRE-infected and CRE-colonized patients in private rooms.** If the number of single patient rooms is limited, prioritize single rooms for CRE-positive patients with higher transmission risk such as stool incontinence. Cohort CRE-positive patients if private rooms are unavailable.

5. **Educate staff, affected patients and their visitors about CRE.** Education helps to reduce the spread of CRE.

6. **Reinforce the importance of adherence to core infection prevention measures of hand hygiene, contact precautions and environmental cleaning through periodic audits and observations.** Consider monitoring adherence to all core MDRO prevention measures.

7. **Notify pertinent clinician groups (infectious diseases, critical care, pharmacy, antibiotic stewardship program [ASP], etc.) of CRE in the facility.**
   - **Consider initiating a formal ASP if your facility does not have one already.** See CDC website www.cdc.gov/getsmart/ healthcare/inpatient-stewardship. html and/or contact OHA to find out how to start your program.

8. **Directly interface with clinicians caring for the CRE-infected or CRE-colonized patient.** Encourage limiting antibiotics and invasive devices.

Personal Protective Equipment

Recommendations after results of carbapenemase testing:

For non-CP-CRE: continue contact precautions per recent CDC guidance; no additional measures are required.(2,8)

For CP-CRE: implement the following additional measures:

1. **Notify local health department in addition to receiving facility upon patient transfer.** A copy of the transfer notification should be faxed to the local health department where the person resides.

2. **Notify hospital administration.** Prevention of spread needs to be an institutional priority, which requires leadership and monetary support.

3. **Review microbiology records** to identify any other CP-CRE cases at those reported in association with contaminated medical equipment.(17)

4. **Educate staff, patients and visitors about CP-CRE.**

5. **Monitor adherence to hand hygiene and contact precautions for the room(s) of CP-CRE-positive patients.**
   - Strongly consider a hand-hygiene campaign on affected units.
   - Review with and evaluate staff on use of contact precautions.

6. **Alert housekeeping and monitor environmental cleaning.** Encourage frequent thorough cleaning of high-touch surfaces, particularly those near the patient, and common areas outside the room. Evaluate terminal cleaning using visual inspection plus quantitative strategies such as UV fluorescence marker or ATP monitor before placing another patient in that room. If available, supplement manual cleaning with UV light, hydrogen peroxide vapor or another "no touch" modality. See the CDC environmental cleaning monitoring tool in the appendix.

7. **Give the patient daily chlorhexidine (CHG) baths, if no contraindications are present.** Also, consider unit-wide CHG bathing, particularly if >1 CRE case in an area is identified. CHG bathing reduces CRE skin contamination and has been a component of several successful CRE-eradication bundles.(18,19)

PLANNED TOOLKIT SECTIONS

How different settings impact the approach to MDRO
General principles and definitions
MRSA, VISA, VRSA
VRE
ESBL
MCR-1 Gram negative
CRE   ("refer to separate toolkit")
Pseudomonas MDRO
Acinetobacter MDRO
Other MDRO, not specified
C difficile

1. How different settings impact the approach to MDROs

    a. Acute Care Hospitals

    b. LTACs

    c. Skilled Nursing Facility

    d. ASC

    e. Adult Foster

    f. Hospice

    g. Homecare

    h. Ambulatory clinics *[should this in scope? Or out of scope?]*

Format for each section/pathogen

1. General info/Epi

2. Definition(s) – comment on sources/controversies, if any

3. Laboratory info

    a. Testing methods (phenotypic/genotypic)

    b. If relevant, tips on interpretation

4. Cleaning and disinfection information (found in environment or not, cleaning methods, etc.)

5. Related regulations, rules, and requirements

    a. National (e.g. CMS, NHSN?)

    b. State (e.g. NHSN, interfacility transfer, WA?)

    c. Other (e.g. Joint Commission)

6. Infection prevention and outbreak response recommendations

Recommendations, in table format

Healthcare Setting	Suggested isolation precautions	When to initiate isolation	When to discontinue isolation
Acute care hospitals			
LTAC			
Skilled nursing facility			
ASC			
Adult Foster			
Hospice			
Homecare			
Ambulatory Clinic			

Oregon MDRO Toolkit Update

February, 2017	Finalize Contents/Topics/Assign Authors Document Formatting/Organization
February, 2017	Determine members of medical director/epidemiologist Group Schedule mid-April 2017 meeting
April 10, 2017	DROP CRE Advisory Committee Meeting: Share Outline, Seek Feedback
Mon April 24, 2017	State-wide Hospital Epidemiologists/Med Director Meeting • Conclusion: Focus on MRSA first • MRSA will be sole topic of next state-wide meeting
June - July	Review of recent literature Plan recommendations and rationale
July 24, 2017	Present recommendations and rationale Discuss feasibility of possible state-wide epidemiological study?
Summer-Fall, 2017	Format document into a new public document Disseminate each section of Toolkit to healthcare facilities as completed

Stay tuned as we work with colleagues across the state to create a meaningful toolkit!

http://ortp.shea-online.org

SHEA/CDC
Outbreak Response Training Program (ORTP)

- 2016 CDC – SHEA contract (2016-2018)

- Goal: Train hospital epidemiologists to effectively respond to infectious disease outbreaks and public health emergencies

SHEA ORTP Volunteers

- **Advisory Panel** (14 SHEA members)
  - Judy Guzman-Cottrill, Chair
- **Education Panel** (16 SHEA members)
  - Jennifer Hanrahan, Co-Chair
  - Christopher Pfeiffer, Co-Chair
- **Expert Guidance Panel** (16 SHEA members)
  - David Banach, Co-Chair
  - Lynn Johnston, Co-Chair
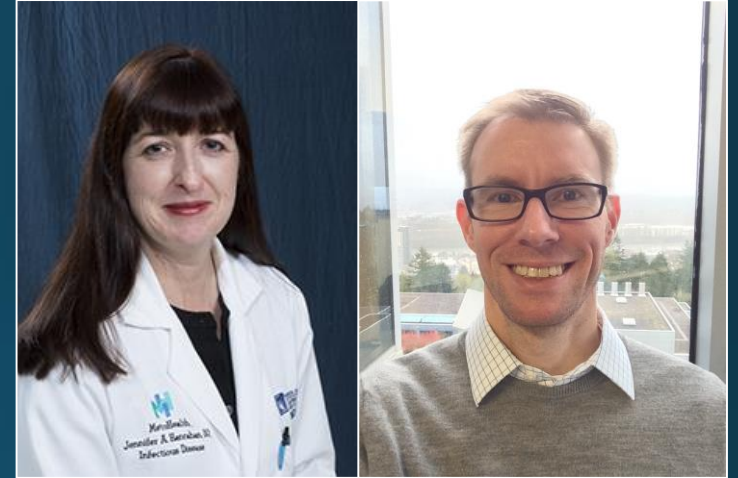
ORTP Needs Assessment

- Survey to all SHEA Research Network (SRN) Members
- Led by Kavita Trivedi and Advisory Panel
- Diversity hospitals represented (n=49)

- **Incident Command**
  - 28 (57%) were familiar with HICS before the US Ebola experience
  - 21 (43%) became familiar while responding to Ebola in 2014

ORTP Components

- **CDC/SHEA Free Webinars**
  - Yoko Furuya: *Effective Communication During a Crisis* (February 2017)
  - Stephen Weber: *Conflict Management* (May 2017)
  - Taylor Wilson: *Beating the Media Crush During a Crisis* (July 11, 2017)
- **Expert Guidance Document** (Summer, 2017)
- **"DecisionSim" Modules** (Summer, 2017)
- **Tool Kits** (Fall, 2017)
  - Forms, checklists, pocket card

In-Person ORTP Training Conference

- June 20-21, 2017: Philadelphia, Pennsylvania
- January 23-24, 2018: Los Angeles, California

- Questions or comments?