Healthcare Associated Infections Advisory Committee (HAI AC) meeting
December 14, 2016
1:00-3:05 pm
PSOB –Room 1D
800 NE Oregon St.
Portland, OR  97232

APPOINTED MEMBERS PRESENT:
- Paul Cieslak, MD, State Epidemiologist, Acute and Communicable Disease Prevention, Oregon Health Authority
- Kelli Coelho, RN, CNOR, MBA, ASC Clinical Director, RiverBend Ambulatory Surgery Center (phone)
- Jon Furuno, PhD, Academic Researcher, OHSU College of Pharmacy (phone)
- Jamie Grebosky, MD, Hospital Administrator, Asante Health (phone)
- Dee Dee Vallier, Consumer Representative (phone)

NOMINATED FOR MEMBERSHIP PRESENT:
- Genevieve Buser, MD, Physician with Expertise in Infection Control, Providence Health System (phone)
- Barbara Wade, MS, BSN, RN, CPHQ, CPPS, Director of Quality Improvement, Apprise Health Insights (phone)

APPOINTED MEMBERS EXCUSED:
- Gwen Cox, RN, BS, CNOR, Executive Director, Oregon Patient Safety Commission
- Larlene Dunsmuir, DNP, FNP, ANP-C, Labor representative, Oregon Nurses Association
- Joan Maca, RN, Long Term Care Administrator, Lifecare Center
- Pat Preston, MS, Representative of the Business Community, Center for Geriatric Infection Control
- Dana Selover, MD, MPH, OHA Representative, Oregon Health Authority
- Mary Shanks, RN, MSN, CIC, Kaiser Westside, HAIAC Chair, RN with Interest and Involvement in Infection Control

OTHER PARTICIPANTS PRESENT:
- Jennifer Graham (for Akiko Saito), Health, Safety, Preparedness, and Response
- Debra Hurst, RN, BSN, CIC, Environmental Health Consultant (phone)
- Mary Post, RN, MS, CNS, CIC, Oregon Patient Safety Commission

OTHER PARTICIPANTS EXCUSED:
- Deborah Cateora, Office of Licensing and Regulatory Oversight
- Beth DePew, Regional Liaison, Health Safety & Public Response
- Ruby Jason, MSN, RN, NEA-BC, Oregon Board of Nursing
- Laurie Murray-Snyder, Hospital Improvement Innovation Network Project Lead, HealthInsight Oregon
- Nancy O’Connor, RN, BSN, MBA, CIC, Oregon Regional Infection Prevention
- Teresa Shepherd, RN, Sterilization and Disinfection Consultant
OHA STAFF PRESENT:

- Zintars Beldavs, MS, HAI Program Manager/ACDP Section Manager
- Alyssa McClean, MPH, AWARE Coordinator
- Monika Samper, RN, HAI Reporting Coordinator
- Lisa Takeuchi, MPH, HAI Epidemiologist
- Roza Tammer, MPH, CIC, HAI Reporting Epidemiologist
- Ann Thomas, MD, Public Health Physician
- Dat Tran, MD, Public Health Physician
- Alexia Zhang, MPH, HAI Epidemiologist

ISSUES HEARD:

- Call to order and roll call
- Approval of September 2016 HAIAC meeting minutes
- Outbreaks 2016
- NHSN re-baseline
- New NHSN interface
- Hepatitis in Oregon
- Drug diversion and safety injection practices
- HCW influenza vaccination report update and review
- 2015 HAI report distribution
- Public comment
- Discussion: Themes and topics for future 2017 meetings
- Adjourn

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion</th>
<th>Action Item</th>
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| **Call to Order and Roll Call**  
(Mary Post for Mary Shanks, Committee Chair) | Quorum not met. Only 45% of appointed members present. | No action item |
| **Approval of September 2016 HAIAC Meeting Minutes**  
(All Committee Members) | Minutes were not available. Will be brought to next meeting in March. | September and December meeting minutes to be presented at March meeting |
| **Outbreaks**  
(Alexia Zhang, Oregon Health Authority) | Outbreak snapshot for 09/15/2016-10/09/2016  
- Healthcare associated infections (HAI) outbreaks account for 39% of all outbreaks reported to | No action item |
Acute and Communicable Disease Prevention Program (ACDP)

- There have been 65 reported outbreaks. Most common etiology was norovirus and noro-like outbreaks
  - Majority in long-term care (LTC) and skilled nursing facilities (SNF)
  - One in a school
- Start of the influenza season
  - Four influenza A outbreaks
- Community wide mumps outbreak
  - Increased number of calls regarding mumps since October
  - Twenty-four suspect, confirmed or presumptive reported case since September
- Case definitions:
  - **Confirmed**: Positive RT-PCR or culture in a patient with any of the following:
    - acute parotitis or other salivary gland swelling lasting at least 2 days
    - aseptic meningitis
    - encephalitis
    - hearing loss
    - mastitis
    - oophoritis
    - orchitis
    - pancreatitis
  - **Presumptive**: acute parotitis or other salivary gland swelling lasting at least 2 days, or orchitis or oophoritis unexplained by another diagnosis
  - **Suspect**: acute, parotitis or other salivary gland swelling, orchitis or oophoritis OR positive lab with no clinical symptoms

<table>
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<tr>
<th>NHSN Re-baseline (Roza Tammer, Oregon Health Authority)</th>
<th>The standard infection ratio (SIR) is a statistical measurement comparing observed and predicted HAIs</th>
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<td>Observed HAI is the number of infections observed and reported into the National Healthcare Safety Network (NHSN) during a certain time period</td>
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<td>Predicted HAI is the number calculated based on the national SIR baseline</td>
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National SIR baseline is how many HAIs occurred and were reported into NHSN **nationally** during a certain time period.

**Why re-baseline?**
- To account for changes in NHSN since the original baselines were created. Such as:
  - More facilities reporting to NHSN
  - Changing demographics of facilities reporting data to NHSN
  - Increase in number and types of locations reporting device-associated data to NHSN
  - Greater volume of procedures reported each year
  - Introduction and increased use of the clinical document architecture (CDA)
  - Increase in number of partners using NHSN group function
- There are significant definition and protocol changes, such as:
  - Removal of selected event types
  - Changes in device-day data collection methods
  - Ventilator associated event (VAE) replaces ventilator associated pneumonia (VAP)
  - Changes to catheter associated urinary tract infections (CAUTI) definition
  - Introduction of new events
  - Introduction and refinement of definitions for identifying HAIs
  - Additional locations added to the facility-wide inpatient (FacWideIN) surveillance
  - Additional information required for procedures

**Benefits of re-basilining**
- New baselines account for 2015’s major changes to HAI definitions and criteria
- A single time period results in more consistent methods for calculating and predicted infections
- Using 2015 data allows NHSN to create and updated risk modeling strategy
- Re-baselining will make more SIR analysis output options available in NHSN
- Potentially changing the minimum precision criteria increase the scope of prevention activities

**Scope of the re-baselining project**
- Updated HAI risk models for current SIR output options
- Develop new risk-adjustment methods for central-line associated bloodstream infections (CLABSI), CAUTI, and VAE data
- Introduce SIR output options for LabID events for long-term acute care hospitals (LTACH) and inpatient rehabilitation facilities (IRF)
- Assess potential output impact of new baseline on trends in HAI data
- Add new SIR output into the NHSN application
- Potentially lower minimum precision criterion

**Impact of re-baselining**
- Data reported to NHSN for 2015 will be used as the new baseline for future SIRs
- Risk adjustment methods are risk models may vary from those generated using original baselines
- All new risk models will be implemented into the NHSN application in the form of new SIRs
- NHSN users with data analysis rights will have access to SIR outputs using both the new and old baselines, depending on time period

**Timeline for re-baselining**
- Completed and ongoing tasks
- December 10, 2016 is scheduled release for NHSN version 8.6, including all new SIRs using 2015 baseline and risk models

**Summary of new measures**
- SIR for critical access hospitals (CAH) separate from acute care hospitals
- Mucosal Barrier Injury (MBI) Laboratory-Confirmed Bloodstream Infections (LCBI) SIR
- VAE SIR
  - Total VAE
  - Infection-related Ventilator-Associated Condition (IVAC) Plus
- Pediatric SSI SIR
- Methicillin resistant *staphylococcus aureus* (MRSA) and *Clostridium difficile* infection (CDI) LabID SIR for LTACH and IRF
- Standard utilization ratios (SUR) for all device types

**Implications of re-baselining for Centers for Medicare and Medicaid Services (CMS) reporting**
- Quality Reporting programs
- Value-Based Purchasing Programs
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<tr>
<th><strong>New NHSN interface</strong> (Roza Tammer, Oregon Health Authority)</th>
<th><strong>Hepatitis in Oregon</strong> (Ann Thomas, Oregon Health Authority)</th>
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<td>• Statistical implications for the SIR</td>
<td>Data from a viral hepatitis profile from last year; focusing</td>
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<td>o The 2015 baseline is a new &quot;starting/referent point&quot; from which to measure future progress</td>
<td>mainly on hepatitis C (HCV)</td>
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<td>o Therefore, SIRs will shift closer to 1, particularly for the 2015 SIRs calculated with the 2015 baseline</td>
<td>• Burden of disease:</td>
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<td>o Acute and chronic viral hepatitis</td>
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<td>o Liver cancer</td>
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<td>o Hospitalizations</td>
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<td>o Transplants</td>
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<td></td>
<td>o Deaths</td>
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<td></td>
<td>• Acute HCV cases by sex and age</td>
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<td>o Average of 25 cases per year in 2009-2013</td>
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<td>o Average of 332 new cases each year in Oregon</td>
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<td>o Majority of the cases under age 40</td>
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<td>▪ 56% male</td>
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<td>▪ 66% persons who inject</td>
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<td>o Oregon has been above the national average, except in 2013</td>
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<td>• Chronic infections</td>
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<td>o County health departments do not investigate because there are so many cases so the information comes from the lab slips</td>
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<td>o Two-thirds of cases were 45-64 years old</td>
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<td>o Twenty-five percent are in Multnomah County</td>
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<td>o Just under 50% are in the metro area</td>
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No action item
Chronic viral hepatitis cases by year of liver cancer diagnosis in Oregon in 1996-2012:

- In 2012, 47% of liver cancer cases had chronic HCV
- Male preponderance

Only included cases with HCV or chronic liver disease as the reason for hospitalization:

- Eight hundred cases per year, over the 5 year period
- Two-thirds were male
- Nearly 2/3 were on some sort of public assistance

Transplants:

- Over 30 liver transplants performed at OHSU annually
  - One or two are hepatitis A or B
  - About half are HCV

Deaths:

- Climbing rapidly over the last several years
- Even with the age adjusted, Oregon is still almost twice the national average
- Eighty-three percent of people between age 45-64 die prematurely
- Has been getting under reported since around 2000, based on a study done in Multnomah County
- Some racial disparities that were uncovered during the study.
  - Highest deaths are among blacks
  - Followed by Native Alaskans
  - Half as many among whites

Drug Diversion and Safe Injection Practices

Some data from the HAI survey

- Does your facility provide safe injection practices (SIP) training upon hire to responsible personnel?
  - Hospitals: Yes 84.9%, No 3.8%, Unsure 11.3%
  - ASCs: Yes 94.8%, No 3.9%, Unsure 1.3%
  - SNFs: Yes 67.0%, No 26.6%, Unsure 6.4%

- Does your facility provide SIP training at least annually to personnel?
  - Hospitals: Yes 58.5%, No 15.1%, Unsure 26.4%
  - ASCs: Yes 92.2%, No 5.2%, Unsure 2.6%
  - SNFs: Yes 58.7%, No 35.8%, Unsure 5.5%

No action items
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<tr>
<th>Question</th>
<th>Hospitals</th>
<th>ASCs</th>
<th>SNFs</th>
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<tr>
<td>Are personnel required to demonstrate competency with SIP following each training?</td>
<td>Yes 24.5%, No 34.0%, Unsure 41.5%</td>
<td>Yes 75.3%, No 20.8%, Unsure 3.9%</td>
<td>Yes 46.8%, No 45.9%, Unsure 7.3%</td>
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<td>Does your facility maintain current documentation of SIP competency for personnel?</td>
<td>Yes 43.4%, No 18.9%, Unsure 37.7%</td>
<td>Yes 76.6%, No 18.2%, Unsure 5.2%</td>
<td>Yes 44.4%, No 47.2, Unsure 8.4%</td>
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<td>Does your facility perform SIP audits during patient care?</td>
<td>Yes 28.3%, No 24.5%, Unsure 47.2%</td>
<td>Yes 77.9%, No 15.6%, Unsure 6.5%</td>
<td>Yes 56.0%, No 38.5%, Unsure 5.5%</td>
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<td>Does the hospital have a drug diversion prevention program that includes consultation with infection prevention when drug tampering is suspected or identified?</td>
<td>Yes 18.9%, No 47.2%, Unsure 26.4%, Other 7.5%</td>
<td>Yes 30.5%, No 34.1%, Unsure 24.4%, Other 11.0%</td>
<td>Yes 51.3%, No 31.1%, Unsure 17.6%</td>
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<td>Our facility has a written policy about:</td>
<td>Injection safety which includes protocols for performing finger sticks and point of care testing.</td>
<td>ASCs: 89.0%</td>
<td>SNFs: Yes 92.4%, No 2.5%, Unsure 5.1%</td>
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<td>Use of new needles and new syringe each time a medical bottle is entered.</td>
<td>ASCs: 92.7%</td>
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<td>Requiring staff to draw up individual doses from a multi-dose vials only outside of patient care areas.</td>
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ASCs: 82.9%
  - Tracking personnel access to controlled substance to prevent narcotics theft or drug diversion
    - ASCs: 87.8%
    - SNFs: Yes 84.9%, No 4.2%, Unsure 10.9%
  - Identification, reporting, and investigation of suspected drug diversion.
    - ASCs: 76.8%

### HCW Influenza Vaccination Report Update

(Monika Samper, Oregon Health Authority)

- Healthcare worker influenza vaccination survey annual report not yet available to the public.
  - Still in approval process
  - Anticipated official approval in a week or two
- Vaccination rates are presented by facility type over time
  - Hospitals have increased with employees
  - ASC rates have slightly dropped this year
  - SNFs have jumped
  - Dialysis centers have phenomenal increase in rates
- There is an overall high rate of unknown vaccination status in licensed independent practitioners, volunteers, and students

### Public Comment

- No public comment

### Discussion: Themes and Topics for future 2017 meetings

- Future discussion about:
  - What things should be getting reported
  - What are the requirements
  - Which things should be eliminated because they are not as important as once thought
  - How to use the data that has been collected to drive improvements or priorities

### Adjourn

Next meeting will be March 15, 2017, 1:00 pm-3:00 pm, at The Portland State Office building, Room 1D

Submitted by: Tina Meyer  
Reviewed by: Roza Tammer

EXHIBIT SUMMARY

A – Agenda
B – Outbreaks 2016
C – NHSN re-baseline
D – New NHSN interface
E – Hepatitis in Oregon
F – Drug diversion and safe injection practices
G – HCW Influenza Vaccination Report update and review
H – 2015 HAI Report distribution