HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE

April 24, 2013
1:00 pm to 3:00 pm

Portland State Office Building, Room 1C
800 NE Oregon Street
Portland, OR 97232

MEMBERS PRESENT: Paul Cieslak, MD
Tara Gregory, MS, FNP
Kecia Norling, RN
Dana Selover, MD, MPH
Marjorie Underwood, RN, BSN, CIC
Bethany Walmsley, CPHQ, CPPS

MEMBERS EXCUSED: Bruce Bayley, PhD
Stacy Moritz, RN, MBA
Susan Mullaney
Nancy O'Connor, RN, BSN, MBA, CIC
Pat Preston, MS
Dee Dee Vallier
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC
Angel Wynia

STAFF PRESENT: Zintars Beldavs, MS, Healthcare-Associated Infections Program Manager
Margaret Cunningham, MPH, Healthcare-Associated Infections Epidemiologist
Ellen McCleery, Healthcare-Associated Infections Support Analyst
Monika Samper, RN, Healthcare-Associated Infections Reporting Coordinator
Ann Thomas, MD, MPH, Acute and Communicable Disease Medical Epidemiologist

ISSUES HEARD:

- Call to Order
- Approval of Minutes
- Review Current Role of HAI Advisory Committee
- Review the Specific Roles of the Committee Members
- Finalize Proposed Addition of CMS Requirements to State OARS
- Review Sample Templates for Annual State Report
- Agenda Items for the Next Meeting

- **Public Comment / 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.

Item	Discussion	Follow-Up
Call to Order	The meeting was called to order at approximately 1:00 pm. There was not a quorum.	
Approval of Minutes	The meeting minutes could not be approved because a quorum is required for a vote.	
Review Current Role of HAI Advisory Committee Staff	As stated in the Statutory Requirements of OHA, ORS 442.851, the role of the HAI Advisory Committee is to advise the Administrator of the Oregon Health Authority regarding the Oregon Healthcare-Acquired Infection Reporting Program. The responsibilities and duties of the program are as follows: 1. Provide useful and credible infection measures, specific to each healthcare facility, to consumers; 2. Promote quality improvement in healthcare facilities; 3. Utilize existing quality improvement efforts to the extent practicable. In performing the above functions, the OHA shall adopt rules to: 1. Require healthcare facilities to report healthcare-acquired infection measures, including but not limited to healthcare-acquired infection rates; 2. Specify the healthcare-acquired infection measures that healthcare facilities must report; 3. Prescribe the form, manner and frequency of reports of healthcare-acquired infection measures by healthcare facilities. To clarify the scope of the committee's responsibility, a question was raised: Is HAIAC a decision-making body or just a recommending body? Several OHA staff members responded that, based on their interpretation of the Statutory Requirements, the role of the committee is to make recommendations to the OHA Administrator. A committee member then commented on the large amount of time spent listening to presentations on written reports, which alternatively could be mailed. Although the group needs to be informed, opportunities for making decisions are essential. Adequate time needs to be allotted for discussion and committee members should be	

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	making recommendations through approval or denial of action items presented during meetings/via email. As an advisory group for the Reporting Program, the committee's role is to: recommend what data should be collected, decide how data should be reported, and educate the public about data available in reports. In order to make thoughtful, well-informed proposals about what to report, the group needs to understand the overall HAI goals of the state. Once identified, these goals can be integrated to provide a summation of statewide objectives, enabling members to understand how recommendations might impact state plans, what additional goals might warrant consideration, and how to prioritize the reporting needs of Oregon. Three avenues for learning about state objectives include: 1. The barebones statewide plan, developed as part of a grant requirement, can serve as a template for identifying and developing reporting goals. 2. The federal reporting environment, which has changed dramatically over the last few years, should be perused for goals/directives missing from the statewide plan that the committee may want to address. 3. The coalition of organizations involved with infection prevention across Oregon (e.g., Acumentra , the Oregon Patient Safety Commission, etc.), consisting of a strong and perpetually evolving collaborative network, are an important resource for identifying goals, establishing priorities, and cultivating policy. As far as how to report information, a decision was made a long time ago to adopt NHSN as the primary means of reporting HAI data. New reporting elements, warehoused outside of NHSN, may still be addressed, but implementation will be dependent on OHA resources and how much of a burden additional reporting will place on healthcare facilities. Sharing HAI information with the public is the primary purpose of the statute. Armed with statistics, consumers can pressure healthcare facilities to improve their infection rates. The importance of transparency can be traced back to the early days of the committee where passionate consumers frequently led meetings to advocate for the availability of data. More recently, comments from community members while observing meetings continue to reflect the desire for more transparency and for usable, consistent reporting. So we need to carefully consider the nature and content of the	

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	HAI annual report and how to make it user-friendly. The 2012 report attempts to address these issues by providing the same amount of detailed statistics for each hospital, but presents the data in a more readable format. In addition, OHA is considering updating the website, contingent on resources, to allow users to easily view selected hospital information through an interactive state map. Due to the critical role of the committee, the effectiveness of reports is a concern: • Are the community and healthcare facilities using the data? • Do the reports meet the needs of the target audience? • Are healthcare-associated infections dropping? Note: As stated in the directives of the original grant and echoed by legislators during the development of the HAI statute, one purpose of reporting is to decrease rates by establishing a statewide infection-reduction plan and exposing the problem to the public. Although worthwhile, any substantial research on the value of our reports or how to create useful reports is of concern due to limited funding. Clues to ascertain the success of the committee's efforts, however, can be gleaned from existing data. Oregon reports show decreased infection rates, indicating the group is indeed having a positive impact. Additional resources suggested by the group included: • Polling organizations involved with infection prevention (e.g., Acumentra, the Oregon Association of Hospital and Health Systems, etc.) to determine whether they are employing HAI data for strategic planning. • Finding out if mandatory infection-reporting programs are still active in other states and, if so, how they are contributing to the greater good of HAI data gathered from healthcare facilities. • Determine if other sources provide the same information – a staff member offered that the CMS website does have data for most hospitals; however, the variety of methods used to present data makes comparisons between hospitals difficult. Certainly, the scope of HAI reporting has changed over time. Ambulatory surgery centers (ACS), initially unaware of reporting when the committee first began, are now heavily involved with submitting data to CMS and plan to consider additional infections they would like to report. Furthermore, Oregon is one of three states in the first phase	

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	of the Agency for Healthcare Research and Quality's mission to promote a culture of safety in ACSs through the implementation of the AHRQ checklist. Although solely responsible for reporting, the committee might also serve as a good forum for organizations, such as the Oregon Patient Safety Commission, Acumentra, and the Oregon Association of Hospital and Health Systems, to stay connected. The state level is the only place where a birds-eye view of all HAI activities is available thereby providing a catalyst to organizations to: develop and share strategies, stay on course with goals, and keep track of initiatives and activities occurring in the state. The latter is important for eliminating redundancy, making the best use of resources in Oregon, and appears to be within the scope of the committee based on section 3, item 1b of ORS 442.851--promote quality improvement in healthcare facilities. A member asked whether the group should serve as a clearing house for activities related to infection control across the state and catalogue the information. Another member suggested that the HAI website, which need only contain links to each organization's webpage, would be a good repository for information. In order for the committee to adequately perform its role, sufficient attendance at meetings is crucial. The group needs to be reinvented to create excitement and willingness to participate in activities and meetings. Looking at the history of the committee may shed light on reasons for dwindling meeting attendance. The original legislation was crafted by a large well-integrated work group from all parts of the healthcare system. The cohesiveness of the committee began to fade after the advent of the CDC grant that distributed funds to: OHPR for development of a statewide HAI prevention plan, Oregon Patient Safety Commission for HAI prevention collaborative work, and ACDP's HAI program for data validation. This trifecta has inhibited efforts to integrate reporting with the state strategy, causing the committee to become solely focused on collecting data and producing reports. Compounding the problem has been the lack of decision making about reporting because Oregon has been adhering to CMS-defined requirements to reduce the burden on healthcare facilities. Consequently, many members are becoming less interested in the role they play on the committee. Perhaps confusion on the purpose of the committee and whether it should be taking place is contributing to low turnout. A suggestion was made to set aside a portion of	

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	meetings attended by new members to discuss the function of the committee and the role of members.	
Review the Specific Roles of the Committee Members Chair	In the last meeting held on February 27, attendees attempted to match the qualifications of each member to the list of committee roles stipulated in the HAI statute. To ascertain whether the matches were correct, Nancy O'Connor contacted Jeanne Negley, but was not able to obtain much additional clarification. Nancy, though, did learn that some roles have never been filled and a few of the positions were established ad hoc to satisfy the needs of the committee, such as Diane Waldo, Stacy Moritz, and Dana Selover's positions. Not all of the members with identifiable roles have the qualifications specified in the statute. Examples include: • Roger Sleven, a gastroenterologist, meets the criteria as a physician from an ambulatory surgery center, but due to his specialty, may not possess a broad perspective on infection control. (Dr. Sleven recently resigned.) • Pat Preston is a consultant for long-term care, not an administrator as mandated in the statute. • Katrina Hedberg is the State Epidemiologist, but Paul Cieslak, manager of Acute and Communicable Disease Prevention, is serving in her place. To address the issues associated with membership, the group brainstormed options: • Reduce the number of vacant slots by: o Asking members to recommend or find recruits. o Reappointing members when a replacement cannot be found. o Identifying methods for recruiting new members. o Rewriting the statute to eliminate continually vacant slots and broaden/redefine difficult-to-fill roles. • Improve attendance by identifying and replacing persistently absent members who are no longer interested in serving on the committee. • Examine adding new roles and eliminating/redefining unsuitable positions to enhance the function of the committee.	Marjorie Underwood recommended Chuck Kilo, Chief Medical Officer and Vice President of Staff Affairs, for an appointment on the committee. She will either ask him directly about the appointment or give Dr. Kilo's contact information to Zintars Beldavs.
Finalize Proposed Addition of CMS Requirements to State OARS	In the previous meeting, adding mandatory reporting of catheter-associated urinary tract infections (CAUTIs) and methicillin-resistant *Staphylococcus aureus* (MRSA) infections to our State OARs, both current CMS requirements, was discussed. Due to low attendance, the group decided on an email vote; however, a member later	

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Staff	requested further discussion of the proposal, so it was included in the April agenda. After some deliberation, the committee concluded that members had already agreed to add MRSA and CAUTIs to the HAI OARs in February's meeting.	
Review Sample Templates for Annual State Report Staff	Ellen McCleery presented examples for the state report, of data displayed in various layouts with different charts, for committee members to review. On the first page of the handout--excluding the SCIP data--the bar charts represent CLABSI and *C. difficile* rates (*C. difficile* - per 1000 patient days; CLABSI – per 1000 central line days) or, in the case of SSIs, the proportion of procedures resulting in surgical site infections. Below these graphs, numerator counts (total CLABSIs or SSIs), denominator counts (total central line days or procedures), and standard infection rates (SIR) are provided. The third page incorporates the SIR in all but one of the graphs and uses color for clarity: above 1.0 (more infections observed than expected) is red and below 1.0 (fewer infections observed than expected) is green. The horizontal line connecting the vertical bars in the charts is an attempt to illustrate that the data is over time. Numerator and denominator counts along with rates are shown underneath the graphs. Some suggestions and comments from the group were: • Enlarge the graphs to allow room for labels to be displayed for every year under the x axis; currently, only labels for every other year are shown in some charts. • Eliminate the horizontal lines used to represent the passage of time between years because they're of questionable value. • Use the same scale on the Y axis of charts to make it easy to compare related data, such as SSI rates between procedures. • Employ the standard infection rate on graphs because SIRs, adjusted for risk factors, are best for comparing data over time within a hospital. (In contrast, rates, rather than SIRs, should be used to evaluate data from different hospitals.) • The long graph created by connecting hospital SSI charts for all procedures was well received by some attendees (example shown on page 4); others preferred displaying a separate graph, with both hospital and state data, for each procedure (as shown on page 7).	Monika Samper will compile a final version of the annual state report and send to members via email.
Agenda Items for the Next Meeting	1. Review State plan. 2. Develop a standing agenda for all meetings.	Zintars Beldavs/Ann Thomas will locate and

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Committee Members	3. Invite staff from various organizations (such as Acumentra and the Patient Safety Commission) and from each specialty (long-term care facilities, ambulatory care centers, etc.) to provide an update on their agency's actives for 10-15 minutes. 4. Discuss grants and funding for HAI activities. 5. Decide on frequency of committee meetings. (Note: Attendees agreed that meeting quarterly would be sufficient.) 6. Identify all required committee roles (positions may need to be added, eliminated, or redefined), ascertain vacant slots, and formulate a plan to fill openings.	present state plan to committee.
Public Comment / Adjourn	No public comments	

Next meeting will be June 26, 2013, 1:00 pm to 3:00 pm, at the Portland State Office Building, Room 1C.

Submitted By: Diane Roy

Reviewed By: Monika Samper
Zintars Beldavs

EXHIBIT SUMMARY

A – Agenda
B – February 27, 2013 Minutes
C – Role of the HAIAC
D – Proposed OARs
E – Annual Report Sample Templates