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Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

December 13, 2017
1:00 - 3:00 pm

PSOB – Room 1B
800 NE Oregon St.
Portland, OR 97232

Agenda, materials, minutes, recordings, and transcriptions for meetings are available at:
<http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/HAI/Prevention/Pages/Meetings.aspx>.

**NOMINATED
MEMBERS
PRESENT:**

- Genevieve Buser, MD, Pediatric Infectious Disease Physician, Providence St. Vincent Medical Center
- Deborah Cateora, BSN, RN, Healthcare EDU/Training Coordinator and RN Consultant, Safety, Oversight and Quality Unit (SOQ Unit), Oregon Department of Human Services
- Paul Cieslak, MD, Medical Director, Acute and Communicable Disease Prevention, Oregon Health Authority
- Wendy L. Edwards, RN, BSN, Patient Safety Surveyor, Health Facility Licensing and Certification, Oregon Health Authority
- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University
- Mary Shanks, RN, MSN, CIC, Infection Preventionist, Kaiser Westside Medical Center (phone)

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- Tom Stuebner, MSPH, Executive Director, Oregon Patient Safety Commission
- Kristen Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante (phone)

NOMINATED MEMBERS EXCUSED:

- Kelli Coelho, RN, CASC, MBA, Executive Director, RiverBend Ambulatory Surgery Center
- Jordan Ferris, BSN, RN, CMSRN, Nursing Practice, Consultant, Oregon Nurses Association
- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc
- Rebecca Pawlak, MPH, Director of Public Policy, Oregon Association of Hospital and Health Systems
- Laurie Polneau, RN, MHA, CPHRM, Director, Quality/Risk Management/Infection Control, Vibra Specialty Hospital Portland
- Pat Preston, MS, Executive Director, Center for Geriatric Infection Control
- Dee Dee Vallier, Consumer Advocate

OTHER PARTICIPANTS PRESENT:

- Art Ashby, Lacey Good Samaritan Medical Center (phone)
- Karen Brooks, RBN, BSN, CIC, Infection Control Practitioner, Legacy Silverton Medical Center (phone)
- Anne Eades, Oregon Patient Safety Committee
- Marissa Hadid, Legacy Good Samaritan Hospital (phone)
- Kristen Judisasante (phone)
- Stacey Karvoski, RN, BSN, Infection Control/ Employee Health/ Outpatient Therapy Manager, Wallowa Memorial Hospital (phone)
- Debra Katur, Department of Health Services (phone)
- Leslie McClain (phone)

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- Kate Medred, MA, Logistics Coordinator, Infection Prevention, Oregon Patient Safety Commission
- Laurie Murray-Snyder, Hospital Improvement Innovation Network Project Lead, HealthInsight Oregon
- Mary Post, RN, MS, CNS, CIC, Director, Infection Prevention, Oregon Patient Safety Commission/Oregon Health Authority (phone)
- Rebecca Rottman, MPA, Lead Logistics Coordinator, Infection Prevention, Oregon Patient Safety Commission

OHA STAFF PRESENT:

- Zintars Beldavs, MS, ACDP Section Manager
- Tara Buehring, MPH, HAI Office Specialist
- Alyssa McClean, AWARE Program Coordinator
- Rebecca Pierce, PhD, HAI & EIP Program Manager
- Monika Samper, RN, HAI Reporting Coordinator
- Diane Roy, HAI Data and Logistics Coordinator
- Roza Tammer, MPH, CIC, HAI Reporting Epidemiologist
- Lisa Takeuchi, MPH, Emerging Disease Epidemiologist
- Dat Tran, MD, Public Health Physician
- Alexia Zhang, MPH, HAI Epidemiologist

ISSUES HEARD:

- Call to order and roll call
- Introductions and membership updates
- Approve September 2017 minutes
- HAI annual report 2017 (2016 data)
- Outbreaks update 2017
- Exemptions
- Data priorities

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- Infection control guidance for animals in healthcare facilities
- Discussion: themes and topics for future 2018 meetings
- 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	Action Item
Call to Order and Roll Call Genevieve Buser, Providence Portland (Chair)	Fifty-three percent of members present.	No action items
Introductions and Membership Updates Roza Tammer, Oregon Health Authority	<ul style="list-style-type: none"> • Healthcare-Associated Infections (HAI) Advisory Committee still has two vacancies: <ul style="list-style-type: none"> ○ Healthcare purchasing representative ○ Health insurer representative • Committee is also searching for additional consumer and patient advocates/representatives • Contact the Oregon Health Authority (OHA) if you are interested in an opening or have suggestions for potential candidates 	Committee will continue efforts to fill open positions.
Approve September 2017 Minutes	September 27, 2017 meeting minutes were approved.	No action items

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Item	Discussion	Action Item
<p>All Committee Members (Pages 1-14 of meeting materials) HAI Annual Report (2016 data) Roza Tammer (Pages 15-41)</p>	<ul style="list-style-type: none"> • Addition of acronym glossary • Removed “Location Mapping For Reportable HAIs in Oregon” • Revised language “Recommendation For Patients and Families to Minimize HAI Risk” • Summary of infections <ul style="list-style-type: none"> ○ CLABSI in NICUs better than 2006-08 national baseline, did not meet 2013 HHS target (13 infections) ○ CLABSI in adult and pediatric ICUs statistically better than 2006-08 national baseline, met 2013 HHS target (57 infections) ○ CLABSI in adult and pediatric wards statistically better than 2006-08 national baseline, met 2013 HHS target (43 infections) ○ MRSA bloodstream infections statistically better than 2010-11 national baseline, met 2013 HHS target (57 infections) ○ C. difficile infections statistically better than 2010-11 national baseline, did not meet 2013 HHS target (906 infections) ○ CAUTI in adult and pediatric ICUs statistically better than 2009 national baseline, met 2013 HHS target (109 infections) 	<p>No action items</p>

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	<ul style="list-style-type: none"> ○ CAUTI in adult and pediatric wards statistically better than 2009 national baseline, met 2013 HHS target (75 infections) ● Summary of surgical site infections (SSIs) <ul style="list-style-type: none"> ○ Statistically better than 2006-08 national baseline and met 2013 HHS target: coronary artery bypass graft (heart) surgeries (7 infections), laminectomy (back) surgeries (11 infections), colon surgeries (91 infections), abdominal hysterectomy surgeries (12 infections) ○ Higher than 2006-08 national baseline and did not meet 2013 HHS target: hip replacement surgeries (67 infections) ○ Better than 2006-08 national baseline and did not meet 2013 HHS target: knee replacement surgeries (48 infections) ● Dialysis events <ul style="list-style-type: none"> ○ 39% fewer dialysis-related BSIs per 100 patient-months than the national average in 2016 ○ 48% fewer access-related BSIs per 100 patient-months than the national average in 2016 ● Summary of findings <ul style="list-style-type: none"> ○ In 2016, most of Oregon’s reportable HAIs in hospitals were both statistically better than predicted based on national data and met national reduction targets for HAIs 	

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	<ul style="list-style-type: none"> ○ Oregon dialysis facilities performed favorably for both dialysis-related BSIs and AR-BSIs ○ A few of Oregon’s reportable HAIs in hospitals highlight that need for continued infection prevention efforts 	
<p>Outbreaks Update 2017 Alexia Zhang (Pages 42-51 of meeting materials)</p>	<ul style="list-style-type: none"> ● 38 outbreaks were reported since 09/01/17: <ul style="list-style-type: none"> ○ 15 <i>norovirus</i>, 1 <i>Campylobacter</i>, 1 <i>Salmonella</i>, 1 sapovirus, 2 <i>Escherichia coli</i> (<i>E. coli</i>), 4 gastroenteritis with etiology unknown ○ 4 influenza B, 1 pertussis, 1 mumps, 1 <i>Streptococcus pyogenes</i>, and 3 unknown respiratory illness with etiology unknown ○ 3 rash outbreaks ○ 1 other ● Of the 38 outbreaks, 20 (52%) occurred in a healthcare facility <ul style="list-style-type: none"> ○ Outbreaks occurred most often in assisted living facilities, followed by mixed facilities (e.g., combined assisted living and skilled nursing facility) ○ Most common etiology in healthcare facilities was norovirus ● 1 outbreak of interest was <i>Salmonella</i>: <ul style="list-style-type: none"> ○ 19 cases reported in Oregon and Washington ○ No hospitalizations/deaths in OR cases, 6 hospitalizations and 1 death in WA cases ○ Onsets range from 10/29/17-11/15/17 	<p>No action items</p>

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	<ul style="list-style-type: none"> ○ Pre-cut fruit implicated in this outbreak with Oregon distributor ● <i>E. Coli</i> O103 <ul style="list-style-type: none"> ○ 35 cases, 10 confirmed, 25 presumptive ○ 23 females; 1-74 years; onsets: 9/27-11/08 ○ 7 females with STEC O103 infection that match by PFGE ○ No implicated produce through trace back ● <i>Peptostreptococcus magnus</i> in anterior cruciate ligament (ACL) repairs <ul style="list-style-type: none"> ○ IP at ASC reported 3 patients with ACL surgery sites infected ○ 2 males, 1 female; 18-32 years ○ Onsets: 04/16-08/17 ○ Cases presented with septic arthritis, fever 17-34 days after surgery ○ All cases required multiple wash outs, 2-4 month antibiotic courses, 1 patient had graft removed ○ ACDP epidemiologists observed 2 ACL surgeries and took environmental swabs, awaiting culture results 	
<p>Exemptions Rebecca Pierce, OHA</p>	<ul style="list-style-type: none"> ● Current HAI reporting exemptions have been given to facilities in two situations: <ul style="list-style-type: none"> ○ If the facility reported less than 50 central line days in their facility or for a specific procedure type ○ If the facility reported less than 50 surgeries a year, they wouldn't report that surgery 	No action items

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	<ul style="list-style-type: none"> • Exemptions have become burdensome on facilities as well as HAI program to determine qualifications • Considering for 2019, removing the exemptions all together to simplify process and to ensure there is monitoring of HAI occurrence at all facilities <p>Comment: Facilities with a low number of procedures may have a disproportionate percentage of infections. Response: Though we want to track the occurrence of HAIs even at sites with small denominators, when this information is reported we can censor published data to account for small denominators at facilities.</p>	
<p>Data Priorities Rebecca Pierce, OHA</p>	<ul style="list-style-type: none"> • After altering requirements for the HAI annual report, there is now more flexibility on the contents of the report, as well as the ability to focus on prevention work • Feedback on possible data to prioritize in future reports: <ul style="list-style-type: none"> ○ Prophylaxis around Cesarean sections, with the addition of azithromycin and its effect on SSI rates <p>Comment: Willingness from Kaiser and Providence to share Cesarean section data</p>	<p>No action items</p>
<p>Infection Control Guidance For Animals In Healthcare Facilities Emilio DeBess, OHA</p>	<ul style="list-style-type: none"> • Many hospitals and long-term care facilities allow animals to visit their patient, without sufficient infection control and prevention policies • While there are positive effects of pet exposure (enhance wellness, decrease pain medication intake, and decrease loneliness), there are also many negative effects like animal allergies, trauma, opportunistic infections and zoonotic infections 	<p>Guidelines will be created for facilities to point to when needed.</p>

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<p>(Pages 52-82 of meeting materials)</p>	<ul style="list-style-type: none"> ○ Infections may include: ringworm, campylobacter, <i>C. diff</i>, MRSA, <i>E. coli</i>, VRE and H1N1. ● Proposed guidelines for animal-assisted intervention in healthcare facilities: <ul style="list-style-type: none"> ○ No visiting patients under contact precautions ○ No visiting patients while eating ○ Health screening of pet including rabies vaccination, and external and internal parasites ○ Only suitable animals allowed ○ Practice proper hand hygiene ○ Only adult animals ○ Prevent licking ○ No high fives or shaking ○ No treats unless disinfected shovel or spoon is used ○ Use a barrier sheet on the bed and discard after visit ○ No visits from ill animals ○ No animals fed raw diets ● No current research studies on the effects of animal-assisted intervention in healthcare facilities <p>Comment: Current policies in place regarding animals in the facility are difficult to enforce. Creating guidelines with suggestions from both the facility and OHA with Dr. DeBess's input would be beneficial to point to when needed.</p>	
<p>Discussion: Themes and Topics for Future 2018 Meetings</p>	<p>Current legislation was discussed. No future themes/topics proposed.</p>	<p>No action items</p>

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All members		
Public Comment	No public comment	No action items
Adjourn		

Next meeting will be March 28, 2018 1:00 pm - 3:00 pm, at Portland State Office Building, Room 1B

Submitted by: Tara Buehring
Reviewed by: Roza Tammer
Rebecca Pierce

EXHIBIT SUMMARY

- A – Agenda
- B – June 28, 2017 meeting minutes
- C – Outbreaks
- D – HAI website pages
- E – Infection Prevention Video Resources
- F – 333-018-0130 Proposed Changes