



Healthcare Associated Infections Advisory Committee (HAI AC) meeting

March 15, 2017
1:00-3:00 pm

PSOB –Room 1D
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. 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 (Mary Shanks, Kaiser Westside, Committee Chair)	Quorum met. Sixty-seven percent of the appointed members present.	No action items

<p>Approval of September and December 2016 HAIAC Meeting Minutes (All Committee Members)</p>	<p>September 28 and December 14, 2016 minutes were approved.</p>	<p>No action items</p>
<p>Outbreaks Update 2017 (Alexia Zhang, Oregon Health Authority)</p>	<ul style="list-style-type: none"> • Outbreak snapshot for 01/01/2017-03/07/2017 <ul style="list-style-type: none"> ○ Healthcare associated infections (HAI) account for 81% of all outbreaks from January to March ○ Most common etiology was influenza A followed by respiratory outbreaks ○ Increase in norovirus or mixed outbreaks started to increase in late February ○ Outbreaks of interest: <ul style="list-style-type: none"> ▪ Mumps outbreak among wrestlers <ul style="list-style-type: none"> ❖ 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 ▪ <i>E. coli</i> O157 related to I.M. Healthy Brand soy nut products <ul style="list-style-type: none"> ❖ 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 <ul style="list-style-type: none"> ❖ Twenty-eight from long-term care facilities (LTCF) ❖ Five from schools ▪ Thirty-four cases of various types of gastroenteritis <ul style="list-style-type: none"> ❖ <i>Yersinia pseudotuberculosis</i> - 1 case ❖ <i>Salmonella</i> - 2 cases ❖ <i>E. coli</i> - 2 cases ❖ Rotavirus - 2 cases ❖ Unknown - 27 cases ▪ One hundred twenty respiratory outbreaks <ul style="list-style-type: none"> ❖ Influenza - 101 cases ❖ Pertusis- 2 cases 	<p>No action items</p>

	<ul style="list-style-type: none"> ❖ Mumps - 1 case ❖ Unknown - 16 cases <ul style="list-style-type: none"> ▪ Three cases of rash 	
<p>Bed Availability Crisis: Acute Care Perspective and the Oregon Crisis Care Guidance (Mary Shanks, Kaiser Westside, Committee Chair; Richard Lehman, Chief Medical Officer, OHA)</p>	<ul style="list-style-type: none"> • Bed crisis in Portland during peak influenza season <ul style="list-style-type: none"> ○ Emergency rooms (ER) were on divert ○ Intensive care units (ICU) were full ○ Weather-related issues • Drs. Cieslak and Lehman created and distributed a documents which had recommendations for: <ul style="list-style-type: none"> ○ How to handle patients at these high hospital census ○ 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 <ul style="list-style-type: none"> ○ It might be helpful to use these guidelines to create an emergency response plan and practice them as preparation for a potential future situation 	<p>Further discussions about a plan to formalize the lines of communication for the future</p>
<p>Update on NHSN Version 8.6 (Roza Tammer, Oregon Health Authority)</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Multi-module issues ○ Device-associated infections ○ Surgical site infections (SSI) ○ Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteremia and <i>Clostridium difficile</i> (CDI) LabID events 	<p>No action items</p>
<p>2016 HAI Annual Report (Roza Tammer, Oregon Health Authority)</p>	<ul style="list-style-type: none"> • Recap of changes implemented in the 2015 Annual Healthcare-Associated Infection (HAI) report <ul style="list-style-type: none"> ○ One report for both consumers and providers ○ PDF report for aggregate data ○ All facility-specific tables and maps on data.oregon.gov 	

- 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
- 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
 - 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)
 - New national US Department of Health and Human Services (HHS) HAI reduction targets
 - HHS HAI reduction targets are SIRs
 - 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
 - Prevention activities – how best to represent?
 - Link to existing webpage?
 - Additional information?
 - Include more information on prevention work?
 - Patient advocate review
 - Goal is to allow patients to use data to make healthcare choices

	<ul style="list-style-type: none"> ▪ Looking for ideas for outreach to identify reviewers 	
HAIAC Roster (Roza Tammer, Oregon Health Authority)	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ Health insurer representative ○ Representative of the Department of Human Services ○ A healthcare purchasing representative ○ 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	<ul style="list-style-type: none"> • Future discussion about: <ul style="list-style-type: none"> ○ Sun setting, by statute, of the HAIAC on January 1, 2018, unless the statute is amended ○ Requested some language around the annual report to legislature for permission for not have duplication of information that CMS is already producing ○ 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: Tina Meyer Reviewed by: 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