

Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

June 28, 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 (phone)
- Paul Cieslak, MD, Medical Director, Acute and Communicable Disease Prevention, Oregon Health Authority
- Kelli Coelho, RN, CASC, MBA, Executive Director, RiverBend Ambulatory Surgery Center (phone)
- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc. (phone)
- Rebecca Pawlak, MPH, Director of Public Policy, Oregon Association of Hospital and Health Systems
- Pat Preston, MS, Executive Director, Center for Geriatric Infection Control (phone)
- Kirsten M. Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante (phone)

NOMINATED
MEMBERS
EXCUSED:

- Tom Stuebner, MSPH, Executive Director, Oregon Patient Safety Commission
- 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
- Dee Dee Vallier, Consumer Advocate

OTHER
PARTICIPANTS
PRESENT:

- Larlene Dunsmuir, DNP, FNP, ANP-C, Assistant Executive Director of Professional Services, Oregon Nurses Association
- Jennifer Graham, MPH, Medical Countermeasures Coordinator/CHEMPACK State Coordinator, Health Security, Preparedness, and Response (HSPR), Oregon Health Authority (phone)
- Judy Guzman-Cottrill, DO, Pediatric Infectious Disease Physician, Oregon Health and Science University/Oregon Health Authority
- Gretchen Koch, MSN, RN, Policy Analyst, Nursing Practice and Evaluation, Oregon State Board of Nursing (phone)
- Laurie Murray-Snyder, Hospital Improvement Innovation Network Project Lead, HealthInsight Oregon
- Paola Montes, MPH, MT, CHES, CIC, Infection Preventionist, Samaritan Pacific Communities Hospital (phone)
- Mary Post, RN, MS, CNS, CIC, Director, Infection Prevention, Oregon Patient Safety Commission/Oregon Health Authority

- Gina Ramoz, Operations and Policy Analyst and Biosafety Officer, Oregon State Public Health Laboratory (OSPHL)

OHA STAFF
PRESENT:

- Zintars Beldavs, MS, ACDP Section Manager
- Monika Samper, RN, HAI Reporting Coordinator
- 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
- Introductions and membership updates
- Approve March 2017 minutes
- Outbreaks update 2017
- Infection Control Assessment and Response (ICAR) update
- Annual CDC report
- Annual Healthcare-associated Infections (HAI) Program report
- NICU collaborative update
- Multi-Drug Resistant Organism (MDRO) Toolkit
- SHEA/CDC Outbreak Response Training Program (ORTP)
- Discussion: themes and topics for future 2017 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
<p>Call to Order and Roll Call Genevieve Buser, Chair</p>	<p>Quorum met. Sixty-nine percent of members present.</p>	<p>No action items</p>
<p>Introductions and Membership Updates Roza Tammer</p>	<ul style="list-style-type: none"> • HAI Advisory Committee is seeking to fill four vacancies: <ul style="list-style-type: none"> ○ Hospital administrator with expertise in infection control at a facility with fewer than 100 beds ○ Healthcare purchasing representative ○ Department of Human Services representative ○ Health insurer representative • Committee is also searching for additional consumer and patient advocates/representatives. • Contact OHA if you are interested in an opening, can promote positions amongst contacts, or have suggestions for potential candidates. 	<p>Committee will continue to work on filling open positions.</p>
<p>Approve March 2017 Minutes All Committee Members (Pages 2-8 of meeting materials)</p>	<p>March 15, 2017 meeting minutes were approved.</p>	<p>No action items</p>
<p>Outbreaks Update 2017 Alexia Zhang (Pages 9-14 of meeting materials)</p>	<ul style="list-style-type: none"> • 112 outbreaks were reported between 3/1/2017-6/21/2017: <ul style="list-style-type: none"> ○ 46 norovirus, 1 <i>Salmonella</i> and norovirus, 4 <i>Salmonella</i>, 2 E. coli O157, 2 rotavirus, and 27 gastroenteritis with etiology unknown. ○ 6 influenza, 4 pertussis, 2 RSV, 1 mumps, and 7 unknown respiratory illness with etiology unknown. 	<p>No action items</p>

Item	Discussion	Action Item
	<ul style="list-style-type: none"> • Of the 112 outbreaks, 57 (41%) occurred in a healthcare facility. <ul style="list-style-type: none"> ○ Most common healthcare facility was assisted living facilities, followed by skilled nursing facilities. ○ Most common etiology in healthcare facilities was norovirus. • 2 outbreaks are of interest: <ul style="list-style-type: none"> ○ Hepatitis A in food handlers: <ul style="list-style-type: none"> ▪ 2 confirmed Hepatitis A cases in food handlers at same restaurant. ▪ 2 additional symptomatic food handlers but did not meet case definition. ▪ Multnomah county organized immunization efforts. ▪ No additional reported cases. ○ <i>Salmonella</i> and live poultry: <ul style="list-style-type: none"> ▪ CDC working with multiple states to investigate multiple clusters of <i>Salmonella</i>. ▪ Cases reporting exposure to live poultry. ▪ Currently 10 different <i>Salmonella</i> serotypes and 18 different pulse field gel electrophoresis (PFGE) patterns. ▪ Currently 8 Oregon cases. <p><u>Comment</u> Availability of a report containing outbreak data categorized by healthcare setting would facilitate identification of best methods</p>	

Item	Discussion	Action Item
	<p>for controlling infections and enable OHA to offer recognition to successful facilities. Data might include:</p> <ul style="list-style-type: none"> • Relative number of outbreak cases • Elapsed time before outbreak identified • Duration of outbreak 	
<p>ICAR Update Mary Post (Pages 15-39 of meeting materials)</p>	<p><u>ICAR Onsite Consultations</u> Common findings from 35 (out of 95) completed consultations:</p> <ul style="list-style-type: none"> • Hand hygiene: <ul style="list-style-type: none"> ○ Long-term Care Facilities (LTCF's) have increased use of hand sanitizers. ○ Dialysis audits show 90% hand hygiene compliance. ○ Staff often forget to wash hands after glove removal. • Personal protective equipment (PPE) should include more use of gowns as part of standard precautions. • Respiratory/cough etiquette signage, educational materials, and supplies need to be available year round. • Antibiotic Stewardship Programs (ASP): <ul style="list-style-type: none"> ○ Most hospitals have begun to implement ASP. ○ Dialysis, ASCs, and clinics have started initiatives, but have not yet implemented facility-wide ASP strategies. ○ LTCF's have begun to institute ASP policies and some are involving consultant pharmacists. • Injection safety and point-of-care devices: <ul style="list-style-type: none"> ○ Issues: <ul style="list-style-type: none"> ▪ Multi-dose vials are used in common patient care areas. 	<p>No action items</p>

Item	Discussion	Action Item
	<ul style="list-style-type: none"> ▪ Vial rubber septums and IV hubs are not always disinfected/scrubbed prior to access. ▪ Approved disinfectants are not used or not applied for recommended contact time. ▪ Glucometers, not approved for multi-patient use, are shared among patients. <ul style="list-style-type: none"> ○ Successes: use of lancets, insulin pens, and multi-dose vials are restricted to one patient. • Inter-facility transfer communication: need to improve intake and transfer information for patients/residents with MDROs and special precautions. • Operating Room: <ul style="list-style-type: none"> ○ CHG skin antiseptic instructions are not consistently followed. ○ Best practice observed – at start of suite turnover, wipe/cloth is placed on top of equipment to designate it needs cleaning. • Device Reprocessing: <ul style="list-style-type: none"> ○ High-level disinfectant solution QC checks are not always documented. ○ Sterile processing is not always employing correct-sized brush nor properly disinfecting or disposing of brushes after use. • Other findings <ul style="list-style-type: none"> ○ Many hats are worn by individual(s) overseeing infection control program. ○ Environmental services need additional training. 	

Item	Discussion	Action Item
	<p><u>Training, Workgroups, and Collaborative Efforts</u></p> <ul style="list-style-type: none"> • Five statewide environmental services training courses are offered in late June and July 2017. • 23 infection prevention videos, scheduled to be completed by end of July, are being produced by OPSC and OHA; videos will posted on OPSC YouTube Channel: http://bit.ly/2sctBxC. • Four webinars on <i>Clostridium difficile</i> were presented between May and June 2017 in partnership with HealthInsight and OAHHS. • Three webinars on NHSN Tap Reports were led by the OHA HAI program and presented in partnership with HealthInsight, OAHHS, and OPSC. • MDRO Toolkit is being developed for use in all facility settings. • Dialysis Activities: <ul style="list-style-type: none"> ○ Participated in End Stage Renal Disease National Coordinating Center Learning Action Network (LAN) Workgroup. ○ Faculty member of Dialysis Training Workshop offered at National APIC conference. • Multi-regional Oregon Infection Prevention Partnership Collaborative launched in April 2017. <ul style="list-style-type: none"> ○ Seven LTCF's and three hospitals are currently participating. ○ Objectives include: 	

Item	Discussion	Action Item
	<ul style="list-style-type: none"> ▪ Implementing infection prevention and antimicrobial stewardship program strategies across the continuum of healthcare. ▪ Creating partnerships between hospitals and LTCF's. ▪ Standardizing best practices for preventing urinary tract infections (UTI), <i>clostridium difficile</i> infections (CDI), multidrug resistant organism (MDRO) infections, and hospital readmissions. <p><u>Comment</u> Development of videos to educate patients and families about topics such as hand hygiene, wound care, toileting, and glucose monitoring would be valuable; some topics would also be applicable to school, camp, and health fair settings.</p>	
<p>Annual CDC Report Roza Tammer (Pages 40-42 of meeting materials)</p>	<p>CDC will publish 2015 data aggregated by facility type on Hospital Compare website.</p> <ul style="list-style-type: none"> • SIRs will be calculated using 2015 baseline rather than original baseline. • 2015 SIRs will not be compared to SIRs from previous year to show trends due to re-baselining. 	<p>No action items</p>
<p>Annual HAI Program Report Roza Tammer (Pages 43-56 of meeting materials)</p>	<p>Current status of activities related to 2016 HAI annual report:</p> <ul style="list-style-type: none"> • Completed: <ul style="list-style-type: none"> ○ Previous year's report was reviewed to identify changes needed to 2016 report. 	<p>OHA will solicit feedback from committee on how to improve process employed</p>

Item	Discussion	Action Item
	<ul style="list-style-type: none"> ○ Internal validation - facilities were asked to examine NHSN reports provided by OHA and revise incorrect data in NHSN. ○ Facility comments were solicited for inclusion in report. ● In progress: <ul style="list-style-type: none"> ○ Analyses – aggregate SIRs will use original baseline whereas facility-specific SIRs will use both 2015 and original baselines. ○ Quality assurance. ○ Report preparation – summary report will be available in hardcopy and on website; facility-specific data will only be available through website link to tables and maps. ● Prior to publication: <ul style="list-style-type: none"> ○ Facilities will be able to view facility-specific data. ○ OHA will provide talking points. ● Publication: aiming for late August publication date and to present data at September HAIAC meeting. ● Ongoing: OHA is evaluating internal validation process and will be soliciting further input from HAIAC. <p><u>Comment</u> Attendee comment: Critical access hospitals (CAH) and acute care hospitals (ACH) have different characteristics, yet data has traditionally been combined in computation of original NHSN baseline used to derive SIRs.</p>	to validate facility data.

Item	Discussion	Action Item
	<p>OHA response:</p> <ul style="list-style-type: none"> • New NHSN release provides separate SIRs for CAHs and ACHs, computed with new baselines, beginning with 2015 data. • CAH SIRs calculated with new baselines cannot be compared to SIRs derived using original baseline due to incompatibility of data. • OHA will publish facility-specific comparative data for critical access hospitals using new baseline once CDC has fixed risk-adjustment models. 	
<p>NICU Collaborative Update Judy Guzman-Cottrill (Pages 57-69 of meeting materials)</p>	<p>Vermont Oxford Network (VON) and CDC Antibiotic Stewardship Collaborative:</p> <ul style="list-style-type: none"> • VON is a network of NICUs engaged in several quality improvement (QI) projects. • VON and CDC partnered in 2016-2017 to create a NICU-specific antibiotic stewardship QI collaborative. <ul style="list-style-type: none"> ◦ Goal is to decrease antibiotic use by 25%. ◦ Currently 169 NICUs are actively participating, including all 11 Oregon and SW Washington NICUs. • Oregon and SW Washington NICUs have created a statewide group called NW IPAS (NW Improvement Priority: Antibiotic Stewardship). <ul style="list-style-type: none"> ◦ NICUs have demonstrated excellence in stewardship in NW IPAS collaborative. ◦ Oregon hospitals can look to local NICUs as a pilot unit for focused, successful unit-based stewardship programs. 	<p>No action items</p>

Item	Discussion	Action Item
	<ul style="list-style-type: none"> • OHA has partnered with NW IPAS to provide: <ul style="list-style-type: none"> ◦ Support when analyzing antimicrobial use (AU) in NICUs. ◦ Incentive funds to both Asante and Legacy Healthcare systems, who had prioritized AU reporting to NHSN, to begin AU reporting by spring 2017. • Currently 13 acute care facilities actively report AU to NHSN (263 total facilities in the US). 	
<p>MDRO Toolkit Judy Guzman-Cottrill (Pages 70-77 of meeting materials)</p>	<ul style="list-style-type: none"> • First-ever state-wide hospital epidemiologist/medical director meeting was held 4/24/2017 to discuss MDRO toolkit. Attendees concluded: <ul style="list-style-type: none"> ◦ DROP-CRE team will focus on MRSA first. ◦ MRSA isolation/de-isolation/screening protocols are very heterogeneous. ◦ Team will review recent MRSA literature and make recommendations. • Next state-wide meeting scheduled for 7/24/2017. • Over following months, recommendations for each topic in toolkit will be completed, formatted into a new public document, and disseminated to healthcare facilities. <ul style="list-style-type: none"> ◦ Toolkit will cover topics such as MRSA, ESBL CRE, CDI, and resistant Pseudomonas. ◦ Recommendations will encompass continuum of care, including acute care hospitals, long-term care facilities (LTCFs), and skilled nursing facilities (SNFs). <p><u>Comment</u></p>	<p>No action items</p>

Item	Discussion	Action Item
	MCR-2 and candida should be added to list of topics covered in toolkit (see slide labeled “Planned Toolkit Sections” on page 73 of meeting materials); Dr. Guzman agreed.	
SHEA/CDC Outbreak Response Training Program (ORTP) Judy Guzman- Cottrill (Pages 78-84 of meeting materials)	Society for Healthcare Epidemiology of America (SHEA) received a contract from CDC to create a training program for Hospital Epidemiologists. <ul style="list-style-type: none"> • Training is specifically for managing outbreaks. • Instruction includes new Expert Guidance Document, webinars, in-person workshops, and on-line simulations. • More information is available at http://ortp.shea-online.org. 	No action items
Discussion: Themes and Topics for Future 2017 Meetings All members	Meeting attendees proposed these themes and topics for future 2017 meetings: <ul style="list-style-type: none"> • Legislative update on HAI annual report mandate • NHSN data issues specific to critical access hospitals • Effective use of NHSN data; reliance on reported numbers can lead facilities to overlook key issues/root causes. 	OHA will follow-up on proposed topics/themes.
Public Comment	No public comment	No action items
Adjourn		

Next meeting will be December 13, 2017, 1:00 pm - 3:00 pm, at Portland State Office building, Room 1B

Submitted by: Diane Roy
Reviewed by: Roza Tammer
Rebecca Pierce

EXHIBIT SUMMARY

- A – Agenda
- B – March 15, 2017 meeting minutes
- C – Outbreaks
- D – Ebola Grant (ICAR) Updates
- E – Data Explanation for 2015 HAI Data Report
- F – NHSN v8.7 (June 17, 2017) Release Notes
- G – Annual HAI Program Report
- H – HAIAC Updates