

## Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

September 27, 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:**

- 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)
- Jordan Ferris, BSN, RN, CMSRN, Nursing Practice Consultant, Oregon Nurses Association
- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University
- Rebecca Pawlak, MPH, Director of Public Policy, Oregon Association of Hospital and Health Systems (phone)
- 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 (phone)

- Kirsten M. Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante (phone)
- Dee Dee Vallier, Consumer Advocate (phone)

NOMINATED  
MEMBERS  
EXCUSED:

- 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
- Wendy L. Edwards, RN, BSN, Patient Safety Surveyor, Health Facility Licensing and Certification, Oregon Health Authority
- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc.
- Mary Shanks, RN, MSN, CIC, Infection Preventionist, Kaiser Westside Medical Center
- Tom Stuebner, MSPH, Executive Director, Oregon Patient Safety Commission

OTHER  
PARTICIPANTS  
PRESENT:

- Jennifer Burnette, MPH, Medical Countermeasures Coordinator/CHEMPACK State Coordinator, Health Security, Preparedness, and Response (HSPR), Oregon Health Authority
- April Gillette, MPH, Director of Infection Control & Quality, Blue Mountain Hospital District (phone)
- Judy Guzman-Cottrill, DO, Pediatric Infectious Disease Physician, Oregon Health and Science University/Oregon Health Authority
- Tiah Kershaw, System Analyst, Providence Health Plans (phone)
- Kate Medred, MA, Logistics Coordinator, Infection Prevention, Oregon Patient Safety Commission
- Mary Post, RN, MS, CNS, CIC, Director, Infection Prevention, Oregon Patient Safety Commission/Oregon Health Authority

- Rachel Plotinsky, MD, Medical Director of Infection Prevention Program, Providence St. Vincent Medical Center (phone)
- Rebecca Rottman, MPA, Lead Logistics Coordinator, Infection Prevention, Oregon Patient Safety Commission

OHA STAFF  
PRESENT:

- Zintars Beldavs, MS, ACDP Section Manager
- Alyssa McClean, AWARE Program Coordinator
- Rebecca Pierce, PhD, HAI & EIP Program Manager
- Monika Samper, RN, HAI Reporting 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 June 2017 minutes
- Outbreaks update 2017
- HCW influenza vaccination
- HAI Program communications
- Legislative update
- 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><b>Call to Order and Roll Call</b> Roza Tammer, Temporary Chair</p>	<p>Quorum met. Sixty-seven percent of members present.</p>	<p>No action items</p>
<p><b>Introductions and Membership Updates</b> Roza Tammer</p>	<ul style="list-style-type: none"> <li>• Healthcare-Associated Infections (HAI) Advisory Committee still has two vacancies: <ul style="list-style-type: none"> <li>○ Healthcare purchasing representative</li> <li>○ Health insurer representative</li> </ul> </li> <li>• Committee is also searching for additional consumer and patient advocates/representatives.</li> <li>• Contact the Oregon Health Authority (OHA) if you are interested in an opening or have suggestions for potential candidates.</li> <li>• OHA will most likely post vacancies on Facebook and Twitter based on positive feedback from committee.</li> </ul>	<p>Committee will continue efforts to fill open positions.</p>
<p><b>Approve June 2017 Minutes</b> All Committee Members (Pages 1-14 of meeting materials)</p>	<p>June 28, 2017 meeting minutes were approved.</p>	<p>No action items</p>
<p><b>Outbreaks Update 2017</b> Alexia Zhang (Pages 15-21 of meeting materials)</p>	<ul style="list-style-type: none"> <li>• 45 outbreaks were reported since 6/15/17: <ul style="list-style-type: none"> <li>○ 11 norovirus, 1 <i>Campylobacter</i>, 1 <i>Clostridium difficile</i>, 4 <i>Salmonella</i>, 1 sapovirus, 2 rotavirus, 1 Shigella, and 15 gastroenteritis with etiology unknown.</li> </ul> </li> </ul>	<p>No action items</p>

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	<ul style="list-style-type: none"> <li>○ 6 influenza B, 3 pertussis, 1 <i>Streptococcus pyogenes</i>, and 2 unknown respiratory illness with etiology unknown.</li> <li>● Of the 45 outbreaks, 20 (44%) occurred in a healthcare facility. <ul style="list-style-type: none"> <li>○ Outbreaks occurred most often in assisted living facilities, followed by mixed facilities (e.g., combined assisted living and skilled nursing facility).</li> <li>○ Most common etiology in healthcare facilities was norovirus.</li> </ul> </li> <li>● 1 outbreak of interest was <i>Salmonella</i> Paratyphi B: <ul style="list-style-type: none"> <li>○ 19 cases reported in Oregon and Washington.</li> <li>○ Multiple cases mention sushi during exposure period.</li> <li>○ Environmental Health in Washington and Clark Counties visited restaurants.</li> <li>○ Fish samples were collected and sent for testing.</li> <li>○ Identified serotype was also associated with a tuna outbreak in 2015.</li> </ul> </li> </ul>	
<p><b>Health Care Worker Influenza Vaccination</b> Monika Samper</p>	<ul style="list-style-type: none"> <li>● OHA has collected health care worker (HCW) influenza vaccination data from 356 facilities for 2016-2017 flu season including: hospitals, ambulatory surgery centers (ASCs), dialysis facilities, and skilled nursing facilities (SNFs).</li> <li>● Oregon requires influenza vaccination surveys to be submitted by May 31<sup>st</sup>. <ul style="list-style-type: none"> <li>○ Hospitals, dialysis facilities, and ASCs that are certified Medicare/Medicaid providers are required to report data in the National Healthcare Safety Network (NHSN)</li> </ul> </li> </ul>	No action items

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	<p>database by both Centers for Medicare and Medicaid Services (CMS) and Oregon.</p> <ul style="list-style-type: none"> <li>○ SNFs and ASCs that are not certified by CMS are asked to enter information in SurveyMonkey, an online survey tool.</li> <li>● OHA is considering changing May 31st due date to match May 15<sup>th</sup> CMS deadline, but would not be able to impose late fines until after May 31<sup>st</sup>.</li> <li>● As of May 31st deadline: <ul style="list-style-type: none"> <li>○ Reported data were incorrect for 11% of surveys: sum of numerators did not equal denominator.</li> <li>○ Data had not been received from: <ul style="list-style-type: none"> <li>▪ 1.5% of hospitals</li> <li>▪ 7% of dialysis facilities</li> <li>▪ 26% of ASCs</li> <li>▪ 52% of SNFs</li> </ul> </li> </ul> </li> <li>● Reasons healthcare organizations are remiss in submitting data include: <ul style="list-style-type: none"> <li>○ Facility ownership and personnel are continually changing, particularly in SNFs.</li> <li>○ Staff are overwhelmed with multiple roles.</li> <li>○ Facilities are unaware of mandatory requirement for vaccination survey.</li> <li>○ Facilities exempt from reporting data to CMS do not face federal government penalties for noncompliance (although facilities are subject to state fines).</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• OHA is in the process of sending emails to every facility asking for verification of compiled influenza vaccination data and to solicit comments for inclusion in annual report.</li> <li>• Annual HCW influenza vaccination report is anticipated to be approved and published within next few months.</li> </ul> <p><u>Comment</u> Dialysis facilities that have centralized reporting of HAI data at their corporate office have been very successful. Therefore, OHA should consider recommending this model to other corporate-owned healthcare organizations, particularly skilled nursing facilities, to facilitate data reporting.</p>	
<p><b>HAI Program Communications</b> Roza Tammer (Pages 22-38 of meeting materials)</p>	<p><u>HAI annual report</u></p> <ul style="list-style-type: none"> <li>• Progress of 2016 report: <ul style="list-style-type: none"> <li>○ Aggregate and facility-specific data calculated with original standardized infection ration (SIR) baseline is expected to be published at the end of October 2017. Prior to publication: <ul style="list-style-type: none"> <li>▪ Facilities will be able to view data.</li> <li>▪ OHA will provide talking points.</li> </ul> </li> <li>○ Facility-specific data using the 2015 baseline is anticipated to be published later this fall; facilities will have an opportunity to verify data before publication.</li> </ul> </li> <li>• Data quality and validation: <ul style="list-style-type: none"> <li>○ OHA will be assessing current schedule and process for validating data; ideas for improvement will be presented to committee and local Association for Professionals in</li> </ul> </li> </ul>	<p>OHA will:</p> <ul style="list-style-type: none"> <li>• Add online instructions on how to access tables, containing HAI reportable data, on table landing pages.</li> <li>• Compile and analyze data to determine best way to redesign HAI website.</li> </ul>

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	<p>Infection Control and Epidemiology (APIC) chapter for feedback.</p> <ul style="list-style-type: none"> <li>○ OHA is considering a project to validate NHSN Centers for Disease Control and Prevention (CDC) location codes (denote characteristics of a patient population), assigned by hospitals to each unit/patient area, to ensure data quality.</li> </ul> <p><u>HAI website</u></p> <p>Committee offered suggestions on location of materials, discussed a variety of issues, and recommended formatting and design improvements:</p> <ul style="list-style-type: none"> <li>• <u>Location of videos</u> <ul style="list-style-type: none"> <li>○ OHA asked committee to recommend a website location for infection prevention videos developed by Oregon Patient Safety Commission, which cover a wide range of topics from environmental cleaning for food and laundry services to specific methods used to address outbreaks caused by flu, norovirus, and other infections.</li> <li>○ OHA proposed placing videos under “Infection Control Resources” (link is in lower left margin of HAI landing page) and an attendee suggested under “Resources” because link is located at top of HAI landing page.</li> </ul> </li> <li>• <u>Issues</u> <ul style="list-style-type: none"> <li>○ Unclear how to access tables containing reportable HAI data.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ Table is not displayed on table landing page, accessible through “2015 Oregon HAI Facility Specific Tables and Maps” link on “HAI Publications and Maps” webpage.</li> <li>▪ OHA response: <ul style="list-style-type: none"> <li>▫ User must select “Explore Data” located at top of screen and choose “View Data” from drop-down menu to see table.</li> <li>▫ OHA will provide detailed instructions on how to display tables in “View Data” mode on table landing page.</li> </ul> </li> <li>○ Need additional dialysis event data. <ul style="list-style-type: none"> <li>▪ Dialysis facility data in maps and tables only encompass bloodstream infections and access-related bloodstream infections</li> <li>▪ Additional dialysis measures, especially antibiotic starts, would be useful for quality improvement projects.</li> </ul> </li> <li>• <u>Improvements:</u> <ul style="list-style-type: none"> <li>○ HAI website needs to be reformatted and restructured to facilitate locating information. <ul style="list-style-type: none"> <li>▪ Users must be able to easily locate data, resources, and tools on website, which is considerable in size and scope of material.</li> <li>▪ Current design of pages causes text to appear somewhat uniform, making it difficult to discern</li> </ul> </li> </ul> </li> </ul>	

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	<p>topics on left side of screen and to find specific information within body of material.</p> <ul style="list-style-type: none"> <li>▪ Modifications to website are limited by OHA design standards including font, format, and general layout, but OHA offered suggestions for improving website: <ul style="list-style-type: none"> <li>▫ Add photos and links to YouTube videos.</li> <li>▫ Create a specific section for facility tools.</li> <li>▫ Include a feature box at top of webpage to highlight events, such as publication of HAI annual report.</li> <li>▫ Incorporate links on main Public Health Division webpage, under related subjects, to activities on HAI website.</li> <li>▫ Place links to featured items underneath “Healthcare-Associated Infections in Oregon” banner that would be updated regularly.</li> </ul> </li> <li>▪ Analytics and usability testing would provide useful information on how best to redesign website. Ideas included: <ul style="list-style-type: none"> <li>▫ Analyze number of times links on left margin of webpages and in other areas of HAI website are used by visitors.</li> <li>▫ Develop survey for infection preventionists, members of the community, and other pertinent groups to</li> </ul> </li> </ul>	

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	<p>convey whether they were able to perform a list of key tasks.</p> <ul style="list-style-type: none"> <li>▫ Enlist and observe volunteers from different backgrounds to determine: how user navigates website, number of clicks and mistakes, and amount of time to find information (resource intensive option).</li> <li>▫ Determine optimal number of topic links on each webpage based on analysis of collected data; too many links can be overwhelming while too few links make it difficult to find specific information.</li> </ul>	
<p><b>Legislative Update</b> Rebecca Pierce (Pages 39-41 of meeting materials)</p>	<p>Proposed rule change to OAR 333-018-0130 would eliminate language specifying timing and content of annual HAI report.</p> <ul style="list-style-type: none"> <li>• OHA’s reasons for requesting change include: <ul style="list-style-type: none"> <li>○ Report content largely duplicative of data available on the CMS Hospital Compare website.</li> <li>○ Modified rule aligns with House Bill 2301.</li> </ul> </li> <li>• Language retained in proposed rule would still allow: <ul style="list-style-type: none"> <li>○ OHA to collect HAI data.</li> <li>○ Public disclosure of state- and facility-level data in the form of a report or other method of data visualization.</li> <li>○ Data review period for facilities prior to public release of information.</li> <li>○ Communication of findings from analysis of HAI data.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Change would permit more flexibility to respond to: <ul style="list-style-type: none"> <li>○ Emerging HAI trends.</li> <li>○ Address public and healthcare facility data needs.</li> <li>○ Utilize data to inform public health action to reduce HAIs.</li> </ul> </li> </ul> <p><u>Comments/Questions</u></p> <ul style="list-style-type: none"> <li>• Attendee asked whether currently mandated data that is not required by CMS is eliminated in modified rule. OHA response: changes to rule do not affect reporting requirements.</li> <li>• Attendee commented on importance of Oregon HAI annual report noting that facilities use the data as a benchmark from which strategic plans are developed. Although, comparative data is available in Hospital Compare, the information is older than Oregon's data and some critical access hospitals (CAHs) are exempt from reporting HAIs to CMS. OHA response: <ul style="list-style-type: none"> <li>○ New rule would not preclude publication of informative data that is largely unavailable elsewhere.</li> <li>○ National data in NHSN, which is more current than published data, can be used by facilities as a comparative measure.</li> </ul> </li> </ul>	

Item	Discussion	Action Item
<p><b>Discussion: Themes and Topics for Future 2017 Meetings</b> All members</p>	<ul style="list-style-type: none"> <li>• OHA is planning the following agenda items for December meeting: <ul style="list-style-type: none"> <li>○ Public Health Veterinarian Dr. Emilio DeBess will talk about infection prevention and control when service/therapy animals visit patients in healthcare facilities.</li> <li>○ OHA will review HAI reporting exemptions and present Oregon 2016 Annual HAI Report and 2016-2017 Healthcare Worker Influenza Vaccination Report.</li> </ul> </li> <li>• Meeting attendees suggested the topics below for future meetings. <ul style="list-style-type: none"> <li>○ Update on progress of website renovation plan including any findings from analytics and focus groups.</li> <li>○ Overview of hot topics presented at October ID Week conference, including “Journal of the American Medical Directors Association” (JAMDA) template for antimicrobial stewardship programs in long-term care facilities.</li> <li>○ Sharing of personal experiences by individuals impacted by HAIs.</li> <li>○ Presentation of cases by infection preventionists: issues encountered, cause analysis, remediation methods, and how practices changed.</li> <li>○ Assessment of whether hurricanes and earthquakes in Texas and Florida were associated with an increase in HAIs and how hospitals are responding.</li> </ul> </li> </ul>	<p>OHA will follow-up on proposed topics/themes.</p>
<p><b>Public Comment</b></p>	<p>No public comment</p>	<p>No action items</p>

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<b>Adjourn</b>		

**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 – June 28, 2017 meeting minutes

C – Outbreaks

D – HAI website pages

E – Infection Prevention Video Resources

F – 333-018-0130 Proposed Changes