Oregon Health Authority

Healthcare-Associated Infections Advisory Committee
September 27, 2017

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Speaker: I am Rosa Tamir. I'm the, I'm one of the epidemiologists of the HAI Program and I'm filling in for our chair, Jen Busser today. So, hi, everyone, thanks for joining us. We, uh, I've been told to say the chair will entertain a motion to approve the minutes. So, I'm gonna say that in a second, but first, oh, no, I'm sorry, the chair will entertain a motion to call this meeting to order. Would anyone like to make a motion?

Next Speaker: I'll make a motion.

Next Speaker: Thank you.

Next Speaker: Start.

Next Speaker: Would anyone like to second that motion?

Next Speaker: Second.

Next Speaker: Someone with a green dot?

Next Speaker: I second it.

Next Speaker: ****. Okay.

Next Speaker: ****.

Next Speaker: Green dot explain.

Next Speaker: So, um, let's go ahead and do, just go around the room and do, um, introductions, uh, and we'll start with the folks on the phone and you, if you just wanna say, you know, your name and position, um, that would be great. So, starting with the folks on the line?

Next Speaker: Mine is Dee Dee Vallier from Hood River representing the consumer.

Next Speaker: Hi, this is Kelli Coelho from Eugene/Springfield area representing Ambulatory Surgery Center.

Next Speaker: This is Kirsten Judy from the Assante Health Systems. I'm medical director of ****.

Next Speaker: This is Lisa Birsinsky from Saint Vincent Hospital, um, standing in for Jen Busser as the **** physician.

Next Speaker: Hi, this is **** with the Organ Association **** and I am a director of ****.

Next Speaker: Hi, this is Tianna Bershaw. I'm a systems analyst at ****.

Next Speaker: Great. Anyone else on the line? Okay. Let's go ahead and go around the room? So, I'm Rosa Tamir. I'm the HAI reporting epidemiologist at the HAI Program.

Next Speaker: And I'm Becca Pierce. I am the relatively new HAI Program manager at OHA.

Next Speaker: Uh, this is Diane Roy, HAI research analysist.

Next Speaker: Uh, hi, JD Feronero, associate professor at Oregon State and OHSU.

Next Speaker: Uh, Mary Post, **** infection report and, uh, patient safety commission.

Next Speaker: Uh, Judy Guzman, pediatric **** at OHSU and also, uh, ****.

Next Speaker: Jordan Ferris, nursing practice consultant, Oregon Nurses' Association.

Next Speaker: Paul Cieslak, medical director for communicable diseases, Oregon Health Authority.

Next Speaker: ****, I'm a **** infection control at **** special ****.

Next Speaker: **** also in the HAI email list.

Next Speaker: **** infection prevention coordinator at Oregon ****.

Next Speaker: **** program manager for ****.

Next Speaker: Alisa McCain **** educator with ****.

Next Speaker: Hi, I'm Jennifer Burnett, previously Ram, **** medical **** coordinator with the Health Security Preparedness and Response Program for **** Authority.

Next Speaker: Dat Tran, **** composition ****.

Next Speaker: This is ****.

Next Speaker: I'm Monika Samper, flu vacs coordinator and, uh, clinical reviewer for the ACDP Program.

Next Speaker: Uh, **** for the communicable disease section, Oregon Health Authority.

Next Speaker: Great. Um, thanks so much for doing that. We definitely have some new faces and names with us today, um, which brings me to my next point is that we do just have two vacancies left, um, on our advisory committee which is exciting. Uh, the healthcare purchasing representative and the health insurer representative are two remaining vacancies. So, um, you know, just kind of wanted to throw it out there if you don't already hold a formal position on our advisory committee and you feel you would be interested in filling one of these roles or you know of someone who may be interested, you know, we'd love to hear, and, in addition, we're always looking for more patient and consumer advocates, so, um, please let us know if you know of any folks who we can reach out to to try to get them engaged on this committee as well. We have kind of a housekeeping question, also, regarding these vacancies. Um, hopefully, most of us know that our program has, um, a Facebook and Twitter account through the Oregon Aware Program, and we were thinking about posting these vacancies or a call to fill these vacancies on our Facebook and Twitter accounts, but we thought we would bring it to the advisory committee to get a feel for if folks think that's a good idea or not. So, anyone have an opinion on that? Does it sound like a bad idea? I'm seeing heads shake. Does it sound like a good idea? Maybe? Okay. So, there's no, uh, no violent opposing viewpoints on this, so, we think we'll probably go ahead and post them and see what happens.

Next Speaker: Can you say that one more time for the ****?

Next Speaker: Yes, absolutely. So, the t, the vacancies are a healthcare purchasing representative and a health insurer representative and then not a, not a actual vacancy at this point, but just patient and consumer advocates generally. Okay, any thoughts on membership, introductions? Okay. Then, the chair will entertain a motion to approve the June 2017 minutes after everyone's had a chance to review. So, I think you'll find them in your packet. I like saying that.

Next Speaker: Wow, that was detailed ****. I move that the minutes be approved.

Next Speaker: Second.

Next Speaker: Second.

Next Speaker: Okay. Thank you so much. So, unless there are comments regarding the minutes? Anyone on the phone? All right. We'll move into our first agenda item, um, and let's see, we'll give our outbreaks update.

Next Speaker: Mm hmm.

Next Speaker: Hey, guys, this Leslie again, I'm an epidemiologist with the HAI Program here at the **** Prevention Program. Um, so, ****, so, um, I'm on Page 16, I'm on Page 15 for those

that are following along on, the, uh, **** packet. And so we're looking at outbreaks reported to ACDP since June 15th of 2017 and, in total, there were 45 reported outbreaks, the majority of which were GI of nature, so 11 of the 45 outbreaks were, uh, norovirus of etiology. Four of those 11 occurred in lodging care facilities and then the other seven occurred in a smattering of other settings, such as daycare centers, camps, schools, restaurants and other. We also had, um, some other GI etiology, etiologic outbreaks, uh, reported. One **** outbreak a **** outbreak in a lodging care facility, four salmonella outbreaks, two, um, in different settings and two in restaurants, a **** virus in a lodging care facility, over, two **** viruses in a lodging care facility and ****. We also had 15 unknown GI outbreaks, so these are reported outbreaks that were GI of nature, so there's either vomiting and diarrhea, or vomiting, diarrhea and cramps. Uh, eight of the 15 occurred in lodging care facilities and one of those, those 15 unknown etiologic, etiologic GI outbreaks occurred in a hospital. Um, we are seeing a decrease in respiratory outbreaks, um, probably because it's summer, but we had six Influenza B outbreaks, um, one in a lodging care facility. Um, three pertussis, one strep **** dentists and then two, unknown, um, respiratory outbreaks, one in a hospital and one in a lodging care facility. And then, looking at just healthcare-associated outbreaks from June until midish September, healthcare associated infections, uh, outbreaks that occurred in healthcare settings accounted for 44 percent of all outbreaks from June to September, so that's 20 and 45. The most common etiology was noro or noro-like outbreaks. And so the table below is a table of the, uh, etio, etiology of the outbreak and then the **** facility type. And so, as you can see, most of our outbreaks occurred in assisted living facilities followed by a mix, so either assisted living and **** facility or residential care and assisted living, but mixed, um, etiologo, uh, mixed facilities, uh, followed by skilled nursing and then memory care. Um, I am gonna go over one outbreak of interest. One outbreak of interest that, uh, was, I thought, pretty interesting that occurred during this timeframe. This was the Salmonella **** B, um, plus other stuff at the end of it. I believe it's a **** minus bar titrate, some **** that –

Next Speaker: Uh, not exactly right, just call it perijava.

Next Speaker: Let's go with that. Salmonella **** B **** java, um, so these numbers are now out of date because, uh, these slides were made a while ago, but as, at the time that I put together these slides there were 19 cases in Oregon and Washington. I believe we're up to 25 cases now. Mostly, again in Oregon and Washington, with a case in Hawaii and a case in New Jersey. Um, so, this was a kind of interesting outbreak. It started as a PFTE cluster where, uh, most of the cases were reporting pizza exposures, so we followed that for a little bit and then, and then, uh, as more cases were added to this cluster and it turned into an outbreak, we realized that multiple cases were mentioned sushi or raw fish exposure, um, in their, uh, raw fish in their exposure period. And, so, uh, and then, most people were also mentioning two or three specific restaurants. And so, Environmental Health in Washington County and Clark County in Washington went out and visited these, these restaurants. Um, the epidemiologist that was working on this outbreak, uh, Magdalena, Magdalena Scott, went with them. They collected lots of samples from all of these restaurants. They collected fish, uh, you know, they, there was tuna, salmon, smoked salmon and then environmental samples as well, so they took environmental samples of, like, the blender that restaurants were using to blend up fish for various products, um, and these, uh, these environmental samples and food samples were sent up to our records lab for testing. And, um, we actually got a positive hit on one of the tuna samples that was sent up

for testing and then, since the, since we found out about that, **** has been happening and, um, I believe the distributor of the tuna has decided to stop distributing this product. Um, and then, of historical note, this **** has been associated with tuna in the past. Um, this was associated with a tuna-broad, tuna outbreak in 2015 and the **** was, um, uh, **** or java was isolated from tuna scrape, which, if you don't know, after they filet the tuna, uh, sent off the lines and the belly and the, the good parts for sushi and whatnot, they then go in and scrape all the rest of the meat off of the bones, and that's sold to sushi restaurants and used to make things like spicy tuna rolls and spicy tuna and something like that. So, this was an interesting outbreak and, uh, of course it's still going on. So, and then, I just have one more thing, I wanted to note, um, some norovirus **** changes ****. And so, um, the graphics **** of this current slide is showing the lab **** from noroviruses, um, outbreaks that were reported from June 2016 to June 2017, and you'll see there's a lot of this G24 ****, that's the yellow, that's up top. And so for about over a year, we had been getting lots of reports of this G24 ****. And then, as of July 17th, 2017, CBC updated nomenclature for this G24 **** to be typed as now G24 Sidney. And so now, if you look at the graphic August, you'll see a lot more G24 Sidney outbreaks 'cause all of the G24 untypables are now G24 Sidneys. So, there's still a G1 untypable and we haven't gotten word of what that is yet, but, um, and then I know I've talked about G217 ****, how we were thinking there would be a norovirus string replacement but that hasn't happened. I'm gonna knock on wood, um, as norovirus season is up and coming. We've only had one norovirus G217 Kawa, Kawasaki reported in this entire year, year and that was in February, and that's in the purple. So, that is all I had. We didn't have that much, that many outbreaks this month, these three months so, I will take questions.

Next Speaker: Any questions or comments, uh, from the phone? Anyone in the room?

Next Speaker: This is Kristin ****, I don't have access to your PowerPoints, um, so no comments from me.

Next Speaker: We should be, you should be able to access them through the link from your email. Uh, it will take you directly to our web site and there's a document with all of the meeting materials, um, kind of in one, in one PDF.

Next Speaker: So, I'm tryin' to see where ****, so, I was looking at the email from Diana on the 13th of this month and I have attachments, um, with the agenda but I don't have any links ****.

Next Speaker: I think the link is in the body of the email.

Next Speaker: It's a subsequent, it would be, uh, Friday it was sent out.

Next Speaker: Friday, sorry about that, Friday?

Next Speaker: Uh, let me take a look.

Next Speaker: Okay.

Next Speaker: Sorry, you guys can keep going on.

Next Speaker: Oh, we are fine. You go ahead and, and pull it up. Other people on the phone may be having the same issue, so go back and look at emails. Anyone else who's having issues, the email from Friday and you should be able to find that link there. And we are –

Next Speaker: Yeah, sorry, found it.

Next Speaker: Right, good to hear, and we are on Page 15.

Next Speaker: ****.

Next Speaker: Thank you.

Next Speaker: Or one, one, one of the two.

Next Speaker: Uh, before we move on, any last thoughts on outbreaks? Okay. Then we'll move on to our next agenda item. Monika from the HAI Program will be presenting on healthcare personnel influenza vaccinations.

Next Speaker: Hello, again, I'm Monika Samper and I am the H, the flu vacs, uh, coordinator, as well as a clinical reviewer for ACDP Program. I did not have a chance to make any slides. Part of my clinical reviewer responsibilities have kept me out of the office more than I'm in the office lately, so, I apologize for that. Um, but I do have some updates. I decided to focus this time on, um, kind of some background on the flu vacs report and what I'm talkin' about is the healthcare worker influenza vaccination survey and the report that follows it, and some of the, uh, challenges I've had with this report this year as well as in the past. Um, we collect data from over 356 facilities. That includes 64 hospitals, 137 skilled nursing facilities, 87 ambulatory surgical centers and 68 dialysis facilities, so it comes to almost 360 facilities. Most of that data I'm able to collect from NHSN 'cause CMS requires that a lot of these facilities submit data to NHSN. The exceptions would be skilled nursing facilities don't yet have to report to CMS via NHSN, and then I also learned the hard way last year that skilled nursing, um, ambulatory surgical centers that do not provide any Medicare or Medicaid patient port, um, any work to those types of patients, also don't have to report to NHSN. So, then what I have is a SurveyMonkey survey that I use to collect data from, uh, the exempt ambulatory surgical centers, as well as all the skilled nursing facilities. So, as of May 31st, which was when the date it was due to us, it's actually due to, um, NHSN or CMS, um, by the 15th of May, but our due date was May 3rd, 31st, historically. Um, after the request of a couple facilities this last year, I think I'm move our due dates to be the same, but I won't have, be able to impose any fines until after the 31st, according to our rules. I've yet to actually impose any fines, it's just a wonderful threat that I've been able to use to get data from people in the past. Um, but as of May 31st, I was still missing data, this is just to give you an idea of some of the challenges that I face with collecting this data. As of May 31st, I was still missing data from one hospital, which is not bad at all, out of 64. From 71 skill nursing facilities, which is 52 percent of the nursing facilities. Still missing data from 23 ambulatory surgical centers, which represents 26 percent and missing only from five dialysis facilities, which is only 7 percent. The barriers that I've found to collecting this data, has No. 1 been changing personnel, especially in the skilled nursing

facilities. They just change hats a lot. The administrators move around a lot. I'll see the same name, but it'll be in a different facility. They move around a lot. Um, and what I've done in the past, that I've learned is that, I used to, when I first started this 5 years ago, I would send the request for data to the, um, infection preventionist and/or the nursing director, but I found that they don't care as much about fines as the administrators do, and the administrators then are able to pass on to the appropriate person. So, what I've done now, is I've made all my requests through the administrators and asked them to forward it to the appropriate person in their facility. It's just an easier way to track down data without me having to chase a bunch of different people. So, changing personnel, changing ownership, I had one facility this last year who was bought out two different times by two different companies. So, you're trying to, you know, call up a number that doesn't exist anymore or send an email out that doesn't exist anymore. Uh, overwhelmed personnel, you know, especially, again, in skilled nursing facilities. These people are having to come up now with new requirements for CMS, new, I mean, they're just overwhelmed. These people do a, carry a lot of hats, especially the nursing director who also happens to be, usually the infection specialist, who happens to be the, uh, employee health nurse who, you know, they just do a lot, they do a lot. Sometimes there's a lack of understanding what the survey is and the mandatory nature of it, especially since they don't have to report to CMS. They don't, you know, if they're new to their position or new to, um, skilled nursing, they don't understand that s, survey that exists out there. Uh, limited time from OHA personnel ****, sometimes, I'm busy doing other projects too, so it makes it hard for me to always follow up and make those phone calls to collect that data. And then, um, another one of my big hurdles is, I received data from facilities that the denominators don't add up to the numerator. And, for that, I had **** facilities this year that sent data where the numbers didn't add up. So, let's say they have 40 employees. They'll tell me that 12 of them, you know, were, uh, immunized in their facility, eight of them were immunized elsewhere and then that's it. I don't know what happened to the other 20. So, then I have to contact them again and say, are they ****, did they decline, did they, you know, please let me know what happened with the other 20. Out of that, there were, I said there were 40 facilities, that's about 11 percent of the total facilities that I have to end up chasing down data again, and that's a lot better than it has been in previous years. People are getting the hang of it and realizing that the numbers need to add up for me. Uh, let's see, right now, I'm in the process of sending emails to all 356 facilities with the data that they submitted to me, to verify that it's correct. It's part of our validation process. We wanna make sure before we report these numbers that they actually agree with what those numbers are and also give them a chance to make comments about their data if they want to in their report. I'm also in the process of creating letters and, um, the survey for next year, as this is the time of year that I send out to everybody, here comes my flu vac season and, don't forget, you need to collect this data for me and it's due by May 15th of next year. And so, in the future, what I'm hoping to do is get this data analyzed, I, like I said, I just got a complete dataset, I don't think I told you on Friday, uh, just last Friday. So, I've had complete data now for about 4 days. So, we're gonna get that data analyzed and hopefully get a report done here in the next month or so and then looking at process of getting it approved here **** makes me **** I hope. Any questions?

Next Speaker: Anyone on the phone with questions or comments? In the room?

Next Speaker: Um, can I just make one comment? Um, I appreciated your summary of all the barriers, um –

Next Speaker: Thank you.

Next Speaker: – it, it's a challenge. Um, proactively, though, um, with all the turnover, have you thought about, since this is the start of immunization season, um, proactively getting the questionnaires out to the facilities so that at least whoever's there now, they know what data you will be requesting?

Next Speaker: Yeah, that's what I do this time of year.

Next Speaker: Okay.

Next Speaker: Every year.

Next Speaker: Good.

Next Speaker: Right now I'm in the process of creating those letters with the survey and I send it out to facilities every September.

Next Speaker: Yeah.

Next Speaker: And then I follow up in, um, March with a reminder and, again, with the survey, just in case there was an exchange. And then again in April, reminder it's coming due in May.

Next Speaker: Yeah.

Next Speaker: So, I try to, it doesn't always work.

Next Speaker: And, huh, do you find overall, it's much easier to get the data once it's in NHSN?

Next Speaker: Yes.

Next Speaker: So, that would eliminate some of the hurdles –

Next Speaker: Yeah.

Next Speaker: Is that requirement?

Next Speaker: Yeah.

Next Speaker: Um, I guess my other question is, um, or thought, um, one of the things I've noticed with different facility settings and NHSN is, um, how easy it's been dialysis.

Next Speaker: Yeah.

Next Speaker: And, and how well they're doing. And I think some of that is because, again, there's only a couple players in the field. But I think, as much communication as we can give some of our chains, especially for long-term care, that if they can think about centralizing –

Next Speaker: Mm hmm.

Next Speaker: – NHSN into some of their corporate offices –

Next Speaker: Mm hmm.

Next Speaker: – it, it makes it much easier and they maybe just need some help and encouragement of look how well it's worked for dialysis. It can, you know, if you do the same model, it'll be easier for you.

Next Speaker: That's good.

Next Speaker: Those are just some thoughts.

Next Speaker: No, I appreciate that. That's a good point, thank you.

Next Speaker: For those of us who are ****, if we ever find students or residents who are looking for projects, would they be able to help you with collecting the data?

Next Speaker: Oh, yeah, of course, they're, um, ****.

Next Speaker: Or there's no like rule or law that they couldn't, and they'd –

Next Speaker: No.

Next Speaker: – actually be helping with contacting the facilities –

Next Speaker: Exactly.

Next Speaker: – and recording the data –

Next Speaker: Yeah.

Next Speaker: – and all of that.

Next Speaker: That's the biggest hurdle I have is **** those.

Next Speaker: Yeah.

Next Speaker: The, what was it, 70, and almost 100 facilities I have to then make phone calls.

Next Speaker: Right.

Next Speaker: That data that was missing, after May 31st, I start calling them. So, yeah, of course, I would take any help. Diane was gracious enough to really help me this year. But it takes a good month or so to make those phone calls and then I still **** knock 'em down and –

Next Speaker: 'Kay.

Next Speaker: – thank you, that would be awesome.

Next Speaker: I actually have an MPH student I was precepting and this is what she did. She took on that, that kind of data collection and it was a great standalone project. So, it's actually pretty well suited 'cause it has kind of a time limit.

Next Speaker: Yeah, mm hmm.

Next Speaker: Yeah. Yeah.

Next Speaker: I mean, then, potentially, we can look at, you know, multiple years, apparently.

Next Speaker: Hmm.

Next Speaker: And that could be an abstract.

Next Speaker: Mm hmm. Yeah.

Next Speaker: Yeah.

Next Speaker: That's some great data.

Next Speaker: Mm hmm.

Next Speaker: Thank you.

Next Speaker: Any other comments or questions about, uh, healthcare personnel flu vaccinations?

Next Speaker: Just it's time to get vaccinated everybody.

Next Speaker: Yep.

Next Speaker: Yep.

Next Speaker: Thanks. Okay. Uh, did anyone else join us on the, uh, phone?

Next Speaker: This is April Gillette here. I'm from, um, Blue Mountain Hospital in John Day.

Next Speaker: Hi, April. And then, since we, uh, have to have some, did we miss anyone who came into the room before? No? Okay, good. Okay, so, we are going to move on to our next topic which is HAI Program communications. So, this is, um, a pretty broad kind of catch all topic this time around since we do have quite a few, kind of communications-related things happening in our program. Um, so, I will start by talking a little bit about our annual report. So, this is the, uh, 2016 data reported into NHSN, um, by our hospitals. And, uh, we, this will be a brief update. I won't torture everyone with the minutia of our process here. But, um, we do expect to publish our aggregate 2016 data and the, uh, individual facility-specific data at the end of October. And as a reminder, these data will use the original SIR baselines. Um, that was a decision that came out from this advisory committee, um, because we really wanted to preserve being able to look at trend-level data. Uh, facilities will receive access to these data before they're made publicly available and we're also going to be providing talking points in addition. And, of course, we're available to answer any questions. At this point, everyone has had an opportunity, all of our healthcare facilities have had an opportunity to review data, um, so, in terms of, you know, the updated quality should be quite high, but if there are questions about interpretation or suggestions regarding how to communicate these data to leadership or other stakeholders, we're happy to talk to anyone about that. Um, and, we do expect to publish an additional set of facility-specific data using the updated 2015 baselines for the SIRs, uh, later on this fall or early winter. And that is another piece of advice that came out of this advisory committee as well. So, just to kind of highlight how we are taking, you know, the feedback that we get and implementing it here. Um, and, again, our facility partners will have an opportunity to internally valid these facility-specific data under the 2015 baselines before they're published. Any questions about that at all? Comments?

Next Speaker: So, when you send this to the facilities, um, do they, and they're reviewing it, I mean, do you get, I guess what, uh, what, I guess, I suspect that that's not where it, that ends. Like do they, is there, do they feedback whether or not they, um, that it's representative or is there any dis, discussion with them regarding –

Next Speaker: Yeah. So, our internal validation process is that we, um, sort of generate data or freeze data in NHSN and we produce, um, individual –

Next Speaker: Right.

Next Speaker: – Excel workbooks for each of our facilities. Um, both our hospitals and our dy, with, I'm sorry, we also publish dialysis facility data.

Next Speaker: 'Kay.

Next Speaker: Excuse me. So, we provide, um, an Excel spreadsheet that is specific to each facility and contains all of the data for each measure for the time period, um, you know, in, in the workbook at, sort of, overall, you know, annual, um, cor, annual data, is it monthly data?

Next Speaker: ****.

Next Speaker: I'm not even sure now. And, uh, a few different levels of granularity and we do provide individual event-level data as well. So, it's quite specific. And, for surgical site infections, we also provide, uh, procedures excluded. So, we give, kind of, the data in a number of different ways. Um, we give the SIRs we give, you know, the numerators and denominators and we provide that to our facilities with a 2-week review period and we are available at any time to give technical assistance on data, but during that 2-week review period, we sort of encourage our facilities to reach out to us and ask us, you know, are there any questions? We, the idea being that facilities will compare the data that we've seen in NHSN then to their own internal data sources and identify any discrepancies. If those discrepancies are noted, then they have to be resolved by the facilities within NHSN because we don't have the ability to do that as a group **** user, but we're happy to help. And we do hope to identify, we do hope to identify, you know, what are the reasons for the discrepancies –

Next Speaker: Mm hmm.

Next Speaker: – because they may be due to things like, we have access to a different set of data because our reporting requirements only require certain locations for eclampsia coti, for example, or they may be due to, you know, actually, uh, you know, there is a little issue with the monthly reporting plan. NHSN is so complicated and picky that very minor mistakes can cause very big discrepancies in data. So, we did get, you know, we do get quite a bit of interaction with healthcare facilities, um, during that process. And then we refreeze, regenerate data and then provide them back to facilities, yeah. And we did do some –

Next Speaker: In, in, in general, we're, we're reporting on data that they are reporting?

Next Speaker: Uh, that they generated, right.

Next Speaker: Yeah, so, it's, uh, I don't think there's a lot of argument –

Next Speaker: Okay.

Next Speaker: – **** was if we were conducting validation studies. Then there would be doggone it, this **** healthcare provider **** there was a little bit of that, yeah.

Next Speaker: Mm hmm.

Next Speaker: But this is basically what they are guessing up front.

Next Speaker: Mm hmm.

Next Speaker: So.

Next Speaker: Right. It's not external validation, meaning we're not going in and pulling random samples of charts and assessing under or overreporting and protocol application, we're just saying, you know, is this what you expect to see and if not, then let's figure out why, until everyone's kind of satisfied that what's showing up is, is accurate. So, that's, that process has

already been completed for the 2016 data under the original baseline. Under the new baseline, what we're going to do, it, it's all coming from the same dataset. So, we'll provide a 2-week review period, but the expectation is that the data from 2016 is, are still the data from 2016. They may look slightly different with different inclusion or exclusion factors for the new models and they may also look different because they have different free states, but um, the actual errors, you know, that were, that caused the discrepancies, someone forgot to check a box or different, you know, things that are explained away by expected things, like different location types or something of that nature, have really already been resolved with the first kind of round of internal validation. Does that make sense to everyone? Okay. Okay. So, very briefly, just a little heads up of a few things to expect about the annual report. Um, we will be asking all of our facilities to reconfer rights in NHSN, um, to our group at some point in the coming months. This happens pretty often. It's just something, like a housekeeping administrative-type thing we need to do in order to make sure that we can really see everything that we're supposed to be able to see. Um, and you'll get an email from us with instructions on how to do that when the time comes. Um, we also wanna revisit our internal validation processes, so your question is very timely, thank you. Um, it's something that we brought up during our most recently, um, HAI advisory committee, um, and we will be bringing that back to our HAI, as well as probably to our local APIC chapter, with some more kind of concrete proposals about how we might address our internal validation processes for the future. Maybe timing, maybe content, maybe guidance. These were all things that we're thinking about, um, making some adjustments to. So, something just to think about and be aware of that we're discussing. And then, uh, finally, we are also interested in exploring the possibility of working towards a facility location mapping validation project. This isn't something that we are planning on doing, you know, uh, immediately, but it is something that we are hearing from our facility partners and seeing in our data, um, you know, as probably, uh, a nice priority for us in terms of something we can really kind of help with for data quality improvement. Questions about annual report? Comments?

Next Speaker: I just have one. Huh, so, um, you know, I've been working and thinking more about dialysis and their data and especially with antibiotic stewardship because they have a metric on antibiotic starts that's in their database, um, and in NHSN. So, um, I was looking at what we have online for data for dialysis and I can go online and get the map and get some data by facility, but nowhere could I find a report that kind of listed all the facilities and any kind of, you know, more specific rates. It kept taking me back to a page that just had a high level information about dialysis, no data. So, I don't know if you, you know, tested that, if it's what it's supposed to be right now. This is last year's report. But, um, you know, it would be nice to again, just maybe for dialysis, have a little bit more comparative **** data available to the public and then do think about the possibility to somehow do some improvement efforts, um, on antibiotic use with them.

Next Speaker: Can, can I ask, uh, for clarification, are you referring to a report that we generated or are you –

Next Speaker: Yeah, when I go to, when I go online.

Next Speaker: Okay.

Next Speaker: And I'm typing in the HAI report and I'm specifically looking at the dialysis section, I get, like, the dialysis main page and I can go to maps and look at individual facilities on the map, but that's all I can find or see for the dialysis. So –

Next Speaker: There should be a table on ****.oregon.gov that lists the facilities by name.

Next Speaker: Yeah, well, and maybe we can maybe go after the meeting, but I –

Next Speaker: Yeah, and tested it.

Next Speaker: Well, we have plenty of time. We might as well just take a look now.

Next Speaker: Okay.

Next Speaker: I don't think **** just gonna update ****.

Next Speaker: Yeah, so what I am doing right now is taking a look on our web site for the report itself. Um, there we go.

Next Speaker: And to get there?

Next Speaker: To, oh –

Next Speaker: To the ****.

Next Speaker: I can't even find it.

Next Speaker: Yeah, so, the **** report.

Next Speaker: Thank you. The **** page, this is pretty sad. Now it's just black. Publications and map, okay. Okay. So, under the HAI publications and maps page, uh, anyone who wants to follow along, there's kind of two blue boxes. The second one says 2015 Oregon HAI facilities specific tables and maps. Mary, this is what you're referring to, right?

Next Speaker: I believe so.

Next Speaker: Okay. So, this is actually kind of a nice demo for anyone who is in the room, um, but all of our tables and maps for our facility-specific data are here.

Next Speaker: I think you have to scroll down for dialysis and go to Page 2.

Next Speaker: N'kay. So, we do have t, two maps and two tables. So, Mary, which one –

Next Speaker: I went, I went to the map. I tried that, 'cause that, I maybe wasn't seein' the, the BSI table.

Next Speaker: So, it looks like we're seeing the map okay, at least for this one. So, for those of you in the room, is that, has anyone looked at this before? It's pretty similar to what we provide for hospitals as well.

Next Speaker: So, so, if I, I just wanna make sure people online know how to get to this if we're looking at this.

Next Speaker: Sure. What we can do is in the, in the, uh, minutes, maybe, put in the –

Next Speaker: Screenshots.

Next Speaker: – essentially, if you go to the, uh, publications page, you can get to the HAI annual report page and then to the 2015 Oregon HAI facility-specific tables and maps. I wish I had a nice web site, I just could have given a –

Next Speaker: Yeah.

Next Speaker: – Lisa, do you have a –

Next Speaker: Um, the shortcuts to this page on our web site is healthoregon.org/HAI-reports and then on there you can click on the 2015 Oregon HAI facility-specific tables and maps.

Next Speaker: Thank you. Very impressive. Okay. So –

Next Speaker: **** table?

Next Speaker: Table.

Next Speaker: – this is the second map. I just wanted to check now that I'm, we're here, I'm just curious. So, our maps look like they're functioning okay, Mary. Is this not what you were seeing?

Next Speaker: Um, yeah, I could get the map, but I couldn't get a table. It just would move me back to, like, an executive summary or something.

Next Speaker: You don't suppose it's **** on the top and then ****.

Next Speaker: It sounds like, maybe we should send out more, more detailed instructions.

Next Speaker: Yeah. So, that's, that's what I wasn't doing.

Next Speaker: Okay.

Next Speaker: Yeah.

Next Speaker: We've had classes more detailed instruction on the web site. It's, uh, last year, it just, you were able to, you were able to just go straight to the table, but for some reason they changed it, so they had this, like, glancing page, you know.

Next Speaker: Mm hmm.

Next Speaker: So, we had classes, but more thorough, more thorough instructions on how to get to this view.

Next Speaker: Okay, yeah, absolutely. Thank you for pointing that out.

Next Speaker: And do you, do you have, do you show, like antibiotics **** there, or is that just something that they'd have to, you'd have to get?

Next Speaker: We only provide data on bloodstream infections –

Next Speaker: Okay.

Next Speaker: – and access-related bloodstream infections.

Next Speaker: Okay. Thank you.

Next Speaker: Yeah, thank you.

Next Speaker: And that's because they only provide data on those things?

Next Speaker: No, um, there a number of dialysis events, so there's access-related bloodstream infections, bloodstream infections, huh, it's like –

Next Speaker: Redness, puss, swelling –

Next Speaker: – puss, redness, swelling and a microbial start –

Next Speaker: Wait for bloodstream infections.

Next Speaker: – right.

Next Speaker: And which ones are they required to report?

Next Speaker: They're required to report all of them. It's kind of a package deal, yeah. I think it's five.

Next Speaker: Okay.

Next Speaker: Okay.

Next Speaker: Do you think **** instruction ****?

Next Speaker: You know, huh –

Next Speaker: I, I, I, I guess for me, um, it's useful for a quality improvement project. So, if somebody's gonna focus on that, they may want access to that data. So, then it's a question of how would they get access for that. Um, I, you know, again, you're dealing with just basically three companies, I wanna say, here in Oregon, for dialysis, so, um, uh, you know, I don't, I, I, I'm, I'm different than a lot of people, a lot of consumers who may be looking for the data. Huh, so, so I can't, I can't, I guess the thing is I, I can't answer for the typical person who's gonna look for the data, and I can't answer for, I'm hoping the facilities are using that data.

Next Speaker: No, it's good to hear all perspectives.

Next Speaker: Yeah.

Next Speaker: I mean, does anyone else have thoughts on whether, you know, more data from dialysis, the dialysis event set would be of interest? Okay. Well, maybe this is something we can come back to. Um, so the, Mary, the next piece of our communications agenda item –

Next Speaker: Mm hmm.

Next Speaker: – is to talk about, you know, the, uh, wonderful videos that OPSC has put together and which of these and where we might post them on our web site.

Next Speaker: Okay. Huh, did people get a copy of the one page?

Next Speaker: Yeah, it said that the **** the, uh, ****.

Next Speaker: I would be happy to sort of navigate around while we –

Next Speaker: Page 33, 33, yeah, not very well.

Next Speaker: Um, so, we have on Page 33, there's, um, a one-page flyer.

Next Speaker: Okay.

Next Speaker: Um, that we have that lists all the, we have 23 videos essentially, that are available. Um, Spanish for all other than the influenza outbreak. So, um, what we have learned, huh, is that if we make any changes and if we re, uh, upload the video again, we lose the prior –

Next Speaker: ****.

Next Speaker: – like, but if you constantly go to the Bigley link that's there for the YouTube channel, we can upload and change individual videos and they'll always be directed to the web site at the Bigley link. So, whenever you, um, communicate or advertise, I would definitely

focus on that Bigley link, um, because then, internally, things can change and you'll still have the current, um, mechanism for finding it. So, I would encourage, you know, distribution and use of the videos. Um, I heard from a colleague who was at a national conference that, um, they were tweeting, um, some of the Oregon, um, videos and links and saying how wonderful they were, um, you know, great for environmental services, laundry, linen and things like that, so. As well as norovirus outbreaks, so, C. Difficile outbreaks, so, a lot of helpful, um, tools and resources for outbreaks and, um, safe injection practices, um, you know, as I mentioned, linen, laundry, a lot of areas that don't have a lot of educational training resources.

Next Speaker: I know that when we go and do some of our CDC work, the surveillance stuff we're doing **** survey, Leslie is always talkin' about your videos to them and sending them the links and stuff, so.

Next Speaker: Excellent.

Next Speaker: Did you send out links on the videos to the **** members or?

Next Speaker: Um, you know, I don't think we have, but because they have the one-pager –

Next Speaker: Okay.

Next Speaker: – in their packets, you know. Again, if they felt this on the Bigley link that's on that one-pager, um –

Next Speaker: It'll take them to all of it.

Next Speaker: – it'll take them to all, yeah.

Next Speaker: Mary, can you remind us what all the topics are?

Next Speaker: Sure, um, can you go to the Bigley link? And then, Jen, that'll just take you to, or you can Google, um, Oregon –

Next Speaker: Okay. Um –

Next Speaker: – patient safety commission YouTube, and that'll take you to the page.

Next Speaker: ****.

Next Speaker: Did someone else join us? Oh, Jonathan Lodi? You wanna introduce yourself?

Next Speaker: I'm Jonathan Lodi **** education officer.

Next Speaker: ****.

Next Speaker: Well, no, no ****.

Next Speaker: ****.

Next Speaker: Just stop for a sec.

Next Speaker: ****.

Next Speaker: Just Google or give patient safety, just read it out loud from here.

Next Speaker: **** well, I think it **** oh, okay. So, just for everyone to hear it, um, we have videos available **** post on environmental hygiene, for cleaning and disinfecting patient rooms, C. Diff training for environmental cleaning staff. Environmental cleaning basics for perioperative areas, managing influenza outbreaks in long-term care facilities, environmental cleaning and disinfection for dialysis settings, infection control for healthcare food service, infection control for healthcare laundry service, preventing infection during blood glucose monitoring and insulin administration and norovirus training for environmental cleaning staff. So, with these topics in mind, um, from our advisory committee, we would love to hear, you know, where on our web site feels most appropriate for these to have a home. And we have, kind of, those of you that looked on are absolutely welcome to sort of peruse around the web site. Um, we have it up here on the screen as well and, I guess, what pops into my mind are infection control resources.

Next Speaker: Mm hmm.

Next Speaker: So, I'm o, I mean, I'd like to hear from others in the room.

Next Speaker: Can you go back, um –

Next Speaker: Certainly. So, this is our kind of main landing page.

Next Speaker: The resources **** right number, I think. I mean, you could put it in multiple places, I think.

Next Speaker: Mm hmm.

Next Speaker: Then, um, like it's just, you know, it's right up there on the top ****.

Next Speaker: Do you have any sense of the traffic you get on that, some of these individual links on the, in the margin? 'Cause I suspect it's depressingly low, um –

Next Speaker: Melissa, do you wanna reflect on that?

Next Speaker: We have the access to **** to we can look it up. Um, I don't know at this moment what the traffic is. But, I mean, I think they **** program datas get quite a bit, relatively.

Next Speaker: What –

Next Speaker: But as, as far as like the side links –

Next Speaker: We –

Next Speaker: – and stuff like that, we can definitely get that.

Next Speaker: Good. I do worry that it just, you're scrolling down and everything kind of looks the same. It's just not, I mean, I don't know. It doesn't jump off the page. It's like, what am I gonna get from this. I think people are gonna go either for quick facts or, you know, how are we doing, but they're not going to necessarily look for the tools, and I think it'd be a real, um, you know, I, I think it's great to offer tools to facilities 'cause I think they often view OHA as kind of the hammer instead of, uh, you know, I think, providing resources so, even if it, they're providing patient safety commission ****, I mean, they're like, yeah –

Next Speaker: We're partners.

Next Speaker: – right, we're all partners, yeah, but, you know, I think it's making it more apparent and –

Next Speaker: Do you know if we're able to have a banner on South Beach?

Next Speaker: I don't think so.

Next Speaker: Yeah, I mean, just, JJ, yeah, I think that's a great idea and so, maybe we should try to get some more feedback, generally, but there are pretty specific, kind of, formatting and whatnot, 'cause we have to stick into the overall, I mean Jonathan you might be able to speak more in that general ****.

Next Speaker: Yeah, so, so, I mean, there are a lot of things you, we can do that, that, that **** I say that, above the black line there is kind of off limits, but like anything, uh, below the banner, the HAI banner, uh, uh, is kind of open. So, we've, we've had, um, thanks to YouTube videos there, we could have photos, we could change out photos. Uh, we could have a section, um, for, you know, tools for hospitals if, if you want. Um, so, I mean, it's, it's, uh, you know, in terms of the format look and the font and all that stuff, it's kinda, it's kinda locked in there. It is, it's, it's, you know, it's, it's a little boring, um, but, uh, um, and then also, by the way, something we can do, um, you know, as, as we're like rolling **** off a report and some other activities, um, we can actually, you know, we're get on our, uh, the main page of the, the, **** health division, uh, web site. We can, there are several places there that we can, uh, uh, uh, you know, link to it, uh, from, so there are a number of options, um, that, that ****.

Next Speaker: **** or ****? **** or can you do **** banner or thing up top underneath the healthcare **** section it's not an Oregon title, that may be nice and just change it we, monthly or weekly or whenever we remember.

Next Speaker: Quarterly.

Next Speaker: Yeah.

Next Speaker: ****.

Next Speaker: Can we do that?

Next Speaker: **** video ****.

Next Speaker: It's like 24 ****.

Next Speaker: Yeah, I mean, that could be done. And, you know, something else that we could do is, and –

Next Speaker: ****.

Next Speaker: – um, I don't have specific examples, but they are, they exist elsewhere on, on our web site is, I mean, basically we can kind of, you know, for our activities, um, we have to create kind of a, a box of, um, you know, like we have events, um, we have the report, um, we can create another feature box at the top that, um, uh, you know, people will drop **** to it and they'll take a closer look. We'll have our, you know, news release, uh, **** report, um, like from there. So, um, you know, again any social media, uh, stuff that we do, um, we have, um, you know, YouTube links as I said. So, yeah, we can create some sort of a box and kinda' make it obvious, I guess.

Next Speaker: Hmm, that's great.

Next Speaker: Nice.

Next Speaker: And we can make it, you know, during, it's flu season now –

Next Speaker: Yeah.

Next Speaker: – get 'em ramping up.

Next Speaker: Oh, yeah.

Next Speaker: So, that influenza outbreak can be, you know, highlighted during that season and then –

Next Speaker: ****, yeah.

Next Speaker: – we'll hit norovirus, so.

Next Speaker: Yeah.

Next Speaker: You can Tweet it.

Next Speaker: Do you think there's too much stuff there? I mean, do we need more white space ****, that's, that's a big ****, I guess.

Next Speaker: I think this kind of brings us into, um, kind of a broader discussion about our web site, which was going, which is totally part of this agenda item. Um, I think it sounds like there's a lot of thoughts about making this web site, I mean, as you guys are watching me, like, struggle to find the report, which is pretty embarrassing, um, that, you know, we do, we, uh, we realize, you know, if, if we're looking and we say, you know, we wanna put, uh, you know, these videos, links to these videos on our web site, um, well, we have resources here at the top and how do these resources, how to these correspond with the links on the left side of the page, um, how are these resources different from infection control resources, which is all the way down at the bottom, near, near the bottom there, um, on the left-hand side.

Next Speaker: Mm hmm.

Next Speaker: And Alissa had kind of mentioned, maybe some strategies that might help to inform our efforts to make our web site a little more user friendly. Alissa, do you wanna mention any of that?

Next Speaker: Yeah, so, I, I've done this before with a different office, kind of redesigning the web site. And I know like when you're, when you're developing all the resources and materials, we kind of have our own little mental maps of how things are outlined, but a person from the public who's trying to find it, like not have any idea what your mental map looks like. Um, so what I've done before, actually, was to have, like volunteers come in and we gave them, like, a list of tasks and observed them trying to find what they were looking for and we were able to kind of see where people look first for stuff. Um, and that, that was kind of a bigger project where we got, you know, like 15 or 20 people and we had gift cards for them, and had them come in and had, like four people observing. So, that's kind of a big deal, um, but, you could also come up with, like a survey, with like key tasks we want people **** and get, and be like infection preventionists and members of the community and people, I mean, programs, whatever, whoever we want, and what we want them to be able to do our web site and see if they're able to do it.

Next Speaker: All right.

Next Speaker: And maybe use that as a way to inform **** reformat, restructure the web site.

Next Speaker: Looking at, like, **** do you think there's like a lot too much on there, so you might consider, started reformatting for, just based on what we think might help and then moving on to some of that.

Next Speaker: So, that's kind of some ideas that we can decide ****.

Next Speaker: Yeah, like the usability keys, uh, describing the usability testing is a pretty, I mean, there's a lot of methodology out there. For, but exactly what she described is what you do and, and how, like, you know, seeing how people navigate through, how many mistakes, how many clicks does it take to get you, how long does it take, those kind of things, for people with different backgrounds and then you, yeah, you watch 'em do it. But I think, and then also, if you have the analytics, I mean, we don't have to, we can see what, I'm guessing that, you know, I mean, these numbers are coming out of no, nowhere, but like, you know, 80 percent of the time people are coming to this web site for, like, one thing, you know what I mean? And then a lot of the rest of this stuff is just minutia. It's just kind of there and it's, maybe we have an obligation to provide it, but it's distracting, um, from, I think, the things that we really think that either people want or that we think they should definitely be able to, to, to, we wanna promote, right?

Next Speaker: Mm hmm.

Next Speaker: So, I think there's definite, so, I think looking at the analytics and then some of the usability testing would be really informative.

Next Speaker: Yeah, I, I, I, I think it's a great idea. I actually like the idea of lookin' at the analytics now and then doin' the, the intervention, basically, you know, the usability and then see what, see what it looks like after we kinda' reconfigure it.

Next Speaker: Mm hmm, yeah.

Next Speaker: ****.

Next Speaker: So do it, yeah, right so just doing like a little quasi –

Next Speaker: ****.

Next Speaker: – yeah, I mean, that's right, I mean that's very useful.

Next Speaker: I think too, sometimes, when we do less than what's on there, it also makes it hard to find, because this **** one doesn't have as much, um, resources available as you have before. I notice that a lot of sites are making it easier, such as searching more for stuff because now they're on their more narrow terms where before you, you'd go to a certain subject –

Next Speaker: Mm hmm.

Next Speaker: – and all of that's there.

Next Speaker: There's gotta be a happy medium.

Next Speaker: Different ****.

Next Speaker: Do a search and still pull it out easily.

Next Speaker: Right.

Next Speaker: Yeah.

Next Speaker: Yeah, I mean the collapsing will do that, but, I think, if you find where, I mean, we should be able to see where people are going, um, and then, if they're all coming from the same thing.

Next Speaker: Um hmm.

Next Speaker: You know, maybe you can knock it up top to 24-point font or something, so.

Next Speaker: ****.

Next Speaker: Um, great. Well, we have a couple minutes left before the break. Does anyone else have other thoughts on this? I think I had planned to kind of go over some more detailed questions about the web site itself, but I think with this discussion in mind, it sounds like maybe we have some more broad, uh, improvement efforts at our disposal.

Next Speaker: I, I was just gonna make one comment about the videos, because we were disseminating, huh, information on them. Um, we, we learned recently that YouTube has closed caption and, uh, and it has closed caption for Spanish as well. So, if you have **** impaired, you know, hearing-impaired individuals, that we subtext, it's, it's just built into the YouTube.

Next Speaker: Thanks.

Next Speaker: Okay. So, uh, unless anyone on this phone has questions or comments? We'll have a 5-minute intermission and start again, uh, at 10 past 2. Ten, and our next agenda item is our, um, legislative update, uh, from our program manager, Becca Pierce.

Next Speaker: Okay.

Next Speaker: Okay. Are we good for the recording?

Next Speaker: ****.

Next Speaker: Okay. So, um, what I'm gonna be talking about is found on Page 34 of your packet here. Um, so, this is a, um, proposed rule change to OAR333-018-0130. Um, this is dealing specifically with disclosure of HAI data in the form of the annual HAI report that Rosa just discussed. Um, so what you can see on this page, um, is that the proposed rule changed would involve, um, removing language specifying the timing and content of the public disclosure of HAI data. Um, this change actually aligns our rules with the Oregon statutory requirements, so this is House Bill 2301, um, and it removes the requirement of this specific form of data reporting, which is largely duplicative of CMS's hospital compare, um, and I'll demonstrate that shortly. So, um, however, uh, shown in the changes, um, summary that you can see here, the language can bring the ability to publicly disclose state and facility level data in the form of a

report or some other method of data visualization that will be retained. Um, and in addition, the data review theory, period for facilities prior to the public release of data will also remain in place. That's No. 6 that you can see there. So, some takeaway from these changes, so, this does not alter the HAI program's role in collecting HAI data. As Rosa mentioned, we were then committed to data quality and validation. Um, and it does not preclude communication in any of our findings, um, but it does promote the flexibility to respond to emerging trends in healthcare-associated infections, um, address, public and healthcare facility data needs, um, and, most importantly, to utilize the data to inform public health action and reduce healthcare-associated infections in the State of Oregon. Um, so, in addition, these changes come at an apt time. So, Rosa mentioned this a little bit before, but, um, the NHSN has updated their baselines that we use for comparative purposes for our data. So, per the CDC 2015 baseline, SIR should be measured independently from previous SIRs, meaning that the trends and SIRs cannot be assessed as they have been in annual reports. Um, so, it's really a good opportunity to, um, assess which data is most helpful and informative, both to our healthcare facilities as well as consumers, um, and how we can use this data to prevent HAIs. So, with that, I can actually pull up hospital compare, so you can see sort of what else is out there. Thank you. So, for those on the phone, we are going to the link, uh, data, um, that Diane provided in the email. Please let us know if you have any trouble accessing that. So, I'm just gonna go here, so this is, um, what happens when you search hospitals in Oregon. So, I'm just gonna pull up a facility here so you can see where healthcare-associated infection data is located. So, you click on the facility name and then complications and deaths. Scroll down a bit. See healthcare-associated infections there?

Next Speaker: Yeah.

Next Speaker: And there's a couple options that I, I think the most, sort of, visually appealing here are the graphs they provide. So, when you scroll down for different measures, what you're able to see is both the facility SIRs, as well as the Oregon State SIRs, so they can be compared. Um, and they do this for, um, a number of SSIs, as well as **** and other healthcare-associated infection types. So, as you can see, it is very similar, actually, to the data that's available, um, via our report. Um, so, really, with that, I'd just like to open it up to comments, questions or concerns from the committee.

Next Speaker: And we have quite a bit of time set aside for this, so, hopefully, we'll hear from many of you today.

Next Speaker: This allows you to compare hospitals against each other, as well, right?

Next Speaker: I believe so, yes.

Next Speaker: Yeah.

Next Speaker: I really think ****.

Next Speaker: ****.

Next Speaker: Yeah, you can also select groups of hospitals and kind of pull them up next to each other. This is specifically what happens when you go into one facility. Um, and as you can see, it's not just healthcare-associated infections. It also allows them to compare at a number of features, um, and quality data.

Next Speaker: I'm trying to remember, is Oregon requiring additional reporting of its specialty SSIs, um, above and beyond CMS requirements? So, if we do this, do we lose some of that data that we've been collecting?

Next Speaker: **** are the two that are required by CMS for acute-care hospitals, and we require, um, **** –

Next Speaker: ****.

Next Speaker: **** yeah, ****.

Next Speaker: We require heart surgery.

Next Speaker: ****, yeah.

Next Speaker: And there's one more.

Next Speaker: And we're still, uh, we still do have **** of this.

Next Speaker: So, we would continue to require that and then, when we publish the results.

Next Speaker: So, not changes have been made to the reporting requirements?

Next Speaker: Right, yeah.

Next Speaker: ****.

Next Speaker: Yeah, no changes to the reporting requirements. We will still plan to collect and monitor data the same way we would before. Really the only change is our ability to, um, product reports that that are consistent with maybe our intervention needs or with particular areas of interest in healthcare-associate infections. So, if we are worried about particular SSIs or observing **** trends, we could publish that data specifically. It just gives us a bit more flexibility to present our data.

Next Speaker: yeah, we can, we can still publish whatever we want.

Next Speaker: Mm hmm.

Next Speaker: Um, this removes the requirement that **** by which it's supposed to be done.

Next Speaker: Yeah.

Next Speaker: I just, you know, the good feedback that I've heard from many colleagues is that they do use your report. And, again, they take your data and they take it to their committees and administrators and kinda' benchmark themselves, um, and they are often incorporating that into some of their strategic, you know, plans and goals for a facility. So, that's the good news, you know.

Next Speaker: Mm hmm.

Next Speaker: So, I think, again, somehow, if we're asking people for data, we need to be thinking about what we can give them back.

Next Speaker: Yeah, and I mean, I think we'll have to think very carefully about how we support our sites to make sure they have the data they need and the kind of comparative metrics with Oregon as a state, um, to sort of, you know, work within their facilities. I think that, um, we do have the opportunity here to explore some other avenues that we've been interested, we've been asked for things like, you know, pathogen-specific HAIs, things that we haven't before, kind of dealt with in the report and this would give us some additional flexibility. Um, that being said, though, the report will, to some degree, change because the CDC has put out new baselines.

Next Speaker: Yeah.

Next Speaker: The potential for a similar report or something like that, if that is what is best for our facilities, and really isn't entirely duplicative of what's out there, uh, I think is still within the realm of possibility.

Next Speaker: Yeah, yeah, I was just gonna, I mean, basically, elaborate on what Becca was saying. It basically allows us to not create something that's re, largely redundant and we can actually put something out there that is, uh –

Next Speaker: Right.

Next Speaker: – useful. And so, if it is helpful to specifically report on certain, on pathogens or whatever else that might not be in the, the hospital comparative, we can do that, and then we can spend the other efforts focused on active prevention set ups.

Next Speaker: Yeah, and maybe the thing to do is, again, just ensure we have a state benchmark, you know, 'cause they have access to their data.

Next Speaker: Would your be, would your reporting, um, periods be more timely? I don't use hospital compared, largely because the reporting periods are sometimes from 2 years ago.

Next Speaker: Mm hmm.

Next Speaker: Um, and are worthless, um, when it comes to local hospitals. Also, uh, many local hospital measures aren't reported because the numbers are so small, um, such as when my smaller hospitals.

Next Speaker: Mm hmm.

Next Speaker: They represent all the Eastern Oregon hospitals, Central Oregon, and a lot of **** hospitals on the coast. Um, so finding, if, I, it would absolutely not be largely duplicative if the information that we needed as Oregon specific would be put up there in a more timely manner, in a much more timely manner.

Next Speaker: Right, so, our timeline is, so, now it's, you know, nearly October and we're, we're putting out September, we're putting out 2016 data, so –

Next Speaker: **** 2015 –

Next Speaker: – I mean it is somewhat more timely.

Next Speaker: – **** 2015 data.

Next Speaker: Mm hmm, right.

Next Speaker: So, and from NHSN, the most recent data they published is from 2014. So, I mean, I guess, I, I need something, or I would like something that is, uh, far more timely. I mean, how can I make good faith suggestions in my hospitals for, uh, moving some of these infection-controlling initiatives forward when I don't have reliable, timely statewide data?

Next Speaker: Well, so, I pointed out a couple things. I, I think that's a good point. And, like I said, this, these rule changes don't preclude, in any way, making reports and supporting our facilities, um, but facilities do have the ability to use their SIRs to nationally benchmark themselves just as is, so, you kind of built into the NHSN system is that ability. And those are, of course, even more timely than our data, they're potentially updated quarterly, even monthly sometimes, so, that is an option. Um, and, you know, this is, this is an ongoing conversation.

Next Speaker: Sure.

Next Speaker: Just because the rule's changing doesn't, you know, mean that our reports and data won't be accessible.

Next Speaker: And I, I mean, I, I agree with facilities using, you know, their own data for benchmarking, but if I'm at Bob Newberg and I'm trying to help them benchmark themselves against, at a hospital that was of equal size, similar population, someplace else in the State of Oregon, I don't necessarily have that access of that facility to get their data and there's no cross **** data.

Next Speaker: Right.

Next Speaker: So, that's why I rely heavily on **** agencies.

Next Speaker: Oh, good.

Next Speaker: Right, right, yeah, point taken. I think, um, one of the areas we'd really like to improve in the year is our ability to not only kind of put out data, like you mentioned, and trends and show where we're at as a state and build out our facilities, but we'd really like to be able to intervene on some of these things. So, for example, this year, we've upward trends in HIPRO, we'd really like to get involved in prevention at first. So, some of the transition away from, maybe, the report as it's formatted now, um, would allow us to be involved in more of those response efforts to also allow us to support our facilities, things like that. So, it wouldn't really be us taking a step back from that.

Next Speaker: And, just as a complete aside, ONA could be helpful in those efforts, just because ****, so.

Next Speaker: Yeah.

Next Speaker: ****.

Next Speaker: That would be fantastic, yeah. Any other comments and concerns? It's been very helpful.

Next Speaker: Folks on the phone?

Next Speaker: Yeah, this is, uh, Rebecca from ****, um, for **** legislative update agenda item. I was wondering if, um, you could provide an update on how the informational hearing went during legislative fees and if there were any, um, actions that, for either this group or for **** that came out of that session?

Next Speaker: ****.

Next Speaker: Well, we have two of our, uh, testifying members here, so, I, I'm gonna let them, um, give a firsthand experience.

Next Speaker: Uh, yeah, this is, uh, JJ Furuno. So, um, uh, **** and I were there. For, as far as the HAI Program and this committee goes, we only, um, were slotted for 5 minutes and I believe we, that's about how long we spoke for. Um, so, we, it was primarily just a, um, information sharing for what our, our activities were and some of our recent, um, uh, I guess, just kind of recent, uh, results and data from, from the, uh, from the report. The only questions that we got were, um, uh, I, that I can remember were, um, that, I think, just confirming that confirming that they had, in fact, received the report and it cr, and, um, and that, uh, um, you know, the, and, uh, assuring them that they would receive the report as well, um, as it, as it was available. And then as far as the, uh, this committee was concerned, we kinda just had a few bullet points which we were ha, were happy to share, but it was basically just, like, some of our, um, recommendations,

um, uh, for, uh, the, you know, the HAI, uh, group, um, and the, and the only comment that came up was about some of our interest in the One Health Program, um, uh, you know, where we're, we're looking at kind of the human animal interface and how, and the role that that plays and, um, and about persistence. So, um, Sid, is, is there anything else you think?

Next Speaker: Yeah, so this is, uh, yeah, I, I mean, I think you summed it up very well, um, yeah, uh, it seems like maybe we need to try to figure out how to make sure that the report gets out there a little bit more and, I, I thought that it had been sent, but, uh, we're gonna have extended efforts this, this year and ensure that it gets to everyone that it needs to. Um, and, and then, right after us, there was the MRSA survivor network that they brought up a bunch of, a bunch of things related to, to the HAI report as well. That also, to me, brought up kinda' concern, concerns of whether we need to reach out more to some of those groups, um, in terms of the HAI report. That's kind of a –

Next Speaker: It was encouraging though that they, that someone from, I believe she was, she had called in from Illinois had, um, cited that, that, that, ON, uh, that OHA had not provided, you know, up-to-date data. I mean, like, like, 2012 or something like that. And one of the, um, uh, represents, you know, uh, actually, at, up on the, whatever they call us, up above us, uh, uh, um, very quickly navigated the web site.

Next Speaker: Right.

Next Speaker: Um, and, and, um, corrected her that the 2015 data were right there, um, and available, so.

Next Speaker: He, but he actually immediately was able to pull, he found two, 2014.

Next Speaker: Uh, 2014.

Next Speaker: 2015 data was there, so, then we confirmed later on. But that, to me, like he was able to find the 2014, which was good, but that he didn't see the 2015 immediately –

Next Speaker: Right.

Next Speaker: – um, that we kind of struggled a bit. I think it shows that, that we should try to, you know, uh, figure that out.

Next Speaker: But, but there was some indication also that they, um, uh, would like a return visit, um, in November, um, and so, uh, we'll see what happens with that and I guess, probably Jen, I don't know if Jen would probably go on behalf of his, uh oh.

Next Speaker: I'm not gettin' outta' the way, I'll roll, but, I mean, it's just, uh, you know, she's the chair, she's the figurehead.

Next Speaker: Yeah.

Next Speaker: Yeah.

Next Speaker: But, yeah, no, I think it makes sense for, for Jen to go, you're right.

Next Speaker: Great. Yes, that's really helpful. And from the hospital association respective, if we can be of any help in getting the reports out **** to our members but, as when we're in Salem, um, from a policy or advocacy-protected, we're happy to work with you on that, so. Um, thanks for the update.

Next Speaker: Thank you. Any other comments at all in the room or on the line regarding our legislative update and we'll, obviously, be revisiting this as it develops. Okay. Well, um, that brings us to our next agenda item, which is a discussion of themes and topics for future 2017 meetings. So, I will mention that, um, we are excited to be, um, bringing, um, Dr. Emilio Debest, who is our state public health veterinarian, uh, to this advisory committee in December, the next time we meet, and he will be talking about therapy and service animals in the context of infection control and prevention, which is a topic that comes up every now and then and seems to generate a lot of lively discussions, so, that's something to look forward to. Um, we will be discussing our reporting exemptions, which is something that, um, we have been questions about from our infection preventionists at our, uh, hospitals, and we will also be planning to present our annual report, which is currently in progress. So, some good stuff happening in December. Um, but just in general, I'd like to ask anyone in the room to please, you know, speak up, or on, on the line rather, um, to tell us, you know, are there anything, you know, something that I try to do is look at the APIC list serve, look at questions that are coming up, you know, and when I see things kind of converging, that gives me a sense that, you know, these are topics folks wanna hear about, um, but I'd love to hear from anyone on the line or in the room about you know, what are some things that we could possibly bring to this committee in the future. Are there things you would like to bring to this committee in the future. It should not be only public health folks, you know, or our, our, yes. Something –

Next Speaker: Yeah, sure.

Next Speaker: Blah.

Next Speaker: This is, uh, Dave Esep, two suggestions, one is maybe we could get some, like a report back on the web site and some stuff like that since there was a lot of interest there and, um, and so, kind of what the analytics suggest and I don't know if it's time to convene focus groups or anything like that, but between now and then, but, if possible, I mean, that would be, you know, potentially also useful. And the other thing is that, I, I know several of us are attending I.D. week next week, so we can certainly kind of come back with any hot topics as well. Um, if, you know, I'm also, stuff is already startin' to trickle out of, you know, some of these premeeting things so, I just sent Mary, but there, so, there's gonna be, most people are aware of the, um, uh, new, uh, requirement for antibiotic stewardship in long-term care effective November 28th, um, so, uh, I just found out that, um, several folks have, uh, written up a template. It's gonna come out in GAMDA, uh, which is the General American Medical Directors Association, um, which provide the template for actually forming these committees, uh, for, uh, these programs. Um, it's the first author is Robin Jong, um, who's at Case Western in

Ohio, but, um, you know, I think these will be very useful resources. I think it's gonna be open access, so that's something we can hopefully try to share, but I suspect they'll probably be some other things that maybe we can kind of come back with. I don't think it'd be a long agenda item, but more information sharing.

Next Speaker: Nice.

Next Speaker: And, um, just a note, huh, um, because it's a huge leap for long-term care facilities, CMS came out with, um, some updated guidance that, um, they are still maintaining the requirement for antibiotic stewardship programs to be in place staring November, but they will not issue, um, civil monetary penalties for the first year, so, um, they're gonna be looking for them, but there won't be any citations that will result in fines.

Next Speaker: Thank you. Other topics that folks would like to either hear from us on or present on, in, and this does, you know, if you say you wanted to present on or you just wanna hear about it, you're not committing yourself to anything. We wanna know how we can be most useful.

Next Speaker: And I'm hoping the flu vacs report will be ready.

Next Speaker: Nice.

Next Speaker: Uh, I, I'm wondering if it's might make sense to occasionally bring, um, people that might have been impacted by HAIs to present here and something in that direction?

Next Speaker: Yeah, I think this is something, you know, we are just kind of constantly asking for more, um, patient and family and healthcare consumer advocates and representatives, so, just not only for the purpose of engaging, um, these extremely important partners in this committee, but, getting our reports to them, hearing from them, you know, what they want from us and how we can provide it, uh, what they and you and us, because we are all, you know, patients and healthcare consumers, I should say that. So, um, any thoughts, I know I did reach out to some of our hospitals to see who had these patient and family advisory committees, and I heard back from a few of them. If you're from a facility and you have one of these committees and didn't let me know, I'd love to hear about it, because we are gonna start doing some outreach to those groups to try to get some engagement that way, but any other thoughts that anyone has about that, I think we would all be very happy to he, to get that advice as well. Okay. Anything else on themes and topics for future meetings?

Next Speaker: You know, Rosa, I was just thinking that, um, you know, again in talking to colleagues, I'm constantly hearing as they do their investigations and quality improvement work, they kinda' stumble upon things that might be impacting on infections, and I, I wish there were a way we could somehow communicate and invite them to share some of those, either best practices or findings, um, you know, we could go offline and talk about what that might look like, but, um, you know, again, in the spirit of transparency and sharing, I think it would be great to, you know, somehow incorporate.

Next Speaker: That sounds really interesting. I'd like to hear about that myself.

Next Speaker: you know, that, that's a great idea. We could send out like a call for cases through **** or something and set aside, like, on whole committee meeting next, in 2018, and, depending on how many cases we have, we, we can help **** and then just –

Next Speaker: Like a rapid-fire kind of thing almost?

Next Speaker: – yeah.

Next Speaker: Yeah.

Next Speaker: And then just, you know, people, you know, present their cases and then, you know, what they did to –

Next Speaker: Yeah.

Next Speaker: – what their assessments look like and their cause analysis not what their prac, how their practices have changed.

Next Speaker: That's a great idea.

Next Speaker: Nice. Thank you.

Next Speaker: Have a spotlight.

Next Speaker: Yeah.

Next Speaker: Spotlight and, yeah, improvement or somethin'.

Next Speaker: Yeah.

Next Speaker: This may not be of interest to most of the committee, but from a, like, preparedness and response perspective, December is probably too early to have ****, but whether or not there's been any major impacts on HAIs and healthcare facilities in the hurricane areas and so, maybe, even some of the areas, I know, um, that were affected by the earthquakes, whether or not we've seen a, an uptake in that and how those hospitals and facilities are dealing with it. Okay, I'm getting nods, so that must be –

Next Speaker: Well, yeah, and how we could prepare for situations like that ourselves.

Next Speaker: Right.

Next Speaker: Af, after Katrina, um, there was a lot of, in fact, huh, I forget what meeting it was, a big national meeting, I think it might, it was either ****, I think it was ****, got, um, which is like the big, uh, you know, like, product resistance chemotherapy meeting, um, got canceled

because it's supposed to be in New Orleans, right? Like 2 weeks, I was stoked 'cause like, well, not stoked, but, I, I took, I was having issues, like, uh, getting my stuff ready for the meetings and, I was happy for a little, I was happy for like a 1-month reprieve for free, um, but I felt terrible for the, you know, everybody. In any case, af, when the meeting happened in, in, like, f, a month, a month or two later in, in D.C., they actually had people from New Orleans come and present about, um, what was happening. 'Cause, you know, we, I mean, all we heard was, like, the sharks were swimmin' up the streets and stuff, I mean, I don't if you remember those stories.

Next Speaker: Like ****.

Next Speaker: So, um, you know, but there was like, you know, what do you do about, like, you know, the power outages and all those things and, I mean, but it was an infection prevention focus, so it, it, I mean, I think there were definitely are gonna be people that are gonna be able to talk about that, um, sorry, I think it's a good idea if there's a lot of interest.

Next Speaker: **** remember about hurricane Katrina was that they had several clusters of norovirus infection among people who were, like sheltering, you know, in the Astrodome and in some of these other shelter places and, uh, I think they it had something, I wanna say **** and, um, ****.

Next Speaker: Mm hmm.

Next Speaker: Oh, yeah.

Next Speaker: **** down there, yeah.

Next Speaker: Yeah.

Next Speaker: Yeah, no ****, yeah. But, other than that, there wasn't a lot of, uh, there were several deaths of carbon monoxide poisoning of people firin' up their generators inside a closed space.

Next Speaker: ****.

Next Speaker: **** important is, like, Puerto Rico, um, **** it restricted a lot of access to different medications and IV solutions **** are using antibiotics.

Next Speaker: And it's just, it's just a bigger topic than, I think, our program, in particular, would be interested in, 'cause we have a lot of representation from, like, Vince and Paul and John, who's not here anymore, but, I, I don't know how we would pull in the AJI stuff, like, in an actual response and what that would look like. And that may not be for this committee, but it's definitely something to keep in mind. Mary's done a lot of, I don't know if you're still doin' this, meetings with our liaisons in the health coalitions?

Next Speaker: Um, the, ****.

Next Speaker: Yeah, we're trying to keep, keep –

Next Speaker: Keep getting those plugs in, we're tryin' to –

Next Speaker: I –

Next Speaker: – get our way onto agendas and –

Next Speaker: – I've been trying. We actually put it in our annual report –

Next Speaker: Oh, good, thanks.

Next Speaker: – that, um, we were tryin' to help support you guys doin' your –

Next Speaker: We're here and we're ready to teach.

Next Speaker: – so you still want, okay –

Next Speaker: Yes.

Next Speaker: – I'll, I'll bring it back up again. Um, good, that's good to know, yeah.

Next Speaker: Okay, and the obvious preparedness thing also, it's like the stuff Judy's been workin' on with ****.

Next Speaker: Right.

Next Speaker: And you know ****.

Next Speaker: I know you guys do a lot and have, like, a hand in it, but getting a better perspective of how ****, yeah.

Next Speaker: Absolutely.

Next Speaker: Great. Sounds like there's a lot of interest in that. Um, okay, so, we will move on to public comment. Anyone on the line?

Next Speaker: ****.

Next Speaker: In the room? Okay. Well, with that being said, did anyone else join us on the phone before we adjourn? Okay. I'll –

Next Speaker: Oh, can I ask for one favor –

Next Speaker: – yes.

Next Speaker: – before you adjourn? Um, so, another national meeting that is gonna be coming up in April of 2018 is SHEA, which is the Society for Healthcare Epidemiology of America, which is really focused on antibiotic stewardship and infection prevention, and the 2018 meeting is gonna be here in Portland and I'm the co-chair of the planning committee. And, um, one of the, um, sessions that is, is being planned is on stewardship and it's antibiotic stewardship and it's gonna be a panel and it's gonna be interactive. And the planning committee members that are planning that session are trying to find, um, similar, what was just mentioned, a patient who has been impacted by, um, antibiotics, but by the, uh, bad effects of the antibiotics, including C. Diff or something like that or an, um, adverse effect related to stewardship, to kind of put a face to the name of, um, al, of **** related to antibiotics. So, if anyone from, you know, from your own facilities, um, advisory committees, or if you know of a patient who would be comfortable in that type of a setting, 'cause it'd probably be, you know, around 100 people in the audience, um, then, if, um, you could give me that name and contact information, that would be great. We're trying to find a, a patient ****.

Next Speaker: Would it have to be inappropriate use of antibiotics?

Next Speaker: Um, well, no, no, not necessarily. No, not necessarily.

Next Speaker: Um, the other thing I was gonna, is, is there anything else we need to say in terms of the rule changes or follow up on that? Are we clear on everything with that or it's, uh –

Next Speaker: We'll revisit it at a future meeting, I think.

Next Speaker: Uh, by the time of the future meeting, it'll already have gone into –

Next Speaker: Yeah. Are you thinkin' of anything, is there ****. So, we're just sending it out, we've already sent it out and everything? Okay. ****.

Next Speaker: Okay. Well, just as a reminder, um, if you didn't sign in, please sign in on your way out and the chair will now entertain a motion to adjourn the meeting.

Next Speaker: ****.

Next Speaker: Anyone will second that?

Next Speaker: Second.

Next Speaker: I'll second.

Next Speaker: Thanks. Thank you so much. Take care everyone.