Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

June 27, 2018
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:

- Joshua L. Bardfield, Supply Chain Services Manager, The Oregon Clinic (phone)
- Genevieve Buser, MD, Pediatric Infectious Disease Physician, Providence St. Vincent Medical Center
- Deborah Cateora, BSN, RN, Healthcare EDU/Training Coordinator and RN Consultant, Safety, Oversight and Quality Unit (SOQ Unit), Oregon Department of Human Services (phone)
- Paul Cieslak, MD, Medical Director, Acute and Communicable Disease Prevention, Oregon Health Authority
- Kelli Coelho, RN, CASC, MBA, Executive Director, RiverBend Ambulatory Surgery Center (phone)
- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University

- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc
- Pat Preston, MS, Executive Director, Center for Geriatric Infection Control (phone)
- Kristen Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante (phone)
- Amy Jo Walter, Infection Preventionist, Southern Coos Hospital (phone)

NOMINATED MEMBERS EXCUSED:

- Pamela Cortez, Director of Patient Safety and Clinical Support, Salem Health
- Wendy L. Edwards, RN, BSN, Patient Safety Surveyor, Health Facility Licensing and Certification, Oregon Health Authority
- Jordan Ferris, BSN, RN, CMSRN, Nursing Practice, Consultant, Oregon Nurses Association
- Laurie Polneau, RN, MHA, CPHRM, Director, Quality/Risk Management/Infection Control, Vibra Specialty Hospital Portland
- Tom Stuebner, MSPH, Executive Director, Oregon Patient Safety Commission

OTHER PARTICIPANTS PRESENT:

- Anne Eades, BSMT, MPH, CIC, Oregon Patient Safety Commission
- April Gillette, Director of Quality, Blue Mountain Hospital District (phone)
- Debra Hurst, Environmental Health Consultant
- Julie Koch, RN, MSN, BSN, Manager Infection Prevention, Salem Health Hospitals and Clinics
- Gerald Martin, Material Services Operations, Legacy Silverton Medical Center (phone)
- Kate Medred, MLS, Logistics Coordinator, Infection Prevention, Oregon Patient Safety Commission
- Paola Montes, MPH, MT, CHES, CIC, Infection Preventionist, Samaritan Pacific Communities Hospital (phone)

- Laurie Murray-Snyder, Hospital Improvement Innovation Network Project Lead, HealthInsight Oregon (phone)
- Chad Nix, M.Sc, Program Specialist, Oregon Health Science University (phone)
- Mary Post, RN, MS, CNS, CIC, Director, Infection Prevention, Oregon Patient Safety Commission/Oregon Health Authority
- Kristine Rabii, M.Sc, Infection Preventionist, Tuality Healthcare (phone)
- Rebecca Rottman, MPA, Lead Logistics Coordinator, Infection Prevention, Oregon Patient Safety Commission
- Dee Dee Vallier, Consumer Advocate (phone)

OHA STAFF PRESENT:

- Tara Buehring, MPH, HAI Office Specialist
- Maureen Cassidy, MPH, MDRO Epidemiologist
- Judy Guzman-Cottrill, DO, Pediatric Infectious Disease Physician
- Alyssa McClean, AWARE Program Coordinator
- Rebecca Pierce, PhD, HAI & EIP Program Manager
- Diane Roy, HAI Data and Logistics Coordinator
- Monika Samper, RN, HAI Reporting Coordinator
- Rachel Steele, MPH, HAI Program Intern
- Lisa Takeuchi, MPH, Emerging Disease Epidemiologist
- Roza Tammer, MPH, CIC, HAI Reporting Epidemiologist
- Dat Tran, MD, Public Health Physician
- Nicole West, MPH, OHA Epidemiologist
- Alexia Zhang, MPH, HAI Epidemiologist

ISSUES HEARD:

- Call to order and roll call
- Introductions and logistic updates
- Approve March 2018 minutes

- Outbreaks update
- ICAR: Insights from Three Years of Data
- Nursing Home Prevalence Study
- Injection Practice and Needle Use project update
- TAP Assessment progress
- Discussion: themes and topics for future meetings and reports
- Public comment
- Adjourn

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Item	Discussion	Action Item
Call to Order and Roll Call Genevieve Buser, Providence Portland (Chair)	Sixty-six percent of members present.	No action items

Introductions and Membership Updates
Tara Buehring, Oregon Health Authority
	• Healthcare-Associated Infections Advisory Committee (HAIAC) nominations
	  ○ HAIAC nominees have been approved by Pat Allen, Public Health Director
	  ○ Approval letters were sent out to all approved members on Thursday, June 14th
	  ○ Any members that have not received an approval letter should contact Tara so she can update the address on file
		Any person who has yet to receive a nomination letter will reach out to Tara.

Item	Discussion	Action Item
	○ Two current vacancies: Consumer Representative and Health Insurer Representative • Audio issues ○ We will begin using microphones at the next meeting to help people hear across the room and on the phone	
Approve March 2018 Minutes All Committee Members	March 2018 meeting minutes were approved.	No action items
Outbreaks update 2017 Maureen Cassidy, Oregon Health Authority	• 61 outbreaks were reported since 03/22/2018: ○ 20 *norovirus*, 1 *sapovirus*, 1 *Vibrio parahaemolyticus*, 1 *Escherichia coli* (*E. coli)*, 7 gastroenteritis with etiology unknown ○ 8 influenza, 3 respiratory syncytial virus (RSV), 10 pertussis, 2 rhinovirus, 1 human metapneumovirus, 3 RSV, and 2 unknown respiratory illness with etiology unknown ○ 5 other • Of the 61 outbreaks, 33 (54%) occurred in a healthcare facility ○ Outbreaks occurred most often in assisted living facilities (91%) ○ Most common etiology in healthcare facilities was norovirus or noro-like outbreaks • Carbapenem-resistant *Enterobacteriaceae* (CRE) terminology refresher	No action items

Item	Discussion	Action Item
	○ Carbapenemase-producing (CP-CRE) ▪ Most concerning ▪ Responsible for rapid global plasmid mediated spread ▪ Directly inactivate carbapenems ▪ Increased morbidity and mortality ○ Non-CP CRE ▪ Stable/slight increase incidence over time ▪ Multiple mechanisms combined for resistance – AmpC, porin changes ○ 5 most common carbapenemases - by PCR ▪ *Klebsiella pneumoniae* carbapenemase (KPC) ▪ New Delhi metallo-β-lactamase (NDM) ▪ Verona integron encoded metallo-β-lactamase (VIM) ▪ Imipenemase metallo-β-lactamase (IMP) ▪ Oxacillincase – 48 (OXA-48) • Healthcare outside of Oregon risk factor for CP-CRE ○ Oregon is still a low prevalence state and we want to keep it that way = infection control ○ 18/567 (3%) of Oregon cases are CP-CRE ○ 13/18 (72%) CP-CRE cases had history of healthcare out of state ○ Compare to Minnesota - 21% of CRE isolates were KPC, CP-CRE in 2015 • CP-CRE in Oregon by county	

Item	Discussion	Action Item
	○ Washington County (1), Marion County (2), Clackamas County (2), Linn County (1), Lane County (3), Deschutes County (1), Douglas County (1), Curry County (1), Josephine County (1), Jackson County (2), Klamath County (1), Umatilla County (1), Baker County (1) • CP-CRE Identified by Oregon labs, by year, n=22 ○ 2010 (1), 2011 (0), 2012 (2), 2013 (1), 2014 (3), 2015 (4), 2016 (7), 2017 (3), 2018 (1) • Recent CP-CRE case ○ Abdominal surgery in Egypt ○ Large draining abdominal wound upon arrival in US, 2 weeks post-op ○ Wound grew CP-CRE, *Klebsiella pneumoniae* (NDM) and carbapenem-resistant *Acinetobacter baumannii* (CRAB) with an NDM	
ICAR: Insights from Three Years of Data Anne Eades, Oregon Patient Safety Commission (OPSC)	• Infection Control Assessment and Response (ICAR) takeaways ○ ELC Grant funded, April 2015-March 2018, 104 ICARs ○ Long-term care facility takeaways: 45 ICARs ▪ 47% did not have systems in place to follow up on clinical information when residents were transferred to or from acute care ▪ 50% reported having an identified staff member who coordinates the infection prevention program and who has also received proper training	No action items

Item	Discussion	Action Item
	▪ 89% did not provide training on antibiotic use (stewardship) to clinical providers with prescribing privileges ▪ 96% did not document/monitor adherence to personal protective equipment (PPE) ▪ 62% did not document/monitor quality of cleaning and disinfection procedures, nor did they evaluate or provide competency validation for environmental cleaning personnel on a regular basis • ICAR Takeaways ○ Hospital takeaways: 19 ICARs ▪ Lack of competency training and testing (auditing/feedback) provided to staff across all areas: hand hygiene, environmental services, PPE, catheter-associated urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), ventilator-associated event (VAE), safe injection practices, surgical site infection (SSI), *Clostridium difficile* infection (CDI) prevention, etc. ▪ 67% did not have a drug diversion prevention program that includes consultation with the infection prevention program when drug tampering (involving alteration or substitution) is suspected or identified ○ Outpatient setting takeaways: 30 ICARs	

Item	Discussion	Action Item
	▪ Just over half provide competency-based training programs that offer job-specific training on infection prevention policies ▪ 67% did not demonstrate proper auditing and feedback protocol for proper hand hygiene, injection safety, point-of-care testing, environmental services, and PPE practices ▪ 50% did not dispose of brushes used in the cleaning or sterilization of lumened instruments or, if reusable, did not clean and high-level disinfect or sterilize (per manufacturer's instructions) after use. • Next steps o Continue ICAR work with the Ebola no-cost extension (27 on-site visits, June 2018 – March 2019) o Build relationships with assessed facilities, conduct follow up visits by OPSC's IP consultants (independent contractors) o Explore how to address some of the gaps identified in the assessments o Use ICAR findings to help inform future work • Question from Dr. Cieslak: How are facilities chosen? o Facilities are chosen by OPSC contacting facility and asking if they would like to participate in assessment. Data sources used: NHSN, outbreak data, facility type.	
Nursing Home Prevalence Study	• Background of study o Emerging Infections Program (EIP)	No action items

Item	Discussion	Action Item
Alexia Zhang, Oregon Health Authority	▪ 10 sites across the U.S. ▪ Emerging pathogen disease surveillance ○ Multi-phase HAI and antimicrobial use prevalence survey began in 2017 ▪ Objectives of Assessment of Healthcare Associated Infections and Antimicrobial Use in Nursing Homes Estimate HAI prevalence in US nursing home residents ▪ Determine distribution of HAI by pathogen and major infection site ▪ Estimate the prevalence and describe the rationale for AU in US nursing home residents ▪ Describe the quality of antimicrobial drug prescribing in selected clinical circumstances ▪ Estimate the burden of HAIs and AU in nursing home residents in the US • NHHAIPS protocol ○ 10-county catchment area surrounding Portland, Salem, and Eugene metro areas ○ List of all facilities that provide skilled nursing or post-acute rehabilitation in the catchment area obtained from nursing home compare ○ OR EIP team sent letters and called up to 10 times to enroll facilities ○ Nursing home team lead filled out a healthcare facility assessment ○ OR EIP team completed case report forms	

Item	Discussion	Action Item
	▪ Resident demographics form ▪ Resident infection form ▪ Resident antimicrobial use form • NHHAIPS next steps o Review facility specific data with each facility o Use data to determine Oregon facility education and resource needs o Deeper dive into data ▪ Compare Oregon with all EIP sites o Plan for next survey • Question from Dr. Buser: Could you explain more about medical prophylaxis? o Alexia Zhang: For the most part, the medical prophylaxis was for urinary tract infection. • Question from Dr. Guzman-Cottrill: How were antibiotics administered? o Alexia Zhang: All systemic antibiotics. • Question from Dr. Buser: Were there indications with the medication when it was ordered or was it somewhere else in the chart? o Yes, with each administration they're supposed to provide information about rationale and treatment site. • Comment from Dr. Furuno: Is this all or just active treatment? You might want to call it treatment sites, because some of them are being actively treated. • Question from Dr. Tran: What was the vancomycin generally used for?	

Item	Discussion	Action Item
	○ Alexia Zhang: Bone infections. • Comment from Dr. Schutte: It looks like you were looking at really short time period. ○ Alexia Zhang: Yes, we would go back 7 days to look at signs and symptoms. We would not go back for re-admission patients. • Question from Vicki Nordby: If someone was admitted to a hospital did you go back to look at hospital records? ○ Alexia Zhang: No. • Question from Dr. Tran: Were other sites doing these assessments at same time? ○ Alexia Zhang: Yes, from April through November of 2017. • Question from Maureen Cassidy: Do other states have similarities? ○ Alexia Zhang: We are still waiting for other states to clean their data. Preliminary data shows Oregon ranks low in Healthcare-Associated Infections (HAI) prevalence. • Comment from Dr. Buser: The fact that cephalexin usage is low is positive. • Comment from Dr. Cieslak: I'd like to know if people think 13% is low or high. • Comment from Anne Eades: I was surprised how low the antibiotic usage was. • Question from Dr. Schutte: Did that include pre-surgical doses?	

Item	Discussion	Action Item
	○ Alexia Zhang: Yes. • Comment from Julie Koch: I think it would be valuable to dig into the symptoms of UTI. ○ Alexia Zhang: Symptomatic UTI is the only infection type that requires a culture. • Question from April Gillette: Did you look at the standing orders? ○ Monika Samper: We never saw the standing orders but we did see a lot of urinalysis that we didn't understand why they were ordered with no clear indication.	
Injection Practice and Needle Use Project Rachel Steele, Oregon Health Science University	• Overview of study ○ Impact of infection control breaches ○ Pilot study and qualitative assessment ○ County-wide survey distribution ○ Toolkit development ○ Preliminary results ○ Future direction and lessons learned • Injection and needle safety ○ What makes injection practices safe? ▪ No harm to recipient, healthcare worker, or community (per World Health Organization definition) ○ 2017 survey ▪ N=690 US nurses and practitioners	No action items

Item	Discussion	Action Item
	▪ 12% physicians and 3% nurses witness syringe reuse ○ 1998–2014: >50 injection-related outbreaks • Needle use and injection practices survey ○ Distributed in Jackson County ○ Finalized questionnaire ○ Pilot study ○ Toolkit ○ Questionnaire distribution • Pilot survey ○ Methods ▪ Convenience sampling (n=9) ❖ Physicians, physician assistants, acupuncturists, nurses, long-term care workers ▪ Follow-up interviews ▪ Qualitative analysis (NVivo) ▪ Summary report ○ Results ▪ Phrasing ▪ Perceptions and barriers ❖ Safe injections champion ❖ Buy-in • County-wide survey ○ Methods ▪ Population-based sample	

Item	Discussion	Action Item
	❖ Oregon business registry, OHA mailing lists, addresses online ❖ 3,474 letters ○ Goal: Assess needle-based services ○ Invitation to distribute materials ○ Promotion of resources → toolkit • Toolkit ○ Resources for practitioners and public ○ Evaluation link embedded • PreliminaryrResults ○ 72 responses; 45 complete ○ 40% of respondents work in a facility that is part of a larger hospital or healthcare system ○ The average number of patients/clients who receive at least one injection of any type per day is 0-200 ○ Nurses draw up most injectable medications/treatments and administer most injections ○ Majority of respondents report needle safety education occurs once a year ○ Acupuncturists ▪ 100% of acupuncturists report not receiving regular reports from their facility/business regarding clusters of disease, outbreaks, or patient/client notifications associated with needle use or injection practices	

Item	Discussion	Action Item
	▪ All are willing to help distribute educational materials about injection and needle use safety sent by Oregon Health Authority • Future direction o Targeted education ▪ In-person trainings ▪ Toolkit distribution o Injection safety champion o State-wide distribution of survey o Expand to other practice settings ▪ Tattoo and piercing businesses ▪ Correctional facilities ▪ Tribal communities ▪ Law enforcement ▪ First responders • Lessons learned o Challenges involving mailed letters ▪ Returned letters ▪ Retired and deceased individuals ▪ People moved o Maybe exclude individual practitioners o Lack of initial buy-in for champion role • Question from Dr. Buser: Did you ask in your survey about drug diversion practices or monitoring for that? o Rachel Steele: We asked if there was education provided and if facilities aid with drug diverting activities.	

Item	Discussion	Action Item

	• Comment from Ann Eades: I've been surprised about the management of medications. It might be nice to look at that while you're looking in that arena.
	  ○ Dr. Buser: Right, since ICAR already has standardized questions.
	  ○ Roza Tammer: We tried to word questions so we would not solicit responses requiring a regulatory response.
	  ○ Dr. Pierce: An important part of this pilot was to assess how well we could solicit responses from facilities using this approach. There was some interest, but if we can anonymize the process more we may get some more targeted information.
	• Question from Dr. Buser: The focus group was done originally, correct?
	  ○ Rachel Steele: Yes, they were individual qualitative interviews.
	• Question from Dr. Buser: Do you have a sense of type of injections?
	  ○ Dr. Pierce: We tried to make a list of all the different types of injections.
	• Question from Dr. Cieslak: How you got your list of emails?
	  ○ Dr. Pierce: The goal was to get as many clinics as we could. We not only cast a wide net for facilities we also sent them directly to providers as well.
	  ▪ Roza Tammer: And businesses as addition to facilities.	

Item	Discussion	Action Item
	▪ Alexia Zhang: We downloaded the Oregon business registry and we filtered out facilities that did not give injections. We tried to come up with a list of provider types that may do injections. We also got the providers list from the Naturopath, Pharmacy and Medical boards. • Question from Monika Samper: Did the survey distribution list include Certified Nursing Assistants (CNAs)? o Roza Tammer: I think we will pick a smaller group in the future. • Question from Dr. Buser: Any thought to work with the nursing board specifically? o Roza Tammer: We have plans to reach out directly regarding safe injection practices to two boards. • Comment from Debbie Hurst: As a consultant I've been in more than one practice and by the end of the day the person is not an RN they are an assistant. Maybe clarify when you're doing your survey that it should be an RN. o Dr. Pierce: There are a lot of different models being used. A lot of clinics are using this new approach where the physicians are giving the injections because no nurses are on site.	
TAP Assessment Progress Dat Tran, Oregon Health Authority	• Facility recruitment o CDI ▪ All facilities with CAD > 0 o CLABSI	No action items

Item	Discussion	Action Item
	▪ All NICUs (VON) • TAP Assessment participation ○ CLABSI ▪ 5 total facilities - 1 facility with 10-19 surveys - 4 facilities with <10 surveys ○ CDI ▪ 16 total facilities - 6 facilities with >30 surveys - 3 facilities with 20-29 surveys - 2 facilities with 10-19 surveys - 5 facilities with <10 surveys • CDI: Mean score by assessment domains ○ Facilities with ≥20 completed surveys (n=9) ○ Facilities with ≥ 30 completed surveys (n = 6) • Methods for identification of leading and lagging areas: ○ Leading % ▪ % Yes: >75% ▪ Sum of Often + Always: >75% ○ Lagging % ▪ % Unknown: >75% ▪ Sum of No + Unknown: >75% ▪ Sum of Never + Rarely + Sometimes + Unknown: >50% • Areas and Opportunities for Improvement: ○ General Infrastructure, Capacity, and Processes	

Item	Discussion	Action Item
	▪ Does your facility have a physician champion for CDI prevention activities? ○ Early Detection and Isolation, Appropriate Testing ▪ Is CDI status (for example, suspected, confirmed, and recent history) communicated from other facilities upon transfer to your facility? ○ Contact Precautions/Hand Hygiene ▪ Is there a system in place to ensure that patients perform hand washing after using the bathroom and before eating? ▪ Do families/visitors adhere to use of gown/gloves for patients on contact precautions? ▪ Do families/visitors adhere to hand hygiene policies? • Next steps ○ Complete and distribute TAP Assessment Feedback Reports for each participating facility ○ Complete analysis of aggregated TAP Assessment data ○ Refine TAP Assessment process • Question from Julie Koch: What roles were surveyed? I'm not sure all roles will be able to answer those questions. I wonder what value would be of having environmental services comment on stewardship. ○ Dr. Tran: The CDC wants it to be a team effort. All should know about CDI prevention.	

Item	Discussion	Action Item
	○ Dr. Pierce: The CDC did add some language in the instructions. The intention was to answer what you know and no need to chase down the correct answers. • Question form Dr. Furuno: Is that 30-respondent threshold dependent on facility size? ○ Dr. Tran: No, it was just random. It was just a starting point. • Comment from Dr. Buser: For the NICU survey collection, people in room can maybe help. ○ Dr. Guzman-Cottrill: Is the deadline still open? ○ Dr. Tran: The deadline is closed but may collect additional stewardship and lab surveys. ○ Dr. Guzman-Cottrill: We can help with NICU data.	
Discussion: Themes and Topics for Future 2018 Meetings All members	• EIA testing for *C. difficile* • Travel screening in facilities	No action items
Public Comment	No public comment	No action items
Adjourn		

Next meeting will be September 26, 2018 1:00 pm - 3:00 pm, at Portland State Office Building, Room 1B

Submitted by: Tara Buehring
Reviewed by: Roza Tammer

Rebecca Pierce

EXHIBIT SUMMARY

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