Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

March 28, 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:

- 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)
- Kelli Coelho, RN, CASC, MBA, Executive Director, RiverBend Ambulatory Surgery Center (phone)
- Wendy L. Edwards, RN, BSN, Patient Safety Surveyor, Health Facility Licensing and Certification, Oregon Health Authority
- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University
- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc (phone)
- Laurie Polneau, RN, MHA, CPHRM, Director, Quality/Risk Management/Infection Control, Vibra Specialty Hospital Portland

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

NOMINATED MEMBERS EXCUSED:

- Paul Cieslak, MD, Medical Director, Acute and Communicable Disease Prevention, Oregon Health Authority
- Jordan Ferris, BSN, RN, CMSRN, Nursing Practice, Consultant, Oregon Nurses Association
- Rebecca Pawlak, MPH, Director of Public Policy, Oregon Association of Hospital and Health Systems
- Pat Preston, MS, Executive Director, Center for Geriatric Infection Control
- Kristen Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante
- Mary Shanks, RN, MSN, CIC, Infection Preventionist, Kaiser Westside Medical Center

OTHER PARTICIPANTS PRESENT:

- Mesa Greenfield, BSN, RN, CWOCN, Infection Prevention/Employee Health Nurse, Lake District Hospital
- Kim He
- Julie Koch, RN, MSN, BSN, Manager Infection Prevention, Salem Health Hospitals and Clinics
- Andrea Kraus
- Kate Medred, MA, Logistics Coordinator, Infection Prevention, Oregon Patient Safety Commission
- Chad Nix, M.Sc, Program Specialist, Oregon Health Science University
- Mary Post, RN, MS, CNS, CIC, Director, Infection Prevention, Oregon Patient Safety Commission/Oregon Health Authority

- Kristine Rabii, M.Sc, Infection Preventionist, Tuality Healthcare
- Rebecca Rottman, MPA, Lead Logistics Coordinator, Infection Prevention, Oregon Patient Safety Commission

OHA STAFF PRESENT:

- Zintars Beldavs, MS, ACDP Section Manager
- Tara Buehring, MPH, HAI Office Specialist
- Alyssa McClean, AWARE Program Coordinator
- Rebecca Pierce, PhD, HAI & EIP Program Manager
- Monika Samper, RN, HAI Reporting Coordinator
- Diane Roy, HAI Data and Logistics Coordinator
- Roza Tammer, MPH, CIC, HAI Reporting Epidemiologist
- Lisa Takeuchi, MPH, Emerging Disease 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 December 2017 minutes
- Outbreaks update 2017
- Influenza update
- Hospital Prevalence Study
- 2016 data and exemptions
- Discussion: themes and topics for future 2018 meetings
- Public comment
- Adjourn

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

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

Introductions and Membership Updates
Tara Buehring, Oregon Health Authority
	• HAIAC nominations
	  ○ Nomination emails were sent out on February 1st, 2018. These emails requested members to reply with an updated CV/resume and a short description of qualifications
	  ○ Most members have replied with the necessary materials, and those who haven't have until April 9 to submit documents to Tara Buehring
	  ○ Vacant positions to be filled: RN with infection control experience, a consumer representative, health care purchasing representative, and a health insurer representative
	• ADA guidelines
	  ○ We can now provide alternative formats of meeting materials (including braille, large print, etc.), and interpreter services upon request
	  ○ Requests must be made at least 7 days prior to the event
		Any person interested in being on the HAIAC will submit materials to Tara Buehring

Item	Discussion	Action Item
	○ For future presenters at HAIAC meetings: the presenter will receive a template for slides and materials that are ADA guideline-compliant ○ Primary contact for ADA related items is Diane Roy	
Approve December 2017 Minutes All Committee Members (Pages 1-11 of meeting materials)	December 2017 meeting minutes were approved.	No action items
Outbreaks update 2017 Dat Tran, Oregon Health Authority	• 227 outbreaks were reported from 12/01/2017-03/22/2018: ○ 55 *norovirus*, 4 *sapovirus*, 1 *astrovirus*, 1 *Campylobacter*, 5 *Salmonella*, 1 *Escherichia coli*, 12 gastroenteritis with etiology unknown ○ 112 influenza, 6 respiratory syncytial virus (RSV), 3 pertussis, 1 adenovirus, 1 coronavirus, 2 Group A *Streptococcus*, and 15 respiratory with etiology unknown ○ 5 other • Of the 227 outbreaks, 185 (81%) occurred in a healthcare facility ○ Outbreaks occurred most often in assisted living facilities (96%)	No action items

Item	Discussion	Action Item
	○ Most common etiology in healthcare facilities was influenza • 1 outbreak of interest was multidrug-resistant (MDR) *Acinetobacter baumannii*: ○ ALRN surveillance of carbapenem- resistant *A. baumannii* (CRAB) ○ 5 MDR *A. baumannii* isolates (wound cultures) ○ Admitted to same floor/wing of hospital ○ Environmental testing was completed and we are waiting to see whether these are the same isolates.	
Influenza update Nicole West, OHA	• There are plenty of opportunities to receive lab specimens at the state lab throughout the flu season: outbreaks, hospitalizations, and sentinel surveillance • We also have 9 hospital labs reporting data on flu and other respiratory viruses to The National Respiratory and Enteric Virus Surveillance System (NREVSS) • Lab surveillance through NREVSS can tell us a lot about flu activity: ○ The percent of positive influenza tests ○ What are the predominate types and subtypes? • Lab testing through OSPHL also helps us understand the circulating strains: ○ Is antiviral resistance among viruses and emerging problem? Among which viruses? ○ Are the circulating strains well-matched to the current season's vaccine?	No action items

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	• In Oregon, we monitor influenza associated hospitalized cases in the Portland tri-county area, which covers 44% of the state population (1.76 million/4 million) • In Clackamas, Multnomah, and Washington counties, 34 influenza-associated hospitalizations were reported during week 11 of 2018, for a total of 1,460 cases reported during this season; 993 (68.0%) cases were influenza A, 466 (31.9%) were influenza B, 1 was co-infected with influenza A and B • Of 258 subtyped influenza A cases, 123 (47.7%) were A/2009 H1N1 and 135 (52.3%) were A/H3N2. Of 72 subtyped influenza B cases, 71 (98.6%) were B/Yamagata and 1 (1.4%) was B/Victoria • Influenza vaccine composition in the United States, 2017-2018 ○ Trivalent vaccines -A/Michigan/45/2015 (H1N1) pdm09–like virus -A/Hong Kong/4801/2014 (H3N2)–like virus -B/Brisbane/60/2008–like virus (Victoria lineage) ○ Quadrivalent vaccines -B/Phuket/3073/2013–like virus (Yamagata lineage) • ILINet is our outpatient ILI surveillance system • ILI = Fever (≥100° F [37.8° C]) AND cough or sore throat (in the absence of a KNOWN cause other than influenza) • Measure proportion of patient visits for ILI at ~16 sentinel providers and the ESSENCE reporters	

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	• OCHIN clinic data will be included next year, adding 100 clinics to our outpatient ILI surveillance system
	• Oregon's outpatient influenza-like illness (ILI) network comprises 84 reporting facilities across Oregon. Facilities include 20 outpatient providers, 54 emergency departments and 10 urgent care clinics reporting to ESSENCE. Data are reported to CDC weekly.
	• Influenza-associated pediatric deaths
	  ○ Reportable nation-wide
	  ○ High attack rates of influenza among pediatric population
	  ○ 3 flu-related pediatric deaths in Oregon so far, this influenza season, average 0–1 per year since pandemic
	• ILI outbreaks in Oregon (n=105)
	  ○ 105 ILI outbreaks this season, 84% in assisted living facilities and 10% in schools
	  ○ This is looking pretty similar to the number of ILI outbreaks we had last season. But previously the most outbreaks reported in a season was 81 (2014-2015)
	  ○ Vulnerable populations, high risk groups like those in assisted living facilities = potentially high morbidity and mortality during influenza outbreaks
	• RSV outbreak at Providence's Center for Medically Fragile Children
	  ○ 7 RSV+/40 residents (AR=18%)
	  -4 females, 3 males	

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	-Ages ranged 5–24 years (median 15) -Onsets ranged 12/6/17 and 1/14/18 ○ 0/89 staff ill ○ Symptoms: runny nose, fever, cough ○ One case hospitalized ○ Children go to school and facility encourages family-centered care • Summary of infection prevention practices as reported by facilities in September 2017: ○ "Mandatory" (Adventist, Kaiser, and Legacy) used for systems that link vaccination/declination record to payroll or HR ○ No formal enforcement of visitor restrictions; many rely on signage; often falls to volunteer greeters and/or nursing staff • Influenza resources: ○ Flu.Oregon@state.or.us ○ CDC Flu View Report: http://www.cdc.gov/flu/weekly/ ○ Flu Bites Report: http://bit.ly/flubites	
Hospital Prevalence Study (HAIPS) Alexia Zhang, OHA	• Emerging Infections Program (EIP) ○ 10 sites across the U.S. ○ Emerging pathogen disease surveillance • Multi-phase HAI and antimicrobial use prevalence survey began in 2008 (pilot, one site) • First full scale survey in 2011 (183 acute care hospitals in 10 sites)	No action items

Item	Discussion	Action Item

	• Second full scale survey in 2015 (250 acute care hospitals in 10 sites)
	• Objectives of HAIPS
	  ○ Estimate HAI prevalence in U.S acute care hospitals
	  ○ Determine distribution of HAI by pathogen and major infection site
	  ○ Estimate prevalence and describe rationale for antimicrobial use
	  ○ Assess changes in HAI and antimicrobial use epidemiology
	• HAIPS protocol
	  ○ 10 county catchment area surrounding Portland, Salem, and Eugene metro areas
	  ○ Each hospital selected random sample of inpatient occupying beds on the survey date
	  ○ Additional medical record reviews done for patients on antimicrobials or scheduled to received antimicrobials on the survey day or the day before
	  -Antimicrobial use
	  -Antimicrobial quality assessment:
	  ▪ General patient assessment
	  ▪ Patient clinical characteristics
	  ▪ Vancomycin
	  ▪ Fluoroquinolones
	  ▪ Community-acquired pneumonia
	  ▪ Urinary tract infections
	  -Healthcare-associated infections	

Item	Discussion	Action Item
	▪ 2011 and 2015 definitions • HAIPS next steps ○ Deeper dive into data ○ Plan for next survey -2019 vs 2020 ○ Which HAI definition to use -Current definition has changed since 2015 survey -Use 2011 definitions so we can compare -Collect both “current” and 2011 definitions ○ Addition of LTACH	
2016 data and exemptions Rebecca Pierce, OHA	• Proposed elimination of exemption policy. ○ Oregon hospitals are required to report six surgical site infection (SSI) types, central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and Lab ID events (MRSA and CDI). ○ Currently the HAI program offers two exemptions from reporting either central line associated bloodstream infections or surgical site infections if the following criteria are met: ▪ For SSIs: an exemption could be given if a facility performs fewer than 20 procedures of a given type annually ▪ For CLABSIs: an exemption could be given if a facility observed fewer than 50 CLABSIs in a previous year • Reasoning for elimination:	Vote passes, and exemptions will be revised for 2019 data

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	○ Protect patient safety and prevent healthcare-associated infections ▪ A small denominator, can impact the degree to which our HAI metrics are interpreted, we recognize that one healthcare-associated infection can be life changing for a patient or their loved ones ▪ This furthers the collaboration between our facilities and the HAI program to improve our ability to track trends and then to identify targets for HAI prevention and quality improvement initiatives at the state or regional level ○ Improve our data generalizability ▪ Because of the current exemption criteria, our HAI data may be a bit more reflective of the experience of our large healthcare facilities here in Oregon and not inclusive of our smaller facilities ○ Continue meeting our legislative mandate • Change will go into effect for 2019 data • Facilities that have not claimed an exemption will see no change to their reporting • Facilities who take part in voluntary reporting will see no change • Facilities that never perform certain surgical procedures or do not have applicable location types will still not be required to report data	

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	• Facilities that don't have a NICU do not need to report NICU data
	• Facilities that have never performed surveillance for these types of measures will potentially need to build some capacity to do so
	• We're going to offer two webinars, one for CLABSI and one for SSI, and then we are always available for one-on-one technical support as needed
	• We do have a preliminary censorship policy that says we will not present any data for any facility with insufficient data to generate stable measures, so if there's lots of variability in the measures and we also will not report facility
	• For CLABSI in the ICU:
	  ○ 4 of our 35 acute care hospitals claimed an exemption
	  ○ 14 of our 25 critical access hospitals
	• CLABSI in general wards
	  ○ 7 out of 25 critical access hospitals claimed an exemption
	  ○ 3 out of 35 acute care hospitals claimed an exemption
	• 53 percent of members vote to pass the proposal	

Discussion: Themes and Topics for Future 2018 Meetings All members	• Annual reports, and what to include in future annual reporting • Practices in stewardship • MDRO Toolkit • Update on infection control assessment and response (ICAR) visits • New CMS requirements	No action items

Item	Discussion	Action Item
Public Comment	No public comment	No action items
Adjourn		

Next meeting will be June 27, 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