
Reported Outbreaks, Oregon

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HAI Epidemiologist
Oregon Health Authority



Outbreaks reported since 6/1/2018

Etiology	Count	Setting
Gastroenteritis		
Norovirus	23	LTCF (16) , Camp (3), School (1), Camp (1), Restaurant (1) Other (1)
Vibrio	3	Restaurant (3)
<i>Salmonella</i>	5	Private Home (4), Restaurant (1)
Sapovirus	1	Restaurant (1)
<i>E. Coli</i> (STEC)	3	Restaurant (1), Other (2)
Hepatitis A	1	Other (1)
<i>Shigella</i>	2	Other (2)
Unknown	7	LTCF (3) , DCC (2), Restaurant (1), School (1)
Respiratory		
Human metapneumovirus	1	LTCF (1)
Pertussis	2	School (2)
Measles	2	DCC (1), Other (1)
Unknown	4	LTCF (2) , School (2)
Rash	2	School (1), Other (1)
Other	1	ASC (1)
Strep pyogenes	1	LTCF (1)
Pseudomonas	1	Hospital (1)
Enterobacter cloacae	1	Hospital (1)
<i>E. Coli</i> (ESBL)	1	LTCF (1)
Total	61	

Healthcare Associated Outbreaks: 6/1/2018-9/17/2018

- Outbreaks in healthcare settings accounted for 44.2% (n=27) of all outbreaks from June to September
- Majority of healthcare associated outbreaks occurred in long term care facilities (n=24, 92.3%)
- Most common etiology was norovirus (n=16, 62.5%)

Salmonella Dublin outbreak

- Received report of *Salmonella* in 2 unrelated patients who had attended 7/15/18 birthday party
- Hosts were Ethiopian, served kitfo (traditional, raw beef dish)
 - 60 lbs. beef purchased 7/12/18 from WA wholesaler
- Appx. 40 people attended party and many GI illnesses reported
- ACDP-Washington County joint investigation
 - Questionnaire developed
 - Visit to party hosts' home
 - FSIS visit to wholesaler
 - Case finding with ESSENCE



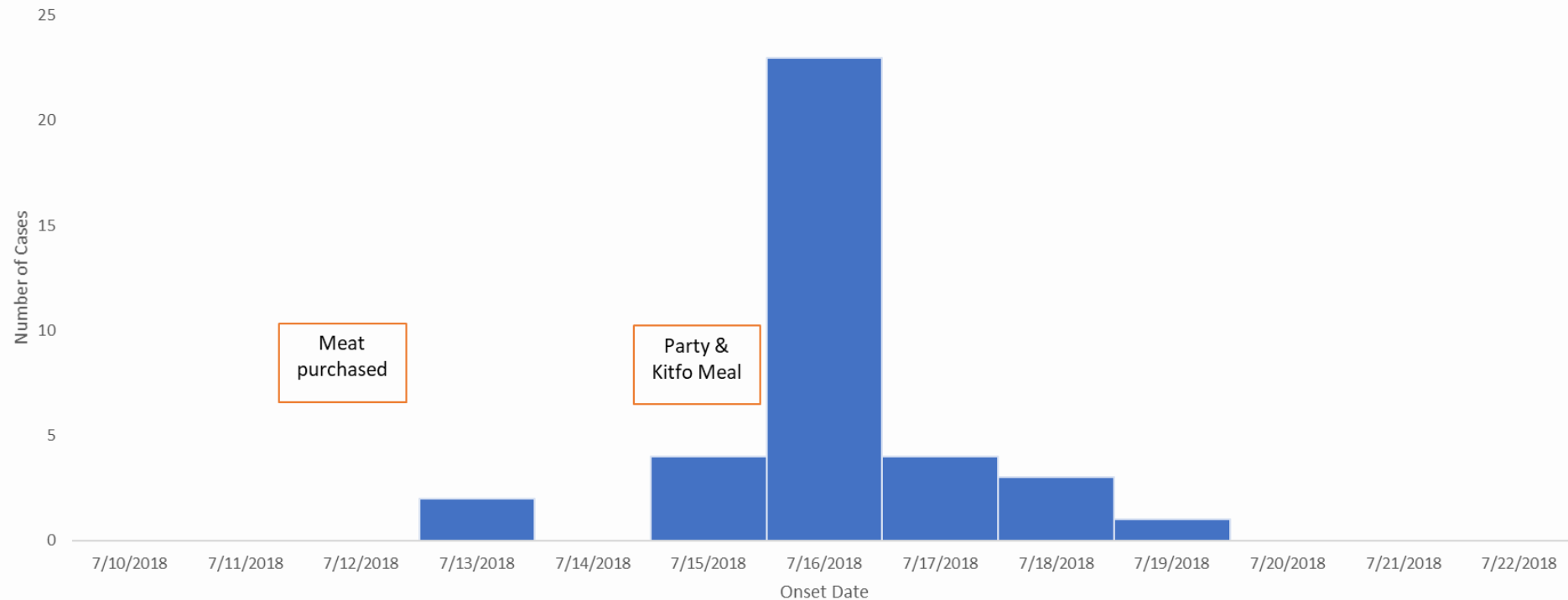
Outbreak Investigation Results

- 38 of 42 (90%) interviewed party attendees reported illness
 - 13 confirmed *Salmonella* Dublin cases (PFGE matched)
 - 25 presumptive cases
- 2 individuals who did not eat anything did not become ill

Sign or Symptom	Cases (n)	% (out of total ill*)
Any illness	38	90.5 (out of 42)
Diarrhea	38	100
Diarrhea \geq 3 times in 24 hours	32	84.2
Bloody Diarrhea	4	10.5
Nausea	26	68.4
Vomiting	27	71.1
Cramps	31	81.5
Fever	32	84.2
Headache	30	78.9
Chills	28	73.7
Fatigue	29	76.3
Muscle Ache	19	50.0

Outbreak Epi Curve






Salmonellosis Associated with Birthday Party, Oregon, July 2018



ESSENCE Queries








Query 1: Key Terms

Selected Query Fields >>

Geography System Region	
Medical Grouping System ESSENCE Syndromes	
Triage Note System TriageNotes	
Triage Note ^birthday^,or,^ethiop^,or,^raw beef^,or,^amhar^,or,^am har^ Also Apply To: CC and DD	 

Query 2: Salmonella & Race

Selected Query Fields >>

Geography System Region	
Medical Grouping System ESSENCE Syndromes	
Triage Note System TriageNotes	
Triage Note ^salmonell^ Also Apply To: CC and DD	 
Race Black or African American, Other	 

ESSENCE Results

- After review, 10 entries plausibly linked to outbreak
 - Contacted hospital IPs to identify these individuals
- Delays during project proposal process and coordinating case linking with IPs
- 10 ESSENCE entries linked to 8 individuals
 - 7 previously identified as case contacts: clarified patient identifying information
 - 1 newly identified case: reached by county for interview

Outbreak Investigation Results

- Beef consumption was significantly associated with illness
 - raw kitfo (Odds Ratio (OR): 9.86, $p=0.036$)
 - ‘cooked’ kitfo (OR: 10.56, $p=0.030$)
 - roast beef (OR: 16.43, $p=0.0088$)
 - fish (OR: 13.13., $p=0.0172$)
- 4 of 5 leftover meat samples collected from hosts matched clinical isolates
 - 5th meat sample positive for a different PFGE pattern
- Food safety concerns identified: beef not immediately refrigerated after purchase, held at room temp for many hours during the party
- No concerns identified during site visit of meat wholesaler

Conclusion

- Beef was likely contaminated and food handling practices likely exacerbated bacterial burden
 - evidence of cross-contamination during preparation
 - *Salmonella* Dublin is commonly found in cows
- ESSENCE was useful in clarifying case identifiers and contact information, especially in a logistically challenging outbreak investigation
- Delays in process meant utility of new case identification was diminished
 - Now more familiar with the process, could be streamlined next time

Use of Infection Data

Julie Koch, RN, MSN, CIC
Infection Prevention Manager

Salem Health[®]
Hospitals & Clinics

Objectives

- Review uses of NHSN data
- Share Lean visual management
- Discuss lessons learned

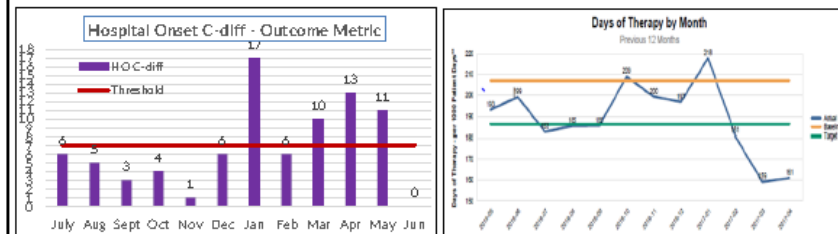
FY'19 Strategy Deployment Timeline



Quality & Safety Baby A3 – C. diff.

Background & Problem Definition

Salem Health implemented strategies to reduce hospital-onset Clostridium difficile (C. diff.) infections in FY17. Tactics included implementation of an Antimicrobial Stewardship Program (ASP) and infection prevention strategies. The ASP continues to implement additional strategies to encourage appropriate antibiotic use in the hospital and further reduce the rate of hospital-onset C. diff.



Reflection on Last Year's Activities

Activity	Rating	Key Results/Issues
Decrease days of therapy (DOT) for vancomycin, Zosyn, meropenem, levofloxacin, and Ciprofloxacin by 10%.	Green	Due to program implementation and high antibiotic use during influenza season, reduction in DOT were not achieved until February resulting in annualized decrease of ____%.
Decrease hospital-onset C. diff. by 10%	Red	Severe influenza season, associated infectious complications, and high census resulted in high antibiotic use during December and January. Hospital onset C. diff decreased by ____%.

Analysis/Justification to This Year's Activities

If we continue to develop Antibiotic Stewardship Program, we will decrease the DOT of meropenem, ertapenem, Zosyn, levofloxacin, ceftriaxone, and cefepime by 10% and decrease hospital-onset C. diff. infections by 10%.

If we increase probiotic use for patients on antibiotics, reduce routine use of PPIs, partner with post-acute care to implement infection prevention practices, focus on improving HH and appropriate PPE, we will decrease C-diff infections by 10%.

This Year's Action Plan

Goals (Outcome)	Tactics (Process)	Schedule											
		J	A	S	O	N	D	J	F	M	A	M	J
Goal: Decrease days of therapy (DOT) for meropenem, ertapenem, Zosyn, levofloxacin, ceftriaxone, and cefepime by 10% Baseline: 314.2 DOT Target: 282.7 DOT	1. Continue to develop ASP initiatives a. Antimicrobial patient chart documentation Q1 25%; Q2 35%; Q3 45%; Q4 50% Indication for use Duration of therapy Deescalation assessment 48-72Hrs b. IV to PO conversion (45% IV)												
Goal: Community Partnerships to reduce fluoroquinolone use by 10% **Baseline: TBD **Target: TBD	1. Explore opportunities for community partnership regarding fluoroquinolone usage with 2 clinic partners. Provide targeted education.												
Goal: Decrease C-diff infections by 10% *Baseline: SIR = 0.983 (81) *Target: SIR = 0.89 (73)	1. Increase probiotic use by 15% for those patients with active Cdiff infection or hx 2. Decrease PPI use for those receiving antibiotics by 25% 3. Partner with post-acute care to improve basic infection prevention practices (hand hygiene, PPE) 4. Implement HH strategies for 95% HH 5. Implement EVS sporidical protocol												
Goal: Provide data to NHSN to benchmark SH with peer facilities. Baseline: 0% data transmitted Target: 100% data transmitted	1. Implement Epic/ICD-N-IP & Antimicrobial Stewardship. 2. Begin NHSN reporting into Antimicrobial Use and Resistance module												

Comments

C-diff interventions Departments impacted: *All inpatient care units, Pharmacy, Nutrition, BI, Medical Staff, Infection Prevention*
Antibiogram to be re-issued in July- distribute to providers.
Restricted formulary process - continue to check and adjust.
*Data based on April 2016 - March 2017 H0-CDI. Baseline & Target numbers will be adjusted for C-diff at the end of the fiscal year
**To be chosen by the work group based on which 2 clinics for test of change re: dpra use for UTI

Payer Scorecard

Threshold	Target	Stretch
SIR 0.936 78 (5%)	SIR 0.883 74 (10%)	SIR 0.84 70 (15%)
298.5 (5%)	282.7 (10%)	267 (15%)
SIR 1.64 =6 infs (-25%)	SIR 1.37 =5 infs (-40%)	SIR 1.10 = 4 infs (-50%)
SIR 1.39 = 9 infs (-30%)	SIR 1.23 = 8 infs (-40%)	SIR 1.078 = 7 infs (-50%)

C diff

DOT

SSI

Leadership Incentives

Salem Hospital - FY19 LIP Metrics

Category	Metric & % Value	Weighting
Quality	<ul style="list-style-type: none">• Mobility (5%)• Infection Metrics (3 metrics--5% each)	20%

A3, LIP & Payer Scorecard Metrics:Please
update
each time

Reported as SIR

Data is for these periods → → →	Baseline SIR	Jul-18	Aug-18	Sep-18	Q1 (Jul-Sep)	Oct-18	Nov-18	Dec-18	Q2 (Oct-Dec)	Jan-19	Feb-19	Mar-19	Q3 (Jan-Mar)	Apr-19	May-19	Jun-19	Q4 (Apr-Jun)	YTD
CAUTI/CLABSI Combo																		
SSI Combo*																		
C.diff/MRSA bactereimia Combo																		

*Includes: Hip, Knee, CABG, Abd Hyst, Colo, & Lam - there is a 30-90 day window for identification of infections. Data will be updated back to beginning of the FY as needed.

Org Dashboard Metrics:

Reported as number of infections	Jul-18	Aug-18	Sep-18	Q1 (Jul-Sep)	Oct-18	Nov-18	Dec-18	Q2 (Oct-Dec)	Jan-19	Feb-19	Mar-19	Q3 (Jan-Mar)	Apr-19	May-19	Jun-19	Q4 (Apr-Jun)	YTD
CAUTI				0				0				0				0	0
CLABSI				0				0				0				0	0
C diff - Hospital Onset				0				0				0				0	0
MRSA Bacteremia - Hospital Onset				0				0				0				0	0
Total HAI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Hip Replacement				0				0				0				0	0
Knee Replacement				0				0				0				0	0
Coronary Artery Bypass Graft				0				0				0				0	0
Abdominal Hysterectomy				0				0				0				0	0
Colon Surgery				0				0				0				0	0
Laminectomy				0				0				0				0	0
Total SSI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Reported as SIR	Jul-18	Aug-18	Sep-18	Q1 (Jul-Sep)	Oct-18	Nov-18	Dec-18	Q2 (Oct-Dec)	Jan-19	Feb-19	Mar-19	Q3 (Jan-Mar)	Apr-19	May-19	Jun-19	Q4 (Apr-Jun)	YTD
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Colon Surgery																	
Laminectomy																	

Triggers & Targets

		2017M07 thru 2018M06																							
		CLABSI						CAUTI's						CDI						MDRO					
		Inf's	Pred	SIR	SUR	Target	Trigger	Inf's	Pred	SIR	SUR	Target	Trigger	Inf's	PtDys	Rate	Target	Trigger	Inf's	PtDys	Rate	Target	Trigger		
Unit A	3WEST	0	0.273	.	0.382	0	1	0	0.63	.	0.79	0	1	0	5701	0.00	0	1	0	5701	0.00	0	1		
Unit B	5S_Med +4S_Med +6N_Med	0	0.843	.	0.535	0	1	1	1.46	0.69	0.91	1	1	10	12580	7.95	9	5	1	12580	0.79	1	1		
Unit C	6N_Surg +5S_Surg	2	1.132	1.767	0.728	1	1	5	2.00	2.50	0.90	2	1	10	12411	8.06	9	5	2	12411	1.61	1	1		
Unit D	D5	0	0.824	.	0.492	0	1	2	2.14	0.94	1.03	2	1	11	13377	8.22	10	6	0	13377	0.00	0	1		
Unit E	5NW	6	1.923	3.12	0.377	2	1	6	2.40	2.50	1.50	2	1	18	10586	17.00	16	9	0	10586	0.00	0	1		

Lessons Learned

- Data definitions are important, and should accompany all metrics
- Use appropriate calculations; when in doubt, ask for help
- Keep leadership informed
 - Survey changes
 - Re-baselines
 - NHSN adjustments
- Validate, validate, validate data



NHSN Analysis & Facility Benchmarking

DATE: September 26, 2018 PRESENTED BY: Molly Hale, MPH, CIC, FAPIC, Director, Infection Prevention & Control



OHSU CLINICAL ENTERPRISE STRATEGIC PLAN

PROVIDE THE LEADING STANDARD OF PATIENT-CENTERED CARE TO ALL THOSE WE SERVE

GOALS

STRATEGIES

METRICS

PEOPLE	ACCESS	VALUE ²	ACADEMICS
Attract and retain the most diverse ¹ talent through an engaging and supportive culture	Lead with yes to provide patients with the: <ul style="list-style-type: none">• Right care• Right time• Right place• Right team	Grow a network that excels in quality, equity, safety and service that is nationally recognized, locally relevant and affordable	Research and education will inform the delivery of clinical care; clinical care will help drive discovery and new learning
<ol style="list-style-type: none">1. Engagement and retention of faculty and staff will be in the top quartile compared to national benchmarks2. Achieve recruitment reflective of diverse talent pools, provide equitable advancement opportunities, and improve retention across all positions	<ol style="list-style-type: none">3. Accept all medically appropriate transfers4. Primary care '3rd available' appointment = same day/next day5. Specialty care '3rd available' appointment = within 14 days	<div>6. Mortality, readmissions, Hospital Acquired Infection rate, and patient satisfaction = top 10 in Vizient AMC rankings</div> <ol style="list-style-type: none">7. Total cost of care below the regional median8. Remain financially strong to continue our missions	<ol style="list-style-type: none">9. Effectively and efficiently utilize the healthcare system to provide OHSU learners with nationally recognized education programs10. Increase the number of research studies using OHSU health system data, and increase the participation of patients in OHSU-based research studies

THIS PLAN IS BUILT ON THE OHSU VISION 2020 STRATEGIC PLAN

VISION: Partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of Oregonians and beyond

MISSION: Excellence in education, research/scholarship, clinical practice and community service

VALUES: Transparency, Diversity, Quality, Service Excellence

¹ OHSU defines diversity as including age, color, culture, disability, ethnicity, gender identity or expression, marital status, national origin, race, religion, sex, sexual orientation, socioeconomic status and veteran status.

² (Quality + Service) / Cost

HAIs Included in the Strategic Plan

- CLABSI & CAUTI: CMS-reported units (adult, non-specialty)
- HO-CDI: all inpatient units except NICU
- SSI: COLO and HYST

Goal: Top 10 of Vizient Facilities

Our purpose

Ensure our members deliver exceptional, cost-effective care.

Our mission

Connect members with the knowledge, solutions and expertise that accelerate performance.

Our strategic aspirations

Become an indispensable partner for members, to become a leader in innovation, and to accelerate growth.

Domain	Content/Area of Focus																											
Mortality 26.25%	<div>Top performers</div> <table><tr><th>Institution</th><th>Percentage</th></tr><tr><td>MAYOCLINIC_MN</td><td>80.88%</td></tr><tr><td>NYU</td><td>75.00%</td></tr><tr><td>FH_FROEDTERT</td><td>71.39%</td></tr><tr><td>RUSH</td><td>70.71%</td></tr><tr><td>PENNSTATE</td><td>69.86%</td></tr><tr><td>UTAH</td><td>69.65%</td></tr><tr><td>UCHEALTH_COLORADO</td><td>68.94%</td></tr><tr><td>LEHIGH</td><td>66.78%</td></tr><tr><td>UTMB-HEALTH</td><td>66.45%</td></tr><tr><td>KANSAS</td><td>66.44%</td></tr><tr><td>NEBRASKA</td><td>66.13%</td></tr><tr><td>OREGON</td><td>65.76%</td></tr></table>	Institution	Percentage	MAYOCLINIC_MN	80.88%	NYU	75.00%	FH_FROEDTERT	71.39%	RUSH	70.71%	PENNSTATE	69.86%	UTAH	69.65%	UCHEALTH_COLORADO	68.94%	LEHIGH	66.78%	UTMB-HEALTH	66.45%	KANSAS	66.44%	NEBRASKA	66.13%	OREGON	65.76%	OR)
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KANSAS	66.44%																											
NEBRASKA	66.13%																											
OREGON	65.76%																											
Effectiveness 21%	ices																											
Safety 26.25%		ogenic																										
		r																										
Equity 5.25%																												
Patient Centeredness 15.75%																												
Efficiency 5.5%		only)																										

FY18 Tier 1 Performance Improvement Priorities

Adult Inpatient

- HAI: *C. difficile*, CLABSI, CAUTI, SSI
- Mortality
- Length of Stay
- Medicaid Readmissions
- Hospital Wide All-Cause 30-Day Readmissions

Doernbecher Children's Hospital

- HAI: CLABSI; SSI (NSQIP: CARD, FUSN, VSHN)
- Serious Safety Events (rate < 8/10,000 adjusted pt days)
- Inpatient Discharge Prediction (85% accurate)
- Ambulatory Access (seen within 14 days of appointment)
- Achieve Children's Surgery Center Verification and Trauma Center Verification

Ambulatory

- Access
- Patient Experience

FY18 HAI Goals

- Non-MBI CLABSI – 15% reduction from FY17 rate
- CAUTI – 10% reduction from FY17 rate
- HO-CDI – 25% reduction from FY17 rate
- COLO – SIR Vizient top 10
- HYST – SIR Vizient top 10

Cadence of Reporting

- CLABSI, CAUTI, CDI
 - Weekly: target # of cases per month
 - Monthly: target rate
- SSI
 - Quarterly: target SIR
- SIR reported quarterly on all HAIs

HO-MRSA Bacteremia LabID Event

- All inpatient units
- Poor quality of definition
- Poor use of the metric by CMS
- Contributes to significant financial penalties, multiple times

Incentive Pay & Payer Contracts

- HAI data used in past years for leadership incentives; not included in FY18 or FY19
- Small number of payers have built-in value based measures
- Some preferred contracts for specific procedures where additional data is required



Thank you



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H E A L T H

Using NHSN for Facility Benchmarking

OHA HAI Advisory Committee 9/26/18

Jana Brott MBA, MPH, CIC

Manager, Infection Prevention & Control

EMANUEL Medical Center

GOOD SAMARITAN Medical Center

MERIDIAN PARK Medical Center

MOUNT HOOD Medical Center

SALMON CREEK Medical Center

SILVERTON Medical Center

RANDALL CHILDREN'S HOSPITAL Legacy Emanuel

LEGACY MEDICAL GROUP

LEGACY HEALTH PARTNERS

LEGACY HOSPICE

LEGACY LABORATORY

LEGACY RESEARCH

Legacy Health Big Aims

- Legacy has two “Big Aims,” or goals, for quality and patient safety:
 - > *Eliminate needless deaths*
 - > *Eliminate preventable harm*
- Quality, Strategy & Leadership Committee sets specific, measurable goals to help ensure progress toward achieving our Big Aims
- Goals are evaluated in a composite called the Harm Index which currently include the following healthcare-associated infections (HAI):
 - > Catheter-Associated Urinary Tract Infection (CAUTI)
 - > Central Line-Associated Blood Stream Infection (CLABSI)
 - > Surgical Site Infection (SSI)
 - > *Clostridium difficile* Infection (CDI)

Performance Assessment Data Sources

- CDC National Healthcare Safety Network (NHSN)
 - > Standardized Infection Ratio (SIR) = Observed HAI / Predicted HAI
- Centers for Medicare & Medicaid Services (CMS)
 - > FY20 Hospital Value-Based Purchasing Safety Domain
- Department of Health & Human Services (HHS)
 - > 2020 National Acute Care Hospital HAI Targets

HAI Measure	CDC NHSN Predicted <i>Minimum SIR performance</i>	CMS VBP Threshold SIR <i>National 50th percentile (CY16)</i>	CMS VBP Benchmark SIR <i>National 90th percentile (CY16)</i>	HHS 2020 HAI Target SIR <i>Percent reduction from predicted</i>
CAUTI	1.000	0.828	0.000	—
CLABSI	1.000	0.784	0.000	—
SSI	1.000	—	—	0.700 (30%)
CDI	1.000	0.852	0.091	—



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LEGACY RESEARCH

Partners in transforming care · CARES Northwest · Legacy-GoHealth Urgent Care · Legacy-United Surgical Partners · PacificSource Health Plans · Unity Center for Behavioral Health



LEGACY
HEALTH

Biological Isolation Care Unit (BICU) Update

Susan Diskin BSN, RN, CIC
Infection Control Practitioner

Jana Brott MBA, MPH, CIC
Manager, Infection Prevention & Control

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GOOD SAMARITAN Medical Center

MERIDIAN PARK Medical Center

MOUNT HOOD Medical Center

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LEGACY MEDICAL GROUP

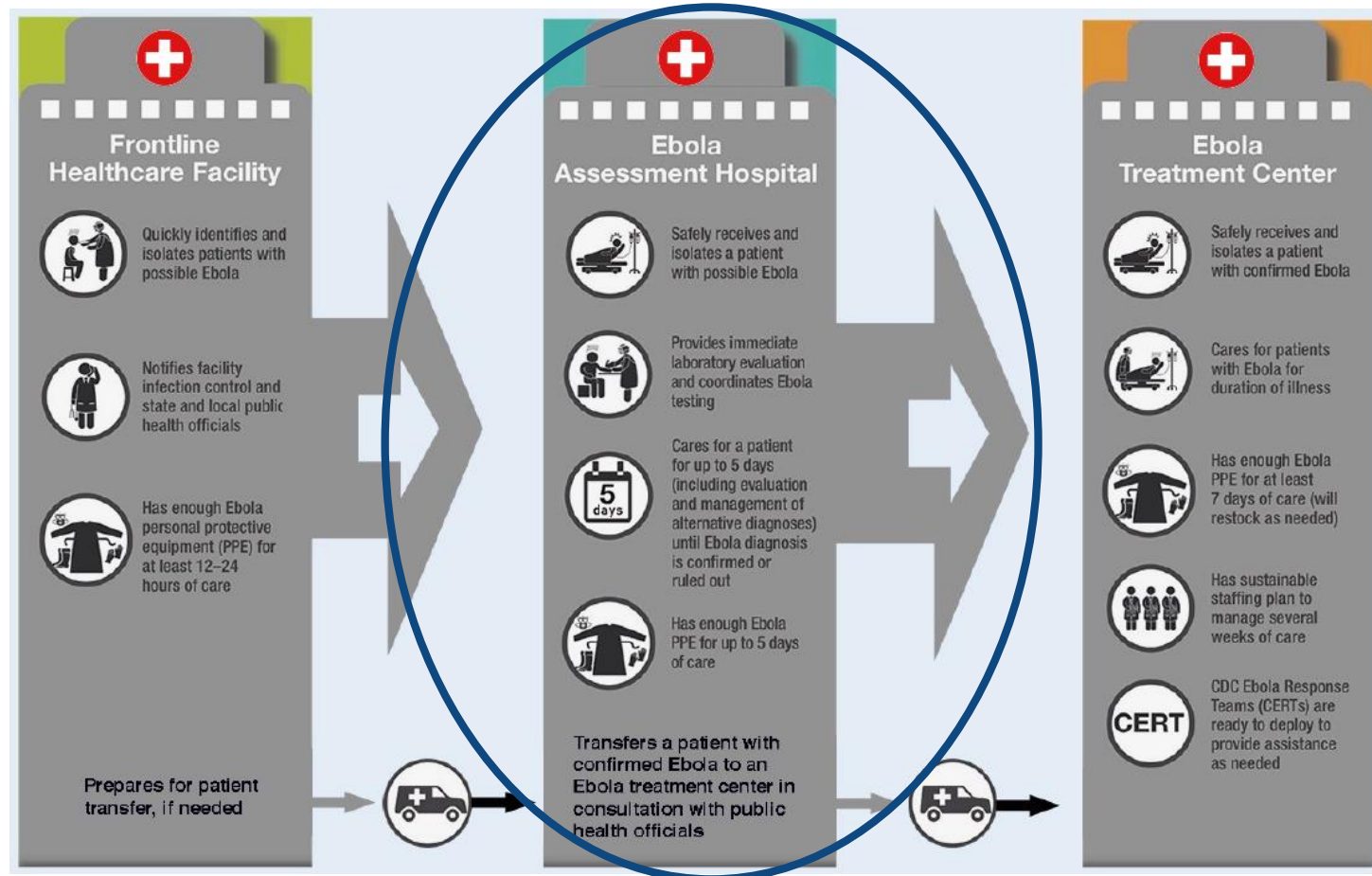
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LEGACY LABORATORY

LEGACY RESEARCH

Background: Tiered Approach to Special Pathogens



National Ebola Training & Education Center Consult



EMORY
MEDICINE

University of Nebraska
Medical Center



Nebraska
Medicine

NYC
HEALTH+
HOSPITALS

Bellevue

*Funded by DHHS Assistant Secretary for Preparedness and Response
& the Centers for Disease Control and Prevention (CDC)*

Team Commitments & Training

	Total	Adult	Peds	OB
MD	10	3	3	2
RN	17	13	4	1
RT	2	2		
Lab	2			
	32			



Portable chest x-ray practice

- Participate in bi-annual learning and skills training
 - > Didactic from Infectious Disease Physicians
 - > Simulation with Clinical Practice Support Specialists
 - > Coaching from Employee Health and Infection Prevention & Control
- Co-develop standard operating procedures
 - > Test new ideas and procedure modifications
 - > Debrief after every care simulation to share learning and facilitate improvement
 - > Leadership team accountable for follow up
- Engage in professional development and leadership opportunities

Future Plans



Internal

- Write a procedure for just in time recruitment and training
- Practice “no notice” drills and multidisciplinary handoffs, e.g. EMS to BICU
- Lead community-wide exercise for a novel respiratory infection
- Develop contingency plan for pediatric assessment and treatment

External

- Evaluate State Treatment Center capability with NETEC & OHA
- Strengthen partnerships with regional Assessment and Treatment Centers
- Continue to collaborate with experts at the forefront of preparedness





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Healthcare Worker Influenza Vaccination Survey 2016 – 2017

Presented by Monika E. Samper
Fluvax coordinator and clinical reviewer
Acute and Communicable Disease Prevention



(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)

2016 – 2017 HCW Influenza Vaccination

The 7th annual vaccination survey of HCW (since 2009)

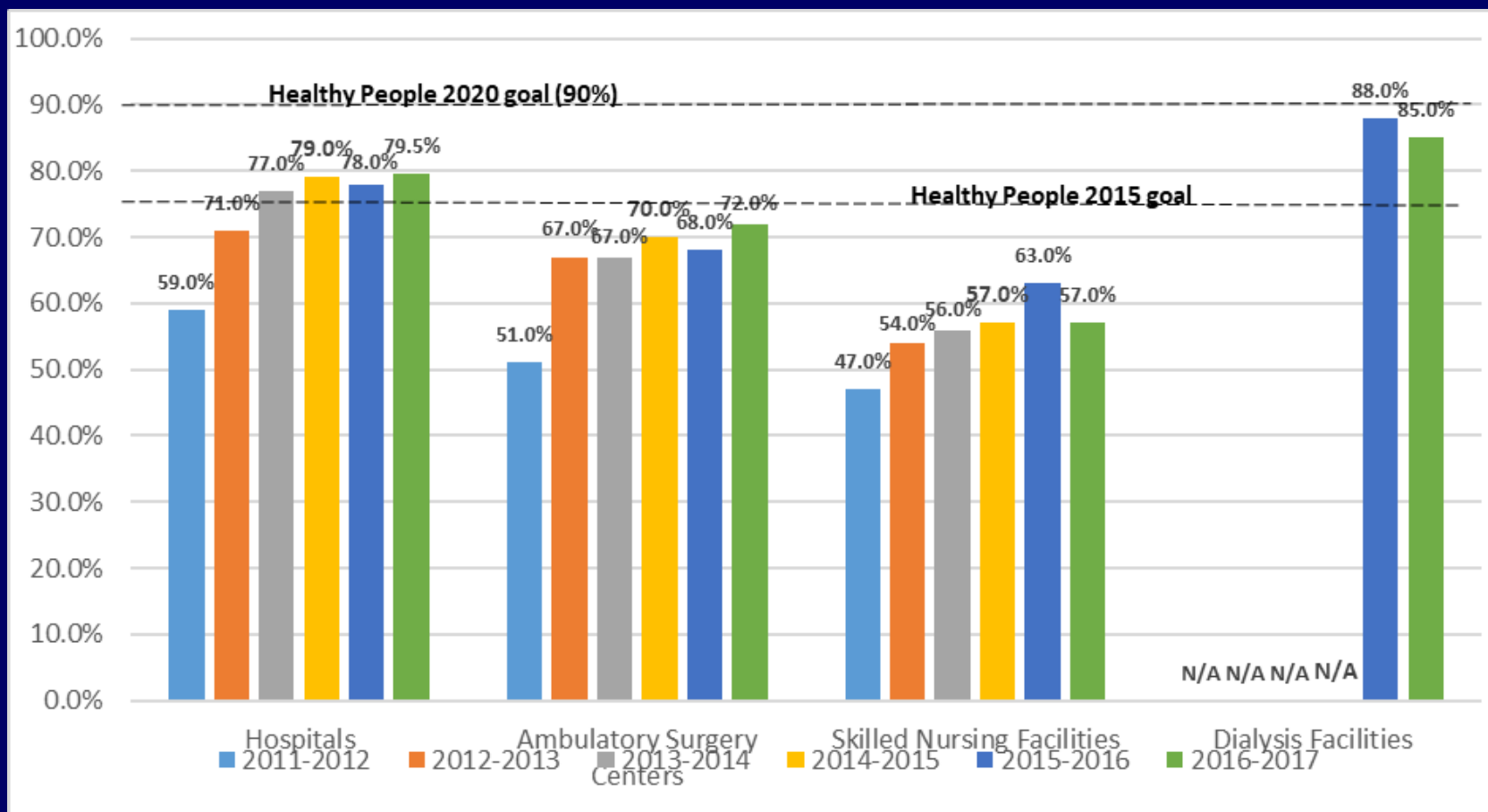
- Includes
 - 64 Hospitals
 - 137 Long-term care facilities
 - 86 Ambulatory surgery centers
 - 67 Dialysis facilities

Executive Summary

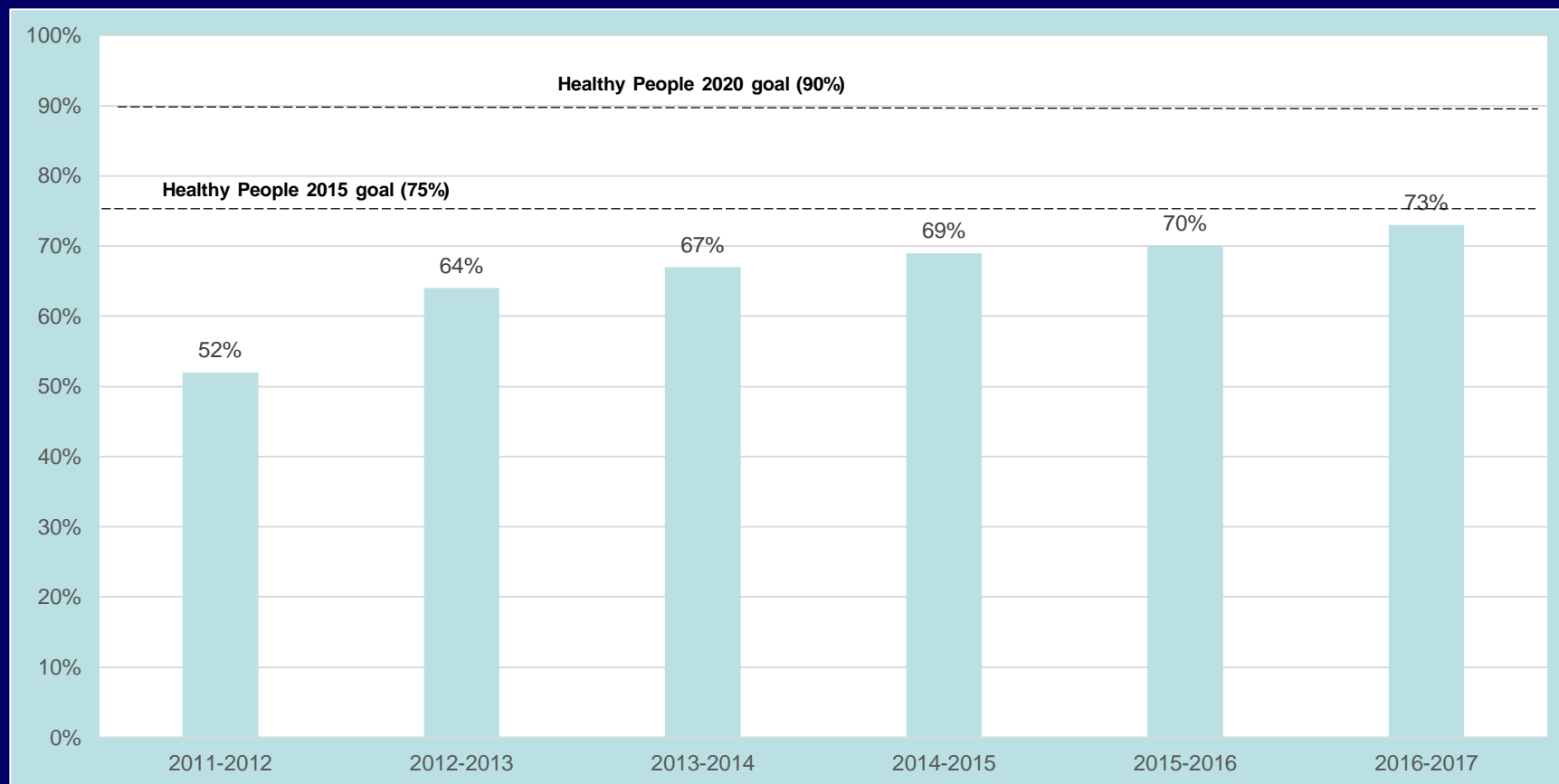
- Influenza virus infections (the flu) are associated with 12,000 to 56,000 annual deaths in the U.S.
- During the 2016—2017 flu season, the Portland area reported 1,466 flu-related hospitalizations.
- Flu has been responsible for 5 Oregon pediatric deaths over the last five years

Immunizing health care workers helps prevent the spread of influenza in health care settings.

Influenza vaccination rates for all HCWs by health care facility type and season



Mean HCW influenza vaccination rates for all facility types



Aggregate HCW influenza vaccination rate data for the 2015-2016 influenza season by facility type and HCW classification

Healthcare Worker Classification	HCW eligible for vaccination*	Rate of influenza vaccination among eligible HCWs	Rate of influenza vaccine declination by eligible HCWs	Rate of unknown vaccination status among eligible HCW	Change in HCW influenza vaccination rate since 2014
Hospitals					
All HCW	107,592	82%	9%	9%	5%
Employees	82,319	84%	11%	5%	1%
Independent practitioners	8,760	74%	3%	23%	17%
Students and volunteers	13,745	73%	5%	22%	12%
Other contractors	2,830	88%	8%	3%	28%
Ambulatory surgery centers					
All HCW	4,768	75%	18%	7%	4%
Employees	2,531	73%	23%	4%	2%
Independent practitioners	1,846	78%	10%	12%	5%
Students and volunteers	145	77%	9%	14%	-8%
Other contractors	246	74%	20%	7%	28%
Skilled nursing facilities					
All HCW	16,817	55%	16%	28%	-8%
Employees	14,504	57%	18%	25%	-8%
Independent practitioners	348	43%	7%	50%	-23%
Students and volunteers	1,553	45%	4%	52%	1%
Other contractors	412	53%	10%	37%	4%
Dialysis facilities					
All HCW	2,930	79%	6%	15%	-7%
Employees	1,959	86%	9%	6%	-5%
Independent practitioners	955	66%	1%	33%	-12%
Students and volunteers	10	70%	20%	10%	-11%
Other contractors	6	83%	0%	17%	21%

*Includes total number of health care worker (HCW), including employees, licensed independent practitioners, students and volunteers, and other contractors without documented medical contraindication for influenza vaccination.

Facility-specific data

Facility Name	#HCW eligible for influenza vaccine	Rate of influenza vaccination for eligible HCW	Rate of vaccine declination by eligible HCW	Rate of unknown vaccination status for eligible HCW	Change in vaccination rate since last season	Met HP2015 target (75%)	Met HP2020 target (90%)	Additional HCW needed to vaccinate to reach HP2020
	2087	77%	12%	11%	0%	✓	✗	268
	572	74%	17%	9%	8%	✗	✗	89
	4330	72%	21%	7%	1%	✗	✗	788
	1525	75%	18%	8%	-2%	✓	✗	235
	1320	75%	16%	9%	-1%	✓	✗	200
	267	74%	2%	24%	-24%	✗	✗	43
	422	60%	21%	19%	0%	✗	✗	125
	748	86%	14%	0%	4%	✓	✗	26
	257	56%	26%	18%	4%	✗	✗	87
	232	88%	3%	9%	5%	✓	✗	5
	359	76%	9%	15%	-8%	✓	✗	50
	2886	79%	6%	15%	-3%	✓	✗	321
	885	87%	2%	11%	2%	✓	✗	29

Questions? Comments?

Thank you for your time!!

Monika

Oregon
Health
Authority

Ebola Update

Rebecca Pierce

September 26, 2018

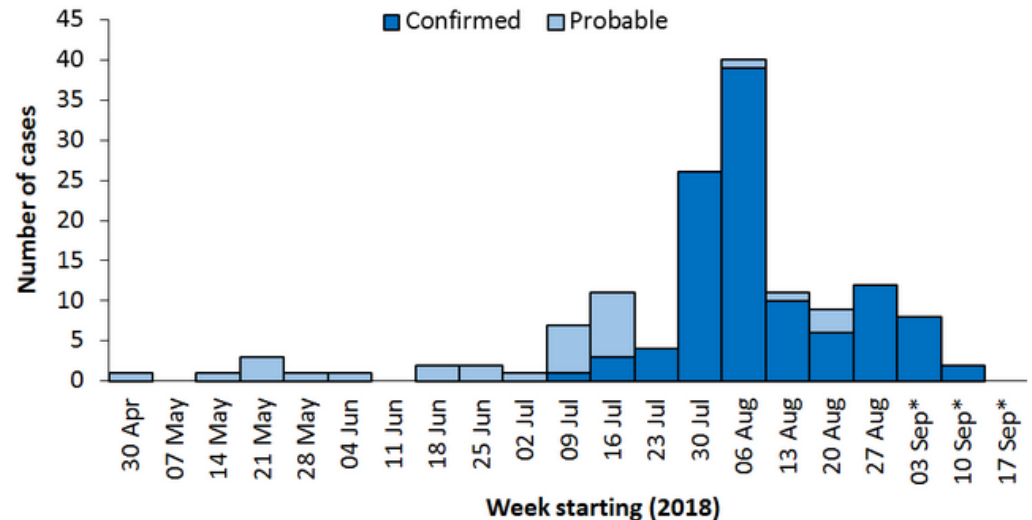


A medical worker wears a protective suit as he prepares to administer Ebola patient care in Beni, North Kivu province of the Democratic Republic of Congo on Sept. 6. (Kristen Mahamba / Reuters)

Ebola Situation Report-Democratic Republic of the Congo

- New outbreak declared on Aug 1, 2018
- 7th largest Ebola outbreak
- As of Sep 24, 2018”
 - Total cases: 151
 - Confirmed Cases: 120
 - Probable Cases: 31
 - Deaths: 101
 - Confirmed: 70
 - Probable: 31

Figure 2: Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 18 September 2018 (n=142)*



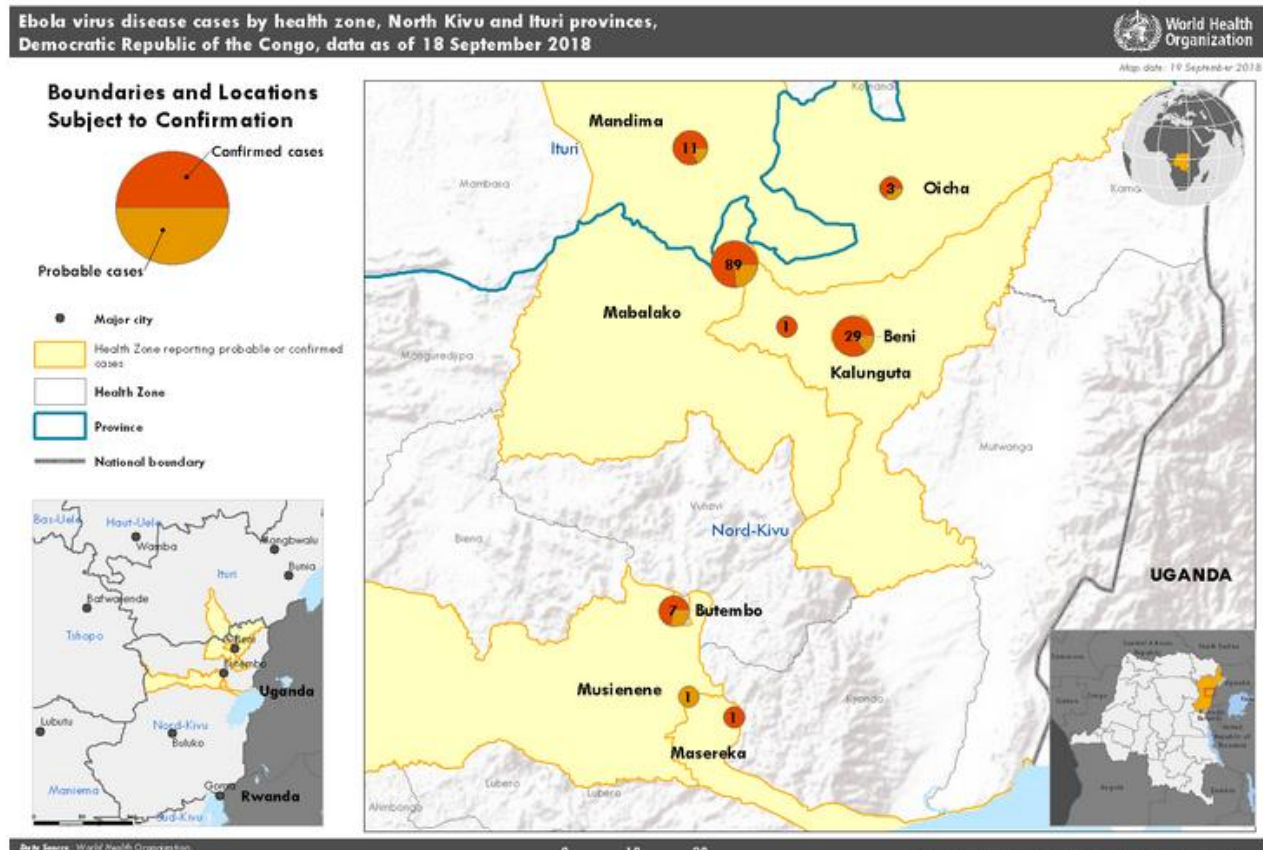
HEALTH

WHO Fears Ebola In DRC Will Spin Out Of Control Due To Political Violence

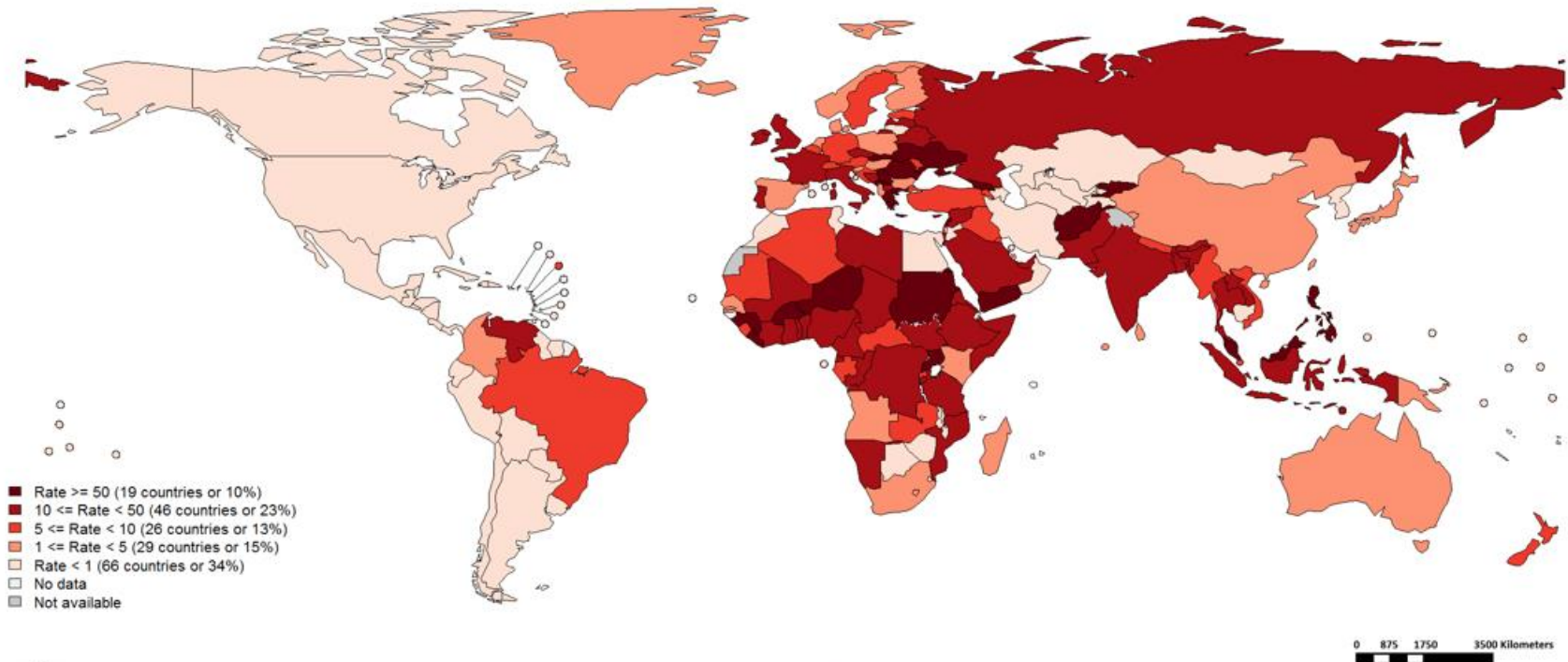
Health care workers are sidelined as growing misinformation and community resistance hampers response efforts against the deadly hemorrhagic fever in the Democratic Republic of Congo.

- “Perfect storm” of factors may worsen spread
 - Misinformation
 - Political violence
 - Limited HCW access to hot zones
 - Unable to perform contact tracing
 - Unsafe burials
- WHO discussing whether to declare Public Health Emergency of International Concern

Figure 1: Confirmed and probable Ebola virus disease cases by health zone in North Kivu and Ituri provinces, Democratic Republic of the Congo, data as of 18 September 2018 (n=142)



Other high impact pathogens-Measles

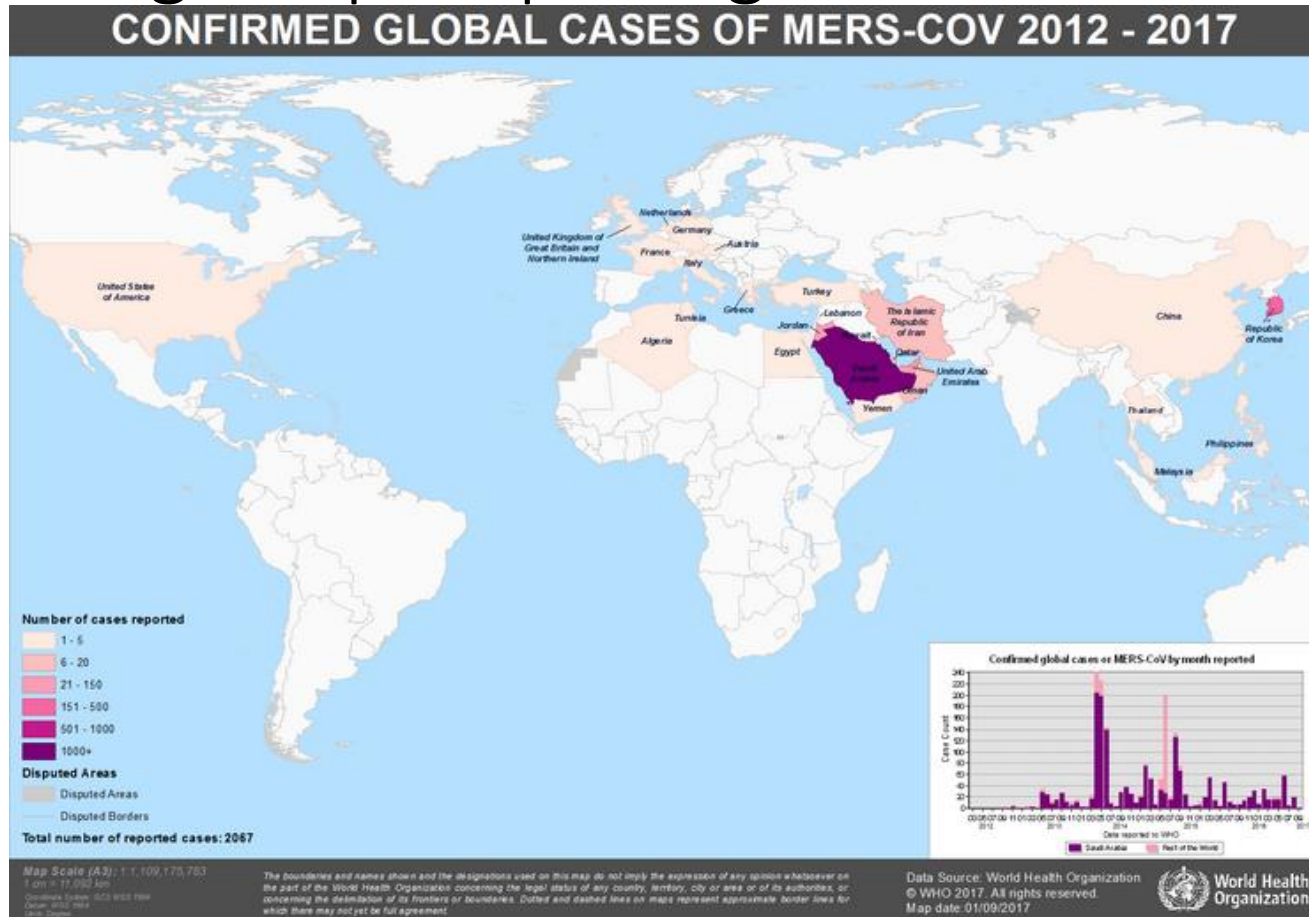


Map production: World Health Organization, WHO, 2018. All rights reserved
Data source: IVB Database

Disclaimer:

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Other high impact pathogens-MERS



Discussion Items

- Need for continued travel screening?
- What information would be helpful to determine when/how travel screening is performed?
- Hospital survey questions

* 2. Currently, do intake staff routinely ask ill patients presenting for care about travel outside of the U.S.?

☐ Yes. *Please indicate the time period asked about in the comment box below.*

☐ No

☐ Unsure

Number of days in the past (e.g., last 30 days):

CDI & CLABSI TAP Assessments

Dat Tran, MD, MS
Healthcare-Associated Infections Program
HAIAC
September 26, 2018



PUBLIC HEALTH DIVISION
Acute and Communicable Disease Prevention Section

Facility Recruitment

- CDI
 - All facilities with CAD > 0
- CLABSI
 - All NICUs (VON)

TAP Assessment Participation

CLABSI

# of respondents per facility	# of facilities
≥ 30	0
20-29	0
10-19	1
< 10	4
Total	5

CDI

# of respondents per facility*	# of facilities
≥ 30	6 (4)
20-29	3 (2)
10-19	2 (1)
< 10	5 (3)
Total	16

*excludes lab & stewardship surveys
(returned both lab & stewardship surveys)

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%

CDI TAP Assessments

Leading Activities for Oregon

Leadership involvement in and promotion of CDI prevention activities

Training for staff on hand hygiene and PPE upon hire

Contact precautions signage

Cleaning of high-touch environmental surfaces upon patient discharge

Lagging Activities for Oregon

Physician/Nurse champion for CDI Prevention

Staff awareness of antimicrobial stewardship practices

Intra-/Inter- facility transfer communication for CDI prevention

Adherence to use of gown/gloves/hand hygiene (staff and families/visitors)

Cleaning of high touch surfaces and shared medical equipment

CLABSI TAP Assessments

Leading Activities for Oregon

Leadership involvement in and promotion of CLABSI prevention activities

Daily assessment and removal of central lines no longer needed and audits of these assessments

Feedback of central line rates and/or SIRs

Bundled approach to central line insertion

Lagging Activities for Oregon

Staff person with dedicated time to coordinate CLABSI prevention activities

Physician/Nurse champion for CLABSI prevention activities

Healthcare personnel empowered to stop non-emergent central line insertion if proper procedures are not followed

Central line dressing change practices

Criteria for facility recruitment in 2019

- CAD
- Critical access hospitals
- SIR
- Facilities which have implemented QI projects and wish to have repeat TAP assessments

Contact the HAI Program TAP Team

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