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Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

December 13, 2017
1:00 - 3:00 pm

PSOB – Room 1B
800 NE Oregon St.
Portland, OR 97232

Agenda, materials, minutes, recordings, and transcriptions for meetings are available at:
<http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/HAI/Prevention/Pages/Meetings.aspx>.

**NOMINATED
MEMBERS
PRESENT:**

- 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
- Paul Cieslak, MD, Medical Director, Acute and Communicable Disease Prevention, Oregon Health Authority
- 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
- Mary Shanks, RN, MSN, CIC, Infection Preventionist, Kaiser Westside Medical Center (phone)

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- Tom Stuebner, MSPH, Executive Director, Oregon Patient Safety Commission
- Kristen Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante (phone)

**NOMINATED
MEMBERS
EXCUSED:**

- Kelli Coelho, RN, CASC, MBA, Executive Director, RiverBend Ambulatory Surgery Center
- Jordan Ferris, BSN, RN, CMSRN, Nursing Practice, Consultant, Oregon Nurses Association
- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc
- Rebecca Pawlak, MPH, Director of Public Policy, Oregon Association of Hospital and Health Systems
- Laurie Polneau, RN, MHA, CPHRM, Director, Quality/Risk Management/Infection Control, Vibra Specialty Hospital Portland
- Pat Preston, MS, Executive Director, Center for Geriatric Infection Control
- Dee Dee Vallier, Consumer Advocate

**OTHER
PARTICIPANTS
PRESENT:**

- Art Ashby, Lacey Good Samaritan Medical Center (phone)
- Karen Brooks, RBN, BSN, CIC, Infection Control Practitioner, Legacy Silverton Medical Center (phone)
- Anne Eades, Oregon Patient Safety Committee
- Marissa Hadid, Legacy Good Samaritan Hospital (phone)
- Kristen Judisasante (phone)
- Stacey Karvoski, RN, BSN, Infection Control/ Employee Health/ Outpatient Therapy Manager, Wallowa Memorial Hospital (phone)
- Debra Katur, Department of Health Services (phone)
- Leslie McClain (phone)

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- Kate Medred, MA, Logistics Coordinator, Infection Prevention, Oregon Patient Safety Commission
- Laurie Murray-Snyder, Hospital Improvement Innovation Network Project Lead, HealthInsight Oregon
- Mary Post, RN, MS, CNS, CIC, Director, Infection Prevention, Oregon Patient Safety Commission/Oregon Health Authority (phone)
- 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
- Alexia Zhang, MPH, HAI Epidemiologist

ISSUES HEARD:

- Call to order and roll call
- Introductions and membership updates
- Approve September 2017 minutes
- HAI annual report 2017 (2016 data)
- Outbreaks update 2017
- Exemptions
- Data priorities

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- Infection control guidance for animals in healthcare facilities
- 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 Roza Tammer, Oregon Health Authority	<ul style="list-style-type: none"> • Healthcare-Associated Infections (HAI) Advisory Committee still has two vacancies: <ul style="list-style-type: none"> ○ Healthcare purchasing representative ○ Health insurer representative • Committee is also searching for additional consumer and patient advocates/representatives • Contact the Oregon Health Authority (OHA) if you are interested in an opening or have suggestions for potential candidates 	Committee will continue efforts to fill open positions.
Approve September 2017 Minutes	September 27, 2017 meeting minutes were approved.	No action items

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Item	Discussion	Action Item
<p>All Committee Members (Pages 1-14 of meeting materials) HAI Annual Report (2016 data) Roza Tammer (Pages 15-41)</p>	<ul style="list-style-type: none"> • Addition of acronym glossary • Removed “Location Mapping For Reportable HAIs in Oregon” • Revised language “Recommendation For Patients and Families to Minimize HAI Risk” • Summary of infections <ul style="list-style-type: none"> ○ CLABSI in NICUs better than 2006-08 national baseline, did not meet 2013 HHS target (13 infections) ○ CLABSI in adult and pediatric ICUs statistically better than 2006-08 national baseline, met 2013 HHS target (57 infections) ○ CLABSI in adult and pediatric wards statistically better than 2006-08 national baseline, met 2013 HHS target (43 infections) ○ MRSA bloodstream infections statistically better than 2010-11 national baseline, met 2013 HHS target (57 infections) ○ C. difficile infections statistically better than 2010-11 national baseline, did not meet 2013 HHS target (906 infections) ○ CAUTI in adult and pediatric ICUs statistically better than 2009 national baseline, met 2013 HHS target (109 infections) 	<p>No action items</p>

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Item	Discussion	Action Item
	<ul style="list-style-type: none"> ○ CAUTI in adult and pediatric wards statistically better than 2009 national baseline, met 2013 HHS target (75 infections) ● Summary of surgical site infections (SSIs) <ul style="list-style-type: none"> ○ Statistically better than 2006-08 national baseline and met 2013 HHS target: coronary artery bypass graft (heart) surgeries (7 infections), laminectomy (back) surgeries (11 infections), colon surgeries (91 infections), abdominal hysterectomy surgeries (12 infections) ○ Higher than 2006-08 national baseline and did not meet 2013 HHS target: hip replacement surgeries (67 infections) ○ Better than 2006-08 national baseline and did not meet 2013 HHS target: knee replacement surgeries (48 infections) ● Dialysis events <ul style="list-style-type: none"> ○ 39% fewer dialysis-related BSIs per 100 patient-months than the national average in 2016 ○ 48% fewer access-related BSIs per 100 patient-months than the national average in 2016 ● Summary of findings <ul style="list-style-type: none"> ○ In 2016, most of Oregon's reportable HAIs in hospitals were both statistically better than predicted based on national data and met national reduction targets for HAIs 	

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Item	Discussion	Action Item
	<ul style="list-style-type: none"> ○ Oregon dialysis facilities performed favorably for both dialysis-related BSIs and AR-BSIs ○ A few of Oregon's reportable HAIs in hospitals highlight that need for continued infection prevention efforts 	
<p>Outbreaks Update 2017 Alexia Zhang (Pages 42-51 of meeting materials)</p>	<ul style="list-style-type: none"> ● 38 outbreaks were reported since 09/01/17: <ul style="list-style-type: none"> ○ 15 <i>norovirus</i>, 1 <i>Campylobacter</i>, 1 <i>Salmonella</i>, 1 sapovirus, 2 <i>Escherichia coli</i> (<i>E. coli</i>), 4 gastroenteritis with etiology unknown ○ 4 influenza B, 1 pertussis, 1 mumps, 1 <i>Streptococcus pyogenes</i>, and 3 unknown respiratory illness with etiology unknown ○ 3 rash outbreaks ○ 1 other ● Of the 38 outbreaks, 20 (52%) occurred in a healthcare facility <ul style="list-style-type: none"> ○ Outbreaks occurred most often in assisted living facilities, followed by mixed facilities (e.g., combined assisted living and skilled nursing facility) ○ Most common etiology in healthcare facilities was norovirus ● 1 outbreak of interest was <i>Salmonella</i>: <ul style="list-style-type: none"> ○ 19 cases reported in Oregon and Washington ○ No hospitalizations/deaths in OR cases, 6 hospitalizations and 1 death in WA cases ○ Onsets range from 10/29/17-11/15/17 	No action items

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Item	Discussion	Action Item
	<ul style="list-style-type: none"> ○ Pre-cut fruit implicated in this outbreak with Oregon distributor ● <i>E. Coli</i> O103 <ul style="list-style-type: none"> ○ 35 cases, 10 confirmed, 25 presumptive ○ 23 females; 1-74 years; onsets: 9/27-11/08 ○ 7 females with STEC O103 infection that match by PFGE ○ No implicated produce through trace back ● <i>Peptostreptococcus magnus</i> in anterior cruciate ligament (ACL) repairs <ul style="list-style-type: none"> ○ IP at ASC reported 3 patients with ACL surgery sites infected ○ 2 males, 1 female; 18-32 years ○ Onsets: 04/16-08/17 ○ Cases presented with septic arthritis, fever 17-34 days after surgery ○ All cases required multiple wash outs, 2-4 month antibiotic courses, 1 patient had graft removed ○ ACDP epidemiologists observed 2 ACL surgeries and took environmental swabs, awaiting culture results 	
<p>Exemptions Rebecca Pierce, OHA</p>	<ul style="list-style-type: none"> ● Current HAI reporting exemptions have been given to facilities in two situations: <ul style="list-style-type: none"> ○ If the facility reported less than 50 central line days in their facility or for a specific procedure type ○ If the facility reported less than 50 surgeries a year, they wouldn't report that surgery 	No action items

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Item	Discussion	Action Item
	<ul style="list-style-type: none"> • Exemptions have become burdensome on facilities as well as HAI program to determine qualifications • Considering for 2019, removing the exemptions all together to simplify process and to ensure there is monitoring of HAI occurrence at all facilities <p>Comment: Facilities with a low number of procedures may have a disproportionate percentage of infections.</p> <p>Response: Though we want to track the occurrence of HAIs even at sites with small denominators, when this information is reported we can censor published data to account for small denominators at facilities.</p>	
<p>Data Priorities Rebecca Pierce, OHA</p>	<ul style="list-style-type: none"> • After altering requirements for the HAI annual report, there is now more flexibility on the contents of the report, as well as the ability to focus on prevention work • Feedback on possible data to prioritize in future reports: <ul style="list-style-type: none"> ○ Prophylaxis around Cesarean sections, with the addition of azithromycin and its effect on SSI rates <p>Comment: Willingness from Kaiser and Providence to share Cesarean section data</p>	No action items
<p>Infection Control Guidance For Animals In Healthcare Facilities Emilio DeBess, OHA</p>	<ul style="list-style-type: none"> • Many hospitals and long-term care facilities allow animals to visit their patient, without sufficient infection control and prevention policies • While there are positive effects of pet exposure (enhance wellness, decrease pain medication intake, and decrease loneliness), there are also many negative effects like animal allergies, trauma, opportunistic infections and zoonotic infections 	Guidelines will be created for facilities to point to when needed.

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Item	Discussion	Action Item
(Pages 52-82 of meeting materials)	<ul style="list-style-type: none"> ○ Infections may include: ringworm, campylobacter, <i>C. diff</i>, MRSA, <i>E. coli</i>, VRE and H1N1. ● Proposed guidelines for animal-assisted intervention in healthcare facilities: <ul style="list-style-type: none"> ○ No visiting patients under contact precautions ○ No visiting patients while eating ○ Health screening of pet including rabies vaccination, and external and internal parasites ○ Only suitable animals allowed ○ Practice proper hand hygiene ○ Only adult animals ○ Prevent licking ○ No high fives or shaking ○ No treats unless disinfected shovel or spoon is used ○ Use a barrier sheet on the bed and discard after visit ○ No visits from ill animals ○ No animals fed raw diets ● No current research studies on the effects of animal-assisted intervention in healthcare facilities <p>Comment: Current policies in place regarding animals in the facility are difficult to enforce. Creating guidelines with suggestions from both the facility and OHA with Dr. DeBess's input would be beneficial to point to when needed.</p>	
Discussion: Themes and Topics for Future 2018 Meetings	Current legislation was discussed. No future themes/topics proposed.	No action items

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

Next meeting will be March 28, 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

Outbreaks Update

Dat Tran, MD, MS

HAIAC

March 28, 2018

Oregon
Health
Authority

Outbreaks: Dec 1, 2017 – Mar 22, 2018

Etiology	Count	Setting
Gastroenteritis	79	
Norovirus (GIx2, GIIx20, ?x33)	55	LTCF (45) ; Hospital (2); School (2); Prison (1); Religious (1); Home (2); Other (1)
Sapovirus	4	LTCF (4)
Astrovirus	1	LTCF
<i>Salmonella</i>	5	Home (2); Restaurant (1); Grocery store (1); Other (1)
Campylobacter	1	Restaurant
<i>E. coli</i> (STEC) O26	1	Other
Unknown	12	LTCF (8) ; School (2); Hospital (1); Restaurant (1)
Respiratory	143	
Influenza (Ax64, Bx38, ABx4, ?4, BRSVx1, ABRSVx1)	112	LTCF (104) ; School (6); Hospital (1); DCC (2); Prison (2); Other (3)
RSV (RSVx4, BRSVx1, ABRSVx1)	6	LTCF (5) ; DCC (1)
Adenovirus	1	LTCF (1)
Coronavirus	1	LTCF (1)
Pertussis	3	School (2); Home (1)
Group A streptococcus	2	School (1); DCC (1)
Unknown	15	LTCF (8) ; School (5); Hospital (1); DCC (1)
Other	5	
<i>A. baumannii</i> , <i>E. coli</i> (urine), <i>N. meningitidis</i> C, unknown (x2)		LTCF (1) ; Hospital (1); Outpatient (1); School (1); Other (1)
TOTAL	227	

*Addiction treatment facility; community; cruise

Healthcare-associated outbreaks

- Healthcare-associated outbreaks account for 81% (n=185) of all outbreaks from Dec 1, 2017 to Mar 22, 2018
- Majority of healthcare-associated outbreaks occurred in LTCFs (n=178; 96%)
- Most common etiologies: influenza and norovirus

Facility Type	Influenza	Other Respiratory	Unknown Respiratory	Norovirus	Other GI	Unknown GI	Other	Total
Skilled nursing facility	59	5	2	17	2	2	1	88
Assisted living facility	33	1	6	23	3	4		70
Residential care	12	1		5		2		20
Total	104	7	8	45	5	8	1	178

MDR *Acinetobacter baumannii* outbreak

- ALRN surveillance of carbapenem resistant *Acinetobacter baumannii* (CRAB)
- 02/02/2018
- 5 MDR *Acinetobacter baumannii* isolates (wound cultures)

	Susceptibility
Amp/Sulbactam	I
Ceftazidime	R
Ceftriaxone (non-CSF)	R
Ciprofloxacin	R
Gentamicin	S
Meropenem	R
Pip/Tazobactam	R
Trimethorprim/Sulfa	R

- Admitted to:
 - Same floor/wing of hospital
 - 11/20/2017 to 2/10/2018

Environmental sampling

- Cultures of sinks

SINK 1

→ *A. baumannii*

	Susceptibility
Amp/Sulbactam	S
Ceftazidime	S
Ceftriaxone (non-CSF)	S
Ciprofloxacin	R
Gentamicin	S
Meropenem	S
Pip/Tazobactam	
Trimethorprim/Sulfa	S

→ *Stenotrophomonas maltophilia*

SINK 2

→ *A. baumannii*

	Susceptibility
Amp/Sulbactam	S
Ceftazidime	S
Ceftriaxone (non-CSF)	S
Ciprofloxacin	S
Gentamicin	S
Meropenem	S
Pip/Tazobactam	
Trimethorprim/Sulfa	S

→ *Stenotrophomonas maltophilia*

→ *Pseudomonas fluorescens/putida* group

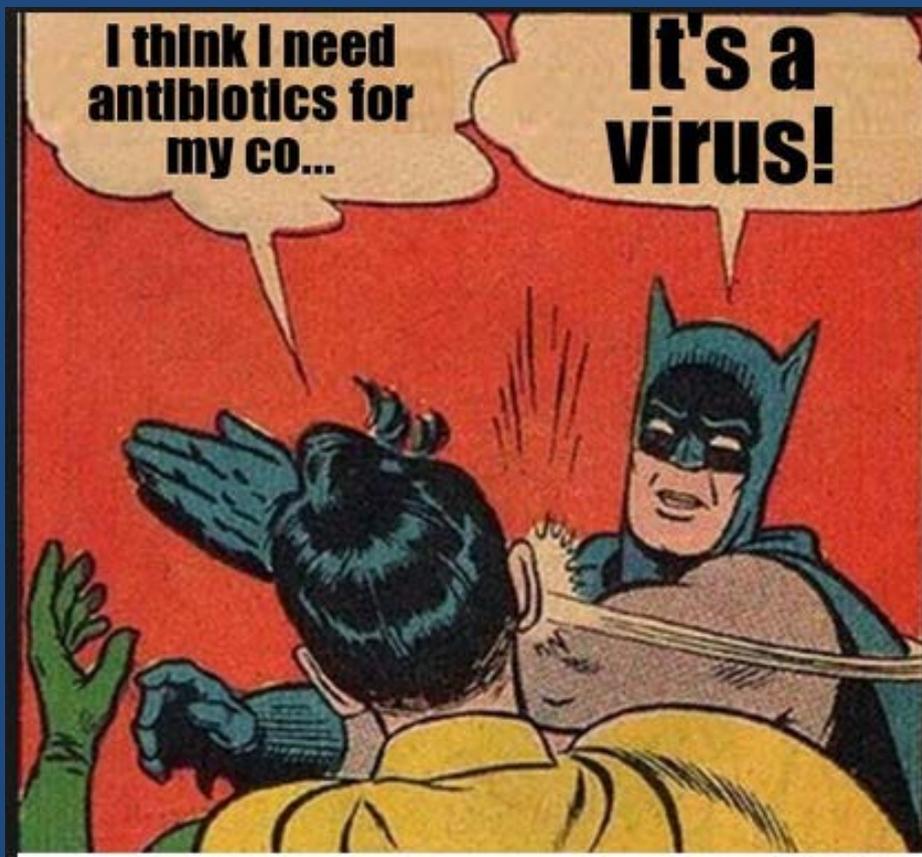
Thank you

<http://public.health.oregon.gov>

dat.j.tran@state.or.us

Oregon
Health
Authority

Influenza Surveillance in Oregon



Nicole West, MPH

Oregon Public Health Division

Acute and Communicable Disease Program

Oregon Flu Surveillance Components

- Syndromic surveillance -- ESSENCE
- Laboratory surveillance
- Hospitalizations
- Sentinel provider surveillance
- Pediatric deaths and novel strains
- Outbreaks



Oregon's Weekly Surveillance Report
Influenza & Respiratory Viruses



Oregon Public Health Division

Published March 23, 2018

Data at a Glance March 11 – March 17, 2018 (Week 11)

	Current Week (11)	Previous Week (10)
Percentage of emergency department visits for ILI ¹	2.6%	2.5%
Percentage positive influenza tests ²	21.6%	22.2%
Influenza-associated hospitalizations ³	34	41
Reported ILI/influenza outbreaks	2	3
Influenza-associated pediatric deaths	0	0
Percentage of ILI at sentinel providers ⁴	2.4%	2.1%
Respiratory Syncytial Virus (RSV) activity ⁵	14%	15%

¹ Influenza-like illness (ILI) data collected via Oregon ESSENCE Syndromic Surveillance. Data represent statewide aggregate percentage.

² Data from Oregon labs reporting to the OHA and the National Respiratory and Enteric Virus Surveillance System (NREVSS).

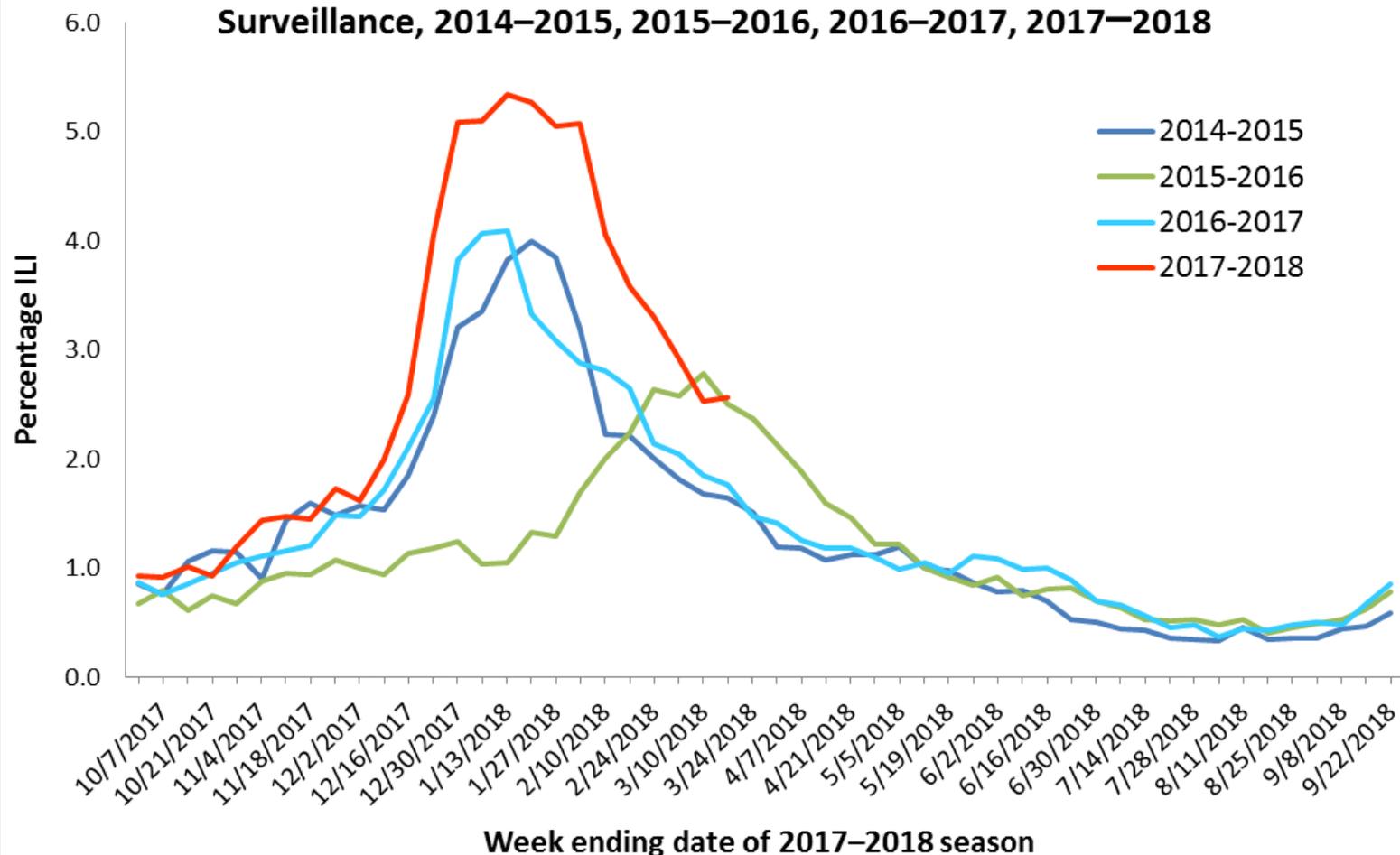
³ Based on hospitalization surveillance in Clackamas, Multnomah, and Washington counties only.

⁴ Based on ILI reported by outpatient ILINet Sentinel Providers.

⁵ Percent positivity based on data from Oregon's RSV Laboratory Surveillance System.

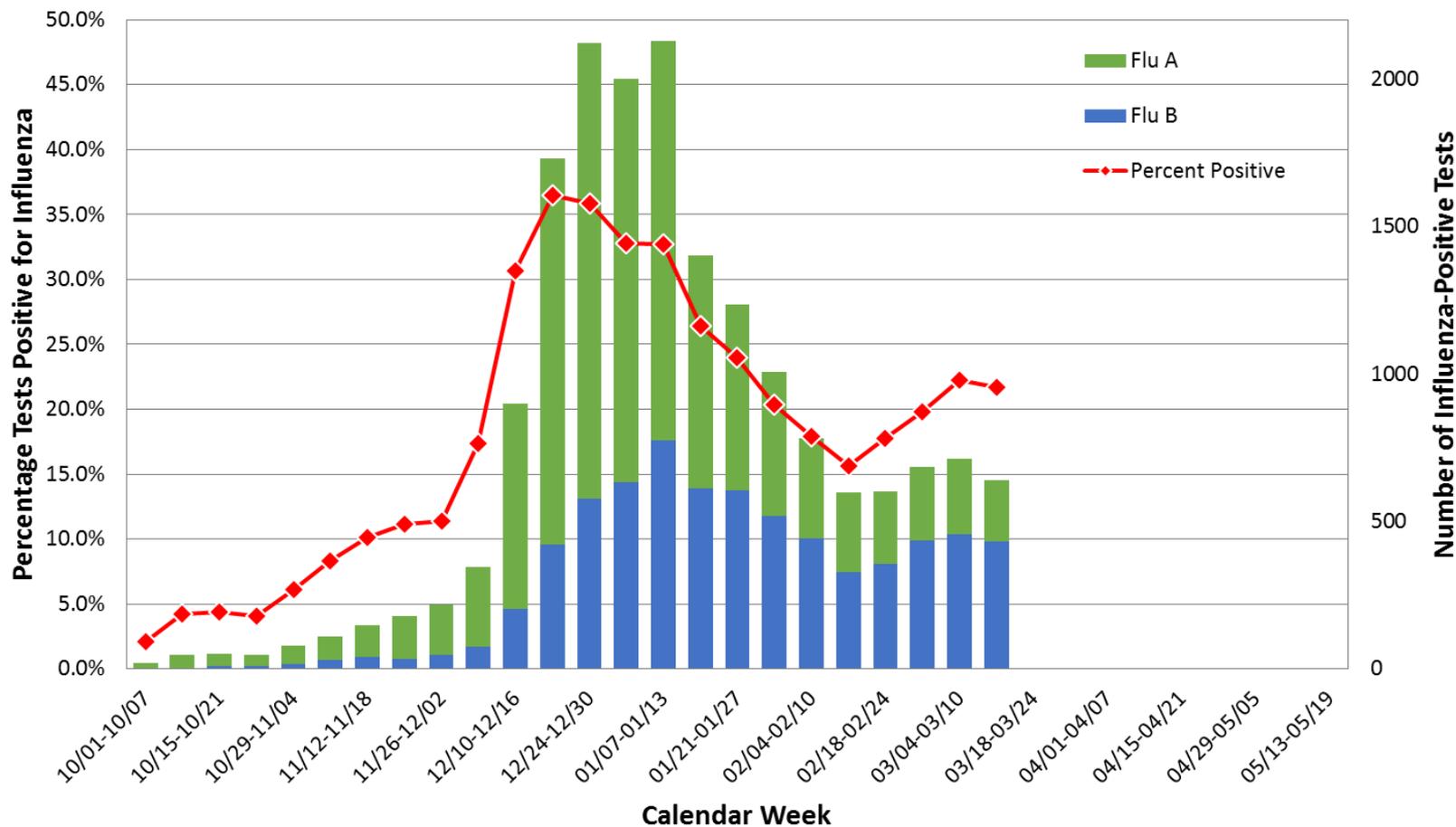
Oregon ESSENCE Syndromic Surveillance

Figure 1. Percentage of ED Visits for ILI, Oregon ESSENCE Syndromic Surveillance, 2014–2015, 2015–2016, 2016–2017, 2017–2018



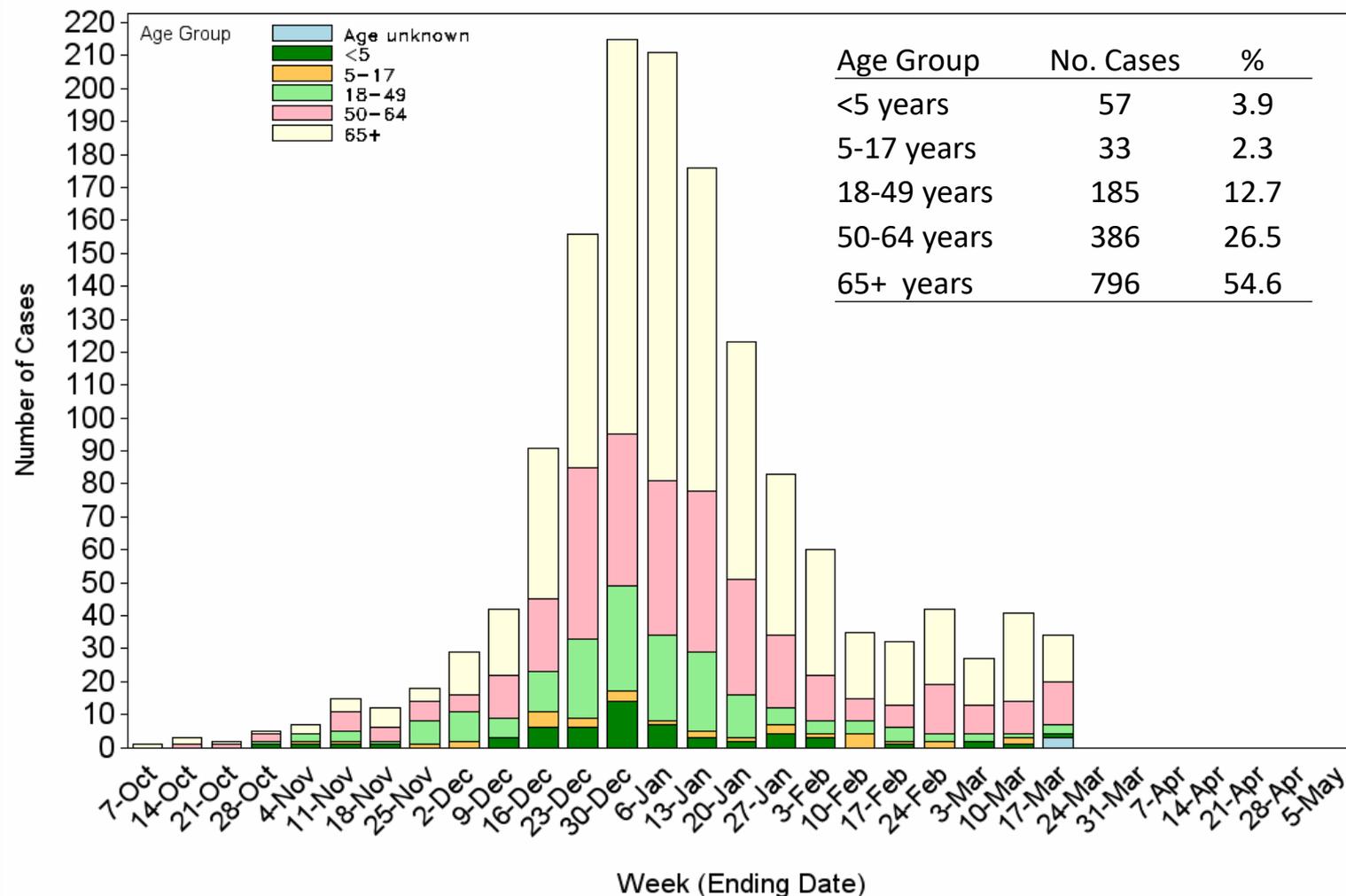
Laboratory Surveillance

Figure 2. Oregon Influenza Surveillance
Percent Positive Influenza Tests by Week, NREVSS
2017–2018 Season



Hospitalized Flu Surveillance

Figure 3. Portland Metro Area Influenza-Associated Hospitalizations by Week and Age Group, 2017-2018 Season

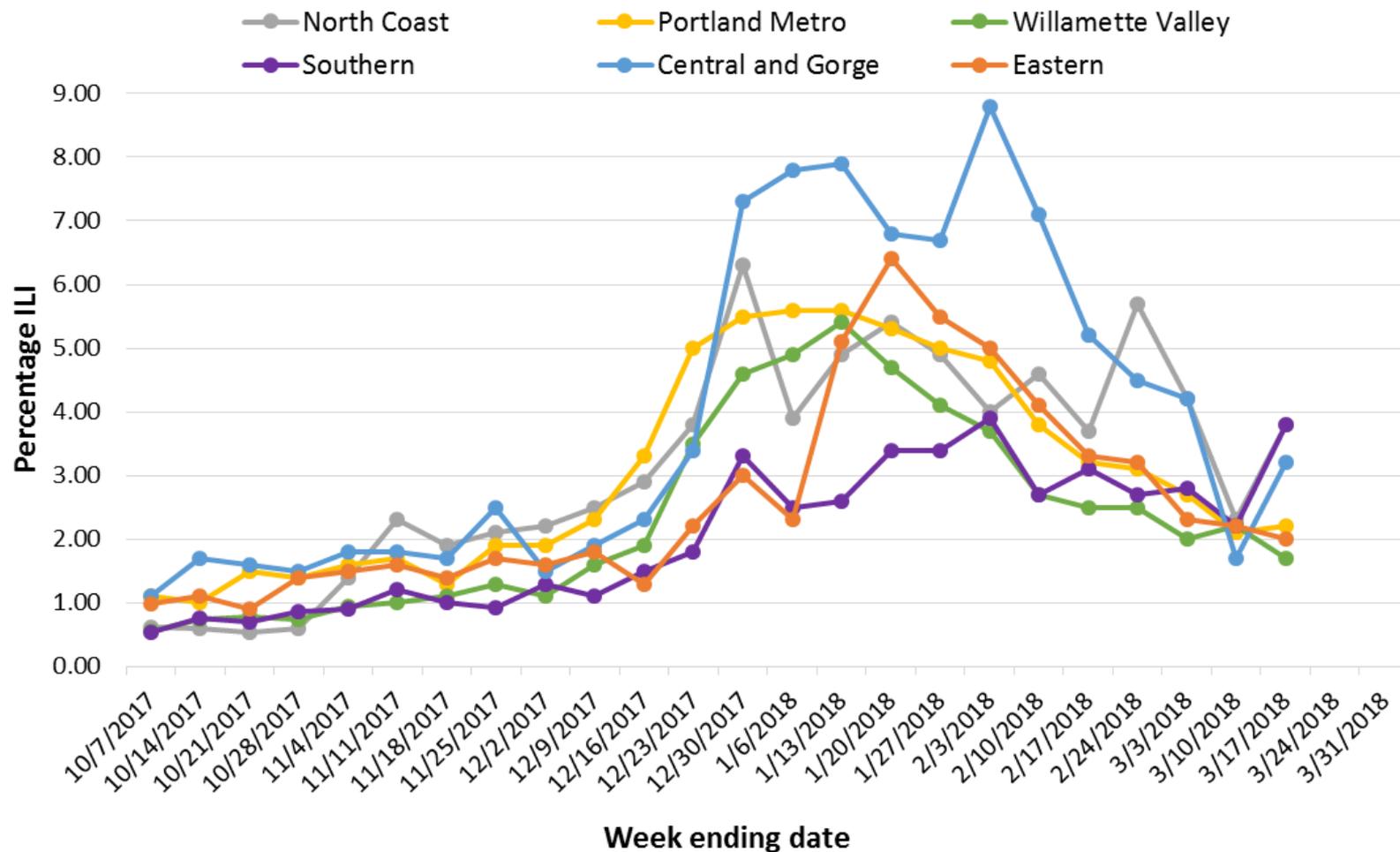


Influenza Vaccine Composition United States, 2017–2018

- **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 by Region

Figure 4. Percentage of Visits for ILI at ILINet Outpatient Clinics and Emergency Departments, by Oregon Region, 2017–2018

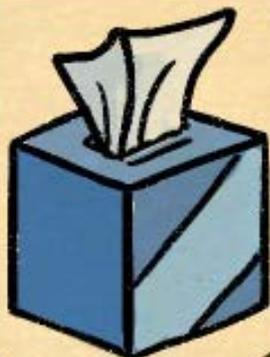


Influenza-associated Pediatric Deaths

- Reportable nation-wide
- High attack rates of influenza among pediatric population
- 3 flu-related pediatric deaths in Oregon so far this flu season, average 0–1 per year since pandemic

Outbreaks

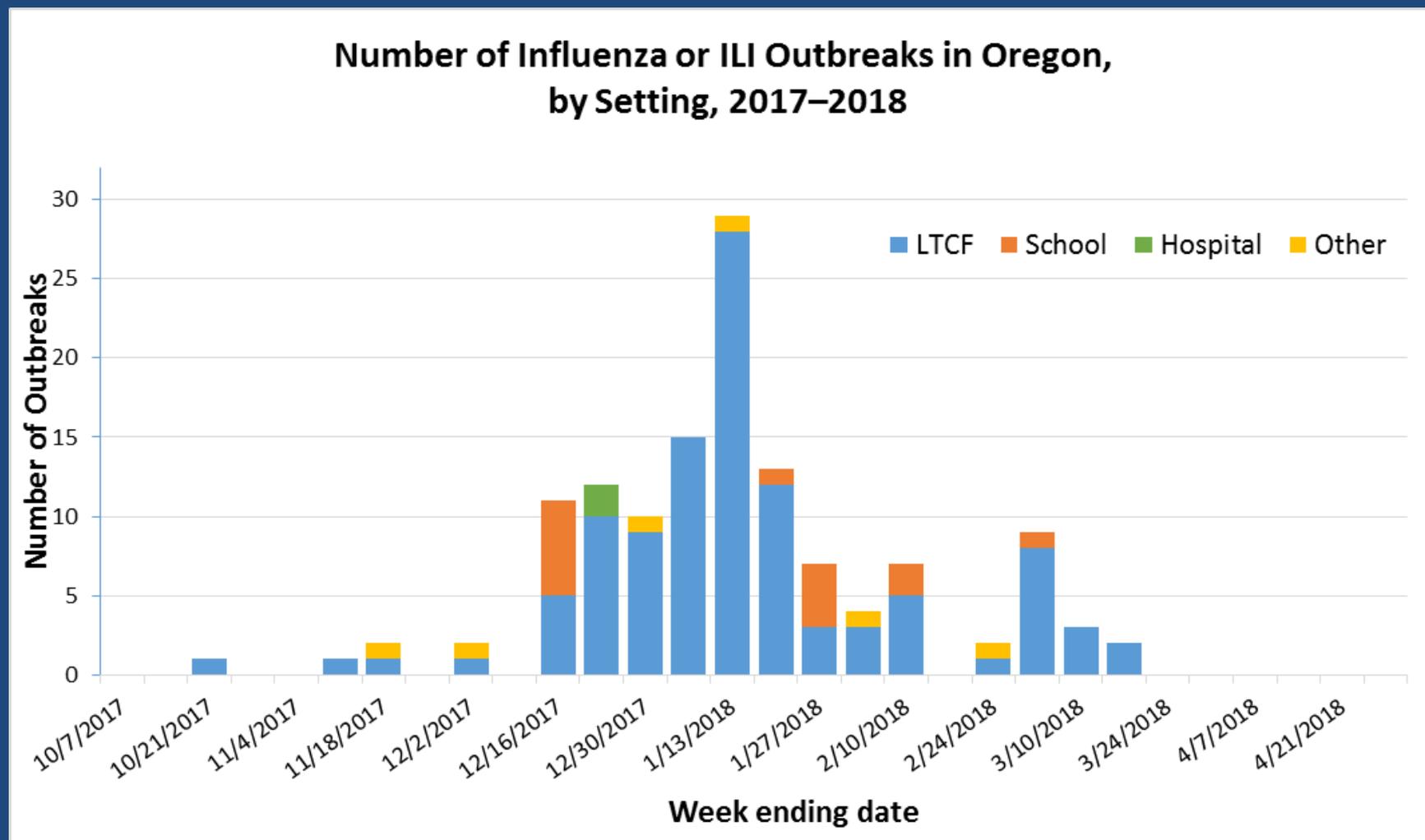
TAKE EVERYDAY PREVENTIVE ACTIONS TO HELP STOP THE SPREAD OF FLU VIRUSES!



AVOID

Avoid close contact with sick people, avoid touching your eyes, nose, and mouth, cover your coughs and sneezes, wash your hands often (with soap and water), and clean and disinfect surfaces and objects that may be contaminated with flu viruses.

ILI Outbreaks in Oregon (n=105)



RSV Outbreak at Providence's Center for Medically Fragile Children

- 7 RSV+/40 residents (AR=18%)
 - 4 females, 3 males
 - 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

Discussion

- Flu infection practices at hospitals
 - Do practices vary by unit?
 - How did visitor restrictions and masking go this flu season?
 - Will your facility make changes for next season?
 - Should we standardize the age cutoff for visitor restrictions?
- Any nosocomial flu incidents we can learn from?

Flu Infection Control in Portland-area Hospitals

Hospital	Signage	Visitor restriction	Employee vaccination/declination	Mask policy for unvaccinated staff
Adventist	YES	<17	MANDATORY	NO
Kaiser		ILL MUST MASK	MANDATORY	YES
Legacy	YES	<12	MANDATORY	NO
OHSU		NO	VOLUNTARY	YES
Providence		<12 + ILL	VOLUNTARY	YES
Tuality	YES	YES	VOLUNTARY	YES
VA	YES	<15	OFFERED	NO

Flu Resources

Flu.Oregon@state.or.us

CDC Flu View Report:

<http://www.cdc.gov/flu/weekly/>

Flu Bites Report:

<http://bit.ly/flubites>



March 12, 2018

Summary of proposed changes to the Healthcare-Associated Infection (HAI) Program's reporting exemption policy

What is an exemption, and how were they established?

The HAI Program currently requires all Oregon hospitals (including acute care hospitals [ACH], critical access hospitals [CAH], and long-term acute care hospitals [LTACH]) to report the following HAI measures via the National Healthcare Safety Network (NHSN):

- Surgical site infections (SSI) following knee arthroplasty (KPRO), hip replacement (HPRO), laminectomy (LAM), coronary artery bypass graft (CBGB), colon (COLO), and abdominal hysterectomy (HYST)
- Central line-associated bloodstream infections (CLABSI)
- Catheter-associated urinary tract infections (CAUTI)
- Laboratory-identified, hospital-onset *Clostridium difficile* infections (CDI LabID Event)
- Laboratory-identified, hospital-onset methicillin-resistant *Staphylococcus aureus* bloodstream infections (MRSA LabID Event)

The HAI Program currently offers exemptions for two of these measures. An exemption means that the facility does not need to report that measure to the HAI Program (it does not exempt the facility from collecting and reporting those data to any other organization, including the Centers for Medicare and Medicaid Services [CMS]). Note that exemptions, as defined here, are distinct from permitted non-reporting when facilities do not perform certain procedures or do not have applicable location types (e.g., a facility does not have a NICU would not be required to report NICU CLABSI). Under current policy, facilities may claim an exemption if the following criteria were met in the previous year of reporting:

- SSI: If a facility performed fewer than 20 procedures of a given type annually, an exemption may be granted.
- CLABSI: If a facility observed fewer than 50 central line days annually, an exemption may be granted

This exemption policy was established along with original HAI reporting requirements and pre-dated the HAI Program in its current form and CMS reporting requirements.

What is being proposed?

We are proposing to eliminate the exemption option for NHSN reporting to the HAI Program starting in January 2019.

- Oregon hospitals would be required to perform surveillance for and report CLABSIs and SSIs to OHA for applicable locations/procedures, regardless of the number of procedures or central line days observed annually.

- Facilities without applicable location types for CLABSI or that do not perform relevant procedures would not be required to report these data.
- These data would be included in any published aggregate numbers.
- For facility-specific data, the HAI Program will establish criteria for censoring small numbers when interpretation of NHSN metrics is problematic (for example, if denominators are too low for estimation of the SIR).
- We propose the following censorship policy for facility-specific data: Data for any grouping will not be presented if insufficient to generate stable measures. Facility-specific data will not be made public if denominators are insufficient to produce a predicted number of infections of one or greater.

Why is the HAI Program proposing this?

- **To protect patient safety.** The fundamental mission of the HAI Program is to prevent HAIs in Oregon. Representative HAI data is essential to this mission as it allows both the HAI program and facilities to monitor their own progress. Though a small number of procedures or devices may limit statistical interpretation of facility-level HAI metrics, even one HAI can be life-changing for a patient and their loved ones. Knowing where HAIs are occurring in our state, however few, will promote further collaboration between healthcare facilities and the HAI Program, improve the ability to track infection trends in aggregate data, and facilitate identification of targets for HAI prevention and quality improvement initiatives at the state or regional level.
- **To improve generalizability of HAI data.** As we know, HAIs can impact patients at hospitals large and small, rural and urban, teaching or non-teaching. Because of our current exemption criteria, Oregon HAI data – both aggregate and facility-specific – is likely more reflective of the experience of large, acute-care facilities. We believe our data will be more representative – that is, include more small and CAH facilities – if we remove exemptions.
- **To improve consistency between states.** There is substantial precedence for successful state reporting without exemptions. This change would be a step towards more consistent reporting between states.
- **To better meet our legislative mandate.** HAI reporting exemptions are not required or endorsed by Oregon Administrative Rule or Statute. The HAI Program is directed to “provide useful and credible infection measures, specific to each health care facility, to consumers” and to “promote quality improvement in health care facilities” (ORS 442.855).

How will this impact my facility’s burden of work?

With this change, some facilities may experience an increased surveillance burden. However, we believe that removing exemptions will make Oregon HAI data more reflective of the statewide experience, will make data more meaningful for a greater number of facilities, and will allow for a more informed allocation of prevention resources. Oregon hospitals of all types have been successfully reporting HAIs to NHSN for the past decade and have built considerable capacity to do so over this period. In fact, our CAHs and LTACH have been reporting more measures – and for longer – than similar facilities in other states. Oregon facilities are leading the pack!

A few things to keep in mind:

- Facilities that have never claimed an exemption – meaning they have not met exemption criteria or have voluntarily reported – will see no change to the way reporting is performed.
- Facilities that have claimed exemptions for OHA but have performed surveillance for these measures for other agencies will need to share data with the HAI program in NHSN by performing several simple administrative steps. They may also need to evaluate the state of their current reporting to ensure that it aligns with the HAI Program’s requirements (for example, that all applicable CLABSI location types are being surveilled). These facilities will have approximately nine months to prepare.
- Facilities that have never performed surveillance for these measures will need to build capacity to do so. These facilities will have approximately nine months to prepare.

Generally, all facilities that begin reporting may see additional work during internal validation when the HAI Program requests each facility voluntarily review their annual data prior to publication, but will see reduced work as the requirement for facilities to assess and request exemptions will no longer be in place.

The HAI Program is here to support our facilities through this change! We will offer two training webinars – one for CLABSI and one for SSI – and will also offer technical assistance and one-on-one training for any facility requesting help. The HAI Program will also update language regarding exemptions on our website, poster, and report, as well as change our administrative settings in NHSN as needed. We would appreciate hearing any feedback regarding what we can provide to help our facilities build capacity to report CLABSI and SSI to NHSN.

How will this impact the way my facility’s data appear in published reports?

Most facilities will see no changes in the way their facility-specific data appear in published reports.

- Because we plan to include all data in aggregate numbers, all facilities will now have access to data that is more representative of the entire picture in Oregon.
- Because we plan to censor data where data are small or there are no numerator/denominator data to report, some facilities will not see their facility-specific data for certain measures published at all. Censorship policies, included above, will be published with data.
- All data will continue to be presented alongside measures of statistical significance to provide context where data are small but not small enough to be censored.