BRING YOUR VOICE TO THE TABLE

Join the Healthcare-Associated Infections Advisory Committee (HAIAC)

What is the HAIAC?

Oregon's lawmakers passed House Bill 2524 in 2007, creating the Oregon Health Authority's (OHA) Healthcare-Associated Infections (HAI) Program. The HAI Program works to understand and reduce patient infections that occur as a result of the healthcare they receive.

The HAI Advisory Committee (HAIAC) is a multidisciplinary group of stakeholders and partners including healthcare providers, consumers, insurers, and other experts. It provides oversight and advises the HAI Program regarding HAI surveillance and prevention.

How can I get involved?

- *Come to our next meeting.* Anyone is welcome to attend and participate. Tell us your thoughts about how we can best address HAIs in Oregon.
- *Help set our agenda.* Let us know what topics you would like to see covered in the future. Even better: present your work to the HAIAC during an upcoming meeting!
- *Become a member.* HAIAC membership is an opportunity to provide input and expertise, help guide our work, and stay informed about our program's activities. Members commit to a two-year term and attend as many meetings as possible. There are no additional time commitments. Current vacancies are:
    - Hospital administrator with expertise in infection control at a small facility (<100 beds)
    - Consumer or patient advocate (this includes patients and family members)
    - Health insurer representative
    - Chairperson (must be a current HAIAC member)

What else do I need to know?

- Meetings last two hours, and occur quarterly in March, June, September, and December.
- You can either join meetings in person at the Portland State Office Building (800 NE Oregon Street, Portland, Oregon) or remotely via webinar. No travel is required.
- To register for an upcoming meeting or to view materials from past meetings, visit the HAIAC webpage. https://go.usa.gov/xpRgr

To apply to become a member, sign up for future meeting invitations, or to find out more, please contact:

Roza Tammer, MPH, CIC
Healthcare-Associated Infections (HAI) Reporting Epidemiologist
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Oregon Health Authority

Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

September 18, 2019
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.

MEMBERS PRESENT:

- Joshua Bardfield, Supply Chain Services Manager, The Oregon Clinic, P.C. (phone)
- Genevieve Buser, MD, Pediatric Infectious Disease Physician, Providence St. Vincent Medical Center
- Deborah Cateora, BSN, RN, Healthcare education/Training Coordinator and Nurse 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)
- Pamela Cortez, MBA, BSN, RN, CNE, BC, Director of Patient Safety and Clinical Support, Salem Health (phone)
- Dennis Drapiza, MPH, BSN, RN, CIC, Regional Director - Northwest Infection Prevention and Control, Kaiser Permanente Northwest
- Wendy L. Edwards, RN, BSN, Patient Safety Surveyor, Health Facility Licensing and Certification, Oregon Public Health Division, Oregon Health Authority

- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University
- Jesse Kennedy, RN, Nurse Practice Consultant, Oregon Nurses Association (phone)
- Pat Preston, MS, Executive Director, Center for Geriatric Infection Control (phone)
- Kirsten Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante (phone)
- Heidi Steeves, Executive Director, Oregon Patient Safety Commission (phone)

MEMBERS EXCUSED:

- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc.
- Paul Cieslak, MD, Medical Director, Oregon Health Authority

OTHER PARTICIPANTS PRESENT:

- Tara Buehring, MPH, Infection Preventionist, Vibra Specialty Hospital of Portland (phone)
- Joyce Caramella, RN, CPHQ, CHC, Project Manager, HealthInsight Oregon (phone)
- Lindsay Clyde, Vibra Specialty Hospital of Portland
- Kari Coe, RN, BSN, IP Nurse, Communicable Disease Program, Deschutes County Health Services (phone)
- Susan Diskin, BSN, RN, CIC, Infection Prevention and Control, Legacy Emanuel Medical Center (phone)
- Ardel Frick, Legacy Health System (phone)

- Mesa Greenfield, BSN, RN, CWOCN, Infection Preventionist, Lake District Hospital (phone)
- Ryan Grimm, Director of Surgical Services, Ambulatory Surgery Centers, The Portland Clinic (phone)
- Judith Guzman-Cottrill, DO, Pediatric Infectious Disease Physician, Oregon Health Authority, Oregon Health and Science University
- Dennis Kan, Pediatric Infection Control Practitioner, Randall Children's Hospital (phone)
- Stacey Karvoski, RN, BSN, Infection Control Manager, Wallowa Memorial Hospital
- Karen Keuneke, RN, MSN, Supervisor of Infection Prevention, Good Samaritan Regional Medical Center (phone)
- Julie Koch, RN, MSN, BSN, CIC, Manager Infection Prevention, Salem Health Hospitals and Clinics
- Lauren Ogden, MPH, CIC, Infection Preventionist, Oregon Health and Science University
- Melissa Parkerton, MA, Interim Executive Director, Oregon Patient Safety Commission
- Mary Post, RN, MS, CNS, CIC, Infection Prevention/Employee Health Coordinator, Shriners Hospitals for Children – Portland (phone)
- Morgan Ransleben, Biomedical Quality Engineer, Stryker Sage
- Melissa Scheck, Infection Prevention, Samaritan Pacific Communities Hospital (phone)
- Graham Seaton, Infection Preventionist, Providence Newberg Medical Center (phone)
- Nicole Shreve, Patient Advocate, Vibra Specialty Hospital of Portland
- Dane Stevenson, Patient Advocate, Vibra Specialty Hospital of Portland

- Tracy Wart, BSN RNC-OB, Nurse Manager, St. Anthony Hospital (phone)
- Judy Webber, MAM, BAN, RN, CIC, Infection Control Practitioner, Legacy Emanuel Medical Center (phone)

OHA STAFF PRESENT:

- Zintars Beldavs, MS, ACDP Section Manager
- Maureen Cassidy, MPH, MDRO Epidemiologist
- Tom Healy, AmeriCorps VISTA
- Laura LaLonde, MPH, HAI Office Specialist
- Alyssa McClean, AWARE Coordinator
- Valerie Ocampo, RN, MIPH, HAI Public Health Nurse
- Diane Roy, HAI Data and Logistics Coordinator
- Monika Samper, RN, Flu Vax Coordinator and Clinical Reviewer
- Lisa Takeuchi, MPH, HAI/AR Monitoring & Prevention Epidemiolgist
- Roza Tammer, MPH, CIC, HAI Reporting Epidemiologist
- Dat Tran, MD, HAI Outbreak Response Physician/Interim HAI & EIP Program Manager

ISSUES HEARD:

- Call to Order and Roll Call
- Logistics Update
- Approve June 2019 minutes
- Oregon Health Authority (OHA) National Healthcare Safety Network (NHSN) Reporting Requirements
- Furloughing of Healthcare Workers (HCWs) post-Vaccine Preventable Disease (VPD) Exposure
- Patient and Family Advocacy in Hospital Acquired Infection (HAI) Context
- HCW Influenza Vaccination Data: 2017-18 Season

- Discussion: 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 St. Vincent (Chair)	Twelve members (75 percent) and 24 participants present.	No action items
Logistics Update Roza Tammer, OHA	➢ Webinar: Must register for webinar if attending remotely in order to access audio. ➢ HAIAC membership updates: • Labor Representative position filled: Jesse Kennedy, Nurse Practitioner with the Oregon Nurses Association. • Patient Safety Commission Representative position filled: Heidi Steeves, Executive Director of the Oregon Patient Safety Commission.	Register for webinar if attending remotely. Email Roza to be considered as new chair of this committee or to nominate a member.

	• Chair position: Genevieve Buser has served as Chair for two years. Formal term limits for positions on this committee is two years. • New Chair nominee must be a formal member.	
Approve June 2019 Minutes All Committee Members	June 2019 meeting minutes were approved by 75 percent of members.	No action items
OHA NHSN Reporting Requirements Roza Tammer, OHA (See pages 19-22 of meeting materials)	➢ Removal of post-laminectomy (LAM) surgical site infections (SSIs) from reporting requirements (see page 19 of meeting materials). • Goal: Ensure reporting requirements are addressing priorities of Oregon's patients and infection control community. • Proposed changes in definition to OAR 333-018-0100 and 333-018-0110(1)(b). ➢ Vote • Submit the impact statement requesting removal. o Approve: Josh Bardfield, Kelli Coelho, Pamela Cortez, Dennis Drapiza, Wendy Edwards, Jon Furuno, Jessie Kennedy, Kirsten Schutte, and Heidi Steeves. o Abstain: Deb Cateora and Pat Preston. o Reject: None. <u>Question</u> ➢ Judy Webber: What would replace LAM if removed?	Send questions and comments regarding reporting requirements to Roza Tammer. Facilities asked to report whether they are small businesses should respond to Roza Tammer's email. Wendy Edwards will give update on how many hospitals in Oregon perform

	Dat Tran: Could add select procedure(s) to outpatient hospital reporting or ambulatory surgery center (ASC) reporting (see page 20 of meeting materials). Lisa Takeuchi: NHSN trends in Oregon and nationally for acute care hospital (ACH) SSI (2017 data): • Oregon's 2017 coronary artery bypass graft (CBGB) standardized infection ratio (SIR) was lower than in 2016, was statistically lower than the national baseline, and met the 2020 U.S. Department of Health and Human Services (HHS) target. • Oregon's 2017 knee prosthesis (KPRO) SIR was higher than in 2016, was statistically higher than the national baseline, and did not meet the 2020 HHS target. • Oregon's 2017 LAM SIR was higher than in 2016, was statistically lower than the national baseline, and met the 2020 HHS target. • Oregon's 2017 abdominal hysterectomy (HYST) SIR was higher than in 2016, was higher than the national baseline, and did not meet the 2020 HHS target. • Oregon's 2017 colon surgery (COLO) SIR was higher than in 2016, was statistically lower than the national baseline, and did not meet the 2020 HHS target.	kidney transplants at next meeting.

	• Oregon's 2017 hip prosthesis (HPRO) SIR was lower than in 2016, was higher than the national baseline, and did not meet the 2020 HHS target. • National NHSN ACH SSI data (2017): Adult and pediatric SSIs with SIR >1 include craniotomy, cesarean section, open reduction of fracture (FX), and kidney transplant (KTP). Other adult SSIs with SIR >1 include limb amputation, appendix surgery, bile duct, liver or pancreatic surgery, carotid endarterectomy, spinal fusion (FUSN), KPRO, neck surgery, ovarian surgery, pacemaker surgery, prostate surgery, peripheral vascular bypass surgery, abdominal surgery. Other pediatric SSIs with SIR >1 include HPRO, liver transplant, and thoracic surgery. • HAIAC will be considering adding new outpatient procedures to ASC reporting requirement focusing on high risk, high volume procedures (potentially herniorrhaphy, breast surgery, gallbladder surgery, FX, FUSN). <u>Question</u> ➢ Julie Koch: How many hospitals in Oregon perform KTP? Genevieve Buser: Wendy Edwards can give update at next meeting. <u>Comment</u>	

	➢ Roza Tammer: Individual facilities can continue to monitor procedures voluntarily if changed. Until the rule has been changed, facilities please continue to monitor LAM SSIs.	
Furloughing of HCWs post-VPD Exposure Dat Tran, Oregon Health Authority	AOR 3330190010: Disease-Related School Childcare and Worksite Restrictions: Imposition of Restrictions ➢ Currently as written excludes susceptible children and employee of a school or children's facility. There is authority to rule that unvaccinated, exposed HCWs be excluded but it's not explicitly stated. Proposed additional paragraph: *"Nothing in this rule prohibits the authority or local public health authority from excluding an employee of a healthcare facility or a food service facility who has a restrictable disease or who is susceptible."* <u>Comment</u> ➢ Kirsten Schutte: Could assist facilities dealing with staff who have credentials but who are not directly employed by the facility. Deborah Cateora: Would help DHS effectively implement their own rule. Lauren Ogden: Add Employee Health to language since these individuals will often be involved from the healthcare facility perspective.	No action items

Patient and Family Advocacy in HAI Context Panel: Nicole Shreve and Dane Stevenson, Patient Advocates, Vibra Specialty Hospital of Portland	Panel with Nicole Shreve and Dane Stevenson discuss the intersection of patient advocacy and infection prevention. Goal for outreach to Oregon hospitals ➢ Roza Tammer: Create a relationship between our program and consumer and patient advocates here in Oregon. <u>Question</u> ➢ Julie Koch: How do you involve your families in any of the work on HAIs in your organization? Dane Stevenson: Family support group. General examples from members included family and patient representation on HAI committee and patient-family advocacy committee and including patient and family in prevention activities, such as a card to go through the maintenance bundle with the nurse. <u>Question</u> Genevieve Buser: What do you hear coming from your families that they struggle with as far as the hospital and HAIs?Nicole Shreve: Visitor restrictions: Children under 12 are not allowed on the patient floors, patients cannot leave building, restrictions and policies on decorations allowed in room and once patient leaves the hospital or moves rooms, and only one approved adult family member to spend the night.	No action items

	<u>Question</u> ➢ Roza Tammer: Should we revisit this at future meetings? • Share infection preventionist message boards and discussion groups with advocates. • HAIAC is a forum to have these conversations about HAI and patient advocacy.	
HCW Influenza Vaccination Data: 2017-18 Season **Monika Samper,** Oregon Health Authority (See page 23 of meeting materials)	2017-2018 report includes almost 360 facilities in Oregon. ➢ All hospitals, ASCs, skilled nursing facilities (SNFs) and dialysis facilities. ➢ Includes employees, independent practitioners, students and volunteers, and other contractors. Collecting data regarding other contractors is optional. • Healthy People 2020 Goal is 90%. • Oregon is at 76% for 2017-2018 season: o Hospitals are at 82% o ASCs are at 74% o SNFs are at 59% o Dialysis facilities are at 90% • Overall rate and facility-specific rates increased o Dialysis facilities met 2020 goal o Hospitals have met 2015 goal but not 2020 goal <u>Question</u> ➢ Dat Tran: At what stage of development would it be useful to engage with facilities to impact and	No action items

	influence the campaign? Mary Post: All year, campaign starts when vaccine is ordered in June-July for September-October delivery.	
Discussion: Topics for Future Meetings and Reports All attendees	No discussion.	No action items
Public Comment	No public comment	No action items
Adjourn		

Next meeting will be December 11, 2019, 1:00 pm - 3:00 pm, at Portland State Office Building, Room 1B

Submitted by: Laura LaLonde
Reviewed by: Roza Tammer

Targeted Assessment for Prevention (TAP): Summary of Statewide Efforts

HAIAC
December 11, 2019

Lisa Iguchi, MPH
HAI Epidemiologist
Roza Tammer, MPH, CIC
HAI Reporting Epidemiologist

Oregon Health Authority

The TAP Strategy

- Centers for Disease Control and Prevention (CDC) approach
- Uses National Healthcare Safety Network (NHSN) data for action to prevent healthcare-associated infections (HAIs)
  - **Targets** healthcare facilities and units with a disproportionate burden of HAIs using **data**
  - **Assesses** infection prevention gaps using **Facility Assessment survey tools**
  - Offers infection **prevention** strategies to reduce HAI incidence using **Implementation Guides**

The TAP Strategy in Oregon

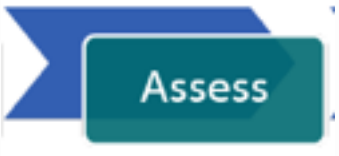
- 2017: All state-level HAI Programs funded for TAP Strategy work by CDC's Epidemiology and Laboratory Capacity (ELC) Grant

- Oregon's TAP approach in 2018 and 2019
  - Initial outreach, facility engagement
  - Planning, provision of materials, technical assistance
  - Surveys deployed/completed; progress updated provided
  - Data analyzed and provided in Feedback Reports
  - Survey completed by infection preventionist
  - Data analyzed and provided in crosswalk report
  - Calls (1-2) regarding the data and the TAP experience

Targeting Facilities

- NHSN data used to identify facilities and locations with excess infections (CLABSI, CAUTI, and CDI)
- Metric used for TAP data is the Cumulative Attributable Difference (CAD)
  - Translates standardized infection ratio (SIR) goal into concrete, numeric HAI prevention goal to drive action
  - CAD>1 = more infections than predicted
- Facility engagement based on multiple factors
  - Performance defined by CAD, SIR (both low and high)
  - Facility resources and interest
  - Vermont Oxford Network (VON) participation

TAP Facility Assessment Tools



- Awareness and perceptions of prevention policies and practices
- Administered to facility healthcare personnel (HCP)
  - Frontline providers (e.g., nurses, CNAs, physicians, environmental services)
  - Mid-level staff (e.g., director of infection prevention, unit/nurse managers)
  - Senior leadership (e.g., CEO, CMO, COO)
- Collection of at least 30 assessments recommended for interpretation

TAP Facility Assessment Tools

Assess

CLABSI

I. General infrastructure
II. Appropriate use of central venous catheters
III. Proper insertion practices
IV. Proper maintenance practices
V. Supplemental strategies

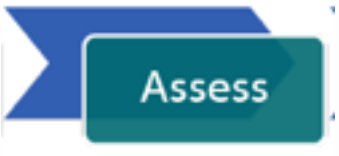
CAUTI

I. General infrastructure
II. Appropriate indications for insertion
III. Aseptic Insertion
IV. Proper maintenance
V. Timely removal
VI. Appropriate urine culture practices

CDI

I. General infrastructure
II. Antibiotic Stewardship
III. Early detection, appropriate testing
IV. Contact Precautions
V. Environmental cleaning

TAP Facility Assessment Tools



- Actionable information representing “on-the-floor” practices
  - “No” or “Never,” “Rarely,” “Sometimes” responses
  - “Unknown” responses
- Divergent responses among different HCP
- Generates conversation, “Aha!” moments, cues to action

Compiling Assessments: TAP Feedback Reports

SAMPLE

Clostridium difficile Infection (CDI) Facility Assessment Tool—Feedback Report

Date Range:	54	55.67	15.03	0.97	0.92	0.89
2016	Number of healthcare facility-onset CDIs	Number of predicted healthcare facility-onset CDIs	Facility Cumulative Attributable Difference (CAD), or the number of infections the facility would have needed to prevent to achieve an HAI reduction goal SIR of 0.7	Healthcare facility-onset CDI Standardized Infection Ratio (SIR)	2014 National healthcare facility-onset CDI SIR	2014 State healthcare facility-onset CDI SIR

SIR >1.0 indicates more infections than predicted

Assessment Overview

Collected: 250

Analyzed: 250

Overall Mean Score: 46.7 out of 72, or 65%

- Scoring and results are for the purpose of internal quality improvement and should not be used as a method to benchmark against other units or facilities -

Leading*	Lagging†
Hand hygiene & PPE training to all healthcare personnel Upon Hire and At Least Annually	Provider & patient/family education about risk of CDI with antibiotics
Feedback of performance to personnel on Hand Hygiene & Contact Precautions	Monitor & Reduce use of Fluoroquinolones & Cephalosporins
Housing of CDI patients separately from patients without CDI and use of signs	Appropriate testing and lab reporting for CDI, and communication of CDI status upon transfers
Cleaning of shared medical equipment between patient uses	Use EPA product effective against Cdiff spores for Daily and Terminal disinfection in CDI rooms, following manufacturer's instructions

Selected Deep Dives – Top Opportunities for Improvement ‡

I. General Infrastructure 73%	II. Antibiotic Stewardship 41%	III. Early Detection, Appropriate Testing 57%	IV. Contact Precautions 69%	V. Environmental Cleaning 60%
Staff person with dedicated time to coordinate CDI prevention activities	Provider education about risk of CDI with antibiotics	Avoidance of testing for CDI for inappropriate indications	CDI patients remain on Contact Precautions beyond duration of diarrhea	EPA product effective against Cdiff spores for Daily disinfection in CDI rooms
	Patient/family education about risk of CDI with antibiotics	Laboratory reporting of initial test results within 24hrs of stool collection	Adherence to use of gowns/gloves: Patients' Families/Visitors	EPA product effective against Cdiff for Terminal disinfection in CDI rooms
	Monitor & Reduce use of Fluoroquinolones (antibiotic that is high-risk for CDI)	Communication of CDI status upon transfer to your facility	Adherence to hand hygiene policies: Patients' Families/Visitors	Manufacturer's instructions followed for use of disinfectants
	Monitor & Reduce use of 3rd/4th Gen. Cephalosporins	Communication of CDI status to receiving facilities		

* Items displayed are based on questions with a frequency of >75% Yes or >75% for the sum of Often + Always

† Items displayed are based on questions with a frequency of >33% Unknown, >50% No, or >50% for the sum of Never + Rarely + Sometimes + Unknown

‡ Items displayed are based on questions within each domain with a frequency of >33% Unknown, >50% No, or >50% for the sum of Never + Rarely + Sometimes + Unknown

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Sample TAP Feedback Report

Leading*
Hand hygiene & PPE training to all healthcare personnel Upon Hire and At Least Annually
Feedback of performance to personnel on Hand Hygiene & Contact Precautions
Housing of CDI patients separately from patients without CDI and use of signs
Cleaning of shared medical equipment between patient uses

Lagging†
Provider & patient/family education about risk of CDI with antibiotics
Monitor & Reduce use of Fluoroquinolones & Cephalosporins
Appropriate testing and lab reporting for CDI, and communication of CDI status upon transfers
Use EPA product effective against Cdiff spores for Daily and Terminal disinfection in CDI rooms, following manufacturer's instructions

Sample TAP Feedback Report

I. General Infrastructure, Capacity, and Processes			
Question	Yes	No	Unknown
1. Does your facility's senior leadership actively promote CDI prevention activities?	85%	4%	11%
2. Is unit-level leadership involved in CDI prevention activities?	79%	5%	16%
3. Does your facility have a team/work group focusing on CDI prevention?	68%	15%	16%
4. Does your facility have a staff person with dedicated time to coordinate CDI prevention activities?	47%	30%	22%
Training	**Yes**	**No**	**Unknown**
5. Does your facility provide training on hand hygiene to all healthcare personnel: A. Upon hire?	95%	2%	4%
5. Does your facility provide training on hand hygiene to all healthcare personnel: B. At least annually?	87%	3%	10%
6. Does your facility provide training on use of personal protective equipment (PPE) to all personnel who use PPE, including proper PPE selection and donning/doffing: A. Upon Hire?	93%	1%	6%
6. Does your facility provide training on use of personal protective equipment (PPE) to all personnel who use PPE, including proper PPE selection and donning/doffing: B. At least annually?	86%	3%	11%
7. Does your facility provide training on cleaning and disinfection to all personnel with this responsibility (e.g., environmental services staff, unit-level personnel): A. Upon hire?	63%	27%	10%
7. Does your facility provide training on cleaning and disinfection to all personnel with this responsibility (e.g., environmental services staff, unit-level personnel): B. At least annually?	58%	28%	14%

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Sample TAP Feedback Report

Assess

Respondent Demographics

	Number of Respondents	Percent of Respondents	Total Mean Points	Total Mean Score
Respondent Role				
Nurse/Nurse Assistant	32	60%	42.0	52%
Physician/PA/NP	15	28%	59.3	73%
Other	5	9%	45.4	56%
Missing	1	2%	--	--
Respondent inserts, assists with insertion of, or maintains central venous catheters as part of their work at this facility?				
Yes	45	85%	49.7	61%
No	8	15%	33.1	41%
Missing	0	0%	--	--
Unit Type				
ICU	12	23%	48.1	59%
Non-ICU	41	77%	47.0	58%
Missing	0	0%	--	--
Years of Experience at Facility				
Less than 1	11	21%	45.5	56%
1 to 5 years	27	51%	47.9	59%
6 to 10 years	14	26%	45.9	57%
Over 10 years	1	2%	66.5	82%
Missing	0	0%	--	--

Includes a breakdown of respondent types and their scores

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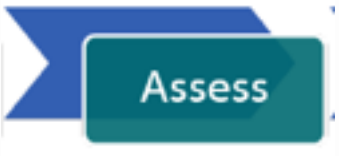
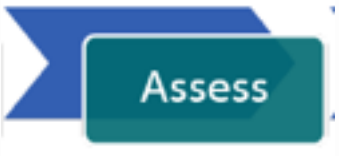
TAP Strategy: The Numbers



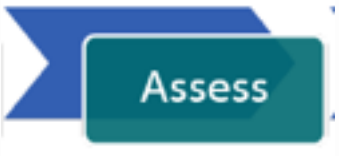
- 2018: 476 responses
  - CDI
    - 16 facilities participated
    - 420 responses
  - CLABSI
    - 5 facilities participated
    - 56 responses
- 2019: 553 responses
  - CDI
    - 3 facilities participated
    - 187 responses
  - CLABSI
    - 3 facilities participated
    - 177 responses
  - CAUTI
    - 1 facility participated
    - 189 responses

Successes Over Time: CLABSI



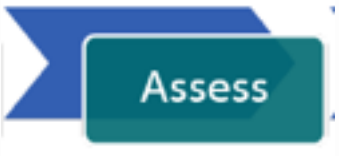
- Leadership involvement/promotion for CLABSI prevention activities
- Daily assessment and removal of central lines no longer needed; audits of these assessments
- Feedback of CLABSI and device utilization data
- Bundled approach to central line insertion
- Coverage of central line insertion sites with either sterile gauze or sterile, transparent, semipermeable dressing
- Routine monitoring of insertion sites for tenderness/other signs of infection during dressing changes or by palpation through intact dressing

Challenges Over Time: CLABSI



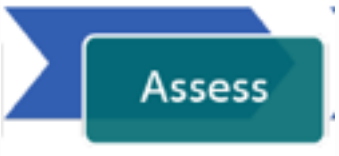
- Staff person with dedicated time to coordinate CLABSI prevention activities
- Physician/nurse champion for CLABSI prevention activities
- HCP empowered to stop non-emergent central line insertion if proper procedures are not followed
- Central line dressing change practices
- Documentation of an indication for central lines by the ordering provider
- Replacement of central lines within 48 hours when adherence to aseptic technique cannot be ensured (i.e., emergent insertions)
- Replacement of tubing used for propofol infusions every 6-12 hours when the vial is changed
- Competency assessment on proper central line insertion upon hire, annually, and with introduction of new equipment/protocols

Successes Over Time: CDI



- Leadership involvement in and promotion of CDI prevention activities
- Contact Precautions signage
- Adherence by nurses and nursing assistants to use of gowns/gloves for patients on Contact Precautions, and to hand hygiene policies
- Cleaning of shared medical equipment between patient uses
- Training on hand hygiene, proper use of PPE, Contact Precautions protocols, and environmental cleaning disinfection up hire/during orientation and annually
- Terminal cleaning of high-touch environmental surfaces upon patient discharge
- Hand washing with soap and water by HCP after contact with CDI patients and their environment
- Involvement of unit-level leadership in CDI prevention activities
- Rapid implementation of Contact Precautions for patients as soon as *C. difficile* testing is ordered

Challenges Over Time: CDI



- Dedicated staff person and physician/nurse champion for CDI prevention activities
- Facility monitoring, and strategies to reduce, use of antibiotics (fluoroquinolone, 3rd/4th gen. cephalosporin, and clindamycin) that are high-risk for CDI
- Providers avoid inappropriate testing of patients with a known cause of diarrhea, and for testing for cure of CDI
- Adherence of families/visitors to use of gowns/gloves for patients on Contact Precautions and to hand hygiene
- Staff awareness of antimicrobial stewardship practices
- Intra/inter-facility transfer communication
- Cleaning of high-touch surfaces and shared medical equipment

Practice versus Perception

- Calls with facilities to review TAP feedback report
- Wanted to better understand if gaps identified were due to gaps in practice versus perceptions
- Requested the IP complete the TAP Facility Assessment Tool representing actual facility practice
- HAI program staff crosswalked IP responses with HCP responses
- Provided implementation resources based on gaps in both practices and perceptions

Implementation Resources

Prevent

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

SEARCH

CDC A-Z INDEX

Healthcare-associated Infections

- Healthcare-associated Infections (HAI)
- Data and Statistics +
- Types of Infections +
- Diseases and Organisms +
- Preventing HAIs –
- **Targeted Assessment for Prevention (TAP)** –
  - TAP CAUTI Toolkit Implementation Resources
  - TAP CDI Implementation Resources
  - TAP CLABSI Implementation Guide

CDC > Healthcare-associated Infections (HAI) > Preventing HAIs

The Targeted Assessment for Prevention (TAP) Strategy

https://www.cdc.gov/hai/prevent/tap.html

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Focus on Practices: Implementation Guidance

Prevent

Top Opportunities for Improvement based on respondents' perceptions VERSUS Actual Practices as Indicated by Infection Preventionist Implementation Resources

I. General Infrastructure	IP Response	Resource(s)
Feedback to personnel on facility-wide and unit-level CDI data, and antibiotic use data	No for unit-level CDI data	CDI TAP Report Guide for a Facility User within NHSN (CDC): https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/ref-guide/TAP-Reports_Facility_CDI.pdf Antimicrobial User SAAR Table - By Location (CDC): https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/aur/AU-ORG-SAARTables-Location.pdf
Audit of PPE and environmental care practices	No for use of dedicated or disposable equipment, use of an EPA-registered product that is effective against C. difficile spores, and adherence to product label instructions for use	Contact Isolation Skills Competency Checklist (American Association of Nurse Assessment Coordination): https://www.aanac.org/docs/2015-ltc-leader/n-coley_capstonefinal.pdf?sfvrsn=2 Controlling CDI - Environmental Services Cleaning Guidebook (Minnesota Hospital Association): https://www.mnhospitals.org/Portals/0/Documents/ptsafety/CDICleaning/4.%20Environmental%20Services%20Cleaning%20Guidebook.pdf
Feedback of performance on PPE, contact precautions practices, and environmental care	No for PPE and contact precautions	Hand Hygiene Compliance Immediate Feedback Scripting (University of North Carolina Health Care and School of Medicine): http://news.unchealthcare.org/empnews/att/2013/august/hand-hygiene/script-for-hand-hygiene-immediate-feedback
II. Antibiotic Stewardship	**IP Response**	**Resource(s)**
Education of providers about risk of CDI with antibiotic use	Sometimes	Prevent and Manage Infections Safely: C. difficile leadership fact sheet (Advancing Excellence in America's Nursing Homes): https://txhca.org/app/uploads/2015/07/AE_Factsheet_for_Staff_Infections-C-Diff.pdf
III. Early Detection, Appropriate Testing	**IP Response**	**Resource(s)**

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Infection Prevention Gaps: Common Themes

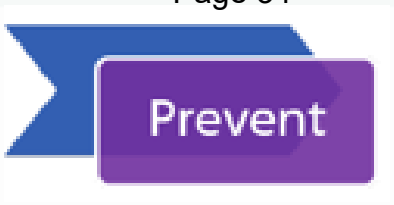
Prevent

For all HAI measures

- Physician champion for prevention activities
- Routine audits or competency assessments on proper practices

CLABSI	CAUTI	CDI
Replacement of central lines within 48 hours when adherence to aseptic technique cannot be ensured	Use of alerts, reminders, or stop orders for indwelling urinary catheter removal	Documentation of indication for *C. difficile* tests

Quality Improvement Activities



Staff education and awareness of prevention activities

- FAQ developed for staff
- Incorporation into staff training days
- Providing additional IP resources at the bedside

- Establishing competency assessments and audit processes
- Incorporation of new policies, bundles, and tools
- Identifying ways to engage with providers

Involving Patients and Families

- Results show the main gaps were in CDI
  - Process in place to ensure that patients wash their hands before eating and after using the bathroom
  - Adherence of families/visitors to use of gowns/gloves for patients on Contact Precautions and to hand hygiene

- CAUTI data showed good education around indications and care for urinary catheters among patients and facilities
- CLABSI data showed patients encouraged to report new changes or discomfort with central lines

Summary and Next Steps

- Facilities found TAP assessments to be helpful in identifying gaps and targeting quality improvement efforts
  - Many are still in progress of identifying specific implementation processes to address gaps
- Facilities in Oregon have built great capacity for TAP
  - Specific CDC funding for Oregon HAI Program's TAP work discontinued in 2020
  - HAI Program staff can still provide materials and technical assistance to facilities interested in the TAP strategy independently

Questions and discussion

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MDRO and CRE Toolkits

Dat Tran, MD, MS

HAIAC Meeting
December 11, 2019

Oregon Health Authority

MDRO Toolkit

https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/HAI/Pages/Information-for-Health-Care-Facilities.aspx

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Healthcare-Associated Infections

Acute and Communicable Disease Prevention

Public Health Division > Diseases and Conditions > Acute and Communicable Disease > Healthcare-Associated Infections > For Health Care Facilities

For Health Care Facilities

- Healthcare-Associated Infections
- Learn about HAIs
- For the Public
- For Health Professionals
- For Health Care Facilities
- Long Term Care Facility HAI Toolkit
- Publications and Maps

- HAI Reporting
- Mandatory Reporting of HAIs
- Guidelines for Investigating HAI Outbreaks
- Healthcare Worker Influenza Vaccination Reporting

Recommendations for specific MDROs

The Oregon Public Health Division is working to improve patient safety by monitoring healthcare-associated infections (HAIs) and assisting health care facilities to identify and respond to multidrug-resistant organisms (MDROs).

On this page:

- Multidrug-Resistant Organism (MDRO) Toolkit
- Methicillin-resistant *Staphylococcus aureus*
- Vancomycin-resistant *Enterobacteriaceae*
- Carbapenem-resistant *Enterobacteriaceae*
- Multidrug-resistant *Acinetobacter*
- Multidrug-resistant *Pseudomonas*
- *Clostridium difficile*

MULTIDRUG-RESISTANT ORGANISM (MDRO) TOOLKIT

This toolkit provides recommendations to Oregon healthcare facilities about strategies to prevent transmission of MDROs and *Clostridioides* (formerly *Clostridium*) *difficile* during patient care.

Note: This toolkit is a working document addressing high-impact organisms in Oregon hospitals. Given the continually evolving infection prevention and control landscape, including novel and emerging pathogens, this document will be updated as needed. The format will also be updated to align with Oregon Health Authority branding and style.

Oregon Multidrug-Resistant Organism (MDRO) Toolkit (pdf)

Oregon Health Authority

MDRO Toolkit

https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/HAI/PREVENTION/Pages/DROP-CRE.aspx

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HAI Prevention

Public Health Division > Diseases and Conditions > Acute and Communicable Disease > Healthcare-Associated Infections > HAI Prevention > DROP-CRE Network

DROP-CRE Network

- Healthcare-Associated Infections
- Learn about HAIs
- For the Public
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- Long Term Care Facility HAI Toolkit
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- HAI Reporting

- HAI Prevention
- DROP-CRE Network
- HAI Advisory Committee
- Preventing Clostridium difficile infection
- Interfacility Transfer Communication
- Oregon Patient Safety Commission

Drug Resistant Organism Prevention and Coordinated Regional Epidemiology

DROP-CRE is a unique public-academic partnership whose primary objective is to detect and contain carbapenem-resistant *Enterobacteriaceae* (CRE) in Oregon.

On this page:

- Goals
- Reports, tools and information
- Presentations

Goals

The goals of the DROP-CRE Network are to:

- Assess the needs and capabilities for response
- Coordinate statewide CRE education
- Develop laboratory capacity for rapid detection of carbapenemases
- Provide outbreak assistance, and
- Establish surveillance for CRE.

The network has conducted surveys of laboratories, infection preventionists, and long term care facilities and has provided education through presentations, webinars, and the Oregon CRE Toolkit (pdf). The Oregon State Public Health Laboratory has increased capacity for rapid detection through testing for carbapenemases by polymerase chain reaction (PCR), Modified Hodge Test, and Carba-NP. The network provides assistance with response to individual CRE cases and outbreaks, and the Public Health Division has made CRE reportable by state law to institute ongoing surveillance.

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CRE Toolkit

1. Incorporation of CDC's "**Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)**" into response plan for CP-CRE
   - In Oregon, CP-CRE are "Tier 2 organisms" (p 2)
     - Organisms primarily associated with healthcare settings and are not commonly identified in the region
     - These organisms might be found more commonly in other areas of the United States
     - Information is available about how transmission of these organisms occurs and the groups primarily at risk
   - CDC document outlines more specific guidance on whom to screen (pp 8-9; Table 1 p 13)

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https://www.cdc.gov/hai/containment/guidelines.html

CRE Toolkit

Description	Tier 1 Resistance mechanisms never or very rarely identified in the United States; pan-resistant organisms with the potential for wider spread in a region	Tier 2 Mechanisms and organisms not regularly found in a region	Tier 3 Mechanisms and organisms regularly found in a region but not endemic
Healthcare Investigation[1]			
Review the patient's healthcare exposures prior to and after the positive culture	Always	Always	Always
Contact Investigation[1]			
Screening of healthcare roommates	Always	Always	Always
Broader screening of healthcare contacts[2]	Always[3]	Sometimes[4]	Sometimes
Prospective lab surveillance[5]	Always	Always	Always
Retrospective lab surveillance[6]	Always	Always	Sometimes
Household contact screening	Sometimes	Rarely	Rarely
Environmental sampling	Sometimes	Rarely	Rarely
Healthcare personnel screening	Sometimes	Rarely	Rarely
Evaluate potential spread to healthcare facilities that regularly share patients with the index healthcare facility[7]	Sometimes	Sometimes	Rarely
Infection Control Measures			
Prompt notification of healthcare providers and patient and implementation of appropriate transmission-based precautions	Always	Always	Always
Clear communication of patient status with transferring facilities	Always	Always	Always
On-site infection control assessment with observations of practice, such as Epidemiology and Laboratory Capacity (ELC) Infection Control Assessment and Response (ICAR)	Always	Always	Sometimes

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https://www.cdc.gov/hai/containment/guidelines.html

CRE Toolkit

2. Support of CDC's control strategy in long-term care, as outlined in interim guidance "**Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)**"
   - Enhanced barrier precautions
   - Applies for resident care of patients with CP-CRE colonization

CRE Toolkit

Precautions	Applies to:	PPE used for these situations:	Required PPE	Room restriction
Enhanced Barrier Precautions	•All residents with *any of the following*: Infection or colonization with a novel or targeted MDRO *when Contact Precautions do not apply*. •Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) *regardless of MDRO colonization status* who reside on a unit or wing where a resident known to be infected or colonized with a novel or targeted MDRO resides.[4] Facilities may consider applying Enhanced Barrier Precautions to residents infected or colonized with other epidemiologically-important MDROs based on facility policy.	•During high-contact resident care activities: Dressing •Bathing/showering •Transferring •Providing hygiene •Changing linens •Changing briefs or assisting with toileting •Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator •Wound care: any skin opening requiring a dressing	Gloves and gown prior to the high-contact care activity (change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	None
Contact Precautions	•All residents infected or colonized with a novel or targeted multidrug-resistant organism *in any of the following situations*: Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained •On units or in facilities where ongoing transmission is documented or suspected For infections (e.g., *C. difficile*, norovirus, scabies) and other conditions where Contact Precautions is recommended see Appendix A – Type and Duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Isolation Precautions	Any room entry	Gloves and gown (don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Yes, except for medically necessary care

Questions?

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Screening for Select Organisms

Richard Leman, MD
Dat Tran, MD, MS

HAIAC Meeting
December 11, 2019

Oregon Health Authority

Travel-based screening for antibiotic-resistant organisms

- CP-CRE
  - Screen patients who have had an overnight stay in a healthcare facility outside the United States in the prior 6 months for the presence of carbapenemase-producing CRE
  - Example EMR CRE question
    - Travel History (CRE) Infection
      - Has patient had an overnight stay in a hospital outside the US in the past 6 months?
- *C. auris*
  - When a patient has had an overnight stay in a healthcare facility outside the United States in the previous one year, especially if in a country with documented *C. auris* transmission
    - Colonization for longer than a year has been identified among some *C. auris* patients; therefore hospitals might also consider determining the species for *Candida* isolated from patients with more remote exposure to healthcare abroad.

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https://www.cdc.gov/hai/organisms/cre/cre-facilities.html
https://www.cdc.gov/fungal/candida-auris/c-auris-surveillance.html

Implementing ARLN international admit screening CPO/*C. auris*

- January 21, 2020
  10:00 – 11:00 AM PST
- Registration link:
  https://attendee.gotowebinar.com/register/6942875373056150531

- ARLN resources available to hospitals for international admit screening for CPO/*C. auris*
- *CDC guidance on whom to screen*
- A facility's experience with implementing screening

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Rapid Recognition and Isolation of Patients with High-Impact Infectious Disease

Healthcare-Associated Infections Advisory Committee

December 11, 2019

Public Health Division
Health Security, Preparedness, and Response

Oregon Health Authority

A Question for the Advisory Group

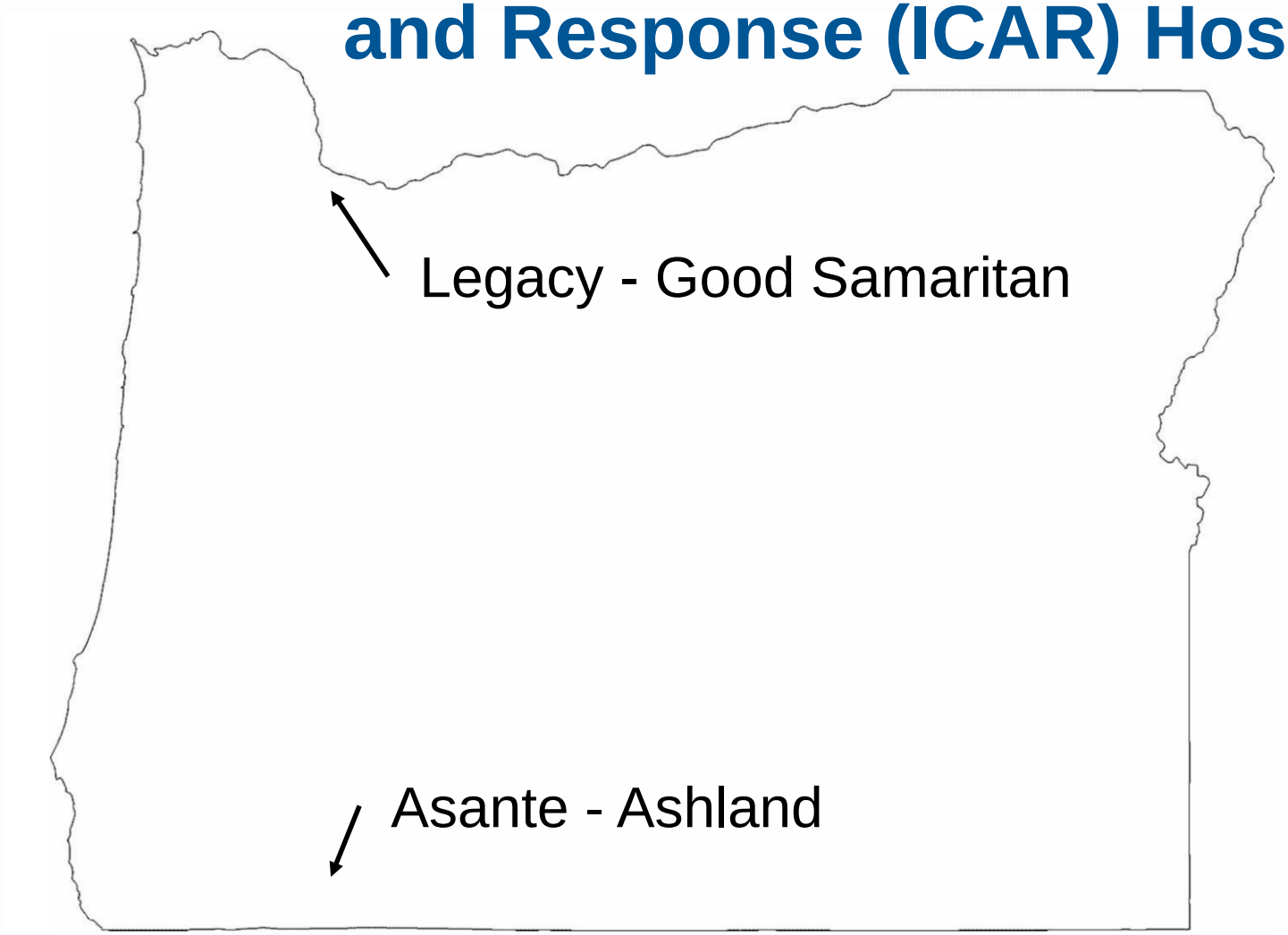
Are there simple, effective ways we can promote rapid recognition and isolation of patients with high-impact infectious diseases in Oregon hospitals?

A Question for the Advisory Group

Are there simple, effective ways we can promote rapid recognition and isolation of patients with high-impact infectious diseases in Oregon hospitals?

Is there sufficient benefit to make this a goal worth pursuing?

Infection Control, Assessment, and Response (ICAR) Hospitals



ICAR Activities

- They've received funding and training to:
- implement effective "Identify, Isolate, Inform" programs,

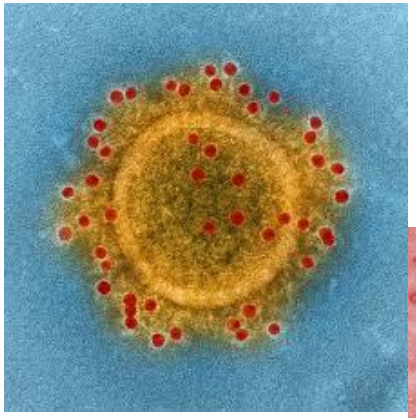
- Design, staff, and maintain effective containment units for assessment and care of high-impact, infectious patients

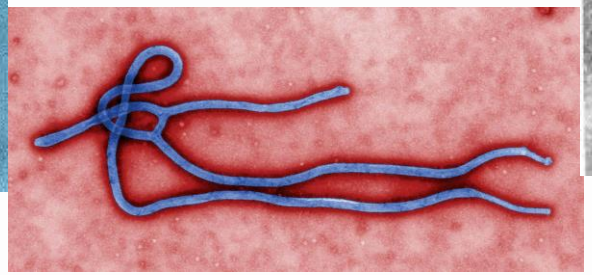
Are there ways to share what they've learned more broadly among Oregon hospitals?

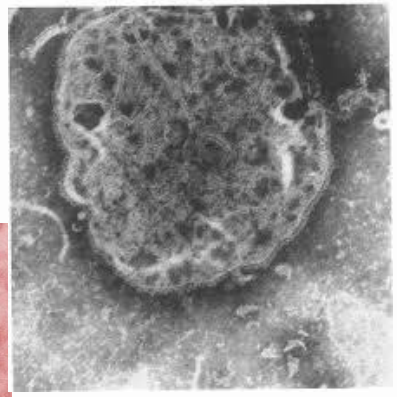
A possible approach. . .

The Rationale for Rapid Recognition and Isolation

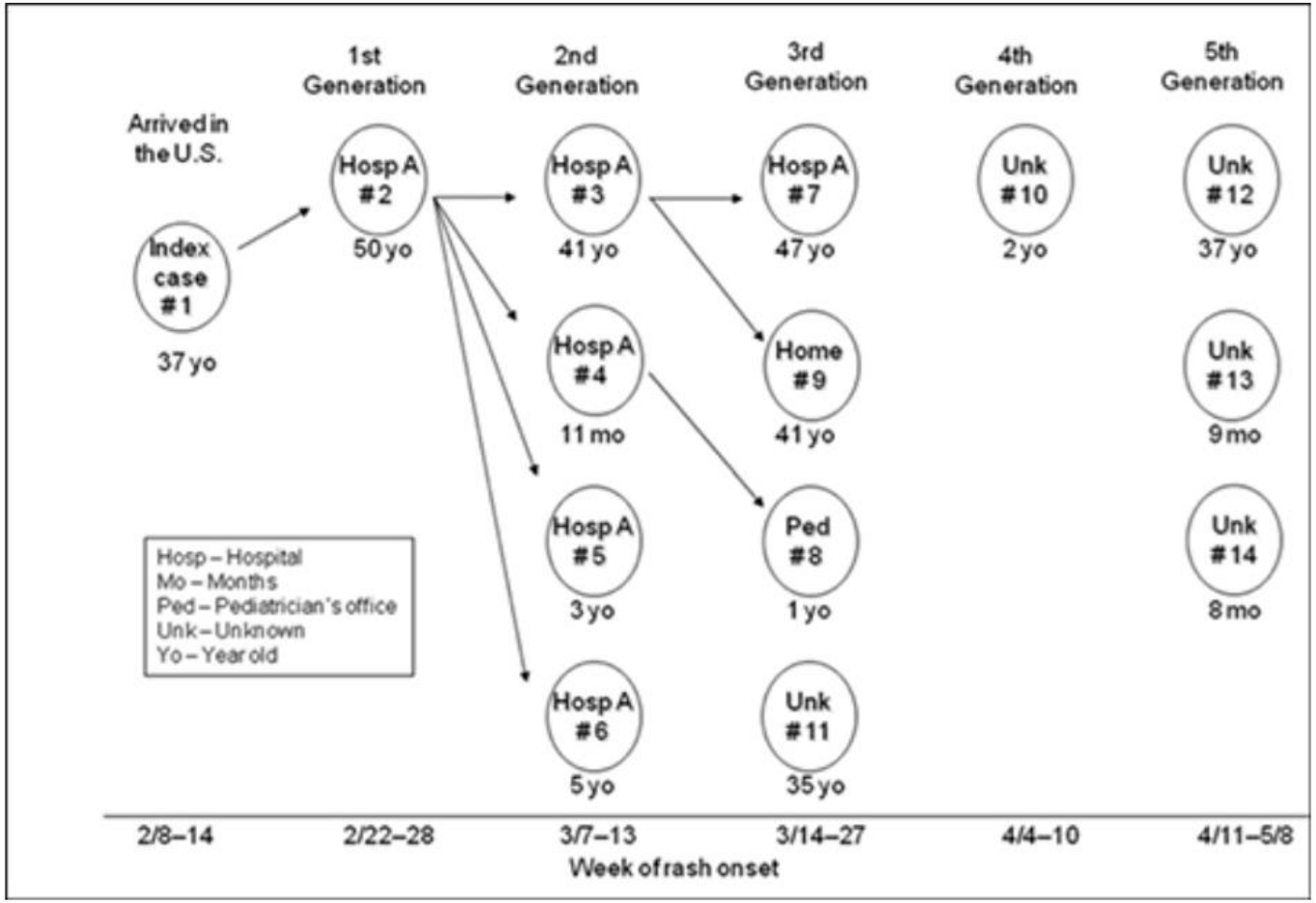
- We live in a Global Village.
- Severe, infectious pathogens are often a plane ride away.
- We owe it to ourselves, and our patients, to recognize them and respond effectively.







Measles outbreak in an Arizona ER, 2008



J Infect Dis, 203(11), 2011:1517-1525

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Ashland, Oregon – March, 2019

Asante conducted a no-notice, mystery patient drill.

A person with symptoms consistent with Ebola presented to the ER.

In the scenario, she had recently been working in an Ebola Treatment Center in Democratic Republic of the Congo.

She would not share this information unless asked. . .

Outcome

Patient went from initial intake to isolation in 4 minutes.

What made the difference?

What made the difference?

Policies

To mask patients with febrile illness and ask these patients about travel

Training

So intake staff regularly ask about travel in appropriate situations, provide a mask, and notify key personnel

Prompts

In electronic health record to make sure procedures are followed

Protecting Staff and the Community

By putting these pieces in place, any facility can readily identify, isolate, and care for patients with high-consequence infectious diseases with minimal risk to staff, other patients, and the general public.

Early Identification and Isolation of Contagious Patients…It *can* happen in Emergency Department Triage!" (https://go.usa.gov/xmwpe)

Questions?

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