

Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

December 11, 2019
1:00 - 3:00 pm

PSOB – Room 1E
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)
- Paul Cieslak, MD, Medical Director, Oregon Public Health Division, Oregon Health Authority
- 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 (phone)

- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc.
- 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)

MEMBERS
EXCUSED:

- Heidi Steeves, Executive Director, Oregon Patient Safety Commission
- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University
- Kelli Coelho, RN, CASC, MBA, Executive Director, RiverBend Ambulatory Surgery Center
- Jesse Kennedy, RN, Nurse Practice Consultant, Oregon Nurses Association

OTHER
PARTICIPANTS
PRESENT:

- Sandra Assasnik, Director, Safety and Quality, Washington State Hospital Association (phone)
- Michele Shields, LPN, Staff Development Specialist, Holgate Community (phone)
- Gretchen Koch, MS, RN, Policy Analyst, Nursing Practice and Evaluation, Oregon State Board of Nursing (phone)
- Diane Zhitlovsky, Sr. Clinical Specialist, Genentech
- Tara Buehring, MPH, Infection Preventionist, Vibra Specialty Hospital of Portland (phone)
- Joyce Caramella, RN, CPHQ, CHC, Project Manager, HealthInsight Oregon (phone)

- Susan Diskin, BSN, RN, CIC, Infection Prevention and Control, Legacy Emanuel Medical Center (phone)
- Ryan Grimm, Director of Surgical Services, Ambulatory Surgery Centers, The Portland Clinic (phone)
- Karen Keuneke, RN, MSN, Supervisor of Infection Prevention, Good Samaritan Regional Medical Center (phone)
- Morgan Ransleben, Biomedical Quality Engineer, Stryker Sage

OREGON
HEALTH
AUTHORITY
(OHA) STAFF
PRESENT:

- Nicole West, MPH, Influenza Epidemiologist
- Richard Leman, MD, Chief Medical Officer
- Maureen Cassidy, MPH, Multi-Drug Resistant Organisms (MDRO) Epidemiologist
- Laura LaLonde, MPH, HAI Office Specialist
- Alyssa McClean, AWARE Coordinator
- Diane Roy, HAI Data and Logistics Coordinator
- Monika Samper, RN, Influenza Vaccination Coordinator and Clinical Reviewer
- Lisa Takeuchi, MPH, HAI/Antimicrobial Resistance (AR) Monitoring & Prevention Epidemiologist
- Roza Tammer, MPH, CIC, HAI Reporting Epidemiologist
- Dat Tran, MD, HAI Outbreak Response Physician/Interim HAI & Emerging Infections (EIP) Program Manager

ISSUES HEARD:

- Call to order and roll call
- Logistics update
- Approve September 2019 minutes

- Targeted Assessment for Prevention (TAP) Strategy in review
- MDRO and carbapenem-resistant Enterobacteriaceae (CRE) toolkits
- Screening of select organisms
- Healthcare-Associated Infections (HAI) Program updates
- 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
<p>Call to order and roll call Genevieve Buser, Providence St. Vincent (Chair)</p>	<p>Ten members (71 percent) and ten participants present.</p>	<p>No action items</p>
<p>Logistics update Roza Tammer, OHA</p>	<p>➤ HAIAC membership updates:</p> <ul style="list-style-type: none"> • Three vacancies and one opportunity on the advisory committee: <ul style="list-style-type: none"> ○ Hospital Administrator with Expertise in Infection Control in a Facility with Fewer than 100 Beds. ○ Consumer and Patient Representative. ○ Health Insurer Representative. 	<p>Please share “Bring your voice to the table” one-pager with your networks and email Roza if interested</p>

	<ul style="list-style-type: none"> ○ Chairperson is an opportunity for current members. ● Question added to check-in process: indicate if member of the public, lobbyist, or pharmaceutical representative. <p>➤ Stay tuned for webinar access updates.</p>	
<p>Approve September 2019 minutes All Committee Members</p>	September 2019 meeting minutes were approved by 70 percent of members.	No action items
<p>TAP Strategy in review Lisa Iguchi, OHA</p> <p>(See pages 14-17 of meeting materials)</p>	<p>➤ The TAP Strategy:</p> <ul style="list-style-type: none"> ● Uses National Healthcare Safety Network (NHSN) data for action to prevent HAIs. ● NHSN data used to identify facilities and locations with excess infections (central line-associated bloodstream infection [CLABSI], catheter-associated urinary tract infection [CAUTI], and <i>Clostridium difficile</i> infection [CDI]). ● Common infection prevention gaps: <ul style="list-style-type: none"> ○ Lack of physician champion for prevention activities. ○ Lack of routine audits or competency assessments on proper practices. ● Quality improvement activities: <ul style="list-style-type: none"> ○ Staff education and awareness of prevention activities (FAQ developed for staff, 	No action items

incorporation into staff training days, providing additional infection prevention (IP) resources at the bedside).

- Establishing competency assessments and audit processes.
- Incorporation of new policies, bundles, and tools.
- Identifying ways to engage with providers.
- Facilities found TAP Assessments to be helpful in identifying gaps and targeting quality improvement efforts.
- Specific 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.

Question

➤ Paul Cieslak: Who are the respondents?

Lisa Iguchi: Varied by facility but typically those staff involved with direct patient care, e.g., nurses.

Roza Tammer: CDI had three surveys: one for general staff, one for lab, and one for pharmacy. CLABSI and CAUTI had one more general survey each. Larger facilities are able to target staff in specific roles or particular units.

Genevieve Buser: How did this inform infection prevention strategies?

	<p>Pamela Cortez: Salem Hospital targeted general care units where the most infections occur and worked with Registered Nurses (RNs) and Certified Nursing Assistants (CNAs) to receive responses. RNs understood more than CNAs. CNAs are a possible target in future. Identified possible future target areas for RN infection prevention non-liaisons; however, differences in certain areas were due to not being involved with the specific aspects of the work or not part of role at facility.</p> <p><u>Question</u></p> <ul style="list-style-type: none"> ➤ Alexia Zhang: Is this for hospitals only, or does this include nursing homes? <p>Dat Tran: Not currently available for this setting, but if any long-term care facility is interested in implementing a TAP Strategy, please contact Lisa Iguchi or Roza Tammer.</p>	
<p>MDRO and CRE toolkits Dat Tran, OHA</p>	<ul style="list-style-type: none"> ➤ Multi-Drug Resistant Organism (MDRO) Toolkit is available electronically on the HAI website. Please contact HAI Program if you cannot access it or think it should be added to a new location. Link to MDRO Toolkit. ➤ Carbapenem-Resistant Enterobacteriaceae (CRE) Toolkit is updated. <ul style="list-style-type: none"> • One-page summary of updates is in progress and will be distributed. <ul style="list-style-type: none"> ○ Incorporation of CDC’s “Interim Guidance for a Public Health Response to Contain Novel or 	<p>No action items</p>

	<p>Targeted MDROs” into response plan for carbapenem-producing (CP) CRE.</p> <ul style="list-style-type: none"> ○ CP-CRE is a Tier 2 organism. ○ 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 variable precautions. ● Applies to resident care of patients with CP-CRE colonization. <p><u>Question</u></p> <ul style="list-style-type: none"> ➤ Vicki Norby: How long will these precautions be in effect for patients found to be colonized with CP-CRE? Dat Tran: The length of the resident’s stay or indefinitely. 	
<p>Screening of select organisms Richard Leman and Dat Tran, OHA</p>	<ul style="list-style-type: none"> ➤ Screen patients for antibiotic-resistant organisms who had an overnight stay in a healthcare facility outside the United States: <ul style="list-style-type: none"> ● In the prior 6 months for CP-CRE ● In the previous one year for <i>Candida auris</i> (<i>C. auris</i>). ➤ Implementing Antibiotic Resistance Laboratory Network (ARLN) international admit screening CP organism (CPO)/<i>C. auris</i>: <ul style="list-style-type: none"> ● Webinar will take place January 21, 2020. ● Registration link: 	<p>No action items</p>

<https://attendee.gotowebinar.com/register/6942875373056150531>

Question

- Richard Leman: Are there simple, effective ways we can promote rapid recognition and isolation of patients with high-impact infectious diseases in Oregon hospitals?
Sandra Assasnik: What about the use of RHINO (Rapid Health Information NetwOrk) data? The RHINO program is responsible for syndromic surveillance data collection, analysis, and distribution at the department. Syndromic surveillance data is collected in near real time from hospitals and clinics from across the state. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses.
Richard Leman: This might contribute; interested in real time.

Question

- Richard Leman: Are there ways to share what Infection Control, Assessment, and Response (ICAR) hospitals have learned more broadly among Oregon hospitals? Is there sufficient benefit to make this a goal worth pursuing?
 - Share lessons learned from Oregon's ICAR hospitals, Legacy Good Samaritan and Asante Ashland, during a presentation with the seven healthcare coalitions around the state and individual hospitals.

- Example presentation on State of Oregon training website: “Early Identification and Isolation of Contagious Patients...It can happen in Emergency Department (ED) Triage!” (<https://go.usa.gov/xmwpe>).

- During a no-notice drill in March 2019, a mystery patient was placed in isolation and negative pressure room within four minutes.

Comment

- Roza Tammer: Incorporate scenarios that are participatory.
Genevieve Buser: An electronic medical record (EMR) system that prompts when patients present to the ED with possible infectious pathogens of high consequence would be helpful.
Dennis Drapiza: A simulation team would be helpful.
Richard Leman: Who are the decision makers we would need to involve in the presentations?
Dennis Drapiza: ED, emergency management group, simulation group, and infectious disease. This would help design questions that would screen for high consequence pathogens and MDROs related to healthcare in other countries.
Genevieve Buser: It would be useful to include the IT department to discuss how to turn on and off questions in the EMR once an outbreak is over.

	<p>Paul Cieslak: Decide whether to ask these questions of every patient or if there will be a clinical trigger. This is for diseases that do not require travel, like measles and chickenpox. Isolate anybody with a fever and an unexplained rash or fever and overseas travel. Genevieve Buser: The mask is the first step.</p> <p><u>Question</u></p> <ul style="list-style-type: none"> ➤ Richard Leman: What is the motivation for a facility or a health system that hasn't adopted this? Dat Tran: Seeing data that implementing this will save costs and resources associated with an outbreak. This may help large systems implement this faster and support smaller systems or outpatient and urgent care. <p><u>Comment</u></p> <ul style="list-style-type: none"> ➤ Kirsten Schutte: One opportunity would be to have OHA/HAIAC help advocate for symptom-based ED and urgent care screening for constellation of symptoms and vaccination status for measles to detect first introduced case. It's been hard to move ED away from travel screening to symptom-related highly communicable disease screening for this condition, though we still need elements of travel screening too. 	
<p>HAI Program updates Roza Tammer, OHA</p>	<ul style="list-style-type: none"> ➤ New HAI Program quarterly newsletter: Includes upcoming trainings, resources, and other program news. 	<p>Email Roza if you do not receive the newsletter and</p>

	<ul style="list-style-type: none"> ➤ There are several vacancies on HAIAC (see one-pager in meeting materials): <ul style="list-style-type: none"> • Three open member positions • One opportunity to serve as the chair. 	want to be added to the list
<p>Discussion: Topics for future meetings and reports</p> <p>All attendees</p>	<ul style="list-style-type: none"> ➤ Future topics: <ul style="list-style-type: none"> • Infection control, technology, and machinery, e.g. air ventilation system in surgical suite. • Including infection control consideration during expansions and new construction. • Furloughing susceptible workers. • Pet therapy/animals and infection control. 	Email Roza any other ideas or topics for 2020
Public comment	No public comment	No action items
Adjourn		

Next meeting will be March 11, 2020, 1:00 pm - 3:00 pm, at Portland State Office Building, Room 1B

Submitted by: Laura LaLonde
Reviewed by: Roza Tammer
Diane Roy