Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

March 20, 2019   PSOB – Room 1B
1:00 - 3:00 pm   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 L. Bardfield, Supply Chain Services Manager, The Oregon Clinic, P.C. (phone)
- Genevieve Buser, MD, Pediatric Infectious Disease Physician, Providence St. Vincent Medical Center
- Paul Cieslak, MD, Medical Director, Oregon Public Health Division, Oregon Health Authority (phone)
- Kelli Coelho, RN, CASC, MBA, Executive Director, RiverBend Ambulatory Surgery Center (phone)
- Dennis Drapiza, MPH, BSN, RN, CIC, Regional Director - Northwest Infection Prevention and Control, Kaiser Permanente Northwest
- Jordan Ferris, BSN, RN, CMSRN, Nursing Practice Consultant, Oregon Nurses Association (phone)
- Lisa Freeman, Executive Director, Connecticut Center for Patient Safety (phone)

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- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University
- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc (phone)
- Pat Preston, MS, Executive Director, Center for Geriatric Infection Control
- Kirsten Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante (phone)

MEMBERS EXCUSED:

- Deborah Cateora, BSN, RN, Healthcare EDU/Training Coordinator and RN Consultant, Safety, Oversight and Quality Unit (SOQ Unit), Oregon Department of Human Services
- Pamela Cortez, MBA, BSN, RN, CNE, BC, Director of Patient Safety and Clinical Support, Salem Health
- Wendy L. Edwards, RN, BSN, Patient Safety Surveyor, Health Facility Licensing and Certification, Oregon Public Health Division, Oregon Health Authority
- Laurie Polneau, RN, MHA, CPHRM, Director, Quality/Risk Management/Infection Control, Vibra Specialty Hospital Portland
- Amy Jo Walter, Infection Preventionist, Southern Coos Hospital

OTHER PARTICIPANTS PRESENT:

- DeAnza Britton, RN, Friendship Health Center (phone)
- Tara Buehring, MPH, Infection Preventionist, Vibra Specialty Hospital (phone)
- Sydney Edlund, MS, Director of Analytics and Research, Oregon Patient Safety Commission
- Valerie Harmon, MPH, Interim Executive Director, Oregon Patient Safety Commission

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- 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
- Shanna Middaugh, MLS, BHA, CIC, Samaritan North Lincoln Hospital (phone)
- Chris Pfeiffer, MD, MHS, Associate Professor of Medicine, Division of Infectious Diseases, Portland VA Medical Center
- Mary Post, RN, MS, CNS, CIC, Infection Prevention/Employee Health Coordinator, Shriners Hospitals for Children – Portland

OHA STAFF PRESENT:
- Maureen Cassidy, MPH, MDRO Epidemiologist
- 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

ISSUES HEARD:
- Call to order and roll call
- Logistics update
- Approve December 2018 minutes
- General HAI Program updates
- Multi-drug resistant organisms (MDRO) toolkit: content and implementation
- Antimicrobial stewardship in long-term care facilities (LTCFs)
- Oregon Health Authority (OHA) National Healthcare Safety Network (NHSN) reporting requirement review
- Discussion: topics for future meetings and reports
- Public comment

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- Adjourn

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

Item	Discussion	Action Item
Call to Order and Roll Call Genevieve Buser, Providence St. Vincent (Chair)	11 members (73 percent) and 9 participants present.	No action items
Logistics Update Roza Tammer, Oregon Health Authority	➤ HAIAC meeting accessibility efforts were effective based on survey responses from remote attendees: • Webinars facilitated remote attendance. • Microphones enhanced audio. • OHA welcomes suggestions. ➤ Outbreak data temporarily eliminated from agenda. • New guidelines being developed about type of preliminary outbreak data that can be shared in public meeting. • Presentation of outbreak data likely to resume once guidelines established. ➤ HAIAC membership updates: • Dennis Drapiza assumed position of: Registered Nurse with an Interest and Involvement in Infection Control.	No action items

	• Lisa Freeman, Executive Director of Connecticut Center for Patient Safety, replaced Dee Dee Vallier as Consumer Representative. • Laurie Thompson, formerly Laurie Murray-Snyder, is retiring. • Health Insurer Representative position still vacant.	
Approve December 2018 Minutes All Committee Members	December 2018 meeting minutes were approved by 73 percent of members.	No action items

General HAI Program Updates
Roza Tammer, Oregon Health Authority
	➢ Annual reports:
	   • 2017-2018 healthcare personnel influenza vaccination report expected to be released in April.
	   • 2018 NHSN data for publication in HAI report will be sent to facilities three times:
	      o For initial validation on April 8th
	      o For final review after data corrected
	      o To preview before publication
	➢ HAI surveys:
	   • Sent to hospitals March 18, 2019; hope to receive surveys from all facilities by April 22nd.
	   • Sent to skilled nursing facilities (SNFs) October 4, 2018; preliminary data from injection safety portion of survey revealed:
	      o 75% provide IV transfusion using central lines.
	      o 96% have written policy regarding injection safety.
		No action items

	o 92% have written policy concerning tracking personnel access to controlled substances. o 41% have drug diversion program that includes consultation with person responsible for infection prevention when drug tampering suspected/identified. o 80% provide safe injection training to personnel upon hire; 77% offer this training at least annually. o 70% perform safe injection audits during resident care. o 85% provide safe point of care testing training to personnel upon hire; 80% offer this training at least annually. o 72% perform safe point of care testing audits during resident care.	
MDRO Toolkit: Content and Implementation Chris Pfeiffer, VA Portland/OHSU See pages 22-42 of meeting materials	➢ Drug-Resistant Organism Prevention and Coordinated Regional Epidemiology (DROP-CRE) Network: • Statewide network initiated in 2012 to detect, control, and prevent (MDROs) with initial focus on carbapenem-resistant *Enterobacteriaceae* (CRE). • Network encompasses hospitals, public health institutions, and stakeholders from private, public, and academic sectors. • Accomplishments of DROP-CRE Network include:	No action items

	- Conducted needs assessment of infection preventionists in acute and long-term care and laboratorians. - Built laboratory capacity to track CRE and test for carbapenemase-producing carbapenem-resistant *Enterobacteriaceae* (CP-CRE). - Developed HAI team response and published CRE Toolkit. - Mandated interfacility transfer notification of CRE and relevant bugs. ➢ DROP-CRE Team developing MDRO toolkit to: - Provide recommendations about strategies to prevent transmission of MDROs and *Clostridioides difficile* (*C. diff)* during patient care. - Unify definitions of "MDRO" for infection control purposes to facilitate inter-facility communication. ➢ Team sought expertise of stakeholders: - Convened hospital epidemiologist task force. - Presented MDRO Toolkit concepts to: - Oregon and Southern Washington Association of Professionals in Infection Control (OSWAPIC). - DROP-CRE Advisory Committee. ➢ Toolkit developers recognized regional approach to MDROs must be simple. - No complex testing. - No electronic reminders. - Implementable beyond infection prevention office.	

> ➢ Toolkit contains:
> - General information
>   - Important factors to consider for MDRO risk assessment.
>   - How differences in healthcare settings impact approach to MDROs.
>   - General infection prevention and control principles.
>   - Guidance for policies regarding visitors and animals to healthcare facilities.
> - Pathogens
>   - MRSA
>   - VRE
>   - Drug-resistant *Enterobacteriaceae*
>   - Drug-resistant *Pseudomonas aeruginosa*
>   - Drug-resistant *Acinetobacter baumannii*
>   - Drug-resistant *Stenotrophomonas maltophilia*
>   - *C. difficile*
> ➢ Topics covered for each organism include:
> - Background and epidemiology.
> - Laboratory information and definitions.
> - Strategies to prevent transmission.
> - Cleaning and disinfection information.
> - Related regulations and requirements.
> - Infection prevention recommendations.

Comments and Questions

Question

	➢ Genevieve Buser: Does asterisk apply to both colonized and infected patients? If patient has actively draining wound but wound not infected, would you still strongly recommend standard plus contact precautions? (Dr. Buser is referring to MRSA example on page 38 of meeting materials: Suggested Isolation Precautions for ACH & LTACH.) Chris Pfeiffer: Yes. <u>Question</u> ➢ Julie Koch: What do you recommend for outpatient departments? Chris Pfeiffer: Standard precautions. For CP-CRE, considered augmenting outpatient requirements, but CDC states standard precautions, so difficult to require additional precautions. We stress to facilities with CP-CRE patient importance of adhering to standard precautions and cleaning room. <u>Question</u> ➢ Jon Furuno: What is dissemination plan for toolkit? Maureen Cassidy: Plan to post toolkit on our website; will not likely print copies due to possibility of edits and revisions. Chris Pfeiffer: Send toolkit to hospital infection prevention contacts and long-term care facility colleagues; also hold webinars to discuss toolkit. Maureen Cassidy: Laboratories.	

Roza Tammer: Could do a Lunch and Learn webinar.

Question

➢ Jon Furuno: What settings would toolkit have most utility?

Genevieve Buser:
- Infectious disease and all non-hospital healthcare settings
- Ambulatory clinics – reach through the boards or Dr. Paul Lewis' (Multnomah County Health Officer) email lists for clinician alerts

Maureen Cassidy:
- Ambulatory surgery centers
- Dialysis facilities
- Other healthcare facility contact lists

Jon Furuno:
- Contacts we send our surveys to
- Trade groups

Roza Tammer:
- Health Alert Network (HAN)
- Oregon Nurses Association (ONA)
- Licensure boards
- Office of Rural Health
- Oregon Patient Safety Commission (OPSC)
- HealthInsight
- Oregon Ambulatory Surgery Center Association
- Oregon Partners in Healthcare Quality

Mary Post:
- Oregon Medical Association (OMA) for distribution to members
- DHS administrator alerts heeded by many long-term care facilities

Kirsten Schutte: Northwest Safety and Quality Partnership

Comment

➢ Jon Furuno: May want to determine usage of toolkit.
- Collect data on how many times toolkit accessed and downloaded from website.
- Ask if and when facilities use toolkit in next survey.

Mary Post: Or, do they reference the toolkit and has it catalyzed policy changes.

Jon Furuno: Really want to know how we can improve document.

Question

➢ Genevieve Buser: How can we encourage facilities to perform gap analysis based on toolkit?

Julie Koch: Include gap analysis template in toolkit.

Genevieve Buser: Offer accreditation/recognition that would meet requirements of regulatory boards, facility administrators, etc.

	Julie Koch: Or just a statement encouraging facilities to perform their own gap analysis. Chris Pfeiffer: Develop an implementation guide. <u>Question</u> ➢ Genevieve Buser: What is your one-liner on extended spectrum beta-lactamases (ESBLs)? Chris Pfeiffer: Labs are not reliably reporting ESBLs so essentially ignored. Most would qualify as an Oregon extensively drug-resistant *Enterobacteriaceae* (XDR-E) anyway because of resistance patterns.	

Antimicrobial Stewardship in Long-Term Care Facilities (LTCFs)
Pat Preston, Center for Geriatric Infection Control
 	
See pages 43-87 of meeting materials
	Guidance for antibiotic stewardship
	
	➢ Many resources and guidelines for antibiotic stewardship available through groups/agencies such as:
	    • Centers for Disease Control and Prevention (CDC).
	    • Centers for Medicare and Medicaid Services (CMS).
	    • US Department of Human Services, Agency for Healthcare Research and Quality (AHRQ).
	    • Oregon Health Authority.
	    • DROP-CRE Network.
	    • Infectious Disease Society of America (IDSA).
	➢ Facilities should primarily follow CMS regulations to avoid citations and cessation of patient admissions.
	
	Four groups responsible for antibiotic stewardship
	
	➢ CMS - collaborates with CDC and AHRQ
		No action items

	- LTCFs must meet Requirements of Participation (RoPs) to take part in Medicare or Medicaid programs. - RoPs contain four F-Tags under regulatory section 483.80 Infection Control: - F880 Infection Prevention and Control. - F881 Antibiotic Stewardship Program. - F882 Infection Preventionist Qualifications/Role. - F883 Influenza and Pneumococcal Immunizations. - F881 Antibiotic Stewardship Program mandates facilities to: - Establish protocols to review signs, symptoms, and lab reports to determine if antibiotic indicated or adjustments needed. - Identify assessment tools or management algorithms for infections such as: - SBAR (Situation, Background, Assessment, Recommendation) for urinary tract infection (UTI). - Loeb minimum criteria for initiation of antibiotics. - Develop process for periodic review of antibiotic use by prescribing practitioners. - Education on Antibiotic Stewardship: - AHRQ website provides toolkit on how to start program. - CDC collaborated with CMS to offer online training course; F-Tag 881 not covered.	

	- Providers - contend with competing recommendations - Medical directors asked to follow Infectious Diseases Society of America (IDSA) practice guidelines published in American Journal of Infection Control (AJIC). - Medical directors obligated to join American Medical Directors Association (AMDA); guidelines for medical directors published in ADMA journals. - Journal of American Medical Directors Association (JAMDA) March 2018 issue provides official guidelines for antibiotic stewardship. - Annals of Long-Term Care offers articles on antimicrobial stewardship including directives for developing program. - Journal of American Medical Association (JAMA) published informative piece on four moments of antibiotic decision making. - Nurses - drivers of antibiotic usage - Antibiotic stewardship information useful to nurses available in journal articles (see pages 63-84 of meeting materials): - Integrating bedside nurses into antibiotic stewardship--co-authored by AHRQ (Infection Control and Hospital Epidemiolgy (ICHE)). - Antibiotic stewardship targets in outpatient setting (AJIC). - Recommendations to minimize treatment for asymptomatic urinary tract infections (ICHE).	

- o Optimizing treatment of respiratory tract infections through nurse-initiated polymerase chain reaction (PCR) testing (AJIC).
- o Prevalence of *C. difficile* infection in LTCFs, acute care hospitals, and clinics (AJIC).
- o Inappropriate prescribing of antibiotics after diagnosis of *C. difficile* and impact on reoccurrence (AJIC).
- o Methicillin-resistant and methicillin-susceptible *Staphylococcus aureus* bloodstream infections (CDC, Morbidity and Mortality Weekly Report (MMWR)).

- Valuable tools to aid nurses in reducing antibiotic usage:
  - o CDC and Stone's indications to treat UTIs.
  - o Loeb minimum criteria for initiation of antibiotics.
  - o AHRQ's SBAR tool for UTI assessment.

➢ Pharmacists
- F757 requires pharmacist to review antibiotic medications.
- Consulting pharmacists at commercial pharmacy services advised/told guidelines for prescribing antibiotics by corporate leadership; LTCF policies not considered.
- Majority of pharmaceutical companies headquartered outside Oregon; hinders influence of agencies such as

	Oregon's Quality Improvement Organization (QIO) HealthInsight and Oregon Patient Safety Commission. **Comments and Questions** Comment ➢ John Furuno: About 35-50% of antibiotics in nursing homes initiated in hospital. When patient discharged from hospital, difficult for nursing homes to determine if antibiotics should be continued and length of treatment due to limited information. LTCFs often restart entire antibiotic course initiated in hospital. Pat Preston: Hospital emergency departments (EDs) prescribe significant amount of antibiotics to LTCF residents due to identification of white blood cells commonly found in colonized residents.	

OHA NHSN Reporting Requirement Review
 	
Roza Tammer, Oregon Health Authority
	➢ OHA mandates hospitals report HAI outcome measures listed below for units/care areas specified in Oregon Administrative Rules (OARs):
	  • Central line-associated bloodstream infections (CLABSIs).
	  • Catheter-associated urinary tract infections (CAUTIs).
	  • Laboratory-identified methicillin-resistant *Staphylococcus aureus* (MRSA).
	  • Laboratory-identified *Clostridium difficile* infections (CDI).
		Send questions and comments to Roza Tammer.

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| See pages 88-101 of meeting materials | Surgical site infections (SSIs) resulting from following procedures: Coronary artery bypass graft (CBGB). Knee prosthesis (KPRO). Colon surgery (COLO). Hip prosthesis (HPRO). Abdominal hysterectomy (HYST). Laminectomy (LAM). <blockquote>➢ Oregon's trend data indicates hospitals need to improve in three HAI categories based on 2014 national standardized infection ratios (SIRs) and 2013 Health and Human Services (HHS) targets:</blockquote> CLABSIs in neonatal intensive care units (NICUs). *Clostridioides difficile.* KPRO SSIs. HPRO SSIs. <blockquote>➢ Should OHA expand or reduce HAI reporting requirements? Possible additions:</blockquote> New measures such as: Antimicrobial use and resistance (AU/AR). Lab-based surveillance of MDROs. Central line insertion practices (CLIP). New hospital locations for CLABSI and CAUTI. New procedure types or outpatient procedures for SSIs. New variables such as race, ethnicity, or date of birth. New outcome or process measures for: | |

	- Ambulatory surgery centers. - Outpatient dialysis facilities. - Long-term care facilities. - Inpatient rehabilitation facilities. - Inpatient psychiatric facilities.	
Discussion: Topics for future meetings and reports All members	- Genevieve Buser: Hospital presentation on lessons learned from recent measles outbreak. - Julie Koch: Guidance on mapping hospital care areas to NHSN location codes; care in place complicates mapping. - Mary Post: Explore requiring hospital day surgery units and ambulatory surgery centers to report SSIs; inpatient surgeries shifting to outpatient settings.	No action items
Public comment	No public comment	No action items
Adjourn		

Next meeting will be June 19, 2019 1:00 pm - 3:00 pm, at Portland State Office Building, Room 1B

Submitted by: Diane Roy
Reviewed by: Dat Tran
              Roza Tammer