Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

December 8, 2021
PSOB
1:00 – 3:00 pm

Webinar only,

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)
- Deborah Cateora, BSN, RN, Healthcare Education/Training Coordinator and Nurse Consultant, Safety, Oversight and Quality (SOQ) Unit, Oregon Department of Human Services (DHS) (phone)
- Paul Cieslak, MD, Acute and Communicable Disease Prevention (ACDP) and Immunizations Medical Director, Oregon Public Health Division (PHD), Oregon Health Authority (OHA) (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 (phone)
- Sydney Edlund, MS, Director of Research and Analytics, Oregon Patient Safety Commission, Oregon Patient Safety Commission (phone)
- Jesse Mensik Kennedy, RN, Nurse Practice Consultant, Oregon Nurses Association (phone)
- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc. (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)

MEMBERS EXCUSED:

- Genevieve Buser, MD, Pediatric Infectious Disease Physician, Providence St. Vincent Medical Center

- Wendy L. Edwards, RN, BSN, Patient Safety Surveyor, Health Facility Licensing and Certification, Oregon PHD, OHA
- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University (OHSU)

OTHER PARTICIPANTS PRESENT:

- Lisa Barton, Associate Improvement Advisor, Comagine Health (phone)
- Trista Berry, Infection Prevention/Quality and Risk Manager, St. Alphonsus Medical Center - Baker City (phone)
- Karen Brooks, RBN, BSN, CIC, Infection Control Practitioner, Legacy Silverton Medical Center (phone)
- Daniel Del Real, Northwest Carpenters (phone)
- Linda Gibson, PhD, RN-NEA-BC. Interim Chief Operating Officer, Chief Nursing Officer, Coquille Valley Hospital (phone)
- Mesa Greenfield, Infection Prevention/Employee Health Nurse, Lake District Hospital (phone)
- Ryan Grimm, Director of Surgical Services, Ambulatory Surgery Centers, The Portland Clinic (phone)
- Jessica Hubbard, MPH, BSN, RN, Infection Prevention Program Manager, Samaritan North Lincoln Hospital (phone)
- MacKenzie Kesler, B.S, A-IPC, OIC, SSGI, Clinical Safety Specialist, Central City Concern (phone)
- Yoojin Kim, Ph.D., CIC, Interim Director, Infection Prevention and Control, OHSU (phone)
- Catherine Kroll, MPH, CPH, CIC, Director for Infection Prevention, Quality, PeaceHealth (phone)
- Gretchen Koch, MSN, RN, Policy Analyst, Nursing Practice and Evaluation, Oregon State Board of Nursing (phone)
- Jessina McGregor, PhD PFSHEA, Professor, Oregon State University (phone)
- Kristin Messinger, Infection Preventionist, Willamette Valley Medical Center (phone)
- Shanna Middaugh, MLS, BHA, CIC, Infection Preventionist, Salem Health (phone)
- Mary Post, RN, MS, CNS, CIC, Infection Prevention/Employee Health Coordinator, Shriners Hospitals for Children - Portland (phone)

- David Riepe, Account executive, Merck (phone)
- Michele Shields, LPN, Staff Development Specialist, Holgate Community (phone)
- Amber Stevens, Legal Nurse Consultant, Johnson Johnson Lucas and Middleton (phone)
- Kelsey Wick, Infection Preventionist, Samaritan Lebanon Community Hospital (phone)
- Carolyn Wiens, BSN, RN, Manager Infection Prevention, Salem Health Hospitals and Clinics (phone)

OHA STAFF PRESENT:

- Lauren Adrian, ACDP Research Analyst (phone)
- Jeanne Bristol, Community-Based Care Surveyor Manager, DHS/SOQ (phone)
- Pam Bruhn, ACDP Infection Preventionist (phone)
- Anne Eades, ACDP Infection Control contractor (phone)
- Judith Guzman-Cottrill, DO, Contractor, OHA (phone)
- Andie Hendrick, ACDP Influenza Epidemiologist (phone)
- Heather Hertzel, MPH, ACDP Multi-Drug Resistant Organism (MDRO) Epidemiologist (phone)
- Nora Jameson, ACDP Emerging Infections Program Epidemiologist (phone)
- Elizabeth Johnson, RN, BSN, ACDP Infection Preventionist (phone)
- Laura LaLonde, MPH, CPH, CHES, ACDP HAI Office Specialist (phone)
- Meghan Linder, ACDP Council of State and Territorial Epidemiologists Fellow (phone)
- Adel Mansour, ACDP Epidemiologist (phone)
- Rebecca Pierce, ACDP HAI Program Manager (phone)
- Monika Samper, RN, ACDP HAI Reporting Coordinator (phone)
- Roza Tammer, MPH, CIC, ACDP Infection Control Epidemiologist (phone)

ISSUES HEARD:

- Call to order and roll call
- Logistics update
- Approve September 2021 minutes
- OHA updates
- Influenza vaccination and surveillance updates
- National Healthcare Safety Network (NHSN) data review

Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

- Project Firstline updates
- Discussion: Topics for future meetings and reports
- Public comment
- Final roll call and adjourn

Item	Discussion	Action Items
Call to order and roll call Dennis Drapiza, Chair	Forty-six attendees, 10 members	No action items
Logistics update Roza Tammer, OHA	➢ HAIAC membership updates • Dennis Drapiza is formally nominated as chairperson. Four vacancies: • Consumer or patient advocate (this includes patients and family members). • Health insurer representative. • Physician who practices in an ambulatory surgical center (ASC) with interest and involvement in infection control. • Hospital administrator with expertise in infection control, facility with <100 beds. ➢ First meeting using the Zoom platform; reminder to unmute yourself to speak. Guidance for using webinar platform is included in meeting minutes. The guidance is a living document and suggested edits are welcome. ➢ Webinar registration is updated to include organization and position and role (member, public, media, industry representative, lobbyist).	Please share "Bring your voice to the table" one-pager with your networks and email Roza if interested.
Approve September 2021 minutes	September 2021 minutes were approved.	Approved September 2021 minutes.
OHA updates Becca Pierce, OHA	• Omicron • South Africa alerted World Health Organization (WHO) about a sharp increase in cases with an emerging variant dubbed B11529,.	

	• It now accounts for over 75% of all circulating variants. • WHO technical advisory group designated B11529 a variant of concern and assigned it the Greek letter Omicron. • The first case in the U.S. was detected in California in a fully vaccinated returning traveler. Omicron has been since identified in 19 states throughout the U.S. • There is more to learn regarding transmissibility and vaccine effectiveness, but transmissibility Omicron has quickly outcompeted Delta in South Africa. • It appears more transmissible than the Delta variant. Pfizer put out neutralization data that indicates some protection with boosters. Our message remains the same: • Those who are not vaccinated should get vaccinated. • Those due for a booster should get it as soon as possible. • Masking, social distancing, hand washing remains incredibly important with an emerging variant. • OHA is monitoring this closely and no cases with Omicron have been detected in Oregon at this time. • For our partners, the variant has an S gene deletion that causes S gene target failure in certain molecular tests, so our laboratory partners have asked us to remind that laboratories using the TaqPath assay are requested so send any specimens with an S gene target failure pattern to our public health lab for testing.	
Influenza vaccination and surveillance updates Andie Hendrick, OHA Rebecca Pierce, OHA	See meeting materials pages 7 – 9. • Data at a Glance, November 21, 2021 – November 27, 2021For the 2021/22 season 1.3% is pretty standard.	

	• Percentages are reported on a weekly basis and over the season we've seen ranges from 1.2 to 1.5%.0.3% of influenza tests being positive has also been standard for this 2021/22 season, fluctuating from 0.1 to 0.5%. • Last week we saw our first flu cases in the tri county area. • Respiratory Syncytial Virus (RSV) in Oregon has been on the rise, so last week we reported 12.1% positivity which is the highest we've seen this season. • The influenza test results by region show majority of cases coming out of southern Oregon. Please see the flu bites report: current report. • Please see the RSV Surveillance: current report. • The lowest percentage of flu positive tests is 0.1% during Week 44 and the greatest seen is 0.5% during Week 46. • Our lowest rates For Influenza-like Illness (ILI) outpatient clinics and Emergency Department (ED) by Oregon region have been seen in the Willamette Valley. • Our highest have been seen in the central and Gorge area. • ILI activity status has been low for the entirety of the 2021/22 season. • Looking Ahead Increasing Seasonal Influenza A (H3N2) Activity Especially Among Adults and in College and University Settings. • Recommendations for Clinicians and Public Health Practitioners • Recommend and offer the influenza vaccine. • Treat influenza patients with influenza antivirals. Influenza Testing. • Non-pharmaceutical options. • Recommendations for the public • Get the flu vaccine as soon as possible. • Take everyday actions that reduce the spread of germs.	

	• Take antiviral drugs if prescribed by your healthcare practitioner. Discussion • Nora Jameson: What is going on in New Mexico? Andie H: We can follow up with material but not sure what's going on with New Mexico. • Healthcare worker influenza dashboard • Mock up dashboard to be released in the next coming months. • This report summarizes Health-care worker (HCW) influenza vaccination by types of HCW with state level and facility-level data. • We want to show previous years' data to see trends and progress for different facilities and have a more interactive resource. • We are observing decreases in flu vaccination among HCW over the last 2 years and I think that a lot of that is the focus on COVID and COVID vaccinations. • This is well-timed as it is still possible to get your flu vaccine and booster at the same time. We want to encourage people to get vaccinated, especially HCW, as flu does reemerge. This dashboard currently has dummy data. • Facilities will soon receive an email asking to verify the information for their facility. You can look by facility type, any of those that report to us, county, healthcare worker classification, so whether they're contract employees, licensed independent practitioners or students, trainees or volunteers, search or look by a specific facility, and trends over the last 5 years or so. Discussion • Nora Jameson: Do you guys also incorporate a graph of Oregon with the counties broken up with rates highlighted? • Becca Pierce: Yes, the dashboard is filterable by location and an Oregon map you can interact with.	

NHSN data review Roza Tammer, OHA	• See meeting materials pages 10 – 17. • 2020 HAI Data • Impact of COVID-19 on HAIs in 2020: A summary of data reported to NHSN; Infect Control.Hosp Epidemiol 2021 • Pre-pandemic, we were seeing decreases in HAI incidents in U.S. hospitals. • The COVID pandemic placed a burden on hospitals, infection preventionists and surveillance professionals which impacted HAI incidents. • Oregon saw a 12% increase in the Central Line-associated Bloodstream Infection (CLABSI) standardized infection ratio (SIR) Quarter 3 compared to Quarter 4, but the SIR did remain below 1.0, meaning there were still fewer CLABSIs observed than were predicted. • Oregon acute care hospitals saw a 31% increase in the Catheter-associated Urinary Tract Infections (CAUTI) SIR in Quarter 3 of 2020. • Oregon acute care hospitals actually saw a 33% decrease in Methicillin-resistant staphylococcus aureus (MRSA) bacteremia SIRs when comparing Quarter 3 of 2019 to Quarter 3 of 2020. • For colon surgery and abdominal hysterectomy surgical site infections, and for Clostridium or Clostridioides, difficile lab I.D. infection events, decreases were seen in the U.S. overall. • Some of the decreases observed in the U.S. and Oregon could potentially be related to the decreases in surgical procedures being carried out and possible decreased antibiotic use. • Objectives • Discuss HAIs in the context of COVID-19 • Review national 2020 HAI data • Preview Oregon's HAI data and visualizations • COVID-19 Impact on HAIs in 2020 • Prior to the pandemic, US acute care hospitals observed widespread decrease in HAI incidence.	

	• In 2020, significant increases in the national SIRs for CLABSI, CAUTI, Ventilator-associated Event (VAE), and MRSA bacteremia were observed. • CLABSI had the largest increase. • Refresher on the SIR: • The SIR is the summary measure used to track HAIs at the national and state level. SIR = # observed infections / # predicted infections. • SIR > 1.0: more HAIs observed than predicted • SIR < 1.0: fewer HAIs observed than predicted • SIR = 1.0: # HAIs observed same as # predicted • NOTE: If the # predicted infections <1.0, an SIR will not be calculated • COVID-19 Impact on HAIs in 2020: • CLABSI variations across states. • Oregon acute care hospitals saw increases in CLABSI SIR compared to 2019 but SIR remained < 1.0. • CAUTI variations across states • Oregon acute care hospitals saw increases in CAUTI SIR compared to 2019 but SIR remained < 1.0. • MRSA bacteremia variations across states • Oregon acute care hospitals saw decreases in MRSA bacteremia. • SIR compared to 2019, SIR remained <1.0. • CDC 2020 HAI Progress Report • Data is available on the Antibiotic Resistance and Patient Safety Portal. • Reports can be viewed by geographic location • HAI Trends: Device-Associated HAIs. • HAI Trends: Laboratory ID HAIs. • HAI Trends: Surgical Site Infections. • Surgical Site Infection (SSI) SIRs: • 2020 HAI Target (0.7) met for HYST procedures. • All 2020 SIRs <1.0. • HAI Dashboard • Currently working on developing an interactive tableau dashboard to display HAI data for Oregon hospitals. • Expected to: • Display statewide trends from 2016 – 2020. • Allow data to be filtered to the facility-level.	

	• Serve as a master dashboard where subsequent years of data will be added. Discussion • Dennis Drapiza: How was your reporting and surveillance impacted by COVID? • Trista Berry: When we have incidents is being able to follow up with action plans from managers and frontline and colleagues. Our infection preventionists were pulled into other areas to join the labor pool and help with screening, we still tried to prioritize our surveillance. • Yoojin Kim: We are fortunate to have 5 experienced IPs with CIC certification so we didn't have any impact on surveillance. We did notice laminectomy (LAM) is no longer OHA mandated we are continuing to perform LAM surveillance. Are other hospitals continuing to do LAM surveillance? • Dennis Drapiza: At Kaiser we are continuing because we've got an increase in our final inspection. • Karen Brooks: We haven't had problems with reporting to NHSN but I can say that there was a change in length of stay for patients and that increased their risk for getting a CLABSI or CAUTI because devises remained in longer. • Dennis Drapiza: We saw some of the same with extended length of stay with several of our COVID patients in prone position and saw an increase in CAUTI. • We came up with a COVID-CAUTI bundle trying to reinforce what to do when the patient does have a COVID diagnosis who has to be in that prone position. • Pamela Cortez: We have been focusing on back to basics, particularly our intensive care unit, level areas. There was the ability to lighten up on reporting and have kept up with reporting of all cases. • Roza Tammer: Our program will be funded to do some additional external validation of NHSN data.	

	• External validation is the process of making sure that we're getting all the cases that should fall under surveillance criteria, that we're not classifying cases under those criteria that don't meet the definition, and being classified in a consistent way. • Are there one or two measures you are interested in for external validation? • Jesse Mensik Kennedy: It would be interesting to look at MRSA and opportunistic infections that could be increasing as a result of potential treatments related to COVID. • Jessica Hubbard: Some places have had to change location mapping. It is not directly in the case definitions but the changes might influence comparability of data over time. This might influence device-associated infections. • Kristin Messinger: I've had to ask for assistance from NHSN on CLABSI versus secondary blood stream infections when dealing with COVID and increased lengths of stay and secondary bacterial infections. • Yoojin Kim: I have been interested in how testing for Clostridium difficile is counting for hospital onset and the impact. I know there's variability on how different organizations are testing for Clostridium difficile. • For example , Providence does PCR test first and then toxin assay and is not considered a hospital onset Clostridium difficile case and reported. OHSU is reverse, it is toxin assay first and if intermediate we reflux to a PCR test. If that is causative it is reported as hospital onset Clostridium difficile case.	
Project Firstline updates Judith Guzman-Cottrill, OHA	See meeting materials pages 18 – 24. • Project Firstline: Key Features • Core Training to address immediate workforce infection control training needs, delivered via short and accessible training videos. • Practical tools to support everyone working in a healthcare facility as they implement infection control protocols sand procedures	

	• Partner Engagement to share information across all healthcare settings through trusted partners and channels, ensuring that training content and tools are delivered to healthcare workers who need them. • Mentorship to connect infection control experts with their local healthcare community so that they may become an ongoing resource • Public health technical capacity building to leverage the public health workforce to facilitate knowledge and tool sharing between public health departments and their local clinical communities. • Innovation to deepen knowledge to better inform infection control recommendations, and to develop innovative platforms and content to provide infection control training to a diverse range of adult learners. The Project Firstline will provide practical tools to support everyone working in a health care facility as they implement infection control protocols and procedures throughout their workday • Initial steps for Oregon 1. Needs assessment survey - closing this Friday Determine target audiences that want more infection prevention and control (IPC) education. Determine HCW's most trusted educators. Determine gaps in knowledge, desired learning methods. Understand what resources these HCW utilize when they have questions related to IPC. 2. Partner with OHA's regional Infection Preventionists (IP), to utilize Project Firstline materials for HCW training and education across the state. Regional IPs have been sharing CDC Project Firstline materials and link to our survey over the past several months. • 4,620 responses (as of 12/1/21) 350 who identified themselves as other includes a diverse group of people who work in health care including infection preventionists, tattoo artists, radiology techs, pharmacy techs, opticians, front desk staff for clinics and hospital front desk, and phlebotomy. 31% work in acute care hospitals with a mix of other outpatient facilities, 14% work in other types of facilities,	

	about 10% work in long-term pharmacies, home health, and critical access hospitals. • Examples of topics covered in Learning Needs Assessment survey Preferred language for learning, preferred learning settings (alone, groups, self-paced, etc.), preferred types of trainings (Facebook or Instagram Live, Youtube, Webinars, podcasts), preferred devices (laptop, smartphone, tablets), preferred materials (pocket cards, posters, emails, "office hours", webinars), baseline knowledge/understanding of many IPC topics, trusted sources for IPC information. • Project Firstline - Moving Forward Survey will close December 10, 2021. Data analysis will begin next week. Once we have a better understanding of WHO needs infection prevention education, and how best to provide education, we can: Increase awareness about where to find reliable resources. Provide education in various formats (short videos, printed material, social media?). Work with frontline HCW to confirm that these educational tools are useful. Share feedback and education gaps with CDC (and other state Project Firstline teams), and strategize ways to mitigate knowledge gaps. Full survey results will be shared at the next HAIAC meeting. • HAIAC: Your ideas welcome! Partnership with organizations, associations, healthcare systems. Presentations at upcoming conferences or meetings (2022-2023). Experts in educational/instructional design. How do we make educational material interesting and engaging? Helping to determine communities experiencing health disparities. Connections at community colleges who teach Allied Health students. Continuing education credits (e.g., CME, CNE, CHES) • Discussion	

	Nora Jameson: What were you hoping to gain with the connections at community college? Judith Guzman-Cottrill: We would love to talk to allied health programs and know what type of infection prevention education do you teach them and what are you looking for that you don't have right now. Nora Jameson: We can connect with Clackamas Community College and to disseminate education to students and policies regarding infection prevention. Jesse Mensik Kennedy: We can also collaborate to provide continuing education.	
Discussion: Topics for future meetings and reports All members and attendees	Judith Guzman-Cottrill: Project Firstline update. Dennis Drapiza: ASC reporting into NHSN, and possible mandatory reporting with ASCs. Pamela Cortez: NHSN reset 2015 baseline for SIRs. Rebecca Pierce: IDSA/CDC Real-time learning network platform for HCW: https://www.idsociety.org/covid-19-real-time-learning-network/	
Public comment	None	
Final roll call and adjourn	None	

Next meeting will be March 9, 2022, 1:00pm-3:00 pm via webinar only.

Submitted by Laura LaLonde
Reviewed by Lauren Adrian