HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

December 11, 2007
2:00-4:00 PM (Digitally recorded)

Portland State Office Building
Room 918
Portland, OR

MEMBERS PRESENT: **Paul Cieslak, MD**
Jim Dameron
Kathleen Elias
Mel Kohn, MD
Jon Pelkey
Mary Post
Barbara Prowe
Dee Dee Vallier

MEMBERS BY PHONE: **Laura Mason**
Woody English

MEMBERS EXCUSED: **Jim Barnhart**
Lynn-Marie Crider
Ron Jamtgaard
Patricia Martinez, MD
Rodger Slevin, MD
Jeanene Smith, MD, MPH
John Townes

STAFF PRESENT: **Sean Kolmer**

ISSUES HEARD:

- **Discussion of workgroups**
- **Review of National Healthcare Safety Network capabilities**
- **HAI identification for implementation**
- **Discussion of facility implementation timeline**

(Digitally Recorded)

I. Call to order - There is a quorum.

II. Approval of Minutes
The Committee decided to do the approval via e-mail to give the group a chance to read them over.

III. Discussion of Workgroups (Reporting, Technical)

Discussion

- The committee would be broken up into two subcommittees: Public Reporting and Technical workgroups. Each will formulate a proposal to be brought back to the advisory committee.

- The committee members would self-identify which group they would join.

IV. Overview of National Health Safety Network (NHSN) Capabilities

Discussion

- Large hospitals automatically enrolled when switched over to NHSN, but small hospitals are not enrolled for the most part.
- Out of the 22-23 states with reporting programs, 11-13 are currently using NHSN or will be as of January 1.
- The program is internet-based and software comes from CDC and NHSN.
- Training requirements for participating hospitals: the administrator must go through eight two-hour web casts. Four must be completed before and four after the facility starts collecting data. It takes 2-3 months to complete this training.
- The facility would report what data is required, the CDC would collect the data, and the state would be allowed administrative rights to it.
- An advantage of NHSN is to also be able to compare data gathered from around the country to see how it reflects nationally.
- The group agreed to go with the NHSN program.

IV. HAI Identification and Implementation

Discussion

- Two proposals to narrow down the infections that will be focused on during year 1 of the reporting program.
    - *Surgical Site Infections*-the CDC rates this as the third most common infection, the second most adverse event in hospitals, there is an increased mortality and cost through increased length of hospital stay, and it's estimated that 40-50% of these infections are preventable. Training and support through NHSN require minimal technology. Caesarian sections are something to focus on, being a high-volume procedure done at nearly all hospitals and has a high infection rate. It was agreed to add CABG (Coronary Artery Bypass Grafting) as the second infection to be focused on during the first year.
    - *Central Line Blood Stream Infections*-the CDC estimates there are about 200,000/year, between 14,000-28,000 deaths/year, with an increased cost ranging from $3,000-$29,000. Two-thirds of states with reporting programs include this type of infection. NHSN provides an easy method to collect this data.

Focusing on ICUs will give an idea what is happening in the hospital and improvement efforts can be implemented there and spread to the rest of the hospital. Using catheter days as the denominator is the common epidemiological definition and it would be problematic to use something unconventional as the measurement.

V. Facility Type Implementation

Discussion

- NHSN already has a process for dialysis centers and bloodstream infections.
- Most states have not taken on ambulatory surgical centers, birthing centers, and long-term care.
- Nursing facilities currently report federally on UTIs and it comes back to Department of Human Services but the reports are not currently available.
- Most patients acquiring an infection in an ambulatory surgical center do not return to the center but rather go to their primary care physician, presenting a problem in data collection if the center does not follow up with patients.
- The group recommended including ambulatory surgical centers, hospitals, and dialysis centers the first year.
- Technical work needed to further examine UTIs, pneumonia, and MRSA as they are complicated technically.

VI. Review Work Plan and Project Timeline

Discussion

- Members will self-identify which of the two workgroups they will join and leaders will be self-appointed to guide each group by the next full Committee meeting.

V. Public Comment

Discussion

- Lisa McGiffert from Consumer's Union contributed throughout the meeting, and thanked the committee for allowing her to participate.

VI. Other Topics/Adjourn

- Next meeting will be the second January 8, 2008, General Services Building, Mt. Mazama room, 2:00-4:00.

Meeting adjourned at approximately 4:00 p.m.

Submitted by:
Shawna Kennedy-Walters
Policy & Analysis Unit Assistant

Reviewed by:
Sean Kolmer
Research & Data Manager

EXHIBIT SUMMARY

1 – Agenda
2 – CLABSI Rationale
3 – NHSN Patient Safety Component
4 – NHSN Training
5 – SSI Rationale
6 – SSI Guide
7 –Total Facility Hospital Beds
8 –Central Line Infections Guide

http://www.oregon.gov/OHPPR/docs/MeetingMaterials_121107.pdf