HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

January 08, 2008   **Mt. Mazama Conference Room, General Services Building**
2:00 – 4:00 pm   **Portland, Oregon**

MEMBERS PRESENT: Woody English, MD, Co-Chair
Mel Kohn, MD, Co-Chair
Paul Cieslack, MD
Lynn-Marie Crider
Kathleen Elias
Ron Jamtgaard
Jon Pelkey
Mary Post
Rodger Sleven, MD
John Townes, MD
Dee Dee Vallier

MEMBERS EXCUSED: Jim Dameron
Patricia Martinez, MD
Jeanene Smith, MD, MPH

MEMBERS BY PHONE: Jim Barnhart
Laura Mason
Barbara Prowe

STAFF PRESENT: Sean Kolmer, Data & Research Manager
James Oliver, Research Analyst

ISSUES HEARD:

- **Approval of Minutes (October, November, December)**
- **Workgroup Assignments and Charters**
- **Review of Project Timeline**
- **Current State Public HAI Reporting**
- **Staff Recommendations: UTI**
- **Public Comment**
- **Other Topics**

(Digitally Recorded)

Co-Chairs   **I.**   **Call to order – There is a quorum.**
- Members introduced themselves.

Co-Chairs   **II.**   **Approval of Minutes (October, November, December)**
- Minutes approved by consensus.

Sean Kolmer   **III.**   **Workgroup Assignments and Charters (see exhibit materials).**
- Opinion from an Assistant Attorney General stated that workgroups will not be required to follow public meeting laws as they will serve only in an advisory capacity to staff.
- Review of Staff Assignments and Objectives for workgroups.
- **Tech Group** – Frequency of Reporting: Requirements within the National Healthcare Safety Network (NHSN) include reporting at least one month for each module with a minimum total of six months of

data. Two months each for blood stream infection data, one of the surgeries, and one of the other surgeries.
- NHSN will have a demo feature available online this month with dummy data for training and can be used by participating facilities.
- Surgery centers enrolling in March may not be ready.
- **Reporting -** What mechanism will be used to get data back to facilities?

Discussion
- **Reporting Workgroup** - dovetail consumer and purchaser piece with work underway by organizations finding ways to inform consumers.
- How will the workgroups function? May convene electronically, and will coordinate materials and conference calls. Recommendations will be made to staff to bring to Committee for discussion.
- **Technical Workgroup** - Discussion regarding small/medium-sized hospitals capacity to meet expectations of the Technical Workgroup.
  o Limited number of staff.
  o CMS data collection.
  o Problems with adding another group to report to.

Sean Kolmer   **IV. Review of Project Timeline**
Will be presented at next meeting with timelines for advisory groups.

Sean Kolmer   **V. Current State Public HAI Reporting**
- View of three other states' data collection with examples of websites: Pennsylvania, Missouri, who uses an NHSN-like system, and Vermont.
- Different formats for different audiences.
- Information used as a means for intervention of problems.
- NHSN has gone through a transition to a web-based system and lost a year of data collection.
- Using symbols for interpreting data.
- Only state not reporting data on Ambulatory Surgery Centers (ASC) was Missouri, which does not have an HSN. Does an HSN have anything to do with outpatient surgery centers?
- Has there been any trend data reporting?

Sean Kolmer   **VI. Staff Recommendations: UTI**
Staff recommendations on Catheter Associated Urinary Tract Infection (CAUTI) reporting.

Discussion
- Do we postpone or eliminate UTI's as a goal?
  o Outcome of CAUTI less significant than other identified areas.
  o Technical difficulty of collecting this information.
  o Automation needed.
- One of the first tiers for pay-for-performance that CMS is going to implement is related to UTI complications, but not necessarily incorporating it in NHSN surveillance.
- Use of codes.

Motion to adopt staff recommendation one from materials that CAUTI should not be addressed in the first year. **Motion passed by consensus.**
Discussion

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- Are there general guidelines for the Reporting Workgroup?
- Reporting that stratifies by tiers of levels and intensity of service, the facility size, and what they do.
- It was noted that Vermont's website had a link for comments.
- Report should include interpretive data beyond raw data
- Comments should be linked to data.
- Providing information to hospital visitors and using data to inform the public and change behaviors.
- Website should be user friendly.
- Educating in terms of infections.
- Educating the public on data interpretation and reliability.
- Data displayed so that people can download it and use it.
- Audiences and forms of formats. Flexibility of data in spreadsheet form for individual interpretations by facilities.

Public   **VII. Public Comment**

- Charlotte Olson, (on the phone), Infection Control Practitioner, Rogue Valley Medical Center, Medford, spoke on her own behalf in support of HSN data methodology. She addressed the usefulness of such data but also that it was unfeasible to collect data by hand for input.
- Ann ???, MPH, Infections Control for Kaiser Regional Medical Center, testified on her own behalf regarding her experience with NHSN and that program could cause a burden urging consideration of time and cost.
- Discussion of C-Sections as a reporting goal and that maybe, because of the specifics to the procedure, this is not a good area to target.
- Art Ashby??Health Infection Control Practitioner, Legacy-Good Samaritan, Portland, testified regarding his use of the HSN system.
  - o Includes a standardized infection surveillance definition.
  - o Searching for data is time consuming.
  - o Once collected easy to download.
  - o Are we doing everything that we can to prevent infections?
  - o Process most important data.
- Tom??? as an observer for Representative Mitch Greenlick who is working on HB 2524 that requires data collection of health care facility acquired infections to be made available to the public.

Discussion
- Can data be collected using the NHSN process without using the NHSN software?
- What other products are available?
- Is the bigger problem locating the data? Will hospitals already using NHSN have to enter some data twice? This is an area for the Technical group.
- Concern was expressed in choosing methodologies that may not be in-line nationally.
- Reporting is to begin in 2009.
- Should a trial using a small hospital be conducted?
- Committee to provide leverage to the CDC and federal government to help states with reporting.
- Due to problems with data gathering for C-Sections, it was suggested that C-Section be replaced with hysterectomy.

- What surgical procedures have the highest morbidity and cost in relation to infection?
- Laminectomy procedure was suggested for data collection.
- Sean Kolmer will obtain information on alternative procedures for data collection.

Co-Chairs **VIII. Other Topics/Adjournment**

- Report published in 2005 by the Center for Disease Control was distributed to committee members and related efforts by a regional advisory committee that resulted in a reduction in Central Line-Associated Bloodstream Infections (CLA-BSI) and included: promotion of evidenced-based practices, strategies for infection prevention, tools for reporting adherence to recommended procedures, standardized kits, and measurement issues.
- The meeting was adjourned at approximately 4:00 pm.

Next meeting is February 12, 2008.

Submitted By: Paula Hird   Reviewed By: Sean Kolmer

EXHIBIT MATERIALS:
A. Agenda
B. CAUTI Recommendation
C. Reporting Work Group Charter
D. Technical Work Group Charter

http://www.oregon.gov/OHPPR/docs/MeetingMaterials_010808.pdf

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