

HEALTH CARE ACQUIRED INFECTIONS ADVISOR COMMITTEE

September 9, 2008
1:00 pm TO 3:00 pm

Portland State Office Building Rm. 1C
800 NE Oregon St.
Portland, OR

MEMBERS PRESENT: **Woody English, MD, Co-Chair**
 Mel Kohn, MD, Co-Chair
 Jim Dameron
 Kathleen Elias
 Laura Mason (by phone)
 Mary Post
 Kecia Rardin (by phone)
 Rodger Steven, MD
 John Townes, MD
 Dee Dee Vallier (by phone)

MEMBERS EXCUSED: **Jim Barnhart**
 Paul Cieslack, MD
 Lynn-Marie Crider
 Ron Jamtgaard
 Jon Pelkey
 Barbara Prowe

STAFF PRESENT: **James Oliver, Research Analyst, OHP**

ISSUES HEARD:

- **Call to Order**
- **Approval of 07/08/08 Minutes**
- **Review of Committee Work Plan**
- **Oregon Nursing Facility HAI Reporting**
- **Hospital Future Training Strategies, Roles, and Responsibilities**
- **NHSN Workshop**
- **Work Plan Development for Work Groups**
- **Public Testimony**
- **Other Topics/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.

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|----------------------|--|--|
| Chair Kohn | I. Call to Order | The meeting was called to order at approximately 1:00 pm. There was a quorum reached later in the meeting. |
| Chair English | II. Approval of 07/08/08 Minutes | (When a quorum was reached): On page 4 remove "See Materials Exhibit H" referring to Dee Dee Vallier's public testimony. Minutes approved by consensus as amended. |
| James Oliver | III. Review of Draft Work Plan | <ul style="list-style-type: none">• The administrative rules have been developed. |

- The next goal is getting everyone signed up with NHSN for training and getting the training accomplished.
 - **September** tasks include looking at the Vermont Oxford measures to start work on nursing facility information and developing administrative rules around the MDS (Minimum Data Set).
 - Getting hospitals trained and getting their input on the NHSN application.
 - **October** will begin the dialysis piece of it and the ASC module will be investigated for NHSN.
 - The technical committee will address the Vermont Oxford issues over the next several weeks and prepare a report for the October HAI meeting.

Mary Borts

Oregon Nursing Facility HAI Reporting

- The Minimum Data Set (MDS) is a standardized data collection tool used by all long-term care facilities that receive Medicaid and Medicare funding nationwide. Licensed only or private facilities are required to use the tool in assessing their residents' needs but there is no statutory authority to require them to transmit their data.
- Nursing facilities are required to transmit the information on this tool within 14 days of admission on each patient regardless of payment source. They must do it annually and upon any significant change in clinical status within 14 days, so each resident should have at least one full MDS annually plus three quarterly subset assessments.
 - The facilities have up to 31 days after the completion of this data collection to transmit to state servers so there is a delay in submission of the data.
- The MDS assessment form, page 5, section I, outlines infections that a facility has to code. For every MDS that is done there is an assessment reference date: an agreed upon end period that is used by all persons coding any section of this tool.
 - There are also HIV infection and STDs on the MDS infections that they code but the OAR prohibits collection of that data in Oregon and it is eliminated from the server.
 - Urinary tract infections are the only infections for which data can be collected for longer than a seven-day look back as the Federal government monitors that on an ongoing basis.
- There are quality indicators and quality measures being gleaned from the MDS tool nationwide that are being used in reporting, for instance, on the Nursing Home Compare website to see how facilities compare to others.
- MDS 2.0 tool will be replaced by MDS 3.0 in October 2009. It is still in draft and currently 12 infections are being monitored under section I, the proposed tool will have 8 with some infections bunched together. The Center for Medicaid and Medicare is overseeing this.
- For the bill a data use agreement is required for anything where the data is used outside the survey and certification process.
- The MDS data will be used for Medicaid reimbursement and facilities will use it for their own QA purposes to determine if numbers are elevated in certain areas of the patient population.
- It is required by OAR that each nursing home does internal infection tracking which is then reported to their CQI but it varies due to the sophistication of each home.

- It may be of interest to the public to know the process measures rather than the outcome measures of infection rates as far as making a decision which nursing home to utilize.
- For nursing homes there should be a technical task force which would come up with a plan for reporting the quality of prevention infections which would be presented to the HCAIAC.
 - Some suggested types of infections that should be tracked, measured, and publicly reported: urinary tract infections, MRSA, pneumonia prevention, flu vaccine, NORA virus outbreaks, and Hepatitis C.

Mary Post

IV. Hospital Future Training Strategies, Roles and Responsibilities
V. NHSN workshop
(Topic IV and V discussed together)

- NHSN online training for hospitals was July 23rd and the Oregon Hospital Association is sending out reminders about a training session scheduled for Oregon hospital ICPs September 25th. OHPR sent out a letter to hospital CEOs regarding new rules, expectations for practitioners in preparation for the conversion, and fines.
- The September 25th training should give hands-on experience with case studies on doing surveillance. They will also complete NHSN data sheets. The focus will be on those infections required to be reported in the first year.
- There has been difficulty accessing the NHSN test site so there will be continued attention directed to NHSN on getting additional instruction on resolving the setup.
- For ongoing support there will be at least bi-monthly conference calls and a triage system to field the various types of questions. A list of FAQs will be generated to be posted online.
- There is a need to address whether the system will be problematic if it cannot accommodate the volume of information that it will need to handle, and how to measure these implementation issues. The Hospital Association could survey the hospitals' experience from an administrator's perspective.

Co-Chairs

VI. Work Plan Development for Workgroups

- One topic the technical workgroup should focus on would be preventable health care acquired conditions.
- An essential issue is whether the data that is reported would be valid and accurate and whether it could be ensured that the data is quality and reflective of the actual events.
- It was suggested the reporting workgroup should focus on data analysis and what the data is going to look like as the report is due April 2010. There needs to be a meaningful analysis of the information in advance so there isn't a year-long data collection process that has no value in the end.
- The physical aspect of measuring changes behavior and the public and consumers will now have access to more information.

Co-Chairs VII. Public Comment/Adjournment

No public testimony provided.

The meeting was adjourned at approximately 3:00 pm.

Next meeting will be October 14, 2:00 pm to 4:00 pm, at the Portland State Office Building, Room 918.

Submitted By:
Shawna Kennedy-Walters

Reviewed By:
Sean Kolmer

EXHIBIT SUMMARY

- A – Agenda**
- B – July 8 Meeting Minutes**
- C – M.D.S 2.0 Section I**
- D – Draft HCAIAC Work Plan**
- E – NY State Hospital-Acquired Infection Reporting**