HEALTH CARE ACQUIRED INFECTIONS ADVISOR COMMITTEE

October 14, 2008
2:00 pm TO 4:00 pm

Portland State Office Building Rm. 918
800 NE Oregon St.
Portland, OR

MEMBERS PRESENT: **Woody English, MD, Co-Chair**
Jim Dameron
Kathleen Elias (by phone)
Katrina Hedberg, MD, MPH
Ron Jamtgaard
Laura Mason (by phone)
Mary Post
Kecia Rardin
John Townes, MD
Dee Dee Vallier

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

STAFF PRESENT: **Sean Kolmer, Data and Research Manager, OHPR**

ISSUES HEARD:

- **Call to Order/Introduction of New Member**
- **Overview of Vermont Oxford NICU Reporting**
- **Approval of 09/09/08 Minutes**
- **Overview of NHSN Outpatient Dialysis Center Reporting**
- **NHSN Hospital Training Report**
- **2009 Reporting Exemptions**
- **Co-Chair Nomination and Vote**
- **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.

Chair English **I. Call to Order**

The meeting was called to order at approximately 2:00 pm. There was a quorum reached later in the meeting. Katrina Hedberg was introduced to the committee as the replacement for Mel Kohn, representing the Oregon Health Division.

John McDonald **II. Overview of Vermont Oxford NICU Reporting**

- (Chair English) The reporting system was designed to be a tool to help improve the quality of care in NICUs, and several of the measures relate to monitoring infections in NICUs, so the committee could look at using some of the ideas and frame it to suit the public disclosure portfolio.
- It's a voluntary international registry of NICU outcomes established in the early 1990's with about 680 NICUs worldwide participating in the

registry for high-risk babies between 1-3 pounds, which make up the majority of the complications in NICU care. In the state of California participation in the registry is required for NICUs.
    - Rates of early infections that babies are born with.
    - Babies acquiring the infections in the hospital, which is more common.
- Oregon could be compared to the overall national registry.
- The expanded data registry requires more data collection and is more expensive. Some facts about the expanded registry:
    - There 203 hospitals in the international registry participating.
    - All 7 NICUs in Oregon participate. This network data could be used for tracking NICU infection rates in Oregon as the data is already being collected and would not add additional cost.
    - There are 90,000 infants per year admitted into this registry.
        - Of those, 33% born under 1,000 grams (2 lbs.) will have a bloodstream infection along with 12% of those born between 1,000-1,500 grams and 2% of those born over 2,500 grams.
- With bacterial infections, babies under 700 grams typically stay in hospital 8-10 weeks. With babies under 27 weeks, 38% are treated for a fungal infection.
- Vermont Oxford reports annually in August for the year before with the standardized death/complication rates and a web-based, real time reporting system. Since the highest risk babies are in the hospital for 8-10 weeks, it takes ½ to ¾ year to reflect trend changes and fluxuation.
- Could a confidential system become public? This would involve one data set which hospitals are already collecting. The trend data could be looked at to validate data that would come in but would not be publicly reported.
- (Chair English) The reporting system's methodology is different because they deal almost completely with an immunocompromised population. which is:
    - Dependent on the gestational age of the child and weight.
    - More susceptible to what is already in the hospital.
- To get comparable information, the Vermont Oxford allows fair comparisons to be made. A sensible risk category of infant should be looked at and also whether it is reasonable to use it as a standard for the safety/cleanliness infection control practices of the hospital, which is to be the intent of public disclosure. This database is refined, reliable, grounded, has a good history and validity, and can be compared across the population.

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Chair English **III. Approval of 09/09/08 Minutes**

Motion to approve the minutes. Minutes approved unanimously.

James Oliver **IV. Overview of NHSN Outpatient Dialysis Center Reporting**

- Currently there are 54 licensed facilities in Oregon that this program would have authority to require reporting. They are owned by 3 companies nationally so it would be easier to connect with the 3 companies to talk about the reporting than each individual facility. About a dozen centers are affiliated or located in hospitals.

- There are nearly a half million cases of ESRD (end-stage renal disease) as of 2005, with about 100,000 new cases per year, which cost 32 billion in 2005, with 90% covered by Medicare.
- Within NHSN dialysis is a device-associated module, and specifically for dialysis incidents they're only required to report one location for one month but with NHSN they would have to report a minimum of 6 months.
- Dialysis centers that are part of a hospital don't have to report infections but must have an infection control program in place. In 2008 now to be certified by Medicare or Medicaid dialysis centers must have an infection control function and the physician who is the medical director is the person accountable for managing the infection control program. Currently dialysis centers are not reporting to NHSN so will have to start the process from the beginning.

Mary Post
John Townes
Woody English

V. NHSN Hospital Training Report

- The in-person training September 25th was well received, with all but a few hospitals represented.
- The representatives had some requests:
  - They would like opportunities to post Q&A on the website.
    - A triage system to answer questions was suggested.
  - For future trainings they would like information on options for collecting denominator data.
    - Ideas were gathered from APIC that could be written up as suggestions for collecting the data. It will also be suggested to APIC that a cost evaluation be done on the collecting.
  - They would like the CEOs to make it a priority to see that the hospitals' IT departments support this to reduce the amount of manpower required to get the data out.
    - Sean Kolmer will draft an informative letter to go to the CEOs to increase support from the IT departments.
  - They requested mid-year 2009 regional follow-up training.
- Hospitals can set up a formula to figure out how long this new workflow will take, which could be entered into an Excel worksheet to figure out how much time per case. It could be useful to find out how much it is costing hospitals to collect the data while they're collecting it rather than give an estimate of what it might cost beforehand.
- The success of the data entry demonstrations should lead to more webinars.

Co-Chair, Staff

VI. 2009 Reporting Exemptions

- According to the Hospital Compare web site, only two hospitals (Harney and St. Elizabeth) do not report SCIP measures. Two other hospitals (Curry and St. Anthony) do not report any of the CMS quality measures. This is because they are critical access and are exempt. Kathy Phipps with Acumentra, a state quality improvement organization, will help get these hospitals involved in SCIP reporting. The hospitals are required to sign up but there is no fee to report.
  - Follow-up: in 1-2 months the committee will look at where they are in the reporting.
- There are only 8 hospitals that don't do any of the NHSN procedures so they should be looked at to see if they would be required to report at all. They will be encouraged to choose to participate so they could

use and learn NHSN for other procedures but will not be mandated if they don't have the required NHSN data to report.

Co-Chair, Staff **VII. Co-Chair Nomination and Vote**

- Katrina Hedberg, Paul Cieslak, and Jim Dameron were suggested as potential Co-Chair. It was recommended that since other members of the committee were absent, those members should receive a proposed list of the nominees, and then a discussion and nomination could take place at the next meeting.

Co-Chairs **VIII. Public Comment/Adjournment**

No public testimony provided.

Discussion Discussion regarding the Robert Wood Johnson Foundation and other grants that groups involved in reform of health care may apply for. Opportunities regarding the various grant opportunities will be researched and the grant specifics will be explored.

The meeting was adjourned at approximately 4:00 pm.

Next meeting will be November 12, 2:00 pm to 4:00 pm, at the Portland State Office Building, Room 221.

Submitted By:
Shawna Kennedy-Walters

Reviewed By:
Sean Kolmer

EXHIBIT SUMMARY
A – Agenda
B – September 9th Meeting Minutes
C – Hospital Exemptions
D – NHSN Outpatient Dialysis Reporting
E – NHSN Training