

HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

June 23, 2008
2:00 p.m. to 4:00 p.m.

Portland State Office Building, Room 1D
800 NE Oregon
Portland, Oregon

MEMBERS PRESENT: **Woody English, MD, Co-Chair**
 Paul Cieslack, MD
 Jim Dameron
 Kathleen Elias
 Mary Post
 Kecia Rardin (by phone)
 John Townes, MD (by phone)
 Dee Dee Vallier

MEMBERS EXCUSED: **Mel Kohn, MD, Co-Chair**
 Jim Barnhart
 Laura Mason
 Jon Pelkey
 Lynn-Marie Crider
 Ron Jamtgaard
 Patricia Martinez, MD
 Barbara Prowe
 Rodger Slevan, MD

STAFF PRESENT: **Sean Kolmer, Data & Research Manager**

- ISSUES HEARD:**
- **Call to Order**
 - **Approval of 05/02/08 Minutes**
 - **Review of public rules materials and process**
 - **Discussion of draft work plan**
 - **Overview of facility administrator training requirements**
 - **Public Testimony**

(Digitally Recorded)

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| Chair English | I. Call to order

The meeting was called to order at approximately 2:15 p.m. There was not a quorum. |
| Chair English | II. Approval of 05/02/08 Minutes (See Exhibit Materials B)

Approval of minutes deferred to next meeting as there was not a quorum. |
| Sean Kolmer | III. Review of rules materials and process (See Exhibit Materials C)

Chair English reported on the rules meeting held June 19, including comments from three individuals: <ul style="list-style-type: none">• Ann Eades, Association for Professionals in Infection Control and Epidemiology (APIC), presented testimony.<ul style="list-style-type: none">○ Requested clarification that reporting for surgical site infections will be for surgeries that are performed beginning January 1, 2009.○ Requested changing deadline for reporting from 30 days following the end of the month to 90 days from end of month. Different timetables for reporting by NHSN, CMS and others related. |

- Several hospitals are concerned about the timeframe. Discussion by Committee.
- Concern expressed on the lag times. Timelines from 30 days following the end of the month up to four months debated.
- Discussion on strongly recommending vs. requiring. Staff will check on CDC reporting requirements and report back to the Committee.
- Requested that only relevant data be made available to State as hospitals report varying information to NHSN.
 - Process will happen in the conferring rights, which is described by staff.
 - It was clarified that hospitals reporting to NHSN will not have to duplicate reporting for State. Data will come from NHSN.
- **Gwen Dayton, Oregon Association of Hospitals and Health Systems (OAHHS)**, testimony was related.
 - Endorsed the 3 points presented by Ann Eades of APIC. Also related that:
 - Out of 57 hospitals in the state, only 12 currently submit information to NHSN, so that 45 hospitals will require training. Chair quoted Gwen Dayton: *"The State must expect and understand that the first-year reporting may be a difficulty."*
 - Staff addressed concern over a lack of awareness by some hospitals relating outreach efforts in collaboration with associations once rules are finalized.
 - Suggestion that hospitals identify a contact person and the need for having similar methodologies and processes related.
- **Deandra Vallier, Consumer**, testified to:
 - **Section IV (page 7)** language correction: Instead of "The ICP should use follow-up surveillance . . ." change to "The ICP shall use follow-up surveillance . . ." Change will be made.
 - Benchmarking and public disclosure needs to include national benchmarks, not just local.
 - Relates to **HAI Public Disclosure (409-023-0020) (page 8) (1)** on updating facility-level and state-level. Staff related control over those two levels but not on the national level with suggestion that it can be included but should not be part of rules in the event of it not being available.
- Public Comment ends at 5:00 p.m. today. Final language changes to the rule will be submitted to DHS by end of week with official Officers Report summarizing public comments to be released after July 1. Each comment will be addressed.
- Second facility finding infection and previous discussions related.
 - Suggestion to define when addressing Long Term Facility reporting.

Sean Kolmer

IV. Draft Work Plan (See Exhibit Materials D)

Staff reported meeting with Chair English on disseminating information to hospitals and training. The following timeline was related:

- June: Officers' Report due, revise work plan, development for trainings, including supplementing NHSN website training and working with associations.
- Develop document to be sent to hospitals outlining requirements and reporting system and relate tentative plan.

- Staff will be meeting with Gwen Dayton and Diane Waldo of OAHHS, to talk about outreach.
- 3rd to 4th week of July: CDC to lead a webinar on the first three steps: enrollment, joining a group and conferring of rights.
 - Discussion with OAHHS regarding additional trainings
 - Obtain contact names from hospitals.
 - Hospital contact person for the reporting discussed, emphasizing it is a data collection function. Contact for managing data should not be the Infection Control Practitioner (ICP) due to demands on time, but the ICP should be involved to ensure data accuracy.
 - NHSN staffing recommendations discussed as suggesting ensuring administrative and ICP support.
 - Emphasize value to hospital.
- August: Training materials and implementation strategy finalized.
- September: Next iteration of rules will include NICU reporting potentially using Vermont-Oxford reporting. Addressing nursing facilities next suggested as staff has information currently available. Nursing facilities currently report urinary tract infections (UTIs) to CMS. Forms used for reporting may meet initial requirements to get started. Access to data through CMS related.
- Update of what has and has not been working, how to fix, ad hoc training for the hospital reporting program.
- October: Investigate dialysis center module for NHSN. Possibly look at Surgery Center module by NHSN (which has not been released) to start thinking about next iteration of rules.
- Clarification that references in work plan to "staff" is OHPR, "all" includes Committee members and TAG is the technical advisory group.
- Hearings Officer's Report will be circulated upon completion.

Sean Kolmer

V. Overview of facility administrator training requirements (See Exhibit Materials E)

Staff presented a brief overview CDC NHSN Administrator Enrollment Guide, relating that there are approximately 12-14 hours of webcast video on CDC website. Material will be made available through OHPR website for easy access.

- Discussion on hospitals currently participating as mentors, the number of hospitals needing training, engaging APIC, impact on budgets and limited role of NHSN to technical aspects.
- It was noted that on page 7 of Rules, **Compliance (409-023-0035) (2)** states that the office will annually evaluate. Will be addressed in the spring with first data reporting.

Chair English

IX. Public Testimony

No public testimony was offered.

Next meeting July 8, 2008.

Submitted By: Paula Hird

Reviewed By: Sean Kolmer

EXHIBIT MATERIALS:

A. June 23 Agenda

D. Draft Work Plan

B. Minutes from 05/02/08

E. CDC NHSN Administrator enrollment guide

C. Notice of Proposed Rulemaking Hearing

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.

http://www.oregon.gov/OHPPR/docs/MeetingMaterials_062308.pdf