

HEALTH CARE ACQUIRED INFECTIONS ADVISOR COMMITTEE

September 8, 2009
1:00 pm TO 3:00 pm

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

MEMBERS PRESENT:

Jim Dameron, Co-Chair
Woody English, MD, Co-Chair
Paul Cieslak, MD
Kathleen Elias (by phone)
Ron Jamtgaard
Laura Mason (by phone)
Jon Pelkey
Mary Post (by phone)
Barbara Prowe
Kecia Rardin (phone)
Rodger Sleven, MD (phone)
Dee Dee Vallier

MEMBERS EXCUSED: **John Townes, MD**

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

ISSUES HEARD:

- **Call to Order**
- **Approval of 7/14/09 Minutes**
- **Update on Federal ARRA HAI Funding Application**
- **Update from Workgroups**
- **Update on Hospital NHSN Training**
- **Priority Setting for 2009-1010**
- **NHSN Surgical Procedures in Oregon Hospitals**
- **Next Steps**
- **Public Testimony**
- **Next Steps/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.

Co-Chairs

I. Call to Order

The meeting was called to order at approximately 1:00 pm. There was a quorum.

Co-Chair

II. Approval of the Minutes

Change the date in the upper left hand corner to reflect 7/14/09. Motion to approve the minutes with the change. Minutes approved unanimously.

**Ann Thomas
Jim Dameron**

III. Update on Federal ARRA HAI Funding Application

- The American Reinvestment and Recovery Act (ARRA) stimulus money, through the ELC Grant, was \$700,000, which will fund several things:
 - A state HAI coordinator through the Office for Oregon Health Policy and Research in which OHPR will draft a state HAI plan by January 1, 2010.
 - A Prevention Collaborative Manager working with Jim Dameron's department.
 - Ann Thomas' office will focus on HAI training and responding to and controlling outbreaks, along with validation studies.
- Through the Emerging Infections Program Grant, a separate funding, the focus will be on validation and improving the operating system and working with dialysis. It creates a cohesive, state-wide plan for data.

**Staff
Workgroup Members**

IV. Update from Workgroups

- Reporting Workgroup:
 - The group created a mockup of what the report due in May might look like, with another report due the end of next year. Then the reporting will be updated quarterly to make it more readily available in real time, mandated by statute.
- Technical Workgroup:
 - The funding did not cover as much of the research analyst side as the proposal requested to help with the validation work. Laura Mason volunteered St. Charles' four sites as the technical group's pilot sites. The group would do CLABSIs and ask the lab to do all positive blood cultures from an ICU to generate the list and review the charts to see how well the lists match as far as falling under the NHSN CLABSI definition, along with completeness of the data.
 - They will report back to the subgroup with their findings.

Staff

V. Update on Hospital NHSN

- Diane Waldo has been organizing a safe table for a lot of infection control practitioners in the community on multi-drug resistant organisms.
 - A decision was made to have a follow up NHSN training session.
 - Diane worked on a survey distributed to the infection control community to identify learning needs.
 - Speakers have been lined up to assist with that training and to do case studies for surveillance as well, and the report generation components of NHSN for the presentation will be reviewed.
 - Ann Thomas is going to brief on the HAI grant funding.

**Staff
Co-Chairs**

VII. Priority Setting for 2009-2010

- Identifying the group's top 3 -5 priorities to accomplish in the next 6-12 months.
 - The priorities are organized into statutory requirements, things the group is committed to due to the rules process, and other things the group discussed or talked about in the group.

- The overall picture is that this is not just a reporting program but has the pieces in place to lower infections rate, to get better, validated data, and have a coherent set of priorities.
- There is a need to focus on education and awareness, what is being measured, what kind of infections, and what the hospitals are doing so that the information can be forwarded to QI Coordinators and Medical Directors in managed care plans.
- On the commercial side the effort is to see what kind of data can be put out there by way of working on benefit design to get individuals to use higher-performing providers, seeing what type of multi stakeholder collaborative they could support and be part of to the point that infections are decreasing.
- Besides the two reports the group will be putting out, there will be a web-based portal database by 2011.
- The group had discussed potentially expanding the scope of hospital reporting and what NHSN is capable of handling.
- The committee should look at the two surveys the committee had discussed putting out: a flu season employee survey and an ambulatory surgical center survey on infection control practices. The group needs to look at the most beneficial time to put these out.
 - As healthcare organizations prepare for the standard influenza and H1N1, hospitals will have a more complex challenge in record keeping and administration, so it may be more productive to get the flu survey together quickly.
 - Having a session with hospital representatives to discuss what specific information the group would be requesting would give the group an idea if hospitals could easily pull up this information.
 - The group decided on nurses as their target employee group on which to focus the survey, plus to potentially include long-term care facilities in with hospitals.
 - The group wants to look into what data is already publicly available from CMS for the ambulatory surgical center survey and bring it to the group in November to make sure the group does not duplicate work and then form a small task group.

Co-Chairs, Staff VIII. NHSN Surgical Procedures in Oregon Hospitals

- The group looked at adding any surgical site infections to the current list.
 - It was noted that hospitals may not have added additional resources or staff toward the cost of reporting, so maybe this year may not be the best time to add more duties to infection control practitioners.
 - Three procedures that other states are reporting that Oregon is not are hysterectomies, hip replacement, and c-sections. C-sections have a low infection rate while hip replacement has a much higher rate.
 - The group would give hospitals notice if procedures are added to allow time for them to set up their data collection mechanisms.
 - Laminectomy was suggested as a procedure to add as it is high volume, the stratification of patients is identical to the knee surgeries so data collection would be the same.
 - Pacemaker insertion procedures was also suggested, being high-morbidity but relatively low volume.

Co-Chairs

VIII. Next Steps

- The committee raised topics that should be considered:
 - Are there better ways to collect data so whenever a decision is approached, the discussion will be around the value of the data and how to influence behavior rather than amount of work involved in collecting the data?
 - The reporting subgroup needs to look at Eric Miller's database outline and fill in the blanks to customize it to the group's needs.

Co-Chairs

IX. Public Comment/Adjournment

There was no public comment.

The meeting was adjourned at approximately 3:00 pm.

Next meeting will be November 10, 1:00 pm to 3:00 pm, at the Portland State Office Building, Room 710.

Submitted By:
Shawna Kennedy-Walters

Reviewed By:
Sean Kolmer

EXHIBIT SUMMARY

- A – Agenda**
- B – July 14th Meeting Minutes**
- C – Guide for Strategic Planning 2009-2010**
- D – Oregon ELC HAI Application**
- E – NHSN Operative Procedure Categories**

See Meeting Materials: http://www.oregon.gov/OHPPR/Healthcare_Acquired_infections.shtml