HEALTH CARE ACQUIRED INFECTIONS ADVISOR COMMITTEE

May 12, 2010
1:00 pm to 3:00 pm

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

MEMBERS PRESENT:

Jim Dameron, Co-Chair
Woody English, MD, Co-Chair
Paul Cieslak, MD
Kathleen Elias, RN
Ron Jamtgaard
Jon Pelkey (phone)
Mary Post, RN, CIC (as of 1:30 pm)
Barbara Prowe (phone)
Kecia Rardin, RN (phone)
Rodger Sleven, MD (phone)
John Townes, MD (as of 1:30 pm)
Dee Dee Vallier

MEMBERS EXCUSED: **Laura Mason, RN, BSN**

STAFF PRESENT: **Jeanne Negley, Healthcare Acquired Infection Prevention Coordinator**
Elyssa Tran, Research & Data Manager
James Oliver, Research Analyst (by phone)

ISSUES HEARD:

- **Call to Order**
- **Approval of 3/10/10 Minutes**
- **Rules Advisory Committee**
- **Recommendation from Nursing Home Subcommittee**
- **Potential Ambulatory Surgical Center Healthcare Worker Vaccination Survey**
- **Update on CLABSI Validation**
- **HAI Program Briefs**
- **Public Comment / 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**

The minutes were unanimously approved.

Co-Chairs **III. Rules Advisory Committee**

- The HAI Advisory Committee was formally used as the Rules Advisory Committee to review proposed revisions to the administrative rules for hospital reporting as follows: (1) adding five surgical site infections: colon surgery, spinal fusion, hip prostheses, abdominal hysterectomy, and laminectomy, (2) removing coronary artery bypass graft with chest incision only (as only one hospital was found to meet the requirements of twenty or more procedures per year), and (3) adding two Surgical Process of Care Measures (SCIP) measures: SCIP-Inf-4 (cardiac surgery patients with controlled 6 a.m. postoperative serum glucose) and SCIP-Inf-10 (surgery patients with perioperative temperature management).
- The committee voted unanimously in favor of the proposed revisions to the administrative rules.

Co-Chairs **IV. Recommendation from Nursing Home Subcommittee**

- The Nursing Home Subcommittee decided Pennsylvania's nursing home HAI reporting model does not suit Oregon, as Pennsylvania's nursing homes are much larger and have more staff to support such reporting. The recommendation by the subcommittee is <u>not</u> to adopt the Pennsylvania model.
- The subcommittee decided urinary tract infection and *Clostridium difficile* should be added to the public reporting system for nursing homes. It was noted that current rules include urinary tract infection reporting using MDS, but the MDS definition of urinary tract infection did not distinguish between infections acquired in the facility and in the community. Further, the group noted that MDS 3.0 (the newer version of MDS being rolled out) did not include *Clostridium difficile* reporting.
- A question was raised that if good data is inherently hard to collect, and similar data has already been collected, why recommend a new reporting system?
    - These HAIs are a major problem in nursing homes and impact a large number of residents. These HAIs can be reduced or eliminated, and public reporting will create pressure to address them.
    - MDS does not use the same definition of McGeer's definition of a urinary tract infection. One problem with the definition of UTI is that colonization versus infection is often confused.
- It was suggested that it may be easier to collect the information directly from the labs, as they already report certain information to the State. A subcommittee will look at the methodology to collect and publicly report these data.
- The Advisory Committee agreed that Paul Cieslak should join the nursing home subcommittee to create a feasibility report for adding the two suggested infection targets to public reporting.

Co-Chairs **V. Potential Ambulatory Surgical Center Health Care Worker Vaccination Survey**

- The healthcare worker vaccination survey will be distributed to hospitals and long-term care facilities in its current form.

- The committee agreed to include healthcare worker vaccination survey information in the best practice survey to be created for ambulatory surgery centers.

OPHD Staff **VI. Update on CLABSI Validation**

- Paul Cieslak of the Oregon Public Health Division (OPHD) provided an update on the OPHD CLABSI validation study.
- The OPHD based their validation study on the protocol developed by the Connecticut Public Health Department.
- At the time of this presentation, OPHD only had visited four hospitals and the data were too preliminary to determine the potential impact of the Oregon CLABSI validation study on Oregon CLABSI rates.
- The Oregon CLABSI Validation plan includes:
  - Asking the 44 reporting facilities for a list of all positive blood cultures from all adult patients treated in non-specialty ICUs to determine if a site visit is required (i.e., site visits will only occur at hospitals with positive blood cultures).
  - OPHD will visit 2 to 5 hospitals per month.
  - Any findings will be reviewed by Paul Cieslak of OPHD, and OPHD will follow up and discuss any findings with hospital staff.
  - OPHD will issue an aggregate report when the study is completed in the fall of 2011.

Co-Chairs & Staff **VII. HAI Program Briefs**

- Four of the sixteen HAI committee positions expired last year, and four are expiring this year, so recommendations for new members are welcome.
- The CDC will be issuing a national report presenting HAI rates in several US states, which will include Oregon. This report will be different from Oregon's first annual report for several reasons; most notably is that it only covers a six-month period from January – June 2009 and it does not include the revisions that Oregon hospitals made to their HAI data during the 30-day review period in March 2010.
- NHSN is used in Washington State to report CLABSIs and ventilator associated pneumonia, but it is not used to report surgical site infections. Washington State has revised its legislation to postpone disclosure by the state using NHSN.
- Ron Jamtgaard spoke regarding his March 24th letter he sent to the committee.
  - He feels that by the time the HAI report is released, the data is too old and thinks the group should suggest OHPR should report the data quarterly.
  - He would like the group to request two hospital administrators directly relating to their hospital budgets attend the HAI meetings to encourage hospital feedback.

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

- Jody Joyce from Legacy Health sent a letter to Sean Kolmer and Jim Dameron stating that NHSN requires 57 data elements for each surgical site infection, and only three are used in the report. The administrators at Legacy would be interested in joining the HAI Advisory Committee in the hospital administrator categories. NHSN has been an unsustainable methodology for Legacy, and if a better

system was found they would advocate for reporting every surgical site infection.

- Julie Koch from Good Samaritan, Corvallis, stated the burden in reporting is great, as a lot of it is manual. For the surgical site infection denominators, they pull from multiple information systems and they do not have the information system support to write an electronic program. She received a survey from the local APIC group that included data from 32 hospitals. The survey indicated that 20% of their facilities are reporting manually to NHSN.
- Naomi Price, Consumer Advocate, Oregon Patient Safety Commission (OPSC), would like to get the HAI group to coordinate efforts with other similar groups in the state such as the OPSC and the State Taskforce on Health IT.

Next meeting will be July 14, 1:00 pm to 3:00 pm, at the Portland State Office Building, 1C.

Submitted By:
Shawna Kennedy-Walters

Reviewed By:
Jeanne Negley

EXHIBIT SUMMARY
A – Agenda
B – March 10, 2010 Minutes
C – Revised OARs
D – Recommendations from Nursing Homes
E – Healthcare Worker Vaccination Survey (sample to consider ASC survey)
F – Board Member Roster and Expiring Terms
G – Comparison of CDC and OHPR HAI Report
H – Washington State SSI Summary
I – Rules Advisory Committee Voting Sheet
See Meeting Materials: http://www.oregon.gov/OHPPR/Healthcare_Acquired_infections.shtml