HEALTH CARE ACQUIRED INFECTIONS ADVISOR COMMITTEE

January 13, 2010
1:00 pm TO 3:00 pm

Portland State Office- Building Rm. 1D
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)
Mary Post
Kecia Rardin
John Townes, MD
Dee Dee Vallier (by phone)

MEMBERS EXCUSED: **Jon Pelkey**
Barbara Prowe
Rodger Sleven, MD

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

ISSUES HEARD:

- **Call to Order**
- **Approval of 11/10/09 Minutes**
- **Federal ARRA State HAI Prevention Plan**
- **Update from Reporting Workgroup**
- **NHSN MDRO Module Presentation**
- **Revised "Blueprint" for the 5-Year Plan for the HAI Reporting Program**
- **Next Steps**
- **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**

Minutes approved unanimously.

Ann Thomas
Jim Dameron
Staff **III. Federal ARRA State HAI Prevention Plan**

- We received a $700,000 Federal ARRA stimulus grant to support HAI activities as follows:
  - The Office for Oregon Health Policy and Research (OHPR) is coordinating state HAI activities and led the development of a state HAI plan. OHPR convened a small workgroup that met in early December to create the state HAI Plan, which consisted of identifying HAI activities that are underway (i.e., have funding) or are planned. The draft plan was sent to the Advisory Committee via email for review and the final plan was submitted to the CDC by December 31, 2009.
  - The Oregon Public Health Division (OPHD) will lead a validation of HAI data entered into NHSN.
  - The Oregon Patient Safety Commission (OPSC) will run a multi-hospital, two year collaborative to concretely reduce HAIs. The commission hired Melissa Parkerton, who will run the collaborative.
    - OPSC is preparing an expert panel to establish the mission, goals, and targets for the collaborative plus an advisory committee to help with the higher level strategic work throughout the duration of the collaborative, both of which will feed into faculty for learning sessions.
    - Hospital recruitment will start in late February, early March to pull in 10 hospitals for the collaborative, beginning pre-work in April, meeting each 6 months until December 2011. Also additional funding sources are being looked at to support this.
- The State HAI team will meet monthly; the next meeting is planned for February 11.

Staff **IV. Update from Reporting Workgroup**
Workgroup Members

- Reporting Workgroup:
  - The workgroup reviewed preliminary data from the HAI reporting system. The infection rates appear low based on the data so far, but without validation it may or may not be a true picture.
  - The group wants to define what their priorities are in approaching what they are trying to accomplish in the reporting.
  - Barbara Prowe is creating an email distribution list to publicize the release of the first Annual HAI public report. The group also discussed the preparation of appropriate press releases.
  - There is a concern that some hospitals in Oregon could go a year in which they don't have to report anything to the public database.
  - By March 1, James Oliver will create HAI data summary sheets for each hospital, which will be submitted to hospitals' infection control specialists for review before publication.

Kathy Phipps
Acumentra

V. MSHN MDRO Module Presentation

- Acumentra Health is the Oregon quality improvement organization, and they are operating a pilot of 5 to 6 hospitals to address MRSA using NHSN MDRO module. The project started in August 2008.
- Acumentra holds monthly conference calls regarding data submission and to have hospitals share what they are doing to prevent transmission and infection of MRSA.
- Three hospitals have worked on the MDRO toolkit and a couple participated in the conferences for those.
- Their project doesn't require hospitals to do active surveillance.
- In terms of using NHSN, Acumentra has received a lot of feedback regarding the strengths and weaknesses of the system, but found that with Acumentra's one-on-one help, data entry has improved.

Co-Chairs

VI. Revised "Blueprint" for the 5-Year Plan for the HAI Reporting Program

- The data looks skimpier than expected by legislators and the public, so the group will outline what they should be doing so as to wisely use their time to leverage good decision making on part of the public agencies and the legislature.
- The primary purpose is to make it safer for people in the community to receive care in our healthcare facilities. To keep them safe from infection, they developed goals through the healthcare associated reporting program, using scientifically valid measurement systems and methodology, and to educate healthcare providers and consumers. To clearly and efficiently report the results of the program to the public.
- The group needs to do two things: accomplish a supplementary mandatory surgical site infections list and address MRSA and if the subcommittee should work on it and return next time with recommendations.

Co-Chairs

VII. Next Steps

- A concern that while the Blueprint is well thought out and a nice plan, the reality of the plan come from comments that NHSN is clunky and maybe some other options could be entertained that are not as time-consuming. Perhaps either fewer infections could be reported or reported using a different method.
- The group needs to work on validating the procedure, as there is an assumption that it's useful to expand the program
- The group needs to look at what value they are getting out of NHSN, what methodologies might help to supplement the outcomes, outcome information that they may want to add, and come back in March with recommendations along with an argument for why they have chosen the current path as it will have to be communicated through OHPR, the legislature, reporters, etc.
- It was suggested to come up with a group including representation from the public speakers, APIC, and Acumentra, specifically look at

surgical site infections, then come back next time with recommendations that could be formulated into rules.
- A second subcommittee would be needed to deal with MRDO/MRSAs. Weave our purpose for this plan into making hospitals safer for people, and what is the proper way to stimulate the industry to do the right things and come up with strategies to make it good practice.

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

- Jodi Joyce, Vice President, Quality Patient Safety, Legacy Health, and Jana Brott, Manager of Prevention and Control Team at Legacy Health. Jodi noted she liked the way their Washington hospital reports MRSA, which did not use NHSN. Legacy had a 39.9% reduction in infections in their 6 hospitals in the past 20 months, though not due to reporting, but refocusing their infection control practitioners where they make a difference: interacting with clinicians, patients, and observation, along with engaging the entire staff in education such as hand hygiene. The distraction and time of data collection will erode the positive improvement their hospitals have made. Any expansion of SSI reporting should be based on risk assessment rather than a workgroup decision. They really do not see NHSN as a solution as it doesn't work with real time change. They recommend the Washington State hospital approach: a simple recording of infections encountered by procedure type which gives you rates and over time, the numbers with change to capture an entire population. It is suggested the numbers are taken from a lab interface.
- Diane Waldo, from the Oregon Association of Hospitals and Health Systems. Diane raised the issue that small hospitals may not have the staff capacity, infection prevention expertise, and resources, and they want to feel that there is value being delivered in this rather than just fulfilling a requirement for public reporting. Their recommendations were to also look at The Washington State approach, and also whether there can be a minimum threshold for reporting the SSI indicators. Lastly they hoped for careful scrutiny for the SSI indicators for small hospitals versus larger ones.
- Nancy Church, President, APIC, Oregon and Southwest Washington: Nancy noted that automating data collection is key because the infection control areas have lost funding and most likely will not be able to get additional people to help with the reporting. Automated data mining will do the work without the labor intensiveness. The data mining system is equivalent to 3 FTEs. Other systems already working and in place should be available for review. NHSN will force the infection preventionist to be the data entry only person. This takes away from their time to educate about things such as H1N1. Hospitals already have risk assessment in place and should be able to state which procedures should be considered. The number of procedures chosen should be few to yield meaningful results. Education and training are the keys to prevention, which will go away when they are refocused to data entry.
- Janet Sullivan, Infection Preventionist, incoming President, APIC, Oregon and Southwest Washington. Janet noted it would take a 76% increase in resources FTE to do surveillance and 500 hours of technical support to implement uploads and related procedures. They do post-discharge surveillance after procedures, sending out surveys 30 days after follow up, and to have to do as many as the reporting

would require would be too burdensome. They feel NHSN is very cumbersome.

The meeting was adjourned at approximately 3:00 pm.

Next meeting will be March 10, 1:00 pm to 3:00 pm, at the Portland State Office Building, 1B.

Submitted By:
Shawna Kennedy-Walters

Reviewed By:
Jeanne Negley

EXHIBIT SUMMARY
A – Agenda
B – November 10th Meeting Minutes
C – Acumentra Health MRSA Project Overview
D – Blueprint for 5-Year HAI Plan
E – HAI Prevention Plan
F – HAI Reporting Group Minutes

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

OHPR Research & Findings re NHSN

Based on the public comments from this meeting, OHPR performed some follow-up research regarding the "Washington State Model" and NHSN usage. First, we contacted Dr. David Birnbaum of the Washington State Department of Health. Dr. Birnbaum is the director of the HAI Reporting Program for Washington State. He stated that Washington State is using NHSN for reporting central line associated bloodstream infections (in all ICUs) and ventilator-associated pneumonia. It will be using NHSN for reporting surgical site infections in 2011. Dr. Birnbaum noted that while the Washington State Hospital has a reporting system called "Quality Benchmarking System" or QBS, the Washington State Department of Health HAI Program does not use QBS.

Second, OHPR investigated the reporting burden of NHSN. OHPR does recognize that NHSN does require some work to input data. We learned that 24 Oregon hospitals are using NHSN to report HAI measures beyond those in the required measurement set, which suggests that Oregon hospitals recognize the value in using NHSN and that there is some capacity to expand the current required measurement list. In preparing our first annual report, OHPR has been working with Oregon hospitals recently to ensure all data are reported. We found that many hospitals, especially small hospitals, when properly educated and assisted with NHSN, were able to completely enter all needed data into NHSN in a short amount of time. At this time, we have a very high reporting compliance rate of 98% percent. OHPR believes that effective, ongoing training and technical assistance will reduce the burden significantly for NHSN reporting.

Third, OHPR recently provided a progress update to the House Committee on Health Care on February 19, 2010, chaired by Representative M. Greenlick. In that presentation (attached), we reiterated the importance of having standardized, risk-adjusted, comparable data, and other advantages of using NHSN.

As part of the presentation, we also outlined next steps for the HAIAC Committee, which includes:

1) Complete first public reporting of 2009 data in Spring 2010;
2) Expand reporting requirements for hospitals through NHSN – make smart choices in selecting measures, using criteria/prioritization such as inclusion of as many Oregon hospitals as possible, choosing procedures/conditions where national data suggests higher infection rates, phasing in expansion, having enough measures to have a "hospital" infection rate, and focusing on measures that are valuable to hospitals; and
3) Continue to investigate expansion into other facilities; and
4) Adopt expansion of program by summer 2010.