

HEALTH CARE ACQUIRED INFECTIONS ADVISOR COMMITTEE

October 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
Bruce Bayley (phone)
Eric Chang, MD
Paul Cieslak, MD
Sean Kolmer, MPH
Kathy Loretz
Nancy O'Connor, RN, BSN, MBA, CIC
Mary Post, RN, CIC
Pat Preston, MS
Kecia Rardin, RN
Marjorie Underwood, RN, BSN, CIC
Dee Dee Vallier
Diane Waldo, RN, BSN, MBA
Angel Wynia (phone)

MEMBERS EXCUSED:

Susan Mullaney
Rodger Slevin, MD

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 7/14/10 Minutes**
- **Introduction of New Members**
- **Brief History of HAI Committee**
- **Program Updates**
- **Next Steps / Draft Charter**
- **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.

Chair

I. Call to Order

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

Chair

II. Approval of the Minutes

There was a request to change a sentence under section IV to read "invasive MRSA" rather than "CLABSI." The minutes were unanimously approved with the change.

Staff

III. Introduction of New Members

- Jim Dameron's term is expired and another member will replace him from the Oregon Patient Safety Commission
- Diane Waldo is a new ex-officio member from Oregon Association of Hospitals and Health Systems.
- Nancy O'Connor is a new member from Salem Hospital
- Angel Wynia is replacing Jon Pelkey from Department of Medical Assistance Programs.
- Dee Dee Vallier is remaining on the committee and represents the consumer.
- Kathy Loretz is a new member from the Public Employees' Benefit Board.
- Mary Post, from Oregon Health and Sciences University, has an expired term on the committee.
- Marjorie Underwood is a new member from Oregon Health and Sciences University.
- Pat Preston is a new member from Geriatric Infection Control, a private practice in long-term care.
- Paul Cieslak, from the Oregon Public Health Division, is remaining on the committee.
- Eric Chang from Emanuel Hospital, and Bruce Bayley, from the Center for Outcomes Research and Education, joined the meeting later. Eric Chang is representing the role of an infectious disease physician, and Bruce Bayley is representing the role of an academic researcher.

Staff

IV. Brief History of HAI Advisory Committee

- In 2007 the legislature passed legislation creating the reporting program. This led to a requirement of public reporting of healthcare acquired infection prevention to the Office for Oregon Health Policy and Research.
- In October 2007 the committee began meeting. There are 16 seats representing a variety of fields in the health community.
- The groups required to report are hospitals, ambulatory surgery centers, nursing homes, free-standing birthing centers, and outpatient dialysis center.
- In June 2008 the HAI official rules were published, and over the next six months the CDC methodology for collection of information was adopted.
 - The new public reporting then allowed comparison between facilities.
 - The data collection started in June 2008 and data reporting began in January 2009
- In the summer of 2009, Public Health wrote a grant partnered with OHPR and the Patient Safety Commission to apply for a stimulus fund to expand the program, and it was awarded to the committee.
- A draft charter focusing on the reporting program will be addressed at the January meeting.

V. Program Updates

Kecia Rardin

Survey for elements of Patient Safety Performance for ASCs

- CMS, in conjunction with the CDC, put out a trial addition to their survey process in 2008, which was an infection control surveyor worksheet. The results showed there is an overall lack of process in infection control.
 - In 2009 Oregon was one in a group of volunteer states to be surveyed earlier.
 - Oregon was shown to be doing much better.
 - An ASC subcommittee was formed under the HAI committee.
 - The group was comprised of a wide spectrum of health specialties.
 - A survey, Annual Survey of Evidence-Based Elements of Patient Safety Performance, was created, using a CMS template.

Zintars Beldavs

Public Health CLABSI Validation

- The CLABSI study of 44 hospitals that are non-exempt is the most extensive CLABSI validation study in the US.
 - Non-exempt entails the facility does not have an ICU or there is low usage.
- To acquire real data, all 2009 positive blood cultures are requested from non-exempt facilities.
 - In small and medium facilities, all of the cultures and medical records for patients who spent time in ICU are reviewed.
 - In larger facilities, a sampling scheme is used to examine both false positives and false negatives.
- Findings are discussed in a group meeting, which includes the reviewers, the infection control staff at the hospital, and Paul Cieslak of the Public Health Division's Acute and Communicable Disease Prevention office.
- The goal is to complete the validation by February 2011.
- The study has been done on 22 out of the 44 facilities.
 - Out of 19 CLABSIs found, 12 had been previously reported.
- Validation is important as it speaks to the credibility of public reporting.

Melissa Parkerton

Patient Safety Commission Collaborative

- The HAI Prevention Collaborative started in January 2010 and in February an expert panel was assembled to talk about what to focus on.
 - The focus agreed on was CLABSI, surgical site infection, and Clostridium difficile.
 - A foundational package was added to include hand hygiene, environmental cleaning, and antibiotic stewardship.
- The hospitals participating in the collaborative would address things sequentially and at the foundation would choose CLABSI or surgical site infection, which would be focused on until February 2011. Then they would focus on means of sustaining gains in the area they focused on, then choose another infection focus and repeat the process until July 2011.
 - The goal was to recruit 10-15 hospitals to participate and ended up with nine hospitals, all of which are very engaged in the project.
 - There is a mix of urban and rural, and hospital sizes.
- There will be five learning sessions: three are face-to-face, two are virtual.

- The hospitals were given the opportunity to report on an extra topic that was meaningful to their hospital, such as SCIP measures or patient safety surveys.
- The data being collected is on a two-month lag.

Jeanne Negley

Healthcare Worker Influenza Vaccination Rates

- Per administrative rule, the Office for Oregon Health Policy and Research collected vaccination rates for hospitals and nursing homes.
- There is 100% response rate on the survey for both hospitals and nursing homes.
- The following survey results were relayed for hospitals regarding seasonal influenza vaccination of healthcare workers:
 - The definition of healthcare worker in the survey was broad and included direct care workers and allied staff, but over 70% of the hospitals said they could collect data for all or most of the staff categories.
 - Hospitals with seasonal vaccine had an approximate rate of 62% of workers vaccinated.
 - Only 12% of healthcare workers had a documented refusal to be vaccinated, and 1% had medical contraindications.
 - Hospitals reported approximately 72,000 healthcare workers during the last influenza season.
 - The facilities do have strategies in place to try to vaccinate healthcare workers such as health fairs or providing the vaccination in congregate areas.
- There was a suggestion to get the survey out sooner the next time to allow hospitals to see what information they should be gathering.

Staff

VI. Next Steps / Draft Charter

- The committee should draft any proposals, feedback, comments and suggestions to the draft charter and send them to Jeanne Negley, who will outline a straw proposal for the committee.

Co-Chairs

VII. Public Comment / Adjourn

- There was a question as to whether there were newer statistics than 2005 for the bullet points under "Why are we doing it?" in the draft charter. Newer statistics are being researched currently at OHPR.

Next meeting will be January 12, 1:00 pm to 3:00 pm, at the Portland State Office Building, 1E.

Submitted By:
Shawna Kennedy-Walters

Reviewed By:
Jeanne Negley

EXHIBIT SUMMARY

- A – Agenda**
- B – July 14, 2010 Minutes**
- C – Draft ASC Survey**
- D – Public Health CLABSI Validation Update**
- E – Oregon HAI Prevention Collaborative**
- F – Influenza Vaccination Slides**
- G – Revised HAIAC Charter**

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