HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

January 12, 2011
1:00 pm to 3:00 pm

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

MEMBERS PRESENT:

Bruce Bayley
Eric Chang, MD
Paul Cieslak, MD
Bethany Higgins
Linda Lang (attending for Diane Waldo)
Kathy Loretz
Stacy Moritz
Susan Mullaney
Nancy O'Connor
Pat Preston
Kecia Rardin
Rodger Sleven, MD (phone)
Eric Thorsen (phone)
Marjorie Underwood
Dee Dee Vallier
Angel Wynia (phone)

MEMBERS EXCUSED: **Lynda Enos**
Sean Kolmer
Angel Wynia

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

ISSUES HEARD:

- **Call to Order**
- **Introduction of New Members**
- **Selection of New Chair**
- **Approval of 10/13/10 Minutes**
- **Discussion of Draft Charter**
- **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.

Staff **I. Call to Order**

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

Staff **II. Introduction of New Members**

- Marjorie Underwood is the manager of Infection Prevention and Control at Oregon Health and Science University. She is a nurse with over 30 years experience in infection prevention and control, has served on several national guideline committees and has been part of an advising committee to the CDC regarding infection control practices.
- Kecia Rardin is the administrator at Northwest ASC, and is president of the Oregon Ambulatory Surgery Center Association. Kecia has been an RN for 23 years, began her career as a surgical nurse, and over the last 10 years has been helping surgeons open ASCs and manage them.
- Pat Preston is an infection preventionist with a national, 38-year, private practice in the long-term care industry. His interest in the mission of the HAI committee is to assure appropriate scientific and regulatory application of the recommendations of the committee to Oregon long-term care facilities.
- Stacy Moritz is the director of Medicare Quality Services at Acumentra Health and has been a nurse for almost three decades. Acumentra Health is Oregon's Quality Improvement Organization (QIO), under contract with the Centers for Medicare & Medicaid Services (CMS). As part of its work scope, Acumentra is involved in collaboratives realated to reducing rates of methicillin-resistant *Staphylococcus aureus* (MRSA) infections and improving inpatient surgical safety (SCIP) in hospitals
- Dee Dee Vallier is a consumer representative. She served as one of the original committee members of the Oregon Patient Safety Commission and became interested in infection prevention after her husband and father acquired infections from hospital stays.
- Bethany Higgins is the new administrator at the Oregon Patient Safety Commission. She has a background in business and has worked for the last 15 years in quality and patient safety, most recently coming from Kaiser Permanent in Georgia as the director of Quality and Patient Safety.
- Bruce Bayley is director of the Providence Center for Outcomes Research and Education for Providence Health System. He has 20 years of experience in healthcare planning, research, and evaluation. His expertise is in outcomes measurement, program evaluation and patient safety research.
- Eric Chang is an infectious disease physician at Legacy Emanuel Hospital and Mount Hood Medical Center, and he chairs the infection control committee at these two facilities. He is in his third year with Legacy Health and serves as consultant for inpatient and outpatient programs on a wide variety of issues including hospital acquired infections.
- Nancy O'Connor is the Manager of Infection Prevention for Salem Health. She moved from upstate New York in March and was previously the Manager of Infection Prevention at the University of Rochester Medical Center. In the past, she has served in leadership positions in the areas of quality, risk management, nursing, infection control, and employee health, and she was Chief Operating Officer of a federally qualified healthcare center.
- Linda Lang is attending for Diane Waldo. Diane Waldo is the Director of Quality and Clinical Services at the Oregon Association of Hospital and Health Systems (OAHHS). OAHHS is a membership organization

of 58 acute care hospitals, 11 hospital health systems, and 34 rural hospitals, of which 25 are critical-access hospitals.

- Rodger Slevin is a physician at Westhills Gastroenterology Associates and has been in practice for nearly 30 years. He was selected for the Healthcare Acquired Infections Advisory Committee to represent outpatient ASCs.
- Susan Mullaney is an administrator for Kaiser Permanente; she is CEO of Kaiser Sunnyside Hospital (a large tertiary hospital) and has responsibility for surgical centers and continuing care centers in the region as well. Her interests in HAI extend to both her professional work at Kaiser Permanente and to her personal interest in that both her parents passed away from HAIs.
- Paul Cieslak is an internist and board-certified Infectious Disease physician. During 1992-1994, he served in CDC's Epidemic Intelligence Service. Since 1995, he has managed the Oregon Public Health Division's Acute and Communicable Disease Prevention section and directed its Emerging Infections Program.
- Kathy Loretz is the Deputy Administrator at the Public Employees' Benefit Board. The PEBB is responsible for negotiating and purchasing health, dental and other benefits for state employees. We are very interested in promoting health and in helping to ensure state workers have access to quality care. We also have a keen interest in keeping costs down through reimbursing for appropriate services.

Staff **III. Selection of New Chair**

- Elyssa Tran reviewed the role and qualification of the chair as follows: The chair will work with OHPR in agenda development for the quarterly meetings. The chair will promote the HAI activities and provide leadership, direction, and will manage meetings to give members an equal opportunity to raise viewpoints and perspectives. The chair will have a solid understanding of infection work in the field, nationally, regionally, and locally, and will have experience working with diverse stakeholders and experience in different levels of care.
- Nancy O'Connor was nominated as the Chair. Susan Mullaney seconded the nomination, and Nancy was accepted as the new chair.

Chair **IV. Approval of the Minutes**

There was a request to change a few sentences under the Public Health CLABSI Validation section for further explanation, to replace "centralized" with "central line," and to change the date of the next meeting. The minutes were unanimously approved with the change.

V. Discussion of Draft Charter

Chair/Staff

- Jeanne Negley discussed that the draft charter focuses on reporting on different levels of care such as long-term care, ASCs, and dialysis facilities.
- A second document (Evaluation of Current Progress and Discussion of Potential Future Activities) outlines proposed benchmarks and the future of the program.
- In 2009 stimulus funding supported the HAI collaborative that Melissa Parkerton manages and the CLABSI Validation Study that Zints

Beldavs manages. A state HAI plan was written with four targets for the state:
  - Central line associated bloodstream infections (CLABSI) in intensive care units
  - Methicillin-resistant Staphylococcus aureus (MRSA)
  - Surgical site infections
    - For surgical site infection measures using NHSN, the committee elected to phase the measurements over time. In 2009 the committee began with two measurements, coronary artery bypass graft and knee replacement, with four more being added January 2011: laminectomy, colon surgery, hip prostheses, and abdominal hysterectomy.
  - Surgical site infections using process measures
    - For SCIP measurements, there are three currently and three more will be added; these measures include prophylactic use of antibiotics, appropriate hair removal methods, maintaining normal temperature range, and observing post-surgical blood sugar levels.
  - OHPR has issued two reports on healthcare acquired infections data.
    - The first report was issued in May 2009 and included 2009 data or central-line associated bloodstream infections (CLABSIs) and surgical site infections (SSIs).
    - The second report was issued in December 2010 and included data from January 2009 through June 2010.
- The committee expressed its desire to identify practical measures that could be taken to have a great impact on the state and perhaps apply procedures to other levels of care, such as ambulatory surgical settings and nursing homes. Members expressed the need to identify measures that were serious (high morbidity/mortality), were common, and were preventable.
- The committee discussed the following topics:
- Healthcare Worker Vaccination Rates. It was noted we could improve these rates.
- MRSA.
  - What is the standard protocol for screening patients for MRSA?
  - What are standards for management of MRSA patients in inpatient and outpatient settings?
  - Washington State has required active surveillance testing of high-risk patients. One member discussed that it is not likely they would adopt such a standard until it was required.
  - The Infectious Disease Society of America (ISDA) recently released guidelines regarding the treatment of MRSA (http://www.idsociety.org/Content.aspx?id=17380 and http://cid.oxfordjournals.org/content/early/2011/01/04/cid.ciq146.full). However, it appears there is still limited data on the subject. For example, it is unclear as to the best method to conduct cultures for active surveillance testing.
  - One member shared that their ICU has active surveillance for MRSA and learned that the rate of MRSA colonization was higher than thought. The facility has a number of tools to address admitted patients with MRSA, including contact precautions and environmental cleaning.
  - It was suggested that we survey infectious disease practitioners regarding their use of infection control practices in the state to determine if standards can be applied.

- Process Measures vs. Outcome Measures
    - Should we focus on process measures rather than outcomes? Process measures would address all multi-drug resistant organisms (MDROs). Examples of processes include the use of chlorohexadine for skin preparation, screening high-risk patients (those with poor health or undergoing high-risk procedures), and use of surgical prophylactics (e.g., administration of antibiotics with surgery).
    - Concern if we focus on process measures inhibits innovation, and therefore, we should focus on outcome measures.
- ASC Reporting
    - Collection of SSI rates from ASCs is challenging; there are an array of facilities (single-specialty, multi-specialty, GI, cataract extraction); it is thought that larger ASCs could report SSIs.
    - Issue raised as to how ASCs define infections.
    - Issue raised that we need to consider post-surgical follow-up rates at facilities in measuring infection rates.
- Expanding MRSA Reporting using the Active Bacterial Core Study
    - A proposal was made to expand an existing study being conducted by the Oregon Public Health Department (OPHD). The OPHD is currently collecting data from laboratories regarding invasive MRSA in the Portland Tri-County Area, which represents 43% of the state's population. It is proposed to expand the study to statewide.
    - Concern raised that the data collected from the study may not be actionable; it is not attributed to specific hospitals and may not indicate if pathogen is hospital-acquired or community-acquired.
- Clostridium Difficile.
    - Clostridium difficile is another HAI that the committee would like to consider tracking. The long-term care committee has expressed interest in this target (along with urinary tract infections).
    - The measurement of this target could span treatment settings, including inpatient, outpatient, and long-term care.
- Composite Measure for Infection Rate
    - It was noted that it would be useful to create a composite measure that would indicate the rate at which patients acquired infections at hospitals. Such a measure may require significant investment in information technology and may not be possible within our 2013-2014 timeframe.
    - Representative Mitch Greenlick, chair of Oregon Health Care House Committee, wants a composite measure as well. Representative Greenlick is also interested in using administrative data to report HAI. CDC may have some methodology to investigate as well.
- Infection of a Prosthesis should have priority for SSI reporting
    - Proposal that Oregon report all surgical procedures with implants.
    - Could be expanded all procedures with implantables for hospitals and ASCs.
    - It is unclear if hospitals have the capacity to report all surgical procedures with implants.
- Long-Term Care and Hospital Collaborative on MDROs
    - Vermont has a collaborative project with 14 acute care hospitals and 40 long-term care facilities in which their approach to addressing multi drug resistant organisms (MDROs) is to create regional clusters that have hospitals and long-term care facilities work together, share methods, and reduce rates collaboratively.

- NICU Reporting
  - It was noted that the administrative rules identified the Vermont Oxford Network for CLABSI reporting. Since these rules were written, CMS has required the use of NHSN for NICU CLABSI reporting.
  - The Committee recommended staff follow-up with NICU medical directors to determine if the rules should be revised to include NHSN.
- Discussion Regarding Criteria to Evaluate Potential Projects
  - A question came up about how to rank targeted tasks and whether to rank in terms of patient outcome, public relation, or difficulty of the task.
    - Current targets were based on seriousness (mortality and morbidity data), frequency or volume of event, and if evidence-based practices existed to address the problem.
    - It was proposed to add a criterion that the project extends across the continuum of care, to include ASCs and long-term care.

Chair/Staff **VI. Next Steps / Draft Charter**

- Nancy O'Connor and Jeanne Negley will pull together all the action points from the meeting to aid in the committee's decision-making on reporting and collaborative on a state-wide mandatory basis.
- A comment was made to have the committee focus on reporting and make the collaborative a means to an end.
- There was a question as to how long the draft charter remains a draft. It was determined that the draft charter remains a working document.

Chair **VII. Public Comment / Adjourn**

- There was a question as to whether the ASC survey would go out. There is a draft done and will be sent out.
- It was noted that OHPR did attempt to obtain the CMS infection control tool worksheets for ASCs and found they were not available; thus, OHPR needs to complete its survey with ASCs.

Next meeting will be April 13, 1:00 pm to 3:00 pm, at the Portland State Office Building, Room 1D.

Submitted By:
Shawna Kennedy

Reviewed By:
Jeanne Negley

EXHIBIT SUMMARY
A – Agenda
B – October 13, 2010 Minutes
C – Draft Charter
D – Evaluation of Current Progress and Discussion of Potential Future Activities

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