

HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

**April 13, 2011
1:00 pm to 3:00 pm**

**Portland State Office Building Room 1D
800 NE Oregon St.
Portland, OR**

MEMBERS PRESENT: Bruce Bayley
Eric Chang, MD
Paul Cieslak, MD
Bethany Higgins
Kathy Loretz
Stacy Moritz
Nancy O'Connor
Pat Preston
Kecia Rardin
Eric Thorsen (phone)
Marjorie Underwood
Dee Dee Vallier
Diane Waldo (phone)

MEMBERS EXCUSED: Lynda Enos
Sean Kolmer
Susan Mullaney
Rodger Slevin
Angel Wynia

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

- ISSUES HEARD:**
- Call to Order
 - Approval of Minutes
 - Update on Federal Health Reform
 - Emerging Infections Program: Invasive MRSA Reporting
 - Committee Discussion of State Priorities
 - 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.

Item	Discussion	Follow-up
Call to Order	The meeting was called to order at approximately 1:00pm. There was a quorum.	
Approval of Minutes	Minutes were approved.	
Update on Federal Health Reform/Jeanne Negley	<ul style="list-style-type: none"> • Reviewed Patient Project and Affordable Care Act, Inpatient Prospective Payment System rules, Medicare reimbursement rules, and meaningful use criteria on healthcare associated infections. • Discussed Partnership for Patients Initiative launched by CMS. • Eric Chang of Legacy Health Discussed recent journal article by Legacy Health regarding its reduction of HAIs. It was a system-wide effort and followed counts of each HAI case rather than rates. 	<ul style="list-style-type: none"> • Partnership for Patients and Legacy Health documents to be forwarded to the committee
Overview of MRSA Surveillance in Oregon/Jamie Thompson	<ul style="list-style-type: none"> • The Oregon Public Health Division's MRSA surveillance program was initiated in 2004 in the Portland Tri-County Area. • The surveillance methodology is obtaining MRSA isolates from Tri-County labs, forwarding isolates to CDC, and following up with medical chart review to confirm MRSA isolated from a normally sterile site and to complete case report form. • Classify into three categories: <ul style="list-style-type: none"> ○ Hospital-onset ○ Healthcare-associated, community onset. ○ Community associated. • Noted 48% decrease in (all category) invasive MRSA from 2004 through 2010. 	<ul style="list-style-type: none"> • Dee Dee Vallier noted MRSA surveillance was for sterile sites.

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<p>Discussion of Committee Priorities</p> <p>These are issues to be initiated in 2012. At the January 2011 meeting, committee members discussed items to consider and during the interim voted on items. The topics are presented below in the group ranked order.</p>		
<p>Hospitals to report Clostridium difficile using NHSN lab ID module (ITEM C)</p>	<ul style="list-style-type: none"> • This was the most highly ranked item by the committee. • Interest in adding reporting for hospitals and nursing homes. • Some concern if hospitals use different lab testing methodology, it could impact reporting results. • Would require training for Clostridium difficile module. • Jeanne reported that other states (NY, CO) that are using the Clostridium difficile have reported that it was an easy module to implement. • Noted that Clostridium difficile has high mortality and increased virulence. • One hospital reported that C. diff reporting included using positive lab reports and patient records to input data. • In the draft Scope of Work for Aumentra, CMS has included CAUTI, SSI, C diff, and CLABSI as targets. • All members voted to find more information and move forward. • Members noted interest in having nursing homes report C diff using NHSN, but noted differences in resources compared to hospitals. 	<ul style="list-style-type: none"> • Interest in wanting to know what other states are reporting. • Subcommittee will meet to discuss details to plan reporting for hospitals. Long-term care facilities could be considered for the second phase. • Subcommittee would include Nancy, Pat, Patient Safety Commission representative, Marjorie, Eric Chang, Kathy Loretz, and Diane Waldo. Post meeting, Jeanne asked Stacy Moritz of Aumentra to join this group, as the next scope of work for Aumentra states they are to be the lead for C. diff reduction projects in hospitals and long-term care facilities.
<p>Hospitals to report Surgical Care Improvement Project (SCIP) Infection Measure 9: surgical patients with urinary catheter removed on Postoperative Day 1 or Postoperative Day 2 (ITEM E)</p>	<ul style="list-style-type: none"> • Members noted that there was a high rate of infections, but lower rates of mortality. • Members noted many hospitals are already reporting this item; requiring it would require smaller hospitals to track it was well (i.e., the 25 critical access hospitals in the state). • Committee members did not provide strong recommendation regarding this item. • Committee agreed to let staff make final determination if 	<ul style="list-style-type: none"> • Committee was open to reporting this measure, but left it up to staff on the method for reporting (i.e., if we could obtain data from Hospital Compare or if administrative rules were needed).

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	<p>data could be collected from Hospital Compare or should be included in administrative rules.</p>	
<p>Long-Term Care (Nursing Homes) HAI Reporting (ITEM G)</p>	<ul style="list-style-type: none"> • Committee members are interested in having long-term care facilities report more HAI data. It is unclear what reporting the infrastructure will support. • Interest in having more reporting outside of hospitals. • Useful to obtain data regarding transition of care issues • Pat Preston noted that the Long-Term care subcommittee has been meeting for some time and facilities would need training, and that long-term care facilities are “on board” for reporting. • The current reporting requirement for nursing homes is MDS reporting for urinary tract infections (which does not indicate if the infection is facility acquired). • It was recommended that nursing homes would need a phase-in process for reporting. • The long-term care subcommittee identified two targets for long-term care: urinary tract infections and Clostridium difficile. 	<ul style="list-style-type: none"> • Subcommittee will be reconvened to discuss nursing home reporting. • This is considered a measure in development.
<p>Ambulatory Surgical Center Reporting (ITEM H)</p>	<ul style="list-style-type: none"> • Committee agreed to have survey guide next steps. • Challenge of trying to identify a reporting structure that would apply to all specialties under the umbrella of ambulatory surgical care facilities. 	<ul style="list-style-type: none"> • Committee decided to await survey results to decide next steps for ambulatory surgical centers. This survey is currently in the field. • This is considered a measure in development.
<p>Expand Public Health Invasive MRSA Emerging Infections Program (EIP) to be statewide (ITEM B)</p>	<ul style="list-style-type: none"> • Committee did not come to a conclusion on this issue. • It was noted that the Public Health Invasive MRSA program requires chart review and there is no funding to provide this activity statewide. • It was discussed that a simpler metric may be able to be reported, which did not include chart review. • It was recommended to use the MRSA MDRO module in 	<ul style="list-style-type: none"> • OHPR will share summary table on MRSA using administrative data. • This is considered a measure in development. Several reporting options were discussed. After reviewing the

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	<p>NHSN. It is not required reporting in Oregon. Acumentra directed a collaborative on MRSA and had 4 hospitals reporting on MRSA in the MDRO module.</p> <ul style="list-style-type: none"> • It would be interesting to see if the distribution of MRSA is uniform throughout the state. It may also be useful to identify if certain facilities have higher rates. 	<p>administrative data report, Public Health will present several potential options for reporting.</p>
Hospitals to report surgical site infections associated with prosthetic devices (ITEM D)	<ul style="list-style-type: none"> • Determined that it was not feasible at this time. • Paul withdrew his proposal from consideration. 	
Statewide MRSA active surveillance standards (ITEM A)	<ul style="list-style-type: none"> • It was noted that in long-term care that active surveillance is not practiced as it is understood that colonization does not inform treatment. • Hospital representatives reported active surveillance is conducted on selected patients. • Determined to be controversial and was removed from consideration. 	
Composite measure for HAI for facilities (ITEM F)	<ul style="list-style-type: none"> • It was noted that theoretically it would be great, but that is it not practical at this time. 	
Additional Item (1): Dialysis Center reporting	<ul style="list-style-type: none"> • Interest in blood stream infections and hepatitis b and c seroconversion in dialysis facilities as potential priorities for HAI reporting 	<ul style="list-style-type: none"> • This item will be retained on the list for the next meeting. • This is considered a measure in development.
Additional Item (2): Facility-wide CLABSI reporting	<ul style="list-style-type: none"> • CLABSIs hospital wide, and not just ICUs. • Concern about collection about denominator data. 	<ul style="list-style-type: none"> • This item will be retained on the list for the next meeting.
Additional Item (3): Reporting risk adjustment	<ul style="list-style-type: none"> • It was noted that the state was reporting rate data. Members discussed problems with risk adjustment and difficulties obtaining data to create a risk model. Nancy Church noted that her facility is collecting additional risk factors that are being sent to CDC. 	<ul style="list-style-type: none"> • This will be an issue for the committee to re-visit.
Public Comment	<ul style="list-style-type: none"> • Legacy Health was commended on its system-wide efforts to reduce HAIs. 	

Next meeting will be July 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 – January 12, 2011 Minutes**
- C – Results of Ranking State HAI Priorities**
- D – Voting Pamphlet**
- E – MDRO and CDAD Prevention Process and Outcome
Measures Monthly Monitoring**
- F – Microorganisms Associated with CLABSIs in Oregon ICUs**
- G – Washington DC Rules Regarding MRSA Surveillance**
- H – 2008 MRSA Surveillance Report**
- I – Overview of Oregon MRSA Surveillance**
- J – Reporting of Clostridium Difficile via NHSN in New York State**

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