

HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

**July 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 (phone)
Lynda Enos
Kathy Loretz (phone)
Stacy Moritz
Nancy O'Connor
Mary Post (representing Bethany Higgins)
Pat Preston (phone)
Kecia Rardin
Rodger Sleven (phone)
Ann Thomas (representing Paul Cieslak)
Marjorie Underwood
Dee Dee Vallier
Diane Waldo (phone)
Angel Wynia

GUEST SPEAKER: Lisa Angus, Office for Oregon Health Policy and Research

MEMBERS EXCUSED: Paul Cieslak, MD
Bethany Higgins
Susan Mullaney
Eric Thorsen

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

ISSUES HEARD:

- Call to Order
- Approval of Minutes
- Federal and State Health Reform
- Recommendations from CDI Subcommittee
- Review of ASC Report and Recommendations

- **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	<p>There was a request to change the number of critical hospitals under the "SCIP Infection Measure 9" discussion from 26 to 25. Dee Dee Vallier requested it be noted that MRSA surveillance was for sterile sites under the "Overview of MRSA Surveillance in Oregon" discussion.</p> <p>The minutes were unanimously approved with these changes.</p>	<ul style="list-style-type: none"> • Minutes to be revised and posted to HAI AC web site.
Federal and State Health Reform/Jeanne Negley	<ul style="list-style-type: none"> • The HHS Action Plan Tier 1 Update: <ul style="list-style-type: none"> ○ The state CLABSI rate has improved ○ The EIP MRSA rate was from Public Health's surveillance program has improved ○ KPRO and CABG: there is a lag in reporting so it is premature to determine changes with surgical site infection measures at this time ○ The three SCIP measures rates are between 93% to 97% and show improvement ○ Healthcare Worker Influenza Vaccination Survey: Jeanne Negley is currently working with that data set • It appears that CMS may be requiring the reporting of colon and abdominal hysterectomy surgical site infections in January 2012 for the Prospective Payment System. 	
Legislative Session 2011 Reform Bills / Lisa Angus	<ul style="list-style-type: none"> • Senate Bill 99 passed, which establishes the corporation that will design and build the Health Insurance Exchange, to 	

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	<p>be ready in 2014. It's the central marketplace in which individuals and businesses will have access to compare and contrast plans, quality, coverage and affordability.</p> <ul style="list-style-type: none"> • House Bill 3650, the Transformation Bill, creates changes to OHP/Medicaid. It includes better coordinated physical, mental, and dental care through coordinated care organizations (CCOs) funded on a global budget rather than fee-for-service. OHA will bring the Legislature back in February to determine the methodology for the global budget, contractual criteria for the CCOs to qualify, proposed metrics for quality and outcomes, and a plan for how to integrate individuals into CCOs who are dually qualified for both Medicare and Medicaid. Within HB 3650 is a provision extending Medicare's healthcare acquired condition (HAC) non-payment policy to CCOs. If there is a service Medicare won't pay related to HAC (which includes HAIs), then a provider or facility may not charge for that service to a CCO, a patient, or third-party payer; and the CCO may not reimburse for that service. • More information regarding the bills and the transformation can be found at Health.oregon.gov. 	
<p>Recommendations from CDI Subcommittee and Discussion</p>	<ul style="list-style-type: none"> • The main focus of the committee was to add CDI using the NHSN lab ID module for facility-wide reporting of clostridium difficile. • The draft administrative rules were reviewed by the committee. A summary of revisions follows: • The term "inpatient" was revised as "NHSN inpatient." • Instead of using Vermont-Oxford Network for NICUs to report, it was changed to NHSN. • For ambulatory surgical centers, reporting of healthcare worker influenza vaccination data will start next season. • SCIP 9, catheter removal, was added to extend to the 25 critical hospitals as the larger hospitals are already required to report. 	<ul style="list-style-type: none"> • Members expressed interest in revisiting the Inter-facility Control Transfer Form in the future. Some committee members that are providers may be investigating their current communication methods regarding infections when transferring patients.

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	<ul style="list-style-type: none"> • A clostridium difficile survey was drafted for hospitals to determine lab testing methods used and to collect information on reporting readiness. Data will be provided to the committee and other state agencies that may be involved in training or support. • Members reviewed an Inter-facility Infection Control Transfer form to support communication between health care facilities regarding infections identified when moving patients between facilities. • A concern was raised that until Electronic Health Records is programmed to allow these forms to be implemented in a meaningful way, the form wouldn't be considered a live document and may only follow the patient to the next facility. • It was noted that this form does not include a category for TB patients transferring with the risk symptoms red-flagged in order to prevent potential exposures. 	
Review of ASC Report and Recommendations	<ul style="list-style-type: none"> • The survey is required by administrative rule. It is a survey of evidence-based elements of patient safety performance; to provide an overview of activities in free-standing ambulatory surgical centers in terms of infection control. It was distributed to 86 ASCs in March via SurveyMonkey; two had closed and one new ASC had opened, so there was a total of 85 ASCs with a 100% response rate. The survey was completed in May 2011. We will highlight four areas: <ul style="list-style-type: none"> ○ <u>ASC Characteristics</u>: Of the 85 free-standing ASCs opened as of May 2011, 70 were opened between 1996-2010. Over 80% had physicians involved in ownership, under18% had national corporation involvement, and four hospitals had partial ownership of an ASC. (Note: some Oregon hospitals are presented as corporations.) Analysis of ASC discharge data showed the five primary specialties are: GI Endoscopy, Ophthalmologic, Orthopedics, 	<ul style="list-style-type: none"> • The data presented in the meeting represents draft data. OHPR anticipates releasing its final ASC report during the summer of 2011. Committee members can use the data in the report to consider next steps for this health care setting.

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	<p>Plastic/reconstructive, and Pain.</p> <ul style="list-style-type: none"> ○ <u>Staff Training:</u> Over 90% of those in charge of infection control at ASCs are registered nurses. Thirteen percent of ASCs have a person in charge of infection control that is certified by the Certification Board in Infection Control and Epidemiology. Those without that certification most commonly have attended trainings through the Oregon ASC Association. ○ <u>The Infection Control Program:</u> The most common national infection control guideline selected by ASCs for their infection control program was hand hygiene. The majority of ASCs educate patients regarding infection reduction in their discharge instructions. About 45% of ASCs provide general literature on infection reduction to patients before the procedure and 20% provide procedure-specific information before the procedure. ○ <u>Post-discharge Surveillance:</u> The method used by 70% of ASCs to identify infections post-discharge was to rely on the physician to report it back to the ASCs. About 68% follow up with the patient post-discharge, with a smaller percentage monitoring readmission to their own facility. Sixty-five percent of ASCs report using CDC's National Healthcare Safety Network definitions to define post-discharge surgical site infections. The top process measure being collected by the ASCs was hand hygiene (using either observation of product use methods), with two SCIP measures listed in the top six categories: SCIP 1, antibiotic before surgery, and SCIP 6, appropriate hair removal. The state survey of ASCs issued the greatest number of deficiency citations (17) in the category regarding infection control 	

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	programs with national standards, active surveillance, compliance monitoring, and program evaluation.	
Next Steps	<ul style="list-style-type: none"> It was suggested that ASC survey data be used to identify gaps and where improvements can be made. We should also look to feedback the results to the ASCs and state what the goals should be. 	
Public Comment	<ul style="list-style-type: none"> Julie Koch of PeaceHealth asked about the status of the Legislative Workgroup for Healthcare Influenza Vaccination. Lynda Enos replied that the workgroup recommended last year using educational methods to improve vaccination rates. This workgroup will be meeting again this summer to review potential impact of the educational intervention. 	<ul style="list-style-type: none"> Jeanne Negley will provide Julie Koch with a web link for the Healthcare Worker Legislative Workgroup.

Next meeting will be October 12, 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 – April 13, 2011 Minutes**
- C – Oregon Progress Toward US HHA Action Plan Goals**
- D – Oregon HAI Report, 2009-2010**
- E – Revised Rules**
- F – Tool to assess hospitals’ readiness to report Clostridium difficile**
- G – Tool to assess LTC readiness/sample transfer form**
- H – Ambulatory Surgical Center Survey**

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