HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

January 11, 2012
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)
Paul Cieslak, MD
Bethany Higgins
Susan King (phone, representing Sue Davidson)
Kathy Loretz
Nancy O'Connor
Bethany Higgins
Kecia Rardin
Dana Selover
Rodger Sleven (phone)
Dee Dee Vallier
Diane Waldo
Angel Wynia (phone)

MEMBERS EXCUSED: **Susan Mullaney**
Pat Preston
Marjorie Underwood

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**
- **Discussion of HAI Prevention Activities**
- **Update on Reporting Program Activities**
- **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	The minutes were unanimously approved.	
Federal and State Health Reform Jeanne Negley	• The Federal and State Health Reform Update with CMS's final reporting measurements. The complete list of federally required measures are included in the meeting exhibits. Highlights include: o Dialysis facilities starting with IV antimicrobial start, positive blood culture, and signs of vascular access, reported for 3 consecutive months, due March 2013. o CAUTI and CLABSI begin reporting in long-term acute care hospitals in October 2012, which only includes Vibra in Oregon. o MRSA and C. difficile in acute care hospitals beginning January 2013. o Health Care Worker influenza vaccination begins in acute care hospitals January 2013 and ASCs in October 2013.	Additional handout regarding CMS measures will be incorporated into meeting materials.
Discussion of HAI Prevention Activities Stacy Moritz	• Stacy discussed Acumentra Health's HAI collaborative work unders its 10th Scope of Work, which will extend for a 3-year period. Acumentra Health has recruited 8 hospitals and 2 mentor hospitals to address healthcare acquired infections. The hospital project is currently addressing CAUTI; and the targets of SSIs and Clostridium *difficile* will be phased in. In addition, Acumentra Health has a contract to start work with nursing homes on HAIs in January 2013. It was noted they would not be working on CLABSIs with hospitals, as the state CLABSI rate was viewed as low.	All reporting committee members agreed to share resources and collaborate to ensure a successful program in Oregon. The Committee asked that discussion of HAI Prevention Activities be added as a standing agenda item.

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Bruce Bayley	• Bruce provided an overview of the Partnership for Patient Safety (P4P) Initiative. CMS put out a $500 million, two-year grant for Partnerships for Patients which targets ten common adverse events and adverse drug events and readmissions. RFPs were put out to for a national content developer and hospital engagement contractors. It provides technical assistance to hospitals to reduce adverse events. There will be web portals to share the successes and tips with training. The primary goals are to reduce harm by 40% and reduce readmissions by 20%. FMI: http://www.healthcare.gov/compare/partnership-for-patients/ and http://telemedicinenews.blogspot.com/2011/12/improving-hospital-care.html • Bruce discussed that the eight Oregon Providence hospitals are part of the Intermountain Healthcare network of P4P. Intermountain Healthcare network includes Providence of Oregon, Mayo Clinic, Baylor Healthcare System, Dartmouth-Hitchcock Health System, Denver Health and the Utah VA. Bruce also indicated that this network is recruiting for facilities outside of the seven founding health systems and that not all Providence facilities across the nation are part of this network.	
Diane Waldo	• Diane discussed that the Oregon Hospital Association is part o f the American Hospital Association (AHA) P4P network. The AHA network also includes a partnership of the Health Education and Research Education Trust (HERT). Diane noted that over 20 Oregon hospitals have signed up for the AHA network. She has also been working to make sure all Oregon hospitals take advantage of the P4P program, and that all but 15 of Oregon hospitals had joined a P4P network to date. Diane's work has included reaching out to the Washington Hospital Association network to explore	

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Bethany Higgens	potential collaboration in the P4P program. • Both Bruce and Diane noted their networks will be addressing all ten adverse events (which include CAUTI, CLABSI, VAP and SSIs), and that each network will be able to design its own program. The P4P program will provide a variety of tools to support technical training, engage patients and their families, and evaluate program progress. The P4P program is to extend 2 years, with an option to renew for a third year. • The Patient Safety Commission just wrapped up its first hospital collaborative with nine hospitals participating. The collaborative addressed CLABSI, SSI, and C. difficile. Results include an over 45% reduction in CLABSI, 25% reduction in SSI; C. difficile came on later so data is not currently available. Two of the nine hospitals are spreading CLABSI prevention outside ICUs, the NICUs are working together to prevent CLABSI, and several renal dialysis facilities are working to reduce bloodstream infection. The Patient Safety Commission also developed a Model Infection Control Program for ASCs and held three trainings during 2011; additional trainings are planned for 2012. OPSC plans to create additional model infection programs for other care settings.	
Update on Reporting Program Activities Jeanne Negley / Staff	• Highlights of the Clostridium *difficile* Infection (CDI) Laboratory and Prevention Practices Survey were presented: o 80% are already tracking CDI; of those reporting, over half use NHSN or CDC definitions. o 57% have a rejection policy for duplicate stool samples. o 52% have lab-generated multi-purpose lists, or data mining programs to give them information.	It was recommended that a crosswalk of recommendations for Clostridium difficile infection control be created; referencing the Joint Commision, APIC, and IDSA. It was suggested to bring up the survey results at the next APIC meeting; Jeanne Negley will contact

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	o 88% place patients with diarrhea of contact precaution prior to lab confirmation. o The majority, 87%, use soap and water, along with bleach infection. o 63% have a designated person for antibiotic use. o 28% restrict use of antibiotic. o 55% had an educational program to reduce CDI transmission. • There are a variety of testing methods for tracking C. *difficile.* o The way the question was answered varied; some reported the name of the test and some reported the method. o There is interest in APIC offering a training on all the test methods available so the tradeoffs are understood with each method. o PCR is being used a lot at secondary testing by critical access hospitals possibly due to sending tests out. • OHPR summarized highlights from the 2010-2011 Healthcare Worker Influenza Vaccination Report. o The healthcare worker definition was previously one broad category that included those in direct contact with patients and those in administration, volunteers, contractors, etc. The new CDC definition had three definitions, employees, non-employees (credentialed, licensed independent practitioners) and non-credentialed others (volunteers, trainees). o This year's report indicated the majority of facilities could really only report on the employee category. Next year, data will be required for each of the three categories. o All 60 hospitals reported and an average of 69% was reported for the employee category. 91% of nursing	Anne Eades. Paul Cieslak asked about the composition of acute care hospitals vs. critical access hospitals (CAH) in answering the questions regarding antibiotic sterwardship. The information is a follows: Question 21: Does your facility have a specific person (or people) responsible for reviewing antibiotic utilization with the goal of promoting the judicious use of antimicrobial agents? Yes = 38 our of 60 hospitals (26 = acute; 12 = CAH). Question 22: Does your facility currently restrict the use of any antibiotic? Yes = 17 out of 60 hospitals (16 = acute; 1 = CAH).

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	homes reported data, with an average vaccination rate of 52% for the employee category. o The data collection process encourages the use of a standardized declination form and it will be part of the protected health record. o Additional topic: Susan King, Executive Director of the Oregon Nurses Association, noted that ONA has developed a legislative concept and will be working with the legislature to develop a bill this session. • OHPR summarized potential reporting options for ACS. o There were two potential process measures found from the national ASC Quality Collaborative, which currently seem to have high rates in the ASCs. ▪ Percentage of ASC Admissions with appropriate surgical site hair removal ▪ Percentage of ASC Admissions with antibiotic ordered who received antibiotic on time. o There were additional process measures that could potentially be collected via an annual survey. They are not currently standardized; operational definitions will have to be found and there is no automated data collection system. ▪ Participation in Infection Control Training (Need to identify set of qualified trainings). ▪ Re-survey surveillance methods. ▪ SCIP Measures 1-3 (antibiotic 1 hour before, appropriate antibiotic section, antibiotic discontinued). ▪ Use and frequency of use with self-audit with CMS Survey Tool for infection control standards. o OHPR has encountered difficulties evaluating our ASC discharge data for infection rates. We have	It was noted that ONA's legislative concept regarding Healthcare Worker Influenza Vaccination is Senate Bill 1503. Insufficient time was available to discuss ASC surveillance; it will be tabled until the next meeting and staff will communicate updates to the committee on any progress made in the interim.

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	been working with CDC to obtain a cross walk of CPT/ICD codes, but it is not available yet. It's possible that All-Payer All-Claims (APAC) data could be used for infection analysis, but an algorithm with have to be developed.	
Next Steps	• Dee Dee Vallier's suggestion was to evaluate hospital surveillance methodology. • Further explorations on best testing practices on C. difficile: Nancy O'Connor said she would create a crosswalk on this from different sets of guidelines.	The next HAI AC will include an agenda item regarding hospital post-discharge surveillance The next HAI AC meeting will include a CDI guideline crosswalk
Public Comment / Adjourn	• There was a question on how infection control representation was determined as it was suggested APIC should be involved.	Jeanne Negley will check to see if there is a spot open for representation.

Next meeting will be April 11, 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, 2011 Minutes
C – Hospital Clostridium difficile survey
D – Healthcare Worker Influenza Vaccination Report, 2010-2011 Season
E – Ambulatory Surgical Centers Survey on Elements of Patient Safety Performance
F – ASC Reporting Analysis

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