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## HAIAC Members

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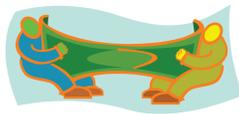
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# Healthcare Acquired Infection Prevention Plan

## Oregon Health Authority

### Public Health Division

Previous Prevention Plan was created December 31, 2009. It was in response to House Bill 2524 which included the following mandates:

- Implement a Healthcare Acquired Infection (HAI) surveillance and prevention program;
- Maintain a multi-disciplinary HAI Advisory Committee to advise the OHPR (now OHA) regarding the HAI Reporting Program;
- Require healthcare facilities to report on the following but not limited to list of measurements:
  - Surgical site infections,
  - Central line related bloodstream infections,
  - Urinary tract infections, and
  - Healthcare facility process measures designed to ensure quality and to reduce healthcare acquired infections;
- Prepare periodic reports that summarize the incidence of HAIs and compare rates among facilities and make these reports available to the public; and
- Regularly evaluate the quality and accuracy of the data collected for the HAI Reporting Program.

Since the majority of these goals have been met, the current goal for Oregon is to put the NHSN data into practice. With the focus on HAI prevention efforts, the following areas have been identified:

Recent HAI prevalence studies indicate that most HAIs are not device-associated or procedure-associated, and as such it makes sense to focus our efforts on CDIF, MDROs, and antimicrobial stewardship:

- Work collaboratively with stakeholders to decrease the number of healthcare facility HAIs, with emphasis on:
  - Reducing the number of Multi-drug Resistant Organisms (MDROs)
  - Reducing the number of MDRO transmissions between patients and between facilities
  - Reducing the number of *Clostridium difficile* infections
- Developing standardized infection control responses informed by Centers for Disease Control (CDC) and other data
- Improved antimicrobial stewardship
- Improved environmental cleaning standards
- Enhance surveillance and detection of HAIs in nonhospital settings:
  - For LTCFs through additional measurements
  - For outpatient renal dialysis centers through additional measurements
  - For ambulatory surgical centers through additional measurements
- Introduce and encourage inter-facility transfer communication between facilities regarding potentially contagious patients
- Continue to regularly evaluate the quality and accuracy of the data collected from reporting facilities via validation efforts

# Healthcare Acquired Infection Prevention Plan

## Oregon Patient Safety Commission Oregon Public Health Division Oregon Office of Health Policy and Research

### Introduction

Healthcare acquired infections (HAIs) are infections that patients contract while receiving treatment for medical and surgical conditions. The U.S. Centers for Disease Control and Prevention (CDC) estimates that HAIs contracted in U.S. hospitals account for approximately two million infections, 99,000 deaths, and an estimated \$4.5 billion in excess costs annually.<sup>1</sup> Even though rates may be dropping, it has also been estimated that 5-15% of all hospitalized patients experience an HAI and that these cases are widely underreported.<sup>234</sup>

In June 2007, the Oregon legislature passed House Bill 2524 to create a mandatory HAI Reporting Program in Oregon. In brief, the legislative mandates for the Oregon Office for Health Policy and Research (OHPR) are as follows:

- Implement an HAI surveillance and prevention program;
- Maintain a multi-disciplinary HAI Advisory Committee to advise the OHPR regarding the HAI Reporting Program;
- Require healthcare facilities to report on the following, but not limited to, list of measurements:
  - surgical site infections,
  - central line related bloodstream infections,
  - urinary tract infections, and
  - healthcare facility process measures designed to ensure quality and to reduce health care acquired infections;
- Prepare periodic reports that summarize the incidence of HAIs and compare rates among facilities and make these reports available to the public; and
- Regularly evaluate the quality and accuracy of the data collected for the HAI Reporting Program.

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1 Klevens, RM, Edwards JR, Richards CL, Horan T, Gaynes R, Pollock D, Cardo D. "Estimating healthcare-associated infections in U.S. hospitals," 2002. *Public Health Rep* 2007;122:160-166.

2 Weinstein RA, Siegel JD, and Brennan PJ. "Infection Control Report Cards – Securing Patient Safety." *NEJM*. 2005: 353 (3), 225-227.

3 Smith RL, Bohl JK, McElearney ST, Friel CM, Barclay MM, Sawyer RG, and Foley EF. "Wound infection after elective colorectal resection." *Ann Surg*. 2004: 239 (5), 599-605.

4 Eggimann P and Pittet D. "Infection control in the ICU." *Chest*. 2001: 120 (6), 2059-2093.

The Oregon HAI Advisory Committee was established in October 2007. When the committee began meeting in late 2007, it was determined that 8 of 57 Oregon hospitals were using a system for collecting data on HAIs that would be comparable with public reporting. However, during its first year of deliberation, the committee observed that the CDC's National Health and Safety Network (NHSN) database was emerging to be the nationally preferred network for hospital data. Following selection of the NHSN database, the committee partnered with Association for Professionals in Infection Control (APIC) and the Oregon Association of Hospitals and Health Systems (OAHHS) to provide training for all Oregon hospitals to use NHSN; this training included creating training materials, providing CDC Webinars, and offering on-site instruction. As of December 2009, 54 of the 57 Oregon hospitals are reporting data on HAIs through NHSN. Three hospitals have received waivers for data collection, as these facilities do not perform the procedures represented by the current data set or do not have an intensive care unit.

The Oregon Public Health Division (OPHD) has been awarded a grant of \$724,288 by the U.S. Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC), American Recovery and Reinvestment Act, Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), Healthcare-associated Infections program. Using these funds, commencing in September 2009, the HAI Reporting Program will conduct the following activities:

Activity A: The OHPR will develop a state HAI prevention plan and provide oversight to ensure that it is implemented. The plan will express the vision of the many stakeholders as to how and why Oregon will meet its goals and objectives and will require the coordination with public and private organizations to achieve a unified set of policies to prevent HAIs.

Activity B: The OPHD will use NHSN data to estimate the burden of HAIs in Oregon, provide data to measure the impact of prevention programs occurring in the state, and it will plan and conduct a validation of the NHSN data.

Activity C: The Oregon Patient Safety Commission (OPSC) will develop a multi-hospital collaborative to introduce and champion evidence-based HAI prevention strategies. The overall goal for this project is to reduce HAIs in Oregon hospitals by at least 10% below benchmark each year for the next two years.

### **Clarification on “Underway” and “Planned” Activities**

This planning document presents activities in two groups: items that are underway and items that are planned. For the purposes of this document, an item that is designated as “underway” means that funds are currently allocated for it. Therefore, it includes activities in which the state is currently engaged and includes activities that are scheduled to begin using currently available resources. Planned activities represent future directions the state would like to move in to meet currently unmet needs, contingent on available resources and competing priorities.

### **Key Abbreviations**

APIC - Association for Professionals in Infection Control and Epidemiology

CDC - Centers for Disease Control and Prevention

CSTE - Council of State and Territorial Epidemiologists

DHHS - Department of Health and Human Services (U.S.)

ELC - Epidemiology and Laboratory Capacity for Infectious Diseases

HAI - Healthcare Acquired Infection

HICPAC - Healthcare Infection Control Practices Advisory Committee

HL7 - Health Level 7. HL7 is an all-volunteer, non-profit organization involved in the development of international healthcare standards.

HL7 and its members provide a framework (and related standards) for the exchange, integration, sharing, and retrieval of electronic health information.

IHI - Institute for Healthcare Improvement

MDRO - Multidrug-Resistant Organism

MRSA - Methicillin-Resistant *Staphylococcus aureus*

NHSN - National Healthcare Safety Network

OAHHS - Oregon Association of Hospitals and Health Systems

OHPR - Oregon Office for Health Policy and Research

OPHD - The Oregon Public Health Division

OPHD ACDP - The Oregon Public Health Division, Acute and Communicable Disease Prevention

OPSC - Oregon Patient Safety Commission

## PLAN

### Section 1. Oregon Infrastructure Planning for HAI Surveillance, Prevention and Control

Planning Level	Check Items Underway	Check Items Planned		Target Dates for Implementation
Level I			1. Establish statewide HAI prevention leadership through the formation of multidisciplinary group or state HAI advisory council	
			i. Collaborate with local and regional partners (e.g., OAHHS, Acumentra, APIC, Oregon IHI network)	Oct. 2007, then ongoing
			ii. Identify specific HAI prevention targets consistent with DHHS priorities	Jul. 2008, then ongoing
			<i>Other activities or descriptions (not required):</i>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Establish an HAI surveillance prevention and control program Designate a State HAI Prevention Coordinator	Nov. 2009
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. ii. Develop dedicated, trained HAI staff with at least one FTE to oversee the four major HAI activity areas (Integration, Collaboration, and Capacity Building; Reporting, Detection, Response and Surveillance; Prevention; and Evaluation, Oversight and Communication)	Nov. 2009- Apr. 2010
		<i>Other activities or descriptions (not required):</i>		
		3. Integrate laboratory activities with HAI surveillance, prevention and control efforts.		
	<input type="checkbox"/>	Improve laboratory capacity to confirm emerging resistance in HAI pathogens and perform typing where appropriate (e.g., outbreak investigation support, health-level 7 [HL7] messaging of laboratory results)		

Planning Level	Check Items Underway	Check Items Planned		Target Dates for Implementation
Level II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Improve coordination among government agencies or organizations that share responsibility for assuring or overseeing HAI surveillance, prevention and control (e.g., State Survey agencies, The Oregon Public Health Division, Acute and Communicable Disease Prevention [OPHD ACDP], state licensing boards)	Jul. 2009, then ongoing
			<i>Other activities or descriptions (not required):</i> i. Improve coordination between OHPR, OPHD, and OPSC in their HAI reduction efforts by developing statewide goals and objectives.	Jan. 2010, then ongoing
	<input type="checkbox"/>		5. Facilitate use of standards-based formats (e.g., Clinical Document Architecture, electronic messages) by healthcare facilities for purposes of electronic reporting of HAI data. Providing technical assistance or other incentives for implementations of standards-based reporting can help develop capacity for HAI surveillance and other types of public health surveillance, such as for conditions deemed reportable to state and local health agencies using electronic laboratory reporting (ELR). Facilitating use of standards-based solutions for external reporting also can strengthen relationships between healthcare facilities and regional nodes of healthcare information, such as Regional Health Information Organizations (RHIOs) and Health Information Exchanges (HIEs). These relationships, in turn, can yield broader benefits for public health by consolidating electronic reporting through regional nodes.	
			<i>Other activities or descriptions (not required):</i> i. Implement electronic transfer of laboratory data into NHSN at 5 to 6 institutions in the state.	Consider in 2012
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

## Section 2. Oregon Planning for Surveillance, Detection, Reporting, and Response for HAIs

Planning Level	Check Items Underway	Check Items Planned		Target Dates for Implementation
Level I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Improve HAI outbreak detection and investigation	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Work with partners including Council of State and Territorial Epidemiologists (CSTE), CDC, legislature, and providers across the healthcare continuum to improve outbreak reporting to OPHD	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Establish protocols and provide training for health department staff to investigate outbreaks, clusters or unusual cases of HAIs.	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iii. Develop mechanisms to protect facility/provider/patient identity when investigating incidents and potential outbreaks during the initial evaluation phase where possible to promote reporting of outbreaks	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iv. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in healthcare settings (e.g., hepatitis B, hepatitis C, multi-drug resistant organisms [MDRO], and other reportable HAIs)	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues.	
			<i>Other activities or descriptions (not required):</i>	
Level II			3. Improve communication of HAI outbreaks and infection control breaches	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Develop standard reporting criteria including, number, size and type of HAI outbreak for OPHD and CDC	

Planning Level	Check Items Underway	Check Items Planned		Target Dates for Implementation
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Establish mechanisms or protocols for exchanging information about outbreaks or breaches among state and local governmental partners (e.g., State Survey agencies, OPHD ACDP, state licensing boards)	
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	4. Identify at least 2 priority prevention targets for surveillance in support of the DHHS HAI Action Plan Central Line-associated Bloodstream Infections (CLABSI) <i>Clostridium difficile</i> Infections (CDI) Catheter-associated Urinary Tract Infections (CAUTI) Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Infections* Surgical Site Infections (SSI) Ventilator-associated Pneumonia (VAP)	Jul. 2008  See below.  Jul. 2008, then ongoing
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> i. <input type="checkbox"/> ii. <input type="checkbox"/> iii. <input checked="" type="checkbox"/> iv.	<i>Other activities or descriptions (not required):</i> v. *Oregon has conducted surveillance for invasive cases of MRSA in 3 counties in the metropolitan Portland area since 2004 as part of the Active Bacterial Core surveillance of the Oregon Emerging Infections Program. vi.	2004
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Adopt national standards for data and technology to track HAIs (e.g., NHSN). i. Develop metrics to measure progress towards national goals (align with targeted state goals) ii. Establish baseline measurements for prevention targets	Apr. 2010, then ongoing Apr. 2010, then review annually
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Planning Level	Check Items Underway	Check Items Planned		Target Dates for Implementation
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Develop state surveillance training competencies Conduct local training for appropriate use of NHSN including facility and group enrollment, data collection, management, and analysis	Sep. 2008, then ongoing
		i.	<i>Other activities or descriptions (not required):</i> ii. Conduct annual education update/refresher training on NHSN in collaboration with Oregon APIC and OAHHS	Sep 2010, then annually
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Develop tailored reports of data analyses for state or region prepared by state personnel	Apr. 2010, then ongoing
				Apr. 2011 Apr. 2010, then ongoing
<b>Level III</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Validate data entered into HAI surveillance (e.g., through healthcare records review, parallel database comparison) to measure accuracy and reliability of HAI data collection	
	<input checked="" type="checkbox"/>	8.	Develop a validation plan	Dec. 2009 – Jan. 2010
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pilot test validation methods in a sample of healthcare facilities	Feb. 2010
	<input checked="" type="checkbox"/>	<input type="checkbox"/> i.	Modify validation plan and methods in accordance with findings from pilot project	Apr. 2010
	<input checked="" type="checkbox"/>	<input type="checkbox"/> ii.	Implement validation plan and methods in all healthcare facilities participating in HAI surveillance	May 2010 - Sep. 2011
	<input checked="" type="checkbox"/>	<input type="checkbox"/> iii.	Analyze and report validation findings	Oct. - Nov. 2011
	<input checked="" type="checkbox"/>	<input type="checkbox"/> iv.	Use validation findings to provide operational guidance for healthcare facilities that targets any data shortcomings detected	Dec. 2011
		v.	<i>Other activities or descriptions (not required):</i>	
		vi.		

Planning Level	Check Items Underway	Check Items Planned		Target Dates for Implementation
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Develop preparedness plans for improved response to HAI i. Define processes and tiered response criteria to handle increased reports of serious infection control breaches (e.g., syringe reuse), suspect cases/clusters, and outbreaks	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Collaborate with professional licensing organizations to identify and investigate complaints related to provider infection control practice in non-hospital settings, and to set standards for continuing education and training	
	<i>Other activities or descriptions (not required):</i>			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Adopt integration and interoperability standards for HAI information systems and data sources i. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings (e.g., hepatitis B, hepatitis C, multi-drug resistant organisms [MDRO], and other reportable HAIs) across the spectrum of inpatient and outpatient healthcare settings	
	<input type="checkbox"/>	<input type="checkbox"/>	ii. Promote definitional alignment and data element standardization needed to link HAI data across the nation.	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Enhance electronic reporting and information technology for healthcare facilities to reduce reporting burden and increase timeliness, efficiency, comprehensiveness, and reliability of the data Report HAI data to the public	Apr. 2010, then ongoing

Planning Level	Check Items Underway	Check Items Planned		Target Dates for Implementation
			<i>Other activities or descriptions (not required):</i> ii. See Section 1, Activity 5, part i.	
	☒	☐	13. Make available risk-adjusted HAI data that enables state agencies to make comparisons between hospitals.	Program underway; applies to limited measurements. We plan to expand in the future.
	☒	☐	14. Enhance surveillance and detection of HAIs in nonhospital settings	
			<i>Other activities or descriptions (not required):</i> i. Evaluate adding measurements for long-term care facilities ii. Evaluate adding measurements for ambulatory surgical centers and outpatient renal dialysis centers	2010-2011 2013
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

### Section 3. Oregon Planning for HAI Prevention Activities

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Implement Healthcare Infection Control Practices Advisory Committee (HICPAC) recommendations. i. Develop strategies for implementation of HICPAC recommendations for at least 2 prevention targets specified by the state multidisciplinary group.	July 2010
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Establish prevention working group under the state HAI Advisory Committee to coordinate state HAI collaboratives  Assemble expertise to consult, advise, and coach inpatient healthcare facilities involved in HAI prevention collaboratives	Recruitment underway. Group to be convened Jan/Feb 2010 Ongoing
			<i>Other activities or descriptions (not required):</i>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Establish HAI collaboratives with at least 10 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions) i. Identify staff trained in project coordination, infection control, and collaborative coordination	Apr. 2010  Feb.-Apr. 2010
	<input type="checkbox"/>	i.	ii. Develop a communication strategy to facilitate peer-to-peer learning and sharing of best practices	Feb.-Apr. 2010, then ongoing

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Jun.-Jul. 2010, then ongoing
				Fall 2010, then ongoing  Feb. 2010, then ongoing
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Develop state HAI prevention training competencies Consider establishing requirements for education and training of healthcare professionals in HAI prevention (e.g., certification requirements, public education campaigns and targeted provider education) or work with healthcare partners to establish best practices for training and certification	
		i.	<i>Other activities or descriptions (not required):</i> ii. See Section 2, Activity 6, part ii.	
<b>Level II</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Implement strategies for compliance to promote adherence to HICPAC recommendations	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Consider developing statutory or regulatory standards for healthcare infection control and prevention or work with healthcare partners to establish best practices to ensure adherence	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Coordinate/liaise with regulation and oversight activities such as inpatient or outpatient facility licensing/accrediting bodies and professional licensing organizations to prevent HAIs	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iii. Improve regulatory oversight of hospitals, enhancing surveyor training and tools, and adding sources and uses of infection control data	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iv. Consider expanding regulation and oversight activities to currently unregulated settings where healthcare is delivered or work with healthcare partners to establish best practices to ensure adherence	
				2010-2011
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Enhance prevention infrastructure by increasing joint collaboratives with at least 20 hospitals (i.e., this may require a multi-state or regional collaborative in low population density regions)	Serious consideration in 2011
			<i>Other activities or descriptions (not required):</i>	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Establish collaborative to prevent HAIs in nonhospital settings (e.g., long term care, dialysis)	Serious consideration in 2011
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

## Section 4. Oregon HAI Evaluation and Communication Planning

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Conduct needs assessment and/or evaluation of the state HAI program to learn how to increase impact	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Establish evaluation activity to measure progress	Jun. 2010
			ii. Establish systems for refining approaches based on data	Aug. 2010
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Develop and implement a communication plan about the state's HAI program and progress to meet public and private stakeholders needs Disseminate state priorities for HAI prevention to healthcare organizations, professional provider organizations, governmental agencies, non-profit public health organizations, and the public	Jun. 2010
		i.	<i>Other activities or descriptions (not required):</i>	
Level II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Provide consumers access to useful healthcare quality measures	Apr. 2010, then ongoing
Level III	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Identify priorities and provide input to partners to help guide patient safety initiatives and research aimed at reducing HAIs	Aug. 2010
			4. <i>Other activities or descriptions (not required):</i>	
Please also describe any additional activities, not listed above, that your state plans to undertake. Please include target dates for any new activities.				

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# Healthcare-Associated Infections in Oregon

**Katrina Hedberg, MD, MPH**  
**State Epidemiologist & Acting Health Officer**

**September 16, 2013**

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned below the word "Health".

**Oregon  
Health  
Authority**

# Healthcare-Associated Infections

## Definition

“...infections that patients acquire during the course of receiving treatment for other conditions within a healthcare setting.”

## Across the spectrum of care

- Acute care hospitals
- Long-term care facilities
- Ambulatory surgery centers
- Outpatient hemodialysis centers

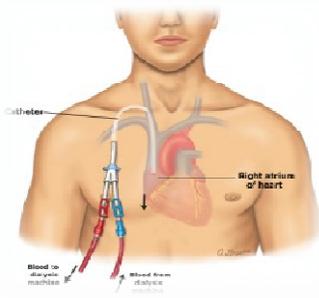
# Public Health and HAIs

- **Deadly:** 99,000 deaths/ year
  - Among ten leading causes of death
- **Expensive:** \$36-\$45 billion/year in US
- **Spread into Community Setting**
- **Preventable:** 75% preventable ~\$32 billion savings

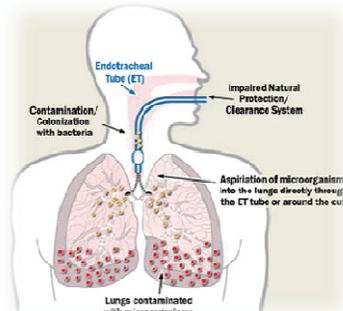


# Areas of Concern

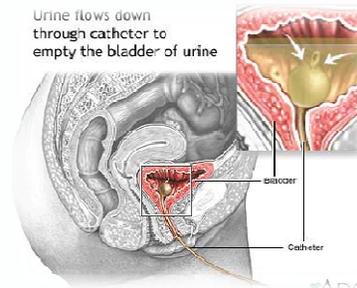
## Device-associated



CLABSI



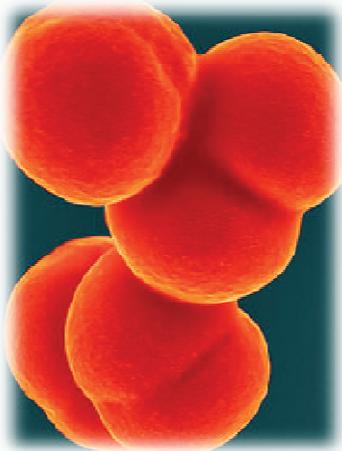
VAP



CAUTI



SSI



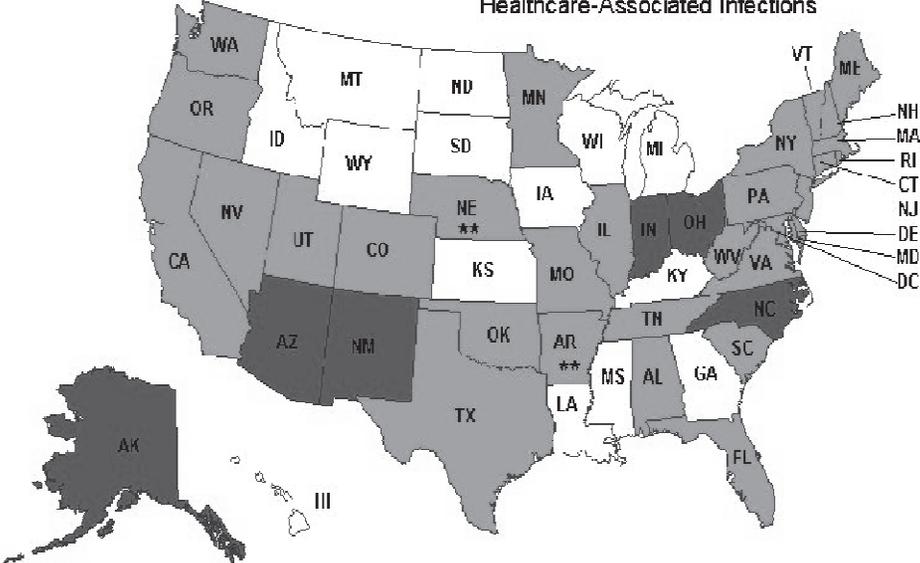
- Pathogens

- *Clostridium difficile*
- Highly resistant to antibiotics (MRSA, CRE, VRE)
- *Candida*
- Bloodborne viruses: Hepatitis B, C

# HAI Activities Across the U.S.

## HAI Reporting Laws and Regulations

States That Have Enacted Laws Relating to Reporting of Healthcare-Associated Infections



- States with study laws
- Mandates public reporting of infection rates
- Voluntary

Many states instituting HAI reporting laws

CMS pay for performance: reporting effectively mandatory in US

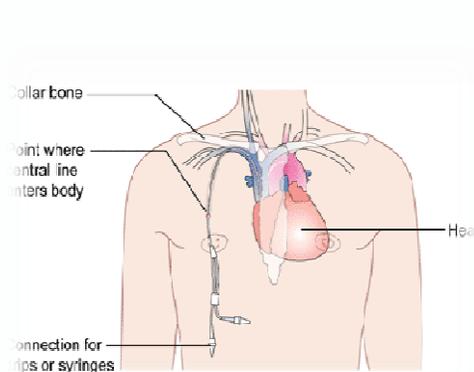
# HAI in Oregon: Collaboration for Prevention

HAI Advisory Committee: key stakeholders  
Partnerships and participation:

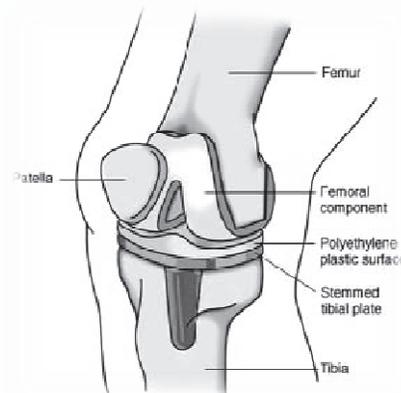


# Mandated Reporting in Oregon

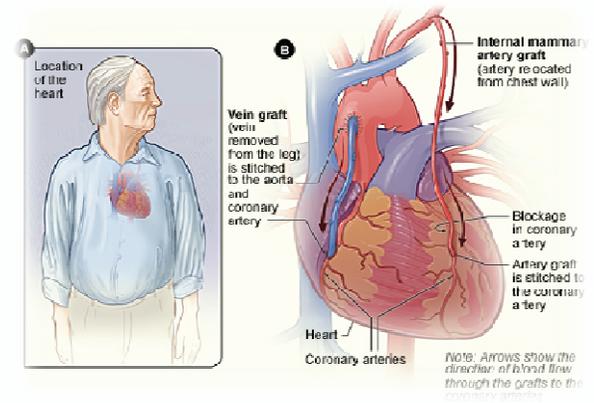
## Infections Reportable as of 1/1/2009



CLABSI



KPRO



CABG

## Surgical site infections reportable as of 1/1/2011

- Colon surgery
- Hip prostheses
- Laminectomy
- Abdominal hysterectomy\*



# NHSN: Reporting Tool

## CDC National Healthcare Safety Network (NHSN)

**NHSN** Page 1 of 3 **Surgical Site Infection (SSI)** CME No. 0020-0666 Exp. Date: 09-30-2012

*required for saving **required for completion Facility ID:	Event #:	
*Patient ID:	Social Security #:	
Secondary ID:		
Patient Name, Last:	First:	Middle:
*Gender: F M	*Date of Birth:	
Ethnicity (Specify):	Race (Specify):	
*Event Type: SSI	*Date of Event:	
*NHSN Procedure Code:	ICD-9-CM Procedure Code:	
*Date of Procedure:	*Outpatient Procedure: Yes No	
*MDRO Infection Surveillance: <input type="checkbox"/> Yes, this event's pathogen & location are in-plan for the MDRO/CDAD Module <input type="checkbox"/> No, this event's pathogen & location are not in-plan for the MDRO/CDAD Module		
*Date Admitted to Facility:	Location:	
<b>Event Details</b>		
*Specific Event:		
<input type="checkbox"/> Superficial Incisional Primary (SIP)	<input type="checkbox"/> Deep Incisional Primary (DIP)	
<input type="checkbox"/> Superficial Incisional Secondary (SIS)	<input type="checkbox"/> Deep Incisional Secondary (DIS)	
<input type="checkbox"/> Organ/Space (specify site): _____		
*Specify Criteria Used (check all that apply):		
<b>Signs &amp; Symptoms</b>	<b>Laboratory</b>	
<input type="checkbox"/> Purulent drainage or material	<input type="checkbox"/> Positive culture	
<input type="checkbox"/> Pain or tenderness	<input type="checkbox"/> Not cultured	
<input type="checkbox"/> Localized swelling	<input type="checkbox"/> Positive blood culture	
<input type="checkbox"/> Redness	<input type="checkbox"/> Blood culture not done or no organisms detected in blood	
<input type="checkbox"/> Heat	<input type="checkbox"/> Positive Gram stain when culture is negative or not done	
<input type="checkbox"/> Fever	<input type="checkbox"/> Other positive laboratory test:	
<input type="checkbox"/> Incision deliberately opened by surgeon		
<input type="checkbox"/> Wound spontaneously dehisces		
<input type="checkbox"/> Abscess		

**NHSN** Page 2 of 3 **Surgical Site Infection (SSI)** CME No. 0020-0666 Exp. Date: 09-30-2012

Pathogen #	Gram positive Organisms											
_____	Coagulase-negative staphylococci (specify):	VANC	S1RN									
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO	LNZ	PENG	VANC						
_____	<i>Enterococcus faecium</i>	AMP	DAPTO	LNZ	PENG	QUIDAL	VANC					
_____	<i>Staphylococcus aureus</i>	CLIND	DAPTO	ERYTH	GENT	LNZ	OX	QUIDAL	RIF	TMZ	VANC	
_____	<i>Staphylococcus aureus</i>	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	
Pathogen #	Gram negative Organisms											
_____	<i>Acinetobacter</i> spp. (specify)	AMK	AMPSUL	CEFEP	CEFTAZ	CIPRO	GENT	IMI	LEVO	MERO	PIPTAZ	TOBRA
_____	<i>Acinetobacter</i> spp. (specify)	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN
_____	<i>Escherichia coli</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____	<i>Escherichia coli</i>	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN
_____	<i>Enterobacter</i> spp. (specify)	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____	<i>Enterobacter</i> spp. (specify)	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN
_____	<i>Klebsiella oxytoca</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____	<i>Klebsiella oxytoca</i>	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN
_____	<i>Klebsiella pneumoniae</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____	<i>Klebsiella pneumoniae</i>	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN
_____	<i>Serratia marcescens</i>	AMK	CEFEP	CEFOT	CEFTAZ	CEFTRX	CIPRO	IMI	LEVO	MERO		
_____	<i>Serratia marcescens</i>	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN
_____	<i>Pseudomonas</i>	AMK	CEFEP	CEFTAZ	CIPRO	IMI	LEVO	MERO	P1P			
_____	<i>Pseudomonas</i>	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN	S1RN

# HAI Advisory Committee

- Represents wide variety of stakeholders
  - Oregon Association of Hospitals and Healthcare Systems
  - Quality Improvement Organizations
  - Hospital Infection control
  - Ambulatory Surgery Centers
  - Long-term Care Facilities
  - Consumers
  - Infectious Disease Physicians
  - Oregon Health Authority
- Roles
  - Guides reporting program
  - Transitioning from reporting to application
  - Provides venue for stakeholders to collaborate on prevention



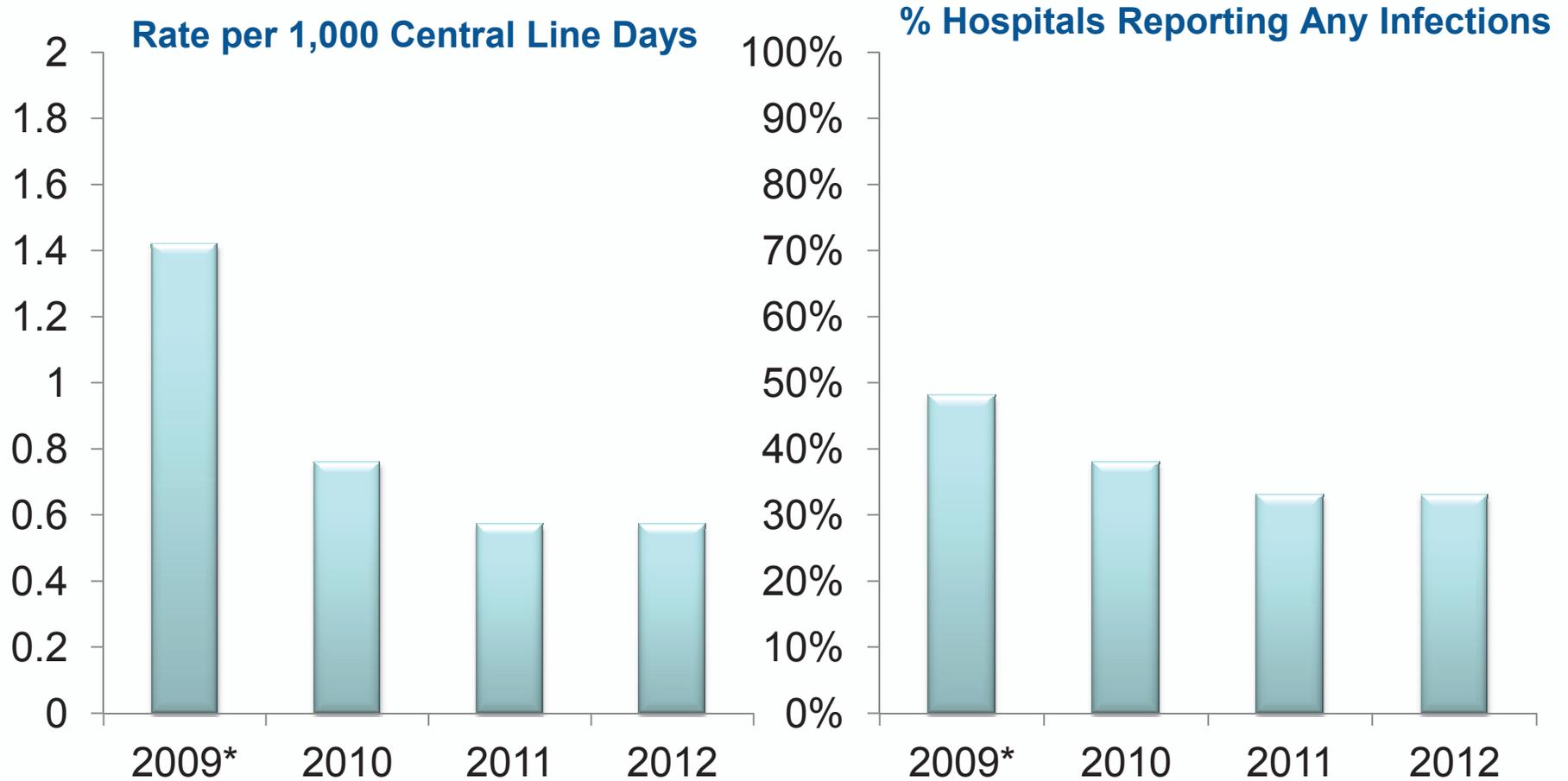
# First Four Years of Reported Data

Healthcare Associated Infections  
Reported in Oregon  
1/1/2009 -12/31/2012



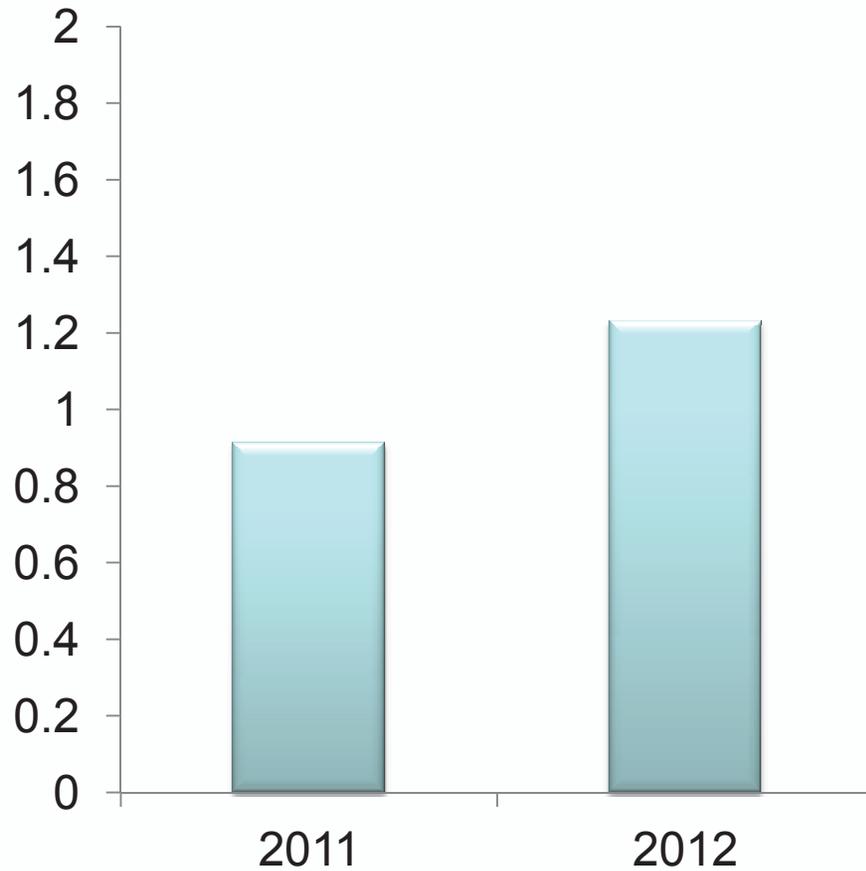
Oregon  
**Health**  
Authority

# ICU Central Line Associated Blood Stream Infections

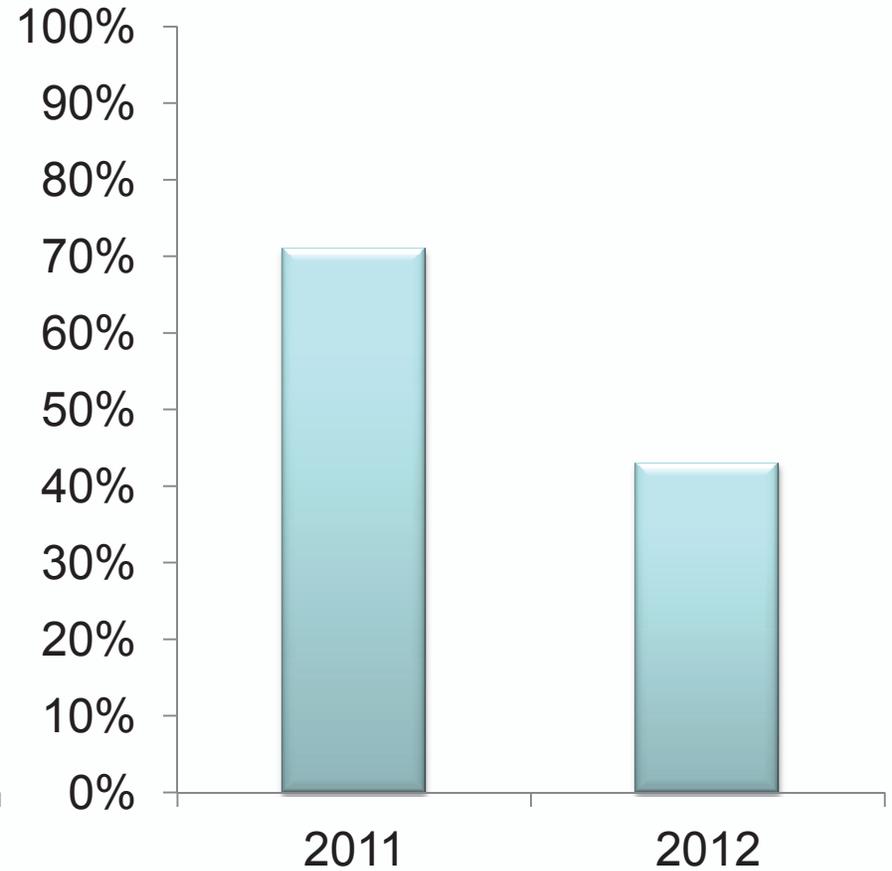


# NICU Central Line Associated Blood Stream Infections

Rate per 1,000 Central Line Days

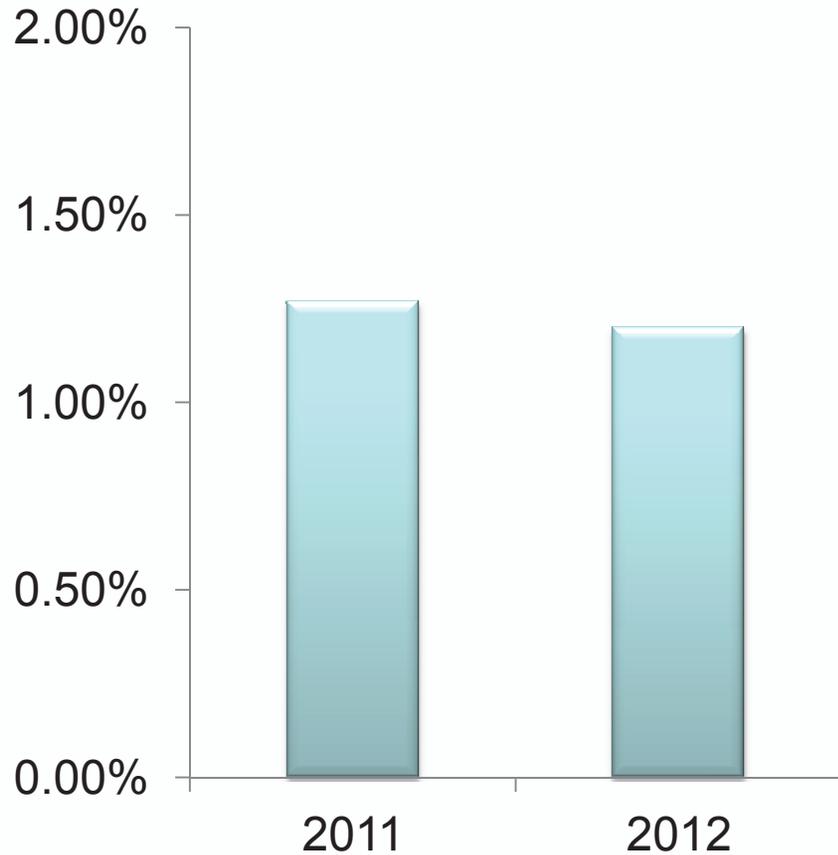


% Hospitals Reporting Any Infections

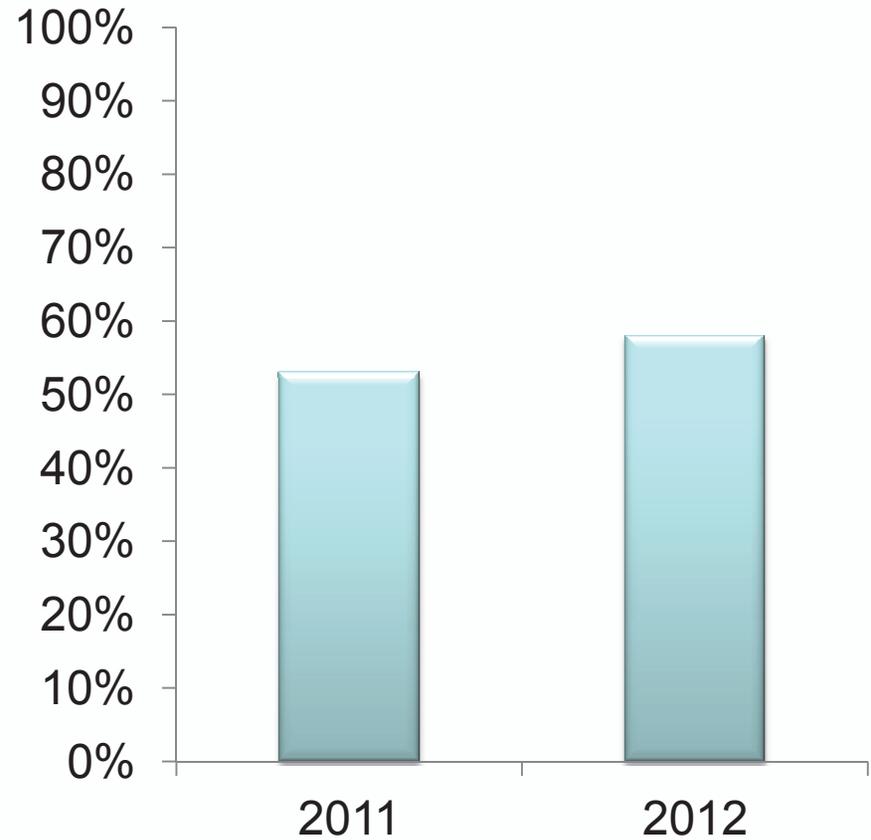


# Abdominal Hysterectomy Surgical Site Infection

% Procedures with SSIs

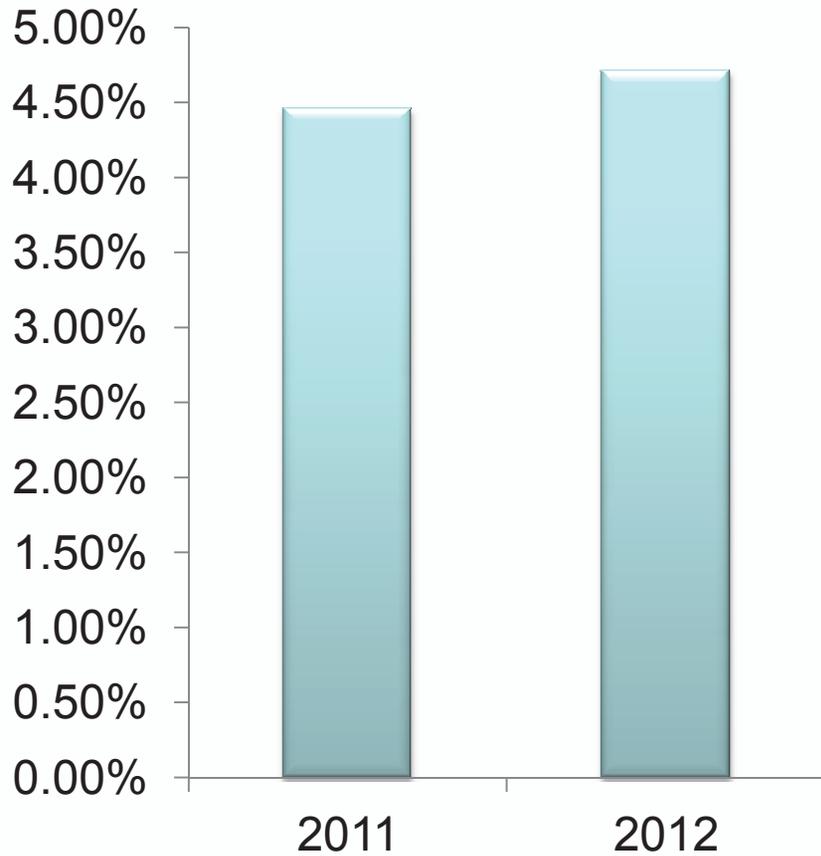


% Hospitals Reporting Any Infections

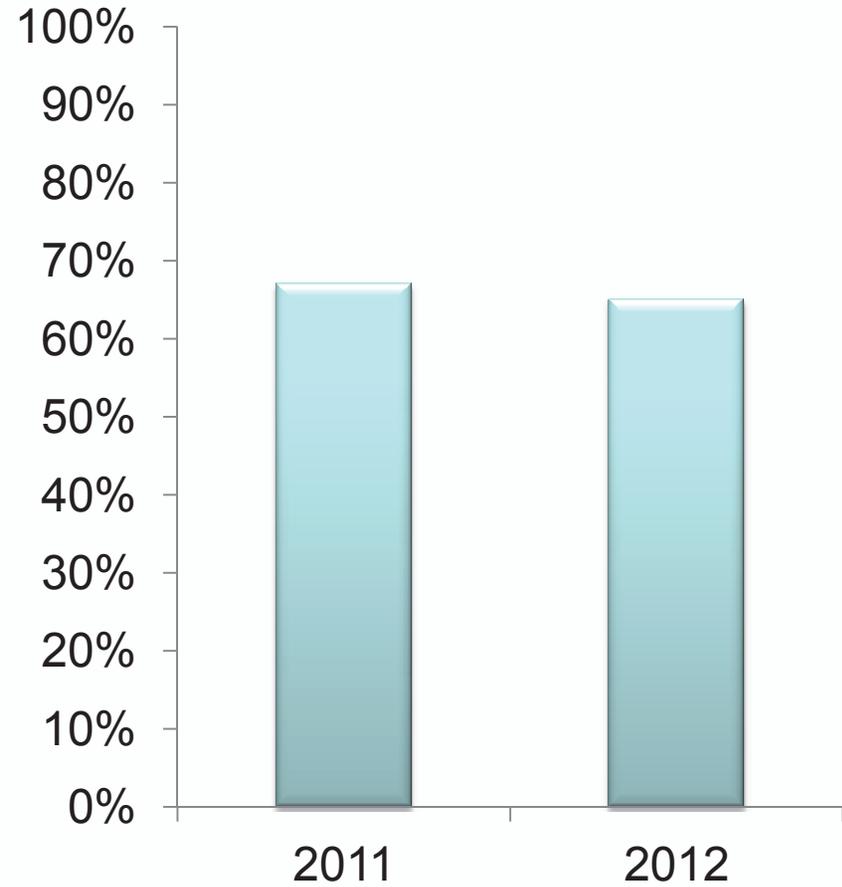


# Colon Surgical Site Infection

**% Procedures with SSIs**

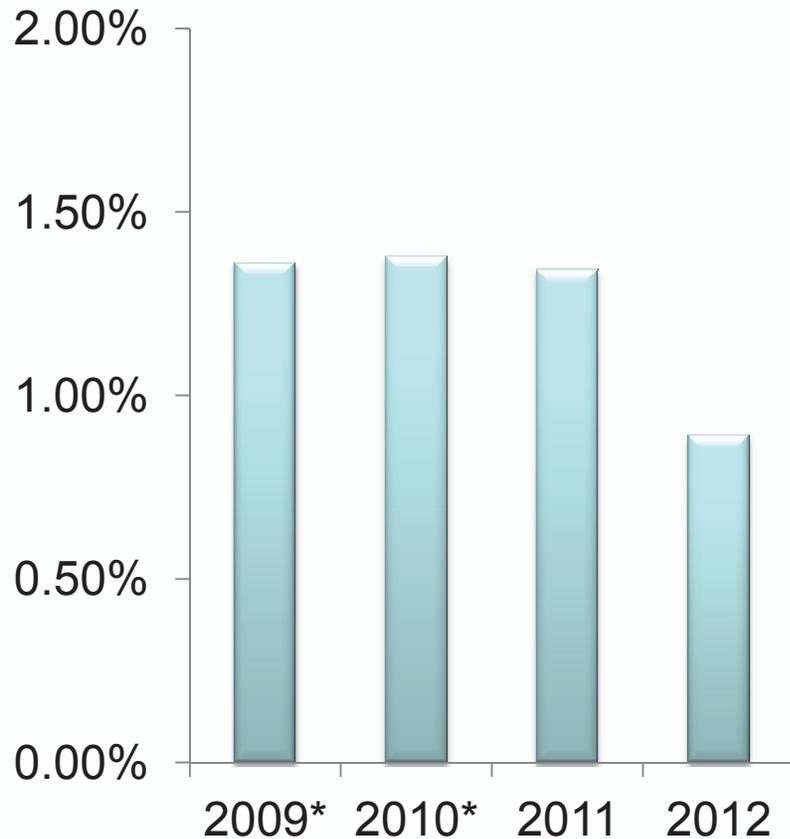


**% Hospitals Reporting Any Infections**

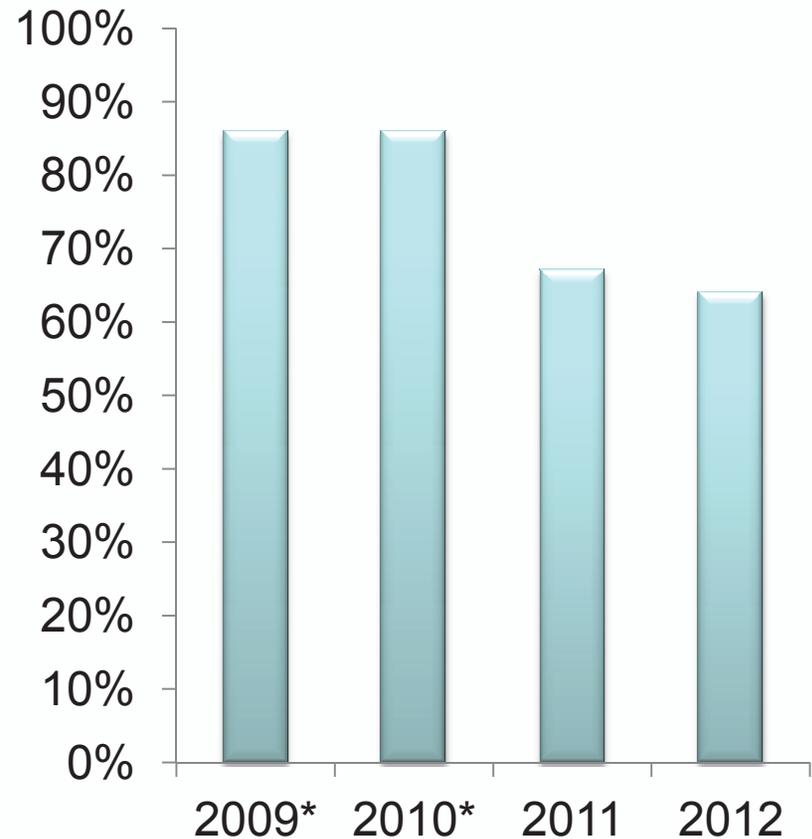


# Coronary Artery Bypass Graft Surgical Site Infection

% Procedures with SSIs

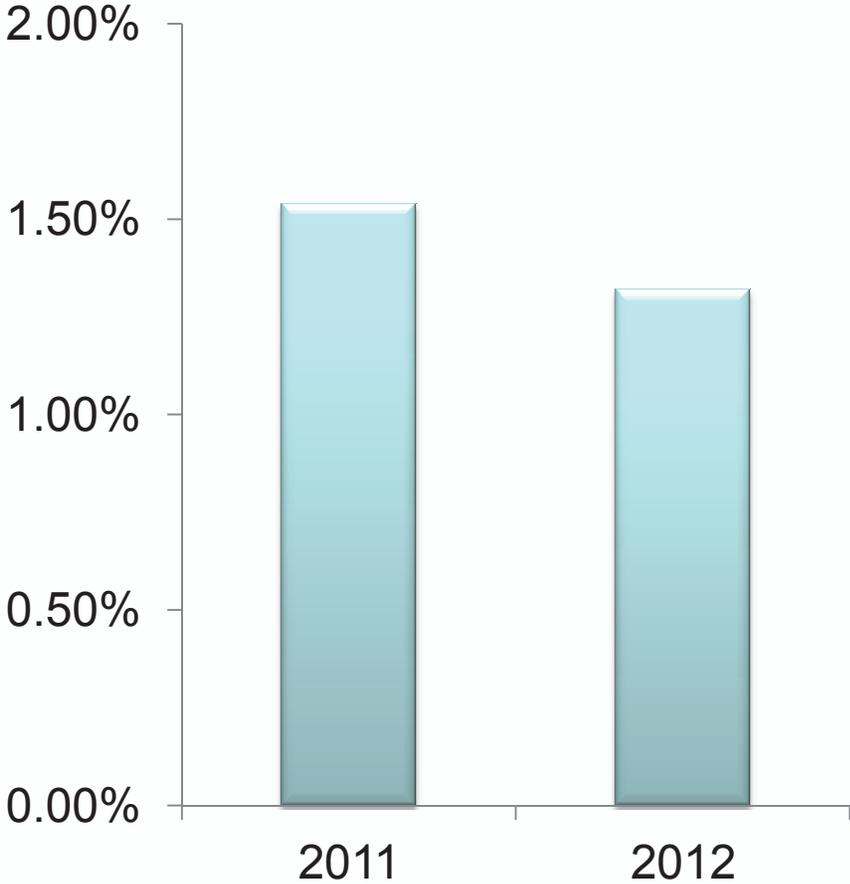


% Hospitals Reporting Any Infections

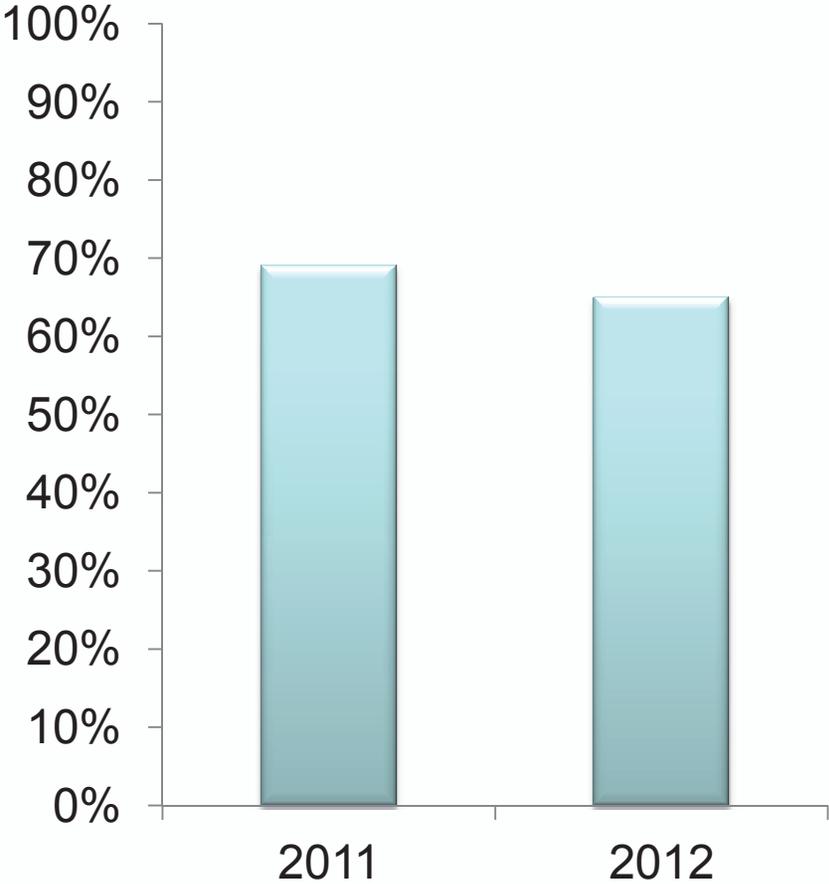


# Hip Replacement Surgical Site Infection

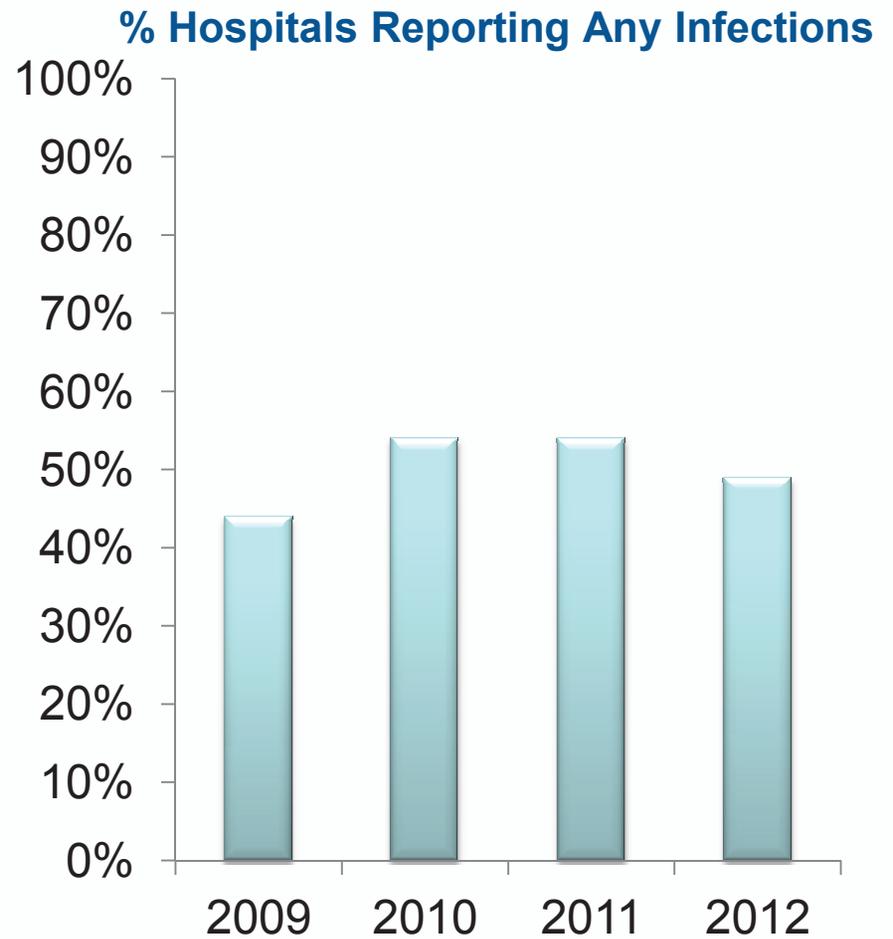
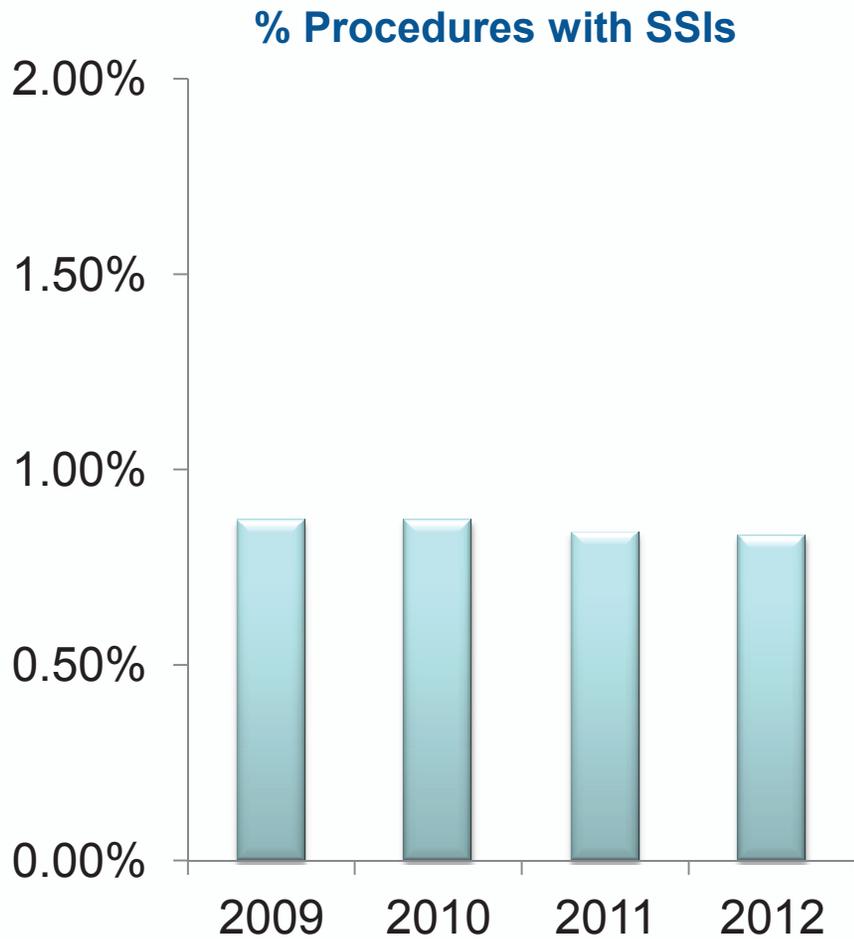
**% Procedures with SSIs**



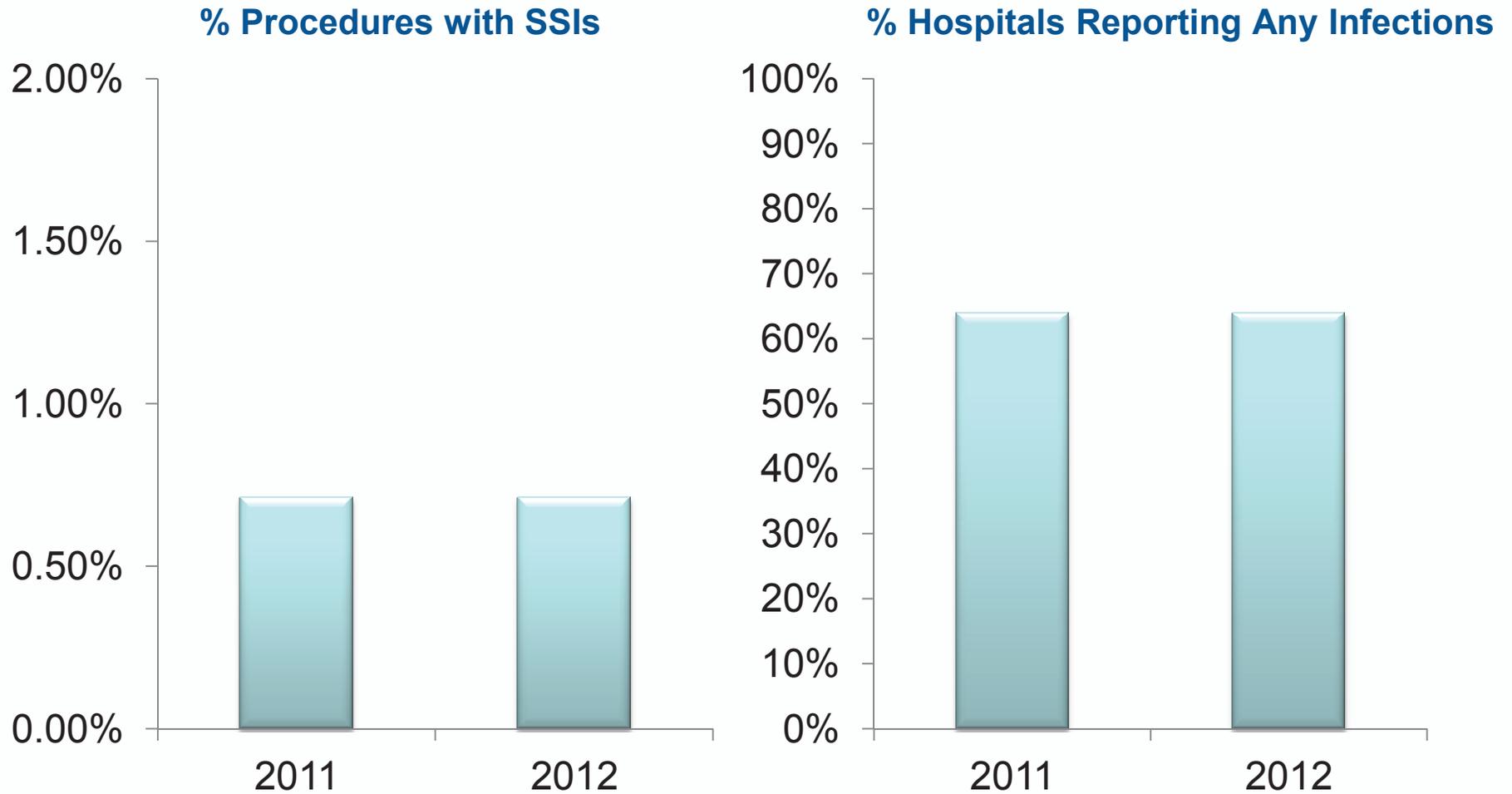
**% Hospitals Reporting Any Infections**



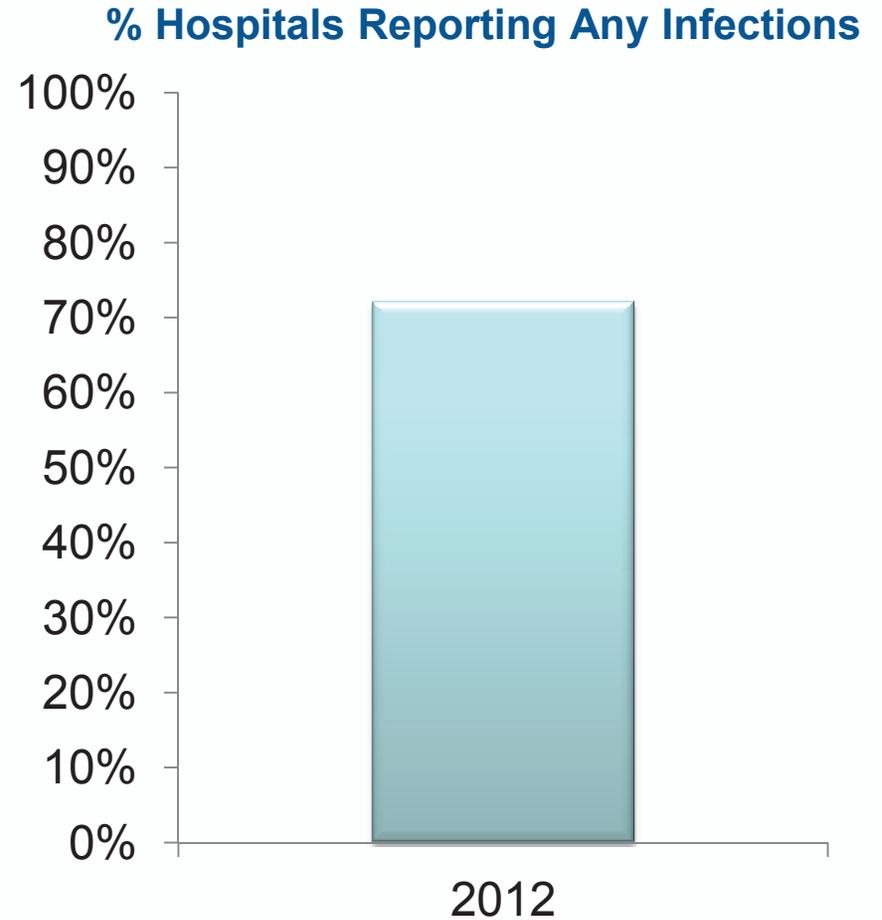
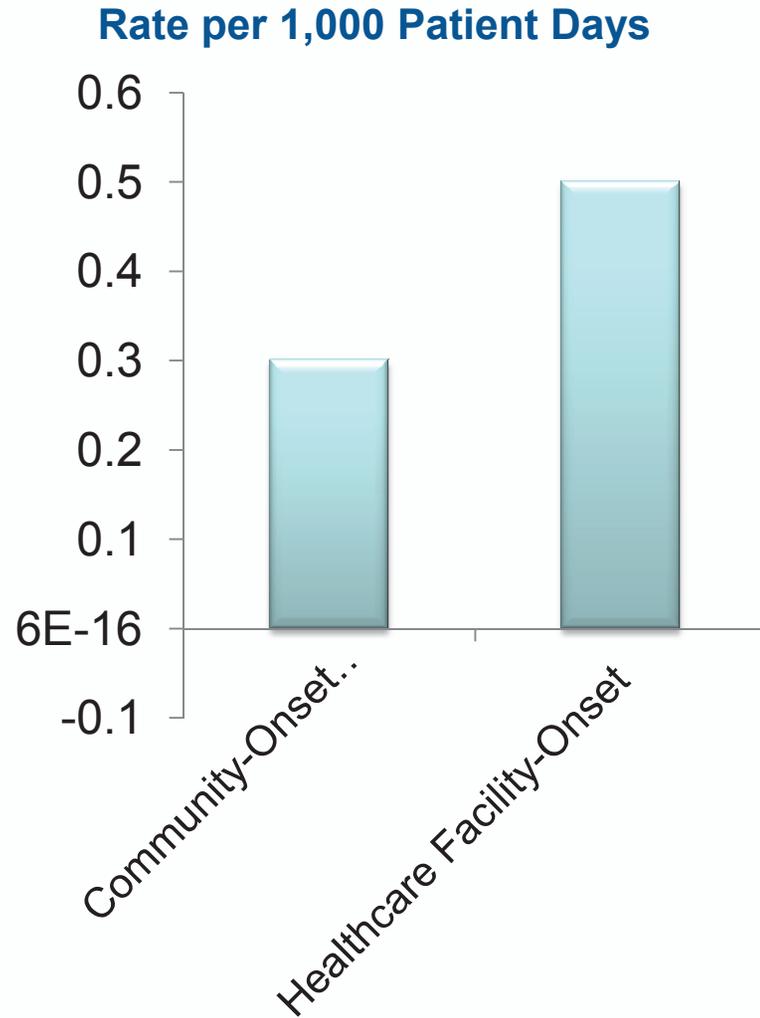
# Knee Replacement Surgical Site Infection



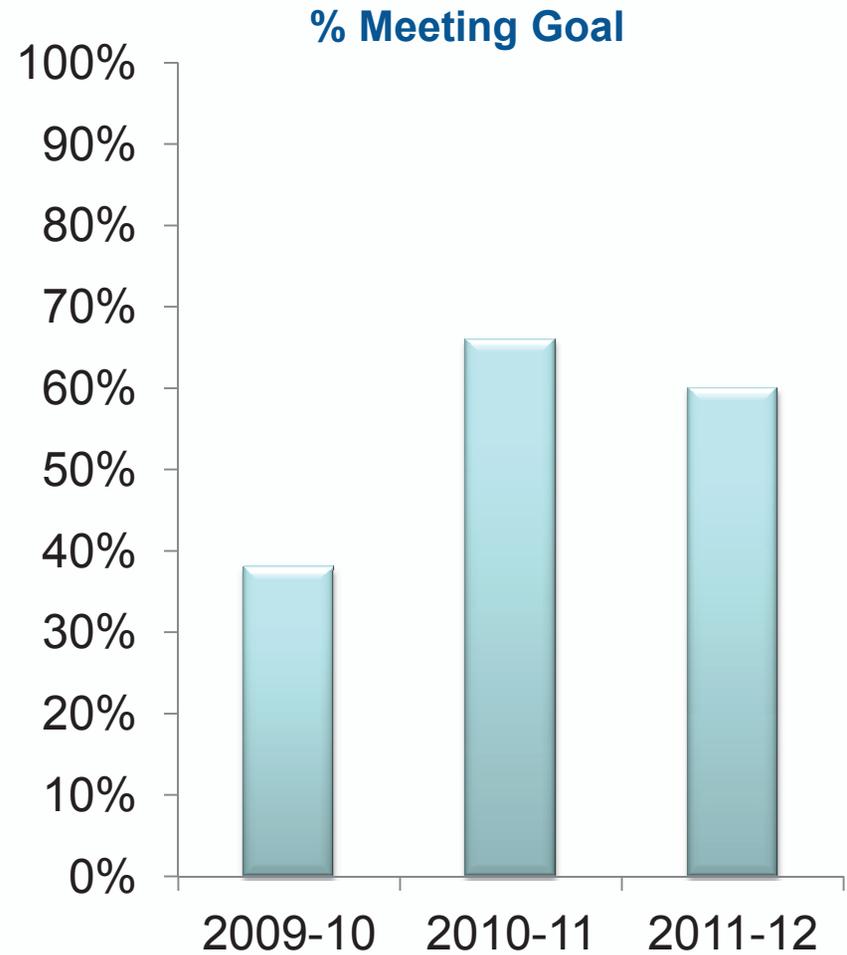
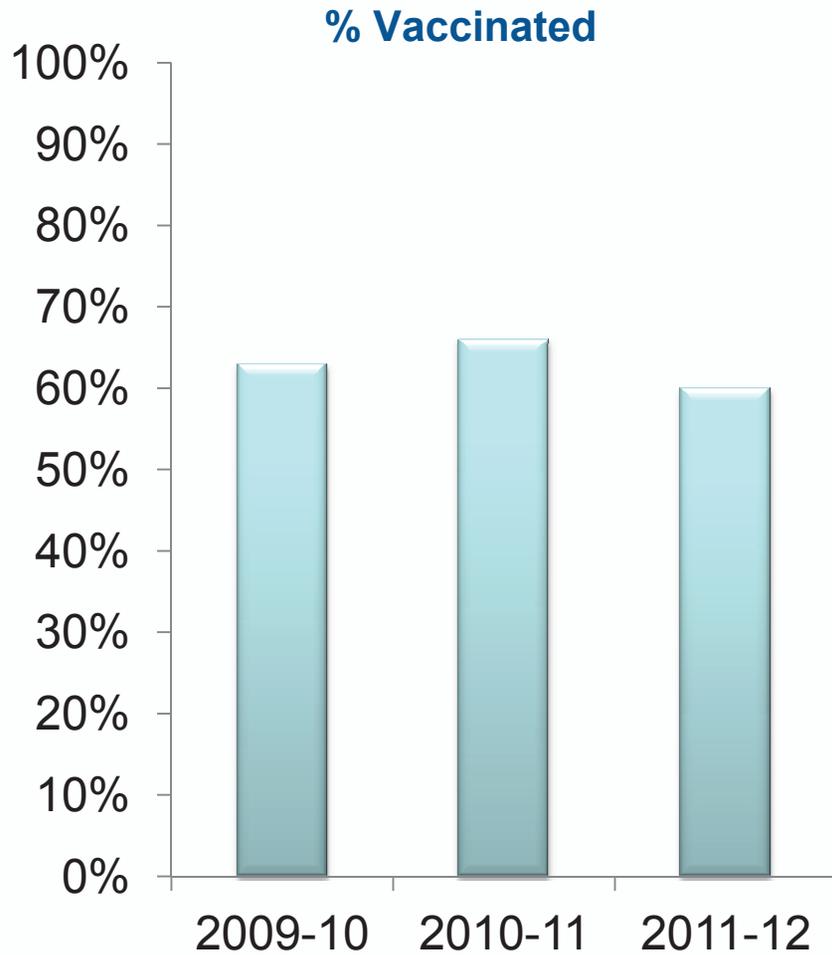
# Laminectomy Surgical Site Infection



# Clostridium difficile Infections



# Healthcare Worker Influenza Vaccination



# HAI Program Projects

- Validation of data submitted by hospitals
  - Most comprehensive validation in the US to date done in 2009
  - Oregon one of only two states funded for validation this year
- Surveillance and response to emerging multi-drug resistant organisms (MDROs)
  - One of three states in US funded last year
  - Oregon has prime opportunity to prevent spread of carbapenem resistant Enterobacteriaceae (CRE) – few cases compared to other states
  - CDC sees Oregon’s effort at to “Detect and Protect” as a model for rest of country: Oregon featured in “Vital Signs” and MMWR
- HAI Emerging Infections Program studies
  - Point prevalence studies to evaluate HAIs and antibiotic use
  - Candidemia, *Clostridium difficile*, and CRE surveillance

# Oregon HAI Program & Patient Safety Commission Collaborations

- Assisting hospitals with appropriate use of antimicrobials
  - Guidance, education, and monitoring in acute care
  - Educating to reduce outpatient use in respiratory infections
- Prevention of bloodstream infections in dialysis
  - 33 facilities in Washington and Oregon participating
  - Reduction in access-related bloodstream infections since October 2012
- Multi-drug resistant organism (MDRO) prevention
  - 3-5 Hospitals and surrounding long term care facilities
  - Collaboration to reduce spread of MDROs via education and interfacility communication

# Summary of Progress and Future Directions

- Implemented reporting of HAIs with assistance from advisory committee
- Initiated validation of publically reported HAI data
- Initial findings indicate some progress with declines in specific HAIs but point to areas still needing improvement
- Initiated several prevention efforts based on data with strong support from CDC based on our successful efforts

# Acknowledgments

## Current HAI program staff

Zintars Beldavs- HAI Program Manager  
Valerie Ocampo – HAI Public Health Nurse  
Monika Samper – HAI Reporting Coordinator  
Maureen Cassidy – MDRO Surveillance Coordinator  
Magdalena Kendall– HAI Epidemiologist  
Rob Arao – Antimicrobial Stewardship Coordinator  
Diane Roy – HAI Administrative Assistant  
Ellen Mccleery – HAI Research Analyst

Dr. Paul Cieslak – Communicable Disease Section Manager  
Dr. Ann Thomas – Public Health Physician

## Partners with HAI Program Projects

Association of Professionals in Infection Control, Oregon-SW Washington Chapter  
Oregon Health And Sciences University  
Portland VA  
Oregon State University

**Questions?**

**STATEMENT OF NEED AND FISCAL IMPACT**

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority, Public Health Division

333

Agency and Division

Administrative Rules Chapter Number

Health Care Acquired Infection Reporting and Public Disclosure

Rule Caption

In the Matter of: Renumbering Oregon Administrative Rules 409-023-0000 through 409-023-0035 to 333-018-0000 through 333-018-0035. Amend OAR chapter 333, division 18 to include additional reportable diseases

Statutory Authority: [ORS 442.420, 442.445 & OL 2007, Ch. 838 § 1-6 & 12](#)~~ORS 442.838, 442.420(3)(d)~~

Other Authority: OL 2013, ch. 61

Stats. Implemented: [ORS 179.505, 192.243, 192.245, 192.410, 192.496, 192.502, 441.015, 442.011, 442.400, 442.405, 442.445 & OL 2007, Ch. 838 § 1-6 & 12](#)~~ORS 442.838, 442.445, 442.015, 442.011, 192.502, 192.496, 192.410, 192.245, 192.243, 179.505~~

Need for the Rule(s):

The purpose of the proposed rules is to renumber the Oregon Administrative Rules pertaining to health care acquired infection reporting and public disclosure from 409-023-0000 through 409-023-0035 (Office for Oregon Health Policy and Research's (OHPR) chapter) to 333-018-0000 through 333-018-0035 (Public Health Division's (PHD) chapter). The HAI Reporting Program used to be housed in OHPR but has since been moved to PHD. The decision was made to move the HAI Reporting Program to the Acute and Communicable Disease Prevention Program in the Public Health Division due to the expertise in communicable disease and statistics within the 8+ member staff. HB 2094, passed during the 2013 legislative session, was a technical fix bill for the Public Health Division and one of the provisions of the bill was to amend statutes regarding the HAI Reporting Program to reference the Oregon Health Authority instead of the Office for Oregon Health Policy and Research. The renumbering of the rules from chapter 409 to chapter 333 is a result of this legislative change. Other minor housekeeping amendments are also being made to the rules.

In addition, the proposed amendments address the addition of two new health care acquired infections (HAI), which are catheter-associated urinary tract infections (CAUTIs) and methicillin-resistant *Staphylococcus aureus* infections (MRSA) as defined in the National Healthcare Safety Network (NHSN) Manual. The Centers for Medicare and Medicaid Services (CMS) is already collecting this data via NHSN, and the Public Health Division deems it necessary to collect the same data. The urinary tract is the second most common site of healthcare-associated infection. CAUTIs can lead to medical complications which cause discomfort, prolonged hospitalization, and increased cost and mortality. MRSA infections have important implications for patient safety. MRSA is a multi-drug resistant organism (MDRO) and options for treating patients with these infections are often limited and are associated with increased lengths of stay, costs, and mortality. The data collected from these infections will be reported to the public and stakeholders as per statutory requirements with the goals of informing HAI prevention efforts, providing data for medical decision making, and ensuring transparency of infections in healthcare settings.

[Finally, the proposed amendment for other health care facilities is provided to clarify the reporting requirements for dialysis facilities. Second only to vascular disease, bloodstream and other types of infections are a significant threat to hemodialysis patient safety. CDC aids the dialysis facilities prevent](#)

[infections by providing evidence-based guidelines and access to NHSN. These are critical resources for tracking and preventing infections and for evaluating the effectiveness of a specific prevention effort.](#)

Documents Relied Upon, and where they are available:

- The Patient Safety Component Protocol of the NHSN Manual is freely available from the Centers for Disease Control and Prevention web site (downloaded September 9, 2013):  
<http://www.cdc.gov/nhsn/Training/patient-safety-component/index.html>
- HB 2094 (OL 2013, ch. 61): <http://www.leg.state.or.us/13reg/measpdf/hb2000.dir/hb2094.en.pdf>

Fiscal and Economic Impact:

There is no anticipated fiscal or economic impact to the Public Health Division (Division) as a result of the renumbering of rules from chapter 409 to chapter 333. The Division has already been running the HAI Reporting Program since the transfer of it in July 2012 from OHP, and the Division has been allocated funds sufficient to continue to run the program.

No fiscal impact to other agencies is intended or expected. Since the estimated costs of compliance are a very tiny fraction of total revenues, the proposed rules are not expected to cause any adverse fiscal impact for hospitals. Actually, some peer-reviewed studies suggest that increased vigilance on detecting and preventing HAIs generally results in cost savings for hospitals. In addition, the reporting of the two additional HAIs (CAUTIs and MRSA) are not expected to have a fiscal or economic impact on hospitals, as they already report these HAIs to CMS. No economic impact on individual members of the public is intended or expected. [The clarification of the existing dialysis reporting rule is also not expected to have any economic impact as this rule was already in effect.](#)

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

There are no compliance mandates for other state agencies, units of local government or members of the public. The direct costs of compliance only impact facilities. These facilities are already reporting these HAIs to CMS, so there is no additional cost.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: The proposed rules will impact only hospitals, none of which meet the statutory definition of small business (ORS 183.336). The proposed rules implement no specific mandates for small businesses.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

Not applicable as these rules do not impact small businesses

c. Equipment, supplies, labor and increased administration required for compliance:

Not applicable as these rules do not impact small businesses

How were small businesses involved in the development of this rule?

Persons with small business interests serve on the advisory committee mandated to advise the Oregon Health Authority, Public Health Division regarding development of the proposed rules, although impact of the proposed rules will not impact small businesses.

Administrative Rule Advisory Committee consulted?: If not, why?:

Yes. The Healthcare Acquired Infection Advisory Committee was used as the advisory committee for these rules. The full roster of the committee can be found at:

[http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Documents/haia-meetings/HAIAC-roster\\_logo.pdf](http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Documents/haia-meetings/HAIAC-roster_logo.pdf)

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Signature

Printed name

Date

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310. ARC 925-2007

DRAFT

OREGON ADMINISTRATIVE RULES  
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION  
CHAPTER 333

**DIVISION 18**

**DISEASE REPORTING**

[OAR 333-018-0000 – 333-018-0035]

**Health Care Acquired Infection Reporting and Public Disclosure**

~~409-023-0000~~ 333-018-0100

**Definitions**

The following definitions apply to OAR ~~409-023-0000~~333-018-0100 to ~~409-023-0035~~333-018-0145:

~~(1) “Administrator” means the administrator of the Office for Oregon Health Policy and Research as defined in ORS 442.011, or the administrator’s designee.~~

~~(12)~~ “ASC” means an ambulatory surgical center as defined in ORS 442.015~~(3)~~ and that is licensed pursuant to ORS 441.015.

~~(2)~~ “Authority” means the Oregon Health Authority.

(3) “CBGB” means coronary bypass graft surgery with both chest and graft incisions, as defined in the NHSN Manual.

~~(4)~~ “CAUTI” means catheter-associated urinary tract infection as defined in the NHSN Manual.

~~(45)~~ “CDC” means the federal Centers for Disease Control and Prevention.

~~(56)~~ “CDI” means *Clostridium difficile* infection as defined in the NHSN Manual.

~~(67)~~ “CLABSI” means central line associated bloodstream infection as defined in the NHSN Manual.

~~(78)~~ “CMS” means the federal Centers for Medicare and Medicaid Services.

~~(89)~~ “COLO” means colon procedures as defined in the NHSN Manual.

~~(910)~~ “Committee” means the Health Care Acquired Infections Advisory Committee as defined in section 4, chapter 838, Oregon Laws 2007~~notes following ORS 442.851 relating to Health Care Acquired Infections~~.

(~~4011~~) “Dialysis facility” means outpatient renal dialysis facility as defined in ORS 442.015(~~20~~).

(~~4112~~) “Follow-up” means post-discharge surveillance intended to detect CBGB, COLO, HPRO, HYST, KRPO, and LAM surgical site infection (SSI) cases occurring after a procedure.

(~~4213~~) “HAI” means health care acquired infection as defined in [section 2, chapter 838, Oregon Laws 2007](#)~~notes following ORS 442.851 relating to Health Care Acquired Infections.~~

(~~4314~~) “Health care facility” means a facility as defined in ORS 442.015(~~40~~).

(~~4415~~) “Hospital” means a facility as defined in ORS 442.015(~~43~~) and that is licensed pursuant to ORS 441.015.

(~~4516~~) “Hospital Inpatient Quality Reporting Program” means the initiative administered by CMS and formerly referred to as RHQDAPU.

(~~4617~~) “HPRO” means hip prosthesis procedure as defined in the NHSN Manual.

(~~4718~~) “HYST” means abdominal hysterectomy procedure as defined in the NHSN Manual.

(~~4819~~) “ICU” means an intensive care unit as defined in the NHSN Manual.

(~~4920~~) “KPRO” means knee prosthesis procedure as defined in the NHSN Manual.

(~~2021~~) “Lab ID” means laboratory-identified event as defined in the NHSN Manual.

(~~2422~~) “LAM” means laminectomy procedure as defined in the NHSN Manual.

(~~2223~~) “LTC facility” means long term care facility as defined in ORS 442.015(~~46~~).

(~~2324~~) “MDS” mean the Centers for Medicare and Medicaid Services’ minimum data set nursing home resident assessment and screening tool, version 2.0 or its successor, including but not limited to manuals, forms, software, and databases.

(~~2425~~) “Medical ICU” means a non-specialty intensive care unit that serves 80 [percent%](#) or more adult medical patients.

(~~2526~~) “Medical/Surgical ICU” means a non-specialty intensive care unit that serves less than 80 [percent%](#) of either adult medical, adult surgical, or specialty patients.

(~~27~~) “MRSA” means *methicillin-resistant Staphylococcus aureus* as defined in the NHSN Manual.

(~~2628~~) “NHSN” means the CDC’s National Healthcare Safety Network.

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- | ~~(2729)~~ “NHSN Inpatient” means a patient whose date of admission to the healthcare facility and the date of discharge are different days as defined in the NHSN Manual.
- | ~~(2830)~~ “NHSN Manual” means the Patient Safety Component Protocol of the NHSN manual, version March 2009 or its successor, as amended, revised, and updated from time to time.
- | ~~(2931)~~ “NICU” means a specialty intensive care unit that cares for neonatal patients.
- | ~~(30)~~ “Office” means the Office for Oregon Health Policy and Research.
- | ~~(3032)~~ “Oregon HAI group” means the NHSN group administered by the [Office Authority](#).
- | ~~(3133)~~ “Overall-facility wide” means data is collected for the entire facility as defined in the NHSN Manual.
- | ~~(3234)~~ “Patient information” means individually identifiable health information as defined in ORS 179.505~~(e)~~.
- | ~~(3335)~~ “Person” has the meaning ~~as defined given that term~~ in ORS 442.015~~(2)~~.
- | ~~(3436)~~ “Procedure” means an NHSN operative procedure as defined in the NHSN Manual.
- | ~~(3537)~~ “Provider” means health care services provider as defined in ORS 179.505~~(b)~~.
- | ~~(3638)~~ “QIO” means the quality improvement organization designated by CMS for Oregon.
- | ~~(3739)~~ “RHQDAPU” means the Reporting Hospital Quality Data for Annual Payment Update initiative administered by CMS.
- | ~~(3840)~~ “SCIP” means the Surgical Care Improvement Project.
- | ~~(4941)~~ “SCIP-Inf-1” means the HAI process measure published by SCIP defined as prophylactic antibiotic received within one hour prior to surgical incision.
- | ~~(4042)~~ “SCIP-Inf-2” means the HAI process measure published by SCIP defined as prophylactic antibiotic selection for surgical patients.
- | ~~(4143)~~ “SCIP-Inf-3” means the HAI process measure published by SCIP defined as prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac patients).
- | ~~(4244)~~ “SCIP-Inf-4” means the HAI process measure published by SCIP defined as cardiac surgery patients with controlled 6 a.m. postoperative serum glucose.
- | ~~(4345)~~ “SCIP-Inf-6” means the HAI process measure published by SCIP defined as surgery patients with appropriate hair removal.

(~~44465~~) “SCIP-Inf-9” means urinary catheter removed on postoperative day 1 or postoperative day 2 with day of surgery being day zero.

(~~45476~~) “SCIP-Inf-10” means the HAI process measure published by SCIP defined as surgery patients with perioperative temperature management.

(~~46487~~) “Specialty ICU” means an intensive care unit with at least 80 percent% of adults are specialty patients including but not limited to oncology, trauma, and neurology.

(~~47498~~) “SSI” means a surgical site infection event as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.

(~~48509~~) “Staff” means any employee of a health care facility or any person contracted to work within a health care facility.

(~~495150~~) “State agency” ~~has~~shall have the meaning ~~as defined given that term~~ in ORS 192.410(~~5~~).

(~~50521~~) “Surgical ICU” means a non-specialty intensive care unit that serves 80 percent% or more adult surgical patients.

Stat. Auth.: ORS 442.420 & OL 2007, Ch. 838 § 1-6 & 12  
Stats. Implemented: ORS 179.505, 192.410, 192.496, 192.502, 441.015, 442.011, 442.400, 442.405, & OL 2007, Ch. 838 § 1-6 & 12

#### ~~409-023-0005-333-018-0105~~

##### **Review**

Unless otherwise directed by the ~~administrator~~Authority, the committee shall review these rules (OAR ~~409-023-0000333-018-0100 through 409-023-0035333-018-0145~~) ~~no later than July 1, 2009 and thereafter~~ at least biennially.

Stat. Auth.: ORS 442.420(~~3~~)(~~d~~) & 2007 OL Ch. 838 § 1-6 & 12  
Stats. Implemented: 2007 OL Ch. 838 § 1-6 & 12

#### ~~409-023-0010-333-018-0110~~

##### **HAI Reporting for Hospitals**

(1) Hospitals shall begin collecting data for HAI outcome and process measures for the HAI reporting program for services provided on and after January 1, 2009, except:

(a) NICU shall begin collecting data for HAI outcome and process measures for the HAI reporting program for services provided on and after January 1, 2010.

(b) Hospitals shall report the SCIP-Inf-6 process measure for the HAI reporting program for services provided on and after January 1, 2010.

(c) Hospitals shall report the SCIP-4-Inf and SCIP-10-Inf process measures for services provided on and after January 1, 2011.

(d) Hospitals shall report the NHSN Inpatient COLO, HPRO, HYST, and LAM outcome measures for services provided on and after January 1, 2011.

(e) Hospitals shall report facility-wide NHSN Inpatient CDI data using the Lab-ID method for CDI in NHSN for services provided on or after January 1, 2012.

(f) Hospitals shall report SCIP-Inf-9 performance measures for services provided on or after January 1, 2012.

(g) Hospitals shall report facility-wide inpatient MRSA bacteremia data using the Lab-ID method for MRSA bacteremia in the NHSN MDRO and CDI Module protocol for services provided in acute care hospitals on or after January 1, 2014.

(h) Hospitals shall report NHSN inpatient CAUTI events in adult and pediatric ICUs for services provided on or after January 1, 2014.

(2) Reportable HAI outcome measures are:

(a) SSIs for NHSN Inpatient CBGB, COLO, HPRO, HYST, KPRO, and LAM procedures.

(b) CLABSI in medical ICUs, surgical ICUs, and combined medical/surgical ICUs.

(c) NHSN Inpatient CDI facility-wide.

(d) NHSN Inpatient MRSA bacteremia facility-wide.

(e) CAUTI in adult and pediatric ICUs.

(3) The infection control professional (ICP), as defined by the facility, shall actively seek out infections defined in subsections (2)(a) and (b) of this rule during a patient's stay by screening a variety of data that may include but is not limited to:

(a) Laboratory;

(b) Pharmacy;

(c) Admission;

(d) Discharge;

- (e) Transfer;
  - (f) Radiology;
  - (g) Imaging;
  - (h) Pathology; and
  - (i) Patient charts, including history and physical notes, nurses and physicians notes, and temperature charts.
- (4) The ICP shall use follow-up surveillance methods to detect SSIs for procedures defined in [subsection \(2\)\(a\)](#) of this rule using at least one of the following:
- (a) Direct examination of patients' wounds during follow-up visits to either surgery clinics or physicians' offices;
  - (b) Review of medical records, subsequent hospitalization records, or surgery clinic records;
  - (c) Surgeon surveys by mail or telephone;
  - (d) Patient surveys by mail or telephone; or
  - (e) Other facility surveys by mail or telephone.
- (5) Others employed by the facility may be trained to screen data sources for these infections, but the ICP must determine that the infection meets the criteria established by these rules.
- (6) The HAI reporting system for HAI outcome measures shall be NHSN. Each Oregon hospital shall comply with processes and methods prescribed by CDC for NHSN data submission. This includes but is not limited to definitions, data collection, data reporting, and administrative and training requirements. Each Oregon hospital shall:
- (a) Join the Oregon HAI group in NHSN.
  - (b) Authorize disclosure of NHSN data to the [Office Authority](#) as necessary for compliance of these rules including but not limited to summary data and denominator data for all SSIs, the annual hospital survey and data analysis components for all SSIs, and summary data and denominator data for all medical ICUs, surgical ICUs, and combined medical/surgical ICUs.
  - (c) Report its data for outcome measures to NHSN no later than 30 days after the end of the collection month. The NHSN field "Discharge Date" is mandatory for all outcome measures.
- (7) Each hospital shall report on a quarterly basis according to ~~409-023-0010(1)~~[OAR 333-018-0110\(1\)](#) the following HAI process measures:

- (a) SCIP-Inf-1;
- (b) SCIP-Inf-2;
- (c) SCIP-Inf-3;
- (d) SCIP-Inf-4;
- (e) SCIP-Inf-6;
- (f) SCIP-Inf-9; and
- (g) SCIP-Inf-10.

(8) The reporting system for HAI process measures shall be the Hospital Inpatient Quality Reporting Program, formerly referred to as the RHQDAPU program as configured on July 1, 2008. Each Oregon hospital shall:

(a) Comply with reporting processes and methods prescribed by CMS for the RHQDAPU program. This includes but is not limited to definitions, data collection, data reporting, and administrative and training requirements; and

(b) Report data quarterly for HAI process measures. Data must be submitted to and successfully accepted into the QIO clinical warehouse no later than 11:59 p.m. central time, on the 15th calendar day, four months after the end of the quarter.

(9) For NICUs, the HAI reporting system for outcome measures shall be NHSN. Each Oregon hospital with a NICU shall comply with processes and methods prescribed by NHSN for the CLABSI reporting including but not limited to definitions, data collection, data submission, and administrative and training requirements. Each Oregon hospital shall:

(a) Authorize disclosure of NHSN data to the [Office Authority](#) as necessary for compliance with these rules, including but not limited to facility identifiers.

(b) Submit NICU data to be NHSN according to the NHSN Manual.

(10) Each hospital shall complete an annual survey, as defined by the [Office Authority](#), of influenza vaccination of staff and submit the completed survey to the [Office Authority](#). The survey shall include but not be limited to questions regarding influenza vaccine coverage of facility staff:

(a) Number of staff with a documented influenza vaccination during the previous influenza season.

(b) Number of staff with a documented medical contraindication to influenza vaccination during the previous influenza season.

(c) Number of staff with a documented refusal of influenza vaccination during the previous influenza season.

(d) Facility assessment of influenza vaccine coverage of facility staff during the previous influenza season and plans to improve vaccine coverage of facility staff during the upcoming influenza season.

Stat. Auth.: ORS 442.420 & [2007 OL Ch. 838 § 1-6 & 12](#)~~Notes following ORS 442.851~~

Stats. Implemented: ORS 442.405 & [2007 OL Ch. 838 § 1-6 & 12](#)~~Notes following ORS 442.851~~

#### ~~409-023-0012-333-018-0115~~

##### **HAI Reporting for Ambulatory Surgery Centers**

(1) Each ASC shall complete a survey of evidenced-based elements of patient safety performance as defined by the [Office Authority](#).

(2) The survey shall be submitted annually by each ASC to the [Office Authority](#) no later than 30 days after receipt of survey.

(3) ~~Starting with the 2011-2012 influenza season, each~~ [Each](#) ASC shall complete an annual survey, as defined by the [Office Authority](#), of influenza vaccination of staff and submit the completed survey to the [Office Authority](#). The survey shall include but not be limited to questions regarding influenza vaccine coverage of facility staff:

(a) Number of staff with a documented influenza vaccination during the previous influenza season.

(b) Number of staff with a documented medical contraindication to influenza vaccination during the previous influenza season.

(c) Number of staff with a documented refusal of influenza vaccination during the previous influenza season.

(d) Facility assessment of influenza vaccine coverage of facility staff during the previous influenza season and plans to improve vaccine coverage of facility staff during the upcoming influenza season.

Stat. Auth.: ORS 442.420~~(3)(d)~~ & OL 2007, Ch. 838 § 1-6 and 12

Stats. Implemented: ORS 442.405 & OL 2007, Ch. 838 § 1-6 and 12

#### ~~409-023-0013-333-018-0120~~

##### **HAI Reporting for Long Term Care Facilities**

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(1) The HAI Reporting System for outcome measures shall be MDS and reporting will be mandatory for services provided on or after January 1, 2010.

(2) Reportable HAI outcome measures are from MDS and include the data element, “urinary tract infection in the last 30 days.”

(3) Each LTC facility shall comply with reporting processes and methods prescribed by CMS for MDS. This includes but is not limited to definitions, data collection, data submission, and administrative and training requirements.

(4) Each LTC facility shall complete an annual survey, as defined by the [Office Authority](#), of influenza vaccination of staff and submit the completed survey to the [Office Authority](#). The survey shall include but not be limited to questions regarding influenza vaccine coverage of facility staff:

(a) Number of staff with a documented influenza vaccination during the previous influenza season.

(b) Number of staff with a documented medical contraindication to influenza vaccination during the previous influenza season.

(c) Number of staff with a documented refusal of influenza vaccination during the previous influenza season.

(d) Facility assessment of influenza vaccine coverage of facility staff and volunteers during the previous influenza season and plans to improve vaccine coverage of facility staff during the upcoming influenza season.

Stat. Auth.: ORS 442.420~~(3)(d)~~ & 2007 OL Ch. 838 § 1-6 & 12  
Stats. Implemented: ORS 442.405 & 2007 OL Ch. 838 § 1-6 & 12

[409-023-0015-333-018-0125](#)

#### **HAI Reporting for Other Health Care Facilities**

Dialysis facilities shall begin collecting data for the HAI reporting program for services provided on and after January 1, 2013 pursuant to rules amended no later than July 1, 2012.

Stat. Auth.: ORS 442.420~~(3)(d)~~ & OL 2007, Ch. 838 § 1-6 and 12  
Stats. Implemented: ORS 442.405 & OL 2007, Ch. 838 § 1-6 and 12

[409-023-0020-333-018-0130](#)

#### **HAI Public Disclosure**

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- (1) The [Office Authority](#) shall disclose to the public updated facility-level and state-level HAI rates ~~at least biannually beginning in January 2010 and at least quarterly beginning in January 2011.~~
- (2) The [Office Authority](#) may disclose state-level and facility-level HAI data including but not limited to observed frequencies, expected frequencies, proportions, and ratios ~~beginning in January 2010.~~
- (3) The [Office Authority](#) shall summarize HAI data by facilities subject to this reporting in an annual report ~~beginning in January 2010.~~ The [Authority Office](#) shall publish the annual report no later than April 30 of each calendar year.
- (4) The [Office Authority](#) shall disclose data and accompanying explanatory documentation in a format which facilitates access and use by the general public and health care providers.
- (5) The [Office Authority](#) may use statistically valid methods to make comparisons by facility, and to state, regional, and national statistics.
- (6) The [Office Authority](#) shall provide a maximum of 30 calendar days for facilities to review facility reported data prior to public release of data.
- (7) The [Office Authority](#) shall provide facilities the opportunity to submit written comments and may include any submitted information in the annual report.
- (8) Pending recommendations from the committee, the [Office Authority](#) may publish additional reports intended to serve the public's interest.

Stat. Auth.: ORS 442.420~~(3)(d)~~ & 2007 OL Ch. 838 § 1-6 & 12  
Stats. Implemented: ORS 442.405, 192.496, 192.502, 192.243, 192.245 & 2007 OL Ch. 838 § 1-6 & 12

[409-023-0025-333-018-0135](#)

#### **HAI Data Processing and Security**

- (1) The [Office Authority](#) shall obtain hospital outcome measure data files directly from NHSN at least quarterly.
- (2) The [Office Authority](#) shall obtain hospital process measure data files from the CMS hospital compare web-site at least quarterly.
- (3) The [Office Authority](#) shall calculate state-level and facility-level statistics to facilitate HAI public disclosure. These statistics may include but are not limited to observed frequencies, expected frequencies, proportions, rates, and ratios. The [Office Authority](#) shall make public the methods used to calculate statistics and perform comparisons.

| (4) The [Office Authority](#) shall use statistically valid risk adjustment methods recommended by the committee including but not limited to NHSN methodology.

| (5) The [Office Authority](#) shall undertake precautions to prevent unauthorized disclosure of the raw data files. These precautions include but are not limited to:

| (a) Storing the raw data files on the internal storage hardware of a password-protected personal computer that is physically located within the [Office Authority](#);

(b) Restricting staff access to the raw data files;

(c) Restricting network access to the raw data files; and

(d) If applicable, storing patient information within a strongly-encrypted and password-protected virtual drive or using other methods to reliably achieve the same level of security.

| Stat. Auth.: ORS 442.420~~(3)(d)~~ & 2007 OL Ch. 838 § 1–6 & 12  
Stats. Implemented: ORS 192.496, 192.502 & 2007 OL Ch. 838 § 1–6 & 12

| [409-023-0030-333-018-0140](#)

**Prohibited Activities**

| Unless specifically required by state or federal rules, regulations, or statutes, the [Office Authority](#) is prohibited from:

(1) Disclosing of patient information;

(2) Intentionally linking or attempting to link individual providers to individual HAI events; and

(3) Providing patient-level or provider-level reportable HAI data to any state agency for enforcement or regulatory actions.

| Stat. Auth.: ORS 442.420~~(3)(d)~~ & 2007 OL Ch. 838 § 1–6 & 12  
Stats. Implemented: ORS 192.496, 192.502 & 2007 OL Ch. 838 § 1–6 & 12

| [409-023-0035-333-018-0145](#)

**Compliance**

(1) Health care facilities that fail to comply with these rules or fail to submit required data shall be subject to civil penalties not to exceed \$500 per day per violation.

| (2) The [Office Authority](#) shall annually evaluate the quality of data submitted, as recommended by the committee.

| Stat. Auth.: ORS 442.445 & 442.420~~(3)(d)~~  
Stats. Implemented: ORS 442.445

# DRAFT

<b>HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE</b>
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**June 26, 2013  
1:00 pm to 3:00 pm**

**Portland State Office Building, Room 1C  
800 NE Oregon Street  
Portland, OR 97232**

**MEMBERS PRESENT:** Bruce Bayley, PhD  
Paul Cieslak, MD  
Tara Gregory, MS, FNP  
Laurie Murray-Snyder (phone – in place of Stacy Moritz, RN, MBA)  
Kecia Norling, RN  
Pat Preston, MS  
Angel Wynia

**MEMBERS EXCUSED:** Susan Mullaney  
Nancy O'Connor, RN, BSN, MBA, CIC  
Dana Selover, MD, MPH  
Dee Dee Vallier  
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC  
Bethany Walmsley, CPHQ, CPPS

**STAFF PRESENT:** Zintars Beldavs, MS, Healthcare-Associated Infections Program Manager  
Monika Samper, RN, Healthcare-Associated Infections Reporting Coordinator  
Ann Thomas, MD, MPH, Acute and Communicable Disease Medical Epidemiologist

**ISSUES HEARD:**

- Call to Order
- Approval of Minutes
- Review Oregon HAI Prevention Plan
- Standing Agenda: OPSC
- Standing Agenda: ASCs
- Standing Agenda: LTCFs
- Standing Agenda: Dialysis Centers
- Standing Agenda: Birthing Centers
- Update from Hospital Association
- Standing Agenda: Acumentra
- Standing Agenda: Public Health
- Discussion on Areas of Potential Collaboration

## DRAFT

- **Frequency of Meetings**
- **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 1:00 pm. There was a quorum.	
Approval of Minutes	The minutes for February 27, 2013 and April 24, 2013 meetings were unanimously approved.	
Review Oregon HAI Prevention Plan  Staff	<p>To gain a better understanding of the role of the committee, members at the April meeting requested for Oregon Public Health Division (OPHD) staff to review the Oregon HAI Prevention Plan at the next meeting. So, Monika Samper presented a synopsis of the plan and discussed obstacles preventing the committee from reaching some of the goals. The original document, dated December 2009, was developed by the Oregon Public Health Division, Oregon Health Policy and Research (OHPR), and the Oregon Patient Safety Commission. Derived from a federal grant application template, consisting of a list of choices and blank lines for selecting/filling in statewide objectives, the plan is very basic. Of particular interest is section 1, which details infrastructure planning for HAI surveillance, prevention, and control. Although most of the items under this section have been completed, implementation of some of the objectives has not been possible because the National Healthcare Safety Network (NHSN) system lacks the necessary functionality. The items that are incomplete include:</p> <ul style="list-style-type: none"> <li>• Integrate laboratory activities with HAI surveillance, prevention, and control efforts (page 4, Level I, item 3) – The CDC is gradually working toward upgrading NHSN, but this software application does not currently support outbreak investigations, provide health level 7 (HL7) messaging of lab results, or offer other related functions. However, OPHD has addressed the coordination of lab testing with HAI reduction endeavors in a recently published toolkit that provides guidance to labs and healthcare personnel for controlling CRE, a reportable HAI pathogen.</li> </ul>	Monika Samper will summarize the status of items in the HAI Prevention Plan and compose a list of future goals for the next meeting.

## DRAFT

Item	Discussion	Follow-Up
	<p>Note: Level I plans encompasses state activities that are being funded by the federal government.</p> <ul style="list-style-type: none"> <li>Facilitate use of standards-based formats by healthcare facilities for purposes of electronic reporting of HAI data (Level II ,item 5)</li> </ul> <p>Although some of the larger electronic medical record (EMR) vendors are working with NHSN to integrate laboratory activities through the electronic transfer of hospital EMR data directly into the NHSN system, currently infection preventionists must manually enter all information. It's not known whether EPIC, a healthcare software company with an EMR system used by most Oregon facilities, is collaborating with NHSN at this time. Therefore, OHPD is making an effort to establish a relationship with EPIC to encourage and facilitate the development of an interface with NHSN.</p> <p>The Oregon Public Health Division is investigating electronic laboratory reporting for multi-drug resistant organisms (MDROs). Creating a computerized method to identify MDROs and transmit the information to NHSN, though, is not an easy task. First, the transfer of data will be difficult because the structure of the database and content/format of fields will differ between the EMR and NHSN. Second, unlike many reportable infections, identifying an MDRO involves complex program code to select the correct organism. For example, CRE encompasses: 38 kinds of bacteria from the <i>Enterobacteriaceae</i> family that are non-susceptible to any carbapenem, resistant to 3<sup>rd</sup> generation cephalosporins, possess a gene sequence specific for cabapenemase, test positive for cabapenemase production, etc.</p> <p>After reviewing the State Plan, members decided that the document needed to be rewritten and reformatted to improve readability. A summary of the accomplishments and outstanding items for each goal would facilitate the development of future goals. A revised plan and a list of proposed objectives will be presented by the HAI program at the next meeting scheduled in September.</p>	
<p>Standing Agenda : OPSC Bethany Walmsley</p>	<p>Bethany Walmsley from the Oregon Patient Safety Commission was unable to attend the meeting today.</p>	

## DRAFT

Item	Discussion	Follow-Up
<p>Standing Agenda: ASCs</p> <p style="padding-left: 40px;">Kecia Norling</p>	<p>The approximately 100 ambulatory surgery centers (ASCs) in Oregon, of which about 83 are Medicare certified, have been ramping up their infection control and reporting efforts:</p> <ul style="list-style-type: none"> <li>• Oregon, Colorado, South Carolina, and some United Surgical Partners International centers are part of the Agency for Healthcare Research and Quality's (AHRQ) initiative to promote a culture of safety in ambulatory surgery centers through the implementation of AHRQ's surgical safety checklist. In addition to a focus on safety, the AHRQ program for ASCs also entails an HAI component, including training on evidence-based infections and reporting of surgical site infections. The surgical procedures that ASCs will gather infection data for have not yet been determined because HAI reporting is part of the pilot project and identifying appropriate procedures in a surgery setting is difficult.</li> <li>• The national Ambulatory Surgery Center Association (ASCA), which Ms. Norling is a board member of, just approved the funding for a registry, indicating a commitment at the national level. The association already has 6 quality measures sanctioned by the National Quality Forum that many centers are reporting online. Consequently, ASCA is now ready to fund the national registry and to truly begin data collection.</li> <li>• ASCs are now reporting data to CMS, including quality data G-codes on five outcome measures. On July 1, 2013, ASCs will begin submitting data for additional measures:             <ul style="list-style-type: none"> <li>○ ASC-6 – Does/did your facility use a safe surgery checklist based on accepted standards of practice during the designated period?</li> <li>○ ASC-7 – What was the aggregate count of selected surgical procedures per category?</li> </ul> </li> <li>• Centers will most likely report data to CDC via NHSN, once the ASC component is available.</li> </ul> <p>The Oregon Patient Safety Commission just released the 2012 ASC Annual Summary (available on their website), which provides an aggregate overview of reported adverse events. This document reveals a nice increase in reporting: the commission received 177 reports that included 180 events. Healthcare-associated infections (HAIs), totaling 31 or 17%, were the second most frequently reported adverse event type in 2012. Out</p>	

## DRAFT

Item	Discussion	Follow-Up
	<p>of the 31 HAIs, 16 were considered serious events (e.g., required a return to surgery, an admission to a hospital, etc.)--a detail not included in the report. Nonetheless, 31 HAIs is not a huge number. In particular, surgical site infections (SSIs) have been very low because historically the top three procedures--cataract extraction, upper GI endoscopy/biopsy, and colonoscopy—rarely have infections. While the data is favorable, the number of facilities not reporting to OPSC is unknown because participation is voluntary; only the fee is mandatory.</p> <p>Oregon is being swept up in national CMS reporting more quickly due to the efforts of OPSC. Willing to take on more than other states, Oregon ASCs are pushing for CMS to allow total joint replacements, a definitely reportable SSI, to be performed on Medicare patients in the ASC setting. This serious step demonstrates that Oregon is not afraid of providing data. The National Association is pressing for reporting from all states and Oregon is willing to comply.</p>	
<p>Standing Agenda: LTCFs</p> <p style="text-align: center;">Pat Preston</p>	<p>In the past 18 months, the long-term care industry has been very active:</p> <ul style="list-style-type: none"> <li>• Long-term care facilities (LTCFs) are partnering with two trade organizations that represent all nursing homes: the Oregon Healthcare Association and Leading Age. These organizations sponsored a daylong workshop, incorporating HAI materials, in 2012 and will offer another workshop on September 11, 2013.</li> <li>• The Oregon Patient Safety Commission developed an all-day workshop—scheduled in five cities from October 2012 through October 2013--for long-term care focused on HAIs and vaccination.</li> <li>• Payless, a long-term care pharmacy under the ownership of Moda Health (formerly ODS), presents all-day workshops with an HAI educational component.</li> <li>• The Oregon Public Health Division is working with corporations to identify outbreaks, not just transmission and colonization, but also clinically defined HAIs within a nursing home. As a result of one investigation, a corporate training webinar was produced on <i>Acinetobacter</i>.</li> <li>• CMS' latest release of the "National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination" on April 13, 2013 includes a new section specific to infection reduction in LTCFs.</li> </ul> <p>The three organisms that LTCFs routinely contend with are MRSA, <i>Clostridium difficile</i></p>	

## DRAFT

Item	Discussion	Follow-Up
	<p><i>(C. diff)</i>, and <i>Acinetobacter</i>. <i>C. diff</i>, a much more prevalent and transmissible organism than MRSA, is the biggest issue followed by <i>Acinetobacter</i>, an easily spread organism as evidenced by a small outbreak in Oregon. As a result of continually increasing high levels of morbidity, mortality and dollar cost, <i>C. diff</i>, and <i>Acinetobacter</i> should be targeted if the committee considers mandating the reporting of additional HAIs. If not deemed mandatory, LTCFs will be reluctant to disclose these cases. On the other hand, if punitive measures are employed when a facility reports an outbreak, a backlash may occur.</p> <p>In the case of norovirus outbreaks, local county health departments are now required to answer inquiries from news outlets and to contact the Oregon Health Authority, which leads to the public, family members, and state officials notifying CMS and OSHA. These agencies may then stop admissions and fine facilities. If carried over to HAIs, these disciplinary actions may cause reporting to diminish. Nevertheless, the role of the committee is to reduce HAIs by promoting transparency and mandating reporting, so members wondered how this problem might be solved. A staff member offered that Tom Eversole, the Administrator for the Center for Public Health Practice, would like to create a statewide work group, comprised of representatives from public health and long-term care facilities, to develop a plan to reduce the burden on nursing homes, patients, and public health agencies.</p> <p>An easy way for the committee to help, Pat Preston offered, would be to encourage inter-facility communication between hospitals and long-term care about any identified active infections or colonization of disease-producing organisms on discharge of a patient. LTCFs still admit patients with <i>C. diff</i>, MRSA, and other MDROs without any knowledge that the patient had been in isolation during their hospital stay. A statewide needs assessment survey sent to labs, hospital infection preventionists (IPs), and LTCFs by OHPD revealed that only 55% of IPs are aware of MDRO status on admission. To improve communication, Pat Preston would like the committee to endorse and drive the inter-facility transfer form published recently in the DROP-CRE toolkit by the Oregon Health Authority. Currently, hospitals and independent corporations are creating and using their own forms. One committee member liked the idea and agreed that a universal form was a worthwhile endeavor, but questioned whether it was within the purview of the committee. Perhaps, the committee might lend its voice or the</p>	

## DRAFT

Item	Discussion	Follow-Up
	endeavor might be incorporated into the Patient Safety Commission’s activities to reduce healthcare-acquired conditions.	
Standing Agenda: Dialysis Centers	The Northwest Dialysis Blood Stream Infection Prevention Collaborative, comprised of staff from The Oregon Patient Safety Commission, Northwest Renal Network, and Washington State Department of Health, are currently providing learning sessions to 28 dialysis centers in Oregon and Southwest Washington in an effort to reduce blood stream infections. After the last session in July, analysis of outcome data will hopefully offer definitive answers regarding the progress of the collaborative. An application has been submitted to extend the grant money received from the CDC to enable the collaborative to continue their endeavor through December 2013.	
Standing Agenda: Birthing Centers	Kecia Norling, a new board member of the Oregon Patient Safety Commission, informed the committee that the commission will not likely require birthing centers to report infections in 2014.	
Update from Hospital Association  Diane Waldo	Diane Waldo was unable to attend the meeting, so Bruce Bayley offered an update on the Oregon Association of Hospitals and Health Systems’ (OAHHS) recent activities. The association continues to be involved with the national Centers for Medicare and Medicaid Services (CMS) Partnership for Patients (PfP) initiative. To assist hospitals with improving safety, OAHHS has been providing statewide lean training, utilizing tools designed to increase efficiency and improve processes, to optimize healthcare delivery. Hospitals have been excited about participating in this training. In addition, Ms. Waldo has set up quarterly meetings for the 4 statewide healthcare engagement networks — HRET/ OAHHS, Intermountain Healthcare, Premier, and Washington State Hospital Association—to furnish hospitals with a forum to discuss their activities and goals and to provide a means to sustain the group and their efforts.	
Standing Agenda: Acumentra  Laurie Murray-Snyder	Acumentra is working with CMS on 3 healthcare-associated infections—catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI), and <i>Clostridium difficile</i> ( <i>C. diff</i> ) infections—and antimicrobial stewardship. <ul style="list-style-type: none"> <li>• CAUTIs – Data from eight hospitals currently reporting CAUTIs reveals a 7% relative improvement in infection rates in the first quarter of 2013 compared to the fourth quarter of 2012. However, this improvement is not necessarily indicative of a trend because rates fluctuate across quarters. Both nationally and in Oregon, CAUTI and device utilization</li> </ul>	

## DRAFT

Item	Discussion	Follow-Up
	<p>rates have remained about the same for the last three quarters. Oregon’s catheter days, though, have been 12.5% lower than national rates. Although overall rates have been steady, CMS is asking for a relative improvement rate of 25% for CAUTIs and 10% for catheter days by the end of July 2014.</p> <ul style="list-style-type: none"> <li>• <i>C. difficile</i> – Rates, of the six Oregon hospitals reporting <i>C. diff</i> data, have increased 4.2% from the fourth quarter of 2012 to the first quarter of 2013. CMS is requesting an 8% relative improvement rate by the end of July 2014 and Acumentra is asking for a 10% improvement (which was the original goal set by CMS, but 3 months ago the center reduced the improvement rate to 8% possibly because CMS did not perceive 10% as an achievable goal; Acumentra kept the 10% goal to provide an incentive for hospitals to improve infection rates).</li> <li>• SSIs – While CMS does not have an official goal, Acumentra is asking the 11 hospitals they’re working with for a relative improvement rate of 25% by the end of July 2014.</li> </ul>	
<p>Standing Agenda: Public Health Staff</p>	<p><u>State Report</u></p> <p>The Public Health Division has submitted the first rough draft of the state report of 2009-2012 reportable HAI infections to the publications department. The first 34 pages include an executive summary, the history of HAI reporting, the rationale for producing the report, and a summary of each individual mandated reporting measure. In the subsequent pages, infection statistics for each hospital will be presented in graph format; these are currently not available because the publications department has not yet finalized the data.</p> <p>New to the report, as discussed in previous committee meetings, is the use of the CDC standardized infection ratio (SIR). To accommodate the general public, on page 10, an explanation of the SIR—what the ratio means and how to interpret it--is explained in layman’s terms.</p> <p>The mandated measures section of the report show some interesting trends:</p>	

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	<ul style="list-style-type: none"><li>• Adult ICU CLABSIs (central line-associated blood stream infections) have continued to decrease. However, only CLABSIs reported by hospitals for 2009 have been validated by OHPD, so the actual number of infections may be slightly higher. The percentage of facilities that reported no infections remained the same from 2011 to 2012, but is still higher than figures reported in 2009 and 2010.</li><li>• CLABSIs in neonatal ICUs have increased from 9 in 2011 to 11 in 2012, but the number of hospitals reporting no infections almost doubled. Nonetheless, 2012 CLABSIs for Oregon NICUs are 42% lower than the national expected number of infections.</li><li>• Abdominal hysterectomy SSIs (surgical site infections) SIRs have dropped 4.5% from 2011 to 2012, and hospitals reporting no infections decreased 10% during the same time period. This improvement may be due to a reduction in number of abdominal hysterectomies performed: 3,694 in 2011 and 3,502 in 2012.</li><li>• Colon SSIs have remained relatively stable during the two-year data period.</li><li>• CBGB (coronary artery bypass graft) SSIs counts since 2009 have gradually decreased, and the percentage of facilities with no reported infections has gradually increased.</li><li>• Hip replacement infection data from 2011 to 2012 indicate that the number of SSIs fell slightly and the percentage of facilities reporting no infections rose.</li><li>• Knee replacement standardized infection ratios, which incorporate the number of procedures as part of the calculation, have been consistent during 2009-2012, but infection counts have increased somewhat with the growth in the number of knee replacements being performed.</li><li>• Laminectomy SSIs counts were similar for the 2 years of reported data: 67 infections in 2011 and 63 infections in 2012, but the percentage of facilities reporting no infections remained the same, 36%.</li></ul>	

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	<ul style="list-style-type: none"> <li>• <i>Clostridium difficile</i> infection measures are new this year consequently no comparative data is available. In 2012, hospitals reported 646 cases of <i>C. difficile</i>, which is 27% lower than the expected number based on the calculated SIR. On page 23, a chart shows a comparison between the rates of healthcare facility onset infections and community-onset healthcare facility-associated infections of <i>C. diff</i> per 1,000 patient days.</li> </ul> <p>Corrections and suggested modifications to the mandated measures section of the report included:</p> <ul style="list-style-type: none"> <li>• Page 17, figure 6 – change title from abdominal hysterectomy to colon</li> <li>• Page 20, knee replacement SSIs – add comment that the increase in infection counts is due to a growth in the number of procedures</li> <li>• Page 24 – remove SCIP-Inf-6 from list of Surgical Care Improvement Project measures tracked by Oregon</li> <li>• Page 25 - change graph heading from <i>Clostridium difficile</i> infections to Surgical Care Improvement Project</li> <li>• Page 26, figure 20 – Y axis headings and labels for chart symbols incorrectly specify infection counts and facilities reporting no infections. In actuality, the bars illustrate the percentage of healthcare workers vaccinated and the hexagon shapes represent the percentage of hospitals meeting or exceeding the 70% goal of vaccinated healthcare workers by 2015.</li> <li>• For each procedure, include the number of hospitals performing the procedure, total number of procedures, and the percentage of procedures resulting in an SSI.</li> </ul> <p>When reviewing the state report, the reader should be aware of two significant limitations: the data is self-reported by facilities and hospitals vary in their ability to detect HAI cases. For example, Kaiser, a closed system with both an inpatient and outpatient EMR, is able to obtain almost all of post-discharge</p>	

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	<p>surveillance of surgical procedures. In contrast, other hospitals may be limited to searching through inpatient readmission records for SSIs and asking surgeons to report SSIs treated in an outpatient setting. Nonetheless, a committee member commented, hospitals need to employ the highest standards of auditing to ensure quality data, and the committee needs to reinforce this message. Accurate and complete reporting is encouraged by the Oregon Public Health Division through audits of hospital medical records. A statewide validation of all 58 Hospitals required to report CLABSIs in 2009 was done in 2011 and a validation of all 14 hospitals required to report 2010 CABG-associated - SSI events was performed in 2012. Results from the CLABSI audit have been published, and data from the SSI audit will be made available once analysis has been completed.</p> <p>While good surveillance is desirable, reputations of healthcare facilities must be protected. Larger hospitals, particularly OHSU with the only burn unit in the state, treat patients at a higher risk for infections due to the nature, severity, and complexity of their conditions. The committee needs to advocate for these facilities by enumerating the variables that may affect the number of HAIs reported by a hospital.</p> <p><u>CRE Toolkit</u> OHPD recently published the “Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE)” toolkit. A meeting scheduled in September will focus on realistic and workable methods for encouraging healthcare facilities to follow these guidelines. One option, already implemented by one state, might be to mandate the transfer of information to appropriate healthcare and public health personnel</p>	
<p>Discussion on Areas of Potential Collaboration</p> <p style="text-align: center;">Staff</p>	<p>To facilitate further discussions regarding the objectives of the committee, OHPD will compile a list of suggestions for future goals, to be incorporated in the state plan, for September’s meeting. A finalized plan will provide a framework for members to work collaboratively toward the reaching objectives.</p>	
<p>Frequency of Meetings</p>	<p>In the last meeting, the committee discussed changing back to quarterly</p>	

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Staff	meetings, but no decision was reached. So, the change was put to a vote, and members approved quarterly meetings. The next meeting scheduled in August will be moved to September 25, 2013 from 1:00 pm to 3:00 pm.	
Public Comment / Adjourn	No public comments	

**Next meeting will be September 25, 2013, 1:00 pm to 3:00 pm, at the Portland State Office Building, Room 1C.**

Submitted By: Diane Roy

Reviewed By: Monika Samper  
Zintars Beldavs

## ***EXHIBIT SUMMARY***

- A – Agenda**
- B – February 27, 2013 Minutes**
- C – April 24, 2013 Minutes**
- D – Oregon HAI Prevention Plan**
- E - Draft of Healthcare Acquired Infections 2009-2012 Oregon Report**

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