HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE

September 24, 2014
1:00 pm to 3:00 pm

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

MEMBERS PRESENT: Ann Thomas, MD, MPH (in place of Paul Cieslak, MD)
Joan Maca
Laurie Murray-Snyder
Rachel Plotinsky, MD (phone)
Mary Shanks, RN, MSN, CIC
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC (phone)

MEMBERS EXCUSED: Kelli Coelho, RN, CNOR
Julia Fontanilla, RN, MN
Jill Freeman
Jon Furuno, PhD
Jamie Grebosky, MD
Csaba Mera, MD
Nancy O'Connor, RN, BSN, MBA, CIC
Pat Preston, MS (phone)
Dana Selover, MD, MPH
Dee Dee Vallier
Bethany Walmsley, CPHQ, CPPS

STAFF PRESENT: Kate Ellingson, PhD, Healthcare-Associated Infections Reporting Epidemiologist
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
Diane Roy (deg), Healthcare-Associated Infections Programmer

ISSUES HEARD:

- Call to Order
- Approval of Minutes
- HAIAC Items
- Annual HAI Report and CDC State Report
- New HAI Map
- Standing Agenda: Oregon Patient Safety Commission

- **Standing Agenda: Ambulatory Surgery Centers**
- **Standing Agenda: Long-Term Care Facilities**
- **Standing Agenda: Oregon Association of Hospital & Health Systems**
- **Standing Agenda: Acumentra**
- **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. Insufficient members were present to achieve a quorum.	
Approval of Minutes	Minutes for the June 25, 2014 meeting could not be approved without a quorum.	
HAIAC items: introduce new member, call for chairperson, introduce Kate Ellingson OHA Staff	New healthcare professional will be participating in the committee: • Mary Shanks, an infection preventionist with years of experience working in long-term care facilities and in hospitals within Legacy, Providence, and Kaiser healthcare systems, will serve in the role of a registered nurse with interest and involvement in infection control. New staff member at OHA responsible for 2014 HAI report and other reporting activities • Kate Ellingson, who worked at the CDC for seven years in the Division of Healthcare Quality Promotion, has accepted the position of HAI Reporting Epidemiologist with the Oregon Health Authority. Kate will be responsible for the HAI annual report and will be performing analyses for other HAI-related projects. Janet Sullivan has resigned from the committee, so a new chairperson is needed for a two-year commitment. OHA requested volunteers/nominations, but none of the attendees expressed an interest in the position or suggested candidates. Therefore, OHA will assume responsibility for finding a chairperson and will keep the committee apprised.	OHA will recruit a chairperson.
Annual HAI	The recently published *Health Care Acquired Infections 2009-2013 Oregon Report* is	OHA would like

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Report and CDC State Report OHA Staff	available online at: http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Documents/Reports/hai_report_2009_2013.pdf. Committee members offered these comments and suggestions: • Graphics are favorable, particularly the vertical SIR bar charts, containing a horizontal line to mark an SIR value of 1. • Charts that list all organizations for a particular facility type could be stratified, possibly by region, to improve readability. • Information meaningful to consumers, that is, how each infection type might affect a person's life, should be incorporated into the report. Examples include: average increase in hospital stay and overall mortality rate based on factors such as age and comorbidities. • Written report might be limited to a short, executive summary with simple graphics to convey basic information (e.g., color-coded up and down arrows to indicate how each hospital compares to the national baseline) supplemented by online tools, including the current interactive Oregon map, to drill down for more data. • HAI report could be produced quarterly--the original intent of the Oregon Administrative Rules/Revised Statues--to more accurately reflect changing infection rates, thereby smoothing out spikes over time. The increased workload placed on hospitals by quarterly reporting, however, might need to be offset by reducing data requirements. • Data in the report needs to be used, not only to inform consumers of facility infection rates, but to: o Analyze current trends to establish future objectives. o Identify hospitals with low infection rates to ascertain best practices. o Pinpoint facilities with high infection rates that might benefit from assistance. In addition to Oregon's annual report, CDC will be publishing an HAI progress report in December 2014, featuring a two-page graphic display of each state's 2013 summarized	feedback on CDC's graphic template for displaying summary data from committee members at the next meeting.

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	data. CDC's report for Oregon can be viewed on pages 8-9 of the meeting materials. OHA would like feedback on using this graphic template, including suggestions and comments on the content and design of the template, for summarizing facility data in the next annual report.	
New HAI Map OHA Staff	The new Healthcare-Associated Infections (HAI) interactive map can be accessed through the HAI website by either using the link provided in the meeting agenda or searching for "Oregon HAI Map" on the internet. Once on the main HAI webpage, select "HAI Publications and Maps", located at the top, left portion of the screen, to find links to the map and instructions for using the map. This new tool offers a wide range of information for hospitals with user-friendly graphics: • Explanation of each reportable infection type and Surgical Care Improvement Project (SCIP) measure. • Color-coded directional triangles to indicate: o How each hospital's rate compares to the national baseline for central line-associated blood stream infections (CLABSIs), surgical site infections (SSIs), and hospital-onset *Clostridium difficile* infections (HO-CDIs). o Each facility's percentage category (less than 50%, 50%-74%, etc.) for SCIP compliance and flu vaccination rates. • Bar charts that display 2013 rates for all or a subset of hospitals, allowing comparisons among facilities. Statistics offered include: o Standard infection ratio (SIR) for CLABSIs, SSIs, and CDIs. o Percent of patients who received appropriate care as defined by SCIP measure. o Percent of healthcare workers who obtained an influenza vaccination (reporting period is 2012-2013 flu season). • Graphs that show multiple years of statistics for a single hospital, thereby revealing trends over time. In addition to aforementioned data available for hospital comparisons, statistics for individual facilities encompass: o Number of central-line days and CLABSIs. o Rate of CLABSIs per 1000 central-line days.	

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	o Number of surgical procedures and SSIs. o Percent of surgical procedures resulting in SSIs. Meeting participants liked the interactive map and recommended advertising this tool to consumers through avenues such as trade organizations. To further serve the public, a member suggested linking each metric on the map, if the software permits, to the relevant section of the HAI annual report, allowing the user to easily access more detailed information.	
Standing Agenda: Oregon Patient Safety Commission Mary Post & Jessica Lenar	Collaborative efforts the Oregon Patient Safety Commission is spearheading include: • Two Oregon Stop UTI initiatives aimed at reducing UTI rates by improving nursing staff infection prevention skills and promoting a culture of safety: o AHRQ Long-Term Care Collaborative (September 2014 to October 2015) – is a national initiative comprised of 182 organizations within 9 states that offers a structured learning collaborative, with opportunities for participants to share experiences, through in-person meetings, webinars, and conference calls. The Oregon component has 19 nursing facilities enrolled from profit, nonprofit, church-associated, and government-hospital district organizations. o Portland Metro Collaborative Pilot (September 2014 to June 2015) - consists of healthcare professionals, from 11 of the 19 Portland area nursing homes participating in the Oregon AHRQ Long-Term Care Collaborative, whose mission is to pilot and implement the UTI-prevention tools. The geographic area of facilities participating in this collaborative has been limited to permit more onsite consultations and support. • The Oregon Regional MDRO Prevention Collaborative (August 2013 to July 2014) included diverse healthcare organizations, such as hospitals, nursing facilities, and emergency medical transport, from the North Coast, Linn-Benton, and South Coast regions. Participants track and report three monthly measures: o Facility-onset of CDI and MDROs – 21 CDI and 17 MDRO cases reported for 104,805 patient/resident days. o MDRO transfer form usage (documents patient MDRO colonization or	

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	infection status at time of inter-facility transfer) – 36.1% compliance rate overall for 1,641 patient transfers. o Hand hygiene adherence – 89.2% overall compliance rate for7,009 observations. A survey at comparing pre- and post-collaborative activities revealed: o Increased use of standard definitions to identify infections. o Statistically significant rise in written and verbal communications by the originating facility when transferring a patient in isolation or with an active/history of MDRO or CDI colonization or infection. o Considerable improvement in ability of facilities to implement MDRO and CDI surveillance, hand hygiene audits, patient isolation, and environmental cleaning. o Better surveillance for less common, high-risk MDROs including CRE-*Klebsiella,* CRE-*E.coli*, Cephalosporin-resistant *Klebsiella spp,* and multidrug-resistant *acinetobacter.*	
Standing Agenda: Ambulatory Surgery Centers Kelli Coelho	No updates.	
Standing Agenda: Long-Term Care Facilities Joan Maca	No updates.	
Standing Agenda: Oregon Assoc of Hospital & Health	No updates.	

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Systems Diane Waldo		
Standing Agenda: Acumentra Laurie Murray-Snyder	Beginning August 1, 2014, state Quality Improvement Organization (QIO) programs were grouped by CMS into regionalized Quality Innovation Networks (QINs) named QIN-QIOs. Formerly an Oregon QIO, Acumentra is now an affiliate of the HealthInsight Quality Innovation Network, a private, nonprofit community-based organization dedicated to improving healthcare. Nevada, New Mexico, and Utah are also part of the network. Although still performing the work of a QIO, Acumentra chose to act as a subcontractor, rather than become a bona fide QIO member of the HealthInsight network, in order to maintain autonomy. As a network affiliate, Acumentra's healthcare-associated infections component is focused on reducing central line-associated blood stream infections (CLABSIs), catheter-associated urinary tract infections (CAUTI), *Clostridium difficile* infections (CDI), and ventilator-associated events (VAE). Currently, Acumentra's efforts are centered on providing education to facilities on the National Healthcare Safety Network's (NHSN) healthcare-associated infection definitions.	
Public Comment / Adjourn	No public comments.	

Next meeting will be December 17, 1:00 pm to 3:00 pm, at the Portland State Office Building, Room 1A.

Submitted By: Diane Roy

Reviewed By: Kate Ellingson
Zintars Beldavs

EXHIBIT SUMMARY

A – Agenda
B – June 25, 2014 Minutes
C – CDC State Report
D – Healthcare Associated Infections Advisory Committee Report
E – Oregon Regional MDRO Prevention Collaboratives
G – QIO Program: Quality Innovation Network – Quality Improvement Organizations