

<b>HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE</b>
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**March 26, 2014  
2:00 pm to 4:00 pm**

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

**MEMBERS PRESENT:** Paul Cieslak, MD  
Julia Fontanilla, RN, MN  
Jon Furuno, PhD  
Tara Gregory, MS, FNP  
Csaba Mera, MD (phone)  
Laurie Murray-Snyder  
Rachel Plotinsky, MD (phone)  
Pat Preston, MS (phone)  
Janet Sullivan, RN  
Dee Dee Vallier  
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC (phone)  
Bethany Walmsley, CPHQ, CPPS

**MEMBERS EXCUSED:** Kelli Coelho, RN, CNOR  
Jill Freeman  
Jamie Grebosky, MD  
Joan Maca  
Nancy O'Connor, RN, BSN, MBA, CIC  
Dana Selover, MD, MPH

**STAFF PRESENT:** Dianna Appelgate, MS, MPH, CIC, CPHQ, Clinical 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

**ISSUES HEARD:**

- Call to Order
- Approval of Minutes
- Proposed Rule Changes: OAR 333-018
- Annual HAI Report
- Standing Agenda: Acumentra

- **Standing Agenda: Oregon Patient Safety Commission**
- **State Plan/HHS Goals**
- **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 2:00 pm. There was a quorum.	
Approval of Minutes	Minutes for the December 18, 2013 meeting were unanimously approved.	
Proposed Rule Changes: OAR 333-018  OHA Staff	<p>OAR 333-018, the Oregon Administrative Rules for reporting and public disclosure of healthcare-acquired infections (HAI), can be found in the meeting materials on pages 15-21. OHA is proposing changes to these rules, as advised by an attorney at the Department of Justice, to improve readability, clarify regulations, and align Oregon mandates with CMS reporting requirements (pages 22-32 show suggested modifications to present rules and pages 33-42 present the same document, but include comments in right margin). Proposed changes to Oregon HAI reporting mandates include:</p> <ol style="list-style-type: none"> <li>1. Expanded hospital locations for central line-associated blood stream infections (CLABSI):           <ul style="list-style-type: none"> <li>• <u>Current Version</u> CLABSI events in (non-specialty) medical, surgical, and combined medical/surgical ICUs are reportable.</li> <li>• <u>Proposed Version</u> <ul style="list-style-type: none"> <li>○ CLABSI events in all (specialty and non-specialty) adult, pediatric, and neonatal ICUs are reportable (effective immediately). Hospitals that report CLABSIs through NHSN to meet CMS reporting requirements may allow the authority</li> </ul> </li> </ul> </li> </ol>	

Item	Discussion	Follow-Up
	<p>to access this information in lieu of reporting directly to the Authority. This includes CLABSI data for all hospitals in specialty and non-specialty adult, pediatric, and neonatal ICUs back to 2011.</p> <ul style="list-style-type: none"> <li>○ Beginning January 1, 2015, CLABSI events in all adult and pediatric medical, surgical, and medical/surgical wards will be reportable.</li> </ul> <p>2. Expanded hospital locations for catheter-associated urinary tract infections (CAUTI):</p> <ul style="list-style-type: none"> <li>• <u>Current Version</u> CAUTI events in adult and pediatric ICUs are reportable (effective January 1, 2014).</li> <li>• <u>Proposed Version</u> Beginning January 1, 2015, CAUTI events in adult and pediatric medical, surgical, and medical/surgical wards will be reportable.</li> </ul> <p>3. Added reporting of inpatient rehabilitation facility (IRF) CAUTIs in adult and pediatric wards (effective January 1, 2014)</p> <p>4. Added submission by long term care facilities (LTCF) of Infection Prevention Program Survey within 30 days of receipt (surveys will be required in 2015).</p> <p>5. Language was added to rule stating that hospitals and inpatient rehabilitation facilities that report HAI information through NHSN in order to meet CMS reporting requirements, will permit the Authority to access data reported through NHSN dating back to when reporting was first required by CMS for all HAIs.</p> <p><i>(Note: Reporting of hospital MRSA bacteremia lab ID events (as of 2014) was crossed out in document presented to committee, but has been added back to final version.)</i></p>	

Item	Discussion	Follow-Up
	A public hearing will take place in May 2014 to provide an opportunity for the public to make suggestions and voice objections.	
Annual HAI Report  OHA Staff	<p>OHA staff, in conjunction with the HAI report subcommittee, devised a rough draft of the 2009-2013 HAI Annual Report formulated to meet the needs of a diverse audience (refer to pages 43-61 in meeting materials). For the final report, OHA staff plan to:</p> <ul style="list-style-type: none"> <li>• Add a detailed technical explanation of the standard infection ratio (SIR), a statistical calculation developed by the CDC, in the appendices.</li> <li>• Include text to describe Oregon’s 2013 SCIP data displayed in subsequent charts (page 50).</li> <li>• Indicate which hospitals are meeting Healthy People targets for employee vaccination rates established in previous years and for 2015 (page 53).</li> </ul> <p>Comments and suggestions made by committee members/guests included:</p> <ul style="list-style-type: none"> <li>• Add comments/notes about SIR: <ul style="list-style-type: none"> <li>○ Explain SIR has replaced percentages for measuring outcomes and refer reader to appropriate appendix for more information.</li> <li>○ Elucidate SIR is an average, not a benchmark, so hospitals should set their goals well above this ratio.</li> </ul> </li> <li>• Use dashboard to facilitate comprehension of data, employing terms such as better, same, worse for comparing facilities.</li> <li>• Include information about community onset for <i>Clostridium difficile</i> (CDI) (page 55). (Note: OHA does not have data for community-associated cases, but can provide statistics on healthcare-associated community onset and healthcare-associated hospital onset cases.)</li> <li>• Sort hospitals alphabetically in CLABSI table containing expected number, observed number, and SIR (page 57) and use symbols rather than color-coded circles if report will be printed in black and white.</li> </ul>	

Item	Discussion	Follow-Up
	<ul style="list-style-type: none"> <li>• Add footnote to list of hospitals exempt from reporting (page 58) to refer reader back to “Methods” section for further information about exemptions.</li> </ul>	
<p>Standing Agenda: Acumentra</p> <p>Laurie Murray-Snyder</p>	<p>Laurie Murray-Snyder provided a brief overview of current activities:</p> <ul style="list-style-type: none"> <li>• Recent results for facilities participating in the Oregon HAI Prevention Coalition show an SIR of 1.0 for 2 types of HAIs: <ul style="list-style-type: none"> <li>○ 8 hospitals targeting catheter-associated urinary tract infections (CAUTI)</li> <li>○ 6 hospitals striving to reduce <i>Clostridium difficile</i> (CDI)</li> </ul> </li> <li>• Facilities must sign up by May 1, 2014 for CDC’s QualityNet Secure Portal and submit all data through this portal beginning July 1, 2014. Surprisingly, the registration process, which hospitals are very unhappy with, requires disclosure of personal information, including detailed questions about an applicant’s credit history.</li> </ul>	
<p>Standing Agenda: Oregon Patient Safety Commission</p> <p>Jessica Lenar</p>	<p>The Oregon Patient Safety Commission has been working on multiple collaborative HAI prevention projects funded by federal/state grants. Analysis of these projects, for which final data is available, reveal that the commission’s efforts have been very successful (for details refer to pages 62-85 of meeting materials). Collaborative endeavors include:</p> <ul style="list-style-type: none"> <li>• NW Dialysis BSI Prevention Collaborative – data showed a significant drop in the average rate of infections between the pre-intervention baseline period of January-October 2012 and post-intervention time frame of November 2012-December 2013: <ul style="list-style-type: none"> <li>○ 0.34 reduction in average rate (per 100 patient months) of access-related blood stream infections</li> <li>○ 0.41 reduction in average rate (per 100 patient months) of hospitalizations</li> </ul> </li> <li>• Antimicrobial Stewardship Initiative - preliminary analysis has led the commission to suspect a decrease in both broad spectrum and overall</li> </ul>	

Item	Discussion	Follow-Up
	<p>antimicrobial usage.</p> <ul style="list-style-type: none"> <li>• Oregon Regional MDRO Prevention Collaborative – data is currently being collected for: hand hygiene compliance, transfer form usage, and rates of facility onset of multidrug-resistant organisms (MDRO) and <i>Clostridium difficile</i> (CDI); no final data is available yet.</li> <li>• MDRO Infection Prevention Assessment and Support – in partnership with the DROP-CRE Network, targeted infection prevention support is being offered to facilities with active MDROs.</li> <li>• Infection Prevention Training and Education – offer online ambulatory surgery center toolkit, creating online long term care facility toolkit (available this summer), and provide trainings on topics such as preventing infections, stopping transmission of Norovirus and tuberculosis, and strategies for influenza vaccination of residents/healthcare personnel.</li> </ul>	
<p>Infection Prevention Program Survey</p> <p>Jessica Lenar</p>	<p>The Oregon Patient Safety Commission in conjunction with OHA has been working on the annual Infection Prevention Program Survey mandated for long term care facilities in the proposed OAR 333-018, which will integrate the two questionnaires on pages 88-91 of the meeting materials. This survey will be used beginning in 2015 to collect data on practices in LTCFs to determine through pre and post assessments whether collaborative interventions are having an impact. To facilitate crafting of the form, a subcommittee was established consisting of Mary Post, Jon Furuno, Pat Preston, and Zints Beldavs. In response to a committee member’s recommendation, Jessica Lenar will compile suggestions for scenarios that might be added to the survey for the subcommittee to review.</p>	
<p>State Plan/HHS Goals</p> <p>OHA Staff</p>	<p>OHA is developing a new Oregon HAI Prevention Plan that will incorporate the US Department of Health and Human Services’ Healthy People 2020 goals for 8 HAI metrics. A rough draft of information the plan will contain (format has not been finalized) can be viewed on pages 92-94 of the meeting materials.</p>	

Item	Discussion	Follow-Up
	<p>Information gathered for this report will be employed to identify areas in need of intervention and to establish objectives for the state HAI plan. Data, illustrated through charts/graphs, show a variety of measures for each metric:</p> <ul style="list-style-type: none"> <li>• 2020 HHS target for SIR and whether Oregon met this goal in 2013</li> <li>• Percentage SIR changed between first year data reported and 2013</li> <li>• Projection of 2020 Oregon SIR based on 2013 data and whether this predicted value will meet the HHS target.</li> </ul>	
Public Comment / Adjourn	No public comments	

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

Submitted By: Diane Roy

Reviewed By: Dianna Appelgate  
Zintars Beldavs

***EXHIBIT SUMMARY***

**A – Agenda**

**B – December 18, 2013**

**C – Oregon Administrative Rules 333-018**

**D – Sample Annual HAI Report**

**E – Oregon Patient Safety Commission Grant Updates**

**F – MDRO Nursing Home Qualitative Questions**

**G – Infection Prevention Program Survey**

**H – HHS 2020 HAI Targets**

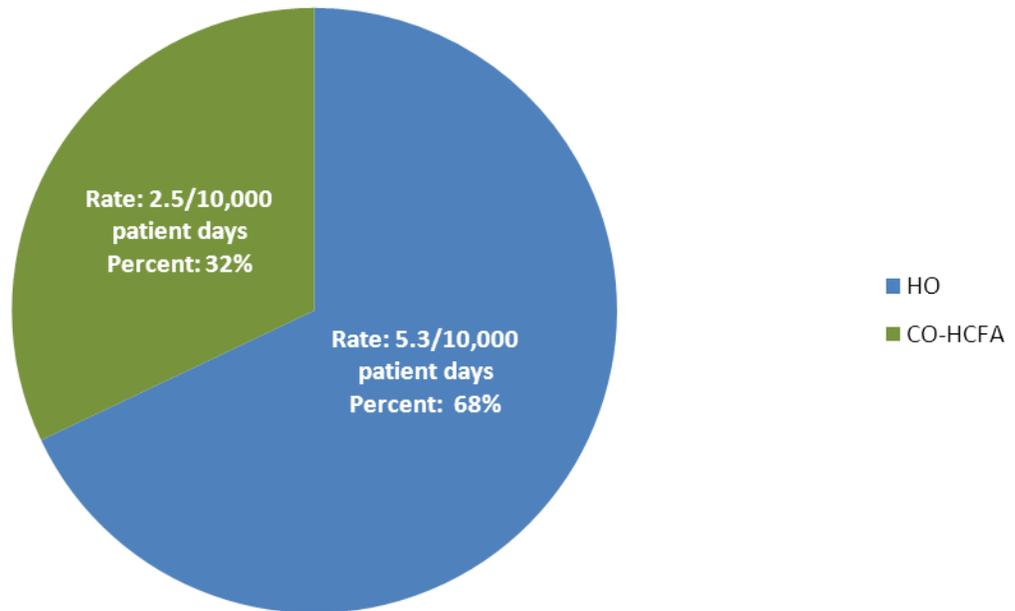
## Follow-up items:

Presenter: Dianna Appelgate (1:10-1:20)

1. *C. difficile* data: **(Q: Do we want to include CO-HCFA rates in 2014 report?)**
  - a. OHA has access to HO and CO-HCFA CDI data for hospitals. Reports HO CDI only.
  - b. CMS reports HO-CDI provided from NHSN.
    - i. “Although the metric reported to CMS will be a HO SIR, the community-onset (CO) events and admission prevalence of a hospital will play an important role in risk adjustment.”

<http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-CDI-Guidance.pdf>

### Percent of healthcare-onset (HO) and community-onset healthcare facility associated (CO-HCFA) *C. difficile* labID events for Oregon Hospitals



## New items:

Presenter: Dianna Appelgate (2:20-2:30)

1. Mandatory LTCF IP Survey (**Q: What do we want to include in the survey?**)
  - a. Handouts:
    - i. NHSN Annual Survey
  - b. Other questionnaires examined for additional questions
    - i. OPSC Infection Prevention Program Survey
    - ii. CDC LTCF Baseline Prevention Practices Assessment Tool
    - iii. Oregon MDRO Surveillance and Response Network LTCF Needs Assessment
  - c. Items in surveys listed in (b)(i-iii) that are missing from the NHSN Annual Survey

Subcategory	Specific
Abx stewardship	Review of antibiotic prescribing
Barriers to progress	Barriers to infection prevention practices
Department challenges	Identify departments with the greatest infection prevention challenges
Employee Health	Employee Health documentation/policies of immunizations, PPD, etc.
External sources of information	APIC, SHEA, CDC, etc.
Financial resources	Resources for IC education and training
IC	IC credentials, history, training, experience
IC - consultant	Personnel in charge of IC
Interfacility communication	Interfacility communication policies for MDRO, isolation, etc.
MDRO Challenges	The HAIs that present the greatest challenge for facilities
MDRO Management	MDRO policies in place for precautions, cohorting, bathroom sharing, etc.
Micro awareness	Awareness of CRE
Micro communication	Laboratory communication of resident test results to facility
Micro testing	Types of micro testing
Micro types of specimens	Types of specimens collected on admit for surveillance
Policy	IC policy creation and adherence
Surveillance	HAI surveillance including denominator values
Training/Education	Training and education available for IC staff

Presenter: Jennifer Zeck (2:40-2:50)

1. LAM inpatient/outpatient reporting (**Q: Do we want to include outpatient rates of LAM SSI in the 2014 report?**)
  - a. LAM Surveillance: occurs in any inpatient and/or outpatient setting where the selected NHSN operative procedure(s) are performed.
  - b. NHSN response: If you would like access to outpatient data, your facility administrator can edit the template to include it. The member facilities would have to accept the revision before these data would be visible to you at the group level.
2. Example: Good Samaritan Regional Medical Center (2013)

SIR for inpatient LAM procedures only 231 procedures	SIR for inpatient & outpatient LAM procedures 440 procedures
3 observed ÷ 2.46 expected = <b>1.22</b> , CI (0.31-3.3)	4 observed ÷ 4.23 expected = <b>0.97</b> , CI (0.3-2.3)

# Oregon Annual HAI Report - 2013

Report created by:

Dianna Appelgate, Clinical Epidemiologist

Report created for:

Healthcare-Associated Infections Advisory Committee



(Enter) DEPARTMENT (ALL CAPS)

(Enter) Division or Office (Mixed Case)

# Oregon HAI Annual Report – What's inside

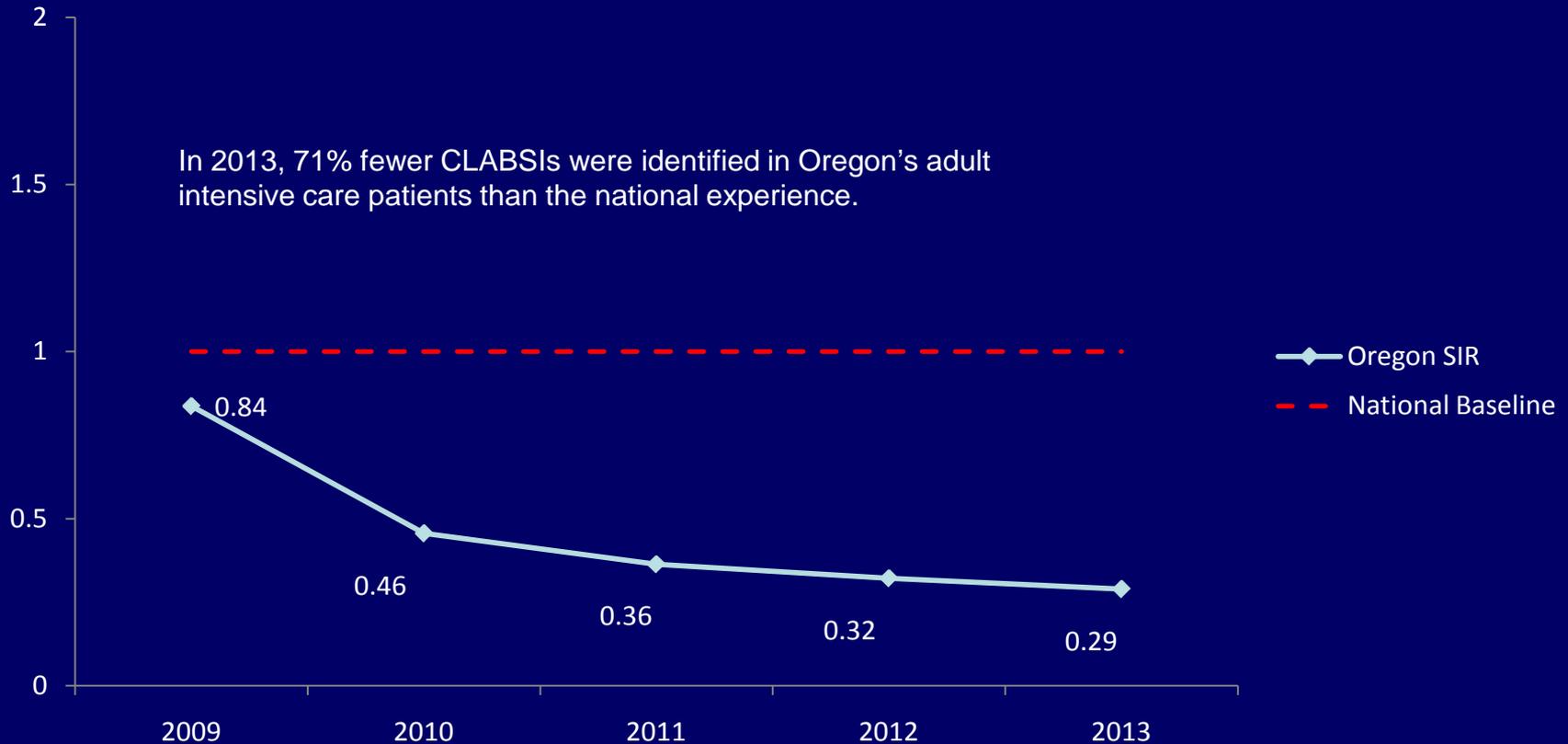
## Outcome measures:

- CLABSI – adult and neonatal ICUs
- SSI – CBGB, COLO, HPRO, HYST, KPRO, LAM
- *C. difficile* LabID events
- Dialysis events – BSI & BSIs related to vascular access

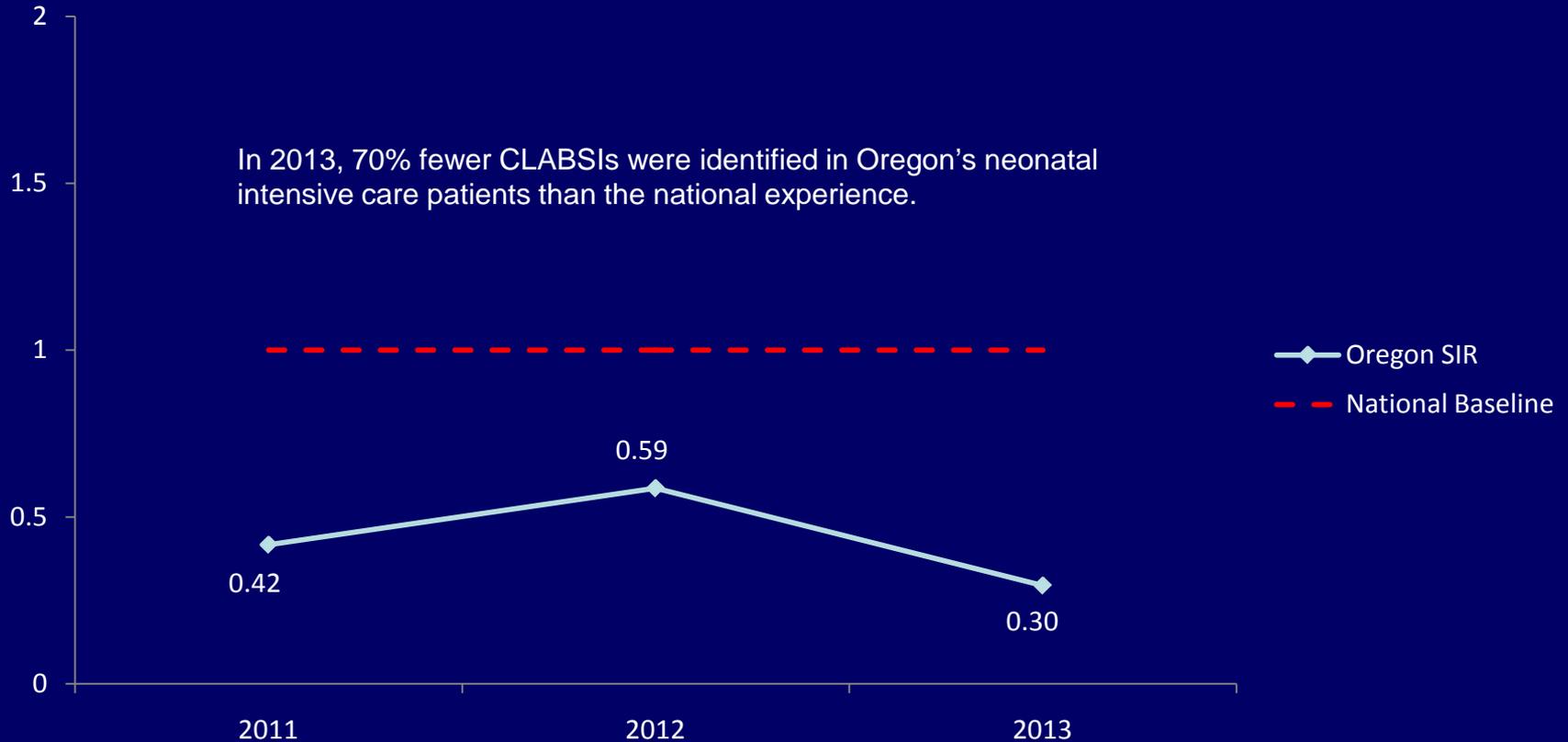
## Process measures:

- Healthcare worker influenza vaccination rates
- All hospital SCIP measures

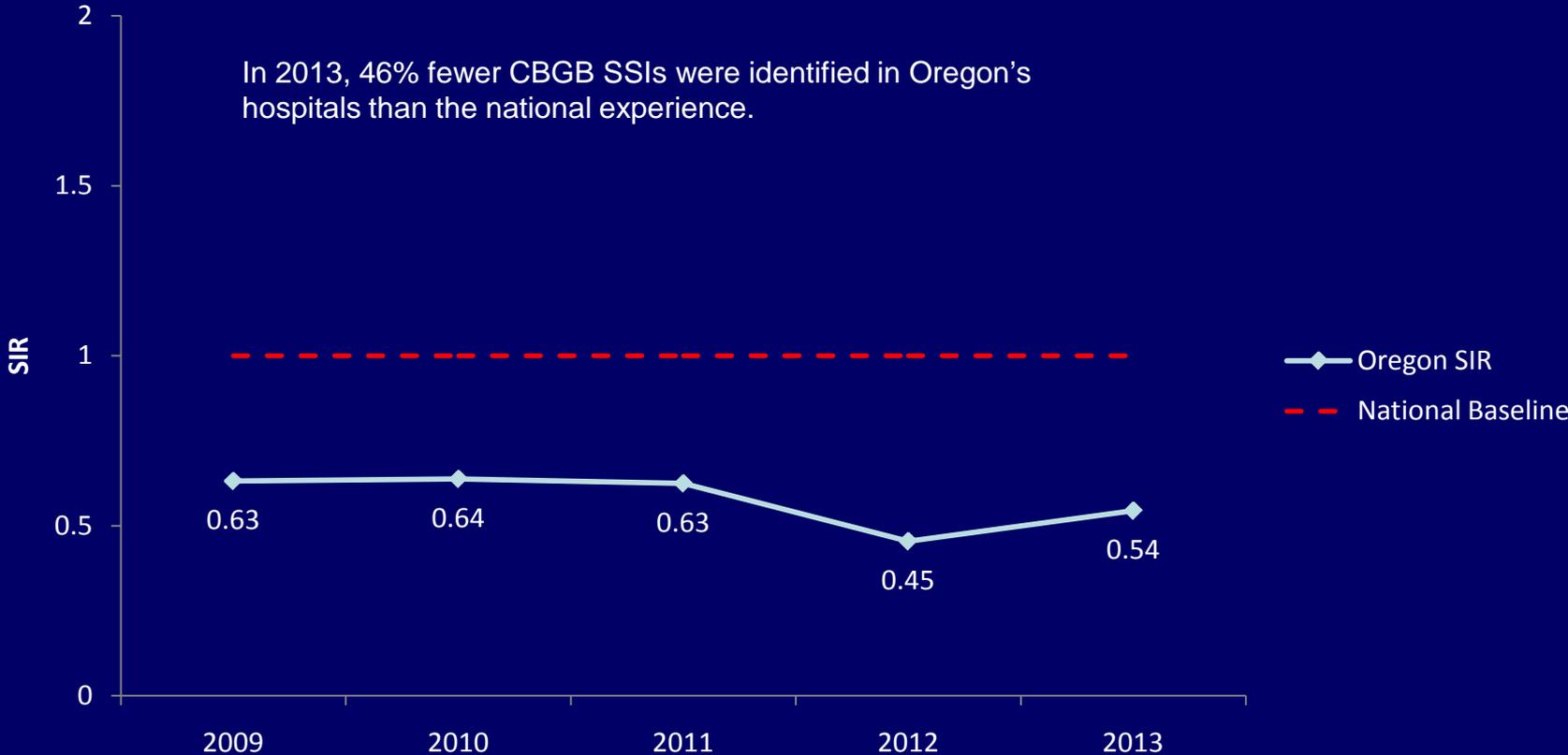
# Central line-associated bloodstream infections Adult ICU SIR 2009-2013



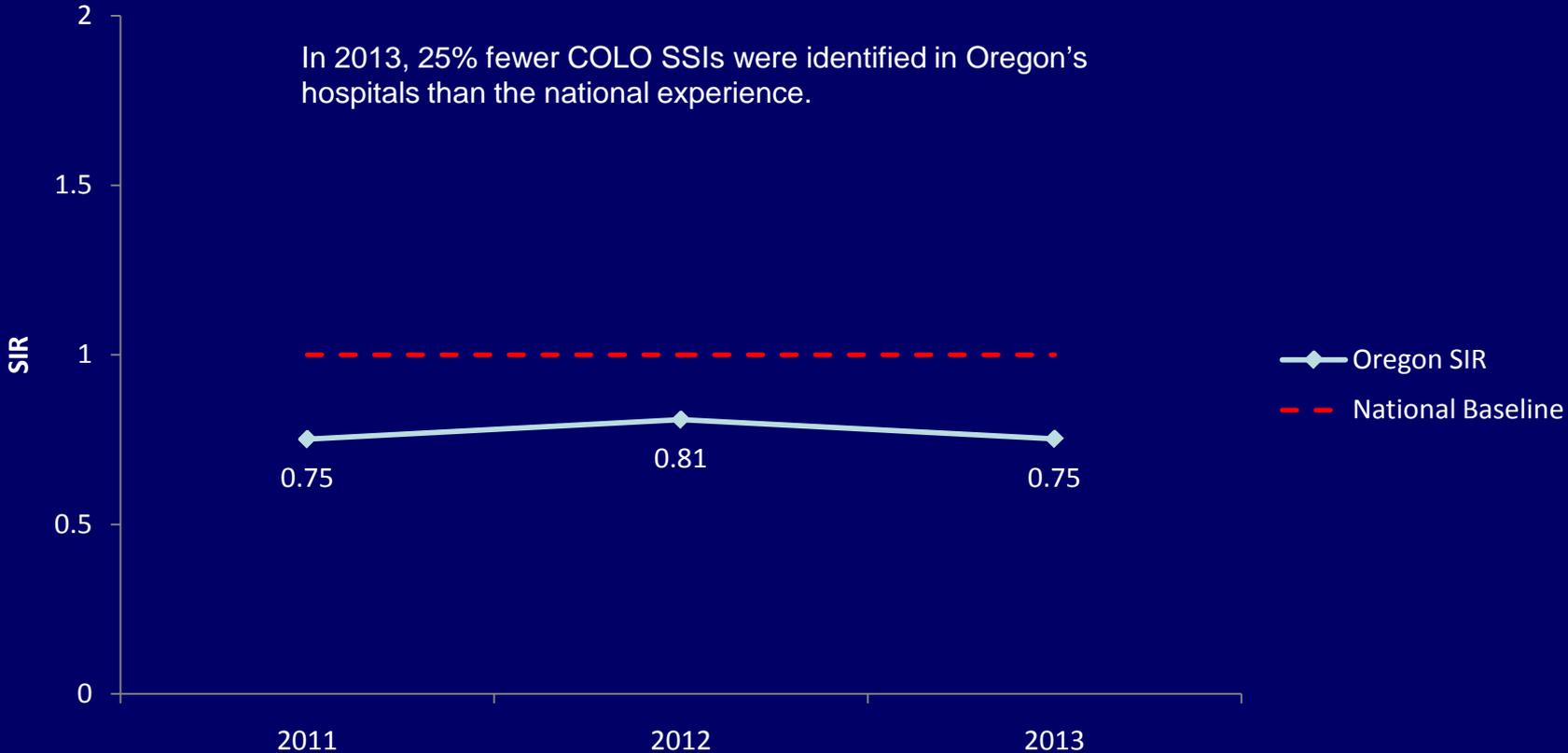
# Central line-associated bloodstream infections NICU SIR 2011-2013



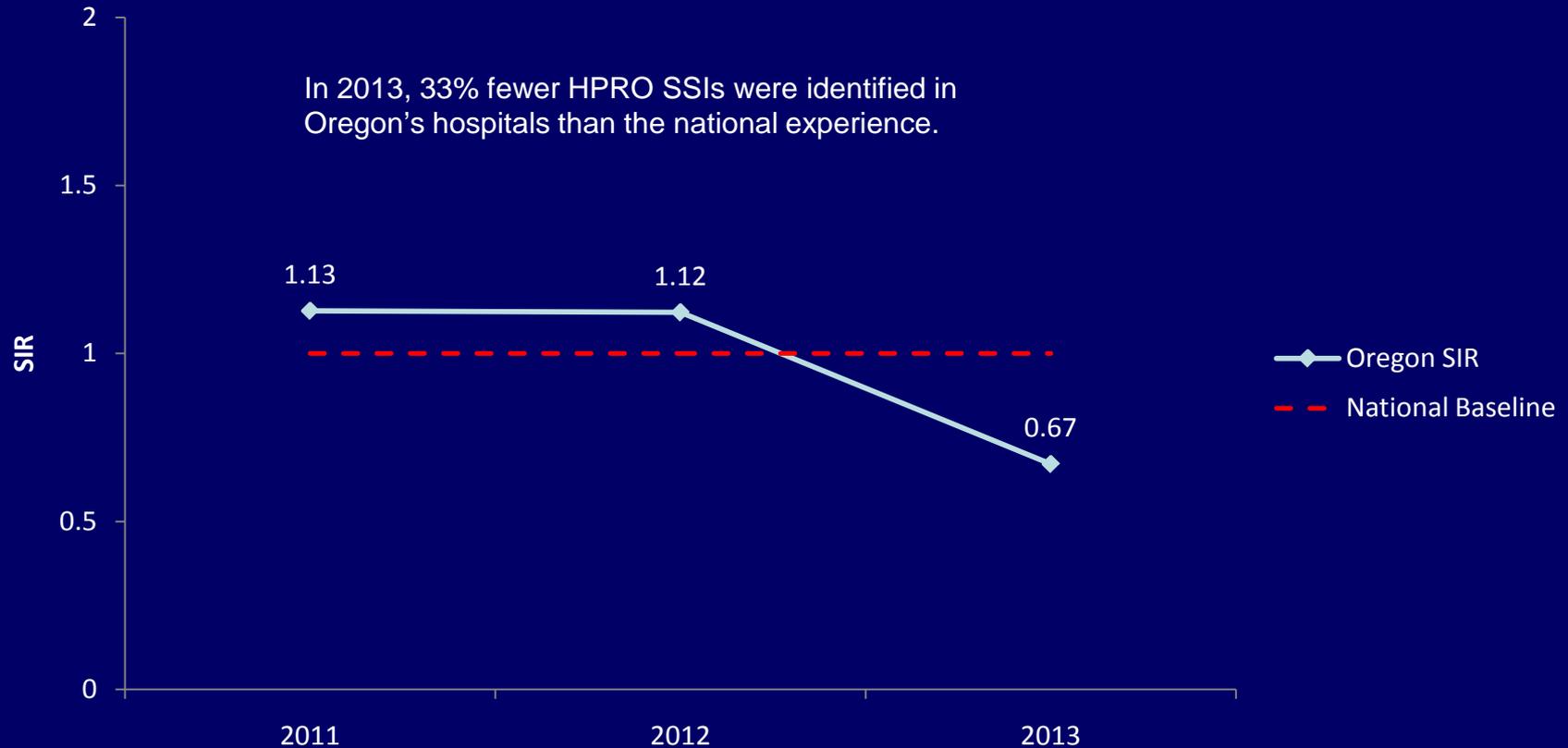
# SSIs – CBGB SIR 2009-2013



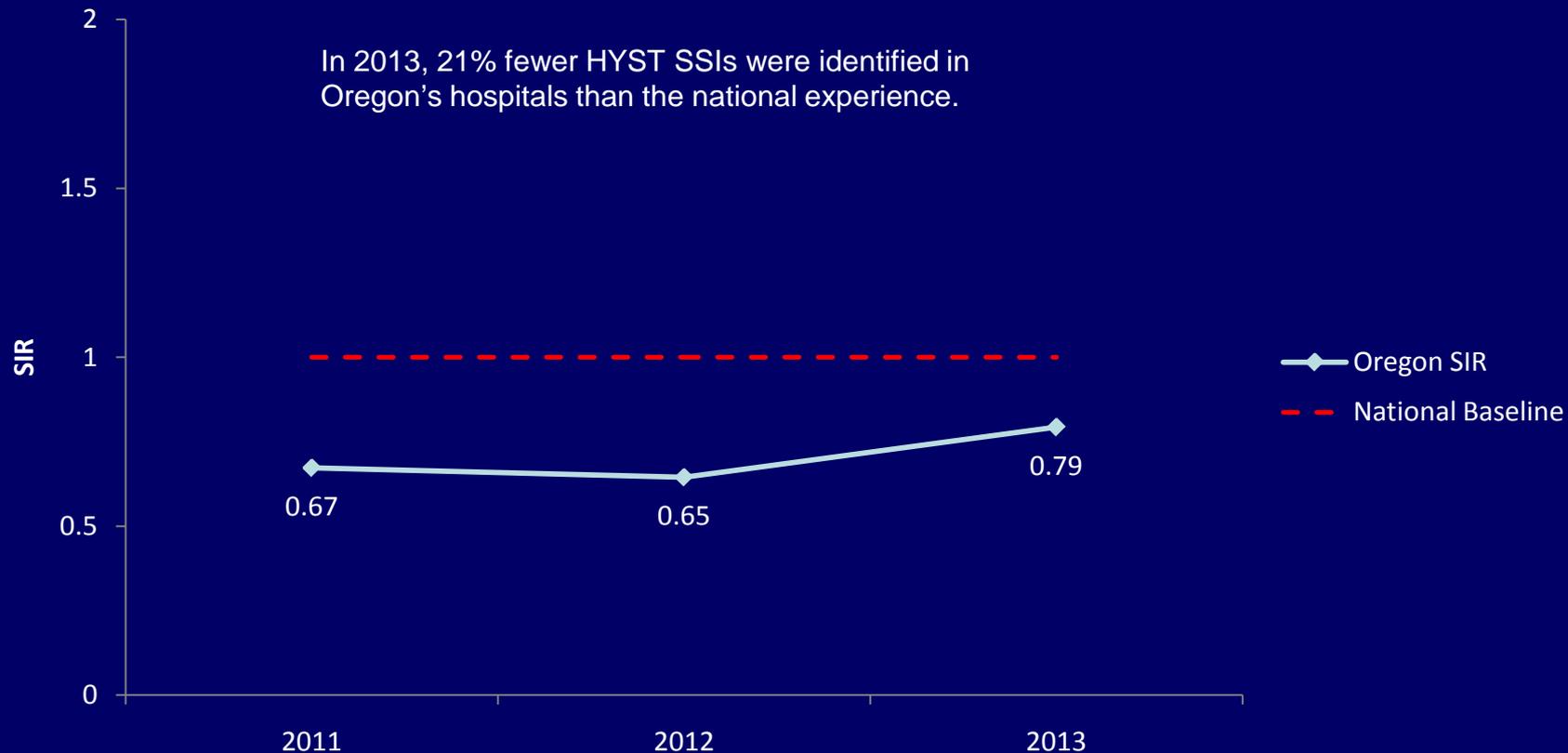
# SSIs – COLO SIR 2011-2013



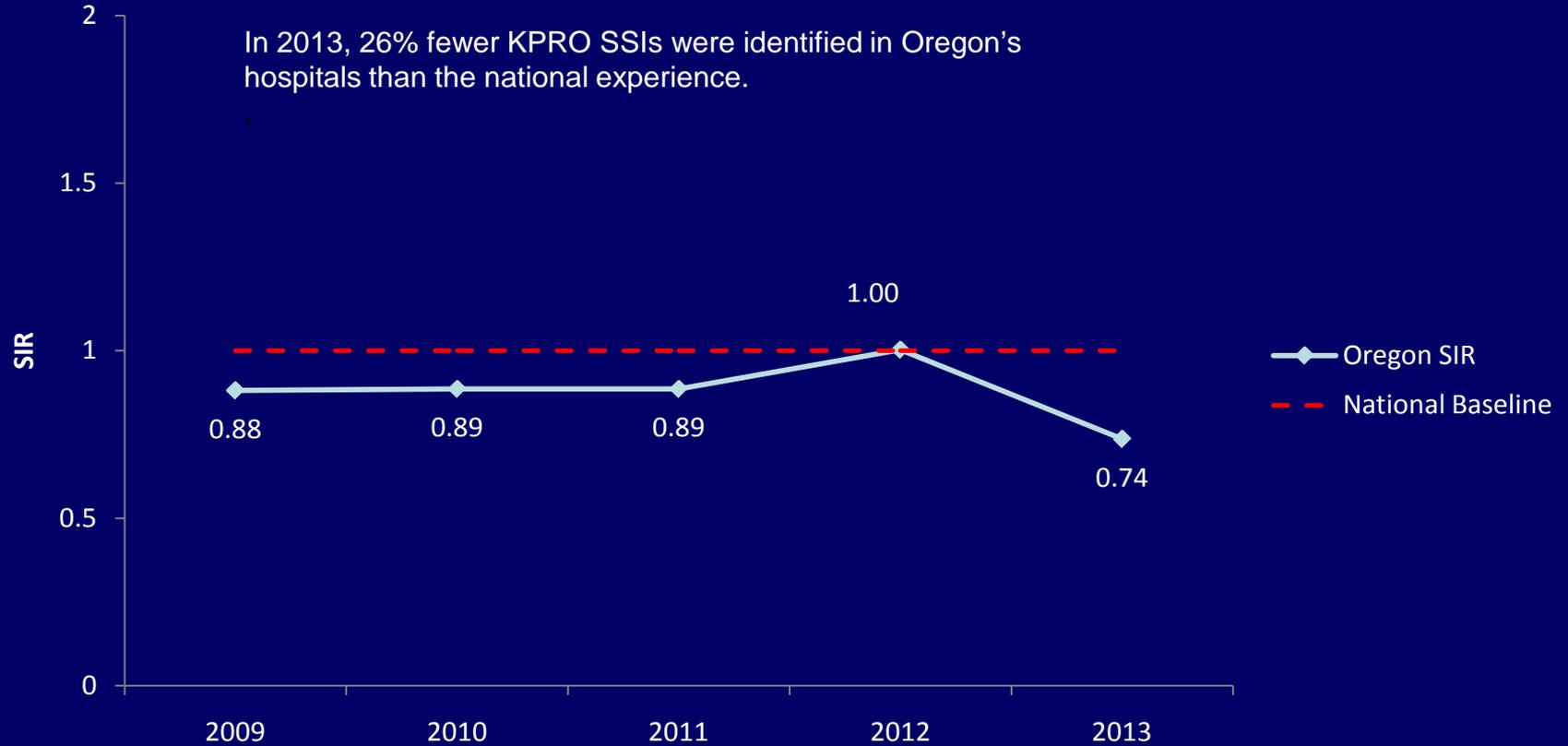
# SSIs – HPRO SIR 2011-2013



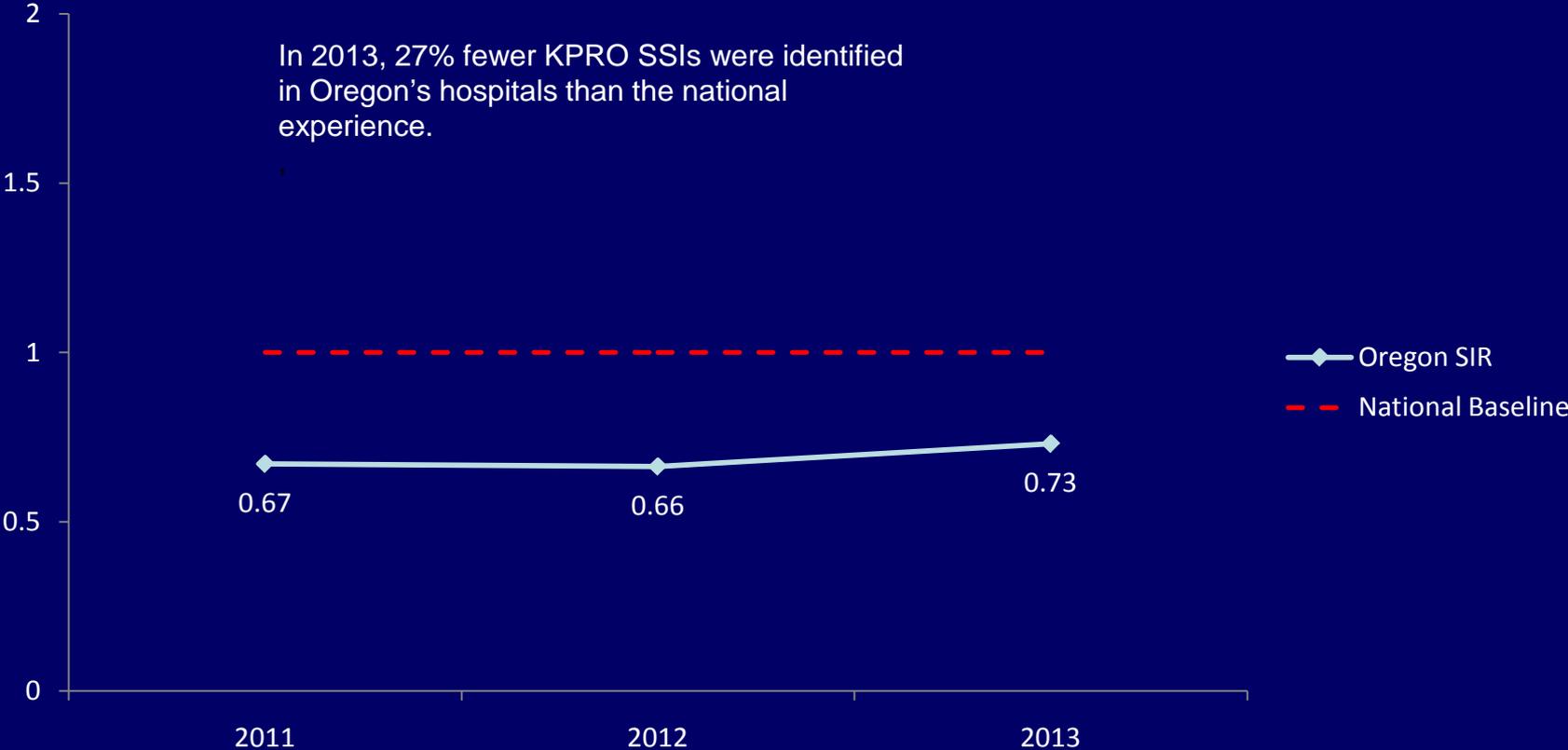
# SSIs – HYST SIR 2011-2013



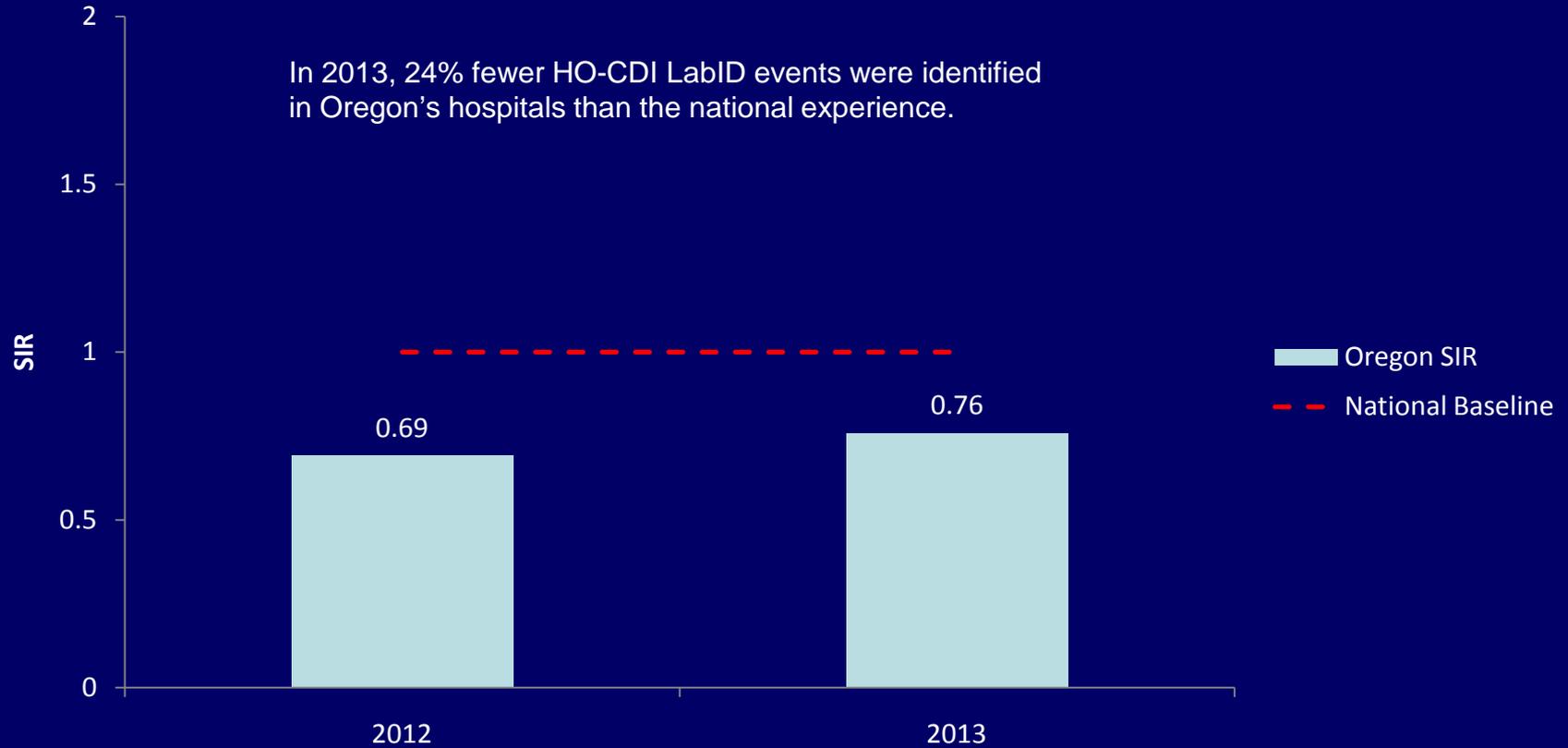
# SSIs – KPRO SIR 2009-2013



# SSIs – LAM SIR 2011-2013



# HO-CDI LabID



# Dialysis Events - 2013

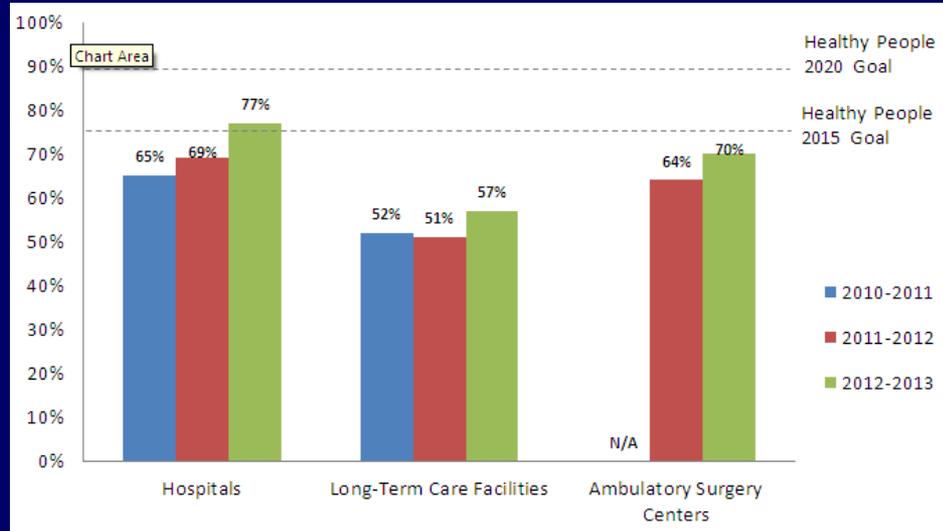
Bloodstream infection measure definition: Any positive blood culture

	<u>Blood stream infections</u>				Above ▲ or Below ▼
	Infections	Patient months	Facility pooled mean	NHSN pooled mean	
<b>Fistula</b>	60	23690	0.25	0.48	▼
<b>Graft</b>	23	4833	0.48	0.88	▼
<b>Tunneled Central Line</b>	87	6081	1.43	3.24	▼
<b>Nontunneled Central Line</b>	1	60	1.67	2.78	▼

Access-related bloodstream infection measure definition: Positive blood culture with the suspected source reported as the vascular access or uncertain

	<u>Access-related blood stream infections</u>				Above ▲ or Below ▼
	Infections	Patient months	Facility pooled mean	NHSN pooled mean	
<b>Fistula</b>	33	23690	0.14	0.23	▼
<b>Graft</b>	16	4833	0.33	0.51	▼
<b>Tunneled Central Line</b>	80	6081	1.32	2.55	▼
<b>Nontunneled Central Line</b>	1	60	1.67	2.18	▼

# Influenza Vaccination - 2013



Facilities (2013)	Received influenza vaccination	Total healthcare employees	%
Hospital	61405	87771	70%
Free-Standing Ambulatory Surgical Center	3065	4650	66%
Long-Term Care Facility	8292	15469	54%

# SCIP Process Measures - 2013

All Oregon SCIP percent compliance increased in 2013

	<b>Percent Compliance</b>
SCIP 1	97.7%
SCIP 2	98.9%
SCIP 3	97.6%
SCIP 4	97.1%
SCIP 9	96.4%
SCIP 10	99.8%

# Oregon HAI Annual Report – Executive Summary

- Overall, Oregon performed better than the national baseline for:
  - CLABSI – adult and neonatal ICUs
  - SSI – CBGB, COLO, HPRO, HYST, KPRO, LAM
  - *C. difficile* LabID events
  - Dialysis events – BSI & BSIs related to vascular access
- Healthcare worker influenza vaccination rates increase by 8% for all facilities
- All hospital SCIP measures showed above 95 % compliance
- Oregon has an average of 1 FTE IP per 110 hospital beds



## Long Term Care Facility Component—Annual Facility Survey

Page 1 of 2

*required for saving	Tracking #:	
Facility ID:	*Survey Year:	
*National Provider ID:	State Provider #:	
<b>Facility Characteristics</b>		
*Ownership (check one):		
<input type="checkbox"/> For profit <input type="checkbox"/> Not for profit, including church <input type="checkbox"/> Government (not VA) <input type="checkbox"/> Veterans Affairs		
*Certification (check one):		
<input type="checkbox"/> Dual Medicare/Medicaid <input type="checkbox"/> Medicare only <input type="checkbox"/> Medicaid only <input type="checkbox"/> State only		
*Affiliation (check one):		
<input type="checkbox"/> Independent, free-standing <input type="checkbox"/> Independent, continuing care retirement community <input type="checkbox"/> Multi-facility organization (chain) <input type="checkbox"/> Hospital system, attached <input type="checkbox"/> Hospital system, free-standing		
<i>In the previous calendar year:</i>		
*Average daily census: _____		
*Total number of short-stay residents: _____      Average length of stay for short-stay residents: _____		
*Total number of long-stay residents: _____      Average length of stay for long-stay residents: _____		
*Total number of new admissions: _____		
*Number of Beds: _____      *Number of Pediatric Beds (age <21): _____		
*Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion):		
<u>Primary Service Type</u>	<u>Service provided?</u>	<u>Number of residents</u>
a. Long-term general nursing:	<input type="checkbox"/>	_____
b. Long-term dementia:	<input type="checkbox"/>	_____
c. Skilled nursing/Short-term (subacute) rehabilitation:	<input type="checkbox"/>	_____
d. Long-term psychiatric (non dementia):	<input type="checkbox"/>	_____
e. Ventilator:	<input type="checkbox"/>	_____
f. Bariatric:	<input type="checkbox"/>	_____
g. Hospice/Palliative:	<input type="checkbox"/>	_____
h. Other:	<input type="checkbox"/>	_____
<b>Infection Control Practices</b>		
*Total staff hours per week dedicated to infection control activity in facility: _____		
a. Total hours per week performing surveillance: _____		
b. Total hours per week for infection control activities other than surveillance: _____		
<i>Continued &gt;&gt;</i>		
<p>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</p> <p>Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).</p> <p>CDC 57.137 (Front) Rev 2 v7.1</p>		



## Long Term Care Facility Component—Annual Facility Survey

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### Facility Microbiology Laboratory Practices

\*1. Does your facility have its own laboratory that performs microbiology/antimicrobial susceptibility testing?

- Yes       No

If No, where is your facility's antimicrobial susceptibility testing performed? (check one)

- Affiliated medical center, within same health system       Medical center, contracted locally  
 Commercial referral laboratory       Other (specify): \_\_\_\_\_

\*2. Indicate whether your facility screens new admissions for any of the following multidrug-resistant organisms: (check all that apply)

- We do not screen new admissions for MDROs
- Methicillin-resistant *Staphylococcus aureus* (MRSA)  
 If checked, indicate the specimen types sent for screening: (check all that apply)  
 Nasal swabs     Wound swabs     Sputum     Other skin site
- Vancomycin-resistant *Enterococcus* (VRE)  
 If checked, indicate the specimen types sent for screening: (check all that apply)  
 Rectal swabs     Wound swabs     Urine
- Multidrug-resistant gram-negative rods (includes carbapenemase resistant Enterobacteriaceae; multidrug-resistant *Acinetobacter*, etc.)  
 If checked, indicate the specimen types sent for screening: (check all that apply)  
 Rectal swabs     Wound swabs     Sputum     Urine

\*3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

- Enzyme immunoassay (EIA) for toxin       GDH plus NAAT (2-step algorithm)
- Cell cytotoxicity neutralization assay       GDH plus EIA for toxin, followed by NAAT for discrepant results
- Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)       Toxigenic culture (*C. difficile* culture followed by detection of toxins)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)       Other (specify): \_\_\_\_\_

("Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory, refer to the Tables of Instructions for this form, or conduct a search for further guidance on selecting the correct option to report.)

### Electronic Health Record Utilization

\*Indicate whether any of the following are available in an electronic health record (check all that apply):

- Microbiology lab culture and antimicrobial susceptibility results       Medication orders
- Medication administration record       Resident vital signs
- Resident admission notes       Resident progress notes
- Resident transfer or discharge notes       None of the above

## GSRMC 2013 LAM Comparison

## Inpatient and Outpatient Cases

**National Healthcare Safety Network****SIR for In-plan All SSI data by Procedure - By OrgID**

As of: June 20, 2014 at 4:30 PM

Date Range: SIR\_ALL SSIPROC summaryYr 2013 to 2013

if (((ssiPlan = "Y" ) AND (procCode = "LAM" ) ) )

orgid=13783 CCN=380014

orgid	summaryYr	procCount	infCountAll	numExpAll	SIRAll	SIRAll_pval	SIRAll95CI
13783	2013	440	4	4.232	0.945	0.9731	0.300, 2.280

## Outpatient Only Cases

**National Healthcare Safety Network****SIR for In-plan All SSI data by Procedure - By OrgID**

As of: June 20, 2014 at 4:40 PM

Date Range: SIR\_ALL SSIPROC summaryYr 2013 to 2013

if (((outpatient = "Y" ) AND (procCode = "LAM" ) ) )

orgid=13783 CCN=380014

orgid	summaryYr	procCount	infCountAll	numExpAll	SIRAll	SIRAll_pval	SIRAll95CI
13783	2013	209	1	1.768	0.566	0.6431	0.028, 2.790

## Inpatient Only Cases

**National Healthcare Safety Network****SIR for In-plan All SSI data by Procedure - By OrgID**

As of: June 20, 2014 at 4:32 PM

Date Range: SIR\_ALL SSIPROC summaryYr 2013 to 2013

if (((outpatient = "N" ) AND (procCode = "LAM" ) ) )

orgid=13783 CCN=380014

orgid	summaryYr	procCount	infCountAll	numExpAll	SIRAll	SIRAll_pval	SIRAll95CI
13783	2013	231	3	2.464	1.218	0.6817	0.310, 3.314

## Talking Points

- GSRMC has chosen to report both inpatient and outpatient procedures on all mandatory reportable procedure in order to gauge how well we are doing overall.
- Our surgeons and OR teams want to know the full picture.
- Some of our LAM surgeons perform nearly exclusive outpatient procedures.
- The total number of outpatient LAM cases is almost the same as inpatient.
- Risk factors for inpatient surgery is higher (higher acuity, more co-morbidities) thus the expected number of infections is higher.
- The number of outpatient infections are greatly lower than expected.
- The overall SIR for both inpatient and outpatient cases is less than 1.
- Patients looking to research facilities and are planning on having outpatient surgery should be able to see how facilities are performing as accurately as possible. This includes looking at inpatient and outpatient rates separately and combined.
- More and more of our reportable procedures are being done as outpatients (i.e. HYST, KPRO, HPRO). This is usually better for the patient. As we are able to perform these procedures as outpatients, we need to be able to reflect our outcomes as accurately as possible. This accurate reflection is important for reporting to our internal audience, insurance companies, government entities, and the public.
- We should strive to have consistent reporting to all these entities to make for truer comparisons and to increase efficiency.