

HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE

**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	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: <ol style="list-style-type: none"> 1. Expanded hospital locations for central line-associated blood stream infections (CLABSI): <ul style="list-style-type: none"> • <u>Current Version</u> CLABSI events in (non-specialty) medical, surgical, and combined medical/surgical ICUs are reportable. • <u>Proposed Version</u> <ul style="list-style-type: none"> ○ 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 to access this information in lieu of reporting directly to the Authority. This includes CLABSI data for all hospitals in 	

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	<p>specialty and non-specialty adult, pediatric, and neonatal ICUs back to 2011.</p> <ul style="list-style-type: none"> ○ Beginning January 1, 2015, CLABSI events in all adult and pediatric medical, surgical, and medical/surgical wards will be reportable. <p>2. Expanded hospital locations for catheter-associated urinary tract infections (CAUTI):</p> <ul style="list-style-type: none"> ● <u>Current Version</u> CAUTI events in adult and pediatric ICUs are reportable (effective January 1, 2014). ● <u>Proposed Version</u> Beginning January 1, 2015, CAUTI events in adult and pediatric medical, surgical, and medical/surgical wards will be reportable. <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> <p>A public hearing will take place in May 2014 to provide an opportunity for the public to make suggestions and voice objections.</p>	
Annual HAI Report	OHA staff, in conjunction with the HAI report subcommittee, devised a rough	

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OHA Staff	<p>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"> • Add a detailed technical explanation of the standard infection ratio (SIR), a statistical calculation developed by the CDC, in the appendices. • Include text to describe Oregon’s 2013 SCIP data displayed in subsequent charts (page 50). • Indicate which hospitals are meeting Healthy People targets for employee vaccination rates established in previous years and for 2015 (page 53). <p>Comments and suggestions made by committee members/guests included:</p> <ul style="list-style-type: none"> • Add comments/notes about SIR: <ul style="list-style-type: none"> ○ Explain SIR has replaced percentages for measuring outcomes and refer reader to appropriate appendix for more information. ○ Elucidate SIR is an average, not a benchmark, so hospitals should set their goals well above this ratio. • Use dashboard to facilitate comprehension of data, employing terms such as better, same, worse for comparing facilities. • 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.) • 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. • Add footnote to list of hospitals exempt from reporting (page 58) to refer reader back to “Methods” section for further information about exemptions. 	

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<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"> • 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"> ○ 8 hospitals targeting catheter-associated urinary tract infections (CAUTI) ○ 6 hospitals striving to reduce <i>Clostridium difficile</i> (CDI) • 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. 	
<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"> • 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"> ○ 0.34 reduction in average rate (per 100 patient months) of access-related blood stream infections ○ 0.41 reduction in average rate (per 100 patient months) of hospitalizations • Antimicrobial Stewardship Initiative - preliminary analysis has led the commission to suspect a decrease in both broad spectrum and overall antimicrobial usage. • 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 	

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	<p><i>Clostridium difficile</i> (CDI); no final data is available yet.</p> <ul style="list-style-type: none"> • 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. • 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. 	
<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. 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"> • 2020 HHS target for SIR and whether Oregon met this goal in 2013 • Percentage SIR changed between first year data reported and 2013 	

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	<ul style="list-style-type: none"> • Projection of 2020 Oregon SIR based on 2013 data and whether this predicted value will meet the HHS target. 	
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**