

Healthcare-Associated Infections Advisory Committee

December 16, 2015

- MEMBERS PRESENT:** Paul Cieslak, MD
Kelli Coelho, RN, CNOR
Larlene Dunsmuir (in place of Jordan Ferris)
Jon Furuno, PhD
Laurie Murray-Snyder
Rachel Plotinsky, MD (phone)
Pat Preston, MS (phone)
Mary Shanks, RN, MSN, CIC
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC (phone)
- MEMBERS EXCUSED:** Jamie Grebosky, MD
Joan Maca, RN
Csaba Mera, MD
Nancy O'Connor, RN, BSN, MBA, CIC
Dana Selover, MD, MPH
Dee Dee Vallier
Bethany Walmsley, CPHQ, CPPS
- STAFF PRESENT:** Zintars Beldavs, MS, HAI Program Manager/ACDP Section Manager
Genevieve Buser, MD, HAI Public Health Physician
Kate Ellingson, PhD, HAI Reporting Epidemiologist
Monika Samper, RN, HAI Reporting Coordinator
- ISSUES HEARD:**
- Call to Order and Roll Call
 - Approval of September 2015 HAIAC Meeting Minutes
 - OAR Updates : Oregon Reporting Requirements for 2016
 - Partner Update: HAI Initiatives Led by Acumentra Health
 - HAI Outbreaks and MDRO Update
 - HAI Interactive Map Update & Other Efforts to Make NHSN Data Actionable
 - Proposed Update to State HAI Plan and Vote on Plan
 - Findings from CDC/OHA-funded Ebola Assessment Hospital Consultations
 - Findings from CDC/OHA-funded Consultations for Non-acute Care
 - 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.

Call to Order and Roll Call

Chair Mary Shanks

The meeting was called to order at approximately 1:00 pm. There was a quorum.

Approval of September 2015 HAIAC Meeting Minutes

All Committee Members

Minutes for September 23, 2015 meeting were unanimously approved as written.

OAR Updates: Oregon Reporting Requirements for 2016

Monika Samper, OHA

The OHA poster listing healthcare-associated infection (HAI) reporting requirements for both CMS and Oregon is being revised. Updates to the poster, scheduled to be published in January 2016, will include:

- Every instance of the text “Proposed rule change for January 2015” will be eliminated.
- Language of poster will be modified to match exact wording of CMS reporting mandates.
- Structural modifications to the poster to clarify reporting requirements across settings.
- Addition of mandatory outbreak reporting for healthcare settings.

Action Item

OHA asked committee members to provide feedback on the poster by the end of the year.

Partner Update: HAI Initiatives Led by Acumentra Health

Laurie Murray-Snyder, Acumentra Health

Acumentra Health, a nonprofit organization, is working to improve the quality, safety, and effectiveness of healthcare for Oregon Medicare and Medicaid beneficiaries through a variety of approaches.

- Serves as Oregon’s Medicare Quality Improvement Organization (QIO), which is affiliated with HealthInsight Quality Innovation Network-Quality Improvement Organization (QIN-QIO), a regional 4-state network encompassing Nevada, New Mexico, Oregon, and Utah. Initiatives administered by QIN-QIO include:
 - Care coordination - decrease unnecessary hospital admissions/readmissions, improve transitions of care, and prevent adverse drug events through better coordination of care.
 - HAI prevention - reduce aggregate standardized infection ratios (SIRs) of CAUTIs, CLABSIs, VAEs, and *C. difficile* infections, reported in NHSN by 16 hospitals participating in project, in order to meet national benchmarks.

- Nursing Home Quality Care Collaborative - curtail unnecessary antipsychotic medications, decrease *C. difficile* infections, and incorporate Quality Assurance and Performance Improvement (QAPI) programs to enhance care, services, and quality of life for residents.
- Behavioral health initiative - increase primary care screening and referral for depression/alcohol misuse and reduce readmissions to inpatient psychiatric facilities by improving transitional care and outpatient mental health follow-up after hospitalization.
- Boost immunizations - help providers raise adult immunization rates for influenza, pneumonia, and shingles and improve documentation of patient vaccinations through use of ALERT Immunization Information System (IIS) registry.
- Cardiovascular health and Million Hearts - work with primary care providers and home health agencies to improve cardiovascular health with an emphasis on blood pressure control.
- Meaningful use of health information technology (HIT) - offer education and technical assistance for health information technology (HIT) systems to enhance physician coordination of preventive services in medical offices and to support hospital quality improvement efforts and attainment of Medicare incentive program requirements.
- Quality reporting and incentive programs - assist eligible providers including hospitals, physicians, and ambulatory surgery centers with understanding CMS methodology and achieving performance goals of CMS value-based payment and quality reporting programs.
- Everyone with Diabetes Counts - expand access to Diabetes Self-Management Education (DSME) to reach more Medicare beneficiaries; goal is educate 980 patients by 2019.
- Acts as External Quality Review Organization for Oregon's Medicaid program - conducts reviews of Coordinated Care Organizations (CCOs) and managed care organizations for OHA.
- Engaged in multiple research projects.
 - Prescription Drug Monitoring Program (PDMP) - explores how doctors can use data from PDMP, a web-based tool containing data for all controlled substance prescriptions dispensed to Oregon residents, to improve opioid prescribing practices.
 - Beneficiary and Family Advisory Council - recruiting members to share ideas and feedback on project activities aimed at improving health and healthcare for Medicare and Medicaid beneficiaries in Oregon.

Discussion

Oregon Hospital Association noted that Oregon Health Leadership Council (OHLC) is supporting efforts to permit information from PDMP to be included in Emergency Department Information Exchange (EDIE) notifications. EDIE is a web-based technology that enables intra- and inter-emergency department communication.

HAI Outbreaks and MDRO Update

Lexie Zhang and Gen Buser, OHA

OHA provided information about reportable diseases, an update on recent outbreaks, and an overview of projects and legislated policies designed to reduce HAIs.

- Mandated reportable diseases (see OAR 333-018-0000 for details)
 - Definition of reportable disease:
 - Any case of a disease specified as reportable in OAR 333-018-0015
 - Any case of a disease, infection, or condition that is:
 - * Highly transmissible
 - * Results in serious or severe health consequences
 - * A known or suspected common-source outbreak
 - * An uncommon illness of potential public health significance
 - Reporting requirements: each healthcare provider or any individual knowing of or suspecting a case of a reportable disease must notify the appropriate public health agency within specified time limit.
- Outbreaks
 - 56 outbreaks were reported to the Oregon Public Health Division since September 1, 2015: 12 norovirus, 30 gastroenteritis, 12 respiratory, and 2 rashes.
 - 53% of outbreaks from September 1 – December 10, 2015 were healthcare associated with norovirus and noro-like outbreaks being the most common etiology.
 - HAI outbreak is defined as:
 - Two or more cases of the same disease
 - Epidemiologically linked (e.g., received care at same facility, work at same business/organization, or ate at same restaurant)
 - Occurring in a healthcare setting, specifically any facility paid to provide healthcare
 - Outbreak expectations
 - Facilities and providers are required to report outbreaks in a timely manner, share necessary patient and provider/facility information, and participate in discussions concerning recommendations.
 - Public health will make recommendations, work with providers to ensure patient safety, and educate facilities and providers as indicated.
- Interfacility Transfer Rule (OAR 333-019-0052) - Oregon Administrative Rules require a referring facility to notify the receiving facility when transferring a patient who is infected or colonized with a multidrug-resistant organism (MDRO) or pathogen that warrants Transmission-based Precautions. Examples include norovirus, tuberculosis, and *C. difficile*.
- Carbapenem-resistant Enterobacteriaceae (CRE)
 - 208 cases of CRE have been reported since November 2010.
 - Only nine of the cases were identified as carbapenemase-producing CRE, but no transmission was found during investigations.
 - The most commonly reported organisms were: *Enterobacter*, *Klebsiella*, and *E. Coli*.
 - 2016 CRE toolkit has been published and is available on OHA website.
- *C. Difficile* Collaborative - three hospitals and seven skilled nursing facilities have enrolled in the collaborative. Efforts are focused on:
 - Surveillance through NHSN

- Best practices
- Environmental hygiene
- Antibiotic stewardship
- Interfacility transfer
- Antibiotic utilization and resistance – OHA received grant funding to recruit hospitals to begin submitting data into the National Healthcare Safety Network (NHSN) AU/AR module. Regional antibiograms will be created from collected data to better understand antibiotic usage, hone stewardship efforts, and prevent multi-drug resistant organisms.

Discussion

Committee members recommended informing facilities of the little-known Oregon statute that designates common-source outbreaks as reportable. One member suggested OHA give a presentation on the topic at an APIC meeting.

Action Items

- OHA will coordinate efforts with the Oregon Hospital Association to communicate to healthcare facilities and providers what constitutes a reportable outbreak and responsibilities of persons suspecting an outbreak.
- OHA will provide an overview of reported outbreaks at every meeting in response to the committee's positive feedback to today's presentation.
- OHA will schedule an APIC presentation on reportable outbreaks.
- OHA will schedule a webinar on reportable outbreaks as part of OHA-Oregon Patient Safety Commission (OPSC) lunch-and-learn webinar series.

HAI Interactive Map Update and Other Efforts to Make NHSN Data Actionable

Kate Ellingson and Lexie Zhang, OHA

OHA demonstrated a preliminary online HAI interactive Oregon map and report that was created with new innovative software. This online document will replace the old cumbersome map currently available on the OHA website.

- Advantages of new tool include:
 - Easier to refresh data regularly
 - Ability to present all data for each facility in one location
 - Expanded content: provides most of data and information contained in the full annual report
 - Improved readability
 - Many pages of document have been copied directly from published reports including: pages from executive summary and consumer report and bar charts of aggregate SIRs and confidence intervals from provider report.
 - Facility-level technical data from provider report is exhibited in easy-to-read tables through an interactive map.
 - User-friendly

- Prominent arrows allow effortless scrolling through pages of report and associated maps.
 - Symbols representing each facility's location on an Oregon map can be pressed to open a table containing detailed data for the selected organization.
- Healthcare worker influenza vaccination data may be moved to a separate map/report due to the recent interest in vaccination rates.

Discussion

- OHA plans to contact patient and family boards in an effort to obtain feedback on the annual report and map.
- Committee members recommended exchanging red and green color of triangles/circles throughout report with different shades of color or various types/sizes of symbols to accommodate color-blind readers.
- Meeting attendees proposed replacing circles on healthcare worker vaccination map with an assortment of symbols to distinguish facility types. Moreover, an option to filter or sort by facility type would be beneficial.

Action Items

- OHA would like the committee to test the new Oregon HAI interactive map and provide feedback.
- OHA will create separate maps for influenza vaccinations at different facility types.
- OHA will notify the committee when the map is available on state website.

Proposed Update to State HAI Plan and Vote

Kate Ellingson, OHA

OHA proposed incorporating goals of CDC-Ebola Supplemental Funding into State HAI Plan. Proposed additions include:

- Establish an Infection Control Assessment and Prevention (ICAP) subcommittee within HAI Advisory Committee to guide Ebola grant activities.
 - ICAP subcommittee would be comprised of:
 - Ebola Assessment Hospital consultation team - infection preventionist, physician lead, laboratory sciences expert, and industrial hygienist
 - Members of preparedness community – state Health Security Preparedness and Response (HSPR) and local Public Health Emergency Preparedness (PHEP) liaison
 - Members of regulatory community – Health Care Regulation and Quality Improvement (HCRQI) and Office of Licensing and Regulatory Oversight (OLRO)
 - Members of provider boards – medical, nursing, and pharmacy boards
 - Infection Prevention Specialists – sterilization and reprocessing, environmental infection prevention, and other specialists as needed
 - ICAP subcommittee would be responsible for:
 - Advising facility consultation teams
 - Making recommendations for remediation

- Identifying synergies with ongoing HAI prevention, regulatory, or preparedness efforts
- Create an inventory of all healthcare facilities in the state including contact information, up-to-date publically reported infection rates, and potentially other metrics recommended by ICAP subcommittee.
- Provide standardized assessment of and consultation with Oregon’s six Ebola Assessment Hospitals on 12 domains.
- Offer standardized infection prevention assessment of and consultation with targeted selection of hospitals, ambulatory surgery centers, long-term care facilities, dialysis facilities, and outpatient clinics throughout the state employing CDC tools.

Motion

A motion was made to add the proposed updates to the state HAI plan. The motion was seconded and then unanimously approved.

Action Items

- OHA will send a list of ICAP candidates to the committee for review prior to establishing a final list.
- OHA will update state plan and begin process to expand HAIAC committee membership composition as defined in statute.

Findings from CDC/OHA-funded Ebola Assessment Hospital Consultations

Judy Guzman, OHA

Six Oregon Ebola Assessment Hospitals were evaluated by Oregon’s Ebola Consultation Team using a CDC assessment tool to determine their readiness to safely and effectively care for persons under investigation (PUI) for Ebola. These “baseline” consultation visits revealed:

- Multi-disciplinary teamwork is outstanding and staff has strong administrative support.
- Ebola plans are generally excellent.
- Hospitals are working in silos; consultation team would like to see improved communication and collaboration between hospital IPC and preparedness teams.
- Inpatient admission of a PUI would be very disruptive and could affect the hospital’s ability to provide general medical care to community.
- Pediatric PUI policy needs to be strengthened; currently no written plan or algorithms exist. For example, threshold for admitting pediatric PUI to assessment hospital versus treatment hospital needs to be established.
- Ambulatory evaluation plan for low-risk PUI ought to be considered. Two healthcare systems have successfully performed an evaluation without admitting the patient.
- Patient transport protocol requires elucidation.
 - Who is responsible for arranging patient transport to and from hospitals at local, state, and federal levels?
 - Should high-risk PUIs be transported immediately to an Ebola treatment center?

- Plan for SW Washington residents seeking care at an Oregon hospital needs to be developed including management of persons under monitoring (PUMs) and transport of PUIs.
 - Procedure for cleaning ambulance after transporting PUI requires clarification by local health departments (LHDs).
 - Are paramedics or hospital staff responsible for decontaminating ambulance and waste storage/removal of contaminated PPE?
 - If paramedics are responsible for cleaning ambulance, instruction on federal OSHA regulations by LHDs is essential. (Some EMS partners having been using bleach spray to decontaminate ambulance, which is not consistent with OSHA directives.)
 - Lab capacity varies among hospitals. Consultation team investigating whether Oregon State Public Health Lab (OSPHL) would be able to perform influenza and Ebola PCR testing.
 - Hospitals with a catchment area covering multiple counties may not receive notification of a person under monitoring (PUM) from LHDs outside of their county. Consultation team has been able to resolve this issue by working with hospitals and LHDs.
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Findings from CDC/OHA-funded Consultations for Non-Acute Care

Mary Post, OPSC & OHA

Presentation postponed until next meeting due to time constraints.

Public Comment / Adjourn

Chair

No comments from public.

Minutes Reviewed by:

Kate Ellingson

Exhibit Summary

A – Agenda

B – September 23, 2015 Minutes

C – Reducing Healthcare-Associated Infections in Hospitals: QIN-QIO Initiatives with Acumentra Health

D – Healthcare-Associated Outbreaks: Update & Review

E – Healthcare-Associated Infection Prevention Plan

F – Proposed Update to Oregon State HAI Plan

G – High-Level Findings from Ebola Assessment Hospital Consultations