Healthcare-Associated Infections Advisory Committee

June 24, 2015

MEMBERS PRESENT:
Paul Cieslak, MD
Kelli Coelho, RN, CNOR (phone)
Jamie Grebosky, MD (phone)
Laurie Murray-Snyder
Rachel Plotinsky, MD (phone)
Pat Preston, MS (phone)
Dana Selover, MD, MPH
Dee Dee Vallier (phone)
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC
Bethany Walmsley, CPHQ, CPPS

MEMBERS EXCUSED:
Jordan Ferris, RN, BSN, CMSRN
Jon Furuno, PhD
Joan Maca, RN
Csaba Mera, MD
Nancy O'Connor, RN, BSN, MBA, CIC
Mary Shanks, RN, MSN, CIC

STAFF PRESENT:
Zintars Beldavs, MS, HAI Program Manager
Kate Ellingson, PhD, HAI Reporting Epidemiologist
Judith Guzman, DO, Physician Lead for HAI Ebola Consultations

ISSUES HEARD:

- Call to Order and Roll Call
- Approval of March 2015 HAIAC Meeting Minutes
- Member Updates: Round Robin
- OAR Updates on Healthcare Worker Influenza Vaccination
- 2014 HAI Annual Report: Preliminary Results/Trends, CDC-Endorsed Format, and Executive Summary with Graphics
- Updated State Plan to Include Infection Control Assessment and Prevention (ICAP) Subcommittee of the HAIAC
- Overview of Upcoming Ebola Assessment Hospital Consultations and CDC Site Visit
- Group Discussion on Ebola Funding Supplement, Facility IPC Assessments, and HAIAC Role
- Public Comment / Adjourn

Call to Order and Roll Call

Kate Ellingson, OHA (filling in for Chair Mary Shanks)

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

Approval of March 2015 HAIAC Meeting Minutes

All Committee Members

Minutes for March 25, 2015 meeting were unanimously approved as written.

OAR Updates on Healthcare Worker Influenza Vaccination

Kate Ellingson, OHA (filling in for Monika Samper)

Dialysis facilities will be required to report healthcare worker influenza vaccination data through NHSN beginning in the 2015-2016 flu season.

2014 HAI Annual Report: Preliminary Results/Trends, CDC-Endorsed Format, and Executive Summary with Graphics

Kate Ellingson, OHA

<u>Report Data</u>

- 2014 Oregon annual report will require a large amount of data to cover the growing number of reportable HAIs.
    - Hospitals:
        - Central line-associated bloodstream infections (CLABSIs)
        - Catheter-associated urinary tract infections (CAUTIs)
        - Methicillin-resistant *Staphylococcus aureus (*MRSA) bacteremia
        - *Clostridium difficile* infections (CDIs)
        - Six types of surgical site infections (SSIs)
        - Healthcare worker influenza vaccinations
    - Dialysis Facilities – bloodstream infections (BSIs) and access-related BSIs
    - Ambulatory Surgery Centers – healthcare worker influenza vaccinations
    - Skilled nursing facilities - healthcare worker influenza vaccinations
- Facility data must be verified prior to publication to ensure completeness and accuracy.
    - Data downloaded from NHSN has been sent to healthcare organizations to confirm that information accessible to OHA matches actual data entered by facilities.

    - Incomplete or invalid data has been identified and forwarded to facilities for correction: missing reporting plans and data, abnormally long surgical procedure times, and inconsistent data such as misclassification of wound/ASA status.
    - Denominator data of hospitals claiming exemption from reporting mandates has been checked to ensure exemption criteria were met with regard to volume of annual surgical procedures and device days.
- Verification of NHSN data is nearly finished for most healthcare organizations.
    - 57 out of 61 hospitals and all dialysis facilities have submitted complete data and confirmed accuracy of OHA reports through confirmation emails.
    - Ambulatory surgery center data cannot be confirmed until later because CMS has extended their reporting deadline until late August 2015.
- Common reasons for invalid data were software issues and inexperience with NHSN/HAI definitions.
    - Glitch with NHSN group user function caused data discrepancies.
    - Malfunction during import of data from EMRs into NHSN resulted in surgical closure status erroneously defaulting to non-primary closure.
    - Unfamiliarity with CDC definitions of CAUTI and MRSA bacteremia, new CMS reporting requirements effective January 1, 2014, lead some facilities to submit erroneous data.
    - Employee turnover and a lack of CMS reporting incentives for hospitals with less than 25 beds created challenges for OHA. Hospital staff were not always knowledgeable about HAI definitions, and in some cases, were not enrolled in NHSN.

<u>Resources for Design and Content of Report</u>

- Committee proposals:
    - Provide concise report in easy-to-read format.
    - Create tight executive report summarizing all Oregon reportable HAIs.
    - Offer both simple data for consumers and complex data for providers/technically savvy readers.
    - Present aggregate data by hospital size for benchmarking.
    - Consider inclusion of infection rates.
    - Solicit consumer feedback from sources such as patient boards (will not be implemented until next year due to time constraints).
- CDC and Council of State and Territorial Epidemiologists (CSTE) key recommendations for standardization of state reports:
    - Create different reports for consumers and providers to accommodate each group's interests.
    - Do not publish rates for SSIs, *C. difficile,* or MRSA; only use SIRs because they incorporate risk adjustment, which makes inter-hospital comparison fairer. Rates are acceptable for intra-hospital comparison of CLABSIs and CAUTIs, for example, when stratified by patient location.
    - Use terms "better", "same", or "worse" in consumer report to describe SIRs in relation to national baseline.

- Recognize hospitals with zero infections (primarily small facilities) whose SIR may not be statistically significant or cannot be calculated because the predicted number of infections is less than 1, but be mindful of limitations.

Draft 2014 HAI Annual Report: Report Outline & Executive Summary

- Separate reports are presented for consumers and providers.
  - Consumer report provides simple metrics and patient-oriented information.
  - Provider report incorporates complex statistics and healthcare-related materials.
- Both reports will have the same organizational structure:
  - Introduction
  - Purpose
  - Methods
  - Executive summary
  - Detail-level data by facility type
  - Resources
- Each report includes an executive summary with aggregate data to provide an overall picture of Oregon.
- Executive summary for hospital-reported HAIs is comprised of a 2-pages:
  - Consumer page integrates basic data into a drawing of a human figure:
    - Total infections for each HAI type.
    - Percentage total infections are above/below national baseline.
    - Symbols signifying:
      - Oregon's SIR in relation to national baseline data collected by CDC.
      - Whether Oregon met 2013 national targets for HAI reductions set by the U.S. Department of Health and Human Services (HHS).
  - Provider page displays both simple and technical metrics in a table format including:
    - HHS reduction targets
    - Criteria for exemption status
    - Standard infection ratio
- Executive summaries for dialysis facility-reported events and healthcare worker vaccinations combine consumer and provider information in a 1 page report.

Draft HAI Report Facility-Level Data

- Hospital section for consumers:
  - Quantitative data is limited to number of procedures, observed infections, and predicted infections. The number of procedures allows comparisons among hospitals.
  - Symbols are used to convey more complex information.
    - Color-coded directional triangles signify how a facility's SIR compares to national baseline data.
      - Green - fewer infections than predicted, statistically significant
      - Gray - not statistically significant
      - Red - more infections than predicted, statistically significant
    - Green check mark and red "X" indicate whether Oregon met 2013 HHS targets.

        - 50% reduction in CLABSIs;
        - 25% reduction in SSIs, CAUTIs, and MRSA
        - 30% reduction in *C. difficile* infections
    - Basic information is furnished about each HAI and what patients can do to protect themselves from infections.
- Full Report for Providers:
    - Additional data such as SIR, 95% confidence interval, and change since last year.
    - Synopsis is provided on what providers can do to prevent HAIs along with a list of prevention partners and resources (yet to be compiled).
- Healthcare worker influenza vaccination section offers two formats for presenting facility-level data:
    - Color-coded bar chart ordered by facility healthcare worker vaccination rates (format used in previous HAI annual reports). The bar color represents the target year for Healthy People (HP) goals established by the U.S. Office of Disease Prevention and Health Promotion:
        * Dark green – vaccination rate above 90%; 2020 HP goal
        * Light green - vaccination rate above 75%; 2015 HP goal
        * Light red - vaccination rate above 60%; 2010 HP goal
        * Dark red - vaccination rate below 60%
    - Table format which incorporates CDC/CSTE guidelines and OHA ideas.
        * Both consumer and provider report contain basic vaccination data and employ a green check mark/red "X" to indicate whether facilities met Healthy People targets.
        * Provider report includes percentage of change in vaccination rate since 2013 and the number of additional vaccinations needed to meet Healthy People 2015 goal.

<u>Committee Recommendations</u>

- Consumer executive summary:
    - Remove number of infections and HHS reduction target data; only provide information related to Oregon's rank on the national distribution.
    - Add text explaining that all metrics in the executive summary, so readers are not required to refer to legend.
    - Move some of the circles on human figure to better indicate location of infection.
- Consumer and provider executive summaries: add simple metric to signify how Oregon compares to the nation, such as 30% better. OHA noted that 2013 national data is available in CDC reports, so comparative data can be published.
- Throughout report:
    - Use verbiage, such as "better", "same", or "worse", in addition to color-coded triangles, to accommodate color-blind readers and eliminate need to refer to legend.
    - Add footnote specifying that HHS infection reduction targets are for 2013.

<u>OHA Comments</u>

HHS reduction targets were added to the report this year because they are considered to be more up-to-date performance measures than SIRs:

- The SIR, calculated by dividing observed number of infections by expected number of infections, inflates a hospital's success at preventing infections because the denominator is derived from old national baseline data collected six to nine years ago.
- 2013 HHS goals seek to reduce SIRs by a given percentage rather than evaluate outcomes based on old data.

Updated State Plan to Include Infection Control Assessment and Prevention (ICAP) Subcommittee of the HAIAC

Kate Ellingson, OHA

Topic will be covered at a future meeting due to time limitations.

Overview of Upcoming Ebola Assessment Hospital Consultations and CDC Site Visit

Judy Guzman, OHA/OPSC

Ebola Domestic Grant Statewide Objectives:

- Build infection prevention infrastructure through Ebola readiness consultations with Oregon tier 2 assessment hospitals. Ebola assessment hospitals include:
    - Providence Milwaukie Hospital
    - Legacy Good Samaritan Medical Center
    - Kaiser Permanent Westside Medical Center
    - St. Charles Medical Center – Redmond
    - Samaritan Lebanon Community Hospital
    - Asante Ashland Community Hospital
- Develop statewide infection control capacity to prevent HAIs including device-associated infections and surgical site infections (SSIs).
- Expand bio-safety capacity at Public Health Laboratory.

Healthcare Infection Control Assessment and Response (ICAR)

- ICAR program developed by CDC emphasizes collaboration, partnership, and active engagement of healthcare facilities and partners across the country to expand HAI program.
    - Exciting opportunity at the state level to work closely with hospitals to improve infection prevention infrastructure.
        * Hospitals will have multiple opportunities to consult directly with both state and federal subject-matter experts.
        * Participants will be able to share success stories and learn from each other.
    - Partners include a variety of groups and organizations.
        * Grant steering committee is planning and driving activities to ensure goals of Ebola Domestic Grant are met.

        - HAI Advisory Committee, Oregon Patient Safety Commission, Oregon Association of Hospitals and Health Systems (OAHHS), and local health departments are some of the agencies involved with development and implementation of program.
- Activity A component of ICAR program entails readiness consultations with Ebola assessment hospitals to ensure facilities are prepared to safely and effectively care for patients with possible/confirmed Ebola until transfer to a treatment facility (2-year funding).
    - State assessment team will conduct onsite baseline consultation at all tier 2 hospitals to establish current state of readiness. Team will be comprised of lead physician, infection preventionist, industrial hygienist, and laboratory consultant.
    - Readiness consultation will evaluate eleven capability domains:
        - Facility infrastructure: patient rooms – space for donning and doffing and adequate air flow.
        - Patient transportation – ability to safely transport patient from home to hospital and from hospital entry points to care areas.
        - Laboratory – safe and effective handling of blood and body fluids.
        - Staffing – ample staff to care for patient for approximately 3 days of testing to rule in/rule out Ebola.
        - Training
        - Personal protective equipment (PPE) – sufficient and appropriate PPE and adequate staff training on how to use equipment.
        - Waste management, Worker safety, Environmental services → Proper disposal of contaminated patient care items.
        - Clinical management, Operations coordination → Well established emergency operation coordination (EOC) plan.
    - Gaps in readiness will be addressed through consultation and training using CDC-based resources.
    - Gap mitigation efforts will be evaluated during follow-up visits coupled with guidance on how to strengthen infection prevention plan.
- Activity B component of ICAR program focuses on expansion of general infection prevention infrastructure (3-year funding). Oregon will develop and provide training and education for healthcare workers across the state, including critical access hospitals, dialysis facilities, ambulatory surgery centers, skilled nursing facilities, and outpatient clinics to bolster HAI prevention programs.
    - HAI Advisory Committee will provide feedback on criteria for selecting the next group of facilities to receive general IP consult. Potential selection criteria might include: highest infection burden based on NHSN data, CMS HAC score, or HAI outbreak such as Norovirus.
    - ICAP subcommittee will be established to analyze and present aggregate data collected from readiness consultations to HAI Advisory Committee in order to enable development of effective infection prevention policies. Subcommittee will be composed of readiness assessment team, physician from OHA regulatory department, and other interested parties.
- Implementation of ICAR program is well underway in Oregon.

- 5 out of 6 assessment hospitals have confirmed site visit dates scheduled from the last week in July until the end of September 2015.
- CDC will provide onsite training for facilities and state assessment team during initial consultations.
    * CDC ICAR team will conduct first consultation at Providence Milwaukie Hospital while the Oregon team observes.
    * Oregon team will lead second consultation at Legacy Good Samaritan Medical Center while CDC assists and critiques performance.
    * Debriefing session will be held after consultations completed.

Group Discussion on Ebola Funding Supplement, Facility IPC Assessments, and HAIAC Role

Zints Beldavs, OHA and Judy Guzman, OHA/OPSC

Topic not covered due to time limitations.

Public Comment / Adjourn

Chair

No comments from public.

Minutes Reviewed by:

Kate Ellingson

Zintars Beldavs

Exhibit Summary

A – Agenda

B – March 25, 2015 Minutes

C – 2014 HAI Annual Report June Update

D – Proposed Update to Oregon State HAI Plan

E – Ebola Assessment Hospitals in Oregon: Readiness Consultation Visits

F – Discussion Ebola Grant Activities