Healthcare-Associated Infections Advisory Committee

September 23, 2015

MEMBERS PRESENT:
Jordan Ferris, RN, BSN, CMSRN (phone)
Kathy Phipps (phone – in place of Laurie Murray-Snyder)
Pat Preston, MS
Mary Shanks, RN, MSN, CIC
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC
Bethany Walmsley, CPHQ, CPPS

MEMBERS EXCUSED:
Paul Cieslak, MD
Kelli Coelho, RN, CNOR
Jon Furuno, PhD
Jamie Grebosky, MD
Joan Maca, RN
Csaba Mera, MD
Nancy O'Connor, RN, BSN, MBA, CIC
Rachel Plotinsky, MD
Dana Selover, MD, MPH
Dee Dee Vallier

STAFF PRESENT:
Zintars Beldavs, MS, HAI Program 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 June 2015 HAIAC Meeting Minutes
- OAR Updates and Reminders
- Review Highlights from 2014 HAI Annual Report with 2014-15 HCW Influenza Vaccination Data
- Discussion: Looking Ahead to More Actionable NHSN Data
- Member Updates: Round Robin
- Update on Federal Grant Funding for HAI Prevention
- Overview of CDC-funded Facility Consultations for Acute, Long-term, Dialysis, Ambulatory Surgical, and Outpatient Settings
- 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.

Approval of June 2015 HAIAC Meeting Minutes

All Committee Members

Minutes for June 24, 2015 meeting were unanimously approved as written.

OAR Updates and Reminders

Monika Samper, OHA

- Dialysis facilities must report healthcare worker influenza vaccination data through NHSN beginning in the 2015-2016 flu season.
- Long-term acute care hospitals (LTACH) will be required by CMS to report ventilator-associated events (VAEs) in NHSN starting January 1, 2016. Oregon would like to align reporting mandates with CMS, but LTACHs are classified as hospitals in Oregon statutes.

Discussion/Decisions

Oregon Health Authority will have an internal discussion and consider asking Vibra (the only Oregon LTACH) whether they would consider voluntarily providing OHA with access to VAE data through NHSN; changing statues to reclassify LTACHs as a separate category from hospitals would be an arduous process.

Review Highlights from 2014 HAI Annual Report with 2014-15 HCW Influenza Vaccination Data

Kate Ellingson, OHA

- The revised release date for the HAI annual report is September 28, 2015. For the first time, the report will contain healthcare worker influenza vaccination data for the most recent flu season, 2014-2015; in previous reports, vaccination data lagged behind by one year.
- Two editions of the annual report will be published to accommodate different audiences. Both editions will include a two-page executive summary.
    - Provider or full report offers detailed, technical facility-level data including SIRs and aggregate data to illustrate Oregon trends over time.
    - Consumer or condensed report presents concise, simple facility-level data using elementary statistics and incorporates tips on what can be done by patient/family members to prevent infections.

- Findings in the annual report reveal Oregon's success varied by infection type based on federal government benchmarks and national data.
    - Hospitals:
        - Exceeded national 2013 U.S. Department of Health and Human Services (HHS) reduction targets for central line and MRSA bloodstream infections and for surgical site infections (SSIs) following coronary artery bypass graft (CBGB), laminectomy, and knee replacement surgeries.
        - Did not meet HHS reduction targets for *C. difficile* infections (CDIs), catheter-associated urinary tract infections (CAUTIs), and surgical site infections following colon, abdominal hysterectomy, and hip replacement surgeries.
    - Dialysis facilities: Oregon pooled mean for bloodstream infections was lower than national pooled mean across all access types except non-tunneled CVCs.
    - All facilities: healthcare worker influenza vaccination rates have increased for hospitals, ambulatory surgery centers, and skilled nursing facilities; however, only hospitals met the Healthy People 2015 target of 75% vaccination.

Discussion/Decisions

- Committee members discussed possible reasons for hospitals not meeting targets.
    - Some HAIs, such as CDI, are difficult to prevent as evidenced by national data showing steady increases in rates of community- and healthcare-associated rates; development of more effective intervention methods are necessary to diminish these infections.
    - High CAUTI rates may be the result of fewer catheter days following campaigns promoting judicious use of catheters. Patients with longer periods of catheterization are typically sicker and therefore more prone to infections.
    - Variability in cutoff levels used by laboratories to identify urinary tract infections may have biased CAUTI rates. (Cutoff levels are now specified in 2015 NHSN definitions.)
    - The high incidence of reported CDI might be due to increased laboratory testing or possibly a larger colonized population in the Northwest region of the country. (Note: although HHS targets were not met, Oregon's SIR was statistically lower than the national baseline.)
- Attendees concluded further investigation is essential to better understand how to reduce infections. Ideas included:
    - Examine Oregon dialysis data in more detail to ascertain why non-tunneled CVC infections have increased since 2013 and are higher than the national pooled mean.
    - Research infection prevention activities including bundles that promote best outcomes.
- The Oregon Patient Safety Commission, who receives many calls related to the annual report, asked for an OHA contact who would be able to field questions. OHA responded that calls from news media can be directed to the Public Health Division's External Relations department and talking points will be sent out to assist members with inquiries.

Discussion: Looking Ahead to More Actionable NHSN Data

Kate Ellingson, OHA

Topic will be covered in future meeting due to time limitations.

Update on Federal Grant Funding for HAI Prevention

Zints Beldavs, OHA

- Development of an effective framework for infection prevention must address:
  - Regional interconnectedness of healthcare systems to reduce transmission of infections resulting from the movement of patients between different medical settings.
  - Integration of infection prevention efforts throughout the healthcare system to achieve maximum effectiveness, such as antimicrobial stewardship programs.
- Oregon Infection prevention methods encompass:
  - Detection:
    - Reporting: healthcare facilities are required to report HAIs through the National Healthcare Safety Network (NHSN) and laboratories must notify their local health department (LHD) of carbapenem-resistant Enterobacteriaceae (CRE).
    - Emerging Infections Program (EIP): focuses on surveillance of emerging infectious diseases such as candidemia, CDI, and carbapenem-resistant Pseudomonas aeruginosa. (CRPA). Program periodically employs antimicrobial use prevalence studies to better understand the burden of HAIs and use of antimicrobials.
    - Inter-facility transfer communication: Oregon law requires a referring healthcare facility to notify receiving facility when transferring a patient with an MDRO or pathogen warranting transmission-based precautions.
  - Protection:
    - Programs: Oregon Patient Safety Commission is working on MDROs, dialysis blood stream infections, and antimicrobial stewardship. OHA has a pilot study aimed at preventing inter-facility transmission of CDI.
    - Education: OHA offers webinars, meetings, and materials to meet the needs of stakeholders.
    - Outbreak response: OHA is responsible for identifying and responding to multi-facility HAI clusters and is part of a statewide network established to prevent the spread of carbapenemase-producing CRE.
  - Special studies/projects:
    - EIP studies: seek to understand HAI risk factors for infections such as CDI, determine incidence of HAI-related deaths following hospitalization, and improve surveillance through better NHSN definitions and more efficient HAI tracking methods.
    - Data validation: ensures quality data is available for analysis and development of infection prevention programs.
    - Ebola project: employs consultative visits to evaluate and improve the capacity of Ebola assessment hospitals to care for patients.
- Strategies to reinvigorate the Oregon HAI program include:
  - Establish regional hubs where facilities would collaborate to prevent CDI and MDROs.

- Offer statewide infection control evaluation and support to healthcare facilities, focusing on medical settings with limited resources.
- Provide injection safety outreach.
- Make NHSN data actionable: detect outbreaks, target facilities for infection prevention, and promote increased healthcare worker influenza vaccination rates in LTCFs.
- Expand outbreak response capacity.
- Perform CRE prevalence studies.
- Evaluate compliance of healthcare organizations with Oregon inter-facility transfer communication rule.

Discussion/Decisions

Committee members expressed an interest in creating an HAI support group for IPs to deliberate whether components of complex cases meet NHSN definitions. OHA responded favorably adding that CDC experts might be willing to participate in conference calls.

Overview of CDC-funded Facility Consultations for Acute, Long-Term, Dialysis, Ambulatory Surgical, and Outpatient Settings.

Mary Post, Oregon Patient Safety Commission

- Epidemiology and Lab Capacity (ELC) Domestic Ebola grant awarded to OHA focuses on building statewide infection prevention infrastructure, capacity, and education through a multifaceted approach.
  - Conduct readiness consultations with Oregon Ebola Tier 2 Assessment Hospitals.
  - Develop statewide infection control capacity to prevent healthcare-associated infections.
  - Expand biosafety capacity at the Public Health Laboratory.
- Healthcare Infection Control Assessment and Response (ICAR) program developed by CDC emphasizes cultivating partnerships to bolster infection control practices across the healthcare system.
  - Provides exciting opportunity to work with a variety of partners including: state and county health departments, healthcare facilities, emergency preparedness partners, and professional organizations.
  - Requires development of well-defined goals and alignment of regulations among agencies to achieve optimal results.
- ICAR Activity A
  - Strategy 1: Expand state HAI plan and advisory group.
    - Update state HAI plan to include assessment of gaps in infection control practices and outbreak reporting.
    - Broaden role of HAI Advisory Committee to encompass participation in planning of infection control activities:
      * Recommend criteria for selecting facilities who would most benefit from infection prevention consultations.
      * Propose mitigation strategies for addressing infection control gaps identified through analysis of facility assessment data.

- Strategy 2: Improve coordination between OHA and healthcare settings.
- Strategy 3: Assess readiness of designated Ebola facilities.
- Strategy 4: Evaluate and improve HAI outbreak reporting and response.

- ICAR Activity B
  - Strategy 1: expand infection prevention consultations, both in number of facilities and depth of content.
    - Consultations expanded beyond hospitals to include long-term care facilities (LTCFs), ambulatory surgery centers (ASCs), dialysis facilities, and medical clinics.
      - Goal for 2015 is to perform consultations at 25 healthcare organizations.
      - Facility selection criteria based on examination of findings from multiple sources including: outbreak reports, NHSN data, and regulatory surveys.
    - Consultations focus on quality improvement.
      - CDC assessment tool evaluates: infection control program and infrastructure; infection control training, competency, and implementation of policies and procedures; and systems to detect, prevent, and respond to HAIs and MDROs.
      - Follow-up visits assess efforts to mitigate infection control gaps.
    - Regional approach instituted to promote collaboration and networking within six designated Healthcare Preparedness Liaison Regions. Infection Preventionists certified through APIC will be contracted and trained to respond to issues within these regions.
    - Funding available for resource and tool development.
  - Strategy 2: increase infection control competency and practice.
    - Investigate modification of state regulations (e.g., OARS) and credentialing/licensing requirements to address identified infection prevention gaps.
    - Offer educational opportunities including regional workshops covering assessments and tools and courses on fundamentals of infection prevention.
  - Strategy 3: enhance surveillance analytic and reporting capacity.

Discussion/Decisions

Committee members suggested development of collaborative networks, comprised of facilities with similar patient populations, to enable successful organizations to mentor facilities struggling to reduce infections.

Public Comment / Adjourn

Chair

No comments from public.

Minutes Reviewed by:

Kate Ellingson
Zintars Beldavs

Exhibit Summary

A – Agenda

B – June 24, 2015 Minutes

C – Executive summary: Health Care-Associated Infections in Oregon Hospitals - 2014

D – Oregon 2014 Annual Report

E – Oregon HAIAC HAI Program Update

F – Healthcare-Associated Infections Advisory Committee: Ebola Grant Overview Part B