Healthcare Associated Infections Advisory Committee (HAI AC) meeting

December 14, 2016
1:00-3:05 pm

PSOB –Room 1D
800 NE Oregon St.
Portland, OR 97232

APPOINTED MEMBERS PRESENT:	• Paul Cieslak, MD, State Epidemiologist, Acute and Communicable Disease Prevention, Oregon Health Authority • Kelli Coelho, RN, CNOR, MBA, ASC Clinical Director, RiverBend Ambulatory Surgery Center (phone) • Jon Furuno, PhD, Academic Researcher, OHSU College of Pharmacy (phone) • Jamie Grebosky, MD, Hospital Administrator, Asante Health (phone) • Dee Dee Vallier, Consumer Representative (phone)
NOMINATED FOR MEMBERSHIP-PRESENT:	• Genevieve Buser, MD, Physician with Expertise in Infection Control, Providence Health System (phone) • Barbara Wade, MS, BSN, RN, CPHQ, CPPS, Director of Quality Improvement, Apprise Health Insights (phone)
APPOINTED MEMBERS EXCUSED:	• Gwen Cox, RN, BS, CNOR, Executive Director, Oregon Patient Safety Commission • Larlene Dunsmuir, DNP, FNP, ANP-C, Labor representative, Oregon Nurses Association • Joan Maca, RN, Long Term Care Administrator, Lifecare Center • Pat Preston, MS, Representative of the Business Community, Center for Geriatric Infection Control • Dana Selover, MD, MPH, OHA Representative, Oregon Health Authority • Mary Shanks, RN, MSN, CIC, Kaiser Westside, HAIAC Chair, RN with Interest and Involvement in Infection Control
OTHER PARTICIPANTS PRESENT:	• Jennifer Graham (for Akiko Saito), Health, Safety, Preparedness, and Response • Debra Hurst, RN, BSN, CIC, Environmental Health Consultant (phone) • Mary Post, RN, MS, CNS, CIC, Oregon Patient Safety Commission
OTHER PARTICIPANTS EXCUSED:	• Deborah Cateora, Office of Licensing and Regulatory Oversight • Beth DePew, Regional Liaison, Health Safety & Public Response • Ruby Jason, MSN, RN, NEA-BC, Oregon Board of Nursing • Laurie Murray-Snyder, Hospital Improvement Innovation Network Project Lead, HealthInsight Oregon • Nancy O'Connor, RN, BSN, MBA, CIC, Oregon Regional Infection Prevention • Teresa Shepherd, RN, Sterilization and Disinfection Consultant

OHA STAFF PRESENT:

- Zintars Beldavs, MS, HAI Program Manager/ACDP Section Manager
- Alyssa McClean, MPH, AWARE Coordinator
- Monika Samper, RN, HAI Reporting Coordinator
- Lisa Takeuchi, MPH, HAI Epidemiologist
- Roza Tammer, MPH, CIC, HAI Reporting Epidemiologist
- Ann Thomas, MD, Public Health Physician
- Dat Tran, MD, Public Health Physician
- Alexia Zhang, MPH, HAI Epidemiologist

ISSUES HEARD:

- Call to order and roll call
- Approval of September 2016 HAIAC meeting minutes
- Outbreaks 2016
- NHSN re-baseline
- New NHSN interface
- Hepatitis in Oregon
- Drug diversion and safety injection practices
- HCW influenza vaccination report update and review
- 2015 HAI report distribution
- Public comment
- Discussion: Themes and topics for future 2017 meetings
- 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	Action Item
Call to Order and Roll Call (Mary Post for Mary Shanks, Committee Chair)	Quorum not met. Only 45% of appointed members present.	No action item
Approval of September 2016 HAIAC Meeting Minutes (All Committee Members)	Minutes were not available. Will be brought to next meeting in March.	September and December meeting minutes to be presented at March meeting
Outbreaks (Alexia Zhang, Oregon Health Authority)	• Outbreak snapshot for 09/15/2016-10/09/2016 ○ Healthcare associated infections (HAI) outbreaks account for 39% of all outbreaks reported to	No action item

	Acute and Communicable Disease Prevention Program (ACDP) ○ There have been 65 reported outbreaks. Most common etiology was norovirus and noro-like outbreaks ▪ Majority in long-term care (LTC) and skilled nursing facilities (SNF) ▪ One in a school ○ Start of the influenza season ▪ Four influenza A outbreaks ○ Community wide mumps outbreak ▪ Increased number of calls regarding mumps since October ▪ Twenty-four suspect, confirmed or presumptive reported case since September ▪ Case definitions: ➢ Confirmed: Positive RT-PCR or culture in a patient with any of the following: ❖ acute parotitis or other salivary gland swelling lasting at least 2 days ❖ aseptic meningitis ❖ encephalitis ❖ hearing loss ❖ mastitis ❖ oophoritis ❖ orchitis ❖ pancreatitis ➢ Presumptive: acute parotitis or other salivary gland swelling lasting at least 2 days, or orchitis or oophoritis unexplained by another diagnosis ➢ Suspect: acute, parotitis or other salivary gland swelling, orchitis or oophoritis OR positive lab with no clinical symptoms	
NHSN Re-baseline (Roza Tammer, Oregon Health Authority)	• The standard infection ratio (SIR) is a statistical measurement comparing observed and predicted HAIs ○ Observed HAI is the number of infections observed and reported into the National Healthcare Safety Network (NHSN) during a certain time period ○ Predicted HAI is the number calculated based on the national SIR baseline	No action item

	○ National SIR baseline is how many HAIs occurred and were reported into NHSN **nationally** during a certain time period • Why re-baseline? ○ To account for changes in NHSN since the original baselines were created. Such as: ▪ More facilities reporting to NHSN ▪ Changing demographics of facilities reporting data to NHSN ▪ Increase in number and types of locations reporting device-associated data to NHSN ▪ Greater volume of procedures reported each year ▪ Introduction and increased use of the clinical document architecture (CDA) ▪ Increase in number of partners using NHSN group function ○ There are significant definition and protocol changes, such as: ▪ Removal of selected event types ▪ Changes in device-day data collection methods ▪ Ventilator associated event (VAE) replaces ventilator associated pneumonia (VAP) ▪ Changes to catheter associated urinary tract infections (CAUTI) definition ▪ Introduction of new events ▪ Introduction and refinement of definitions for identifying HAIs ▪ Additional locations added to the facility-wide inpatient (FacWideIN) surveillance ▪ Additional information required for procedures • Benefits of re-baselining ○ New baselines account for 2015's major changes to HAI definitions and criteria ○ A single time period results in more consistent methods for calculating and predicted infections ○ Using 2015 data allows NHSN to create and updated risk modeling strategy ○ Re-baselining will make more SIR analysis output options available in NHSN ○ Potentially changing the minimum precision criteria increase the scope of prevention activities • Scope of the re-baselining project	

	○ Updated HAI risk models for current SIR output options ○ Develop new risk-adjustment methods for central- line associated bloodstream infections (CLABSI), CAUTI, and VAE data ○ Introduce SIR output options for LabID events for long-term acute care hospitals (LTACH) and inpatient rehabilitation facilities (IRF) ○ Assess potential output impact of new baseline on trends in HAI data ○ Add new SIR output into the NHSN application ○ Potentially lower minimum precision criterion • Impact of re-baselining ○ Data reported to NHSN for 2015 will be used as the new baseline for future SIRs ○ Risk adjustment methods are risk models may vary from those generated using original baselines ○ All new risk models will be implemented into the NHSN application in the form of new SIRs ○ NHSN users with data analysis rights will have access to SIR outputs using both the new and old baselines, depending on time period • Timeline for re-baselining ○ Completed and ongoing tasks ○ December 10, 2016 is scheduled release for NHSN version 8.6, including all new SIRs using 2015 baseline and risk models • Summary of new measures ○ SIR for critical access hospitals (CAH) separate from acute care hospitals ○ Mucosal Barrier Injury (MBI) Laboratory-Confirmed Bloodstream Infections (LCBI) SIR ○ VAE SIR ▪ Total VAE ▪ Infection-related Ventilator-Associated Condition (IVAC) Plus ○ Pediatric SSI SIR ○ Methicillin resistant *staphylococcus aureus* (MRSA) and *Clostridium difficile* infection (CDI) LabID SIR for LTACH and IRF ○ Standard utilization ratios (SUR) for all device types • Implications of re-baselining for Centers for Medicare and Medicaid Services (CMS) reporting ○ Quality Reporting programs ○ Value-Based Purchasing Programs	

	• Statistical implications for the SIR
	  ○ The 2015 baseline is a new "starting/referent point" from which to measure future progress
	  ○ Therefore, SIRs will shift closer to 1, particularly for the 2015 SIRs calculated with the 2015 baseline	

New NHSN interface (Roza Tammer, Oregon Health Authority)	• NHSN's new look
	  ○ New SIR, baseline, variables, and reports by facility type
	  ○ Visually different
	  ▪ Some parts of the application are in the same place but have a new look
	  ▪ Some parts of the application have been moved/renamed and also have a new look
	  ○ Goal: A more user-friendly, intuitive environment for creating reports and analyzing data
	  ○ Changes to be implemented when NHSN version 8.6 is released on December 10, 2016
	  ▪ See slide set for examples and screenshots of upcoming changes
		No action item

Hepatitis in Oregon (Ann Thomas, Oregon Health Authority)	Data from a viral hepatitis profile from last year; focusing mainly on hepatitis C (HCV)
	• Burden of disease:
	  ○ Acute and chronic viral hepatitis
	  ○ Liver cancer
	  ○ Hospitalizations
	  ○ Transplants
	  ○ Deaths
	• Acute HCV cases by sex and age
	  ○ Average of 25 cases per year in 2009-2013
	  ○ Average of 332 new cases each year in Oregon
	  ○ Majority of the cases under age 40
	  ▪ 56% male
	  ▪ 66% persons who inject
	  ○ Oregon has been above the national average, except in 2013
	• Chronic infections
	  ○ County health departments do not investigate because there are so many cases so the information comes from the lab slips
	  ○ Two-thirds of cases were 45-64 years old
	  ○ Twenty-five percent are in Multnomah County
	  ○ Just under 50% are in the metro area
		No action item

	• Chronic viral hepatitis cases by year of liver cancer diagnosis in Oregon in 1996-2012:
	  ○ In 2012, 47% of liver cancer cases had chronic HCV
	  ○ Male preponderance
	• Only included cases with HCV or chronic liver disease as the reason for hospitalization
	  ○ Eight hundred cases per year, over the 5 year period
	  ○ Two-thirds were male
	  ○ Nearly 2/3 were on some sort of public assistance
	• Transplants
	  ○ Over 30 liver transplants performed at OHSU annually
	  ▪ One or two are hepatitis A or B
	  ▪ About half are HCV
	• Deaths
	  ○ Climbing rapidly over the last several years
	  ○ Even with the age adjusted, Oregon is still almost twice the national average
	  ○ Eighty-three percent of people between age 45-64 die prematurely
	  ○ Has been getting under reported since around 2000, based on a study done in Multnomah County
	  ○ Some racial disparities that were uncovered during the study.
	  ▪ Highest deaths are among blacks
	  ▪ Followed by Native Alaskans
	  ▪ Half as many among whites	

Drug Diversion and Safe Injection Practices (Alyssa McClean, Oregon Health Authority)	Some data from the HAI survey
	  ○ Does your facility provide safe injection practices (SIP) training upon hire to responsible personnel?
	  ▪ Hospitals: Yes 84.9%, No 3.8%, Unsure 11.3%
	  ▪ ASCs: Yes 94.8%, No 3.9%, Unsure 1.3%
	  ▪ SNFs: Yes 67.0%, No 26.6%, Unsure 6.4%
	  ○ Does your facility provide SIP training at least annually to personnel?
	  ▪ Hospitals: Yes 58.5%, No 15.1%, Unsure 26.4%
	  ▪ ASCs: Yes 92.2%, No 5.2%, Unsure 2.6%
	  ▪ SNFs: Yes 58.7%, No 35.8%, Unsure 5.5%
		No action items

	○ Are personnel required to demonstrate competency with SIP following each training? ▪ Hospitals: Yes 24.5%, No 34.0%, Unsure 41.5% ▪ ASCs: Yes 75.3%, No 20.8%, Unsure 3.9% ▪ SNFs: Yes 46.8%, No 45.9%, Unsure 7.3% ○ Does your facility maintain current documentation of SIP competency for personnel? ▪ Hospitals: Yes 43.4%, No 18.9%, Unsure 37.7% ▪ ASCs: Yes 76.6%, No 18.2%, Unsure 5.2% ▪ SNFs: Yes 44.4%, No 47.2, Unsure 8.4% ○ Does your facility perform SIP audits during patient care? ▪ Hospitals: Yes 28.3%, No 24.5%, Unsure 47.2% ▪ ASCs: Yes 77.9%, No 15.6%, Unsure 6.5% ▪ SNFs: Yes 56.0%, No 38.5%, Unsure 5.5% ○ Does the hospital have a drug diversion prevention program that includes consultation with infection prevention when drug tampering is suspected or identified? ▪ Hospitals: Yes 18.9%, No 47.2%, Unsure 26.4%, Other 7.5% ▪ ASCs: Yes 30.5%, No 34.1%, Unsure 24.4%, Other 11.0% ▪ SNFs: Yes 51.3%, No 31.1%.Unsure 17.6% ○ Our facility has a written policy about: ▪ Injection safety which includes protocols for performing finger sticks and point of care testing. ➢ ASCs: 89.0% ➢ SNFs: Yes 92.4%, No 2.5%, Unsure 5.1% ▪ Use of new needles and new syringe each time a medical bottle is entered. ➢ ASCs: 92.7% ▪ Requiring staff to draw up individual doses from a multi-dose vials only outside of patient care areas.	

	➢ ASCs: 82.9% ▪ Tracking personnel access to controlled substance to prevent narcotics theft or drug diversion ➢ ASCs: 87.8% ➢ SNFs: Yes 84.9%, No 4.2%, Unsure 10.9% ▪ Identification, reporting, and investigation of suspected drug diversion. ➢ ASCs: 76.8%	
HCW Influenza Vaccination Report Update (Monika Samper, Oregon Health Authority)	• Healthcare worker influenza vaccination survey annual report not yet available to the public. ○ Still in approval process ○ Anticipated official approval in a week or two • Vaccination rates are presented by facility type over time ○ Hospitals have increased with employees ○ ASC rates have slightly dropped this year ○ SNFs have jumped ○ Dialysis centers have phenomenal increase in rates • There is an overall high rate of unknown vaccination status in licensed independent practitioners, volunteers, and students	No action items
Public Comment	No public comment	No action items
Discussion: Themes and Topics for future 2017 meetings	• Future discussion about: ○ What things should be getting reported ○ What are the requirements ○ Which things should be eliminated because they are not as important as once thought ○ How to use the data that has been collected to drive improvements or priorities	No action items
Adjourn		

Next meeting will be March 15, 2017, 1:00 pm-3:00 pm, at The Portland State Office building, Room 1D

Submitted by: Tina Meyer
Reviewed by: Roza Tammer

EXHIBIT SUMMARY

A – Agenda

B – Outbreaks 2016
C – NHSN re-baseline
D – New NHSN interface
E – Hepatitis in Oregon
F – Drug diversion and safe injection practices
G – HCW Influenza Vaccination Report update and review
H – 2015 HAI Report distribution