

Healthcare-Associated Infections Advisory Committee

March 23, 2016

APPOINTED MEMBERS PRESENT: Laurie Murray-Snyder (phone)
Pat Preston, MS (phone)
Mary Shanks, RN, MSN, CIC
Dee Dee Vallier (phone)
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC
Bethany Walmsley, CPHQ, CPPS

NOMINATED MEMBERS PRESENT: Beth DePew (phone)
Debra Hurst, RN, BSN, CIC
Ruby Jason, MSN, RN, NEA-BC
Akiko Saito
Teresa Shepherd (phone)

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

NOMINATED MEMBERS EXCUSED: Deborah Cateora
Larlene Dunsmuir, DNP, FNP, ANP-C

ADJUNCT MEMBERS PRESENT: Mary Post, RN, MS, CNS, CIC

OHA STAFF PRESENT: Zintars Beldavs, MS, HAI Program Manager/ACDP Section Manager
Genevieve Buser, MD, HAI Public Health Physician
Kate Ellingson, PhD, HAI Reporting Epidemiologist
Alexia Zhang, MPH, HAI Epidemiologist

ISSUES HEARD:

- Call to Order and Roll Call
- Approval of December 2015 HAIAC Meeting Minutes
- OAR Language Updates
- NHSN 2015 Data Update
- Outbreaks 2016
- Findings from On-site Facility IP Assessments (2015-2016)

- Promoting Injection Safety and Understanding Risks
- Surgical Site Infection Webinars for Prevention
- CAUTI Prevention in Long-Term Care
- Public Comment
- Discussion: Themes & Topics for Future 2016 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.

Call to Order and Roll Call

Chair Mary Shanks

1pm. Quorum present.

Approval of December 2015 HAIAC Meeting Minutes

All Committee Members

Minutes were unanimously approved as written.

OAR Language Updates

All Committee Members

Discussion

Clarification requested on location information:

- Question: Are patients receiving specialty care integrated into medical, surgical, and medical/surgical units?
- Answer: No, Oregon rules align with CMS, which requires reporting from units specifically defined as medical, surgical, or medical/surgical units. In NHSN mapping documentation (http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf), wards must be defined as “mixed acuity” if they house beds for both medical and specialty care.
- Member Comment: It is likely that HAIs are occurring in these units even though there are lots of underlying infections. Even if surveillance is not perfect, you should be able to track change over time.

- Chair Comment: Many hospitals do track infections in these units, even if they are not reportable.
- OHA Response: OHA can only “see” infections that are reportable by law. We would encourage hospitals to conduct surveillance in specialty units for quality improvement and prevention. When considering which HAIs should be made publically reportable by law, we have to consider issues like risk adjustment, additional burden borne by hospitals, and validity of surveillance in these units.
- OHA comment: Based on member concern about clarity of unit definitions, we will not vote on passage of the OHA updates today.

Action Items

- Kate Ellingson to review location specification in OARs.
 - UPDATE: location information currently exists under 333-018-0100, “Definitions.” This section updated to include wards that were integrated into the Oregon’s mandatory reporting program in January, 2015.
- Revised OARs, including the updated “Definitions” section, will be sent to HAIAC by email on 4/13/2016.
- OAR updates will be voted on at Rules Advisory Committee (RAC) on 4/20/16.
- All HAIAC members will be invited to the RAC.

NHSN Update – 2015 Preliminary Data (*see slides for details*)

Kate Ellingson, Oregon Public Health Division

Preliminary data for 2015 presented for HAIs reportable by hospitals.

- Majority of CLABSI infections reported from wards, not ICUs
- CAUTI definition changed in 2015, so SIRs unreliable for comparison
- HHS targets will be reestablished for 2020 based on 2015 data
- C. difficile increased in 2015; Oregon did not meet 2013 HHS target
- Next Steps:
 - Validate all data with facilities by 5/15/16
 - Create PDFs of aggregate data for printing
 - Provider and Consumer versions
 - No facility-specific data, but aggregate by state, region, county
 - Post all facility-specific data online:
 - Data.oregon.gov: excel spreadsheets and trends
 - HAI & HCW influenza vaccination interactive map

Discussion

- Question: Will there be a printable option for the online portion of the report?

- OHA Response: Online maps might be tricky to print, but we can work on options for printing out of data.oregon.gov; the ultimate goal, if we can find the resources, is a report card for each facility, and potentially each infection that makes meaningful comparisons.
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Outbreak Update – 2016 Review (*see slides for details*)

Alexia Zhang, Oregon Public Health Division

Outbreak Snapshot for 1/1/16 – 3/18/16

- HAI outbreaks account for > 50% of all outbreaks reported to OHA
- GI outbreaks responsible for >75% of all healthcare-related outbreaks
 - GII norovirus sub-type appears to be spreading
 - Several sapovirus infections confirmed in assisted-living
- Outbreak reporting criteria reviewed; clarified in new OARs and on poster
- SSI cluster among orthopedic patients
- Zika virus outbreak: 6 Oregon cases; information for healthcare providers at bitly.com/zikaoregon

Discussion

- Question: what's the pathogen for the SSI outbreak?
 - OHA response: it's mixed organism for both hip and knee replacements, including different GI and GU organisms, but not staphylococcus.
 - OHA comment: one reason for the number of healthcare-associated influenza and GI outbreaks in LTCFs is that OHA has been proactive about encouraging LTCFs to report outbreaks; reporting is not punitive, rather a mechanism for understanding the epidemiology of these pathogens and instituting control measures.
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Infection Control Assessment and Response (ICAR) Update (*see slides for details*)

Mary Post, Oregon Patient Safety Commission

- As part of CDC/Ebola funding, OHA funds on-site infection prevention consultations
 - 25 facilities offered consultations in 1st year; 35 minimum for subsequent years
 - Visits involve using a standardized CDC assessment tool
 - OPSC/OHA lead, local health department, and local APIC member on-site
 - Facilities selected based on NHSN data, outbreak data, CMS nursing home compare, HCW influenza vaccination rates, other recommendations
 - Settings: hospitals, ASC, LTCFs, dialysis, and clinics
 - Visit entails opening meeting, staff interviews, observations, and audits
 - Information from visit summarized from facility, then aggregated and sent (de-identified) to CDC
- Key findings from first 19 assessments

- Injection safety lapses: multidose vials in immediate care areas, labeling
- Incomplete implementation of mandatory interfacility communication requirement
- Antibiotic stewardship implemented in hospitals but little support for activities in other settings
- Instrument sterilization and high-level disinfection practices can be improved
- Training programs for environmental services teams need to be developed
- Next Steps
 - Finalize first year (baseline) results
 - Plan mitigation strategies
 - Hold regional meetings to improve collective infection prevention and communication across sites sharing patients and healthcare infrastructure
 - Identify facilities who may benefit from IP consultation in Year 2

Discussion

- Member Comment: A medical or nursing license is a social contract with the people of Oregon, and our job is public safety, so I wonder who in the leadership is supposed to formulate plans?
- Ebola grant part B overview: provided facilities with baseline consultation and follow-up a few months later. Initially had trouble getting in the door, but word has spread and it's much easier this year.

Action Item

OHA will send out a summary of Mary's observations. Charge of committee is to figure out how to prioritize infection control gaps and how to use data to inform outbreak investigations.

Promoting Injection Safety and Understanding Risks (*see slides for details*)

Kate Ellingson, Oregon Public Health Division

Oregon involvement in One and Only Campaign

- Official member state
- Goals to raise awareness among provider communities and public health
- Small grant targeting providers in rural areas
- Infections can occur when:
 - Syringes are reused
 - Single-dose vials are used for >1 patient
 - Multi-dose vials are misused
 - Glucometers are used for >1 patient and not properly disinfected
 - Healthcare workers divert controlled substances by injecting themselves and contaminating vials or syringes subsequently used for patients
- Resources available here: <http://www.oneandonlycampaign.org/>

Discussion

- Member comment: there are many issues related to opioid use and prescribing. We had a complaint brought to the nursing board from a patient who said their pain was not adequately managed because a nurse was trying to taper a patient off per guidelines. Providers are acutely aware of opioid issues; patients will ER shop.
 - OHA Response: OHA is conducting surveys of hospitals, ASCs, and SNFs about infection prevention practices. There are questions on that survey about injection safety competency and training. Results to be presented at the June meeting and we can continue to discuss this issue and the HAIAC's role in guiding the program.
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Surgical Site Infection Webinars for Prevention

Mary Shanks, Kaiser Westside Medical Center

Diane Waldo, Oregon Association of Hospitals and Healthcare Systems

- Two webinars have been held so far to encourage sharing of practices and improvement processes with the goal of providing resources/education to other IPs or Quality professionals working on improving surgical outcomes.
- Focus on reportable procedures: Total Joint procedures, Colon surgery and laminectomy.
- Webinar #1 Hips and Knees 2/23/16
 - Kaiser Permanente, Legacy Good Sam, Providence St Vincent, Salem
 - Reviewed pre-admit, pre-op, intra-op, post-op practices
 - Included pre-op bathing with CHG cloths or Hibiclens, use of mupirocin vs iodine, surgical prep, traffic control, attire
 - Differences noted in: screening- MRSA/MSSA, decolonization, dressings, glucose management, involvement of the surgical team as well as leadership
- Webinar #2 Colon SSI 3/17/16
 - Kaiser Permanente, OHSU, MultiCare Tacoma
 - KP- pathway to zero
 - OHSU- standardized bowel prep- abx
 - Ertapenem
 - Dedicated closure tray
 - MultiCare- Clean fascia closure-anastamotic time out- change gloves/gown/hand hygiene, PICO dressings, use of wound protector, standardized post op-wound care instructions
- Third webinar scheduled for 4/19- Laminectomy
- OAHHS records all webinars working to promote slides to others

Discussion

- Member comment: what about other types of surgeries in other types of settings?
- OHA response: we are focusing now on currently reportable surgeries, but certainly there are concerns about standardization of practices in other settings. This could be a topic of discussion for a future date (how to address major surgeries or risky procedures performed in ambulatory settings).

Public Comment & Topics for Future 2016 Meetings (*see slides for details*)
Kate Ellingson, Oregon Public Health Division

- Public comment read from a member of a residential care facility (independent living) concerned about influenza vaccination among healthcare workers
 - Concerned that reporting of rates for SNFs only, not assisted or independent living settings with vulnerable patients
 - Recommended consideration of legislation as other states have to require influenza vaccination of all healthcare workers and volunteers
- Possible future meeting topics (*See slides for details*)
 - Continued data updates (NHSN, outbreaks, site visits)
 - HCW influenza vaccination
 - Update on Ebola-funded center of excellence hospitals
 - Focus on long-term care issues

Discussion

- Members discussed pursuing legislation that would require healthcare workers to receive flu vaccinations
 - Uphill battle due to union resistance.
 - Oregon has a law that prohibits forcing vaccinations on workers
 - Possible to at least extend reporting of HCW vaccinations beyond SNFs to residential care facilities
- Request for a longer meeting so that more issues can be covered in depth

Action Steps

- OHA will confer with the Office of Licensing and Regulatory Oversight (OLRO) on the issue of extending healthcare worker influenza vaccination requirements in residential settings.
- OHA will look into lengthening the meetings to 3 hours starting in December.

Minutes Written by:

Kate Ellingson

Exhibit Summary

A – Agenda

B – December 16, 2015 Minutes

C – Oregon Administrative Rules - Oregon Health Authority, Public Health Division, Chapter 333

D – Oregon Public Health Division Reporting for Healthcare-Associated Infections Poster

E – NHSN Update: 2015 Preliminary Data

F – Outbreak Update

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

H – Prevention Focus: Making Every Injection Safe

I – Healthcare-Associated Infections Advisory Committee: CAUTI Prevention in Long-Term Care

J – Topics for Future Meetings