

AGENDA

Healthcare-Associated Infections Advisory Committee

March 15, 2017

1:00 – 3:00 pm

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

Phone: 877.873.8018 (passcode: 7872333)

Category	Item	Presenter	Time
Committee Business	1. Call to order & roll call	Mary Shanks, Chairperson, Kaiser Westside	1:00 – 1:05
	2. Approve September 2016 minutes	All members	1:05 – 1:10
	3. Approve December 2016 minutes	All members	1:10 – 1:15
	4. Outbreaks update 2017	Alexia Zhang (OHA)	1:15 – 1:25
	5. Bed availability crisis: Acute care perspective and the Oregon Crisis Care Guidance	Mary Shanks Richard Leman (OHA)	1:25-1:45
Break			1:45-1:50
	6. Update on NHSN version 8.6	Roza Tammer (OHA)	1:50-2:00
	7. 2016 HAI annual report	Lisa Takeuchi & Roza Tammer (OHA)	2:00-2:40
	8. HAIAC roster	Roza Tammer	2:40-2:45
Wrap Up	9. Public comment	Open	2:45-2:50
	10. Discussion: Themes & topics for future 2017 meetings	All members	2:50-3:00
	11. Adjourn	Chair	3:00

Objectives for 3/15/2017 HAIAC meeting:

- Approve September and December meeting minutes
- Discuss bed availability in the acute care setting and the Oregon Crisis Care Guidance
- Update on NHSN update rollout
- Discuss 2016 annual report approach
- Update HAIAC roster
- Brainstorm themes and topics to address at future meetings

Healthcare Associated Infections Advisory Committee (HAI AC) meeting

September 28, 2016
1:00-4:00 pm

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

**APPOINTED
MEMBERS
PRESENT:**

- Gwen Cox, RN, BS, CNOR, Executive Director, Oregon Patient Safety Commission (phone)
- Jon Furuno, PhD, Academic researcher, OHSU College of Pharmacy
- Jamie Grebosky, MD, Hospital Administrator, Asante Health (phone)
- Dana Selover, MD, MPH, OHA representative, Oregon Health Authority (phone)
- Mary Shanks, RN, MSN, CIC, Kaiser Westside, HAIAC Chair

**NOMINATED
FOR
MEMBERSHIP-
PRESENT:**

- Genevieve Buser, MD, Physician with expertise in infection control, Providence Health System
- Larlene Dunsmuir, DNP, FNP, ANP-C, Labor representative, Oregon Nurses Association
- Laurie Murray-Snyder, Hospital Improvement Innovation Network Project Lead, HealthInsight Oregon (phone)
- Barbara Wade, MS, BSN, RN, CPHQ, CPPS, Director of Quality Improvement, Apprise Health Insights

**APPOINTED
MEMBERS
EXCUSED:**

- Paul Cieslak, MD, State epidemiologist, Acute and Communicable Disease Prevention, Oregon Health Authority
- Kelli Coelho, RN, CNOR, ASC Clinical Director, RiverBend Ambulatory Surgery Center
- Joan Maca, RN, Long Term Care Administrator, Lifecare Center
- Nancy O'Connor, RN, BSN, MBA, CIC, Oregon Regional Infection Prevention
- Pat Preston, MS, Business community representative, Center for Geriatric Infection Control
- Dee Dee Vallier, Consumer representative (phone)
- Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC, OAHHS

**OTHER
PARTICIPANTS
PRESENT:**

- Judy Guzman-Cottrill, MD, Consultant, Oregon Healthcare Associated Infections Program (phone)
- Mary Post, RN, MS, CNS, CIC, Oregon Patient Safety Commission

**OTHER
PARTICIPANTS
EXCUSED:**

- Beth DePew, Regional Liaison, Health Safety & Public Response
- Debra Hurst, RN, BSN, CIC, Environmental Health Consultant
- Ruby Jason, MSN, RN, NEA-BC, Oregon Board of Nursing
- Teresa Shepherd, RN, Sterilization and Disinfection Consultant

**OHA STAFF
PRESENT:**

- Zintars Beldavs, MS, HAI Program Manager/ACDP Section Manager
- Deborah Cateora, Office of Licensing and Regulatory Oversight (phone)
- Jennifer Graham (for Akiko Saito), Health, Safety, Preparedness, and Response
- Monika Samper, RN, HAI Reporting Coordinator
- Lisa Takeuchi, MPH, HAI Epidemiologist
- Alexia Zhang, MPH, HAI Epidemiologist

**ISSUES
HEARD:**

- Call to order and roll call
- Approval of March and June 2016 HAIAC meeting minutes
- Oregon Ebola assessment hospital update and next steps
- HAI Annual Report update and online map
- Outbreaks 2016
- Dialysis facility observations and suggestions for improvement
- Role of Oregon's Office of Licensing and Regulatory Oversight (OLRO) in IP
- HCW Influenza vaccination report update
- 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 (Chair-Mary Shanks)	quorum present	No action item
Approval of March and June 2016 HAIAC Meeting Minutes (All Committee Members)	Minutes unanimously approved as written.	No action item
ICAR Center of Excellence Update and Next Steps	<ul style="list-style-type: none"> • Created Infection Control, Assessment, and Response (ICAR) Center of Excellence. This designation is different than Ebola Assessment Hospitals. • Five ICAR Centers of Excellence <ul style="list-style-type: none"> ○ Asante Ashland Community Hospital 	No action item

(Judy-Guzman-Cottrill)	<ul style="list-style-type: none"> ○ Kaiser Westside Hospital ○ Legacy Good Samaritan Hospital ○ Providence Milwaukee Hospital ○ Lebanon Community Hospital • The objective for this group of hospitals is: <ul style="list-style-type: none"> ○ Continued preparedness for emerging and highly transmissible pathogens ○ Be at continued state of readiness with hospital leadership support to maintain infection prevention improvement as a hospital priority • Created a template/checklist to assess preparedness at each hospital. It contains: <ul style="list-style-type: none"> ○ Different domains ○ Different categories, such as: <ul style="list-style-type: none"> ▪ Infrastructure ▪ Patient transportation ▪ Clinical lab practices ▪ Staffing ▪ Healthcare worker safety ▪ Clinical planning 	
HAI Annual Report Update and Online Map (Lisa Takeuchi, Oregon Public Health Division)	<ul style="list-style-type: none"> • Report is available online: https://data.oregon.gov/ <ul style="list-style-type: none"> ○ Might be tricky to print ○ Includes facility specific data ○ Makes meaningful comparisons • Preliminary findings <ul style="list-style-type: none"> ○ Majority of central line-associated bloodstream infections (CLABSI) reported from wards, not intensive care units (ICU) ○ <i>C. difficile</i> increased in 2015; Oregon did not meet 2013 Health and Human Services (HHS) target • Next steps: <ul style="list-style-type: none"> ○ Data reported to National Healthcare Safety Network (NHSN) for 2015 will be used as the new baseline for standardized infection ratios (SIR) ○ Release scheduled is December 2016 ○ New SIRs available for 2015 data and forward ○ Upcoming NHSN re-baseline webinar is scheduled for: <ul style="list-style-type: none"> ▪ Wednesday, October 5, 2016 at 11:00-12:30 pm PST ▪ Web link: https://cc.readytalk.com/r/bukusltexl4t&eom ○ HHS 2020 Targets <ul style="list-style-type: none"> ▪ CLASBIs: 50% reduction from 2015 baseline ▪ Catheter associated urinary tract infection (CAUTI): 25% reduction from 2015 baseline 	No action item

	<ul style="list-style-type: none"> ▪ Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA) bloodstream infection (BSI): 50% reduction from 2015 baseline ▪ <i>Clostridium difficile</i> infection (CDI): 30% reduction from 2015 baseline ▪ Surgical site infection (SSI): 30% reduction from 2015 baseline 	
Outbreak Update – 2016 Review (Alexia Zhang, Oregon Public Health Division)	<ul style="list-style-type: none"> • Outbreak snapshot for 06/01/2016-09/22/2016 <ul style="list-style-type: none"> ○ Healthcare associated infections (HAI) outbreaks account for 60% of all outbreaks reported to Acute and Communicable Disease Prevention Program (ACDP) ○ Gastrointestinal (GI) outbreaks are responsible for >89% of all healthcare-related outbreaks <ul style="list-style-type: none"> • Several unknown GI infections confirmed in assisted living facilities (ALF), memory care, and skilled nursing facilities (SNF) ○ Interesting outbreak of <i>E. coli</i> associated with a fair and Salmonella Newport associated with a restaurant ○ <i>Mycobacteria chimera</i> has been reported to OHA ○ Centers for Disease Control and Prevention (CDC) sent out a report that said that heater and cooler units during cardiac surgery have been linked to <i>Mycobacteria chimera</i> so they are suggesting that heater-cooler units should be positioned away from the surgical field 	No action item
Dialysis Facility Observations and Suggestions for Improvement (Mary Post, Oregon Patient Safety Commission)	<ul style="list-style-type: none"> • Key finding from ICAR visits for three dialysis facilities: <ul style="list-style-type: none"> ○ 66% had designated infection preventionists (IP) in place with specific training ○ All have specific hepatitis B isolation room but not for other infectious diseases ○ 66% have annual job training and observational competency ○ Very high hand hygiene rates ○ Only one medication room had multi-dose vials in shared areas that were not properly labeled ○ Very good in observational competencies for vascular access, cannulation, de-cannulation, and psychiatric care • New guidelines and checklist for station cleaning • Training Video: www.youtube.com/watch?v=Zx9fgg0u4cQ • Next steps: 	No action item

	<ul style="list-style-type: none"> ○ Scheduled an IP fundamentals training course that is in high demand 	
Role of Oregon's Office of Licensing and Regulatory Oversight in IP (Deborah Cateora, OLRO)	<ul style="list-style-type: none"> • There's 3 things that OLRO is trying to do: <ol style="list-style-type: none"> 1. Rule revision for: <ul style="list-style-type: none"> ▪ Nursing homes ▪ ALFs ▪ Foster home facilities 2. Increased training requirements more specific to the staff member role. For example: <ul style="list-style-type: none"> ▪ Additional training around contaminated laundry for laundry staff ▪ Food handling for kitchen staff 3. Serving prompt and increased communication with the local health departments around reportable diseases and communicable outbreaks 	No action items
HCW Influenza Vaccination Report Update (Monika Samper, Oregon Public Health Division)	Preliminary data for 2016 is new data and unpublished <ul style="list-style-type: none"> • This year's report is: <ul style="list-style-type: none"> • Available at: https://data.oregon.gov/ <ul style="list-style-type: none"> ○ Heavy on graphs and figures ○ Will be separate from the HAI report ○ The map will have a legend ○ Can view facility-specific data • Dialysis facilities newly added and almost meet the Healthy People 2020 goal; rate of 88% • Hospital meet the Healthy People 2015 goal of 63% for the 3rd year in a row; rate of 78% with 13% unknown • Ambulatory surgical center (ASC) rates are 68% • SNFs are 63% • Hospitals have a 13% unknown vaccination status • SNFs are 19% declining in vaccination rate from last year • ASCs are 22% declining in vaccination rate from last year 	No action items
Public Comment	No public comment	No action items
Discussion: Themes and Topics for future 2017 meetings	<ul style="list-style-type: none"> • Possible future meeting topics <ul style="list-style-type: none"> ○ Multi-drug resistant organisms (MDRO), <i>C. difficile</i>, antimicrobial stewardship (AS) as a worldwide problem and what can be done at the local level to help ○ Grant/projects that others are working on and potential alignments ○ Standardized screening of patients in Oregon healthcare facilities 	No action items

	<ul style="list-style-type: none"> Sharing of the information from the local epidemiologists, where the cases are coming from, and what are the best practices for health care for these patients 	
Adjourn		

Next meeting will be December 14, 2016, 1:00 pm-4:00 pm, at The Portland State Office building, Room 1D

Submitted by: Reviewed by:
Tina Meyer Monika Samper

EXHIBIT SUMMARY

- A – Agenda
- B – March 23 and June 22, 2016 meeting minutes
- C – Oregon Ebola Assessment Hospital update
- D – HAI Annual Report update and online map
- E – Outbreak Update
- F – Dialysis facility observations and suggestions
- G - HCW Influenza Update

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
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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)

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- 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

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- 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

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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,	<ul style="list-style-type: none"> • Outbreak snapshot for 09/15/2016-10/09/2016 <ul style="list-style-type: none"> ○ Healthcare associated infections (HAI) outbreaks account for 39% of all outbreaks reported to 	No action item

Oregon Health Authority)	<p>Acute and Communicable Disease Prevention Program (ACDP)</p> <ul style="list-style-type: none"> ○ There have been 65 reported outbreaks. Most common etiology was norovirus and noro-like outbreaks <ul style="list-style-type: none"> ▪ Majority in long-term care (LTC) and skilled nursing facilities (SNF) ▪ One in a school ○ Start of the influenza season <ul style="list-style-type: none"> ▪ Four influenza A outbreaks ○ Community wide mumps outbreak <ul style="list-style-type: none"> ▪ Increased number of calls regarding mumps since October ▪ Twenty-four suspect, confirmed or presumptive reported case since September ▪ Case definitions: <ul style="list-style-type: none"> ➤ Confirmed: Positive RT-PCR or culture in a patient with any of the following: <ul style="list-style-type: none"> ❖ 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)	<ul style="list-style-type: none"> • The standard infection ratio (SIR) is a statistical measurement comparing observed and predicted HAIs <ul style="list-style-type: none"> ○ Observed HAI is the number of infections observed and reported into the National Healthcare Safety Network (NHSN) during a certain time period 	No action item

	<ul style="list-style-type: none"> ○ Predicted HAI is the number calculated based on the national SIR baseline ○ National SIR baseline is how many HAIs occurred and were reported into NHSN nationally during a certain time period ● Why re-baseline? <ul style="list-style-type: none"> ○ To account for changes in NHSN since the original baselines were created. Such as: <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ○ 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 	
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	<ul style="list-style-type: none"> ○ Potentially changing the minimum precision criteria increase the scope of prevention activities • Scope of the re-baselining project <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ SIR for critical access hospitals (CAH) separate from acute care hospitals ○ Mucosal Barrier Injury (MBI) Laboratory-Confirmed Bloodstream Infections (LCBI) SIR ○ VAE SIR <ul style="list-style-type: none"> ▪ Total VAE ▪ Infection-related Ventilator-Associated Condition (IVAC) Plus ○ Pediatric SSI SIR ○ Methicillin resistant <i>staphylococcus aureus</i> (MRSA) and <i>Clostridium difficile</i> infection (CDI) LabID SIR for LTACH and IRF 	
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	<ul style="list-style-type: none"> ○ Standard utilization ratios (SUR) for all device types ● Implications of re-baselining for Centers for Medicare and Medicaid Services (CMS) reporting <ul style="list-style-type: none"> ○ Quality Reporting programs ○ Value-Based Purchasing Programs ● Statistical implications for the SIR <ul style="list-style-type: none"> ○ 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)	<ul style="list-style-type: none"> ● NHSN’s new look <ul style="list-style-type: none"> ○ New SIR, baseline, variables, and reports by facility type ○ Visually different <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ▪ See slide set for examples and screenshots of upcoming changes 	No action item
Hepatitis in Oregon (Ann Thomas, Oregon Health Authority)	<p>Data from a viral hepatitis profile from last year; focusing mainly on hepatitis C (HCV)</p> <ul style="list-style-type: none"> ● Burden of disease: <ul style="list-style-type: none"> ○ Acute and chronic viral hepatitis ○ Liver cancer ○ Hospitalizations ○ Transplants ○ Deaths ● Acute HCV cases by sex and age <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ▪ 56% male ▪ 66% persons who inject ○ Oregon has been above the national average, except in 2013 ● Chronic infections 	No action item

	<ul style="list-style-type: none"> ○ 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 ● Chronic viral hepatitis cases by year of liver cancer diagnosis in Oregon in 1996-2012: <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ Over 30 liver transplants performed at OHSU annually <ul style="list-style-type: none"> ▪ One or two are hepatitis A or B ▪ About half are HCV ● Deaths <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ○ Does your facility provide safe injection practices (SIP) training upon hire to responsible personnel? <ul style="list-style-type: none"> ▪ 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% 	No action items

	<ul style="list-style-type: none"> ○ Does your facility provide SIP training at least annually to personnel? <ul style="list-style-type: none"> ▪ 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% ○ Are personnel required to demonstrate competency with SIP following each training? <ul style="list-style-type: none"> ▪ 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? <ul style="list-style-type: none"> ▪ 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? <ul style="list-style-type: none"> ▪ 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? <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ Injection safety which includes protocols for performing finger sticks and point of care testing. <ul style="list-style-type: none"> ➤ ASCs: 89.0% 	
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	<ul style="list-style-type: none"> ➤ SNFs: Yes 92.4%, No 2.5%, Unsure 5.1% ▪ Use of new needles and new syringe each time a medical bottle is entered. <ul style="list-style-type: none"> ➤ ASCs: 92.7% ▪ Requiring staff to draw up individual doses from a multi-dose vials only outside of patient care areas. <ul style="list-style-type: none"> ➤ ASCs: 82.9% ▪ Tracking personnel access to controlled substance to prevent narcotics theft or drug diversion <ul style="list-style-type: none"> ➤ ASCs: 87.8% ➤ SNFs: Yes 84.9%, No 4.2%, Unsure 10.9% ▪ Identification, reporting, and investigation of suspected drug diversion. <ul style="list-style-type: none"> ➤ ASCs: 76.8% 	
HCW Influenza Vaccination Report Update (Monika Samper, Oregon Health Authority)	<ul style="list-style-type: none"> • Healthcare worker influenza vaccination survey annual report not yet available to the public. <ul style="list-style-type: none"> ○ Still in approval process ○ Anticipated official approval in a week or two • Vaccination rates are presented by facility type over time <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • Future discussion about: <ul style="list-style-type: none"> ○ 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: Reviewed by:
Tina Meyer 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

HAIAC

Alexia Zhang, MPH
Healthcare-Associated Infections Epidemiologist
Acute and Communicable Disease Prevention Program

Wednesday, March 15th, 2017

The logo for the Oregon Health Authority is displayed within a light blue curved banner. It features the word "Oregon" in a small serif font above the word "Health" in a large serif font, with the word "Authority" in a smaller serif font below "Health".

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Outbreaks since 1/1/2017

Etiology	Count	Setting
Norovirus	33	LTCF (28) , School (5)
Gastroenteritis		
Yersinia pseudotuberculosis	1	Multistate (1)
Salmonella	2	Multistate (1), private home(1)
E. coli O157	2	Foodborne (1), private home (1)
Rotavirus	2	LTCF (1) , Day care center (1)
unknown	27	LTCF (17) , School (6), Day care center (2), Other (2)
Respiratory		
Influenza	101	LTCF (97) , School (3), Hospital(1)
Pertussis	2	School (2)
Mumps	1	Community wide
Unknown	16	LTCF (13) , school (3)
Rash	3	LTCF (1) , school (2)
Total	190	

Healthcare associated outbreaks, 1/1/2017-3/7/2017

- Healthcare associated infections account for 81% (n=154) of all outbreaks from January to March
- Most common etiology was influenza and respiratory outbreaks
 - Majority: influenza A
- Started to see an increase of norovirus or mixed outbreaks in late February

Facility type	Norovirus	unknown-GI	unknown-respiratory	Influenza	Rotavirus
Memory Care	3	2	2	7	0
Assisted Living Facility	13	9	2	37	1
Skilled Nursing Facility	6	4	4	21	1
Nursing Home-type unknown	6	1	5	31	0
Retirement Community	0	1	0	1	0
Total	28	17	13	97	1

Outbreaks of Interest

- Mumps among wrestlers
 - 13 cases from 6 counties
 - Age range 10-54, majority male
 - Call from provider about a family all with suspect mumps
 - 2 of the cases were high school wrestlers
 - Two cases wrestled in a different tournaments while communicable
 - Most recent case with onset in mid February
- E. coli O157 related to I.M Healthy Brand soy nut products
 - As of 3/7/2017, 16 people from 9 states are affected
 - 6 hospitalizations, 4 cases with Hemolytic Uremic Syndrome
 - 2 cases in Oregon
 - All 9 cases interviewed report eating I.M Healthy Brand Soy nut butter in week prior to onset
 - Voluntary recall in place

Thank You

<http://public.health.oregon.gov>

alexia.y.zhang@state.or.us

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RESOLUTION to Known Issues Impacting NHSN Patient Safety Data Entry and Analysis Reports Related to the Upcoming CMS Quality Reporting Deadline*

NOTE: The following list was originally sent to NHSN users on 1/24/2017; **the items listed below are all resolved as of 2/22/2017**. Please carefully review for important updates. The issues mentioned below impacted data entry, as well as the reports within the NHSN Patient Safety Component that hospitals use to check their data for the upcoming CMS Quality Reporting Program deadline. **The issues related to the analysis reports mentioned below are part of a process that is separate from the file submissions from CDC to CMS on behalf of hospitals. Therefore, the data submitted on behalf of hospitals was not impacted by the analysis report issues mentioned below.**

Multi-module Issues

- **RESOLVED 02/22/2017:** Unusual Susceptibility Reports are being triggered incorrectly.
- **NEW – RESOLVED 02/22/2017:** Issues related to entering 2016 PS Annual Surveys, including the alert to complete a survey when entering a 2016 monthly reporting plan, have been resolved. If you previously encountered an issue when entering a 2016 PS Annual Survey, the issues have now been resolved and the surveys can be entered.

Device-associated Infections (i.e., CLABSI, CAUTI, and VAE)

- **RESOLVED 01/26/2017:** CLABSI SIR report for acute care hospitals: Oncology units are being excluded from the SIR reports.
- **RESOLVED 01/20/2017:** CLABSI and CAUTI SIRs for acute care hospitals were showing blank reports.
- **RESOLVED 01/26/2017:** CLABSI SIR report for Long Term Acute Care (LTAC) hospitals: ward locations are being excluded from the SIR report.
- **RESOLVED 02/22/2017:** VAE SIRs are including pediatric locations that have reported ventilator days for pedVAP. This includes pediatric ICU and pediatric Ward locations reported in the LTAC setting.
- **RESOLVED 02/22/2017:** On the Monthly Reporting Plan page, VAE and PedVAP are not options for entry.
- **RESOLVED 02/22/2017:** Some locations are missing when entering VAE events, and therefore cannot be saved accurately.

Surgical Site Infections (SSIs)

- **IMPORTANT NOTE:** Records that are associated with any of the three SSI/Procedure issues, listed below, have been marked as “Incomplete” in the NHSN application. At this time, we request that **ALL** facilities check their “Incomplete Events” alerts to review the events impacted by these defects. After the corrections have been made, please **save** the events once more. All questions and concerns should be directed to nhsn@cdc.gov.
 - **RESOLVED: 02/22/2017:** In-plan SSI events must be linked to a procedure. Following the NHSN 8.6 release, SSIs were able to be saved *without* linking to a procedure, which will cause the event to be excluded from the SSI SIR calculations. These events are now marked as **Incomplete**. This can be resolved by updating the **procedure** record and linking to the existing SSI record.
 - **RESOLVED 02/22/2017:** SSIs reported with an event date equal to the procedure date. Please update the the event date, as appropriate, and save the updated SSI record.
 - **RESOLVED 02/22/2017:** SSIs linked to procedures where the response to “Outpatient” is a mismatch. Both the event and the procedure are marked as **Incomplete**.

- **RESOLVED 02/22/2017:** Procedures reported with a closure technique of “Other than Primary” are incorrectly being excluded from the SIRs calculated under the new baseline. This impacts the “Complex 30-day SSI SIR” used for the CMS Hospital Inpatient Quality Reporting Program.

MRSA Bacteremia and *Clostridium difficile* (CDI) LabID Event

EXISTING ISSUE: *Currently, some facilities cannot save MDRO/CDI denominator records that include custom variables (“custom fields”). If you receive an error when attempting to save an MDRO/CDI denominator record with custom variables, please leave the custom variables blank and save the record again. We will notify users once custom variables are available again.*

IMPORTANT NOTE: *Please check the “Incomplete Events” alert in NHSN to review any previously-entered CDI or CRE LabID events that may be missing required fields. Please also regenerate datasets prior to running LabID reports in NHSN Analysis.*

- **RESOLVED 02/22/2017:** The application is allowing LabID events to be reported when there is no monthly reporting plan in place for the time period reported. Once the record is saved, the specimen date is cleared from the record.
- **RESOLVED 02/22/2017:** The questions “Has patient been discharged from your facility in the past 4 weeks?” and “If Yes, date of last discharge from your facility” have become optional for community onset (CO) CDI LabID events and, if a discharge date is entered, the information is not being used to categorize a CO event as “CO-HCFA”. Now that this is resolved, the fields are required and the algorithm is being applied.
- **RESOLVED 02/22/2017:** The FacWideIN (facility-wide inpatient) monthly denominator form is not saving in some situations. The “Report No Events” checkbox is not recognizing prior events, and users are being prompted to check this box when it is otherwise not appropriate to do so. This is causing “Incomplete Summary Data” alerts on the home screen. **Records falling into this scenario are no longer considered “Incomplete” and the data will be included in the LabID and SIR reports.**
- **RESOLVED 02/22/2017:** When editing a FacWideIN monthly denominator form, the “Encounters” field is enabled; the application is not allowing the edited record to be saved with the “Encounters” field blank.
- **RESOLVED 01/19/2017:** The numerator of the FacWideIN (facility-wide inpatient) Acute Care Hospital CDI SIR and incidence rate was incorrectly counting CDI events from inpatient rehabilitation (IRF) and inpatient psychiatric (IPF) units.
- **RESOLVED 01/15/2017:** The incident/recurrent CDI categorization was incorrect for some CDI events. This caused some events to be counted in the CDI SIR that should have been labeled as “recurrent” and excluded from the SIR.
- **RESOLVED 02/22/2017:** Monthly MDRO/CDI denominator records for outpatient locations, including “FACWIDEOUT”, are not saving.
- **Resolution planned for Summer 2017** The CMS Acute Care Hospital CDI SIR report is labeled as “Critical Access Hospital” on the output report. The report and its calculations/risk adjustment are correct for acute care hospitals. Users can manually update the title by clicking “Modify” on the report, and then updating the report title on the first section of the Modify Screen.

***This is not an exhaustive list of all known issues reported to NHSN, and is intended to highlight those issues identified that were of the highest priority due to the relation of reporting for CMS QRPs.**

Annual HAI Report – 2016 Data

Roza Tammer, MPH, CIC
HAI Reporting Epidemiologist, HAI Program

Lisa Takeuchi, MPH
Epidemiologist, HAI Program

HAIAC
March 15, 2017

The logo for the Oregon Health Authority, featuring the word "Oregon" in a small serif font above the word "Health" in a large serif font, with the word "Authority" in a smaller serif font below "Health".

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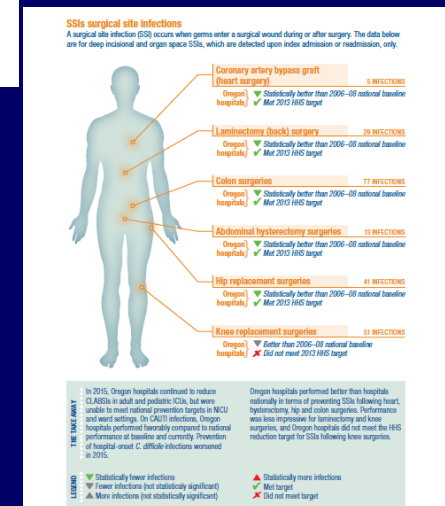
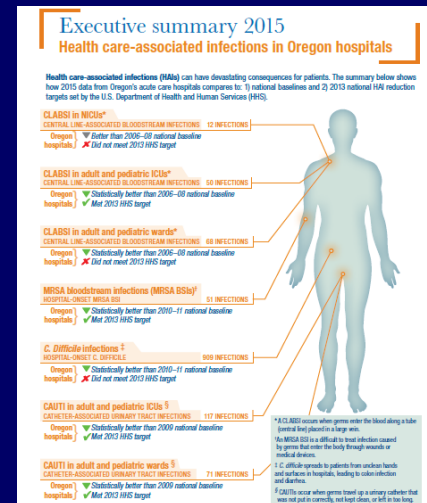
2015 Annual HAI Report Changes

- One report for both consumers and providers
- PDF report for aggregate data
- All facility-specific tables and maps on data.oregon.gov: Open Data Portal
- Device-associated infections (CLABSI, CAUTI)
 - Split by hospital location type: NICU, ICU, Wards
 - Provided benchmarks for aggregate and by location type



2015 Annual HAI Report Changes

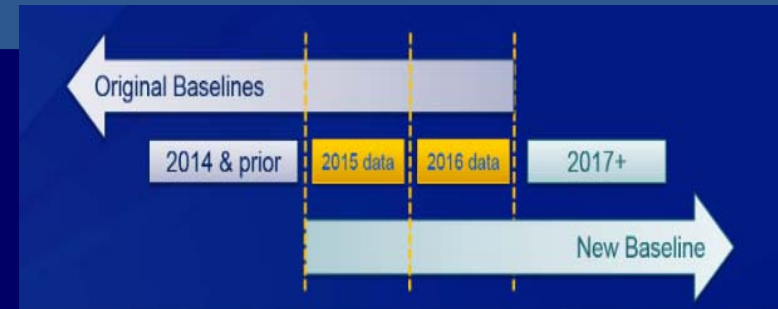
- Feedback from 2014 report
 - Graphic was busy
 - Table on back was confusing
- Changes for 2015 report
 - Split graphic into two pages
 - Device-associated & LabID events on first page
 - Surgical site infections on second page
 - Removed table



2016 Annual HAI Report: Major Changes to Consider

- New SIRs now available
 - “Rebaselined” AKA based on national data entered into NHSN for 2015
- New national HHS HAI reduction targets
- New national SIRs (TBA by CDC)
- Prevention activities
- Patient advocate review

New SIRs



- SIRs are now available using the 2015 baseline
 - New SIRs can be calculated for 2015 data forward
 - Old SIRs can be calculated for 2016 data and backward
- CDC's National Progress report showing 2015 data will present rebaselined SIRs
- New SIR output option for dialysis event
 - Previously, only rates available for this measure
- SSI SIRs stratified into adult and pediatric outputs (cannot be aggregated)
 - Previously, SSI SIRs included both adult and pediatric events
- CLABSI, CAUTI, MRSA, CDI SIRs stratified into ACH, CAH, LTAC, IRF (cannot be aggregated)
 - Previously, SIRs for these measures were aggregated regardless of facility category

New SIRs

	Current SIRs	New SIRs
SSI	6 graphs plus explanatory text – one for each SSI procedure (CBGB, LAM; HYST; COLO; HPRO; KPRO)	Potentially 12 graphs plus additional explanatory text <ul style="list-style-type: none"> - Adult CBGB, LAM; HYST; COLO; HPRO; KPRO - Pediatric CBGB, LAM; HYST; COLO; HPRO; KPRO
CLABSI	2 graphs plus explanatory text <ul style="list-style-type: none"> - CLABSI in adult and pediatric ICUs and wards - CLABSI in NICUs 	Potentially 6 graphs plus additional explanatory text <ul style="list-style-type: none"> • CLABSI in adult and pediatric ICUs and wards – ACH • CLABSI in adult and pediatric ICUs and wards – CAH • CLABSI in adult and pediatric ICUs and wards – LTAC (?) • CLABSI in NICUs – ACH • CLABSI in NICUs – CAH (?) • CLABSI in NICUs – LTAC (?)
CAUTI	1 graph plus explanatory text <ul style="list-style-type: none"> - CAUTI in adult and pediatric ICUs and wards 	Potentially 3 graphs plus additional explanatory text <ul style="list-style-type: none"> • CAUTI in adult and pediatric ICUs and wards – ACH • CAUTI in adult and pediatric ICUs and wards – CAH • CAUTI in adult and pediatric ICUs and wards – LTAC (?)

New SIRs (continued)

	Current SIRs	New SIRs
CDI LabID Event	1 graph plus explanatory text - CDI LabID Event	Potentially 3 graphs plus additional explanatory text <ul style="list-style-type: none">• CDI LabID Event – ACH• CDI LabID Event – CAH• CDI LabID Event – LTAC (?)
MRSA LabID Event	1 graph plus explanatory text - MRSA LabID Event	Potentially 3 graphs plus additional explanatory text <ul style="list-style-type: none">• MRSA LabID Event – ACH• MRSA LabID Event – CAH• MRSA LabID Event – LTAC (?)

New HHS HAI Reduction Targets

- HHS HAI reduction targets are SIRs
 - Example: 50% reduction in CLABSI, or $SIR = 0.50$
 - 2013 HHS HAI reduction targets use old national baseline data
 - 2020 targets use new (2015) national baseline data

New National SIRs

- CDC's National Progress Report (2015 data) will display the rebaselined national SIR
 - Likely to be stratified by adult/pediatric for SSI/by facility type for CAUTI, CLABSI, CDI, MRSA
- SIRs calculated under the new baseline (national or otherwise) cannot be compared to SIRs calculated under the old baseline

Incorporating Major Changes

- Considering the new SIRs and new HHS targets, how should we present 2016 HAI data in the upcoming annual report?
- Goals!
 - Clarity
 - Brevity
 - Utility
 - Allows patients to use data to make healthcare choices
 - Allows healthcare facilities to use data to improve patient safety

Proposals: Thinking it over

- Three new data elements are all related
 - New HHS targets
 - New SIR options (including SIR for dialysis event)
 - CDC's 2015 national SIR will use the new baseline
- These elements can be incorporated into
 - Aggregate data
 - Graphs
 - Narrative (measure-specific; introduction)
 - Facility-specific data
 - Tables
 - Maps

Proposal for 2016 HAI report

- Multiyear rollout of new SIRs/HHS targets
 - 2016 annual report
 - Aggregate data (PDF report):
 - Include old SIR/HHS targets only in graphs
 - Reference new SIR/HHS targets in narrative introduction and text
 - Present new data on SIR/HHS in narrative?
 - Facility-specific data (data.oregon.gov)
 - Include both old and new SIR/HHS targets
 - 2017 annual report
 - Start fresh; include only data from 2015-2017 using new SIR/HHS targets
 - Reference old data in narrative introduction and text?

What would this look like?

- 2016 annual report
 - Aggregate data (PDF report):
 - Graphs will appear the same
 - NEW: Introduction will generally explain new SIR/HHS targets
 - NEW: Measure-specific sections will explain new SIRs/HHS targets for that measure
 - NEW: Measure-specific sections can present the actual new SIRs/HHS targets for that measure
 - Facility-specific data (data.oregon.gov)
 - NEW: Currently includes SIR; 95% CI; SIR interpretation; SIR icon; 2013 HHs targets; benchmark icon; percentile on 2014 national distribution. Would add corresponding columns showing new data for each of these.
 - NEW: Tables and/or maps may be broken down by new SIR stratification
- 2017 annual report
 - NEW: Graphs will include only data from 2015, 2016, and 2017 using new SIRs/HHS targets
 - Reference old data in narrative introduction and text?

Alternative proposal for 2016 HAI report

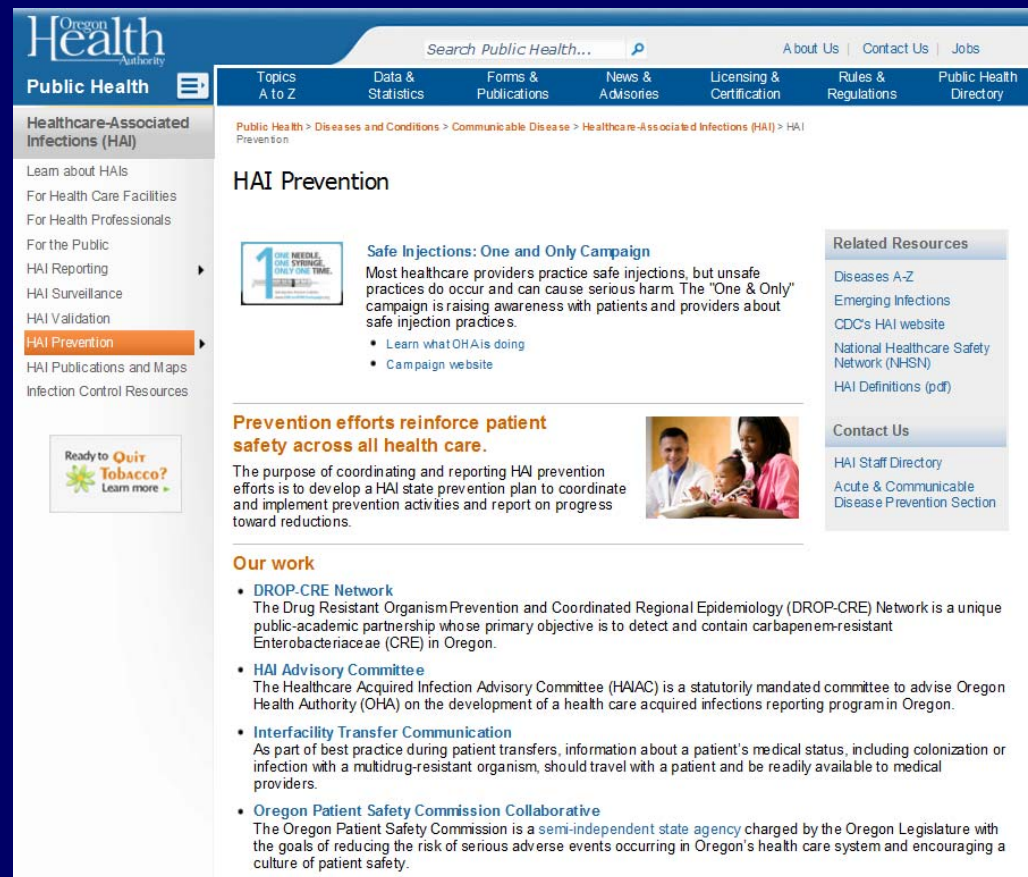
- No rollout of new SIRs/HHS targets at this time
 - 2016 annual report
 - Aggregate data (PDF report):
 - Include old SIR/HHS targets only in graphs and narrative
 - Reference new SIR/HHS targets in narrative introduction
 - Facility-specific data (data.oregon.gov)
 - Include old SIR/HHS targets only
 - 2017 annual report
 - Ideas?

What would this look like?

- 2016 annual report
 - Aggregate data (PDF report):
 - Graphs will appear the same
 - NEW: Introduction will generally explain new SIR/HHS targets
 - NEW: Measure-specific sections can explain new SIRs/HHS targets for that measure
 - Facility-specific data (data.oregon.gov)
 - Maps/tables will appear the same
- 2017 annual report
 - Ideas?

Prevention Activities

- Existing website
 - Our work
 - Our partners in prevention efforts



Prevention Activities

- Options
 - Include link to existing webpage in the report
 - Build out website to include additional info
 - Include info on prevention work in report where appropriate
 - Beginning or end of report
 - Measure-specific info in each section, plus general info at beginning or end
- Other options?
- Reach out to our partners for more info?

Patient Advocate Reviews

- Goal: Allows patients to use data to make healthcare choices
 - Incorporate more patient/patient advocate/consumer review; solicit feedback on report content and format
 - No separate report targeted to this audience
- Ideas for outreach to identify reviewers?
 - Suggestions have included reaching out to individual boards or looking at Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data

Tentative HAI report process

- 2016 data: Expected publication date August 31, 2017
- Process similar to years past
 - Facility-specific 2016 data distributed for internal validation April 10, 2017
 - Two-week review period
 - Technical assistance available
 - Final data sent April 24, 2017
 - Opportunity for comments
 - Facility-specific data will be shared approx. 1 work week prior to public release

Discussion/questions

- Anything else?
- How do you use this report?
- Do you share this report? With whom?

Thank you!

Roza Tammer, MPH, CIC

Healthcare-Associated Infections (HAI) Reporting Epidemiologist

Acute & Communicable Disease Prevention

Public Health Division

Oregon Health Authority

Direct phone: 971-673-1074

Fax: 971-673-1100

roza.p.tammer@state.or.us