

**HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE**

**November 10, 2009  
1:00 pm to 3:00 pm**

**Portland State Office- Building Rm. 710  
800 NE Oregon St.  
Portland, OR**

**MEMBERS PRESENT:**

**Jim Dameron, Co-Chair  
Woody English, MD, Co-Chair  
Paul Cieslak, MD  
Kathleen Elias (by phone)  
Ron Jamtgaard  
Laura Mason (by phone)  
Jon Pelkey  
Mary Post (by phone)  
Kecia Rardin (phone)  
John Townes, MD  
Dee Dee Vallier (phone)**

**MEMBERS EXCUSED:**

**Barbara Prowe  
Rodger Steven, MD**

**STAFF PRESENT:**

**Jeanne Negley, Healthcare Acquired Infection Prevention  
Coordinator  
James Oliver, Research Analyst**

**ISSUES HEARD:**

- **Call to Order**
- **Approval of 9/8/09 Minutes**
- **Federal ARRA HAI Funding Update / Introduce New Staff**
- **Update from Reporting Workgroup**
- **"Blueprint" Proposal for Hospital Reporting Expansion**
- **Initial Thoughts and Report on PA Nursing Facility Reporting**
- **Next Steps**
- **Public Testimony**
- **Next Steps/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.**

**Co-Chairs**

**I. Call to Order**

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

**Co-Chair**

**II. Approval of the Minutes**

Minutes approved unanimously.

**Ann Thomas  
Jim Dameron**

### **III. Federal ARRA HAI Funding Update / Introduce New OHPR Staff**

- Three state agencies were granted \$700,000 to work on the Healthcare Acquired Infections (HAI) project.
- Public Health has been in the process of hiring research analyst positions to support the flu response efforts and has not had a chance to finish the hiring relating to the grant.
- The HAI Epidemiologist, Margaret Cunningham, met with James Oliver and Laura Mason about protocol for starting validation studies.
- OHPR will be leading the creation of the state-wide HAI plan, Public Health will do the validation of data and the Oregon Patient Safety Commission (OPSC) will be running a minimum of a 10-hospital collaborative to work with hospital staff directly to reduce HAIs. The OPSC has hired Melissa Parkerton, a Collaborations Manager, to coordinate hospital collaborative. She will start in January 2010.
- The OPSC is looking to see if they can find ways to link efforts to the National Surgical Quality Improvement Program (SCIP) effort in which 8 hospitals in the state are looking at healthcare acquired infections.

**Staff  
Workgroup Members**

### **IV. Update from Reporting Workgroup**

- Reporting Workgroup:
  - The group has specific assignments to determine what hospitals are currently doing to collect denominator data.
  - James Oliver will meet with Ron Jamtgaard to discuss how a publicly accessible database would work and look like, and possibly discuss draft preliminary specifications.
  - In a call with Pennsylvania, they learned about their new system that formally began in June 2009 to gather information from nursing homes.
    - They collect healthcare acquired infections from 97% of their 725 nursing homes. They are in the process of verifying the data reported by nursing homes, as the reported rate is much higher than expected.
    - Event types being tracked are symptomatic urinary tract infections, respiratory tract infections, skin and soft tissue infections, gastrointestinal tract, and a group labeled "others."
    - They developed different criteria than NHSN: fewer types of infections are collected and criteria of what to include is based more on clinical observation rather than radiology or lab tests.
    - The software has online editing so a pop-up window alerts the user to errors.
    - Training occurs at 30 different sites including video training.
    - They require hospitals to collect denominator data.
  - As of April of 2010 a public report will be put out; a non-interactive, non-dynamic report to make it accessible to the general audience.
  - There is a need to create a web tool so people can query the hospital they are interested in, but there is a funding constraint.
  - The Pennsylvania project could be a way to catapult the group quickly into collecting meaningful information about long-term care facilities without having to invent a process and is worth looking into if the flaws can be addressed satisfactorily.
  - A focus group could study the following issues:

- Is it valid, accurate information?
- Does it capture the data needed?
- Does it drive a public reporting system?
- What is the cost of collecting the information?

Staff

## V. "Blueprint" Proposal for Hospital Reporting Expansion

- The blueprint was designed to give focus, set clear agendas, and move the Oregon HAI Reporting Program forward to align with federal goals. We need to expand the data collection effort to meet the requirements of the ARRA grant, provide data for the hospital collaborative and data validation study, and to honor the premise of the Reporting Group to inform and educate the public. The Blueprint presents three proposals:
  - All surgical site infection procedures listed by NHSN reporting mandatory by January 2012
  - Mandatory reporting of MDRO by January 2012
  - Begin reporting structured process measures of best practice in 2010

Discussion:

- Acumentra Health is currently running a pilot of 5-6 hospitals using the NHSN MDRO module.
- It was suggested that since this is a new module with NHSN, they should speak with the users and ascertain what their experiences are, what the strengths and weaknesses are, and their recommendations.
- Is the group focusing on the right expansion priorities by focusing on MDRO and surgical site infections and is the staging aggressive enough to move the group where it needs to go?
  - If the module works, whatever organisms are significant enough will be added to the module rather than just focusing on one organism.
- What is the hospital doing about tracking devices? Does the hospital know when and how many device days they have?
- The group needs to look for thematic measures of structure that would indicate if the organization is structured and putting in building blocks to make it safer, and if the group can validate them, measure them, and articulate what they are, then it is worth collecting and reporting that data.
- The group will advise both on outcome measures and process measures.
- The purpose for collecting data is also to stimulate the conversation around things people perceive to be broken and the ability to improve care at the bedside, and if it is collected in the right context there will be good results for residents of this state.
- The group needs to look at the amount of time this will take the facilities to collect the data, if they have the capacity to collect it, and how much the staff is taken away from their regular duties.
- Rather than specifying process measures to include by January, the group committed to finding significant building blocks of structure within a hospital that can be a marker for good and safe practice.
- The Hospital Association has created a workbook on how a hospital can build a program to reduce multidrug resistant

organisms in the facility. It could be helpful for the Hospital Association to show the group how the structural elements are tied to infection.

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- Co-Chairs**            **VI. Initial Thoughts and Report of PA Nursing Facility Reporting**
- A nursing home subcommittee has been charged with evaluating the Pennsylvania model to see if any part is appropriate to use for Oregon.

- Co-Chairs**            **VII. Next Steps**
- The Reporting Group will meet again December 1 and will give a report in the January meeting.
  - The Advisory Committee will come back next meeting with their ideas regarding the blueprint, questions that were raised, the barriers and possibilities. The Blueprint will also be revised to include reporting from nursing homes.
  - To evaluate the use of the NHSN MDRO module, Acumentra will be invited to report on its experience using it for its QIOs.
  - A subcommittee will be established to evaluate the Pennsylvania model. Kathy Elias and Mary Post will recruit members. Jeanne will contact the Oregon Ombudsman as a potential member.
  - As a means to further evaluate the Pennsylvania model, Kathy will contact Cancer Center East in Portland, which also has facilities in Pennsylvania that are collecting nursing home data.
  - The next meeting date conflicts with the meeting of the Oregon Health Policy Board. Jeanne will poll members and establish a new meeting date.

**Co-Chairs**            **VIII. Public Comment/Adjournment**

There was no public comment.

The meeting was adjourned at approximately 3:00 pm.

**Next meeting will be January 13, 1:00 pm to 3:00 pm, at the Portland State Office Building, Room 1D.**

Submitted By:  
Shawna Kennedy-Walters

Reviewed By:  
Jeanne Negley

**EXHIBIT SUMMARY**

- A – Agenda**
- B – September 8<sup>th</sup> Meeting Minutes**
- C – Blueprint Proposal for Reporting Expansion**
- D – ELC HAI Project Abstract**
- E – HAI DHS State Plan**
- F – HAI Reporting Group Minutes**
- G – PA HAI Reporting**

See Meeting Materials: [http://www.oregon.gov/OHPPR/Healthcare\\_Acquired\\_infections.shtml](http://www.oregon.gov/OHPPR/Healthcare_Acquired_infections.shtml)