

HEALTH CARE ACQUIRED INFECTIONS ADVISOR COMMITTEE

**March 10, 2009
1:00 pm TO 3:00 pm**

**Portland State Office- Building Rm. 1E
800 NE Oregon St.
Portland, OR**

MEMBERS PRESENT: Woody English, MD, Co-Chair
Paul Cieslak, MD
Jim Dameron
Kathleen Elias (by phone)
Ron Jamtgaard
Laura Mason (by phone)
Mary Post
Kecia Rardin
Rodger Steven, MD (by phone)
John Townes, MD
Dee Dee Vallier

MEMBERS EXCUSED: Jim Barnhart
Lynn-Marie Crider
Katrina Hedberg, MD, MPH
Jon Pelkey
Barbara Prowe

STAFF PRESENT: James Oliver, Research Analyst, OHP
Sean Kolmer, Data and Research Manager, OHP (phone)

- ISSUES HEARD:**
- Call to Order
 - Approval of 1/13/09 Minutes
 - Update on Hospital Enrollment in NHSN
 - Update from Reporting Advisory Group
 - NICU Reporting Discussion
 - Nursing Facility Reporting
 - Informational Presentation about MRSA
 - Nursing Facility Reporting Discussion
 - Ambulatory Surgery Center Discussion
 - Approval of Facilities for Potential Inclusion in 2010 Reporting Requirements to Guide Staff to Draft Rules
 - 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.

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- Co-Chairs** **I. Call to Order**
- The meeting was called to order at approximately 1:00 pm. There was a quorum.
- Co-Chairs** **II. Approval of 1/13/08 Minutes**
- Motion to approve the minutes. Minutes approved unanimously.

- Staff** **III. Update on Hospital Enrollment in NHSN**
- Forty-seven hospitals have conferred rights as of 3/6/2009.
 - Members questioned staff about Sacred Heart at University; staff believed they are exempt but will verify this.
 - Members expressed interest in having a “first look” at the NHSN data at the next meeting.
- Ron Jamtgaard** **IV. Update from Reporting Advisory Group**
- There is no interest from CDC or other states in collaborating on a web site.
 - The group has guiding principles in place, but still must decide what will be reported and how.
 - There is a preference by the group to have a web site with data that users may query. The state cannot accommodate this type of dynamic content to the site will need to be hosted by an external entity.
 - A static catalog of web content can easily be hosted by OHPR as a fall-back position,
- Staff** **V. NICU Reporting Discussion**
- Staff initiated a discussion about NICU reporting through the Vermont Oxford Network (VON).
 - It is feasible to do reporting of VON HAI outcomes for neonates less than 1500 grams, per email discussion with Dr. John McDonald.
 - VON has a standard definition of “nosocomial infection” and all the NICUs in Oregon already use VON.
 - The methods differ from NHSN; Hospitals own their VON data, but VON owns the aggregate database and reports generated by VON are proprietary.
 - Staff has reservations about the risk-adjustment methods being not fully transparent (held within a “black box”).
 - The committee consensus is to “Make VON work.”
- Action items:
- Find out what can be publicly reported
 - Find out if the “black box” can be opened
 - Meet with NICU medical directors to discuss the details
- Staff** **VI. Informational Discussion about MRSA**
- Staff provided an informational presentation about MRSA. Members suggested that the “first look” at NHSN data include infections caused by MDROs.
- Co-Chairs** **VII. Nursing Facility Reporting Discussion**
- The co-chairs initiated a discussion of nursing facility reporting via MDS.

- UTIs are reported every 30 days, but the methods are not consistent across facilities.
- Other infections are reported every 90 days.
- Members expressed interest in reporting staff fluvax coverage as this prevents influenza in residents.

Action item:

- Staff should start drafting rules for further review by the committee, including:
 - UTIs
 - Staff fluvax coverage
- Infection process measures (if feasible)

Co-Chairs

VIII. Ambulatory Surgery Center Discussion

- The co-chairs initiated a discussion of ASC reporting.
- Two members expressed concerns that reporting for ASCs was not necessary since HAIs in Oregon ASCs are extremely rare.
- Some members expressed an interest in identifying accredited and accreditation does not require tracking HAI rates.
- Other members suggested a pilot study of HAIs in ASCs to determine if publicly reporting rates is warranted
- One member suggested that perhaps hospitals can identify admissions from ASCs.

Co-Chairs

VIII. Approval of Facilities for Potential Inclusion in 2010 Reporting Requirements to Guide Staff to Draft Rules

- No discussion on this topic due to time constraints

Co-Chairs

IX. Public Comment/Adjournment

No public testimony provided.

The meeting was adjourned at approximately 3:00 pm.

Next meeting will be May 12, 1:00 pm to 3:00 pm, at the Portland State Office Building, Room 1E.

Submitted By:
Shawna Kennedy-Walters

Reviewed By:
Sean Kolmer

EXHIBIT SUMMARY

- A – Agenda
- B – January 13th Meeting Minutes
- C – Invasive MRSA in Oregon
- D – Line Listing Membership Rights
- E – MDS2-0 Form
- F – NICU_HAI
- G – Nursing Home Compare Measures

See Meeting Materials: http://www.oregon.gov/OHPPR/Healthcare_Acquired_infections.shtml