BRING YOUR VOICE TO THE TABLE

Join the Healthcare-Associated Infections Advisory Committee (HAIAC)

What is the HAIAC?

Oregon's lawmakers passed House Bill 2524 in 2007, creating the Oregon Health Authority's (OHA) Healthcare-Associated Infections (HAI) Program. The HAI Program works to understand and reduce patient infections that occur as a result of the healthcare they receive.

The HAI Advisory Committee (HAIAC) is a multidisciplinary group of stakeholders and partners including healthcare providers, consumers, insurers, and other experts. It provides oversight and advises the HAI Program regarding HAI surveillance and prevention.

How can I get involved?

- *Come to our next meeting.* Anyone is welcome to attend and participate. Tell us your thoughts about how we can best address HAIs in Oregon.

- *Help set our agenda.* Let us know what topics you would like to see covered in the future. Even better: present your work to the HAIAC during an upcoming meeting!

- *Become a member.* HAIAC membership is an opportunity to provide input and expertise, help guide our work, and stay informed about our program's activities. Members commit to a two-year term and attend as many meetings as possible. There are no additional time commitments. Current vacancies are:
  - Hospital administrator with expertise in infection control at a small facility (<100 beds)
  - Consumer or patient advocate (this includes patients and family members)
  - Health insurer representative
  - Chairperson (must be a current HAIAC member)

What else do I need to know?

- Meetings last two hours, and occur quarterly in March, June, September, and December.
- You can either join meetings in person at the Portland State Office Building (800 NE Oregon Street, Portland, Oregon) or remotely via webinar. No travel is required.
- To register for an upcoming meeting or to view materials from past meetings, visit the HAIAC webpage. https://go.usa.gov/xpRgr

To apply to become a member, sign up for future meeting invitations, or to find out more, please contact:

Roza Tammer, MPH, CIC

Healthcare-Associated Infections (HAI) Reporting Epidemiologist

971-673-1074 | roza.p.tammer@state.or.us

AGENDA

Healthcare-Associated Infections Advisory Committee
March 11, 2020
1:00 – 3:00 pm
800 NE Oregon St., Portland, OR 97232, Room 1B

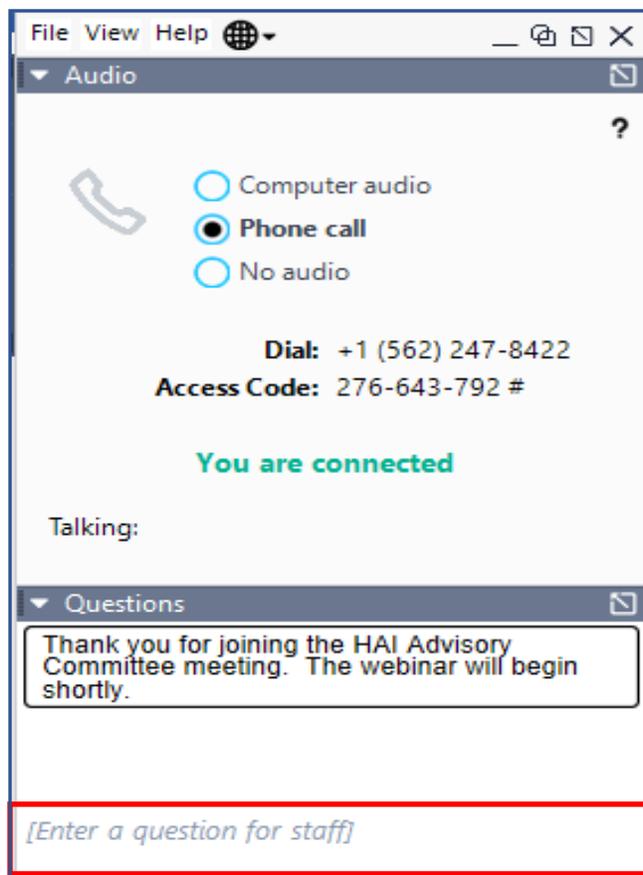| Category	Item	Presenter	Time
Committee Business	1. Call to order & roll call	Genevieve Buser, Providence Portland (Chair)	1:00 – 1:05
	2. Logistics update	Roza Tammer, Oregon Health Authority, OHA	1:05 – 1:10
	3. Approve December 2019 minutes	All members	1:10 - 1:15
	4. State HAI Plan	Roza Tammer	1:15 – 1:25
	5. High impact pathogen update	Becca Pierce, OHA	1:25 – 1:40
	6. Evaluation and validation of NHSN Dialysis Event reporting	Lisa Iguchi and Steven Rekant, OHA	1:40 – 2:05
Break			2:05 – 2:10
	7. Oregon dialysis data overview	Lisa Iguchi	2:10 – 2:20
	8. Panel: Infection prevention in the dialysis setting	Karen Larson, Fresenius Medical Care Kristen Van Allen and Nancy Welder, DaVita Kidney Care	2:20 – 2:50
Wrap Up	9. Discussion: Topics for future meetings & reports	All members	2:50 – 2:55
	10. Public comment	Open	2:55 – 3:00
	11. Final roll call & adjourn	Genevieve Buser	3:00

Objectives for 3/11/2020 HAIAC meeting:
- Approve December meeting minutes
- Discuss planned changes to Oregon's state HAI plan
- Understand epidemiology of *Candida auris* and COVID 19, including impact in Oregon
- Review patterns in data and related projects among Oregon's hemodialysis facilities
- Learn about infection prevention work and patient advocacy in the hemodialysis setting
- Brainstorm topics to address at future meetings and for future reports

Webinar Quick Reference Guide

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● **Phone call**
○ No audio

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Access Code: 276-643-792 #

You are connected

Talking:

▼ Questions   ⊠

Thank you for joining the HAI Advisory Committee meeting. The webinar will begin shortly.

[Enter a question for staff]

Healthcare-Associated Infections Advisory Committee (HAIAC) Meeting

December 11, 2019   PSOB – Room 1E
1:00 - 3:00 pm   800 NE Oregon St.
                                                  Portland, OR 97232

> Agenda, materials, minutes, recordings, and transcriptions for meetings are available at:
> http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/HAI/Prevention/Pages/Meetings.aspx.

MEMBERS PRESENT:

- Joshua Bardfield, Supply Chain Services Manager, The Oregon Clinic, P.C. (phone)
- Genevieve Buser, MD, Pediatric Infectious Disease Physician, Providence St. Vincent Medical Center
- Deborah Cateora, BSN, RN, Healthcare Education/Training Coordinator and Nurse Consultant, Safety, Oversight and Quality Unit (SOQ Unit), Oregon Department of Human Services (phone)
- Paul Cieslak, MD, Medical Director, Oregon Public Health Division, Oregon Health Authority
- Pamela Cortez, MBA, BSN, RN, CNE, BC, Director of Patient Safety and Clinical Support, Salem Health (phone)
- Dennis Drapiza, MPH, BSN, RN, CIC, Regional Director - Northwest Infection Prevention and Control, Kaiser Permanente Northwest
- Wendy L. Edwards, RN, BSN, Patient Safety Surveyor, Health Facility Licensing and Certification, Oregon Public Health Division, Oregon Health Authority (phone)

- Vicki Nordby, RN, BSN, Nurse Consultant, Marquis Companies, Inc.
- Pat Preston, MS, Executive Director, Center for Geriatric Infection Control (phone)
- Kirsten Schutte, MD, Infectious Disease and Medical Director of Infection Prevention and Control, Asante (phone)

MEMBERS EXCUSED:

- Heidi Steeves, Executive Director, Oregon Patient Safety Commission
- Jon Furuno, PhD, Associate Professor, Department of Pharmacy Practice, Oregon State University/College of Pharmacy, Oregon Health and Science University
- Kelli Coelho, RN, CASC, MBA, Executive Director, RiverBend Ambulatory Surgery Center
- Jesse Kennedy, RN, Nurse Practice Consultant, Oregon Nurses Association

OTHER PARTICIPANTS PRESENT:

- Sandra Assasnik, Director, Safety and Quality, Washington State Hospital Association (phone)
- Michele Shields, LPN, Staff Development Specialist, Holgate Community (phone)
- Gretchen Koch, MS, RN, Policy Analyst, Nursing Practice and Evaluation, Oregon State Board of Nursing (phone)
- Diane Zhitlovsky, Sr. Clinical Specialist, Genentech
- Tara Buehring, MPH, Infection Preventionist, Vibra Specialty Hospital of Portland (phone)
- Joyce Caramella, RN, CPHQ, CHC, Project Manager, HealthInsight Oregon (phone)

- Susan Diskin, BSN, RN, CIC, Infection Prevention and Control, Legacy Emanuel Medical Center (phone)
- Ryan Grimm, Director of Surgical Services, Ambulatory Surgery Centers, The Portland Clinic (phone)
- Karen Keuneke, RN, MSN, Supervisor of Infection Prevention, Good Samaritan Regional Medical Center (phone)
- Morgan Ransleben, Biomedical Quality Engineer, Stryker Sage

OREGON HEALTH AUTHORITY (OHA) STAFF PRESENT:

- Nicole West, MPH, Influenza Epidemiologist
- Richard Leman, MD, Chief Medical Officer
- Maureen Cassidy, MPH, Multi-Drug Resistant Organisms (MDRO) Epidemiologist
- Laura LaLonde, MPH, HAI Office Specialist
- Alyssa McClean, AWARE Coordinator
- Diane Roy, HAI Data and Logistics Coordinator
- Monika Samper, RN, Influenza Vaccination Coordinator and Clinical Reviewer
- Lisa Takeuchi, MPH, HAI/Antimicrobial Resistance (AR) Monitoring & Prevention Epidemiologist
- Roza Tammer, MPH, CIC, HAI Reporting Epidemiologist
- Dat Tran, MD, HAI Outbreak Response Physician/Interim HAI & Emerging Infections (EIP) Program Manager

ISSUES HEARD:

- Call to order and roll call
- Logistics update
- Approve September 2019 minutes

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- Targeted Assessment for Prevention (TAP) Strategy in review
- MDRO and carbapenem-resistant Enterobacteriaceae (CRE) toolkits
- Screening of select organisms
- Healthcare-Associated Infections (HAI) Program updates
- Discussion: Topics for future meetings and reports
- Public comment
- 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 Genevieve Buser, Providence St. Vincent (Chair)	Ten members (71 percent) and ten participants present.	No action items

Logistics update Roza Tammer, OHA	➢ HAIAC membership updates:
	   • Three vacancies and one opportunity on the advisory committe:
	     ○ Hospital Administrator with Expertise in Infection Control in a Facility with Fewer than 100 Beds.
	     ○ Consumer and Patient Representative.
	     ○ Health Insurer Representative.
		Please share "Bring your voice to the table" one-pager with your networks and email Roza if interested

	○ Chairperson is an opportunity for current members. - Question added to check-in process: indicate if member of the public, lobbyist, or pharmaceutical representative. ➢ Stay tuned for webinar access updates.	
Approve September 2019 minutes All Committee Members	September 2019 meeting minutes were approved by 70 percent of members.	No action items
TAP Strategy in review Lisa Iguchi, OHA (See pages 14-17 of meeting materials)	➢ The TAP Strategy: - Uses National Healthcare Safety Network (NHSN) data for action to prevent HAIs. - NHSN data used to identify facilities and locations with excess infections (central line-associated bloodstream infection [CLABSI], catheter-associated urinary tract infection [CAUTI], and *Clostridium difficile* infection [CDI]). - Common infection prevention gaps: ○ Lack of physician champion for prevention activities. ○ Lack of routine audits or competency assessments on proper practices. - Quality improvement activities: ○ Staff education and awareness of prevention activities (FAQ developed for staff,	No action items

incorporation into staff training days, providing additional infection prevention (IP) resources at the bedside).
- ○ Establishing competency assessments and audit processes.
- ○ Incorporation of new policies, bundles, and tools.
- ○ Identifying ways to engage with providers.
- Facilities found TAP Assessments to be helpful in identifying gaps and targeting quality improvement efforts.
- Specific funding for Oregon HAI Program's TAP work discontinued in 2020. HAI Program staff can still provide materials and technical assistance to facilities interested in the TAP Strategy independently.

Question
- ➤ Paul Cieslak: Who are the respondents?
  Lisa Iguchi: Varied by facility but typically those staff involved with direct patient care, e.g., nurses.
  Roza Tammer: CDI had three surveys: one for general staff, one for lab, and one for pharmacy. CLABSI and CAUTI had one more general survey each. Larger facilities are able to target staff in specific roles or particular units.
  Genevieve Buser: How did this inform infection prevention strategies?

	Pamela Cortez: Salem Hospital targeted general care units where the most infections occur and worked with Registered Nurses (RNs) and Certified Nursing Assistants (CNAs) to receive responses. RNs understood more than CNAs. CNAs are a possible target in future. Identified possible future target areas for RN infection prevention non-liaisons; however, differences in certain areas were due to not being involved with the specific aspects of the work or not part of role at facility. Question ➢ Alexia Zhang: Is this for hospitals only, or does this include nursing homes? Dat Tran: Not currently available for this setting, but if any long-term care facility is interested in implementing a TAP Strategy, please contact Lisa Iguchi or Roza Tammer.	

MDRO and CRE toolkits
Dat Tran, OHA
	➢ Multi-Drug Resistant Organism (MDRO) Toolkit is available electronically on the HAI website. Please contact HAI Program if you cannot access it or think it should be added to a new location.
	Link to MDRO Toolkit.
	
	➢ Carbapenem-Resistant Enterobacteriaceae (CRE) Toolkit is updated.
	  • One-page summary of updates is in progress and will be distributed.
	    ○ Incorporation of CDC's "Interim Guidance for a Public Health Response to Contain Novel or
		No action items

	Targeted MDROs" into response plan for carbapenem-producing (CP) CRE.
	○ CP-CRE is a Tier 2 organism.
	○ Support of CDC's control strategy in long-term care, as outlined in interim guidance "Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)":
	    • Enhanced variable precautions.
	    • Applies to resident care of patients with CP-CRE colonization.
	
	Question
	➢ Vicki Norby: How long will these precautions be in effect for patients found to be colonized with CP-CRE?
	Dat Tran: The length of the resident's stay or indefinitely.	

Screening of select organisms
Richard Leman and Dat Tran, OHA
	➢ Screen patients for antibiotic-resistant organisms who had an overnight stay in a healthcare facility outside the United States:
	    • In the prior 6 months for CP-CRE
	    • In the previous one year for *Candida auris* (*C. auris*).
	
	➢ Implementing Antibiotic Resistance Laboratory Network (ARLN) international admit screening CP organism (CPO)/*C. auris*:
	    • Webinar will take place January 21, 2020.
	    • Registration link:
		No action items

https://attendee.gotowebinar.com/register/69428753
73056150531

Question
- Richard Leman: Are there simple, effective ways we can promote rapid recognition and isolation of patients with high-impact infectious diseases in Oregon hospitals? Sandra Assasnik: What about the use of RHINO (Rapid Health Information NetwOrk) data? The RHINO program is responsible for syndromic surveillance data collection, analysis, and distribution at the department. Syndromic surveillance data is collected in near real time from hospitals and clinics from across the state. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. Richard Leman: This might contribute; interested in real time.

Question
- Richard Leman: Are there ways to share what Infection Control, Assessment, and Response (ICAR) hospitals have learned more broadly among Oregon hospitals? Is there sufficient benefit to make this a goal worth pursuing?
  - Share lessons learned from Oregon's ICAR hospitals, Legacy Good Samaritan and Asante Ashland, during a presentation with the seven healthcare coalitions around the state and individual hospitals.

- Example presentation on State of Oregon training website: "Early Identification and Isolation of Contagious Patients…It can happen in Emergency Department (ED) Triage!" (https://go.usa.gov/xmwpe).

➢ During a no-notice drill in March 2019, a mystery patient was placed in isolation and negative pressure room within four minutes.

Comment
➢ Roza Tammer: Incorporate scenarios that are participatory. Genevieve Buser: An electronic medical record (EMR) system that prompts when patients present to the ED with possible infectious pathogens of high consequence would be helpful.
Dennis Drapiza: A simulation team would be helpful.
Richard Leman: Who are the decision makers we would need to involve in the presentations?
Dennis Drapiza: ED, emergency management group, simulation group, and infectious disease. This would help design questions that would screen for high consequence pathogens and MDROs related to healthcare in other countries.
Genevieve Buser: It would be useful to include the IT department to discuss how to turn on and off questions in the EMR once an outbreak is over.

	Paul Cieslak: Decide whether to ask these questions of every patient or if there will be a clinical trigger. This is for diseases that do not require travel, like measles and chickenpox. Isolate anybody with a fever and an unexplained rash or fever and overseas travel. Genevieve Buser: The mask is the first step. Question ➢ Richard Leman: What is the motivation for a facility or a health system that hasn't adopted this? Dat Tran: Seeing data that implementing this will save costs and resources associated with an outbreak. This may help large systems implement this faster and support smaller systems or outpatient and urgent care. Comment ➢ Kirsten Schutte: One opportunity would be to have OHA/HAIAC help advocate for symptom-based ED and urgent care screening for constellation of symptoms and vaccination status for measles to detect first introduced case. It's been hard to move ED away from travel screening to symptom-related highly communicable disease screening for this condition, though we still need elements of travel screening too.	
HAI Program updates Roza Tammer, OHA	➢ New HAI Program quarterly newsletter: Includes upcoming trainings, resources, and other program news.	Email Roza if you do not receive the newsletter and

	➢ There are several vacancies on HAIAC (see one-pager in meeting materials): • Three open member positions • One opportunity to serve as the chair.	want to be added to the list
Discussion: Topics for future meetings and reports All attendees	➢ Future topics: • Infection control, technology, and machinery, e.g. air ventilation system in surgical suite. • Including infection control consideration during expansions and new construction. • Furloughing susceptible workers. • Pet therapy/animals and infection control.	Email Roza any other ideas or topics for 2020
Public comment	No public comment	No action items
Adjourn		

Next meeting will be March 11, 2020, 1:00 pm - 3:00 pm, at Portland State Office Building, Room 1B

Submitted by: Laura LaLonde
Reviewed by: Roza Tammer
                    Diane Roy

State HAI Plan

Roza Tammer, MPH, CIC

HAI Reporting Epidemiologist

Oregon Health Authority

Healthcare-associated Infections Program

Goals

- Create a standardized way to evaluate statewide and facility-specific data
- Identify data-driven priorities
  - Performance based on a target threshold (% met)
  - Level of concern (1 = high, 2 = moderate)
- Use data driven priorities to inform
  - HAIAC membership and attendees
  - Annual updates to state HAI Plan

Data matrix

- Tool to organize and assess
  - Statewide pooled data
  - Facility-specific data
- Updated once per year
- Include many actionable metrics collected by the HAI Program
  - Hospitals
    - ACH/CAH
  - Skilled nursing facilities
- Incorporates
  - Performance according to a target threshold - data
  - Level of concern (1 = high, 2 = moderate) – independent of data

Hospital measure	Level of concern (1 = high)
HCW Influenza Vaccination Rates	
Stewardship Core Elements Met, ACH	
Stewardship Core Elements Met, CAH	
NHSN: CAUTI ICUs & M/S/MS wards	
NHSN: CDI ICUs & M/S/MS wards	
NHSN: CLABSI ICUs & M/S/MS wards	
NHSN: SSI LAM ICUs & M/S/MS wards	
NHSN: SSI KPRO ICUs & M/S/MS wards	
NHSN: SSI HPRO ICUs & M/S/MS wards	
NHSN: SSI CBGB ICUs & M/S/MS wards	
NHSN: SSI HYST ICUs & M/S/MS wards	
NHSN: SSI COLO ICUs & M/S/MS wards	
NHSN: MRSA BSI ICUs & M/S/MS wards	
Presence of CPO organism in 2018	
Evidence of CPO Transmission	

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Hospital measure	Level of concern (1 = high)
HCW Influenza Vaccination Rates	2
Stewardship Core Elements Met, ACH	1
Stewardship Core Elements Met, CAH	1
NHSN: CAUTI ICUs & M/S/MS wards	2
NHSN: CDI ICUs & M/S/MS wards	2
NHSN: CLABSI ICUs & M/S/MS wards	1
NHSN: SSI LAM ICUs & M/S/MS wards	2
NHSN: SSI KPRO ICUs & M/S/MS wards	1
NHSN: SSI HPRO ICUs & M/S/MS wards	1
NHSN: SSI CBGB ICUs & M/S/MS wards	1
NHSN: SSI HYST ICUs & M/S/MS wards	2
NHSN: SSI COLO ICUs & M/S/MS wards	2
NHSN: MRSA BSI ICUs & M/S/MS wards	1
Presence of CPO organism in 2018	1
Evidence of CPO Transmission	1
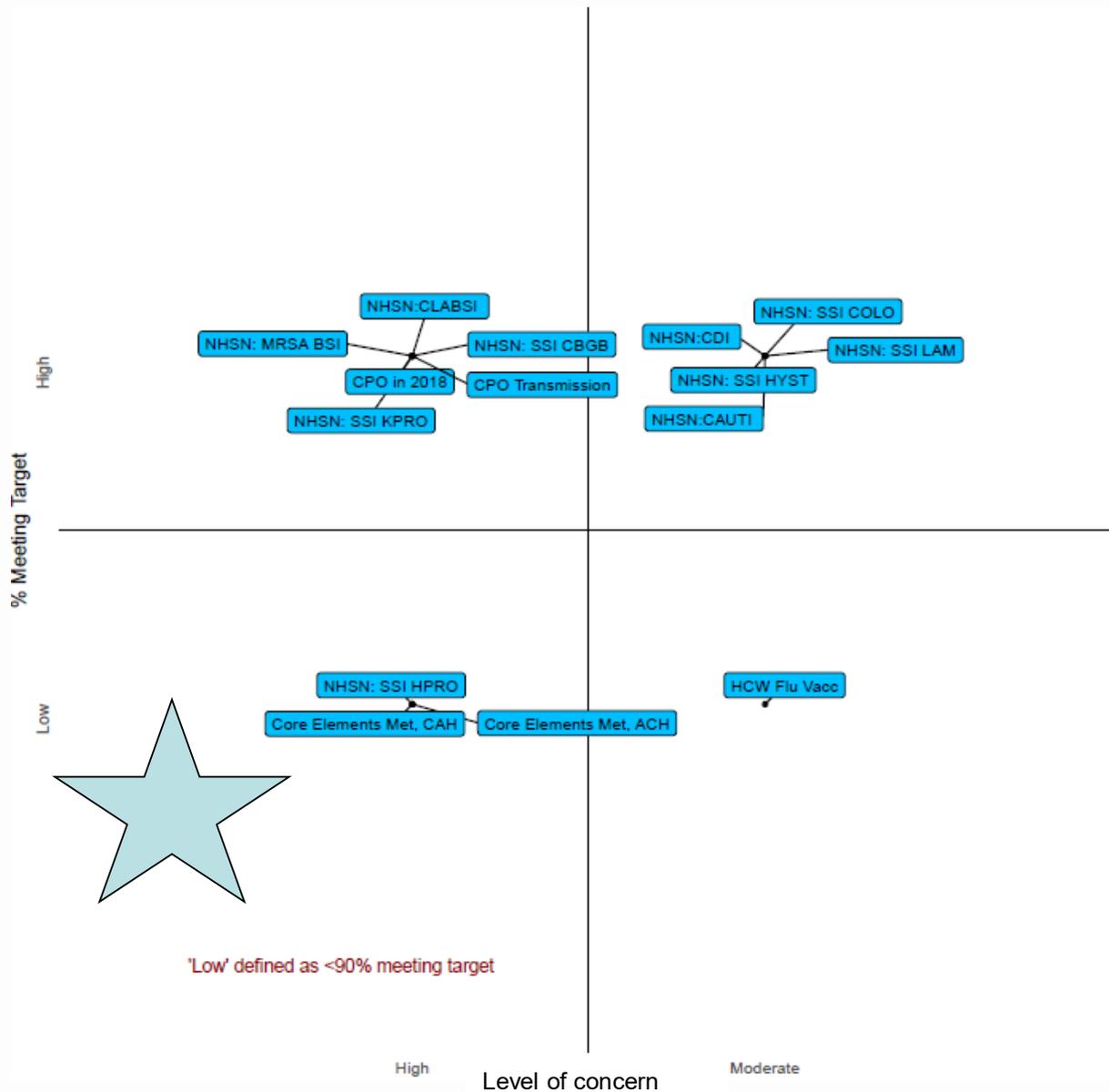
'Low' defined as <90% meeting target

Next steps and discussion

- Thoughts on approach?
- What are we missing?
- SNF data will go through a similar process
    - Review will be done via email

Oregon Health Authority

Evaluation and validation of NHSN Dialysis Event reporting

Lisa Iguchi, MPH

HAI Epidemiologist

Oregon Health Authority

Healthcare-associated Infections Program

Dialysis Event Reporting in Oregon

Steven Rekant, DVM MPH DACVPM

Epidemic Intelligence Service Officer

Oregon Health Authority (OHA)

Acute and Communicable Disease Prevention

System description – why?

- People who receive dialysis already have reduced health status
- Track infections, monitor trends and facility performance, and inform prevention efforts
  - Winnable battles: healthcare-associated infections

37,000 BSIs/year
X $28,000/BSI
Over $1 **billion** per year
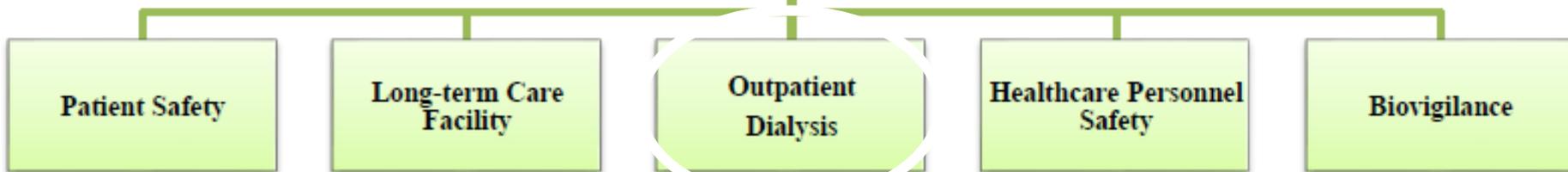
The goal of the evaluation was to identify knowledge gaps and the potential for reporting errors.

Fully meets the needs

- **Acceptability**
- **Representativeness**
- **Stability**
- **Informatics**

Partially meets the needs

- **Usefulness**
- **Flexibility**
- **Simplicity and Data Quality**
- **Sensitivity and PVP**
- **Timeliness**

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The system updates regularly, but big changes are difficult.

- Regular NHSN updates
- SAMS difficulties
- The interface is tailored to current setup

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There is potential for systematic errors.

- Knowledge gaps can cause systematic errors.
- Errors in CDA file preparation can cause systematic errors.
- Some data need more examination.

3 or more months without an event
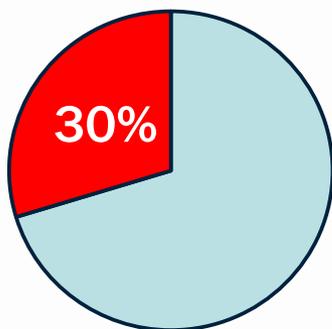
0 blood cultures from hospitals

30%

48%

16
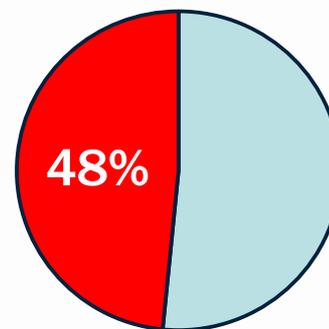
There is some confusion among users.

- All preparers
  - Potential knowledge gaps
- Automatic CDA preparers
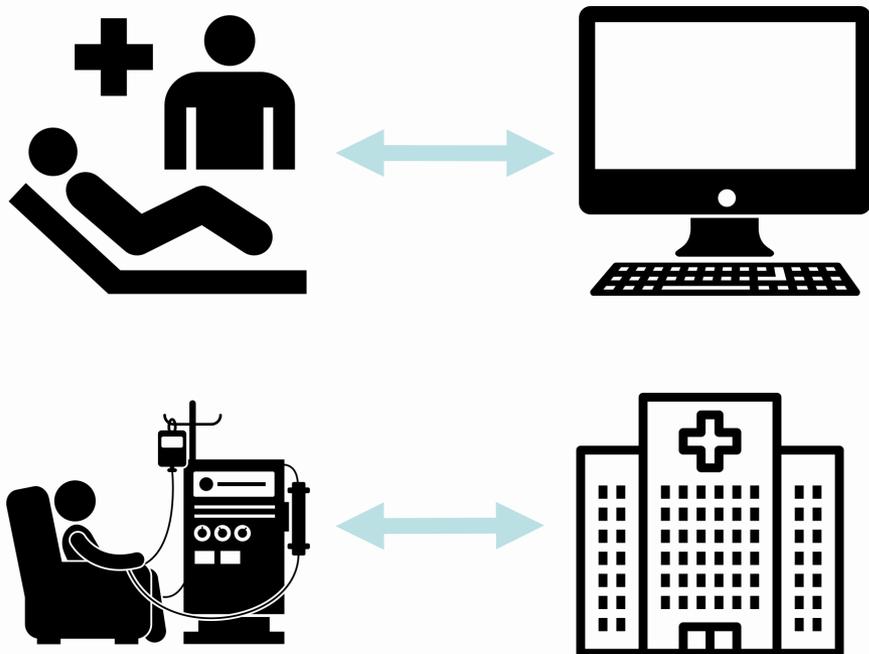 - Disconnect between patient care staff and IT

17

Sensitivity is variable across event types.

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Reporting delays limit timeliness.

- Completely dependent on the timeliness of reporting
- Clusters are sometimes detected

21
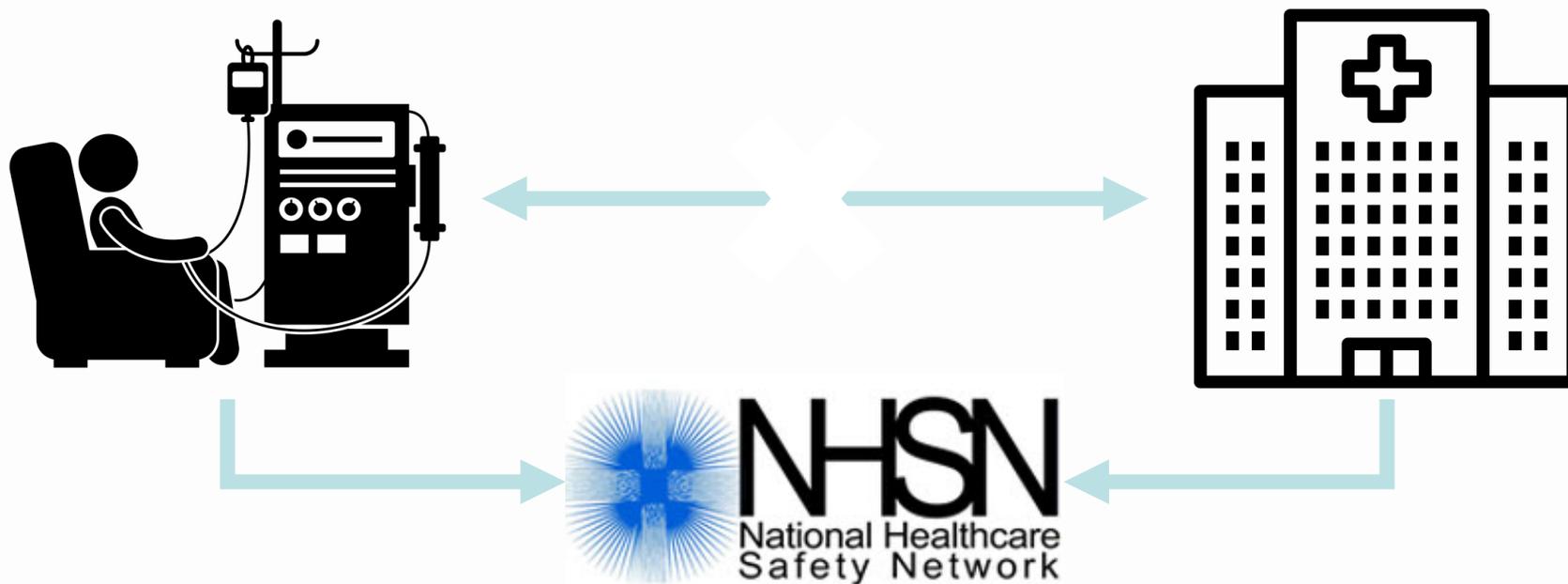
This is a good system that has problem areas that can be improved.

"Protecting patients and healthcare personnel and promoting safety, quality, and value in dialysis facilities"

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NHSN External Data Validation
Dialysis Events

Oregon Health Authority

Background

Required reporting for Dialysis Events since 2013

- IV antimicrobial starts (AMX)
- Positive blood cultures (PBC)
- Pus, redness, or increased swelling at the vascular access site (PRS)

64 Dialysis Facilities in Oregon

- Internal validation conducted annually
- Facility-specific data published online

Goals of External Validation

- Assess and improve the quality of reporting
- Evaluate current surveillance practices and knowledge of facility staff
- Provide guidance to dialysis facilities
- Provide feedback to CDC on implementation guidance

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Facility Selection

- Limited to Portland tri-county facilities (red circle)

- Randomly selected until 14 facilities recruited

- Study Period: July – December 2017
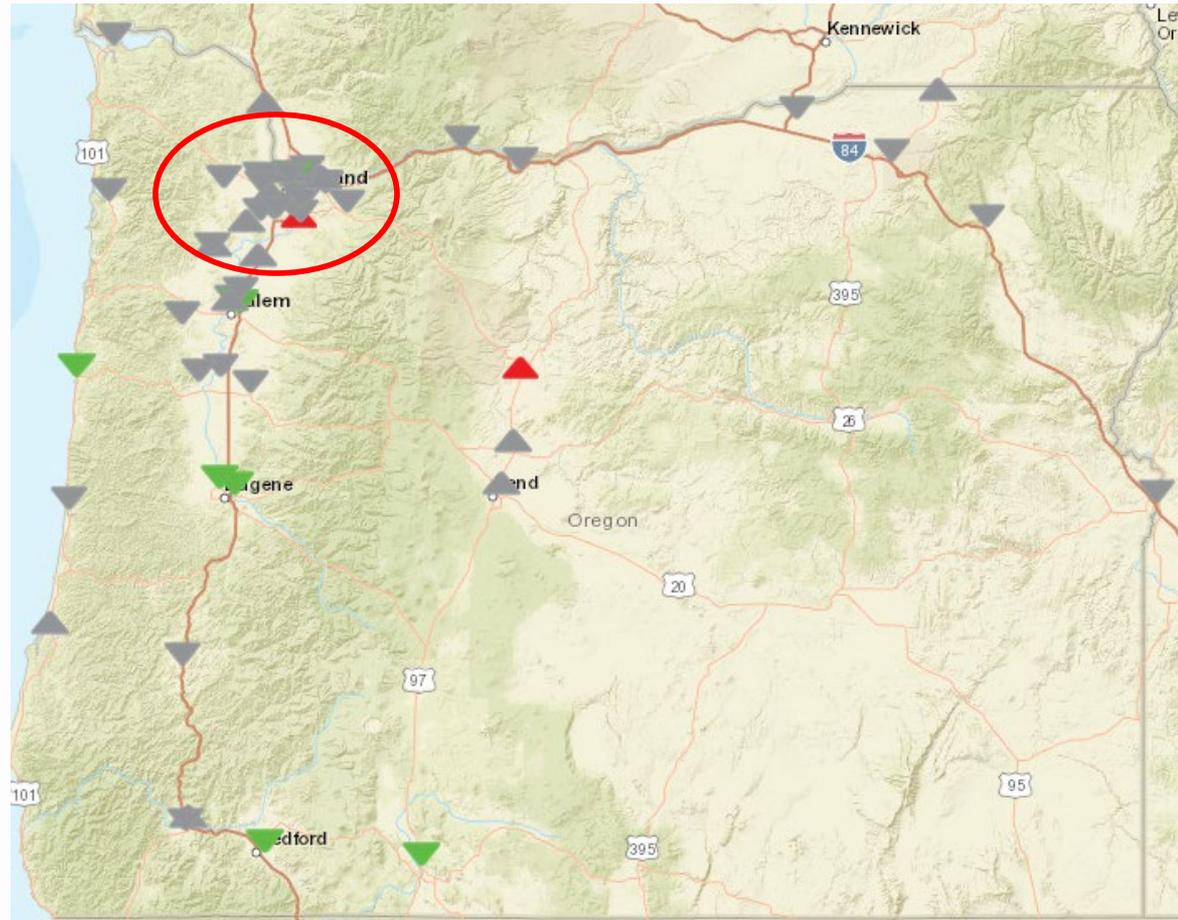
Patient Selection and Survey Assessment

- Five line lists requested from each facility for any patient in the study period:
    1. Received one or more in-center hemodialysis treatment
    2. Had any positive blood cultures
    3. Received any intravenous antimicrobials
    4. Had any pus, redness or swelling at the vascular access site
    5. Were hospitalized
- Selected up to 30 patients per facility

- Online survey to assess facility staff on NHSN surveillance practices and knowledge

On-site Visits

- 1-day visit

- 2–3 validators

- Review records
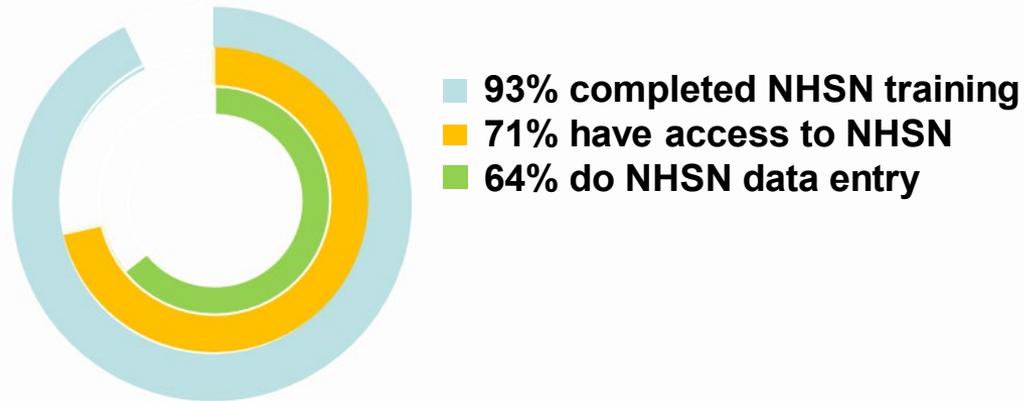
- Review survey

- Exit Interview
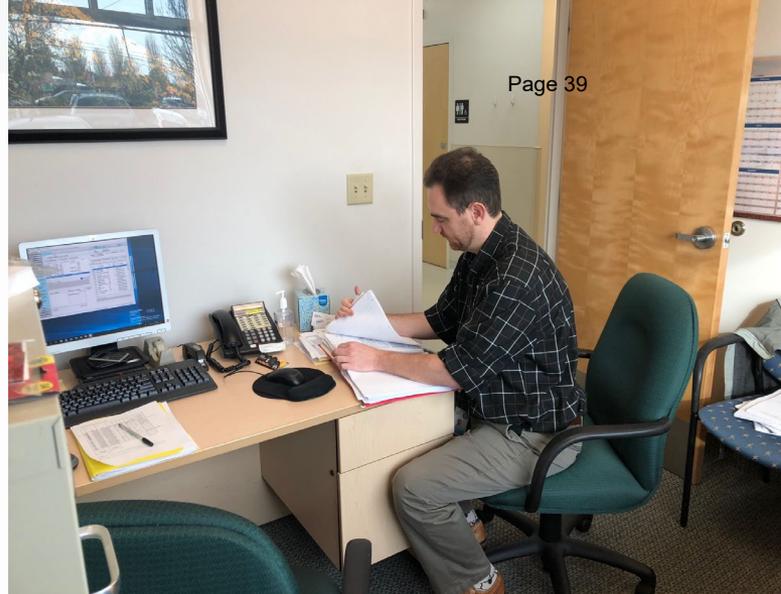
Validation Findings

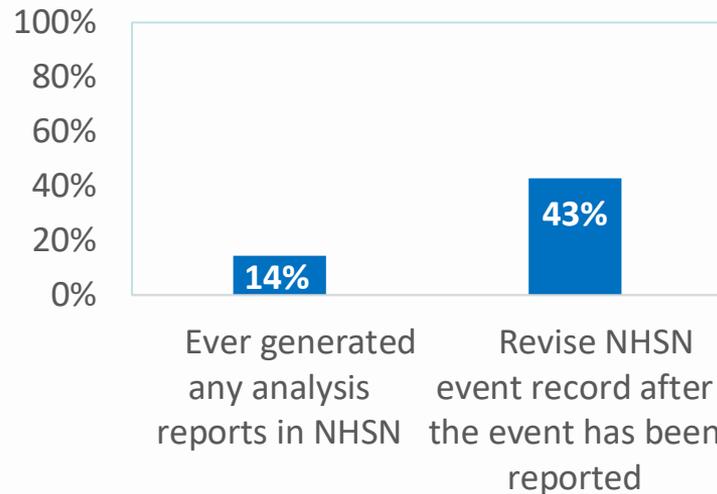|	IV antimicrobial starts	Positive Blood Culture	Pus, redness, swelling	Total
Found in chart review	90	20	37	147
Correctly reported to NHSN	88	10	22	120
Underreported	2	10	15	27
Overreported	0	3	3	6

Positive Blood Culture Reporting

	Positive Blood Culture
Found in chart review	20
Correctly reported to NHSN	10
Underreported	10
Overreported	3

- The only NHSN dialysis event included in annual reports
- Main reason for under-reported events was collection outside of facility
  - Records not received and reviewed
  - Information not documented to allow for automated reporting

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Survey Highlights

- **93% completed NHSN training**
- **71% have access to NHSN**
- **64% do NHSN data entry**

Analysis & Review

Ever generated any analysis reports in NHSN — **14%**

Revise NHSN event record after the event has been reported — **43%**

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Common Themes

- 93% of validated facilities use automated imports for reporting
  - AMX events are captured accurately
  - PBC events collected at the facility are captured accurately
  - PRS events lack standard field for documentation

- Large dialysis organizations have corporate/regional staff responsible for NHSN reporting

- It is difficult to access hospital records to accurately identify all PBCs

Conclusions and future steps

- On-site visits and outreach to regional partners helped us better understand workflow processes and strengthened relationship with dialysis facilities.

- We are developing an internal validation guidance document informed by external validation efforts.

- We will be providing additional training on NHSN reporting and analysis.

Oregon Health Authority

Acknowledgements

Participating dialysis facilities

Oregon Health Authority
- Steve Rekant
- Valerie Ocampo
- Monika Samper
- Rebecca Pierce

- Georgia DPH
- Colorado DPH
- Tennessee DPH
- NHSN

Oregon Dialysis Data Overview

Lisa Iguchi, MPH

HAI Epidemiologist

Oregon Health Authority
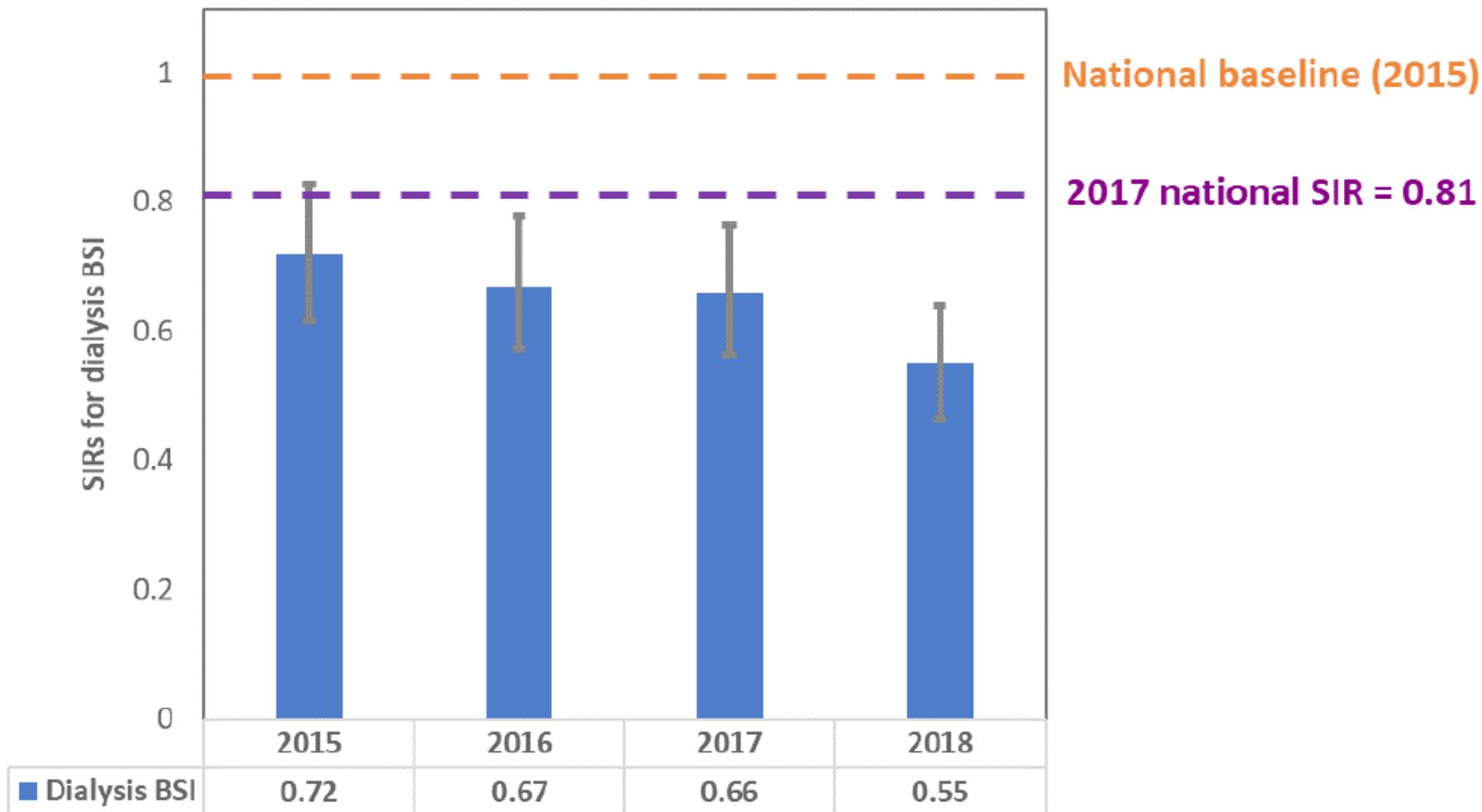
Healthcare-associated Infections Program

Agenda

Assess the picture of HAIs in Oregon Dialysis Facilities

Summarize Dialysis Infection Prevention Practices from the NHSN Survey

Announce OHA upcoming resources and events

Bloodstream Infections in Dialysis Facilities

	2015	2016	2017	2018
Dialysis BSI	0.72	0.67	0.66	0.55

National baseline (2015)

2017 national SIR = 0.81

3

IV Antimicrobial Start Rates

IV Antimicrobial Start Rate
(events per 100 patient-months)

Local Access Site Infection Rates

- Local access site infections (LASI) are defined as PRS events without an accompanying positive blood culture

LASI Rate
(events per 100 patient-months)

5

NHSN 2019 Annual Survey Results
Infection Prevention Focus
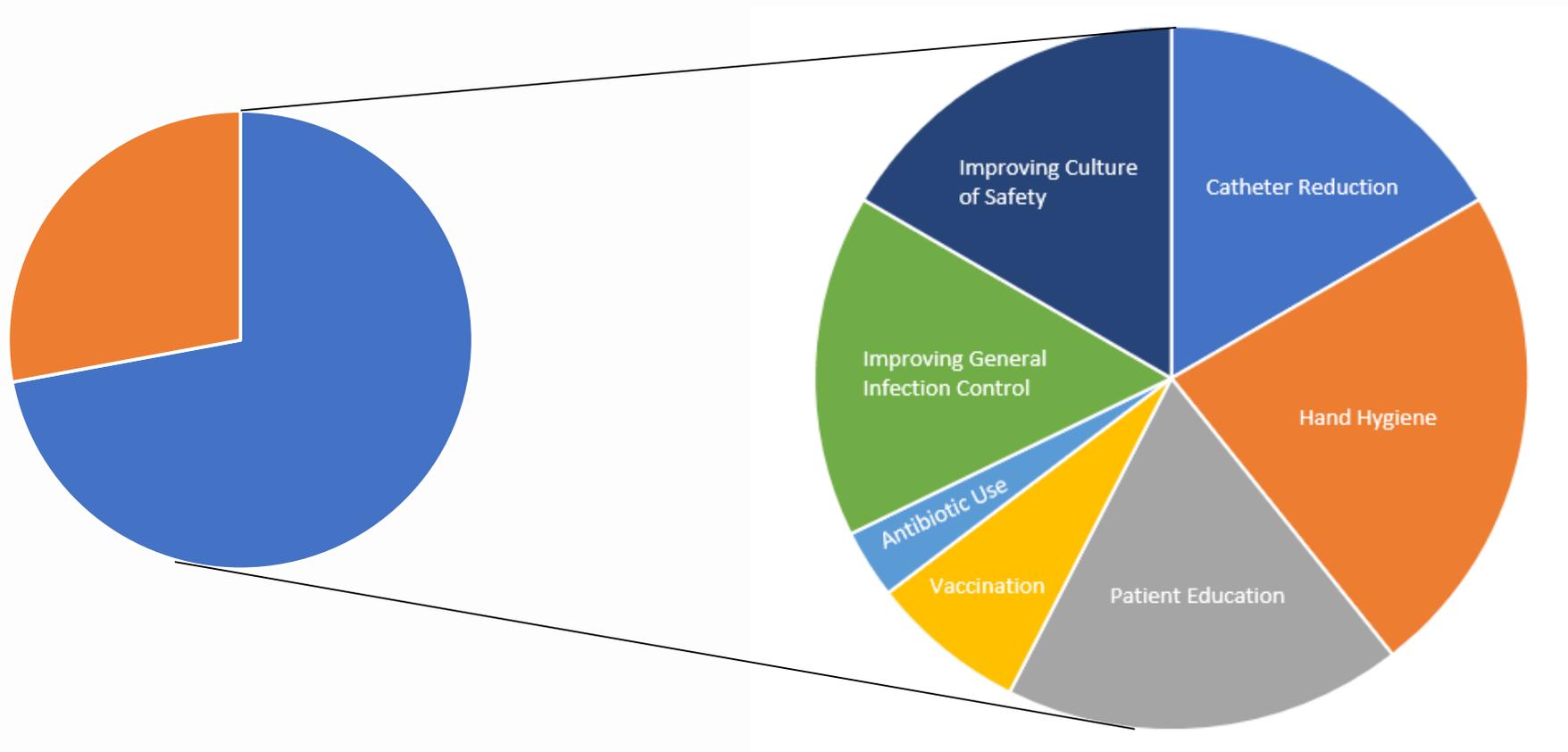
- All Facilities Conduct Hand Hygiene Staff Audits

- Almost all (97%) Observe Staff VA Care and CVC Accessing Practices

- All Conduct Staff Competency Assessments for VA Care and Catheter Access

- All follow the CDC Core Interventions to prevent bloodstream infections but 46% say they follow them sometimes rather than always

Oregon Health Authority

OHA Resources and Announcements

- Developing Dialysis Internal Validation Guidance Document
  - Intended to assist facility staff in reviewing annual NHSN data reports from OHA

- April 2020: HAI Lunch and Learn Webinar
  - Provide guidance to NHSN users on Dialysis Event reporting
  - Review reporting and analysis functions

  Visit our website to learn more!

  www.healthoregon.org/hai

Questions?

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Infection Prevention and Control in Dialysis Settings

Karen Larson RN MA
Regional Quality Manager
Fresenius Kidney Care
March 11, 2020

Infection Prevention and Infection Control

•Infection Prevention-doing everything possible to keep an infection from happening

•Infection Control-doing everything possible to keep an infection that has occurred from spreading

National Burden of Dialysis Infections

- In the US, there are about 370,000 people relying on hemodialysis

- About 75,000 people receive hemodialysis through a central line

- Central lines have a higher risk of infection than a fistula or graft

- CDC estimates 37,000 central line-associated bloodstream infections may have occurred in U.S. hemodialysis patients in 2008

37,000

About **37,000 bloodstream infections** happen each year to kidney dialysis patients with central lines.
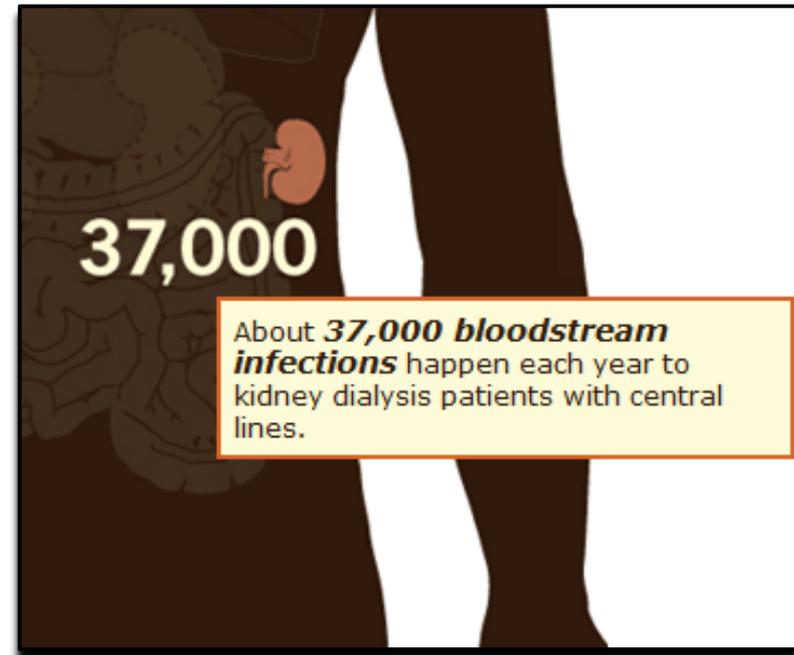
Why are Dialysis Patients at Risk for Infection?

- Patients who undergo hemodialysis have a higher risk of infection, due to the following factors:

  - Frequent use of catheters or insertion of needles to access the bloodstream

  - Weakened immune systems

  - Frequent hospital stays and surgery

Barriers to Infection Control in Dialysis Facilities

- Difficulty in isolating contagious patients

- Patient-to-patient contact is common

- There are over 200 individual workflow steps in a single dialysis treatment and over 25% carry risk of contamination

Pieces to the Puzzle

"It Takes A Village"

6

Staff Engagement

- Recognizing the devastating impact of each episode of Infection (BSI or VAI) on an ESRD patient, it is the mission of the Team to optimize infection prevention strategies

- CDC has developed specific recommendations tailored for hemodialysis healthcare workers, recognizing the increased risks for infection

- Spread existing knowledge and best demonstrated practices for infection prevention

- Organize this knowledge in ways that the staff at the Point of Care are engaged in reaching the goal of zero infections

- Participate in validation processes

Patient and Family Engagement

Healthcare Partner Engagement

Comagine Health | ESRD ALLIANCE Network 16

Home | About the Network | Patients & Family | Providers & Professionals | Emergency Preparedness

Providers & Professional Staff › Quality Improvement

Quality Improvement

The QI Program encompasses identification of opportunities for improvement, analysis of available data sources, prioritization of interventions for maximum impact in an efficient manner, measuring the effectiveness of interventions and activities, and when possible changing methodologies on the fly if interventions don't seem to be working as well as desired. Program intentions and goals are assessed and revised at least annually. Our QI Goals are established by the Network's contract with the Centers for Medicare & Medicaid Services, refined by scrutiny of all available data on facility performance, then reviewed for approval by the Network's Medical Review Board.

The menus at left summarize

- The Network's Clinical Goals
- QI LAN Projects
- The Quality Assessment and Performance Improvement (QAPI) Process
- The Network's current Quality Improvement Work Plan
- QI Toolkits from the Forum of ESRD Networks' Medical Advisory Council (MAC)

Reducing Blood Stream Infections (BSIs) QIA

The goal of this project is to reduce BSIs using the CDC tools with a national goal by 2023, to reduce the national rate of blood stream infections in dialysis patients by 50% of the blood stream infections that occurred in 2016.

NW Project Lead: Barbara Dommert-Breckler, Quality Improvement Director

Click here to contact the NW for details

Oregon Health Authority — HAI Prevention

Public Health Division › Diseases and Conditions › Acute and Communicable Disease › Healthcare-Associated Infections › HAI Prevention › Oregon Patient Safety Commission Collaborative

Oregon Patient Safety Commission Collaborative

The Oregon Public Health Division works with the Oregon Patient Safety Commission (OPSC) to offer a variety of programs to improve patient safety, including educational trainings, adverse event reporting programs, and toolkits developed specifically for Oregon healthcare providers.

OPSC Programs of Interest

5-Diamond Patient Safety Program

Infection Prevention and Control in the Dialysis Facility

CDC Centers for Disease Control and Prevention — CDC 24/7: Saving Lives, Protecting People™

National Healthcare Safety Network (NHSN)

CDC › NHSN › CMS Requirements

NHSN
NHSN Login

CMS – Outpatient Dialysis Facilities

Can We Do Better?

- Quality Assessment and Improvement Program Oversight
  - Patient representation at QAPI meetings
  - Continuous Quality Improvement principles
    - Data driven root cause analysis and action planning
      - Internal
      - External
    - Turn Process into Quality

DaVita: Infection Management Overview

Kristen Van Allen, MSN, CIC, CNN
Infection Preventionist
February 2020
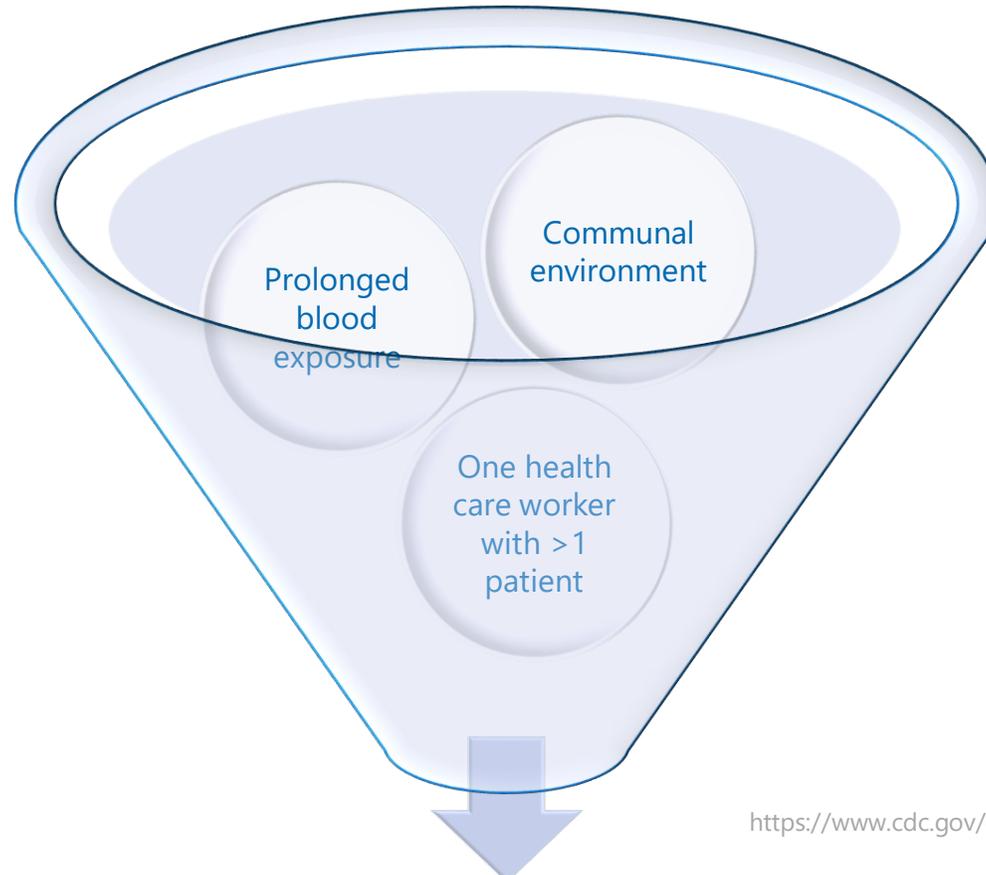
Infections and Dialysis

- Infections are the 2nd leading cause of death in ESRD patients.

- Infections are the #1 cause of hospitalizations in ESRD patients

- Healthcare workers transmit infection

- Most infections are PREVENTABLE!

https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5005a1.htm

Incenter Hemodialysis (ICHD) Environment

Prolonged blood exposure

Communal environment

One health care worker with >1 patient

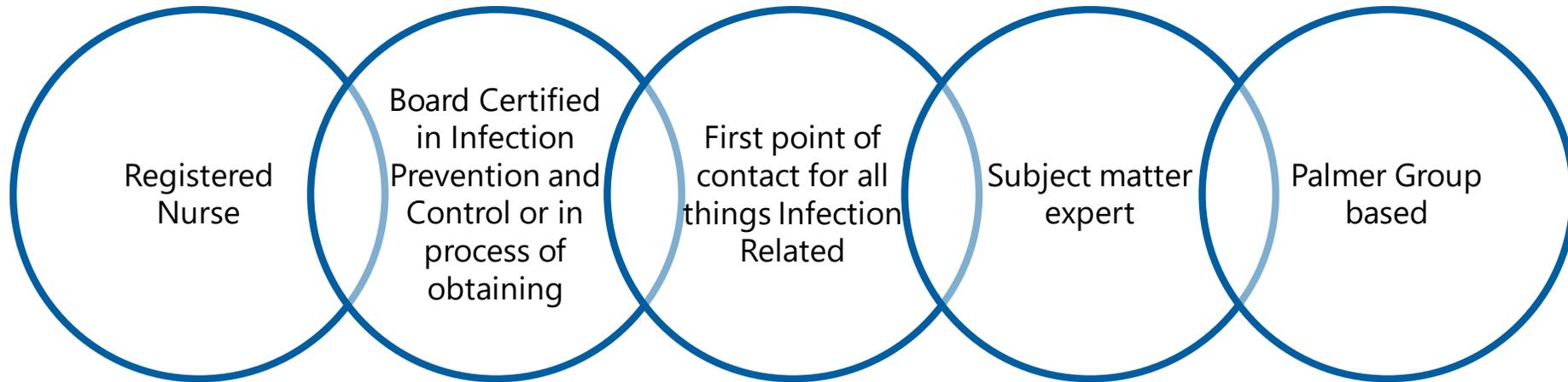https://www.cdc.gov/dialysis/guidelines/index.html

Multiple opportunities for person-to-person transmission, directly or indirectly via:
- contaminated devices,
- equipment and supplies,
- environmental surfaces, or
- hands of personnel

What is an Infection Preventionist (IP)?

Registered Nurse

Board Certified in Infection Prevention and Control or in process of obtaining

First point of contact for all things Infection Related

Subject matter expert

Palmer Group based

WipeOut Infections

DaVita.

WipeOut Key Components

Surveillance

- IP's considered experts on NHSN reporting including the 21 day rule, reporting is consistent across our 2,000 + facilities.

- NHSN reporting now automated with the exception of External Blood Cultures (EBC's)

- Algorithm developed with automated notification sent to facilities when an opportunity to capture an EBC exists. IP enters the reportable cultures into the EBC tool.

- With automation of surveillance focus shift to prevention.

Driving Improvement Remotely

Dashboard

- IPM tool for Incenter Hemodialysis (ICHD) and Peritoneal Dialysis (PD); provides trended data to guide improvement efforts
  - Blood Stream Infection (BSI) and Peritonitis (PTN) rates by group, stratified by access type
  - Includes organism data as well, allowing for further analysis by IPM
  - Antibiotic Stewardship tab allows review of antibiotic starts, highlighting deviation from protocol
- Manager of Clinical Services (MCS) Team – boots on the ground/"eyes and ears"
  - MCS alerts IPM as needed
  - IPM alert local teams as needed – ie surveillance patterns/trends
  - Process for deeper dives and oversight initiated as needed

Partnership/Collaboration Opportunities