HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

May 2, 2008   **Portland State Office Building, Room 1D**
1:00 p.m. to 4:00 p.m.   **800 NE Oregon**
                                                                          Portland, Oregon

MEMBERS PRESENT: **Mel Kohn, MD, Co-Chair**
                          Woody English, MD, Co-Chair
                          Jim Dameron
                          Laura Mason (by phone)
                          Jon Pelkey (by phone)
                          Mary Post
                          Barbara Prowe
                          Kecia Rardin
                          John Townes, MD
                          Dee Dee Vallier

MEMBERS EXCUSED: **Jim Barnhart**
                          Paul Cieslack, MD
                          Lynn-Marie Crider
                          Kathleen Elias
                          Ron Jamtgaard
                          Patricia Martinez, MD
                          Rodger Sleven, MD

STAFF PRESENT: **Sean Kolmer, Research Manager**
                          James Oliver, Research Analyst (by phone)

ISSUES HEARD:

- **Call to Order**
- **Approval of 04/08/08 Minutes**
- **Review of draft rules definitions and review**
- **Review of draft rules for hospital reporting**
- **Review of draft rules for ASC, ODC, LTC reporting**
- **Review of draft rules public disclosure, processing and security of data**
- **Review of prohibited activities and compliance**
- **Public Testimony**
- **Other Topics/Adjourn**

(Digitally Recorded)

Chair Kohn	**I.**	**Call to order**

The meeting was called to order at approximately 1:00 p.m. There is a quorum.

Chair Kohn	**II.**	**Approval of 04/08/08 Minutes (See Exhibit Materials B)**

Change minutes to reflect the absence of Jim Dameron and correct typos on pages 4, end of section V. by deleting partial sentence, and 3, regarding NICO Facilities using Vermont Oxford, 3rd hollow bullet to read "4 or 5 of 7 . . ."
Minutes adopted by consensus as amended.

Sean Kolmer/

James Oliver

III. **Review of draft rules definitions and review (OAR 409.023.0005 & 409.023.0015) (See Exhibit Materials C)**

- DHS is coordinating the rules process with the following schedule:
  - o Next week - final draft to DHS;
  - o May 15 – to legislature for posting;
  - o June 1 - published in Oregon Bulletin; and
  - o Third Week of June - Public meeting (date sometime after 21 days of publication).
  - o Following week after public comments closes Committee will address changes. Distribution lists discussed.
- Members may attend but it is not required. Someone will be taking notes and recording issues.
- *Question: Who gathers the feedback from public, written and oral, and who revises the rules based on that feedback?*
  - o OHPR Administrator Jeanene Smith, MD. Staff anticipates a collaborative approach.
  - o "Final Final" is due July 1 and groups participation post-public meetings discussed. Suggestion to tentatively set meeting time. Staff will set up meeting.
  - o Rules affecting ASC, ODC, LTC reporting will be another process.
- *Question: Who will be responsible for communication of rules, as well as creating a manual and training? There is some pre-work that can be done as far as roll-out.*
  - o Suggestion that subcommittees meet.
- *Question: What is the division of labor between advisory group and OPHR as owner of the reporting program and are they responsible for implementation and training?*
  - o Staff related that will be looking at Committee for advice on how to implement and technical assistance on training.

  Definitions overviewed by staff **(pages 1-3).**
- Ron Jamtgaard, not present, submitted comments to staff which they will share.
- Staff related comment by DHS Coordinator regarding #11 on disclosure as an ordinary definition not needing specific notation.
- *Question: On definitions will meaning of phrase, ". . . as defined in the Patient Safety Component Protocol of the NHSN Manual . . ." be spelled out what that is?*
  - o Will continue discussion on adequacy later.
- Definition 12 concerning of ICP (Infection Control Professional) and how this role is identified and determined. **(Page 1)**
  - o Language suggestion: "Trained professional authenticated by the facility," to be added.
  - o Debate on listing it in "Reporting for Hospitals," section or under Definitions.
  - o It was stated that the definitions section function is not to describe behavior with suggestion to put in separately.
  - o Suggestion to include "as designated by the facility" on #12 of Definitions and follow-up should be addressed in the "Reporting for Hospitals," section. **(page 1).**
- Staff will revise definitions from Committee input and distribute for comment.

Review Section (OAR 409.023.0005)
- Staff related Ron Jamtgaard's input including
- (1) – language suggestion from Ron Jamtgaard: ". . . these rules and <u>expansions to other infection types</u> . . ." **(page 3)**

Sean Kolmer/
James Oliver

IV. Review of draft rules for hospital reporting (OAR 409.023.0015)

Gwen Dayton, Oregon Association of Hospitals and Health Systems (OAHHS) provided input on the rules for hospital reporting:
- Related that regulatory authority cannot be an outside entity such as when referring to NHSN must relate an "in effect" date. When reference is revised, Committee required to adopt new version.
- Staff related that NHSN documents referenced are "date stamped." So will be reflective in rule.
- (1) – Regarding ". . . collecting data for outcome measures prescribed by the administrator. . .," it was noted that the administrator cannot prescribe, but should be in the rule itself. **(Page 4)**
  - Administrator cannot prescribe action. Language suggestion: "Hospital shall begin collecting data for outcome process measures beginning January 1, 2009, as prescribed in these rules."
- Discussion on recording and collecting data. Staff related that statute requires reporting out before 2010, relating that will not have a full year of data for first report.
- Discussion on length of reporting time periods, "for service provided on or before January 1, 2009."   Imperfections in the beginning of collecting data noted.
  - Technicalities debated on end-of-year surgeries. NHSN process for correcting data is related.
  - In line with disease reporting, it was suggested that it be reported by date of onset of infection (even though it may be related to previous year's surgery). Noting differences from disease reporting and NHSN reporting procedures is debated.
  - Language suggested: "date when service provided."
- Gwen Dayton commented on page 4:
  - (1) reportable measures should be listed specifically, and
  - (3) (b) remove "entire calendar year."
- Gwen Dayton discussed requiring hospitals to join a system (NHSN) that they may not be participating in and what is the financial burden to doing that.
  - It was noted that there is no fee to participate.
  - Does NHSN require reporting in areas not required by Oregon law?
    - Hospitals will not be asked to do any more than what is currently being done.
    - NHSN reporting may be in certain, specific areas and does not have added general reporting requirements.
  - Staff will remove other references to "entire calendar year."
- Statute requirement of a secondary hospital's role reporting an infection acquired from another hospital. NHSN provides clear template on response.
- Discussion on "present-on-admission," new admission criteria, and CMS direction that is still being clarified is discussed.
- Other future issues may include public reporting of participation in hygiene projects and on how well hospitals are immunizing employees against influenza. No national data exists in this area.
  - OAHHS rolling out programs for hygiene.

- Structural comment: (2) (a) should be changed to (3). **(Page 4)**
- Hospital implementation of NHSN and identifying HAI for state to retrieve information related. OAHHS assistance offered in educating hospitals. Timeline discussed.
- Language suggestion: "Authorize NHSN to disclose data to the Office as necessary for compliance with these rules."
- Remove (3) (c) (revision moves specific list reporting under (2)).

Sean Kolmer/ James Oliver	V.	**HAI reporting for other health care facilities (OAR 409.023.0190)**

- Page 5, (2) – Administrator cannot prescribe, must go through rule making process. Add to (1): " . . . pursuant to rules adopted no later than July 1, 2009."
- Chair asked Kecia Rardin, if there was anything that needs to be related to that group. She responded:
  - That she has met with the ASC Board and they do not want to be forced to report on procedures not reported on by hospitals, as it would be an unfair burden.
  - National association is working with CMS to come up with program for ASCs.
  - Based on conversations with Rob Schwarz, Executive Director of Oregon Ambulatory Service Centers, CDC is announcing an international meeting on NHSN protocol for ASCs.
  - Related competition between ASCs and hospitals and perception by ASCs that adding regulation as a way to put them out of business.
  - Uncertainty of rules around ASCs expressed. Staff related programs being developed involving discharge data.

Sean Kolmer	VI.	**HAI Public Disclosure (409.023.0200)**

- Section (1) discussed: interested persons to include general public, change the word "may" to "must" and identify rates and other data.
- Providing national comparisons in disclosing data discussed. Staff related that it is included in **HAI Data Processing and Security (402.023.0300)** (5) with suggestion to change last sentence to ". . . or national comparisons" to "and national comparisons."
- Comparing hospitals to hospitals, staff responded that can be done with benchmarking.
- Define what the hospital "acquire" definition would be, lay person understanding of definitions of surgical site and process measures. Suggestion to add to section (1) Explanation of terms. Staff related that statute requires simplified language be used. Some kind of interpretation of why information is being reported and educating public debated.
- Possible reporting disadvantages for small hospitals noted with support to exclude. Suggestion to mark small hospitals as those with "low volume" and allow explanation. In excluding, only missing the small rural hospitals. Less than twenty hospitals affected.
- Reports to be reviewed by hospitals before publishing.

HAI Data Processing and Security (OAR 409.023.0300)
- Section (1) – Language suggestion: replace "export" with "obtain."
- Section (4) – remove "clinically intuitive." Debate on risk adjustment by NHSN, comparing hospitals and developing own risk adjustment.

	Will there be risk adjustments outside of the NHSN adjustments? Concern on creating too complex of a system.
	• Suggestion to leave it open for possible future use.
	• Member related that article stating the only reason the CDC collects only on surgical site infections as they are the only true causes for an infection, nothing is collected on blood stream infections,
	• Risk adjustment described as tolerance for a higher rate.
	• Language suggestion: "Office may use statistically valid risk adjustment methods as recommended by the committee as necessary to ensure distribution of reliable and equitable information."
	• Validating data discussed. Relating legislation states that it needs to be useful and credible. Difficulties with interpreting out of context.
Sean Kohlmer/ James Oliver	**VIII. Review of Prohibited Activities (409.023.0400) and Compliance (409.023.0300)**
	• Simplify (1). Language suggestion: "The Office will not disclose:" followed by list. Restrictiveness at federal and state levels debated.
	• Evaluate on a regular basis the quality and accuracy of the data collected and reported by the health care facilities and shall be based on a variety of data sources including hospital discharge data, annual surveys and audited financial statements.
	• New CMS coding noted.
	• Article related that basing data solely on electronic information is only about 30% accurate reflecting clinical vs. coder evaluations.
	• Does validation and accountability need to be built into this? Mechanism to address possible gaps/errors in information discussed.
	o Need assurance that hospitals are reporting.
	o Options to validate data is limited. Suggestion to repeat statutory language in rules.
	o Briefing by OHPR Brief cited accurate data used. Suggestion that data may not be precise enough.
	o At some point (set date), will need a way of knowing accuracy, will cost money and not be budget neutral.
	o Concern between hospital reporting equity expressed.
	o Language suggestion: "Variety of data sources . . ."
	• Committee progress noted.
Co-Chairs	**IX. Public Testimony**
	No public testimony was offered.

Next meeting June 10, 2008.

Submitted By: Paula Hird   Reviewed By: Sean Kolmer

EXHIBIT MATERIALS:
A. May 2 Agenda
B. Minutes from 04/08/08
C. OAR Draft Definitions

http://www.oregon.gov/OHPPR/docs/MeetingMaterials_050208.pdf