MEMBERS PRESENT:
Paul Cieslak, MD
Jordan Ferris, RN, BSN, CMSRN
Jamie Grebosky, MD (phone)
Joan Maca, RN (phone)
Laurie Murray-Snyder (phone)
Pat Preston, MS (phone)
Dana Selover, MD, MPH
Mary Shanks, RN, MSN, CIC
Dee Dee Vallier
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC
Bethany Walmsley, CPHQ, CPPS

MEMBERS EXCUSED:
Kelli Coelho, RN, CNOR
Jon Furuno, PhD
Csaba Mera, MD
Nancy O'Connor, RN, BSN, MBA, CIC
Rachel Plotinsky, MD

STAFF PRESENT:
Zintars Beldavs, MS, HAI Program Manager
Genevieve Buser, MD, HAI Public Health Physician
Kate Ellingson, PhD, HAI Reporting Epidemiologist
Monika Samper, RN, HAI Reporting Coordinator

ISSUES HEARD:
- Call to Order & Roll Call
- Approval of December 2014 HAIAC Meeting Minutes
- Findings and Key Recommendations from Oregon's Modernization of Public Health Report
- Update on HAI Metrics for Hospital Transformation Performance Program
- HAI Annual Report: Proposed New Formats for Consumers and Providers Plus Facility Specific Report Cards
- OAR Updates
- Follow-Up Influenza Vaccination Analysis: Which Strategies Predict High/Low Vaccination Rates
- New Ebola Funding from CDC to Expand HAIAC to Include Infection Control Assessment and Promotion (ICAP) Sub-Committee: Overview
- CDI Prevention Collaborative Activities: Using NHSN Data to Target Facilities
- Member Updates
- Public Comment / Adjourn

Call to Order & Roll Call
Chair Mary Shanks, Kaiser Westside Medical Center

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

Approval of December 2014 HAIAC Meeting Minutes
All Committee Members

Minutes for December 17, 2014 meeting were unanimously approved as written.

Findings and Key Recommendations from Oregon's Modernization of Public Health Report
Cara Biddlecom, Office of State Public Health Director

Overview
- ➢ HB 2348, enacted in 2013, authorized establishment of a task force to study and make recommendations to the legislature on requirements and resources needed for an effective public health system.
- ➢ The task force produced a comprehensive report, *Modernizing Oregon's Public Health System*, available online: http://public.health.oregon.gov/About/TaskForce/Pages/index.aspx.
- ➢ The report focused on recommendations that:
  - o Consider establishment of regional health departments
  - o Enhance efficiency and effectiveness
  - o Allow for appropriate partnerships with regional healthcare service providers and community organizations
  - o Take into account cultural and historical appropriateness
  - o Incorporate best practices

Task Force Recommendations
- ➢ Adopt the Foundational Capabilities and Programs for modernizing public health system.
  - o Foundational capabilities include:
    - ▪ Assessment and epidemiology
    - ▪ Emergency preparedness and response
    - ▪ Communications
    - ▪ Policy and planning
    - ▪ Leadership and organizational competencies
    - ▪ Health equity and cultural responsiveness
    - ▪ Community partnership development
  - o Foundational programs include:
    - ▪ Communicable Disease Control

- Environmental Health
- Prevention and Health Promotion
- Access to Clinical Preventive Services
- Additional programs as required to address community-specific needs

➢ Identify and allocate significant and sustained state funding for proper operationalization of Foundational Capabilities and Programs; Oregon rates 46th in the nation for state investment in public health per capita.
   o State mainly reliant on highly prescriptive federal grants that do not support core public health work.
   o Current public health system does not deliver consistent services throughout the state due to a large disparity in county funding.

➢ Implement statewide Foundational Capabilities and Programs in waves, as each county is ready, over a timeline to be determined.

➢ Grant flexibility to local public health departments to operationalize Foundational Capabilities and Programs as a single county, a single county with shared services, or a multi-county health district.

➢ Establish metrics to gauge performance of state and local public health departments.
   o Public Health Advisory Board would assume responsibility for developing metrics and assessing performance of public health agencies.
   o Agencies would report outcomes annually to Advisory Board.
   o Financial or other types of awards would be given to agencies meeting/exceeding benchmarks.

Approval and Implementation of Task Force Recommendations

➢ Hearings on House Bill 3100 and Senate Bill 663, which contain recommendations from the task force, are scheduled for March 9, 2015.

➢ Approval of the bills will necessitate:
   o Creation of precise definitions for each capability and program.
   o Development of performance measures and determination of costs based on capability and program definitions.
   o Identification of funding sources by legislature; decision expected in 2017 legislative session.

➢ Implementation of Foundational Capabilities and Programs would begin in 2017.

Update on HAI Metrics for Hospital Transformation Performance Program
Diane Waldo, Oregon Association of Hospitals and Health Systems

Overview

➢ The Hospital Transformation Performance Program (HTTP) is a two-year CMS incentive program that pays facilities for performance on a number of measures out of revenues generated from a Medicaid provider tax.

- o Baseline period - facilities paid for submitting baseline data during October 1, 2013 through September 30, 2014.
        - o Performance period - facilities paid for meeting benchmark or improvement target during October 1, 2014 through September 30, 2015.
- ➢ Hospitals eligible for the CMS incentive program include 28 facilities that are assessed an Oregon Medicaid hospital provider tax.
- ➢ HTTP is funded through a 1% increase in Medicaid provider tax.
- ➢ Performance metrics for the program were crafted by an OHA-led advisory committee authorized by House Bill 2216. The metrics cover two focus areas:
    - o Hospital focus – what happens in hospital operations
        - ▪ Readmissions: Hospital-Wide All-Cause Readmission
        - ▪ Medication Safety: adverse drug events related to insulin, Warfarin, and opioids
        - ▪ Patient Experience: staff explain medications and provide discharge information
        - ▪ Healthcare-Associated Infections: CLABSI and CAUTI
    - o Hospital-CCO Coordination focus – how hospitals engage with community partners and stakeholders
        - ▪ Emergency Department Visit Information: share with PCP and other hospitals
        - ▪ Behavioral Health: drug/alcohol screening by emergency department and follow-up after hospitalization for mental illness
- ➢ Incentive payments are calculated and distributed by OHA. Payments fall into two categories:
    - o Floor allocation - a set amount is paid to hospitals submitting data for 75% of measures during baseline period.
    - o Allocation per measure achieved - payment is based on facility performance, amount each measure is worth, and hospital size during performance period.

Committee Concerns about HTPP

- ➢ Hospitals may report false outcomes to obtain payment.
  OHA response: no data validation plans at this time due to limited resources.
- ➢ Program may not induce hospitals to meet benchmarks/improvement targets.
  Member response: large Medicare provider tax refunds are likely to incentivize facilities to improve performance.

HAI Annual Report: Proposed New Formats for Consumers and Providers Plus Facility-Specific Report Cards
Kate Ellingson, OHA

Report Timeline

- Hospitals and dialysis facilities will confirm data extracted from NHSN between early April and May 15.
    - Ensures quality information reported by facilities
    - Verifies NHSN data accessible to OHA matches facility-reported data published in CMS Hospital Compare reports
- Deadlines for reporting data is dependent on facility type.
    - CMS and Oregon require 3 categories of facilities to report data in NHSN:
        - Hospitals - 2014 data for 12 different metrics due May 15, 2015
        - Dialysis facilities - 2014 dialysis labID events due May 15, 2015
        - Ambulatory surgery centers - Healthcare Worker Influenza Vaccination Survey for 2014-2015 flu season due August 2015
    - Oregon requires long-term care facilities to report healthcare worker influenza vaccination data in SurveyMonkey for 2014-2015 flu season by May 22, 2015.
- Target dates for publishing reports are:
    - HAI annual report by July 31, 2015
    - Healthcare Worker Influenza Vaccination report in fall 2015

Report Content and Format
- Preliminary report design is based on feedback from committee members and CDC focus group.
- Two editions of annual report are planned: short, simple version for consumers and detailed, complex version for providers/savvy consumers.
    - Consumer report will:
        - Display simple qualitative descriptions instead of SIRs and 95% CIs:
            * Better – significantly more infections than expected based on national experience
            * Same - not significantly different from national experience
            * Worse - significantly fewer infections than expected based on national experience
            * No conclusion – number of predicted infections less than 1 so no conclusion can be made
        - Include quantitative data to provide context:
            * Number of patient/catheter/line days or procedures
            * Number of observed infections
            * Number of predicted infections
        - Display information in basic tables accompanied by simple explanatory legends.
    - Provider/technical report will contain:
        - Same basic quantitative data as consumer report (observed infections, expected infections, and denominator)
        - Statistical calculations:
            * Rates - limit to CDI? (see Member Comments section below)
            * SIR with color-coded confidence interval
            * Percent SIR changed since previous year

- SIRs/rates stratified by hospital size
- Tables displaying each facility's complete data for a given HAI on a single line (if possible)
- Facility-specific report cards
- ➢ Both consumer and provider reports will include a concise executive summary with a pictorial display of state-level data.

<u>Committee Concerns</u>

- ➢ Committee recommended soliciting feedback on content and format of the consumer report from patient boards that already exist and assemble regularly.
- ➢ One member expressed uncertainty about providing rates for HAIs other than CDI because rates are not adjusted for risk factors.

OAR Updates
Monika Samper, OHA

OHA is changing Oregon Administrative Rules to align with CMS reporting mandates:
- o Dropping several SCIP measures
- o Adding requirement for dialysis facilities to report Healthcare Worker Influenza Vaccination Survey data beginning in fall 2015

Follow-Up Influenza Vaccination Analysis: Which Strategies Predict High/Low Vaccination Rates?
Kate Ellingson, OHA

- ➢ Oregon is eliminating three questions, not required by CMS, from healthcare worker influenza vaccination survey effective 2014-2015 influenza season to reduce burden on facilities:
  - o Methods used to deliver vaccine
  - o Strategies to promote/enhance vaccinations
  - o Reasons for declining a vaccination
- ➢ OHA analyzed data gathered on discontinued questions. Results for two promotional/enhancement methods were discussed during the meeting (see meeting materials for complete results):
  - o No cost versus charge for healthcare worker vaccinations:
    - No significant effect on vaccination rates for hospitals but 95% of hospitals offered no-cost vaccine
    - Significantly higher vaccination rates for ASCs offering free vaccines (>20% do not offer free vaccines)
  - o Requiring unvaccinated workers to wear a mask:

- Significant predictor of higher vaccination rates for hospitals
- Member comment: resisted by unions because employee's vaccination status considered protected healthcare information
➤ OHA asked committee members to contemplate whether eliminated questions worthy of inclusion in other surveys.

New Ebola Funding from CDC to Expand HAIAC to Include Infection Control Assessment and Promotion (ICAP) Sub-Committee: Overview
Gen Buser, OHA

➤ OHA is reasonably confident of receiving Ebola ELC competitive grant in near future to build statewide epidemiology and lab capacity and to promote education in collaboration with key organizations.
➤ Grant is comprised of three components:
   o Consultative, non-regulatory evaluations of Oregon Ebola Tier 2 Assessment Hospitals.
      - Patient care domains in hospitals would be evaluated using an Oregon adaptation of CDC Draft Ebola Hospital Assessment Tool. These domains include:
         * Facility Infrastructure: Patient Rooms
         * Patient Transport
         * Laboratory
         * Staffing
         * Training
         * Personal Protective Equipment (PPE)
         * Waste Management
         * Worker Safety
         * Environmental Services
         * Clinical Management
         * Operations Coordination
      - Consultations and analytic reports would be provided after hospital evaluations to encourage development of capacities:
         * Gap analysis would be shared with each facility.
         * Follow-up consults would be performed at six-months and one-year.
         * Aggregate report, summarizing assessment results and lessons learned, would most likely be produced and distributed.
   o Development of statewide infection control capacity to prevent:
      - Healthcare-associated infections
         * Improve identification and response to outbreaks through education and expansion of outbreak tools.
         * Align statutes and rules of regulatory agencies to enhance efficiency.

- - Other emerging infections
      - * Develop and employ tools to assess each region's capacity for infection control and inter-facility communication.
      - * Educate regions on how to improve capacities.
  - o Expansion of Oregon Public Health Laboratory bio-safety capacity.
- ➢ HAI Advisory Committee's role will be to establish an Infection Control Assessment and Promotion (ICAP) subcommittee. This committee will:
  - Develop a plan to guide infection prevention activities based on analysis of collected data and directives from CDC.
  - Modify CDC Draft Ebola Hospital Assessment Tool to meet Oregon requirements.

CDI Prevention Collaborative Activities: Using NHSN Data to Target Facilities
Gen Buser, OHA

- ➢ OHA received a grant to study *Clostridium Difficile* (CDI) across the healthcare system.
- ➢ Data will be collected through survey questions and site visits to enhance knowledge of CDI transmission, inter/intra-facility communication, and infection prevention methods.
  - o Survey sent in fall 2014 to hospitals, skilled nursing facilities, and laboratories to obtain broader understanding of capacities and practices related to both CDI and Carbapenem-resistant *Enterobacteriaceae (CRE)*:
    - Infection control support, staff time, and activities
    - Practices for MDRO screening and precautions used
    - CRE questions
    - CDI surveillance, testing, response, and housekeeping
    - Inter- and intra-facility communication of MDROs and precautions
    - Policies and monitoring of practice adherence
    - Education for staff, patients, and infection control staff
    - Antimicrobial stewardship
    - Adequacy of response and facility support; facility priorities
    - Laboratory technology, standards, and capacity
  - o Site visits planned at three different hospital and skilled nursing partnerships in two different regions to gather additional data from patient medical records.

Member Updates
Open to all members

No committee members had updates.

Public Comment / Adjourn
Chair

No comments from public.

Minutes Reviewed by:
Kate Ellingson
Zintars Beldavs
Genevieve Buser

Exhibit Summary
A – Agenda
B – March 25, 2015 Minutes
C – Modernizing Oregon's Public Health System
D – Hospital Transformation Performance Program
E – 2014 HAI Annual Report: March Update
F – Healthcare Personnel Influenza Vaccination: A Closer Look at NHSN vs. Oregon-Specific Data Elements
G – Ebola ELC Grant
H – CDI Initiative