

HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

November 13, 2007
2:00-4:00 PM (Digitally recorded)

General Services Building
Mt. Mazama Room
Salem, OR

MEMBERS PRESENT: Paul Cieslak, MD
Lynn-Marie Crider
Kathleen Elias
Woody English, MD
Ron Jamtgaard
Mel Kohn, MD
Laura Mason
Patricia Martinez, MD
Jon Pelkey
Mary Post
Dee Dee Vallier

MEMBERS BY PHONE: John Townes, MD

MEMBERS EXCUSED: Jim Barnhart
Jim Dameron
Barbara Prowe
Rodger Slevin, MD
Jeanene Smith, MD, MPH

STAFF PRESENT: Sean Kolmer, Data & Research Manager
James Oliver, Research Analyst
Shawna Kennedy-Walters, Policy & Analysis Unit Assistant

ISSUES HEARD:

- **Nomination & Election of Co-Chairs**
- **Review Draft Committee Charter**
- **Review Meeting Materials**
- **Future Meetings**

(Digitally Recorded)

Sean Kolmer **I. Call to order - There is quorum.**

II. Nominations of Co-Chairs
 The Committee unanimously approved Dr. Woody English and Dr. Mel Kohn as Co-Chairs.

Sean Kolmer **III. Review of Draft Committee Charter**

Discussion

- Under *Objectives* in the draft charter, #8 was added to specify that data collected would first be interpreted by the Health Care Acquired Infections Advisory Committee. Also, the #3 objective was lengthened to be specific in defining the unit of

analysis. It was suggested that the wording of objective #8 should state that the committee would approve the annual report to more clearly spell out the staff's role.

- The role of educating the public should be addressed.

Laura Mason

III. Review of St. Charles Medical Center Reporting

Discussion

- Amount of hospital data reporting on infections, timeliness of reporting, and keeping reporting up-to-date.
- Interpreting the data to have meaning and interest to the public. Looking at the reporting at St. Charles to see the impact on the public and whether it is fostering improvements.
- Addressing the amount of resources required to collect data and the level of comprehensiveness of the data reporting.
- Community acquired vs. hospital acquired Infections.
- Role of infection control nurses.

IV. Review of CDC Health Care Acquired Infection Definitions

Discussion

- Criteria for determining a Urinary Tract Infection.
- Determining whether a UTI was acquired in the hospital.
- UTI acquired in the hospital could be used as a marker in patient safety and used to improve the performance of hospitals.
- UTI Nosocomial Infection Markers (NIMS) can be reported for each nursing unit month-to-month to create more accountability, which is occurring in Alabama.
- Possibly collecting information on processes relating to UTI's in the hospital.
- Few hospitals have a method for tracking the number of days and number of patients that are on catheters.
- The National Health Safety Network trains people how to collect and understand data, but the number of hospitals participating in NHSN is very few.

VI. Public Testimony

No audience members present wished to provide testimony.

V. Future Meetings

Discussion

- Requests to add the NHSN and hospital reporting of the largest facilities to the next agenda.
- Possibly come up with a communication plan for the group.
- Next meeting will be the second Tuesday in December at the Portland State Office Building.

Meeting adjourned at approximately 4:00 p.m.

Submitted by:

Shawna Kennedy-Walters
Policy & Analysis Unit Assistant

Reviewed by:

Sean Kolmer
Data & Research Manager

EXHIBIT SUMMARY

1 – Agenda
2 – OHFB Committee Members List
3 – Health Care Acquired Infections Definition Materials
4 – Potential Healthcare Acquired Infection Measures Materials
5 – St. Charles Medical Center Materials
http://www.oregon.gov/OHPPR/docs/MeetingMaterials_111307.pdf

6 – Draft Charter