

**HEALTH CARE ACQUIRED INFECTIONS ADVISOR COMMITTEE**

July 14, 2009  
1:00 pm TO 3:00 pm

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

**MEMBERS PRESENT:**

**Jim Dameron, Co-Chair  
Woody English, MD, Co-Chair  
Paul Cieslak, MD  
Kathleen Elias  
Ron Jamtgaard  
Laura Mason (by phone)  
Jon Pelkey  
Mary Post  
Barbara Prowe  
Rodger Slevin, MD  
John Townes, MD  
Dee Dee Vallier**

**MEMBERS EXCUSED:**

**Kecia Rardin**

**STAFF PRESENT:**

**Sean Kolmer, Data and Research Manager, OHPH**

**ISSUES HEARD:**

- **Call to Order**
- **Approval of 5/12/09 Minutes**
- **Adopted Rules**
- **Program Progress Report**
- **Expanded Look at Current NHSN Reporting**
- **Oregon HAI Funding Proposal to CDC**
- **Strategic Planning for 2009-2010**
- **Next Steps**
- **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.

**Co-Chairs**

**I. Call to Order**

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

**Co-Chair**

**II. Approval of 5/12/08 Minutes**

Motion to approve the minutes. Minutes approved unanimously.

**Staff**

**III. Adopted Rules**

- In 2007 the legislature created the infection reporting program by statute, but to implement the program the administrative rules

process set by the state must be used. Committee feedback to the process of adopting the HAI rules July 1:

- Clearly define the proposed changes in drafts to be able to track them.
- More time to review changes.
- More clearly define a timeline.
- A question was raised regarding why death rate was not to be collected and was taken out of the proposed rules.
  - The group discussed having the information reported but not publicly. Since the intent of collecting the data is to publicly report all data collected, the group did not require that information to be reported.
- Overall the results of the process went reasonably well.

**Staff**

#### **IV. Program Progress Report**

- The group looked at what needs to be accomplished and strategic planning for the next 6-12 months.
  - A question was raised regarding credible and reliable risk adjustment methodology for public reporting, and comparing it on a national level.
    - In the future the group will need to look at what it means to publish valid data and how best to do it.
  - Some of the members term out of the committee in the near future, so the group will need to look at finalizing as much as possible before moving in a new group.
  - Over the past year HCAIAC has brought into the reporting system all 57 hospitals, 144 nursing homes, and over 80 ambulatory surgical centers.
  - It was proposed that more procedures be added to the list before next July to expand the data.
    - There is already a large workflow so they might assess the possible impact to the facilities through a survey.
  - The group needs to explore whether to expand the scope of what needs to be done with the hospitals, nursing homes, and ASCs.

**Staff**

#### **V. Expanded Look at Current NHSN Reporting**

- The group looked at materials exploring the reported procedures and hospital discharge data.
  - It was suggested the data be broken down by procedure rather than pathogen to see which are CLABSI and which are surgical site infections.
  - NHSN does allow a facility to add their data late.
  - NHSN is a living system, not a static one, so once the state goes into NHSN to get the data, a hospital can go back into the system and change the information.
    - Any information reported publicly will need to include when the information was pulled.
    - Any infection with an implant happens within 30 days 80% of the time, so the data should not change dramatically.
- The group looked at a report from Connecticut which did a validation study and found more infections than NHSN.
  - While people can be trained to use the NHSN tool, there are definitions that differ enough and preexisting assumptions that carry over despite the training and people are misapplying rules and need to understand the new mental framework needed to apply these rules. The survey done in Connecticut showed people

did not understand the rules and therefore misapplied them. The veracity of the data depends on educating people and applying the rules correctly.

**Staff**

**VII. Oregon HAI Funding Proposal to CDC**

- Two types of funding are being applied for by the group:
  - Epidemiology and Laboratory Capacity Grant-there was \$35 million available and the maximum to each applicant was \$1.1 million which was the amount applied for.
  - Emerging Infections Program- the goal would be to create a NHSN user group of the 13 hospitals in the Portland tri-county area, which would be more for research activities in which more modules and reportable infections could be added.
  - They were submitted in June 26 and should hear about the award on July 30 and receive the money August 30. The funding period is 28 months, beginning August 2009 and ending December 2011.
  - The group needs to look into linking to a statewide plan and whether they can provide an advisory capacity.
  - The outcome of the proposed projects is geared more toward controlling infections rather than providing consumers with information, though the outcome of the public reporting would hopefully be lower infection rates.

**Co-Chairs, Staff**

**VIII. Strategic Planning for 2009-2010**

- The group discussed what goals needed to be accomplished through 2010:
  - Getting and keeping the right type of committee members in HAIAC.
  - Public reporting: doing so in a smart and useful way and whether to expand it.
  - Data validation.
  - Expand hospital reporting, when, by what logic.
  - Connecting with efforts in patient/public education.
  - Evaluating the progress and impact of the program; whether reporting infection publicly does anything to prevent infections, whether it's helping to increase funding for infection prevention, and whether it improves customer satisfaction.
  - Try to measure how much time, effort, and money is required for accurate reporting.
  - Getting the committee members to be willing to commit to the number of hours it will take to accomplish the goals and creating a committee structure that works.
  - Continuing the workgroups.
  - Laying out an agenda that encompasses these goals.

**Co-Chairs**

**VIII. Next Steps**

- The committee raised topics that should be discussed at the next meeting:
  - Data validation and the results of the grant.
  - Expanding the program to capture information the public may be interested in for hospitals, nursing homes, and ASCs.

- The possibility of a survey to assess what is happening in facilities in terms of staffing levels and the impact of the public reporting on them.

## Co-Chairs

## IX. Public Comment/Adjournment

A member of the audience, Naomi Price, suggested Dr. Lawrence Wallack from Portland State University, who has a public health/statistician background, as a good HCAIAC resource.

The meeting was adjourned at approximately 3:00 pm.

**Next meeting will be September 8, 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 – May 12<sup>th</sup> Meeting Minutes**  
**C – Draft HAI Plan**  
**D – Proposed OARs Report**  
**E – HAI OARs Definitions**  
**F – Strategic Planning 2009-1010**  
**G – CLABSI Presentation**  
**H – State HAI Template Draft**  
**I – House Bill 2524**  
**J – More NHSN Data**  
**K – NHSN Second Look**  
**L – HAI Abstract Narrative**  
**M – Permanent Rulemaking Overview**  
**N – Pages from Action Plan**  
**O – CLABSI Screen**  
**P – SSI Screen**  
**Q – HAI 2009-1011 Budget**  
**R – Committee Membership Update**

See Meeting Materials: [http://www.oregon.gov/OHPPR/Healthcare\\_Acquired\\_infections.shtml](http://www.oregon.gov/OHPPR/Healthcare_Acquired_infections.shtml)