HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

April 8, 2008
2:00 p.m. to 4:00 p.m.

Portland State Office Building, Room 918
800 NE Oregon
Portland, Oregon

MEMBERS PRESENT:
Mel Kohn, MD, Co-Chair
Woody English, MD, Co-Chair
Paul Cieslack, MD
Kathleen Elias
Ron Jamtgaard
Jon Pelkey (by phone)
Mary Post
John Townes, MD (by phone)
Dee Dee Vallier
Patricia Martinez, MD
Rodger Sleven, MD
Jim Barnhart (by phone)
Laura Mason (by phone)

MEMBERS EXCUSED:
Lynn-Marie Crider
Jim Dameron
Barbara Prowe

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

ISSUES HEARD:

- Call to Order
- Approval of 03/11/08 Minutes
- Discussion of the rules process and timeline
- Review of draft rules definitions, purpose and intent
- Review of draft rules for reporting
- Review of draft rules for ASC, ODC, LTC reporting
- Review of draft rules for 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 to order at approximately 2:00 p.m. There was a quorum.

Chair Kohn **II. Approval of 03/11/08 Minutes**

Page 3 – Main bullet 2, sub-bullet point regarding "Concern expressed on discrepancies of reporting by hospitals." Conversation had a lot of different aspects and whether everyone using the same methodology using the case definitions/methodologies.

Minutes adopted by consensus with amendment.

Sean Kolmer/ James Oliver **III. Discussion of the rules process and timeline**

- Absolute deadline for submission to DHS, which coordinates the rules process with HCAIAC, is May 15. Preference to have things in hand by May 5. In order to publish in the Oregon Bulletin on June 1.
- Open public meeting would be in the third week of June
- Rules require the public have opportunity to provide feedback.

Sean Kolmer/ James Oliver

IV. Review of draft rules definitions, purpose and intent (See Exhibit Materials C and D)

Page 1

- **Authority** section to be deleted per DHS as it appears in the history section.
- Definition number three needs to be more specific about the use of the word donor.
- Item #13 – Suggestions/Discussions:
  - Include first sentence of ORS 442.838 (for public knowledge) relating Sec. 1 that "Oregonians should be free from infections acquired during the delivery of health care" and definition of health care acquired infection (HAI) from Sec. 2.
  - Staff related that rules need to describe how and not why.
  - Clarification of source of infection discussed. MRSA discussed as an example.
  - Definition of HAI from ORS 442.838 is read.
  - Discussion on incubation and colonization of methicillin-resistent staphylococcus aureus (MRSA) infections as to incubation and colonization times in relation to reporting infection. Is colonization part of incubation? Discussion included:
    - National Health Safety Network (NHSN) guidelines state that colonization is not an infection.
    - Colonization prior to and exiting from hospital discussed.
    - Legal implications noted.
  - It would exclude any infection that is present on admission (POA) and should be stated in the rules.
- Item 13 – Debate on referencing CDC definitions and the level of specificity of citing other documents in the rules.
  - Specific details could be included under "HAI Reporting for Hospitals," on page 3 (1) (c).
  - CDC's National Nosocomial Infection Definition is suggested to be used as reference. It was recommended that the entire definition be included in the rules.
  - Support for 13 as written and involvement by the administrator in this area discussed.
- Item #11 is eliminated as it isn't going to be in the rules. Staff related that it may come up in the future but probably is not currently necessary.
- It was related that the Secretary of State's office will want specific reference to the document.
  - All of these references that state "as defined by the CDC" should be "as defined in the NHSN procedure manual . . ." very specifically. Suggestion to add: "or successors as assigned."
  - Discussion regarding possible problems with constitutional delegation and delegating authority which could lead to a change in federal law being able to change state law.

Page 3

- **Review** section: correct date year to 2009.
- **Purpose and Intent -** Committee consensus to delete this section.
- Suggestion to include rates in reporting to public. The hospital to report incidents and then the rates will be calculated from that?
- Discussion on including rates or collecting data, numerator and denominator data, as appropriate (which will provide the information for calculating rates).
- Will include rates in the public reporting section.
- Debate on specificity of documents to be referenced continued including administrator's role and Committee working in collaboration with administrator to set protocols.
- Gwen Dayton, Oregon Association of Hospitals and Health Systems, provided input on rulemaking.
- It was stated that all seven Oregon NICU facilities use Vermont Oxford reporting.
  - It is nationally recognized.
  - Differences between NHSN (all cases) and NICU (which is sampling) were discussed. There was agreement that NICU would provide valuable data.
  - Four or five of the seven Oregon NICU facilities have indicated they will participate.
  - Participation by the seven NICU facilities is expected to be 100%.
    - Data will be submitted directly to State as the centrally located Vermont-Oxford data is not accessible, but third party reporting is allowed.
- Committee continued discussion on specifically identifying documents used in rules. Staff related that an exact publication can be referenced and, in the event of a change in the referencing document, the Committee would meet to update.
- Consensus to be more specific and to change the rules when needed.
  - Specify NHSN for outcome measures, SCIP measure for process measure and Vermont-Oxford for NICU.
  - National standards as currently exemplified by NHSN, etc.
  - For ASC's state that they will be determined by a certain date noting that they will be given six months advance notice once a measure can be identified.

Sean Kolmer/ James Oliver

V. Review of draft rules for hospital reporting

NHSN – protocol to be used by hospitals for reporting.

Pages 3-4

- **HAI Reporting for Hospitals**
- Collection of data and reporting timelines discussed including reading from statute that reporting begins January 1.
  - Interpretation by Committee was that data collection is part of reporting and must begin on January 1, 2009.
  - Timelines for reporting data collected are discussed and included:
    - Two weeks after end of month and 30 days after end of month
    - It was noted that methodology may impact reporting timeline.
    - Must begin collecting data January 1, 2009. Rules indicate it should be collected every month.

- Outcomes would be reported monthly and quarterly for process measures.
- It was related that NHSN requires 30 days after the end of the month.
- Start collecting data January 1 and report within 30 days after the end of the month. Unrecognized issues may affect this. Consensus
- Administrator will get the data from NHSN directly network. What about the timing?

Page 4

- Many ICP's are not aware of the follow-up definition from the CDC on surgical site infections. It was noted that:
  - Follow-up could be done in different ways.
  - Page 33 of NHSN Manual relates follow-up **(See Exhibit Materials D)**.
  - APIC meeting on June 17 was related.
  - NHSN section on Patient Safety Protocol for post discharge (not inpatient stays) read by staff.
  - Surveillance data of post surgical information is discussed, noting that once a patient leaves the hospital that a post-surgical infection may be treated by a doctor and the infection never reported to the hospital to include in its reporting.
  - Enforcement of rules – Administrator has the ability to penalize if not reporting.
  - Suggestion to incorporate language requiring notification of originating hospital.
    - Concern expressed that this is adding another layer of administration.
    - Limit to hospitals reporting readmission suggested.
    - Will this rule reduce quality of care as physicians may be motivated not to hospitalize patients with infections?
    - It was related that the rules state that hospitals where the surgery was performed is responsible for reporting (not physicians) (page 33). (**See Exhibit Materials D).**
    - In interpretation of rules, the four post-discharge surveillances are options and do not have to do all. It is asserted that most hospitals are doing at least one option, although not all infections are being captured.
    - In relation to long-term healthcare facilities, NHSN advises to report infections back to hospital.
    - Long-term follow-up discussed including specific guidelines in the NHSN protocol and question if there needs to be additions in the rules. It is a technical question and will be brought back to the Committee.

Sean Kolmer **VI. Review of Draft Rules for ASC, ODC, LTC reporting (See Exhibit Materials C and D)**

- Long-term care facilities should not have to report the infection as theirs if it is related to a hospital surgery.
- It was suggested that if 50-80% of all surgical site infections are identified post discharge of hospitals, and 100% of the ASC's will be reporting, that the information would be biased. that would only

Staff **VII. Review of Draft Rules for public disclosure, processing and security of data**

- Deferred to next meeting

Staff **VIII. Review of prohibited activities and compliance**

- Deferred to next meeting

Co-Chairs **XI. Public Testimony**

- No public testimony offered.

Co-Chairs **X. Other Topics/Adjourn**

- Consensus by committee to be explicit.
- Staff will be meeting with DHS staff on rules and will communicate an updated draft by email.
- It was suggested to have another meeting and that staff will email to arrange date and time.
- Chair asked member to identify any other major issues that need to be addressed.
- It was related that implementation of first legislative rules for State reporting was "disastrous" for surgery center's due the vagueness of the rules.
- NHSN has stated that there will be an ASC module but it has not yet been released. Definition of an ASC is discussed and timeline for implementing rules for ASC's is due by July 1, 2009.
- Affirmation that ASC's will be represented in the crafting of the rules.
- As ASC's do 100% of patient call back can this be practically applied to hospitals?
- Brief overview on condensing other pieces that would involve targeting a timeline.
- Public disclosure should include that it will be published on the web.
- Combining specialty oncology, trauma and neurology ICU's is discussed but it was noted that benchmarks would then be lost.
- Concern over only using denominators greater than twenty **(See Exhibit Materials C, page 8)** is stated that it would not include smaller hospitals. Staff related they would be reporting to NHSN and that it would be available but it will not be published for the public. Will revisit.
- Ron Jamtgaard was asked, as Chair of the Public Disclosure Workgroup, that he convene a meeting next week to identify any major issues that need to be drafted into the rules.

Next meeting is May 2, 2008.

Submitted By: Paula Hird Reviewed By: Sean Kolmer

EXHIBIT MATERIALS:

A. April 8 Agenda
B. Minutes from 03/11/08

C. Draft Rules
D. The National Healthcare Safety Network (NHSN) Manual

http://www.oregon.gov/OHPPR/docs/HCAIAC/Materials/MeetingMaterials_040808.pdf