

HEALTH CARE ACQUIRED INFECTIONS ADVISORY COMMITTEE

February 12, 2008
2:00 p.m. to 4:00 p.m.

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

MEMBERS PRESENT: Woody English, MD, Co-Chair
Paul Cieslack, MD
Jim Dameron
Kathleen Elias
Ron Jamtgaard
Patricia Martinez, MD
Mary Post
Barbara Prowe
Dee Dee Vallier

MEMBERS BY PHONE: Jim Barnhart
Jon Pelkey
Laura Mason

MEMBERS EXCUSED: Mel Kohn, MD, Co-Chair
Lynn-Marie Crider
Rodger Steven, MD
Jeanene Smith, MD, MPH
John Townes, MD

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

ISSUES HEARD:

- Call to Order
- Approval of 01/08/08 Minutes
- Review of Revised Workplan
- Review of Reporting Advisory Group Discussion
- Discussion of SSI Procedures
- Finalization of Infections for Hospitals Year 1
- Other Topics/Items
- Public Testimony/Adjourn

(Digitally Recorded)

Chair English I. Call to order – There is a quorum.

Chair English called the meeting to order at 2:05 p.m. There was a quorum.

Chair English II. Approval of 01/08/08 Minutes

Staff asked Mary Post to provide missing information in the minutes on the names of those offering public comment at the 01/08/08 meeting.

Minutes approved by consensus as amended.

Sean Kolmer

III. Review of Revised Work plan

- Staff reviewed work plan document. The following has been agreed upon:
 - Prioritization of facility types: (1) hospitals, (2) ambulatory surgery centers; and (3) outpatient dialysis centers.
 - National Healthcare Safety Network (NHSN) collection methodology for collecting CABG surgeries (both chest only incision and chest and donor incisions).
 - The Committee has previously recommended adding central line blood stream infections but needs to recommend location within facilities.
 - Technical workgroup and staff will work to provide rationale.
 - Will finalize first year outcome measures for hospitals first.
 - Currently discussing outcome and process measures reporting.
- Line 24 – Public meetings for the rule making process required by July 1, 2008, ready for public comment by beginning of May. Staff will start bringing forth proposed rules.
- Reporting to include issues of comparison methods, thresholds for reporting, annual and update reports.
- Facilities will begin reporting program on January 1 of 2009.
 - Will the reporting for hospitals be the same for Ambulatory Surgery Centers (ASC)?
 - Do patients have a choice which dialysis center they use?
 - Suggestion that involving dialysis centers may be problematic with discussion of existing methodology.
 - Discussion on reporting for ASC's, hospitals and freestanding centers.

Courtnei Dresser, Oregon Medical Association, is welcomed.

Sean Kolmer

IV. Review of Reporting Advisory Group Discussion

Report on the group's discussion on the guiding principles of what a reporting program would look like.

- Focus should be on lay audience.
- Data should be available to "high end" users.
- Web based features suggested.
- Importance of comparisons
- In addition to lay audience, feedback information for hospitals, etc.
- Verification of data.
- Providing for facility feedback of data posted in relation to them.

Discussion

- Importance of consumer usability.
- Insuring presentation and interpretation of data is objective.
- Who will do data analysis and decide on how it is packaged?
 - Analysis performed by staff, Sean Kolmer and James Oliver, who will then present to HAIAC for direction, framing and comment.
- Website to include narrative of each type of infection.
- Data will be collected, resubmitted back to hospitals, and there will be a validation process.
- Use of symbols for interpretation suggested, reporting of mortality data with opportunity for hospital synopsis.
- Transparency and dialogue between hospitals and consumers; problems with validation.
- Less surveillance versus more surveillance.

- Process versus outcomes discussed.
- Ruth Medak, Acumentra Health, spoke on importance of coordinating activities with CMS program, Medicare, and Methicillin-resistant Staphyococcus Aureus (MRSA) surveillance programs. Also addressed process measures.
- Summarize, reporting group has had feedback around issues of transparency and the bias needs to be continually addressed and need to come up with a satisfactory method for presenting data.
- Chair English summarized that the Reporting group will need to continue on the issue of process versus outcomes, stating there may be some validity involving *“certain process measures to supplement outcome data where outcome data may be clouded by co-morbidity and restratification problems.”*
- Dialogue concerning aged and co-morbidity and causal risks. It was related that Dr. Haley is available as a resource to the committee.
- Flagging low volumes when applicable.
- Oregon Association of Ambulatory Surgery Centers will have representation on the reporting advisory group.

Sean Kolmer

V. Discussion of SSI Procedures

- Review of procedure prioritization for reporting on SSI procedures.
 - Input regarding colon surgery reporting.
 - Concerns expressed using NHSN.
 - Data for action versus data for consumer information.
 - Discussion on if information is for consumer shopping or for improvement. Can this be used for both purposes?
- What are the penalties for failure to comply? Incentives to comply?
- How to insure accuracy in reporting and availability of resources for reporting.

Sean Kolmer

VII. Finalizations of infections for hospitals for 1 year

- Coronary Artery Bypass surgeries (CABG) will be reported.
- Adding surgical site infection procedure (4 possibilities, however, cesarean section reporting was decided unfeasible): colon surgery, abdominal hysterectomy, knee replacement and hip replacement.
- Problems with reporting abdominal hysterectomy.
- Colon surgery reporting site infections discussed.
- Discussion on knee and hip reporting that extends 1 year post operative.
- Discussion on National Surgery Quality Improvement Program (NSQIP) monitoring programs.
- Regarding knee and hip surgeries, 3 month reports and 12 month reports for same cases and benchmarks. Will revisit this approach at next meeting.
- ACS involvement deferred until later.
- Sean and Jim Oliver will provide data comparing data on hip and knee replacements.
- Group made a firm commitment to add orthopaedic/prosthetic surgery.

Sean Kolmer

VIII. Other Topics/Items

- Information relating CDC recent meeting reporting on Senate bill of a JACO requirement for MRSA reporting.
- Several members requested NHSN data overview.
- Addressing process measurements in the future.

Co-Chairs

VII. Other Topics

- Bill by Senator Durbin regarding MRSA culturing.
- Report published in 2005 by the Center for Disease Control was distributed to committee members and related efforts by a regional advisory committee that resulted in a reduction in Central Line-Associated Bloodstream Infections (CLA-BSI).

Public

VII. Public Comment/Adjournment

No public comment offered.

The meeting was adjourned at approximately 4:00 pm.

Next meeting is March 11, 2008.

Submitted By: Paula Hird

Reviewed By: Sean Kolmer

EXHIBIT MATERIALS:

- A. February 12 Agenda
- B. Minutes from 01/08/08
- C. Workplan
- D. Guiding Principles for Oregon HAIAC Program reporting
- E. Surgical Site Infection Recommendations
- F. Procedure Matrix draft
- G. Catheter Associated Urinary Tract Infection Rationale and Recommendation draft
- H. Central Line Blood Stream Infection Rationale and Recommendation draft

http://www.oregon.gov/OHPPR/docs/MeetingMaterials_021208.pdf