



# Alabama Healthcare-Associated Infections Reporting and Prevention Program

National Healthcare Safety Network (NHSN),  
Healthcare-Associated Infections (HAI) Reporting  
Regional Training (May 3rd, 4th, 6th, 7th, 2010)

## Alabama Department of Public Health

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# Meeting Objective:

Enable, inform, and position hospitals to enroll in and effectively use NHSN in order to begin reporting HAI data no later than late summer.

- Review Time Line and Important Dates: HAI Reporting and Prevention Training Plan – Quick Guide & Time Line
- Launch the NHSN Training Plan, Module 1: Introduction to the ADPH HAI Reporting and Prevention Program – Preparation for NHSN Basic Training.



# Module 1 Objectives

- Describe the burden of Healthcare-Associated Infections (HAI) in Alabama
  - Discuss the key elements of the Mike Denton Infection Reporting Act
  - Describe the rules and regulations established to implement the Mike Denton Infection Reporting Act
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- Introduce the ADPH HAI Website
  - Discuss the resources available on the website to promote compliance with the HAI rules
  - Describe the ADPH HAI Training Plan and Checklist to meet the mandatory January 1, 2011 HAI reporting date.
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- Describe specific Roles & Responsibilities of NHSN Facility Administrators and Users
    - Eligibility Requirements
    - Minimum System Requirements
    - Reporting Requirements for participation
  - Describe steps involved with NHSN Facility Registration, enrollment, and facility start-up

# Healthcare-Associated Infections (HAI) Burden



# Healthcare-Associated Infections (HAIs)



## What are HAIs?

- Infections that patients acquire while receiving treatment for medical or surgical conditions.

## Alabama

- Population 4,661,900
- 122 licensed acute care, specialty, and critical access hospitals
- 18,888 licensed beds
- 677,842 hospital discharges (46,347 of which are other than acute care)
- 2,888,635 patient days (yr2004)

**Applying CDC's national HAI rate, Alabama has the potential for 33,892 to 67,788 hospital-associated infections in any given year.**



# Mike Denton

# Infection Reporting

# Act

# Mike Denton Infection Reporting Act

Passed into law, effective August 1, 2009

## Provisions

- Provides for certain mandatory healthcare facility patient infection data reporting and collection.
- Designates the Alabama Department of Public Health (ADPH) as the department to collect, compile, and analyze the collected patient infection data.
- Provides that ADPH shall promulgate rules and regulations to implement this act (by August, 1, 2010).
- Provides that a Healthcare Data Advisory Council be created to advise ADPH on the development of rules and regulations.
- Allows ADPH to make public comparative reports from the healthcare facility patient infection data.



# Mike Denton Infection Reporting Act

**Healthcare Facilities** – all general, critical access, and specialized hospitals licensed pursuant to Section 22-21-20, Code of Alabama 1975, shall report healthcare-associated infection data in the following categories:

- Surgical Site Infections
- Ventilator-Associated Pneumonia
- Central Line-Associated Bloodstream Infections
  - The State Board of Health may allow facilities to collect HAI data either in lieu of or in addition to the specified categories.

**Data** – Patient information submitted by healthcare facilities to ADPH necessary to carry out the requirements of this act.

- The data shall be based upon the Federal Center for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) definitions of healthcare-associated infections and the guidelines for reporting.







# Mike Denton Infection Reporting Act

## Healthcare Data Advisory Council

- Assist in developing regulations and standards necessary to implement the provisions of this act.
- Review and serve as consultants on matters related to any reports or publications prior to release.
- Serve as consultants on matters relating to the protection, collection, and dissemination of healthcare-associated infection data.
- Dr. Donald Williamson, State Health Officer – Chair

# Healthcare Data Advisory Council

- 6 members appointed by the Alabama Hospital Association, two of which shall be infection control professionals:
  - Keith Granger, President/CEO, Trinity Hospital
  - Beth Anderson, Administrator, USA Medical Center
  - Laura Bell, Director of Clinical Effectiveness, East Alabama Medical Center
  - Linda Jordan, Administrator, Clay County Hospital
  - Beth Goodall, Epidemiology Manager, DCH Regional Medical Center
  - Patty Miller, Manager of Infection Control & Prevention, Baptist Medical Center South
- 3 members appointed by the Medical Association of the State of Alabama:
  - Wickliffe Many, M.D.
  - Sherry Melton, M.D.
  - Scott Harris, M.D.
- 2 members appointed by the Business Council of Alabama
  - Rick Finch, Director of Benefit Services, Drummond Co., Inc.
  - Michael Jordan, Legislative Affairs Manager, Alabama Power Co.
- 1 member appointed by the Mineral District Medical Society
  - William McCollum, M.D.
- 1 consumer member appointed by the Governor
  - Stacey Hollis
- 1 member appointed by Blue Cross & Blue Shield of Alabama
  - Susan Warren, Health Information Technology
- 1 member appointed by the Alabama Association of Health Plans
  - Michael O'Malley, Executive Director
- 1 APIC member appointed by the State Health Officer
  - Alan M Stamm, M.D., F.A.C.P.
- 1 member appointed by the Public Education Employees Health Insurance Plan
  - Donna Joyner, Assistant Director
- 1 member appointed by the State Employees' Insurance Board
  - Debbie Unger, Clinical Director



# Proposed HAI Rules

Per the Mike Denton Infection Reporting Act, rules and regulations must be promulgated by August 1, 2010.





# Proposed HAI Rules

**ALABAMA STATE BOARD OF HEALTH  
ALABAMA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF DISEASE CONTROL  
ADMINISTRATIVE CODE**

**CHAPTER 420-4-5  
HEALTHCARE-ASSOCIATED INFECTIONS REPORTING**

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# Proposed HAI Rules

## 420-4-5-.01 Definitions and Acronyms

- (l) **“Healthcare-Associated Infection (HAI)”** means a localized or systemic condition that results from adverse reaction to the presence of an infectious agent or agents or its toxins, and that was not present or incubating at the time of admission to the healthcare facility. The terms “Health Care Facility Acquired Infection” and “Healthcare-Associated Infection” are synonymous as used in these rules.
- (m) **“Healthcare Facility”** means general, critical access, and specialized hospitals, including pediatric hospitals but excluding psychiatric, rehabilitation, long-term care, and eye hospitals, licensed pursuant to Code of Ala. 1975, § 22-21-20.



# Proposed HAI Rules

## **420-4-5-.02 Healthcare Facility Responsibilities.**

(1) Healthcare facilities shall begin collecting HAI data using NHSN to report to ADPH no later than January 1, 2011. Healthcare facilities may begin collecting HAI data to report to ADPH using NHSN prior to January 1, 2011. Data reported prior to January 1, 2011 will be considered test data and will not be publicly reported.



# Proposed HAI Rules

- (2) HAI data shall be reported to ADPH from the following categories:
  - (a) Central Line-Associated Bloodstream Infections (CLABSI) from the following critical care units within a healthcare facility:
    - 1. Medical Critical Care Units
    - 2. Surgical Critical Care Units
    - 3. Medical/Surgical Critical Care Units
    - 4. Pediatric Critical Care Units

“Critical Care Unit” means a care area that provides intensive observation, diagnosis, and therapeutic procedures for adults or children or both who are critically ill. Care areas that provide step-down, intermediate care, or telemetry only, and specialty care areas are excluded.





# Proposed HAI Rules

(b) Surgical Site Infections (SSI) from the following procedures:

1. Colon

2. Hysterectomy - abdominal

- Adhere to the ICD-9 codes NHSN has specified for each procedure.



# Proposed HAI Rules

(c) Catheter-Associated Urinary Tract Infections (CAUTI) from the following general care wards within a healthcare facility:

1. General Medical Wards
2. General Surgical Wards
3. General Medical/Surgical Wards

“General Care Ward” means a multidisciplinary care area that provides moderate observation, diagnosis, and therapeutic procedures for adults or children or both who are ill.



# Proposed HAI Rules

- (4) Healthcare facilities shall perform the following NHSN administrative responsibilities no later than January 1, 2011.
  - (a) Assign an NHSN Facility Administrator and primary HAI contacts.
  - (b) Submit contact information to ADPH including the healthcare facility name, and names, email addresses, and phone numbers of the NHSN Facility Administrator and primary HAI contacts.
  - (c) Notify ADPH in writing of changes in healthcare facility staff assigned as NHSN Facility Administrator and primary HAI contacts no later than 30 days after the change occurs.



# Proposed HAI Rules

- (d) Ensure appropriate personnel, including healthcare facility individuals with HAI surveillance program oversight responsibilities and other facility personnel responsible for entering data into NHSN, complete the initial CDC NHSN training modules and any subsequent updates.
- (e) Maintain a list of NHSN users and their initial and subsequent CDC NHSN training dates, and submit this information to ADPH by January 31 of each calendar year.
- (f) Distribute the appropriate NHSN instruction manuals, training materials, data collection forms, and methods for data entry submission to appropriate staff.



# Proposed HAI Rules

- (g) Join the ADPH NHSN group and report mandatory HAI data to ADPH.
- (h) Follow the CDC NHSN definitions and guidelines for reporting HAI data as referenced in The National Healthcare Safety Network (NHSN) Manual: “Patient Safety Component Protocol”, CDC, Atlanta, GA, March 2009, which is hereto adopted by reference, including but not limited to definitions, key terms, location codes, and selected module protocols.
- (i) Follow the collection methods as described in Rule 420-4-5-.04.
- (j) Ensure a method of quality control in reporting HAI data is established and maintained.



# Proposed HAI Rules

## **420-4-5-.03 Healthcare Data Advisory Council**

**Responsibilities.** The Advisory Council shall review and serve as consultants to ADPH on all matters pertaining to the collection and reporting of HAI rates including the cost of providing this information.

(a) Specifically, the Advisory Council shall assist in activities such as the development of reporting categories, the corresponding definitions and the development of reports, both internal and to the public.

(b) The Advisory Council shall review and approve any amendments to the rules and regulations, or policies and procedures, on healthcare facility infection reporting.



# Proposed HAI Rules

## **420-4-5-.04     Collection Methods.**

- (1)       ADPH shall establish a group NHSN account for healthcare facilities to join.
  
- (2)       Healthcare facilities shall report HAI data using the NHSN internet-based surveillance system and submit this information through the established ADPH group NHSN account. Healthcare facilities shall report HAI data monthly. Monthly reporting of HAI data shall be completed by midnight on the final day of the subsequent month.





# NHSN

- NHSN is a secure, internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC.
- NHSN provides standard definitions, protocols, and methodology.
- Comparative rates can be used for performance improvement.
- NHSN has the ability to share data with a group.
- No cost to eligible facilities.
- CDC provides training and user support.



# A Note Regarding NHSN & MedMined™

- MedMined™ Services will allow the option to report HAIs electronically to the NHSN via a Clinical Document Architecture (CDA).
- The IP will have the ability to select which NIMS to approve and send to NHSN. Once approved, MedMined™ generates properly formatted data to be verified prior to uploading to NHSN.
- Currently, NHSN is able to accept electronic infection reports for CLABSIs in ICUs with device day denominators and SSIs (all procedures). NHSN expects to be able to accept CAUTIs, MDRO modules, CLABSIs for specialty care areas, and CLIP electronically starting in September of 2010.
- MedMined™ Services will be providing monthly training session for electronic reporting to NHSN as well as one-on-one training as requested by clients.



# Proposed HAI Rules

**420-4-5-.05 Risk Adjustment.** ADPH shall develop policies and procedures, or protocols, or both, approved by the Advisory Council, to ensure that reported HAI data are risk adjusted to allow for comparisons between healthcare facilities and to reduce the possibility that reported data will be misleading.



# Proposed HAI Rules

## 420-4-5-.06 Data Validation and Quality Assurance.

- (1) ADPH, with input from the Advisory Council, shall devise a method to quality check HAI reported data, and shall develop and test a data validation program. Methodologies for data validation shall be approved by the Advisory Council.
- (2) Each healthcare facility shall utilize and maintain the NHSN data dictionary and coding schema contained in the NHSN Patient Safety Component Protocol of the National Healthcare Safety Network Manual which is adopted by reference in Rule 420-4-5-.02.
- (3) The NHSN has several inherent validation checkpoints. ADPH shall monitor and assess the information, and provide operational guidance for healthcare facilities that target the detected issues.
- (4) Healthcare facilities shall be open to site visits by ADPH to assure the timeliness of reporting and to cooperate in problem resolution.



# Proposed HAI Rules

## 420-4-5-.07 Studies and Publications.

- (1) Reports and studies prepared and released by ADPH, and approved by the Advisory Council, based on healthcare facility HAI data shall be public information, and shall follow the privacy and confidentiality provisions as described in Rule 420-4-5.08.
- (2) ADPH shall provide comparative HAI rates among healthcare facilities.
- (3) ADPH shall allow all healthcare facilities that have submitted HAI data which will be used in any report to review and comment on the healthcare facility specific information prior to its publication or release for general public use.
- (4) ADPH shall prepare and publish reports providing comparative HAI rates for general public use at least annually.

# Proposed HAI Rules

420-4-5-.09

## Penalties.

(1) The willful and intentional failure of a healthcare facility to comply with the HAI reporting requirements of these rules may result in the imposition of a civil monetary penalty not to exceed \$5,000 per violation.

(a) Willful and intentional failure to comply with the reporting requirements of these rules includes the following:

1. Failure to submit required data by the deadline set forth in these rules, followed by the facility's failure to submit the data within sixty days of being notified by ADPH of the overdue submission, and
2. Deliberate falsification of data submitted.

(b) A healthcare facility may appeal the assessment of a civil penalty by requesting a hearing that shall be held in accordance with the Board's Rules for Hearing of Contested Cases, Ala. Admin. Code, Chapter 420-1-3, and the Alabama Administrative Procedure Act, Code of Ala. 1975, § 41-22-1, et seq.

(2) All civil monetary penalties collected shall be deposited into the General Fund.



# HAI Cooperative Agreement

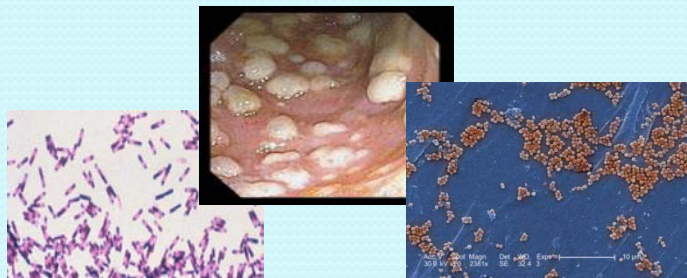




# Healthcare-Associated Infections Cooperative Agreement

## Purpose

- Build and sustain programs to prevent healthcare-associated infections (HAIs).
- Support the development of the State HAI Prevention Plan
- Support data submission and progress toward HHS HAI Prevention Targets



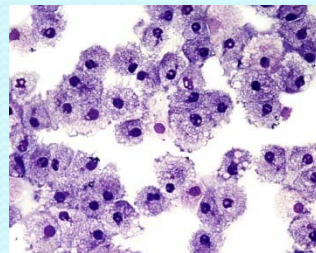


# Healthcare-Associated Infections Cooperative Agreement



## **Activity A:** Coordination and Reporting of State HAI Prevention Efforts

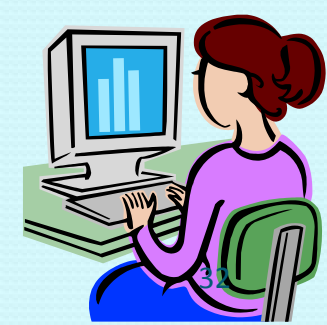
- **Purpose:** To coordinate and implement HAI prevention activities and report on progress towards reductions in two or more HHS Action Plan Targets.



# Healthcare-Associated Infections Cooperative Agreement

## Activity B: Detection and Reporting of HAI Data

- **Purpose:** To develop sustainable state HAI reporting using the National Healthcare Safety Network (NHSN) or a system using NHSN definitions and surveillance methods, and to evaluate NHSN data.





*Thank you!*

*Questions???*

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