

Minutes of the Healthcare Data Advisory Council

January 4, 2012

9:00 a.m.

Board Room 1586
Alabama Department of
Public Health
The RSA Tower
Montgomery, Alabama

Members Present

Dr. Williamson, M.D., Chairman, State Health Officer
Beth Anderson; Alabama Hospital Association
Rick Finch; Business Council of Alabama
Beth Goodall; Alabama Hospital Association
Keith Granger; Alabama Hospital Association
Linda Jordan; Alabama Hospital Association
Patty Miller; Alabama Hospital Association
Allen Stamm, M.D.; Association for Professionals in Infection Control
Susan Warren; Blue Cross Blue Shield of Alabama

Members Absent

Laura Bell; Alabama Hospital Association
Michael Jordan; Business Council of Alabama
Donna Joyner; Public Education Employee's Health Insurance
William McCollum, M.D.; Mineral District Medical Society
Michael O'Malley; Alabama Association of Health Plans
Debbie Unger; State Employees' Insurance Board

Staff Present

Nadine Crawford, Communicable Disease
Brian Hale, Assistant General Counsel
Robert Kurtts, Communicable Disease
Dagny Magill, Communicable Disease
Tracy Shamburger, Communicable Disease
Kelly Stevens, Communicable Disease

CALL TO ORDER:

The meeting of the Healthcare Data Advisory Council was called to order at 9:07 by Dr. Williamson. Roll call was taken. A quorum was present.

CONSIDERATION OF MINUTES (EXHIBIT "A"):

A motion to approve the minutes from October 12, 2011 and November 2, 2011 was made and seconded; the motion passed unanimously.

AMENDMENT TO THE RULES:

The amendment to the rules will require healthcare facilities to report Catheter-Associated Urinary Tract Infections (CAUTI) from Mixed Acuity and Mixed Age/Mixed Acuity Wards if the facility cannot comply with reporting CAUTIs from General Medical, General Surgical, and General Medical/Surgical Wards. A public hearing was held on December 15, 2011 and no comments were received. The period for public comments ends on January 5, 2011. If no comments are received, ADPH will request the amendment be adopted by the State Committee of Public Health. If comments are received, they will be brought to the Council for response. A motion to approve the rule amendment was made and seconded; the motion passed unanimously.

HAI PROGRAM ACTIVITIES:

Kelly Stevens, Epidemiology Director, announced that Sharon Thompson retired. Ms. Stevens introduced Nadine Crawford, named the new HAI Coordinator for the State. Ms. Crawford has been with ADPH's Licensure and Certification for ten years, and prior to that, a charge nurse with a step down unit at Jackson Hospital. She has also previously taught nursing. Ms. Crawford will serve as the ADPH Infection Control Officer and State HAI Coordinator.

Public Report Format

The process to obtain focus groups to review and comment on the appropriateness of the layout and formatting for the annual report is underway. A Request for Proposals (RFP) will be sent out within the week.

Hospital Facility Site Visits

Tracy Shamburger, HAI Nurse Coordinator, provided an update on the validation visits with facilities involved in the mandatory HAI reporting. Focus has been on validation of CAUTI reporting due to the majority of facilities reporting these from at least one unit location. The objective was not to audit the facility but to provide education and an opportunity to update data. Validation has been underway since October 2011, and 31.33% of facility site visits have been completed. Visits included review of five inpatient medical records of positive lab results associated with a catheter-associated urinary tract infection, both reported to NHSN or not reported to NHSN. Findings from the validation visits include many facilities over-reporting infections. Many times the CAUTI does not meet NHSN reporting criteria due to the lack of signs or symptoms noted in the patient record. It was also found that nursing documentation tools are needed resources. One barrier in reporting accuracy was found to be the high turn-over rate of Infection Preventionists at hospitals, as well as many facilities only having one NHSN user. Ms. Shamburger also noted that some facilities had their locations described inaccurately. Variations in denominator data collection as well as reporting of UTIs in circumstances when the infectious organism is yeast, perhaps due to the non-speciation by the laboratories, is also a cause of reporting discrepancies.

The Council discussed the possible effect that a reduction in device days may have on the infection rate. The Council stressed the importance of appropriate narrative and verbiage in illustrating this and other issues when reporting infection rates in hospitals in public reports.

Post-Discharge Surveillance

Ms. Shamburger addressed post-discharge surveillance noting that current literature suggests that 50% of surgical site infections occur after a patient has been discharged from the hospital. There may be a wide variation in the ability, process, and effort hospitals can devote to identifying post-discharge infections. The Council discussed consideration of excluding from the public report those infections identified via post-discharge surveillance, or including the post-discharge infections with mention of the

facilities' post-discharge surveillance process. The Council theorized that there is the possibility that in discharging individuals quickly, infections may be increasing, and it would be beneficial to be able to identify this. The Council opined that facilities should be encouraged to invest time in post-discharge surveillance, and it may be of marketing value to identify this in the public report.

HAI Education and Awareness Campaign

Kelly Stevens updated the Council on the HAI Education and Awareness Campaign. Ms. Stevens announced that ADPH received a funding extension for the completion of this project. HAI staff has been working with the Centers for Disease Control and Prevention (CDC) on creating educational material to distribute throughout the state and for other states to customize. Materials include patient pamphlets, flyers and posters for Infection Preventionists and healthcare personnel, and advertising in areas such as TV spots, or movie screens.

The Council discussed how to best inform the public of the availability of the final public report. To encourage individuals to view the report, Web links to the Alabama Hospital Association (AlaHA) and Blue Cross/Blue Shield of Alabama Web sites may be useful. Dr. Williamson mentioned having representatives from various partner organizations, the Governor, and media spotlight the report when it becomes available may help with the promotion.

National Healthcare Safety Network (NHSN) Training

Carrie Rhodes, AlaHA, addressed current efforts to offer NHSN and HAI reporting training to facilities. NHSN Facility Administrator and Users for all facilities were originally trained, yet due to high turnover, many have expressed interest in tools for improving familiarity and proficiency in NHSN. The additional training will serve as a self-assessment for facilities to encourage higher standards. Assessments will have tests and a confirmation certificate for those who complete the training. Once the assessments have been finalized, the links will be made available on the ADPH Web site. HAI staff will maintain a list of those who complete the training.

Alabama Healthcare Quality Initiative (AHQI) Comprehensive Unit Safety Practice (CUSP) Project

Ms. Rhodes provided an update of the CUSP-CAUTI project. Ms. Rhodes reported that currently only nine units are involved in the initiative, so data is limited. Data analysis shows these units reporting half the catheter utilization days as the national, however, twice the infection rate. The units involved are small hospitals.

Facility Reports

The Council was presented with the preliminary standardized infection ratio data for facilities for January 1, 2011 to November 30, 2011. Data is still being validated and is not considered complete. Dagny Magill, HAI Epidemiologist, informed the Council that notifications are sent out for missing summary data, low procedure counts, or outlying data. Discussion was held about what the national average numbers are, and that the benchmark data is changing year to year.

ADJOURNMENT:

The meeting was adjourned at 10:39 a.m.