

Minutes of the Healthcare Data Advisory Council

October 12, 2011

9:00 a.m.

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

Members Present

Mary McIntyre, M.D., M.P.H.; Assistant State Health Officer for
Disease Control and Prevention; Acting Chairman
Beth Anderson; Alabama Hospital Association
Laura Bell; Alabama Hospital Association
Rick Finch; Business Council of Alabama
Beth Goodall; Alabama Hospital Association
Keith Granger; Alabama Hospital Association
Patty Miller; Alabama Hospital Association
Susan Warren; Blue Cross Blue Shield of Alabama
Michael Jordan; Business Council of Alabama
William McCollum, M.D.; Mineral District Medical Society

Members Absent

Allen Stamm, M.D.; Association for Professionals in Infection Control
Debbie Unger; State Employees' Insurance Board
Linda Jordan; Alabama Hospital Association

Staff Present

Robert Kurtts, Communicable Disease
Dagny Magill, Epidemiology
Tracy Shamburger, Epidemiology
Kelly Stevens, Epidemiology
Sharon Thompson, Epidemiology

CALL TO ORDER:

The meeting of the Healthcare Data Advisory Council was called to order at 9:00 a.m. by Dr. McIntyre. Roll call was taken. A quorum was present.

CONSIDERATION OF MINUTES (EXHIBIT "A"):

A motion was made and seconded to approve the Minutes of July 13, 2011, as distributed; the motion carried unanimously.

UPDATE ON HOSPITAL REPORTING (EXHIBIT "B"):

Dagny Magill presented a sample of the Healthcare Associated Infections Six Month Review and Report, and the six month summary of infection rates. The report contained a letter explaining the report, a sample report illustrating what information was included, and a page reviewing the statistics definitions. Ninety-seven reports were sent out, and 44 facilities have acknowledged receiving the report. The purpose of the report was to assist with facility validation efforts.

Findings from the report include errors in data, errors in entering events and procedures, questions about mixed acuity reporting, and frequent turn-over in facilities. Because data is pulled from the National Healthcare Safety Network (NHSN), some facilities may have entered procedures or events after data was gathered from NHSN for analysis. Future reports will specify the date in which the data was collected. Council members asked that the report that was sent to Infection Preventionists and facility members also be sent directly to facility CEOs. The Council discussed issues associated with surveying post discharge SSIs due to the differences in post-discharge finding and reporting.

Since January 1, 2011, there have been 261 catheter-associated urinary tract infections (CAUTI) reported to NHSN. The standardized infection ratio (SIR) is 1.01 with a confidence interval of 0.89-1.14. The number of central line-associated blood stream infections (CLABSI) submitted to NHSN by reporting facilities was 98, giving the state an SIR of 0.64 and a confidence interval of 0.52-0.78. There were 148 surgical site infections (SSI) associated with colon surgery (SIR = 0.83, confidence interval 0.70-0.98) reported, and 42 SSI associated with abdominal hysterectomies (SIR = 0.75, confidence interval 0.54-1.01) reported.

PUBLIC REPORT FORMAT:

Sharon Thompson presented the proposal for the creation of the focus groups to review public report formats. The proposal is with New South Research and includes two focus groups. One group will include individuals 35-75 years of age who make less than \$50,000 per year, and who do not have a college education. The second group will include individuals 35-75 years of age who make over \$50,000 per year and who have a college education. The goal of the focus groups is to determine the most appropriate format to display infection rate information in the public annual report.

The Council discussed the proposal and asked that the age range be adjusted down to age 25 since younger persons were more likely to be computer literate, and possibly more likely to research information offered in the report. This will be discussed with New South Research.

ADPH DATA VALIDATION SITE VISITS:

Tracy Shamburger discussed validation site visits. Site visits, as one tool for data validation, are ongoing to ensure uniformity in data reporting. Ms. Shamburger stated that visit began in October 2011 in the Mobile region. The facilities were chosen at random, and facility

staff was asked to have charts made available to review. These site visits focused on CAUTIs due to the high percentage of facilities that report this infection type. In addition, the process in which facilities identify infections and the facility self-validation process were reviewed. The first round of site visits is primarily focused on education.

Ms. Shamburger reported that the four site visits identified a misreporting of facility locations, listing locations as medical, surgical, or medical surgical wards, instead of mixed acuity locations. The mixed acuity location was recently added to NHSN location descriptions, and it is believed many facilities, especially the smaller ones, will be affected by this change.

Ms. Shamburger explained the mixed acuity location as being a location consisting of a mixture of different types of patients. Discussion was held by the Council on updating the rules to include mixed acuity. Kelly Stevens gave an overview of the process that must occur for the rules to be updated. Concerns were raised by the Council about the possible impact to larger hospitals if mixed acuity locations were added to the rules. A suggestion was made to amend the rule to state that mixed acuity be a required location from which to report events in the absence of a clear medical, surgical, or medical/surgical location, to avoid increasing the burden on larger hospitals. The Council requested that the ADPH HAI staff research how adding mixed acuity locations would affect the large hospitals and asked that this issue be placed on the agenda for the November Council meeting.

ADDITIONAL HAI PROGRAM ACTIVITIES FOR DISCUSSION:

Ms. Stevens gave an update on Council membership. Letters requesting new or renewed appointments for nine of the Council members serving an initial two-year term were sent out to the appointing agencies in August. Three vacancies are present pending

appointment by The Medical Association of the State of Alabama, one pending appointment by the Alabama Association of Health Plans, one pending appointment by the Governor's Office, and one pending appointment by the Public Education Employees' Health Insurance Plan.

The 2012 meeting schedule was discussed with the council. A proposal to meet quarterly, scheduling more as necessary was discussed. The Council requested that the meetings be scheduled monthly, and then canceled as necessary.

The Council questioned how and how often communications and updates are sent to facilities. ADPH HAI staff replied that the Infection Preventionists and NHSN Facility Administrators and Users are contacted by phone and email as often as necessary. Formal reports are sent via U.S. mail and email. Ms. Stevens asked the Council if it would be beneficial to be copied on general correspondence. The Council replied affirmatively.

ADJOURNMENT:

Dr. McIntyre adjourned the meeting at 10:30 a.m.

Donald E. Williamson, M.D., Chairman/Mary G. McIntyre, M.D., M.P.H., Acting Chairman
Healthcare Data Advisory Council

Kelly M. Stevens, M.S.
Director, Division of Epidemiology

Approved ...