

Minutes of Healthcare Data Advisory Council

October 4, 2017

10:00 a.m.

Suite 1586
Alabama Department of
Public Health
The RSA Tower
Montgomery, Alabama

Members Present

Scott Harris, M.D.; Chairman, Acting State Health Officer
Roslyn Jett; Alabama Hospital Association
Donald Jones; Alabama Hospital Association
Donna Lawson; Business Council of Alabama
Alan M. Stamm, M.D.; Association for Professionals in Infection Control

Members Present by Phone

None

Members Absent

Bernard Camins, M.D.; Alabama Hospital Association
Keith Cox; State Employees' Insurance Board
Sam Dean; Alabama Hospital Association
Brenda Duncan; Alabama Hospital Association
Beth Goodall; Alabama Hospital Association
Diane Scott; Public Education Employees' Health Insurance Plan
Paul Graham; Business Council of Alabama

Staff Present

Kahlia Bell; Communicable Disease
Thresa Dix; Center for Emergency Preparedness
Leigh Ann Hixon; Communicable Disease
Tammy Langlois; Communicable Disease
Miriam Lee; Communicable Disease
Mary McIntyre; Administration
Travis Redford; Communicable Disease

Allison Roebling; Communicable Disease

Carter Sims; Health Provider Standards

Kelly Stevens; Communicable Disease

Organizations Present

Rosemary Blackmon; Alabama Hospital Association

Margaret Borders; Alabama Hospital Association

Teresa Fox, Alabama Quality Assurance Foundation

CALL TO ORDER:

The Healthcare Data Advisory Council was called to order at 10:15 a.m. by Dr. Harris. Roll call was taken, but a quorum was not present.

CONSIDERATION OF THE MINUTES:

The minutes from the May 3, 2017 meeting were distributed, but they could not be approved without a quorum.

2016 ANNUAL HEALTHCARE-ASSOCIATED INFECTIONS REPORT:

The 2016 Healthcare-Associated Infections (HAI) Annual Report draft was presented by Travis Redford and Allison Roebling, HAI Co-Coordinator. Final data for 2016 indicates that Alabama is performing better than national performance based on the 2008/2009 national baseline data in all four metrics: catheter-associated urinary tract infections (CAUTIs), central line-associated blood stream infections (CLABSIs), deep and organ-level colon surgical site infections (COLO SSIs), and deep and organ-level hysterectomy surgical site infections (HYST SSIs). One hospital performed worse than national performance in CAUTIs, and another was worse in COLO SSIs. All other hospitals performed similar or better compared to national performance, or they had too few device days or procedures for comparison. After the 45-day review, 17 facilities reported discrepancies between their data and the state data. Each facility was contacted by an HAI Co-Coordinator so that data issues in the National Health and Safety Network (NHSN) system could be resolved. All hospitals approved of the final data.

The report also summarized the site visit validation process undertaken by Tammy Langlois, Nurse Manager. CAUTI validations were 99% accurate, and CLABSI validations were 100% accurate. Additionally, Alabama's CAUTI data from 2011 to 2016 were summarized to show trends over time. Alabama saw a significant decrease in CAUTIs over these years, as well as a decrease in catheter days.

Regionally, the Central, North, Southwest, and West significantly decreased their CAUTI numbers, while other regions did not show significant changes.

Because a quorum was not present, the report could not be approved for publishing. The Council will convene next month to review and approve the report, and has requested a press conference and news release to announce the findings and direct consumers and stakeholders to the final report published on the Alabama Department of Public Health's (ADPH's) website. A suggestion was made to add a statement to the report that data may differ from what is published on Hospital Compare since the ADPH report uses an older baseline. Rosemary Blackmon, with the Alabama Hospital Association (AlaHA), informed the Council that she would notify the two hospitals with "worse" performance of their status prior to statewide release of the report.

HAI FACILITY VALIDATION VISITS:

Ms. Langlois further described the validation visits. Visits to the small and medium sized hospitals for CAUTI validations were a valuable way to introduce ADPH as a resource. Ms. Langlois was able to administer the Infection Control Assessment for Readiness (ICAR) surveys during the validation visits. She noted a need for many infection preventionists (IPs) at smaller hospitals to receive training for Certification in Infection Prevention and Control (CIC). Ms. Langlois plans to perform SSI validation visits at the three hospitals that performed "worse" in this measure in the 2015 HAI Annual Report.

HEALTHCARE INFECTION CONTROL & PREVENTION (HIC&P) READINESS:

Thresa Dix discussed the Alabama Serious Infectious Disease Network and reported on the recent Webinar developed for hospitals and other healthcare facilities to learn about the network. Alabama uses a tiered approach to identify patients presenting with diseases of concern and to coordinate the appropriate response among local, state, and federal partners. Three hospitals in Alabama have completed the process of becoming an Assessment Hospital (University of Alabama Hospital in Birmingham, University of South Alabama Hospital in Mobile, and Huntsville Hospital). The remaining acute care hospitals, emergency departments, urgent care centers, and other clinical care facilities are designated as Frontline Healthcare Facilities. Educational materials are available on the ADPH Website, and the Webinar is available on demand. Additional training is being planned.

ANTIMICROBIAL RESISTANCE & STEWARDSHIP

Leigh Ann Hixon, Nurse Manager has developed an ADPH antimicrobial stewardship Webpage. She has partnered with the Alabama Quality Assurance Foundation (AQAF) to develop, print, and distribute antimicrobial stewardship packets at the Alabama Nursing Home Association and AlaHA meetings.

On September 19, Ms. Hixon led the first meeting of the Antimicrobial Stewardship Work Group. Teresa Fox, AQAF Performance Improvement Advisor presented data showing antimicrobial resistance and prescribing patterns in Alabama. The Work Group would like to use this data and data from pharmacy sources to better analyze stewardship needs across the state. Ms. Fox is recruiting nursing homes and outpatient settings into her antimicrobial stewardship projects, with emphasis on consequences of overprescribing. Ms. Blackmon suggested developing educational materials targeting private practitioners and their patients to decrease supply and demand.

ADJOURNMENT:

The meeting of the Healthcare Data Advisory Council adjourned at 11:25 a.m. The next Council meeting is scheduled for November 1, 2017 at 10:00 a.m.

Date: _____

Scott Harris, M.D., Chairman
Healthcare Data Advisory Council