

Minutes of the Healthcare Data Advisory Council

July 13, 2011

9:00 a.m.

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

Members Present

Donald E. Williamson, M.D.; State Health Officer; Chairman
Mary McIntyre, M.D.; Medical Officer; 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
Stacey Hollis; Consumer
Michael Jordan; Business Council of Alabama
Wickliffe Many, M.D.; Medical Association of the State of Alabama
William McCollum, M.D.; Mineral District Medical Society
Patty Miller; Alabama Hospital Association

Members Absent

Scott Harris, M.D.; Medical Association of the State of Alabama
Linda Jordan; Alabama Hospital Association
Donna Joyner; Public Education Employees' Health Insurance Plan
Sherry Melton, M.D.; Medical Association of the State of Alabama
Michael O'Malley; Alabama Association of Health Plans
Alan Stamm, M.D.; Association for Professionals in Infection Control
Debbie Unger; State Employees' Insurance Board
Susan Warren; Blue Cross Blue Shield of Alabama

Staff Present

Robert Kurtts, Communicable Disease
Dagny Magill, 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. Williamson. Dr. Williamson introduced Dr. Mary McIntyre, Medical Officer for the Bureau of Communicable Diseases. Dr. McIntyre served as acting Chairman for the remainder of the meeting. Roll call was taken. A quorum was present.

CONSIDERATION OF MINUTES (EXHIBIT "A"):

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

UPDATE ON HOSPITAL REPORTING:

Kelly Stevens presented an update of hospital facility reporting of healthcare-associated infections (HAI) from January 1, 2011 to date. As of July 13, 2011, all 98 hospitals were reporting HAIs to ADPH through the National Healthcare Safety Network (NHSN). Due to changes in the NHSN system for conferring rights and a system error, one facility is not currently enrolled in the group, however, HAI staff continues to work with NHSN to resolve the problem.

Current HAI data presented included the number of facilities reporting, the number of infections reported, and the statewide Standardized Infection Ratios (SIRs) of the mandatory reported infections. From January 1, 2011 to July 13, 2011, 182 Catheter-Associated Urinary Tract Infections (CAUTIs) and 93,230 urinary catheter days have been reported. During this same period, 69 Central Line-Associated Blood Stream Infections (CLABSIs) and 51,545 central line days were reported. Of two hospital facilities reporting CLABSIs from pediatric intensive care units, only one CLABSI was reported of 1,939 central line days. Ninety-Three Colon Surgical Site Infections (SSIs) were reported of the 1,956 procedures that were performed. And

of 1,884 Abdominal Hysterectomy procedures, 17 SSIs were reported. Due to many hospitals having limited data to report at this point, many facilities' SIRs are not available.

The Council discussed concerns about the variation in infection risk for colon surgeries. In order to address this concern, a suggestion was made to consider including in the public annual report indicators of trauma care locations or the number of emergency surgeries performed.

ALABAMA DEPARTMENT OF PUBLIC HEALTH DATA VALIDATION PLAN (EXHIBIT "B"):

Sharon Thompson presented the ADPH HAI Data Validation Plan. Ms. Thompson discussed site visits that will be conducted by ADPH and addressed the importance of data validation. Various methods of validating Alabama's data were discussed including medical records and lab records review, and physical chart reviews.

Ms. Thompson announced that visits would be made during the fall of 2011 first to facilities requesting validation of their HAI data. Then beginning in 2012, randomized validation of facilities would occur. The Council discussed limited capability of ADPH to validate data from all facilities. Competency testing, self-assessments, and learning opportunities for Infection Preventionists were discussed as suggestions for ensuring uniformity of reporting. A suggestion was made to look at involving Infection Preventionists (IPs) from other locations to aid in this process, including utilizing IPs from other states. The Council approved the development of a technical workgroup to work with ADPH HAI staff on further development of validation plans.

PUBLIC REPORT FORMAT (EXHIBIT "C"):

Ms. Stevens presented the *Annual Report of Healthcare-Associated Infections in Alabama*, a preliminary blueprint of the annual report (none of the data contained in the report

was representative of the actual data reported by the facilities). The narrative portion was briefly summarized for the Council. Formatting options for displaying the facilities HAI data were presented.

The Council discussed the importance of simplicity in the report, as well as providing all information needed for the consumer. The council agreed that listing the facilities' reported information by region was the most suitable. Options for terminology, graphics and coloring were deliberated.

The Council suggested forming a focus group to ensure the report format is appropriate for the public. The Council approved a technical workgroup be organized to discuss possible methods.

ADDITIONAL HAI PROGRAM ACTIVITIES:

The electronic Needs Assessment Survey results were presented by Dagny Magill. The survey was distributed to Infection Preventionists from all 98 reporting facilities. Fifty responses were received. Results indicated that 66% of the respondents were the NHSN Facility Administrators; 39 respondents were RNs. Thirty-eight of the respondents had completed on the job training, 19 had infection control certification, and 29 had Association of Professionals in Infection Control and Prevention (APIC) training. The length of time the respondents indicated they had been at their current position showed a range of less than a year to over ten years. The average number of infection specific positions currently at each facility is 1.38; half reported having a back-up NHSN user with on-site training who can input data into NHSN. Fifty-nine percent reported using electronic documentation. Ninety-six percent of the respondents think their facility have policies in place to ensure and encourage

infection control and prevention compliance by staff and physicians, although only 48% thought their facility devoted adequate resources to support their program. The training topics most respondents reported wanting the most assistance are importing data into NSHN, HAI data analysis, HAI definitions and protocols, and surveillance strategies.

Ms. Thompson updated the Council on the Regional Training Workshops conducted in late May and June. Topics included in the workshops included HAI definitions, NHSN data entry, data analysis, and surveillance strategies. The four regional meetings conducted by the HAI staff were well received. Questions asked and discussed will be posted to the ADPH HAI site and discussed during the upcoming Alabama Healthcare Quality Initiative (AHQI) webinar. The Centers for Disease Control and Prevention (CDC) HAI Training Workshop, July 21-23 2011, will be attended by ADPH HAI staff as well as by Carrie Rhodes of the Alabama Hospital Association. New information garnered will be conveyed during the AHQI Webinar.

The AHQI Webinar will be held in August 18th 2011 at 1:30 p.m. A panel comprised of Infection Preventionists, CareFusion representatives, and HAI ADPH staff will be present for an answer and discussion session.

NEW COUNCIL APPOINTEES:

As per the Mike Denton Healthcare Associated Infection Reporting Act, half of the existing Council's initial term will end August 31, 2011. Ms. Stevens gave a roll call of those whose terms were ending, thanked everyone for their work, and encouraged individuals to stay involved. Several members conveyed interest in serving a second term. The question of reappointing individuals to consecutive terms will be posed to the ADPH Legal Department.

ADJOURNMENT:

Dr. McIntyre adjourned the meeting at 10:45 a.m.

Donald E. Williamson, M.D., Chairman
Healthcare Data Advisory Council

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

Approved