

## **Minutes of the Healthcare Data Advisory Council**

June 20, 2012

9:00 a.m.

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

### **Members Present**

Dr. Tom Miller, M.D., Chairman, Deputy Director for Medical Affairs

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

Linda Jordan; Alabama Hospital Association

William McCollum, M.D.; Mineral District Medical Society

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**

Stacy Hollis; Consumer

Donna Joyner; Public Education Employee's Health Insurance

Michael O'Malley; Alabama Association of Health Plans

Debbie Taylor; State Employee's Insurance Board

### **Staff Present**

Nadine Crawford, Communicable Disease

Robert Kurtts, Communicable Disease

Dagny Magill, Communicable Disease

Mary McIntyre, M.D., Communicable Disease

Kelly Stevens, Communicable Disease

**CALL TO ORDER:**

The meeting of the Healthcare Data Advisory Council was called to order at 9:10 by Dr. Tom Miller, chairing for Dr. Williamson. Roll call was taken. A quorum was present.

**CONSIDERATION OF THE MINUTES (EXHIBIT "A"):**

A motion to approve the minutes from January 4, 2012 was made and seconded; the motion passed unanimously.

**HAI PROGRAM ACTIVITIES FOR DISCUSSION:**

Kelly Stevens briefly discussed the HAI program's intent to find a suitable report format for public display. As the Council had advised, a focus group was recruited for this purpose. Southern Research was awarded the contract to conduct the focus groups. Jerry Ingram and Daphne Crotz from Southern Research presented the findings.

The primary objective of the research was to obtain direct consumer feedback related to the public's perceptions, understanding, and preferences for the report format. This included assessing the level of difficulty in reading the reports, identification of language and terms that were difficult to understand, and rating the overall appearance of the report. Two groups, one with a high school education or less, and one with a college education, were recruited. Southern Research presented the most common problems identified, the format which received the best reviews, and proposed a format which incorporates those aspects that the focus groups found the easiest to understand and most appealing.

The Council asked about any confusion caused by the standardized infection ratio (SIR) and about the reason individuals choose to attend the hospital they do. Discussion regarding the importance of accurately portraying hospitals which do not have a large enough data pool for displaying the SIR and the comparison without suggesting the hospital intentionally withheld data was held. Additional discussion was held on the most appropriate way to illustrate the SIR and the comparison.

During the discussion of the opinions of both the higher educated focus group and the group with less education, it was mentioned a majority of individuals in Alabama are not college educated and perhaps weighting the opinions of the groups to mirror this would be better. The Council opined that keeping information as transparent as possible was also favored as opposed to leaving out information for fear of misunderstanding. It was advised that asterisks not be used as a method of identifying those facilities which had a small data set reported and thus, no SIR or comparison.

A motion was made to change the report chart heading for the comparison to “Hospital Performance Compared to National Performance” and the categories to “Better, Similar, or Worse”. The motion was seconded and passed unanimously. A motion was made to illustrate those facilities with no SIR or Comparison by “N/A” and to have this link to a definition or explanation regarding why there is an absence of an SIR or a comparison. The motion was seconded and passed unanimously.

A motion to distribute the document with suggested changes to the facilities for the 45-day comment period was made and seconded. The motion passed unanimously. Hard copies of the data of the report will be sent to the NHSN facility administrators and to the CEO or hospital administrator. An email notifying them of the document will be sent. A cover letter will be included with the report explaining that the draft report is an internal document only, and should not be released to the public.

**ADJOURNMENT:**

The meeting of the Healthcare Data Advisory Council was adjourned at 11:03.

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

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Nadine Crawford M.S.N., R.N.  
State HAI Coordinator