

Minutes of the Healthcare Data Advisory Council
August 24, 2010

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

Members Present

Donald E. Williamson, M.D.; State Health Officer; Chairman
Beth Anderson; Alabama Hospital Association
Beth Goodall; Alabama Hospital Association
Stacey Hollis; Consumer
Linda Jordan; Alabama Hospital Association
Donna Joyner; Public Education Employees' Health Insurance Plan
Wickliffe Many, M.D.; Medical Association of the State of Alabama
William McCollum, M.D.; Mineral District Medical Society
Patty Miller; Alabama Hospital Association
Alan Stamm, M.D.; Association for Professionals in Infection Control
Susan Warren; Blue Cross Blue Shield of Alabama

Members Absent

Laura Bell; Alabama Hospital Association
Rick Finch; Business Council of Alabama
Keith Granger; Alabama Hospital Association
Scott Harris, M.D.; Medical Association of the State of Alabama
Michael Jordan; Business Council of Alabama
Sherry Melton, M.D.; Medical Association of the State of Alabama
Michael O'Malley; Alabama Association of Health Plans
Debbie Unger; State Employees' Insurance Board

Staff Present

Robert Kurtts, Communicable Disease
Tracy Shamburger, Epidemiology
Kelly Stevens, Epidemiology
Sharon Thompson, Epidemiology
Charles Woernle, M.D., Disease Control and Prevention

CALL TO ORDER:

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

CONSIDERATION OF MINUTES (EXHIBIT "A"):

A motion was made and seconded to approve the Minutes of May 5, 2010, and June 2, 2010, as distributed; the motion carried unanimously.

ALABAMA HOSPITAL ASSOCIATION (ALAHA) PETITION TO AMEND HEALTHCARE-ASSOCIATED INFECTIONS (HAI) RULES (EXHIBIT "B"):

Dr. Williamson presented two letters received from AlaHA. The first letter was a request for a declaratory ruling to clarify that the HAI rules mandate that only inpatient HAI data, and not both inpatient and outpatient HAI data, must be reported. The second letter asked to formally withdraw this request. Dr. Williamson then presented a petition from AlaHA to amend the HAI rules to include "inpatient" HAI data as follows:

420-4-5-.02 Healthcare Facility Responsibilities.

(1) Healthcare facilities shall begin collecting inpatient HAI data using the National Healthcare Safety Network (NHSN) to report to the Alabama Department of Public Health (ADPH) no later than January 1, 2011.

420-4-5-.04 Collection Methods.

(2) Healthcare facilities shall report inpatient HAI data using the NHSN internet-based surveillance system and submit this information through the established ADPH group NHSN account.

The Council discussed the petition, the definition of hospital admissions, inpatients and outpatients, and the rules and statute in great detail. The Council opined that the intention of the

new regulations was to require Alabama hospitals to begin reporting HAI data on inpatients only, and, the Council further opined that the definition of inpatient was conventionally understood. The Council recommended approval to amend the HAI rules as petitioned; the motion carried unanimously. The Council then recommended that the amended rules be presented to the State Committee of Public Health for approval for public comment; the motion carried unanimously.

CENTERS FOR MEICARE AND MEDICAID SERVICES (CMS) INPATIENT PROSPECTIVE PAYMENT RULE REPORTING HEALTH QUALITY DATA FOR ANNUAL PAYMENT UPDATE (RHQDAPU) REQUIREMENTS:

Ms. Stevens presented a summary of the CMS rule changes and new RHQDAPU requirements regarding HAI data reporting. The changes include mandated reporting of central line-associated bloodstream infections from all intensive care units beginning January 1, 2011, using NHSN. Additionally, mandated reporting for surgical site infections would begin in 2012. The rules clarify that a State may mandate additional requirements beyond what is required for RHQDAPU, and if a State mandate requires fewer data elements than what is required for RHQDAPU, hospitals participating in RHQDAPU would be required to submit the additional data in order to satisfy the RHQDAPU requirements.

NHSN FACILITY ENROLLMENT UPDATE:

Ms. Stevens presented an update on NHSN facility enrollment. As of August 24, 2010, 64 of 101 hospitals have joined the ADPH NHSN Group and 54 of 64 have conferred rights to ADPH to view the HAI data. ADPH staff continues to work with the hospitals to overcome technical difficulties with NHSN enrollment. Department staff contacted the hospitals that have yet to join the ADPH NHSN Group to offer assistance. Rosemary Blackmon, AlaHA, and Kyle Cutright, BCBS, have volunteered to contact the facilities as well to help ensure that the remaining hospitals are enrolled and able to report HAI data.

DEVELOPMENT OF HAI STATE REPORTS:

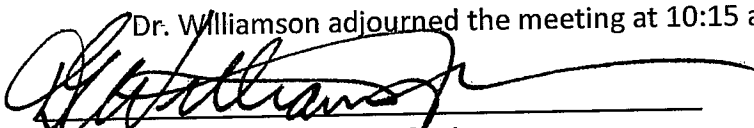
Dr. Stamm presented some examples of the format in which HAI data could be reported. The Council discussed issues to consider when developing a state report including consistency, minimum and maximum volumes and thresholds, confidence intervals, and reports for facilities and agencies versus reports for the public. Dr. Williamson asked the Council to consider establishing a technical committee to work on the format of a state report that would be meaningful and satisfy the requirement of the law. The Council recommended approval to develop a technical committee; the motion passed unanimously. Dr. Williamson asked the Council to recommend members for the committee and for all who wish to serve on the technical committee to notify Ms. Stevens.

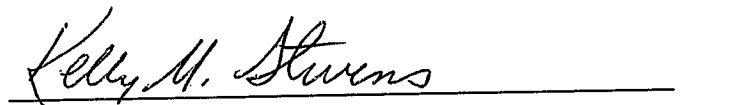
SCHEDULED MEETINGS:

The Council requested that a new meeting schedule be developed to better ensure that a quorum would be present. A new schedule will be developed and sent to the Council.

ADJOURNMENT:

Dr. Williamson adjourned the meeting at 10:15 a.m.


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


Kelly M. Stevens, M.S.
Healthcare-Associated Infections (HAI) Program Manager

Approved October 13, 2010