

Minutes of the Healthcare Data Advisory Council

November 2, 2011

9:00 a.m.

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

Members Present

Dr. Williamson, M.D. , Chairman, State Health Officer
Allen Stamm, M.D.; Association for Professionals in Infection Control
Beth Goodall; Alabama Hospital Association
Keith Granger; Alabama Hospital Association
Linda Jordan; Alabama Hospital Association
Patty Miller; Alabama Hospital Association
Susan Warren; Blue Cross Blue Shield of Alabama
William McCollum, M.D.; Mineral District Medical Society

Members Absent

Beth Anderson; Alabama Hospital Association
Debbie Unger; State Employees' Insurance Board
Laura Bell; Alabama Hospital Association
Michael Jordan; Business Council of Alabama
Rick Finch; Business Council of Alabama

Staff Present

Brian Hale, Assistant General Counsel
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 9:15 a.m. by Dr. Williamson. Roll call was taken. A quorum was not present.

CONSIDERATION OF MINUTES (EXHIBIT "A"):

A quorum was not present so no motion to approve the Minutes of October 12, 2011 was made.

HAI RULE UPDATE (EXHIBIT "B"):

Sharon Thompson explained that the Centers for Disease Control and Prevention (CDC) added two new healthcare facility locations to the National Healthcare Safety Network (NHSN) for which healthcare-associated infection (HAI) data could be submitted. Using the NHSN 80/20 rule to notate locations, these two new locations, "mixed acuity" and "mixed age, mixed acuity", will largely be used by smaller hospitals. Thus far, three Alabama healthcare facilities are no longer reporting catheter-associated urinary tract (CAUTI) patient days and infections from general medical, surgical, or medical/surgical wards because using the NHSN 80/20 rule they must now indicate the location as mixed acuity. Therefore, ADPH cannot see the HAI data without updating the HAI rules to add the mixed acuity and mixed age, mixed acuity wards from which CAUTIs shall be reported. The Council suggested that the amended rules specify that reporting from mixed acuity locations would only be mandated for hospitals which do not have medical, surgical, or medical/surgical wards as defined in NHSN using the 80/20 rule. Discussion was held on the usefulness of mixed acuity reporting as the mixed acuity facilities would likely contain many different patient types and would lead to difficulty in quantifying an accurate comparison. Dr. Williamson acknowledged the limitations of data the first year, yet stressed the importance of reporting for purposes of looking at data over several years.

A proposal was made to change the rules to state "only when hospitals cannot comply with the above classifications, hospitals shall report from the following locations: Mixed Acuity Wards and Mixed Age, Mixed Acuity Wards". Dr. Williamson will present this proposal to the State Committee of Public

Health requesting approval for an open comment period and public hearing. Once this is completed, it will return to the Council for a final vote.

Kelly Stevens reminded the council that each year, discussion should be held by the Council to decide if changes should be made to the reporting requirements, and if so, what changes.

Recommendations were made to not alter the types of infections reported, nor to change the locations outside of adding the mixed acuity as previously discussed. The Council opined that with the upcoming changes to national HAI reporting proposed by the Centers for Medicare and Medicaid Services (CMS), requirements for facilities were expanding, and it is preferable to keep Alabama HAI rules succinct with the national requirements.

PUBLIC REPORT FORMAT:

Research of focus groups to review the public report formatting options is ongoing. It is likely that the selection of a company to organize and conduct the focus group meetings will need to be submitted for bid. ADPH is in the process of contacting agencies who perform focus group services. The Council decided that with any focus group, the minimum age shall be 25 years, as those in their 20s and 30s are typically more familiar with computer technology and internet navigation. Discussion was held as to whether or not to allow Council members to observe the sessions, and, it was decided that should a two-way mirror be present to allow observation without disturbing or interacting with the participants, then viewing the focus group would likely be permissible.

ADDITIONAL HAI PROGRAM ACTIVITIES FOR DISCUSSION:

Ms. Thompson gave a brief overview of the CDC Grantee Meeting that took place in Atlanta Georgia on October 20 and 21, 2011. The meeting focused on inclusion of nursing, ambulatory, and dialysis centers, antimicrobial stewardship, and sustainability of the program. In addition, it was mentioned that there was disappointment in the exclusion of state health departments in the Partnership for Patients initiative.

Dr. Williamson addressed the Council regarding Greene County Hospital, which has failed to obtain a digital certificate or complete required reporting since May. Dr. Williamson plans to send a letter to the facility administrator stating that the facility is failing to comply with required reporting and that the penalty for noncompliance includes a fine.

The Council is still awaiting appointees from The Medical Association of the State of Alabama (MASA), and for the Governor's Office appointment, or reappointment. Concerns were raised about the lack of attendance for a few of the appointees, and the repercussions in achieving goals. Dr. Williamson will send a letter to those agencies which have appointees who are not regularly attending council meetings to encouraging attendance and involvement, or suggest that these organizations appoint a new person. The 2012 monthly meeting schedule was emailed to the Council.

The Council discussed issues surrounding differences in reporting post-discharge surgical site infections (SSI) among healthcare facilities. The Council opined that there is not a provision to exclude post-discharge reports, and it should be stressed that facilities are and should be obligated to report post-discharge SSIs when known. Likely a notification to Infection Preventionists will need to be sent out explaining this as well as possibly offering best practices to conduct post-discharge SSI surveillance.

The Council was informed that the 6 month individual facility and blinded facilities summary reports were mailed to each hospital CEO. The Council noted that they were pleased with the results to date, and commended the hospitals for their hard work and determination in HAI prevention and elimination.

ADJOURNMENT:

The meeting was adjourned at 10:15 a.m.

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

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

Approved ...