

**Minutes of the Health Care-Associated Infections (HAI) and Preventable Adverse
Events (PAE) Advisory Panel Meeting
April 29, 2011**

Advisory Panel Attendees:

Edward Sherwood, Elizabeth Curnow, Mary Smith, Jane Siegel, Patricia Grant, Linda Billings, Charlotte Wheeler, Susan Mellott, Edward Septimus, Gail VanZyl, Bruce Burns, Gary Heseltine, John James, By Phone: Rachael Strickoff

1. Welcome and Introductions of new panel members:

Dr. Jane Siegel called the meeting to order at 10:30 am. Each Panel member gave a brief introduction, and guests introduced themselves. Dr. Valadez thanked all members for their service.

2. Election of new chairperson:

Dr. Jane Siegel was nominated for chairperson by Patricia Grant. Dr. Edward Septimus seconded the motion. A vote was taken and a majority elected Dr. Jane Siegel as the new chairperson.

3. Review and adoption of October 26, 2010, minutes:

The minutes from the October 2010 meeting were reviewed. A motion was made for a correction on page 3; "A instead of I" (regarding a telephone conference). This correction was approved by the panel.

4. Post-discharge and re-admission reporting issues:

Jeff Taylor discussed the discordance with the reporting forms. The form is not ideally categorized. Many facilities will use the form incorrectly and the infection rate cannot be based on hospitalized infections if the form is categorized this way.

Discussion/Questions:

Dr. Edward Sherwood expressed concern that a doctor may try to keep the slate clean by not admitting certain patients. Would a CDC national approach make more sense?

Patricia Grant said post-discharge surveillance information is mailed back, no control over what NHSN does; and that IPs are very good about sharing information.

Dr. Edward Sherwood said the quality of care is not uniform; and the decision to admit or not admit the patient may increase pressure on the physicians.

Dr. Jane Siegel- How do we standardize post-discharge surveillance from hospitals?

Jeff Taylor- Ch. 98 gives DSHS the authority to require hospitals to do the surveillance. What does the law say? Can we say that we require the facility to do surveillance? At what level? phone call, letter? We need to define this.

Dr. Edward Septimus- superficial SSIs to be tracked, NQF not recommended to be tracked. National rates include all three categories, different levels of severity.

Dr. Gary Heseltine- Methodology of post-discharge surveillance is not developed.

Dr. Susan Mellott- A more sophisticated hospital system will make post-discharge surveillance easier, it is rare that facilities have this capability.

Elizabeth Curnow - Exclusion of superficial, report only deep infections

Jennifer Steinhausen- Explained complex vs. all

Dr. Jane Siegel-The law allows us to determine what is reported?

Jeff Taylor- Yes, you can say what to report

Dr. Jane Siegel- Does Medicare have rules?

Jeff Taylor- CMS requires hospitals to use NHSN

Bruce Burns- CMS has all the data, easier to track, in comparison with our system

Patricia Grant- Do we want to add a column in the survey asking hospitals if they do post-discharge surveillance?

Dr. Edward Septimus- This may not be the right question; we need to look for actual data, numbers, for example: What is adequate post-discharge surveillance?

Dr. Susan Mellott- Can we report it two ways?

Jeff Taylor- No, hospitalized for infection vs. never hospitalized, this is not clear enough, required to use safety form, we have to ask a new question

Jennifer Steinhausen – Something to take into consideration: too much information will be an overload to the public eye, 10 numbers with one SIR.

Dr. Jane Siegel- How do other states handle this?

Dr. Edward Septimus- CDC reports risk-adjusted total numbers

Bruce Burns- The lack of staff and funding limits reporting.

Dr. Gary Heseltine- Colorado, ASCs are reporting, would the same methodologies work elsewhere?

Gail VanZyl- Could we write a custom report?

Patricia Grant- Will check with employer

Jennifer Steinhausen-Contact NHSM to set up a report

Elizabeth Curnow -How do we go about getting post-discharge surveillance defined and required?

Dr. Susan Mellott- Can we find out what other states are doing?

Dr. Gary Heseltine - At what point does the quality of the data warrant posting?

Gail VanZyl- SKIP program has been reporting ambulatory data for years.

Dr. Gary Heseltine- Florida: look at SKIP measures and infections measures, quality/safety of health care easily available, there are examples out there we can look to.

Rachael Strickoff discussed New York: New York is divided into regions; and there is an infectious director. They found many hospitals with systematic errors. Do you have the resources? It takes 10 minutes on average to review a record, SSIs take on average 20 minutes. Ask yourself: how many records can I review in each hospital? Auditors went in annually. It was a learning experience for all, due to invested interest. Using qualified staff (people who have experience in infection prevention, MHSN background) is really important. The goal is not to show that everyone has high rates of infection, but to reduce the rates. Need to standardize what everyone is doing. Auditors should have the manual with them on all audit trips. We looked at this as a learning experience for both sides. Report both very low and very high rates, then over-sample at these hospitals. Interview staff at the facilities. Ensure denominator data is accurate as well. Determine what criteria will be used to report data. Audits are one day, maybe two. Important: if you don't go on an audit, you don't really know what's going on. There is high staff turnover (10-15%). It may be necessary to bring in Regulatory side of the health dept.

Questions for Rachael Strickoff:

Dr. Jane Siegel-Did you require post-discharge surveillance for SSIs?

Rachael Strickoff- A majority were superficial. We decided not to include/report infections that were identified solely on the basis of post-discharge surveillance, unless they were readmitted or have another operation. We could not standardize the methodology.

Dr. Jane Siegel- If an institute wasn't doing post-discharge surveillance, that's ok?

Rachael Strickoff- We couldn't tell them how to, and it is very labor intensive, wasn't going to lead to quality improvement or patient safety- was a New York decision

Dr. Jane Siegel- Did you always have two reviewers go in?

Rachael Strickoff-One went at a time; Because of the number of facilities, each person was responsible for 36 facilities.

Dr. Gary Heseltine- What kind of identifiers do you have to link your data?

Rachael Strickoff- We have all identifying info in NHSM: date of discharge, first name, last name, date of birth, and medical number when available

Dr. Gary Heseltine - Are first and last name required?

Rachael Strickoff- Yes, defining and reporting requirements was not an issue in NY.

Dr. Gary Heseltine - Do you audit the quality of your audits?

Rachael Strickoff- We have an overview of what we find, we check discrepancies. We check every variable, gender and birth date, electronically.

URL: ask public health advisor, part of CDC's secure digital network, to become part of EPI-X

Dr. Edward Septimus- auditors must be very skilled and knowledgeable, CDC re evaluating, need electronic algorithms

5. HAI Rule and SB 620, SB 8, HB 1857, and HB 1675 update

Nick Dauster-2 bills containing amendments- SB 620 and SB 8, both adopted by the Senate. They are in good shape for passage.

Budget: House has lowered budget number, patient safety not funded in the House version, Senate version includes funding for patient safety, PAE and preventions for HAI and quality assurance team.

Conference committee elected in the house to adjust the numbers with the senate. Self-funding, savings to Medicaid.

Dr. Gary Heseltine- What is the relationship between HAI and patient death?

Nick Dauster- infections that resulted in the death of the patient

HB 1657- require deaths due to infections to NHSN, bill heard in public health, has not progressed.

Ron Gernsbacher- status of the rule: actual rule published in the TX register today.

Dr. Jane Siegel- When will we begin reporting?

Ron Gernsbacher- latest effective date Sept. 1, reporting would begin during any part of the quarter (Jan-March) but retroactive to January.

Jennifer Steinhausen- over 300 (out of ~1000) NHSN facilities in Texas have given us rights to view the HAI data, some don't do the procedures that we would be auditing

Patricia Grant- 40% may not quality, no central lines, no ICU's, not HAI specific procedures (about 600 facilities).

Ron Gernsbacher discussed the Rule of 50. Health and Safety Code Ch. 98, if a hospital performs less than a monthly average of 50 procedures, the hospital can report their 3 most common. SB 620 and SB 8 will take out rule of 50 if passed.

6. HAI/PAE contracts update: Collaborative Contract, Training Contract

Jeff Taylor- 3 contracts,

- Consilience-\$800,000 to build to reporting system, data validation tools, website, list of licensed hospitals etc. (Spring 2012 for complete system)
- Texas A&M school of rural health-data validation strategy-review what other states are doing. Develop a sampling scheme. What percent do we take?
- Texas A&M- looking at trends of 10 years of hospital discharge data, administrative data so we can see the financial impact.

Patricia Grant- need to make aware to the public, HAI is not always patient to patient; rather it could be a result of a required antibiotic.

Dr. Edward Sherwood- Infections still occur when antibiotics are used appropriately. They are not always preventable.

Dr. Gary Heseltine discussed collaborative contract- \$ for prevention of bloodstream infections, second collaborative set of facilities, gathering baseline data. Need to look at sustainability, can somebody keep the communication lines going, core reservoir of expertise, we need to invest in collaboratives, hopefully by December there will be data to look at.

Ron Gernsbacher discussed training contract-we contracted with APIC, 15 trainings around the state, extended contract to use ARRA funds to provide additional trainings for those who missed initial meetings.

Charlotte Wheeler - What is the number of attendees?

Ron Gernsbacher- can get that number

Charlotte Wheeler- Is the Power Point still on HAI Texas?

Ron- Yes, it is on DSHS HAI website.

7. Subcommittee report:

Dr. Gary Heseltine- 20% reported; of this 20%, 10% did some sort of validation. All validation is not equal. How to do sampling? There are some parameters. How do you break down the problem logically? Each chart should have 2 independent reviews from CDC.

Rachael's report: New York audit from 2008, earlier findings and percent differences, where were most of the differences? ASA score. Common error: incorrect surgery duration, etc...may help streamline the process to understand the most common errors.

Dr. John James added to the subcommittee.

Dr. Jane Siegel- What is the timeline for A&M?

Jeff Taylor- Final report will be complete December 2011.

More discussion:

Dr. Edward Sherwood- Of all causes of harm to patients, infection control is relatively mature, quite robust; other patient safety is often non-existent.

Gail VanZyl- patient safety has improved immensely.

Dr. Edward Sherwood- Many physicians are not on board yet.

Charlotte Wheeler- Small rural hospitals are still in the dark ages (i.e. Amarillo).

Dr. John James- The study doesn't pick up errors of omission.

8. Agenda Items for Next Meeting: (complete >10 days prior to the meeting)

- What do other states do for the SSI reporting, post-discharge surveillance, what are they looking at and how are they using it?
- Distribute paper on errors and the paper by the sub-group on other adverse effects
- Legislative update
- Texas A&M update? Integration
- Possible funding for exceptional items
- How to allocate time and effort (hospitals in the dark ages)
- Website group, on hold?
- Credentials of auditors in other states, find experts in the field
- Subcommittee Report, validation
- Position/status paper re PAE (already created? Ron will share)

9. Date of Next HAI/PAE Advisory Panel Meeting

- June, July, August
- Ron will contact Jane to determine room and schedule next meeting.

10. Adjournment

Dr. Jane Siegel adjourned the meeting at 1:30 pm.