Healthcare Quality Reporting Program

HOSPITAL-ACQUIRED INFECTIONS AND PREVENTION ADVISORY SUBCOMMITTEE

8:00-9:00am, 6/18/2012 at Healthcentric Advisors

Goals/Objectives
▪ To discuss HAI work to date and make policy recommendations for pending and upcoming reports

Members		
✓ Nicole Alexander, MD	☐ Linda McDonald, RN	✓ Georgette Uttley, MEd, BSN, RN
✓ Rosa Baier, MPH	✓ Leonard Mermel, DO, ScM	✓ Nancy Vallande, MSM, MT, CIC
✓ Utpala Bandy, MD	✓ Pat Mastors	☐ Cindy Vanner
✓ Marlene Fishman, MPH, CIC	☐ Robin Neale, MT (ASCP), SM,CIC	✓ Margaret Vigorito, MS, RN
✓ Yongwen Jiang	✓ Kathleen O'Connell, RN,BSN,CIC	✓ Samara Viner-Brown, MS
✓ Julie Jefferson, RN, MPH, CIC	☐ Lee Ann Quinn, RN, BS, CIC	✓ Gina Rocha
✓ Maureen Marsella, RN, BS	✓ Janet Robinson, RN, Med, CIC	✓ Stefan Gravenstein MD

Time	Topic/Notes

8:00am **Welcome & Administrative Updates**
Leonard Mermel, DO, ScM
Samara Viner-Brown, MS

- Len opened the meeting and reviewed the agenda topics, which include discussion of CDI reporting plans and the HHS Action Plan.
- The group then reviewed the action items from the previous meeting:
  - **Share *Rules and Regulations* public hearing date** (Rosa) – Complete

    Rosa reported that the public hearing is scheduled for July 17,2012 at 1pm. She encouraged all who are interested to attend.
  - **Follow-up with the CDC with five quarters of data** (Len/Rosa)-pending

    Len and Rosa will time the follow-up with the CDC based on the results of the CDI reporting discussions today and in July.
  - **Survey lab directors about CRE methods** (Nicole/Margaret)-pending

    We are surveying the lab directors about CRE detection methods to gather information about the variability of methods used and inform future decisions on public reporting, as well as HEALTH's surveillance efforts.

    Margaret reported that she has the final revised version of the new survey; Cindy will send it out to lab directors by the end of this week. The next steps will be to review the results with the group. Nicole and Len will also let CDC know the survey findings; we may be the first state to compile this type of information.

Gina asked who was included in the survey, all facilities or a subset? Margaret and Nicole responded that all acute-care hospitals are included, as are Eleanor Slater Hospital and most of the long-term care facilities (via East Side Labs).

Len asked if Rosa could share the CMS reporting schedule handout as a separate file with the minutes, so that committee members can share it with hospital leadership, if desired.

- **Determine when CMS plans to report CDI using Lab ID** (Maureen) – Complete

  Based on her research into CMS requirements, Maureen informed the group that public reporting of Lab ID data is slated to begin in January 2014. This is about nine months after all hospitals are required to submit data (beginning with Q1 2013 data) and 18 months after inpatient prospective payment system (IPPS) hospitals are required to submit data (beginning with Q3 2012 data).

- **Share HHS's call for public comments and National Action Plan** (Pat) – Complete

  Pat shared the information following the May meeting.

- **Review the HHS National Action Plan** (Subcommittee) – Complete

  Everyone was asked to review the draft National Action Plan prior to the group call (below).

- **Schedule a call to discuss the National Action Plan** (Rosa) – Complete

  Rosa scheduled a conference call to discuss the draft National Action Plan two weeks ago (6/4).

- **Provide input on Pat's letter to HHS re: the Action Plan** (Rosa) – Pending

  The group provided thoughts and ideas to Pat on the 6/4 conference call, and continued that discussion during today's meeting.

- **Consider submitting a letter re: the Action Plan** (Subcommittee) – Complete

  Rosa shared a draft letter with the group during today's meeting (see below).

8:30am **CDI Reporting**
Leonard Mermel, DO, ScM
Rosa Baier, MPH

- At the 5/30 Steering Committee meeting, the committee approved the HAI Subcommittee's recommendation to link to existing Medicare reports, where available, and cease generating local reports (e.g., for SCIP).
- The Steering Committee also discussed policy recommendations for what to do when reporting is planned, but has not yet begun, and indicated that subcommittees should continue local data collection and reporting efforts until such national reports are published. This is because reporting topics reflect and support local priorities, and the Steering Committee wants to ensure that there are no reporting delays. Once national reports exist, local reports can be removed from HEALTH's site to eliminate any potential confusion.
- With that guidance in mind, the discussion returned to the CDI measurement options:
  - NHSN CDI rates
  - NHSN Lab ID

- Hospital Discharge Data Set (HDDS) data

- We now have five quarters of CDI data; hospitals will begin collecting Lab ID data in July as part of their work with Healthcentric Advisors on the 10th Scope of Work. The HDDS could allow us to calculate CDI dating back to Q1 2010 without additional burden for hospitals, but we don't yet know how those rates track with the CDI data hospitals have been providing. Rosa reported that Kathy is working on a HDDS analysis for the July meeting; the project team will look at the impact on diamond scores using the two methods. Maureen suggested that the infection preventionists talk to their coders about how CDI are being coded (ICD9 code=00845).
- Discussion centered on balancing the utility and validity of the data with the burden for hospital infection preventionists. Marlene reiterated that the duplicate process is very labor intensive. Len commented on analyses that demonstrate Lab ID rates trend significantly higher (~30%) than CDI rates. Several hospital infection preventionists indicated that they would continue collecting both Lab ID and CDI for a period of time, with Julie saying that Lifespan hospitals will report CDI to Lifespan corporate offices.
- Although no vote was taken today, the default is to continue the previous recommendation: collecting CDI data. This means beginning to collect both CDI and Lab ID for a short time, while the group considers the HDDS data. We will discuss the HDDS data in July and begin to get feedback on Lab ID in August.
- Rosa also suggested generating a CDI report using data accrued to date, and then making a recommendation to the Steering Committee and Dr. Fine about the frequency of reporting (e.g., less than quarterly) and issuing subsequent reports using Lab ID. That may not be ideal, given discomfort with the Lab ID data and a desire to have up-to-date data available for each hospital.
- At the conclusion of the discussion, Rosa thanked the group for all their continued engagement and willingness to provide these data, given the difficult decisions and hard work required.

8:40am **HHS National Action Plan to Eliminate HAI**
Leonard Mermel, DO, ScM
Rosa Baier, MPH

- Rosa quickly debriefed from the 6/4 call to discuss the draft National Action Plan, during which the group provided some input to Pat to inform her letter and also decided that the Subcommittee should submit its own letter.
- Rosa shared a draft letter with the group during today's meeting. The letter focuses on topics discussed previously, including national alignment, the expansion from acute-care to other settings and the inclusion of employee influenza vaccination. Suggestions included strengthening the request for national alignment, providing an example of the need for alignment (CDI measurement) and adding a paragraph about the need for patient engagement.
- Rosa asked the group to share any additional comments/edits by close of business on Wednesday, 6/20, so they can be incorporated into the letter. She plans to submit the Subcommittee letter on Thursday, 6/21.

8:55am **Open Forum & Action Items**
Rosa Baier, MPH

- Rosa shared AHRQ's State Snapshot with the group as an FYI. She was interviewed by AHRQ about the state's use of the State Snapshot to inform policy decisions, so she is bringing it to Subcommittees' attentions. Margaret said that, in past Scopes of Work, Healthcentric Advisors shared this information with hospital quality groups.
- **Action items**:
  - Discuss hospital requirement to inform patients of infection risk (Subcommittee)
  - Provide HDDS data analysis of CDI rates (Kathy)
  - Evaluate diamond calculations for CDI vs. HDDS (Rosa)
  - Comment on draft HHS letter by COB 6/20 (Subcommittee)
  - Finalize and send HHS letter by COB 6/21 (Rosa)
- **Next meeting:** 7/18/12 at Healthcentric Advisors

Healthcare Facility HAI Reporting Requirements to CMS via NHSN--
Current and Proposed Requirements

DRAFT (5/9/2012)

CMS Reporting Program	HAI Event	Reporting Specifications	Reporting Start Date
Hospital Inpatient Quality Reporting (IQR) Program	CLABSI	Acute Care Hospitals: Adult, Pediatric, and Neonatal ICUs	January 2011
Hospital Inpatient Quality Reporting (IQR) Program	CAUTI	Acute Care Hospitals: Adult and Pediatric ICUs	January 2012
Hospital Inpatient Quality Reporting (IQR) Program	SSI	Acute Care Hospitals: Inpatient COLO and HYST Procedures	Janaury 2012
ESRD Quality Incentive Program (QIP)	I.V. antimicrobial start	Outpatient Dialysis	January 2012
ESRD Quality Incentive Program (QIP)	Positive blood culture	Outpatient Dialysis	January 2012
ESRD Quality Incentive Program (QIP)	Signs of vascular access infection	Outpatient Dialysis	January 2012
Long Term Care Hospital Quality Reporting (LTCHQR) Program	CLABSI	Long Term Care Hospitals *: Adult and Pediatric LTAC ICUs and Wards	October 2012
Long Term Care Hospital Quality Reporting (LTCHQR) Program	CAUTI	Long Term Care Hospitals *: Adult and Pediatric LTAC ICUs and Wards	October 2012
Inpatient Rehabilitation Facility Quality Reporting Program	CAUTI	Inpatient Rehabilitation Facilities: Adult and Pedatric IRF Wards	October 2012
Hospital Inpatient Quality Reporting (IQR) Program	MRSA Bacteremia LabID Event	Acute Care Hospitals: FacWideIN	January 2013
Hospital Inpatient Quality Reporting (IQR) Program	*C. difficile* LabID Event	Acute Care Hospitals: FacWideIN	January 2013
Hospital Inpatient Quality Reporting (IQR) Program	HCW Influenza Vaccination	Acute Care Hospitals	January 2013
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	CLABSI *(proposed)*	PPS-Exempt Cancer Hospitals: all locations	TBD
PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program	CAUTI *(proposed)*	PPS-Exempt Cancer Hospitals: all locations	TBD
Long Term Care Hospital Quality Reporting (LTCHQR) Program	HCW Influenza Vaccination *(proposed)*	Long Term Care Hospitals*	TBD
Ambulatory Surgery Centers Quality Reporting Program	HCW Influenza Vaccination	Ambulatory Surgery Centers	October 2014
Ambulatory Surgery Centers Quality Reporting Program	TBD *(future proposal)*	Hospital Outpatient Departments and Ambulatory Surgery Centers	TBD
* Long Term Care Hospitals are called **Long Term Acute Care Hospitals** in NHSN			

Rhode Island Healthcare Quality Reporting Program
Hospital-Acquired Infections Subcommittee

Leonard Mermel, DO, ScM
HAI Subcommittee Co-Chair and Academic Researcher (Rhode Island Hospital)

Utalpa Bandy, MD
State Epidemiologist (Rhode Island Department of Health)

Marlene Fishman, MPH, CIC
Infection Prevention Representative (Our Lady of Fatima Hospital)

Julie Jefferson, RN, MPH, CIC
Infection Prevention Representative and Infection Control Practitioners of Southeast New England Liaison (Rhode Island Hospital)

Maureen Marsella, RN, BS
Medicare QIO Liaison (Healthcentric Advisors)

Linda McDonald, RN
Organized Labor Representative (United Nurses and Allied Professionals)

Pat Mastors
Consumer Organization Representative (Pear Health, LLC)

Robin Neale, MT (ASCP), SM, CIC
Infection Prevention Representative (Women & Infants' Hospital)

Kathleen O'Connell, RN, BSN, CIC
Infection Prevention Representative (Kent Hospital)

Lee Ann Quinn, RN, BS, CIC
Infection Prevention Representative (South County Hospital)

Janet Robinson, MEd, RN, CIC
Infection Prevention Representative (East Side Clinical Laboratory Inc.)

Georgette Uttley, MEd, BSN, RN
Health Insurer and HMO Representative (Blue Cross & Blue Shield of Rhode Island)

Nancy Vallande, MSM, MT, CIC
Infection Prevention Representative (The Miriam Hospital)

Margaret Vigorito, MS, RN
ICU Collaborative Representative (Healthcentric Advisors)

Cindy Vanner
State Laboratory Representative (Rhode Island Department of Health)

Samara Viner-Brown, MS
HAI Subcommittee Co-Chair (Rhode Island Department of Health)

June 18, 2012

Department of Health and Human Services (HHS)
Office of Healthcare Quality
200 Independence Ave, SW., Room 711G
Washington, DC 20201,
Attention: Draft National HAI AP

To Whom It May Concern:

On behalf of the Rhode Island Department of Health's Hospital-Acquired Infections (HAI) Subcommittee, which we facilitate, we are writing to provide our committee's feedback on the draft *National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination (HAI AP).*

The Rhode Island HAI Subcommittee is a multi-disciplinary stakeholder group charged with implementing our state's HAI Plan, under the 2009 National HAI AP and publicly reporting HAI, as part of a legislatively-mandated healthcare quality reporting program.

Our group membership, listed at left, is mandated by Rhode Island General Law Chapter 23-17.17-6 and includes the following categories listed in the Federal Register: the general public; healthcare, professional and educational organizations/ societies; health system providers; state and local public health agencies; public health organizations; and insurers and business groups. This composition ensures that we have the knowledge and expertise to inform implementation of our state's HAI Plan and also to react to the draft HAI AP.

First, we commend HHS for including numerous federal agencies in the development of the draft HAI AP, for explicitly stating that your goal is to coordinate and maximize the efficiency of prevention efforts across the federal government, and for specifying different agencies' roles in implementing the HAI AP. Ensuring alignment and preventing duplication is of the utmost importance, both (1) to ensure that all payors, policymakers and stakeholders are collecting and benchmarking performance using the same methods and (2) to streamline data requests for providers, encouraging efficiency. We encourage you to further alignment between federal agencies, such as the CDC and CMS, to ensure alignment between NSHN surveillance and public reporting.

Second, we support the expansion of the draft HAI AP from the acute-care setting to other healthcare settings, including nursing homes. HAIs require care coordination and precautions as patients transition from one provider to another, making them an important issue for providers across the care continuum. Expanding the HAI AP to include other healthcare settings recognizes the cross-setting nature of HAIs and elevates the importance of related prevention efforts within local communities.

Finally, we applaud the draft HAI AP's inclusion of healthcare worker influenza vaccination. Vaccinating healthcare workers is an important strategy to protect vulnerable patients by curbing the transmission of influenza. In Rhode Island, we publicly report healthcare worker influenza vaccination rates for our hospitals and are piloting a similar report for nursing homes. We also have draft rules and regulations that propose mandating influenza vaccination for workers. Including healthcare worker influenza vaccination in the HAI AP will further state and national efforts to increase influenza vaccination uptake.

We thank you for your consideration of these comments and encourage you to contact us with questions or for clarification.

Sincerely,

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Rosa Baier, MPH
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CC: HAI Subcommittee Members