Healthcare Quality Reporting Program

STEERING COMMITTEE

11/24/14, 3:05-4:05pm
Department of Health, Room 401 at HEALTH

1. **Welcome & meeting objectives (3:05pm)**
   - Meeting chair: M. Fine
   - Program staff: R. Baier, E. Cooper, A. Messier, S. Viner-Brown
   - Voting members in attendance: T. Almon (represented by P. Winderman), D. Ashley, B. Collins, M. Fine, D. Gallagher, J. Nyberg, N. Oliver, P. Parker, G. Rocha

2. **Review previous action items (3:10pm)**
   - **Discuss the hand hygiene recommendations with Dr. Fine** (Sam) – Complete
     Dr. Len Mermel and Sam (Co-Chairs of the HAI Subcommittee) met with Dr. Fine to review the hand hygiene recommendations; see below discussion for update.

   - **Send information to Paula about the QI project** (Emily) – Complete
     At the September meeting, Emily presented about the program's QI project to increase consumer awareness about the HAI reports. Paula volunteered to share information during Open Enrollment, so Emily provided a flyer for distribution by senior centers, etc. She is monitoring the success of the QI project through web statistics (see attachment).

3. **Policy discussion: Hand hygiene standards & measurement (3:15pm)**
   - **Previous guidance**
     This committee requested the HAI Subcommittee explore methods by which to standardize hand hygiene measurement across hospitals, as a precursor to considering ways to publish comparative data on hand hygiene practices across Rhode Island.

     The HAI Subcommittee countered by recommending standardizing hand hygiene education, requiring facilities to develop programs for repeat hand hygiene offenders, and having HEALTH research the cost of electronic hand hygiene measurement. The reasons were two-fold: 1) hospitals already have programs based on CDC and Joint Commission standards and 2) observation is the gold standard, but is resource intensive.

   - **Recommendation for independent audit by HEALTH interns**
     Dr. Fine, Len and Sam met to discuss the HAI Subcommittee's response to the Steering Committee's direction about standardizing hand hygiene, with Rosa and Emily in attendance. After hearing the Subcommittee's suggestions and thoughts about changing existing policies and procedures – which are already evidence-based but vary by facility – Dr. Fine suggested that HEALTH summer interns act as 'secret shoppers' to measure hand hygiene. These interns would observe hand hygiene standardized methods across the hospitals.

- **Subcommittee response**
  The Subcommittee discussed Dr. Fine's suggestion, which included allowing hospitals to refute rates if they could demonstrate higher rates with their existing data.

  Although having HEALTH interns observe addresses previous questions about existing programs, etc., the Subcommittee wondered if publishing a single point prevalence estimate would provide an accurate picture of hand hygiene practices. They also expressed a desire to combine 'secret shopper' data with their own data, which may be difficult if the methods differ, and wondered if HEALTH visitors would be able to go unnoticed.

  They recommended publicly reporting multiple data points together; performing a pilot prior to publishing data; and including a preview period before publication.

- **Next steps**
  After discussion, the committee agreed that the HAI Subcommittee should be charged with developing the methods for observation. The group also suggested considering other observers, e.g., medical or nursing students, to address the concern that HEALTH interns would be easily discernable on hospital units.

  Gina raised the question of how to train observers to ensure that there is some inter-rater reliability; Dr. Fine agreed that the Subcommittee could advise on methods to address such issues.

  Although the initial focus will be hospitals, later observation may include nursing homes.

4. Data discussion: 2014 Healthcare Worker Flu Vaccination (3:40pm)

- **Aggregate trends**
  Emily presented the data related to the flu immunization report, noting the significant improvement in response rate in all three settings – hospitals are now at 100%, nursing homes at 100%, and the most significant increase is in the home health setting – increase from 32% to 84% this year. Emily and Rosa stated that this increase in reporting is due to the diligence of the HEALTH immunization team, and the fact that each facility was contacted on numerous occasions to facilitate this increase.

  The group acknowledged there is still confusion regarding which level of licensed staff fall into which category on the report. Nicholas questioned if the homemakers/housekeepers from home health agencies are required to be immunized. Dr. Fine said that if they are not licensed by HEALTH, the requirement does not include them.

  Dr. Fine suggested a message to all residents of RI to incentivize them to be immunized – if you are immunized against the flu, you will not be in any hospital emergency departments and exposed to the possibility of being in contact with a patient with ebola.

5. Updates and open forum (4:00pm)

- **Staffing change**
  Dr. Fine shared the news that Rosa has accepted a position directing a new research center at Brown, focusing on nursing home innovation. He thanked her for her leadership of the program and asked the committee to join him in wishing her good luck.

  Rosa shared that the new research center will identify nursing home innovations across the country, and then test and disseminate them nationally using AHCA's nursing home

work. She is planning to remain at HCA a few hours a week, but unfortunately will not be able to continue her role on the public reporting project.

The team is planning for as seamless a transition as possible. Sam and Emily will be the primary points of contact for the program, and will be joined by an additional team member.

Rosa commented that this has been a difficult decision, particularly since it means leaving projects like public reporting that she is very passionate about and committed to seeing succeed. There may be opportunities for her to return to this committee or to Subcommittees as a guest, if the topics relate to nursing home quality measurement (her new role) or to the AHRQ grant for the home health reporting tool (which she will continue to direct).

- **2015 HIT Survey**
  Emily reported that the team has completed analyses of the 2014 results, which are now posted on the website. She will send a link to the report.

  EOHHS provided some financial support for this year's survey, which is allowing the program to formally convene meetings instead of obtaining one-on-one input. The Physician Workgroup, chaired by Dr. Rebekah Gardner, has held two stakeholder meetings to review 2014 results and begin revising the instrument for administration in April 2015. The group's goals include ensuring that the survey captures all necessary data in a single instrument, while trying to align the questions with the current landscape (e.g., Meaningful Use) and shorten the overall length.

  In January, Emily and Rebekah will also be presenting 2014 results and proposed 2015 changes to HEALTH's PCP Advisory Council and to CSI-RI.

  The next physician licensure period is in 2016; by then, Dr. Fine would like the survey to be fully integrated into licensure. Given software limitations, the current plan is to ask physicians to complete the survey before giving them the link to the electronic licensure form on the last page. This would presumably achieve the increase in the response rate that we hoped to see by linking with licensure in 2014.

6. **2015 meeting dates** (mark your calendars)
   - January 26
   - March 23
   - May 18
   - July 27
   - September 28
   - November 23

7. **Action items**
   - Charge the HAI Subcommittee with developing hand hygiene methods (Emily/Sam)
   - Share a link to the 2014 HIT Survey reports (Emily)
   - Share link to Immunization Program's Healthcare Worker Flu Vaccination report (Emily)

Next meeting: January 26, 2015

Healthcare Quality Reporting Program

STEERING COMMITTEE DATA UPDATES

11/24/14

Data Updates (Reports, Oldest to Newest by Setting)	Update Frequency	Last Updated	Comments
Home Health			
• Clinical quality measures from Medicare	Quarterly	-	Now links to Home Health Compare
• Patient satisfaction	2 years	June 2011	Discontinued at agencies' request
• Employee influenza vaccination rates	Annually	Sept 2014	
Hospital			
• Clinical quality measures from Medicare	Quarterly	-	Now links to Hospital Compare
• Hand hygiene processes	Annually	March 2014	
• Surgical Care Infection Program (SCIP) Measures	Quarterly	-	Now links to Hospital Compare
• Central-Line Associated Bloodstream Infections (CLABSI)	Quarterly	-	Now links to Hospital Compare
• Pressure ulcer incidence	Quarterly	-	Now links to Hospital Compare
• Employee influenza vaccination rates	Annually	Sept 2014	
• MRSA CLABSI incidence	Quarterly	March 2014	
• *C. Difficile* incidence	Quarterly	-	Now links to Hospital Compare
• Hospital Summary Report	Quarterly	July 2014	
Nursing Home			
• Clinical quality measures from Medicare	Quarterly	-	Now links to Nursing Home Compare
• Resident and family satisfaction	Annually	Feb 2014	
• Employee influenza vaccination rates	Annually	Sept 2014	
• Nursing Home Summary Report	Monthly	October 2014	
Licensed Independent Practitioners (Physicians, APRNs, PAs)			
• HIT adoption	Annually	Mar 2013	2014 in progress

Rhode Island Healthcare Worker Influenza Vaccination Trends

October 2014

Healthcare Quality Reporting Program Objectives

- For home health agencies, hospitals, and nursing homes:
  1. To publish comparative data about facilities' healthcare worker (HCW) influenza (flu) vaccination rates, in order to inform consumers' decision making
  2. To evaluate longitudinal trends in facility's response rates and vaccination rates

Immunization Program Methods, 2014

- Collected and published by the Immunization Program
  - Shared with the Healthcare Quality Reporting Program for setting-specific consumer reports that include vaccination
- Data self-reported by facilities
  - Web-based reporting system
  - Part- and full-time HCWs who worked at the facility at least one day between Oct 1, 2013 and Mar 31, 2014
  - HCW vaccination status from April 1-May 15, 2014
- Required of all facilities subject to HCW regulations
  - Includes home health agencies, hospitals, and nursing homes

Immunization Program Methods, 2014

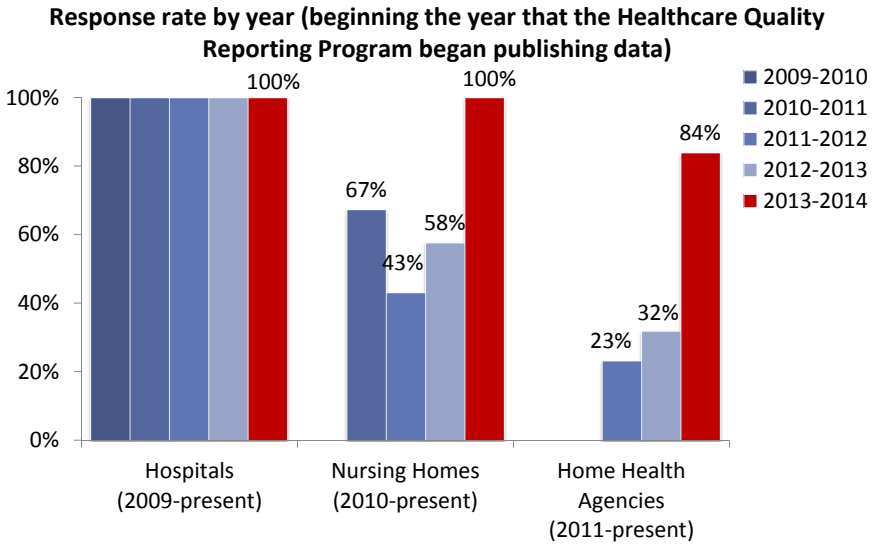
- HCWs categorized as:
  1. Employees (staff on the facility's payroll),
  2. Non-employee licensed independent practitioners (LIPs),
  3. Non-employee adult students/trainees/volunteers (STVs), and
  4. **All HCWs (inclusive of # 1-4).**
- Vaccination status categorized as:
  1. **Were eligible for vaccination (denominator),**
  2. **Received vaccination (numerator),**
  3. Refused influenza vaccine for medical reasons,
  4. Refused vaccine for reasons other than medical reasons, and
  5. Had an unknown vaccination status.

Focus of these analyses

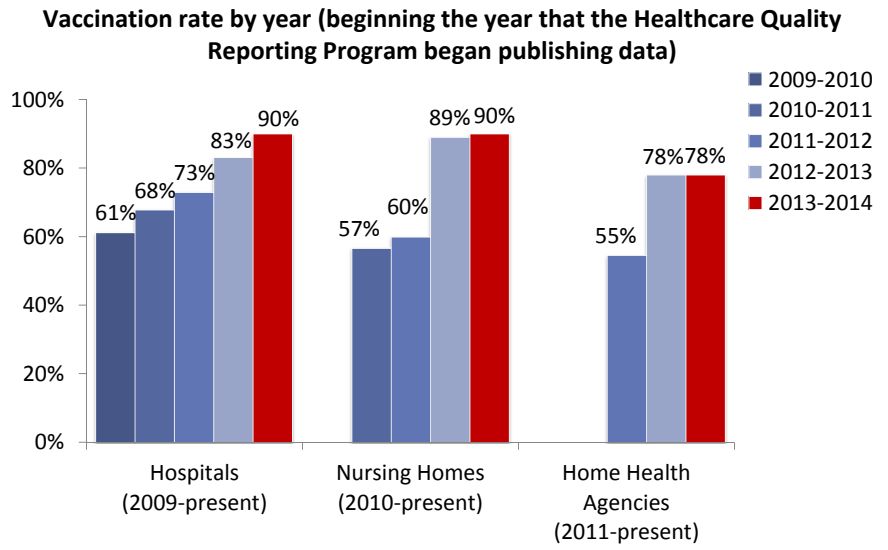
Analyses, 2014

- Data are separately published by the Rhode Island Immunization Program
  - *Healthcare Worker Influenza Vaccination Report, 2013-2014*
  - Includes detailed results by HCW type and vaccination status
- This Healthcare Quality Reporting Program analysis focuses on:
  1. **Response rates**: Among the total number of healthcare facilities, the number of facilities that self-reported influenza vaccination data through the online reporting system
  2. **Percent vaccinated**: Among the total number of HCWs eligible for vaccination, the number who received vaccination

Response rates increase in all three settings in 2013-2014, as a result of intensive outreach (phone calls) by the Immunization Program.



Vaccination rates increase in all three settings, with marked increases beginning in 2012-2013 – the first year since the HCW flu vaccination mandate.



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Nursing Home Quality

Nov 1, 2013 - Oct 31, 2014

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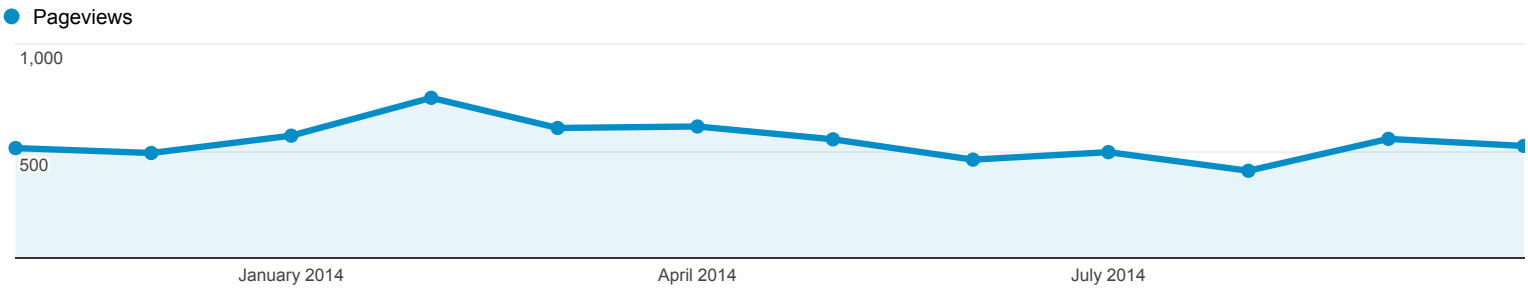
Month



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1.	**201311**	514 (7.85%)	319 (8.16%)	00:02:35	46.50%	56.41%
2.	**201312**	491 (7.50%)	291 (7.45%)	00:02:29	41.75%	50.66%
3.	**201401**	572 (8.74%)	342 (8.75%)	00:01:59	44.58%	61.33%
4.	**201402**	749 (11.44%)	366 (9.37%)	00:02:08	37.25%	55.67%
5.	**201403**	608 (9.29%)	366 (9.37%)	00:02:08	45.07%	60.40%
6.	**201404**	615 (9.39%)	370 (9.47%)	00:02:23	42.76%	50.54%
7.	**201405**	555 (8.48%)	330 (8.45%)	00:02:29	43.06%	55.21%
8.	**201406**	460 (7.03%)	277 (7.09%)	00:01:50	42.17%	57.14%
9.	**201407**	495 (7.56%)	313 (8.01%)	00:01:33	39.39%	53.81%
10.	**201408**	408 (6.23%)	270 (6.91%)	00:01:42	45.59%	52.13%
11.	**201409**	557 (8.51%)	354 (9.06%)	00:01:52	45.78%	55.14%
12.	**201410**	524 (8.00%)	309 (7.91%)	00:02:03	41.79%	51.63%

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Main Page

Nov 1, 2013 - Oct 31, 2014

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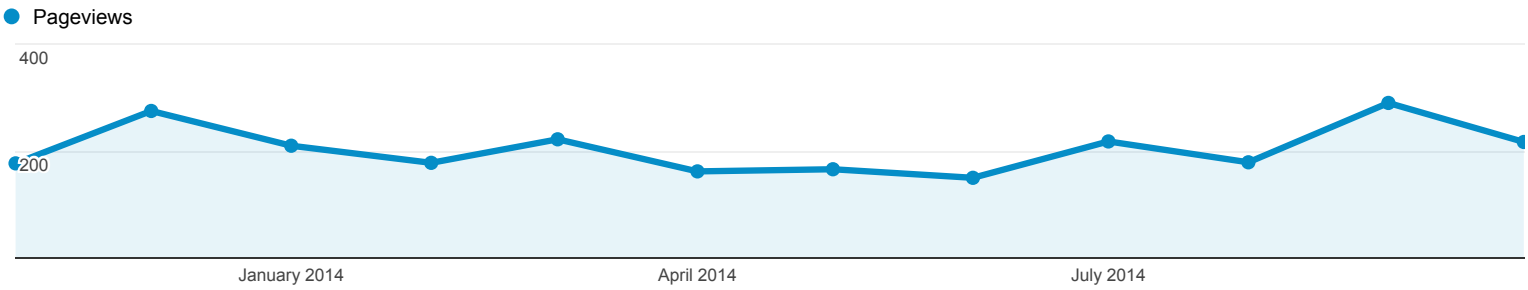

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1.	**201311**	177 (7.24%)	110 (6.67%)	00:01:24	15.25%	31.03%
2.	**201312**	275 (11.25%)	195 (11.83%)	00:00:50	44.00%	77.42%
3.	**201401**	210 (8.59%)	135 (8.19%)	00:01:02	17.62%	35.14%
4.	**201402**	178 (7.28%)	107 (6.49%)	00:00:41	16.85%	34.29%
5.	**201403**	222 (9.08%)	138 (8.37%)	00:00:39	21.62%	54.55%
6.	**201404**	162 (6.63%)	108 (6.55%)	00:00:31	20.37%	47.37%
7.	**201405**	166 (6.79%)	120 (7.28%)	00:01:14	24.70%	61.54%
8.	**201406**	150 (6.14%)	104 (6.31%)	00:00:35	26.67%	57.14%
9.	**201407**	218 (8.92%)	145 (8.80%)	00:00:27	26.61%	56.92%
10.	**201408**	179 (7.32%)	127 (7.71%)	00:00:47	34.08%	58.57%
11.	**201409**	290 (11.87%)	221 (13.41%)	00:01:14	42.41%	68.70%
12.	**201410**	217 (8.88%)	138 (8.37%)	00:00:49	24.88%	52.54%

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Hospital Reports

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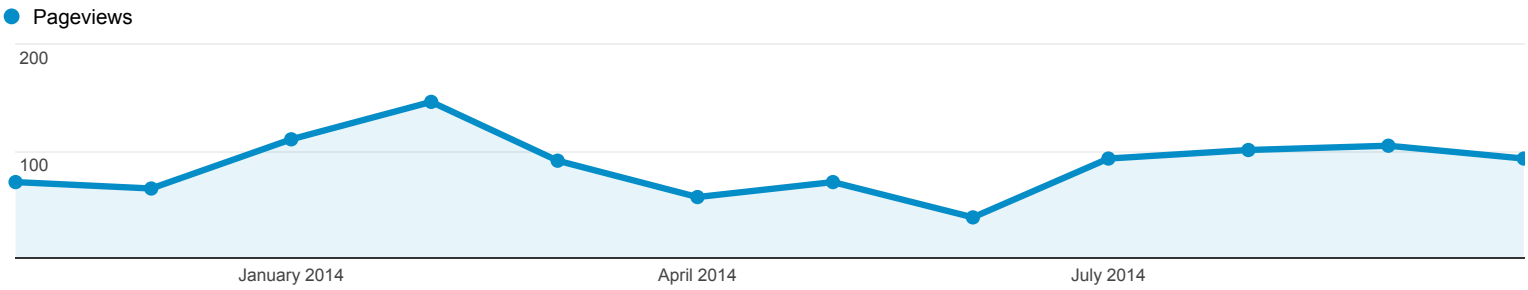

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		1,042 % of Total: 0.03% (3,782,246)	601 % of Total: 0.02% (2,570,498)	00:01:50 Site Avg: 00:01:45 (4.66%)	29.85% Site Avg: 37.23% (-19.82%)	58.82% Site Avg: 50.12% (17.36%)
1.	**201311**	71 (6.81%)	50 (8.32%)	00:02:28	42.25%	64.29%
2.	**201312**	65 (6.24%)	31 (5.16%)	00:01:54	23.08%	50.00%
3.	**201401**	111 (10.65%)	59 (9.82%)	00:02:18	30.63%	86.67%
4.	**201402**	146 (14.01%)	78 (12.98%)	00:02:10	28.08%	35.48%
5.	**201403**	91 (8.73%)	51 (8.49%)	00:02:06	30.77%	53.85%
6.	**201404**	57 (5.47%)	30 (4.99%)	00:01:47	28.07%	75.00%
7.	**201405**	71 (6.81%)	41 (6.82%)	00:01:28	35.21%	75.00%
8.	**201406**	38 (3.65%)	25 (4.16%)	00:01:19	18.42%	0.00%
9.	**201407**	93 (8.93%)	53 (8.82%)	00:01:44	26.88%	50.00%
10.	**201408**	101 (9.69%)	63 (10.48%)	00:01:56	33.66%	64.71%
11.	**201409**	105 (10.08%)	58 (9.65%)	00:01:24	23.81%	60.00%
12.	**201410**	93 (8.93%)	62 (10.32%)	00:01:03	33.33%	70.37%

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Home Health Reports

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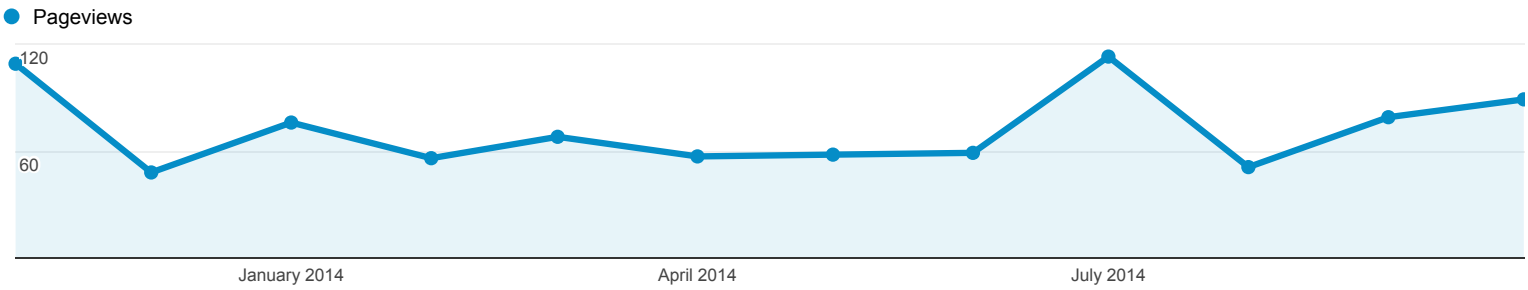

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		863 % of Total: 0.02% (3,782,246)	610 % of Total: 0.02% (2,570,498)	00:01:22 Site Avg: 00:01:45 (-22.49%)	38.93% Site Avg: 37.23% (4.59%)	67.59% Site Avg: 50.12% (34.85%)
1.	**201311**	109 (12.63%)	68 (11.15%)	00:01:42	33.03%	72.73%
2.	**201312**	48 (5.56%)	34 (5.57%)	00:00:44	31.25%	66.67%
3.	**201401**	76 (8.81%)	53 (8.69%)	00:00:57	32.89%	53.85%
4.	**201402**	56 (6.49%)	45 (7.38%)	00:01:28	42.86%	76.92%
5.	**201403**	68 (7.88%)	44 (7.21%)	00:00:50	27.94%	100.00%
6.	**201404**	57 (6.60%)	39 (6.39%)	00:01:19	35.09%	70.00%
7.	**201405**	58 (6.72%)	37 (6.07%)	00:01:21	25.86%	80.00%
8.	**201406**	59 (6.84%)	48 (7.87%)	00:01:07	32.20%	55.56%
9.	**201407**	113 (13.09%)	73 (11.97%)	00:01:21	38.94%	60.00%
10.	**201408**	51 (5.91%)	42 (6.89%)	00:01:21	52.94%	66.67%
11.	**201409**	79 (9.15%)	60 (9.84%)	00:02:31	58.23%	73.81%
12.	**201410**	89 (10.31%)	67 (10.98%)	00:01:39	51.69%	62.00%

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