



## Healthcare Quality Reporting Program

### STEERING COMMITTEE

7/21/15, 3:05-4:05pm  
Department of Health, Room 401

#### 1. Welcome & meeting objectives (3:05pm)

- Meeting chair: N. Alexander-Scott
- Program staff: E. Cooper, T. Mota, S. Viner-Brown
- Voting members in attendance: T. Almon, B. Collins, L. McDonald, J. Nyburg, P. Parker, J. Shaw (for D. Gallagher)

#### 2. Review previous action items (3:15pm)

- Send Dr. Alexander-Scott's strategic priorities with minutes (Emily) – **Complete**
- Send Nursing Home satisfaction survey report (Emily) – **Complete**
- Request hand hygiene-related deficiency information from hospitals (Emily) – **Complete**
- Send information on H 7368 with minutes (Emily) – **Complete**

#### 3. HIT Survey (3:25pm)

- *Preliminary data*

We are currently analyzing the data from the 2015 HIT Survey. This year the survey was done in two waves. The first wave was sent to primary care physicians and was combined with the annual Primary Care Survey that is administered by the Office of Primary Care and Rural Health. The second wave of the survey went to any primary care physicians who did not complete the survey in the first wave, all other physicians, and all APRNs and PAs.

The response rate for physicians, encompassing both waves of the survey, was 66% (n=2,572). This is a slight decrease ( $\approx 2\%$ ) from our response rate last year; however, this represents five more responses than were received last year.

The preliminary data show that among survey respondents 89% (n=2,290) are using HIT and 81.8% (n=1,944) are e-prescribing. Per our process, non-respondents are listed as not using HIT. Among all licensed physicians in Rhode Island, 58.8% (n=2,290) are using HIT and 52.5% (n=1,944) are e-prescribing.

The group briefly discussed e-prescribing and e-prescribing of controlled substances. Some states, such as New York, are moving towards an all-electronic system for prescriptions, including controlled substances. The merits of e-prescribing controlled substances (more secure, easier for the consumer) were also discussed.

Data reports, including the practitioner level report, summary reports and detail reports will be completed and published in September.

- *September data meeting*

We will be hosting a meeting on September 24<sup>th</sup> from 10-11am at Healthcentric Advisors to discuss the data from the 2015 HIT Survey. A save the date email will be going out this week.

#### 4. Program Discussion: Hand Hygiene Measurement (3:35pm)

- *Review of hospital deficiencies*

The program requested that all hospitals submit any deficiencies they have received from either the CDC or the Joint Commission related to hand hygiene in the past three years. One hospital had a deficiency in 2014 related to inconsistencies in following their policy, which led to nonconformity with hand hygiene compliance and appropriate glove use in the clinical areas. As part of their corrective action plan, they revised their policy and re-educated affected departments on hand hygiene compliance and appropriate glove use.

- *Next steps*

Due to the logistical and financial barriers to developing our own hand hygiene measurement program, the Steering Committee determined that the review of hand hygiene policies and practices currently being done by the CDC, the Joint Commission, and DNV provide sufficient oversight. The group discussed whether we should continue to publish our current hand hygiene report, which focuses on process measures, in light of this decision. It was decided that this report will be discontinued.

Dr. Alexander-Scott asked the group to think about ways that we could continue to monitor hand hygiene in the hospitals and ways to ensure that the hospitals continue to take this issue seriously. The group discussed developing a hand hygiene policy for hospitals that would allow this program to monitor hand hygiene and related health outcomes while not creating an undue burden on the hospitals. Dr. Alexander-Scott said that if the program comes up with a policy then she would endorse it.

Possible items to be incorporated into the policy include requiring hospitals to report if they had a significant spike in HAIs or if they received a hand hygiene related deficiency, including hand hygiene compliance rates in the annual antimicrobial survey, and outlining best practices for hand hygiene measurement. The policy could also include a plan for corrective action, such as submitting additional data to the Department of Health.

#### 5. Program Updates (3:45pm)

- *Collaboration on state inventory surveys*

We are currently surveying the Home Health agencies. Information collected through this survey will be included in the program's web-based home health search tool and the state health inventory.

- *Nursing Home Satisfaction Survey*

The group reviewed the demographic data from the 2014 survey. The survey company recently provided national comparative data for the demographic questions. In most categories our demographic data were comparable to the national data. The 2015 survey will be administered this fall. The survey company has a new base survey that we will be using this year. We will also be including the CORE-Q questions developed by the American Health Care Association (AHCA).

#### 6. Action Items

- Communicate decision about hand hygiene measurement to HAI Subcommittee (Emily)
- Work on program policy for hand hygiene with HAI SC and Steering Committee (Program staff)

**Next meeting: September 15, 2015**

**NEW Meeting Dates for 2015**

**All meetings from 3:05-4:05pm at HEALTH, Rm. 401**

September 15

November 17



Healthcare Quality Reporting Program

**STEERING COMMITTEE DATA UPDATES**

7/13/15

<b>Data Updates (Reports, Oldest to Newest by Setting)</b>	<b>Update Frequency</b>	<b>Last Updated</b>	<b>Comments</b>
<b>Home Health</b>			
• 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	
<b>Hospital</b>			
• Clinical quality measures from Medicare	Quarterly	-	Now links to Hospital Compare
• Hand hygiene processes	Annually	May 2015	Process under review
• 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	May 2015	
• <i>C. Difficile</i> incidence	Quarterly	-	Now links to Hospital Compare
• Hospital Summary Report	Quarterly	May 2015	
<b>Nursing Home</b>			
• Clinical quality measures from Medicare	Quarterly	-	Now links to Nursing Home Compare
• Resident and family satisfaction	Annually	May 2015	
• Employee influenza vaccination rates	Annually	Sept 2014	
• Nursing Home Summary Report	Monthly	July 2015	
<b>Licensed Independent Practitioners (Physicians, APRNs, PAs)</b>			
• HIT adoption	Annually	Sept 2014	2015 in progress

## Demographic and background information

Rhode Island versus National Database

The percent of respondents within different demographic categories. SHADING indicates area with the highest percentage for Rhode Island. (May not total 100% due to rounding)

### Family

For Jan 2014 to Dec 2014

Length of stay		Nat'l
Less than 1 month	0%	11%
1 to 3 months	3%	11%
3 to 6 months	7%	7%
6 months to 1 year	15%	12%
1 to 3 years	39%	31%
3 or more years	36%	29%

Reason for choosing		Nat'l
Convenient location	26%	32%
Good reputation	37%	29%
Doctor or hospital	12%	16%
Relative or friend	9%	9%
Insurance requirement	2%	3%
Other reason	14%	12%

Person visiting most		Nat'l
Spouse	13%	19%
Child	61%	54%
Brother or sister	10%	11%
Grandchild	2%	2%
Friend	4%	5%
Another person	10%	9%

Gender of resident		Nat'l
Female	75%	70%
Male	25%	30%

How often visited		Nat'l
Less than once a year	0%	1%
Once a year	1%	1%
Once every 3 months	3%	3%
Once a month or more	11%	12%
Once a week or more	49%	44%
Almost daily	36%	39%

Age of resident		Nat'l
19 or under	0%	0%
20 to 29	0%	0%
30 to 39	0%	0%
40 to 49	0%	1%
50 to 59	2%	4%
60 to 69	5%	9%
70 to 79	11%	18%
80 to 89	39%	38%
90 or older	43%	29%

Homes visited		Nat'l
None	29%	37%
Only this one	15%	16%
Two	25%	24%
Three	17%	13%
Four	8%	5%
Five or more	6%	4%

Relationship to resident		Nat'l
Spouse	11%	17%
Child	61%	56%
Brother or sister	8%	10%
Grandchild	1%	2%
Friend	2%	3%
Other relationship	15%	13%

## Demographic and background information

Rhode Island versus National Database

The percent of respondents within different demographic categories. SHADING indicates area with the highest percentage for Rhode Island. (May not total 100% due to rounding)

**Resident**

**For Jan 2014 to Dec 2014**

Length of stay		Nat'l
Less than 1 month	1%	5%
1 to 3 months	4%	11%
3 to 6 months	7%	8%
6 months to 1 year	15%	14%
1 to 3 years	38%	32%
3 or more years	34%	29%

Reason for choosing		Nat'l
Convenient location	21%	28%
Good reputation	29%	22%
Doctor or hospital	22%	21%
Relative or friend	16%	14%
Insurance requirement	1%	2%
Other reason	10%	13%

Person visiting most		Nat'l
Spouse	8%	12%
Child	54%	46%
Brother or sister	13%	14%
Grandchild	3%	3%
Friend	8%	12%
Another person	14%	13%

Gender of resident		Nat'l
Female	70%	66%
Male	30%	34%

How often visited		Nat'l
Less than once a year	1%	2%
Once a year	2%	2%
Once every 3 months	7%	6%
Once a month or more	17%	20%
Once a week or more	49%	46%
Almost daily	23%	24%

Age of resident		Nat'l
19 or under	0%	0%
20 to 29	0%	0%
30 to 39	0%	1%
40 to 49	1%	2%
50 to 59	6%	8%
60 to 69	11%	16%
70 to 79	17%	23%
80 to 89	37%	32%
90 or older	27%	17%

Homes visited		Nat'l
None	38%	44%
Only this one	29%	25%
Two	20%	20%
Three	8%	7%
Four	2%	3%
Five or more	2%	2%

Assistance with survey		Nat'l
By myself	19%	25%
With facility staff	57%	45%
With family or friend	14%	16%
With another resident	1%	1%
With another person	9%	14%