Healthcare Quality Reporting Program

STEERING COMMITTEE

1/20/16, **2:00-3:00pm**
Department of Health, Room 401

1. **Welcome & meeting objectives (2:00pm)**
   - Meeting chair: N. Alexander-Scott
   - Program staff: E. Cooper, S. Viner-Brown, T. Mota, V. Carroll
   - Voting members in attendance (4/19): G. Rocha, L. McDonald, T. Almon, V. Burke,

2. **Review previous action items (2:05pm)**
   - *Send out 2015 HIT Data to Steering Committee members* (Emily) – Complete
     Emily noted that the data are also available on the Department of Health website. The committee noted that there had been some changes to the website and some reports had become difficult to find. The reports can be found here: http://health.ri.gov/publications/bytopic.php?parm=Medical%20Records#Patients%20and%20Caregivers
   - *Send out updated Hand Hygiene Agreement* (Emily) – Complete

3. **Hand Hygiene Agreement (2:10pm)**
   - *Review draft agreement and draft cover letter*

     Emily opened the discussion by reviewing the elements of the policy, the hospital reporting requirements and what information would be publically reported. She noted that the public reporting would not reflect outcome measures, rather it would show the following:

     - if the facility's hand hygiene policy included the suggested policy elements
     - if the facility had submitted goals, while not listing those goals, and
     - if the facility had hand hygiene deficiencies, but not what those deficiencies were.

     Emily then showed the committee a draft of the 2016 Hand Hygiene Agreement Questionnaire as well as the cover letter from Dr. Alexander-Scott. She explained that normally this would be handled via an online survey system such as Survey Monkey, however, because the Hospital Acknowledgement form requires multiple signatures, she felt it would be more efficient to have a paper questionnaire, and create the reports from there.

     Dr. Alexander-Scott applauded the committee's efforts on creating the agreement and noted that the cover letter was well done. She noted that under the Public Reporting section there should be clarification that if a facility had received a deficiency, they would need to submit a mitigation plan. Additionally, she suggested that the publicly reported element should be noted on the cover letter. The committee discussed and agreed to also include the Chief Nursing Officer on the Acknowledgement sign off.

   - *Next steps*

     Emily stated that she would update the agreement and cover letter as suggested, and send out a copy for review with the minutes. The committee then discussed a launch time frame for

sending out the packet. Upon discussion, the group felt it would be best to tie in with the Clostridium difficile infection (CDI) Learning and Action Network (LAN) event scheduled for February 25th, which will provide a forum for questions and discussion of the new agreement. This event is being hosted by HARI, the Connecticut Hospital Association and Healthcentric Advisors. In light of this coordination, the goal launch date for the agreement will be February 15th, and will include a link to registration for the February 25th event.

4. **2015 Physician-facing HIT Report (2:25pm)**
   Kim Pelland, MPH
   Associate Scientist, Healthcentric Advisors
   - *2015 Physician-facing Report*

     Kim opened by explaining that she had worked with a Brown University PHD student to create this report. The student gathered physician input and worked with Kim, Emily and Dr. Rebekah Gardner to create a report that reflects Electronic Health Record (EHR) use, satisfaction and barriers among Rhode Island physicians. This report was created at the suggestion of Dr. Alexander-Scott, who felt that providing data back to the physicians should be part of the survey process.
   - *Discussion:*

     Upon review of the report the committee was surprised to see the correlation between the length of time using an EHR and the decrease in satisfaction with the EHR. The student working on the report used research and physician input to determine what information would be most interesting to physicians.

     The group asked whether a similar report would be created for APRNs and PAs. Emily noted that this would be part of a larger discussion with HIT survey stakeholders in the near future.

     The group then discussed how to help with the barriers to EHR use. Emily noted that there are multiple groups, including Healthcentric Advisors and Rhode Island Quality Institute who are currently working with physician offices to address barriers and increase EHR use.

5. **2016 HIT Survey (2:40pm)**
   - *Overview of changes to process and next steps*

     Emily explained that in considering the best way to collect, support and provide meaningful information, it would be best to administer the survey tool every other year. Due to the volume of data collected, the survey itself is a "big ask" of providers. Administering the survey every other year will reduce the burden on providers. Additionally, much of the data is not changing significantly year to year; and there is little time to work with stakeholders to take action in response to the data before the next year's survey process is begun. By moving to a biennial survey, we will have time to identify barriers and challenges that can be addressed in the 'off' years. 2016 will be an 'off' year, with the next survey to be administered in 2017. This schedule will put our survey on the same cycle as the State inventory survey, which may help us collect more accurate data. This year, we will work with our stakeholders to determine the best way to use 2015 data, as well as to identify necessary updates to the survey tool that will be used in 2017.

     Dr. Alexander-Scott stated that she is looking forward to seeing what action items are created from this process. A committee member inquired whether the State inventory data were available. Emily said that the initial report was out and the raw data would be available shortly via a new Data Use Agreement (DUA) process with the Department of Health. The report is available here: http://www.health.ri.gov/publications/reports/2015HealthInventory.pdf

6. **Open forum (2:55pm)**
   In light of the recent penalties releases by Medicare, the committee discussed whether our hospital

reports reflect the same information. Emily explained that the data for our reports come from Medicare through the Hospital Compare website, and are updated quarterly. However, there is a lag between when the data are submitted to Medicare and when they are released by Medicare. Gina confirmed that the penalties are based on the same data; however, it is a year's worth of data, rather than a quarter. Emily explained that the program uses the quarterly updates because they better reflect the improvements that hospitals have made.

7. **Action items**
   - Send out link to HIT Data on the Department of Health website (Emily)
   - Update the Hand Hygiene Agreement and cover letter and distribute with minutes (Emily)
   - Send out a link to the State Inventory report (Emily)

Next meeting: March 16, 2016

Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

ACTION REQUESTED

February 15, 2016

Dear Hospital CEOs, Chief Medical Officers, Chief Nursing Officers and Infection Preventionists,

The Healthcare Quality Reporting Program began reporting on hand hygiene process measures in 2010. Since then, hospitals across the state have made great efforts to expand their hand hygiene programs and policies. With the current national push to reduce healthcare acquired infections in hospitals, this work has become increasingly important. The Rhode Island Department of Health is committed to improving and supporting hospital hand hygiene.

Action required: Each hospital should fill out the attached agreement, including the questionnaire and acknowledgment, by close of business on **March 4, 2016**.

Ideally, your facility should complete this questionnaire as a round-table exercise involving infection prevention, medical, and infection prevention staff, to ensure that everyone is aware of the agreement. At a minimum, hospital leadership and infection prevention staff should participate.

This agreement supports the continued development and expansion and maintenance of your facility's current hand hygiene programs and policies, with a focus on:

1. **Hand hygiene policy elements.** The elements outlined in this agreement were determined by the Healthcare Quality Reporting Program to be the key elements for a strong and effective hand hygiene policy that supports infection prevention and control. Policies should also align with the National Patient Safety Goals for hand hygiene as determined by the Joint Commission; including following the guidelines of either the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO). *The program will publicly report whether a hospital's hand hygiene policy contains each of these items.*
2. **Hand hygiene program goals and outcomes.** It is important that your infection prevention programs are developing and working towards hand hygiene goals that demonstrate progressive improvement. These goals should reflect the current infection prevention landscape of your hospital, including infection rates and concurrent programs or projects. *The program will publicly report whether a hospital has submitted the required information to the hospital, which includes both the hospital's goals, and in future years, progress toward meeting those goals. Specific goals and information about hospital progress will not be publicly reported.*
3. **Hand hygiene deficiencies and plans for mitigation.** The Joint Commission and the Centers for Medicare and Medicaid Services currently provide oversight for hospital hand hygiene programs and policies. It is important that the Rhode Island Department of Health is aware of any deficiencies in these areas as they could indicate current or future health concerns. *The program will publicly report whether a hospital has submitted the required information, which includes whether the hospital has received a hand hygiene-related deficiency, and if a deficiency was received, the hospital's associated mitigation plan. Whether a hospital received a deficiency will not be publicly reported.*

Preventing infections in hospitals is a high priority both in Rhode Island and across the nation. Supporting hand hygiene in hospitals is a major component of infection prevention. Please work with your infection prevention staff to ensure that they have the support and resources they need to perform this important work.

Thank you for your continued work to keep Rhode Islanders healthy.

Sincerely,

Nicole Alexander-Scott, MD, MPH, Director of Health

DRAFT

Healthcare Quality Reporting Program

HAND HYGIENE AGREEMENT

2016

Hospital Hand Hygiene Policy Elements

All acute-care hospital hand hygiene policies should meet, at a minimum, the National Patient Safety Goals for hand hygiene as determined by the Joint Commission (NPSG.07.01.01[1]); including following the guidelines of either the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO), setting goals for improving hand hygiene and using those goals to improve hand cleaning. Further, all policies should include:

Audits

Monitoring should be done in multiple locations throughout the hospital, including perioperative services and specialty departments, should be done during more than one shift and should include different healthcare worker groups (e.g., nurses, physicians, allied health professionals)

Corrective Action Plan

Hospital hand hygiene policies should include a corrective action plan for individual non-compliance among employed and non-employed healthcare workers

Audit and Feedback

Results of audits should be shared with all healthcare workers, leadership and infection prevention staff

Education

Hand hygiene education should be required for all health care workers on hire, during initial credentialing or at assignment

Goals

Process for developing, and tracking progress towards, clearly defined goals for improving hand hygiene

Hospital Reporting Requirements

The information outlined below must be reported to the Healthcare Quality Reporting Program on an annual basis. Hospitals will be provided with a link to submit this information

[1] Joint Commission, 2015 Hospital National Patient Safety Goals. http://www.jointcommission.org/assets/1/6/2015_HAP_NPSG_ER.pdf Accessed September 30, 2015.

electronically. Hospitals are also required to submit a copy of this document, signed by their Chief Operating Officer and Chief of Medical Staff to the address provided.

Policy Elements

Hospitals are required to attest on an annual basis whether their policies contain the suggested elements. These attestations are to be made to the Healthcare Quality Reporting Program. This program maintains the right to require hospitals to submit proof of compliance in the form of up-to-date documentation of hospital policies.

Hospital Goals

On an annual basis, hospitals are required to submit documentation of their hand hygiene goal(s) and their plan for meeting their goal(s), including a targeted completion date. Hand hygiene goals should be assessed regularly and demonstrate progressive improvement. At this time hospitals will also be required to attest to whether their previously submitted goals have been met. Hospitals that have not met their stated goal(s) will be required to submit to the Healthcare Quality Reporting Program data related to the stated goal(s), possible reasons for not meeting the goal(s) and plans for meeting the stated goal(s) in the future.

Hospital Deficiencies

Hospitals are required to submit to the Healthcare Quality Reporting Program any deficiencies related to hand hygiene that they have received from either the Center for Medicare and Medicaid Services (CMS) or Joint Commission. Hospitals are also required to submit to this program any mitigation plan developed related to that deficiency.

Public Reporting

This program reserves the right to publicly report on an annual basis the following information:

- Which of the suggested policy elements are included in a hospital's hand hygiene policy
- Whether a hospital has submitted the required information about their hand hygiene goals
- Whether a hospitals has submitted the required information about their hand hygiene related deficiencies

The design of this report will be determined by the appropriate committees of the Healthcare Quality Reporting Program and will be made publically available on the Department of Health website.

2016 Hospital Questionnaire and Acknowledgement

As an acknowledgement of this document and its contents, Hospital CEOs, Hospital Chiefs of Medical Staff and Hospital Chief Nursing Officers are required to complete the following questionnaire and sign below. By signing this document the aforementioned individuals are also attesting that they have discussed this document with a representative from their hospital's Infection Prevention team and that the information provided is accurate.

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2016 Hand Hygiene Agreement Questionnaire

1a. Does your hospital's Hand Hygiene Policy contain the following elements?

Policy Element	*Yes*	*No*
Audits	☐	☐
Corrective Action Plan	☐	☐
Audit and Feedback	☐	☐
Education	☐	☐
Goals	☐	☐

1b. Does your hospital adhere to hand hygiene guidelines of the The Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO)?

☐ The Centers for Disease Control and Prevention (CDC)
☐ World Health Organization (WHO)

2a. Does your hospital have written goals for hand hygiene for 2016?

☐ Yes
☐ No

2b. If yes, please list your hospital's goals for hand hygiene for 2016, including targeted completion dates. *Fill out as many as applicable. If your hospital has additional hand hygiene goals, please include in the open response section at the end of this questionnaire.*

Goal 1: _____
_____
_____

Goal 2: _____
_____
_____

Goal 3: _____
_____
_____

3. Did your hospital receive any deficiencies related to hand hygiene from either The Joint Commission or the Centers for Medicare and Medicaid Services (CMS) during your most recent survey?

☐ Yes
☐ No

If yes, please attach the associated mitigation plans as submitted to the organization that found the deficiency.

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2016 Hospital Acknowledgment

I, _____, as **Chief Executive Officer** for
(Please print name)

_____ acknowledge the above requirements and agree
(Please print hospital name)

to support my facility's Infection Prevention team, staff and healthcare workers in meeting these requirements.

_____ _____
Signature Date

I, _____, as **Chief of Medical Staff** for
(Please print name)

_____ acknowledge the above requirements and agree
(Please print hospital name)

to support my facility's Infection Prevention team, staff and healthcare workers in meeting these requirements.

_____ _____
Signature Date

I, _____, as **Chief Nursing Officer** for
(Please print name)

_____ acknowledge the above requirements and agree
(Please print hospital name)

to support my facility's Infection Prevention team, staff and healthcare workers in meeting these requirements.

_____ _____
Signature Date

Please sign this document and return to:

Rhode Island Department of Health
Center for Health Data and Analysis
c/o Samara Viner-Brown
3 Capitol Hill
Providence, RI 02908

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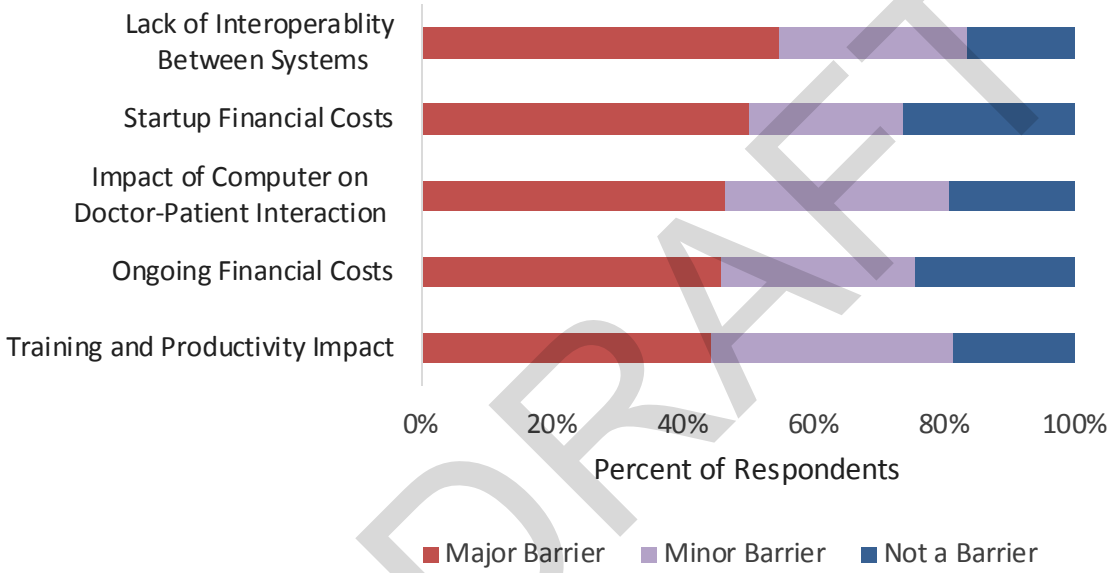
2015 Rhode Island Health Information Technology Survey

Report for Physicians

In early 2015, the Rhode Island Department of Health administered the Health Information Technology (HIT) Survey to all 3,898 physicians licensed in Rhode Island, in active practice, and located in Rhode Island, Connecticut, or Massachusetts. The response rate was 66% (n=2,572). The purpose of this report is to provide physicians with a summary of key findings.

What are the Barriers to Electronic Health Record (EHR) Implementation?

Figure 1: Physicians report the top barriers to EHR Implementation include lack of interoperability, cost, impact on patient-physician interaction, and training



"Slow, with antiquated interface. Lack of interoperability and cost are enormous barriers…."

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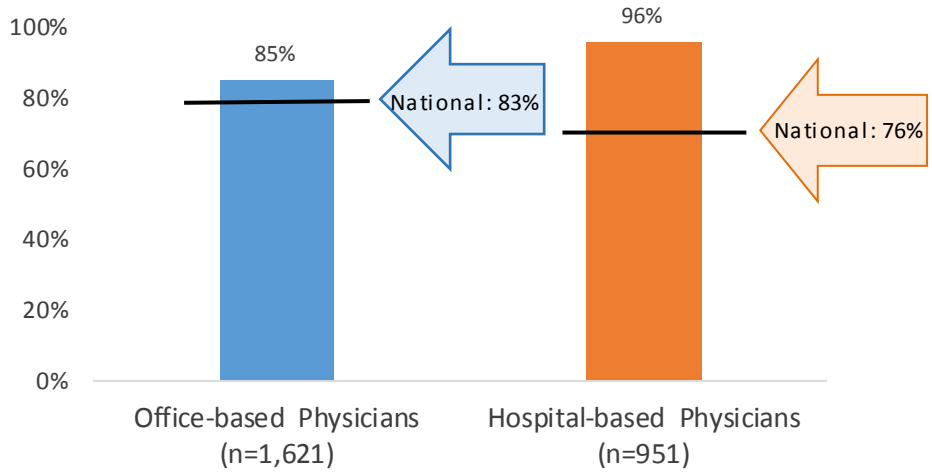
Overall EHR Use by Setting

Figure 2: Despite these barriers, both office- and hospital-based physicians in RI report high rates of EHR use compared to national benchmarks

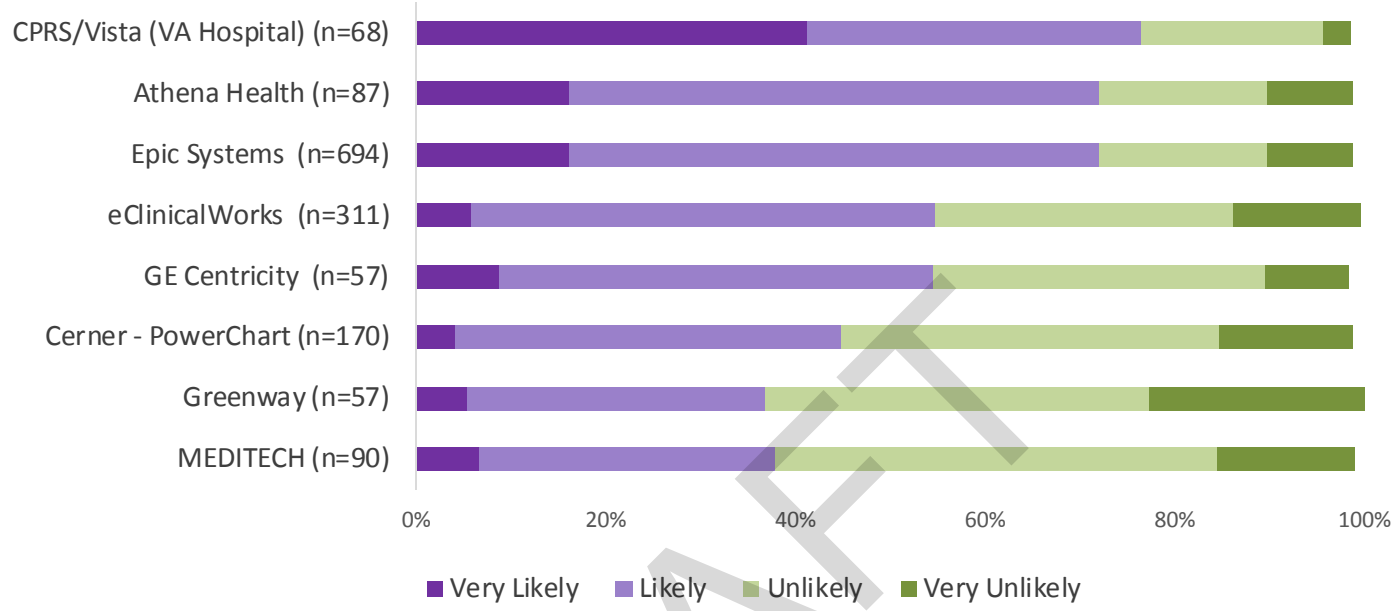


"The EHR makes retrieval of patient data more efficient, which is the main benefit."

All benchmarks used in this report were obtained from: DHHS. Health IT Dashboard http://dashboard.healthit.gov/
Note: An EHR was defined as "an integrated electronic clinical information system that tracks patient health data"

How likely are Rhode Island Physicians to Recommend Their EHR?

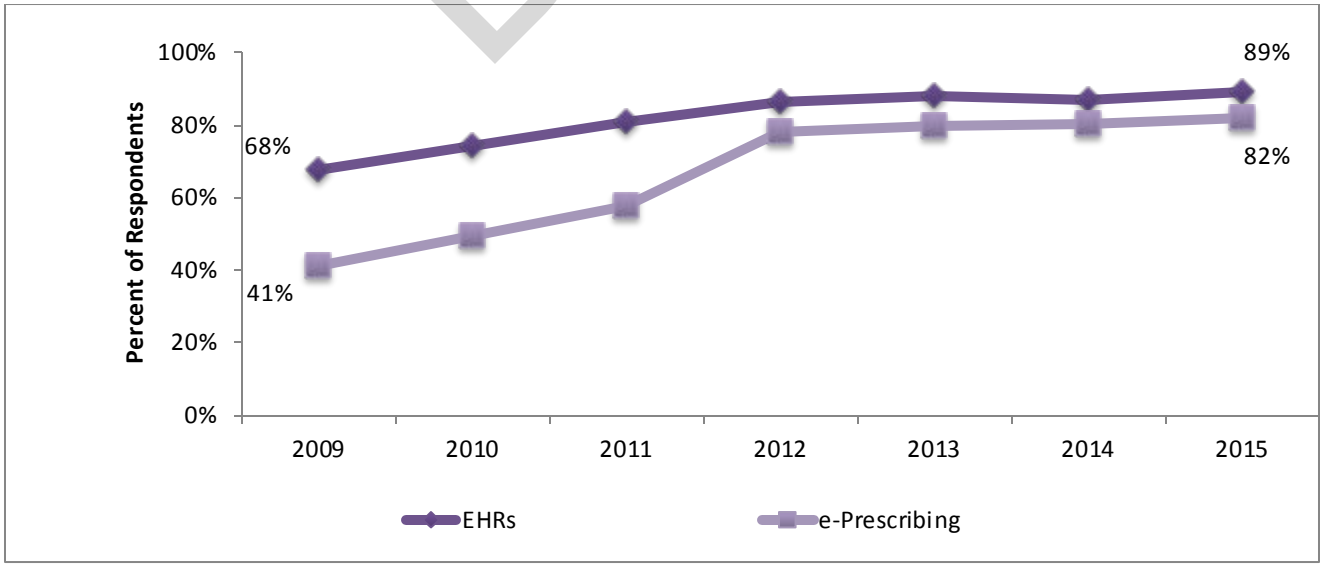
Figure 3: Among the most commonly used EHR vendors (with 55 or more reported users), physicians are most likely to recommend CPRS/Vista (VA), Athena Health, and Epic



Although not one of the most frequently used EHR vendors, Amazing Charts (developed in RI), received the highest ratings, recommended by 83% (29 of 35) of users.

EHR Use and E-Prescribing are Increasing Over Time

Figure 4: Trends among office- and hospital-based physicians from 2009 through 2015



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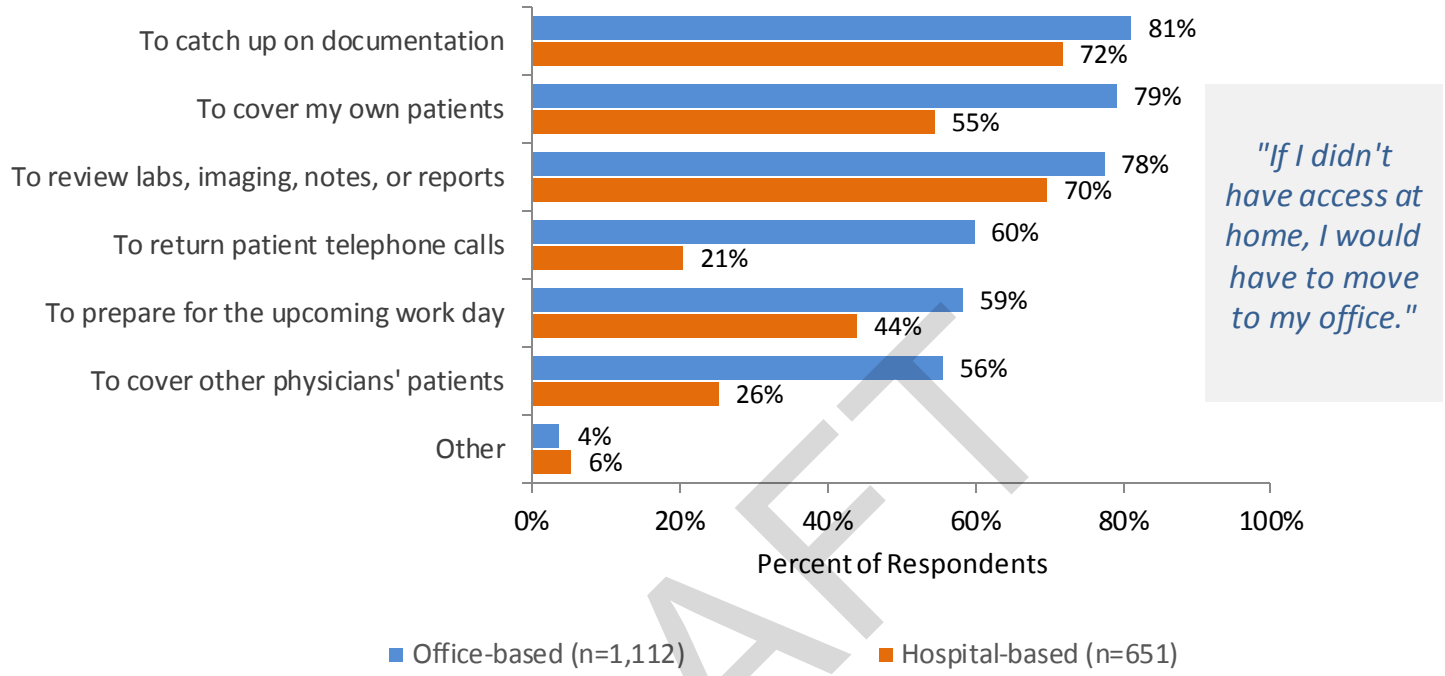
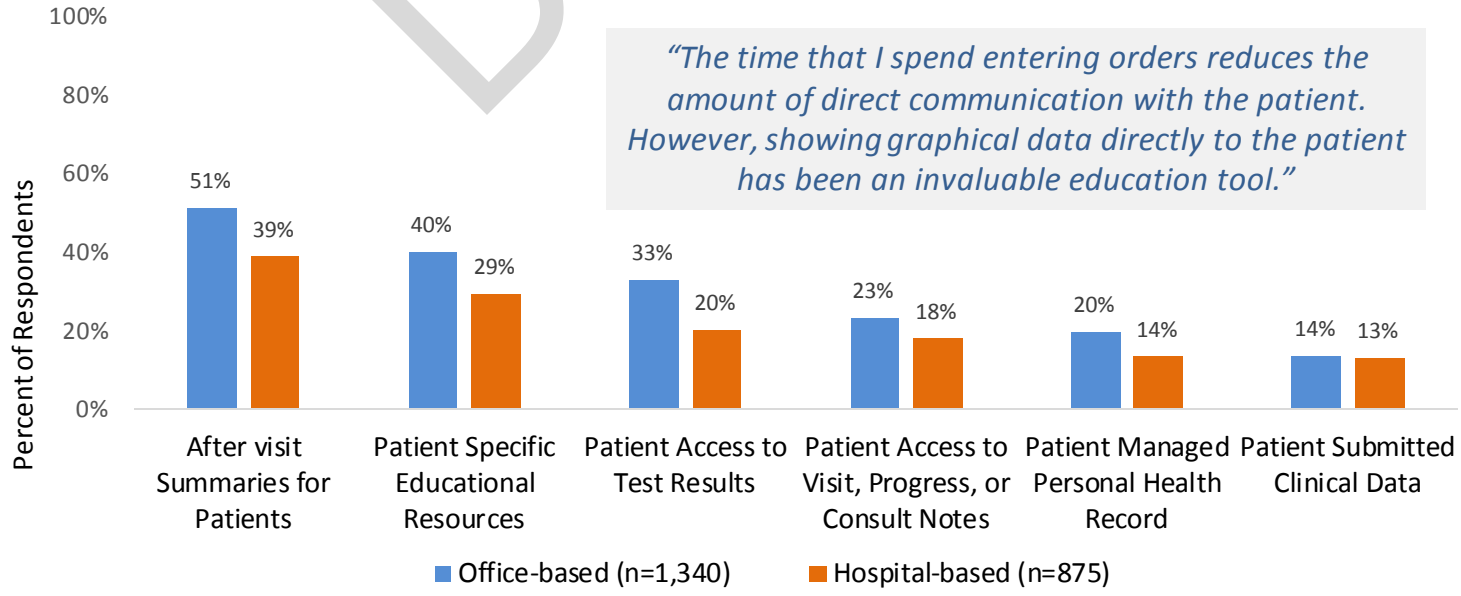
Most Rhode Island Physicians Use Their EHR Away from Their Usual Work Site

Figure 5: Approximately 82% of office-based and 72% of hospital-based physicians with an EHR reported using it outside of their usual practice location, most commonly for documentation



Office-based Physicians are More Likely than Hospital-based to Use EHRs to Engage Patients

Figure 6: The most common patient engagement activities are providing after visit summaries and producing personalized educational materials



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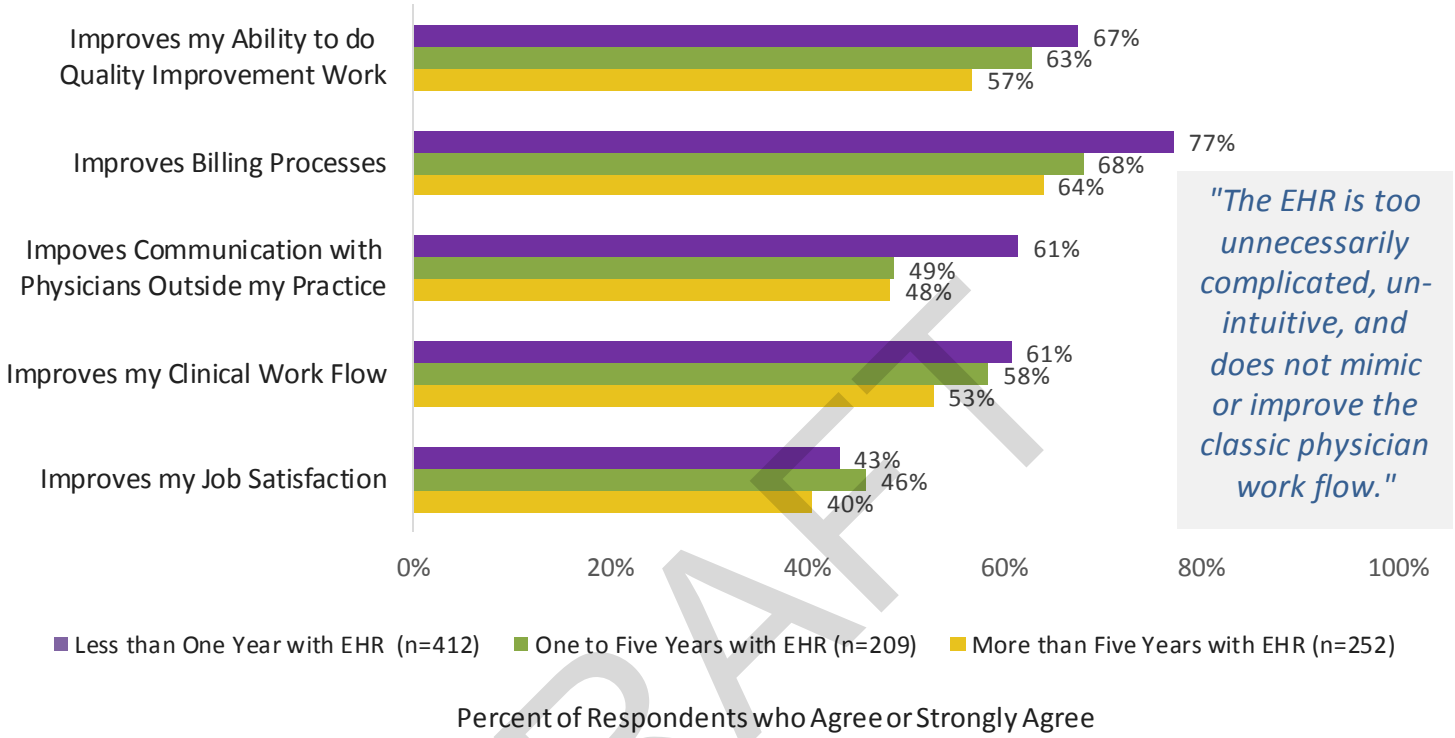
Satisfaction with EHRs Decreases, As Years of Use Increases

Figure 7: The longer physicians have been using their EHR, the less satisfied they are; many reported their EHR does not improve any aspect of their job and could not identify any added value from their EHR



"The EHR is too unnecessarily complicated, un-intuitive, and does not mimic or improve the classic physician work flow."

"I am so distracted by the computer, and clicking boxes that it takes away from my ability to interact with patients. I also spend far more time documenting, and doing simple review of data."

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How is the Information from the RI HIT Survey Used?

The survey minimizes the data collection burden for physicians by consolidating all Rhode Island stakeholder and state agency HIT data needs into a single survey instrument.

The findings provide the Department of Health and other state agencies with details about the use of HIT in Rhode Island, and may be used to direct resources, guide policy and inform publicly reported measures.

More Information About This Report

We appreciate the time that RI physicians take to complete this survey. Information about the survey and detailed information regarding the calculation of each measure is available at: Healthcare Quality Reporting Program

We welcome any feedback or question regarding this report. Please send all comments and inquiries to: Samara.VinerBrown@health.ri.gov.