Official Minutes
Texas Department of State Health Services (DSHS)
Health Care-Associated Infections (HAI) and
Preventable Adverse Events (PAE) Advisory Panel Meeting
December 16, 2011, 10:00am
Room T607

Panelists attending meeting:
Edward Septimus, Jane Siegel, Edward Sherwood, Charlotte Wheeler, Patricia Grant, Susan Mellott, John James, Bruce Burns, Mary L. Smith, Gary Heseltine, Patricia Montague
Telephone attendance: Elizabeth Curnow, Pamela Warner

Meeting called to order at 10:00am and introductions for attendees in meeting room-Chairperson Jane Siegel led the meeting.

> Announcement: Linda Billings has resigned from Panel listing recent travel reimbursement restrictions for Panel members as the cause.

> August 26, 2011 meeting minutes were approved as written (on file).

Presentation: Update of HAI Implementation and Rule Amendment-Ron Gernsbacher

263 facilities have granted rights to DSHS for HAI data. We are now working with the facilities to ensure contact information and granting rights to DSHS. One-half of the facilities have granted rights to DSHS for the data with the upcoming deadline of 1/1/2012.

The rules to accommodate Senate Bill (SB) 7, Chapter 98 are in process. They went to legal counsel in early December and were approved for publication. They are currently at Health and Human Services Commission (HHSC) for review and approval, then will be posted in the Texas Register for 30 days. The only changes will be to mirror SB 7, unless there are public comments. The rules will align with SB 7 for using the National Healthcare Safety Network (NHSN) and the removal of the "rule of 50." Some facilities are already reporting and Jennifer Vinyard and Jessica Presley are reviewing this information.

- For the future, with the deletion of the rule of 50, this may remove some Ambulatory Surgical Centers (ASCs) from reporting. We will be mainly looking at in-patient reporting. All facilities will report even if they do one procedure for that reporting period. The number of enrolled Texas facilities is 423 (in NHSN), with 19 ASCs. The next reporting phase will be January 1

- Starting January 2012, facilities will be reporting hip prosthesis, coronary artery bypass grafts on adults and cardiac surgery and heart transplants on kids, a reminder to facilities will be sent out about this.

- Ensuring the facilities enrollment and reporting is a matter of checking to see if the listed facilities are reporting.

ASCs have been given a year reprieve from NHSN reporting by the Centers for Medicare and Medicaid Services (CMS).

**The data validation sampling strategy presentation was delayed because presenter had gone to email the presentation to telephone-conferencing meeting attendees.

Presentation: Assessment of Impact of *C. difficile* on Hospitalized Patients in Texas, 2000-2009-Thomas Miller (on file)

EIA database to Polymerase Chain Reaction (PCR) database; two-step procedures using GDH (glutamate dehydrogenase), used for all gdh test positive.

Individual probably on antibiotics, help with clinical transmission. Great to get the idea of the burden to the state in terms of health, resources and funding. Some of the C. d*ifficile* may not be preventable. Many should not have been on antibiotics in the first place.

Presentation: Data Validation Sampling Strategy-Charles Huber and Ryan Hollingsworth (on file)

Cannot track readmissions as it does not track patients over time, only procedure/infection. Even using primary and secondary procedure codes to link readmission is very challenging.

The Global Institute for the Healthcare Improvement (IHI) Trigger Tool for Measuring Adverse Events might be of some help.

Validation and auditing takes considerable resources for the facility and the state. Auditing will not uncover the true nuances of infections, false positives,

<u>**Discussion:**</u>

Initially, the Advisory Panel recommended that we would only report deep and organ space SSIs, but there is no way to report these SSIs separately from superficial SSIs without excluding ASCs. NHSN is set up with 3 classifications, admission, post discharge (includes readmission to a different facility and also post-discharge letters). The standardized infection ratio (SIR) can be calculated using all data or can be calculated using a subset of the data (deemed most complex by NHSN), however the complex SIR calculation does not include outpatient procedures NOR does it include

SSIs detected post-discharge. SSIs reported to ASCs will always be post-discharge and will always be outpatient and therefore will never have complex SIR calculated. Because we want to report the ASC SIR data to the public, we must report all SSIs, including superficial ones. This was discussed before we knew more about NHSN limitations.

There is no way to tease out this kind of data from the NHSN reports and facilities know this. DSHS should only count infections if severe and requiring hospitalization, but as we learned more about NHSN, NHSN tracks if the patient was readmitted to the same facility, the definition also includes those readmitted to another facility. None of the ACSs would count on the public site.

The expectation for reporting in NHSN is for a post discharge reporting to be performed.

Facilities will have the opportunity to make comments regarding their data. They could put a comment on their data to indicate that they perform post-discharge surveillance and therefore may have higher SIRs than other facilities that are performing less rigorous post-discharge surveillance.

This was presented as this is what NHSN forces us to do, and we have to include ASCs, as it is the law.

NHSN is changing the way they are doing things. They have said they will add a new detection category for admission to another facility, but am not sure if this will solve our problem. We will just have to wait and see when the change does come about. There will be a major revision of definitions. We used ARRA funds to see how many records to look at, but to be confident of true infection rates will have to look at too many records, DSHS does not have the resources. The way to inform leadership that additional resources are needed to audit and validate data is to inform them we will need more resources to do the methodology on how to validate and the number of charts per day—resources to do process. In the next couple of months DSHS will be looking at exceptional items to put forth as possible resource needs to the Department. We will also be looking at the PAE reporting system which is tentatively scheduled to begin mid-2014.

Both resources for validation activities and PAE reporting will be addressed as a patient safety component for the exceptional item next Legislative session.
We should not start out behind, why not get the funding allocated to start from the start and be proactive?

NHSN will supply the data so we will have a cohort that we can target to look at charts to see if they have infections, how many true infections we will find that are false negatives. To utilize resources effectively, some facilities that do more procedures and have entered many procedures without infections, will find false negatives.

Visits to hospital IPs by the auditor is very helpful to clarify nuances as opposed to annual training and is one of the purposes behind the audit. Validation of just a small

percentage of charts at each of the 600 reporting facilities would require the review of too many records.

Need to wait for NHSN data to determine this, to be transparent, not an audit, and the education process to ensure that everyone understands the reporting process.
Looking at low and high SIRS may determine who DSHS may choose to review/audit initially.

Keep in mind the patient; they want something they can trust. The public will see the SIR and a written interpretation that is based on the p-value that determines statistical significance. The panel is requesting that DSHS staff try to arrive at the number of staff needed to do these things. As reported earlier, going forward with an exceptional item, we are making plans to use current staff as well as additional staff if we get an exceptional item to help fund this.

Since using NHSN and removing the rule of 50 is the only change, Senate Bill 288 SSI post discharge surveillance has not been defined by the rule, but in the legislation that has been put into Chapter 98.

Does the legislature say we have to report superficial and deep organ space SSIs? NHSN does report these things, nothing prohibits us from saying in the law we will not report superficial and deep organ space infections.

Do ASCs even have deep or organ SSIs? It comes down to how the SIRs are calculated. You cannot tease out superficial from deep/organ space infections in NHSN without losing ASC data. If NHSN comes out with the new detection category we might be able fix to the problem, but we will not know if this will solve our problem until NHSN rolls it out.

If we want to look at SIR data, we will have to wait for at least 6 months of data for the SIR to be calculated. For implant operations, they can present up to a year after the procedure was performed.

Presentation: PAE and HAC (Subcommittee Report), Gary Heseltine and Becky Heinsohn (on file)

Timetables for PAE production were reviewed.

Presentation: Auditing Facility HAI Surveillance Data, Gary Heseltine

Presentation Comments/Questions:

Please explain the time tables.-Susan Mellott

These are military standards and how are used in industry, explained take letter to 2nd table, quality and match to sample level to decide what to accept, what to reject.

Like the approach, if internal at the facility and only 1 person, it works well with at least 2 auditors.

Yes, audit throughout the year.

Presentation: Preventable Adverse Events, Susan Mellott and John James

White paper presented and discussed

The priority might be to first develop a document to present to the staff downtown (legislature), this would be the White Paper.

Presentation: Gary Heseltine—PAE and the Department update:

The PAE budget is in three pools of funding:

> 1-intervention for PAEs $264,000
> $564,000 for quality assurance
> $1.7 million for adverse events and reporting system

We are lumping some of these, and some of the HAI salaries will be coming out of the $1.7 million budget due to some other changes.

Timeline:
- Reporting rules to Council November 2012, development of the reporting system 2014
- QA staff by June of next year, 2 teams Dallas and Houston
- 2 2-day ASC August trainings
- Validation by August 31st
- Interventions by next year via contractor and before June
- Reporting April 1, 2012 with 6 new staff: 3 IT and 3 IDCU to get it all running
- Paul is developing a system for reporting from nothing and it will take some time
- A White Paper can help with some direction for Gary related to Advisory Panel ideas and support.

Presentation: Health Quality Institute of the Texas Medical Foundation (on file)— Becky Heinsohn

> Presentation Comments/Questions:

Need to look at adult immunizations, the risk of pertussis in infants, pregnant women issues, and those over the age of 65. Most global measures of health don't include these.

There seems to be, still a lot of work to do on childhood immunizations.

Presentation: The Texas Hospital Association Foundation Collaborative (on file) – Mitzi Ressmann

<u>Presentation Comments/Questions:</u>

THA has enrolled 485 + 100 plus acute, psychiatric, ASCs, which includes pediatric. The Partnerships for Patients contract has been awarded to THAF and they have a content developer coming in February and March.

Presentation: HAI Reporting System Demonstration (on file)
--TXHSN-Jennifer Vinyard and Jessica Presley:

<u>Presentation Comments/Questions:</u>

- o Michelle (Consilience), Jennifer and Jessica are currently working on this
- o Hand out for Texas healthcare safety network showed timeline for reporting and listed the errors that appear on the Facility Errors Report.
- o 4 different time periods
    - 1st quarter (Jan – Mar)
    - 1st half of the year (Jan – June)
    - 3rd quarter (July – Sept)
    - 2nd half of the year (July – Dec)
- o Went over TxHSN system and operations
    - Q1 data will be pulled June 1st.
    - Mid-June, DSHS will send out an email to facility contacts to notify them that their facility errors report is available for view in TxHSN.
    - They will log into the system to run Facility Errors Report. They will only have access to their own facility information – cannot view other facility's information. They can then correct any errors in NHSN.
    - Can update general contact information within the system. If new contact, need to notify DSHS so we can assign new username/password.
    - For the first half of the year's data, we will pull this from NHSN by Sept 1. We will send out emails to the facility contacts again to remind them to review the Facility Errors Report and make corrections in NHSN.
    - Then we will pull the final set of data from NHSN and send emails to facilities to let them know their Data Display Preview is available for review and comment.
    - After comments are submitted, final report will be posted on public website. The first report will be available Dec 1, 2012 for data from the 1st half of the year (2012).

- **Discussion:**

Panel discussed "appropriate comments." What would be an appropriate comment?

DSHS does not have any guidance on what comments a facility should write. This is up to the facilities and we do not know what to anticipate. A facility could write that they perform post d/c surveillance, as we discussed before. We only provide rules for what the comments cannot contain.

If your comment is rejected it will be for one of five reasons. Only a handful of things to worry about on the site, the facility errors report should be helpful.

Regarding the letters that came back from the CEO, we received 526 letters back that included the names of the people doing the reporting. DSHS will use email and phone calls to contact ones having difficulty returning the reporting forms.

We cannot have wireless access for visitors in any of the HHS Enterprise buildings.

Action Items

- o A list of suggested agenda items (based upon her notes) will be sent out.-Jane Siegel
- o Susan Mellott and John James will continue with their research and planning for PAEs.
- o Check into the feasibility of having lunches brought in for the meeting to facilitate a working lunch.-Ron Gernsbacher
- o By next meeting the first set of preliminary reporting data should be available for the panel to review.-Jennifer Vinyard and Jessica Presley
- o Pilot studies will have been tested and available.-Marilyn Felkner
- o Final report for the THA Prevention Collaborative will be available.-Wes Hodgson
- o Finalization and approval of December 16 meeting minutes.

Agenda Items and date of next meeting
- The meeting should be sometime in March when some reporting is available. Maybe in April.
- **Adjournment:** 3:30pm