

**Minutes**  
**Texas Department of State Health Services (DSHS)**  
**Healthcare-Associated Infections (HAI) and**  
**Preventable Adverse Events (PAE) Advisory Panel Meeting**  
**August 23, 2013, 10:00am**  
**Brown Healy Room 1410**

**Panelists attending:** Jane Siegel, Gary Heseltine, Sue Sebazco, Charlotte Wheeler, Darlene S Adams, John James, Bruce Burns, Mary Smith, Judith Prescott, Jim Donovan.

**Telephone attendance:** N/A

Chairperson Jane Siegel led the meeting

Meeting was called to order at 10:00 AM and attendees made introductions.

April 5<sup>th</sup>, 2013 meeting minutes were approved as written (on file).

**Review of April 5, 2013 meeting minutes:**

A rewording of children's hospitals and adult general hospitals was considered. A change from SSI to HAI should be made in the first paragraph of the "Legislative Update." Paragraph three under "Data review process" has a typo within the word "actually." These edits to the minutes were accepted by the panel.

**HAI Reporting Data Summary and Review Report:**

Discussions were held regarding on the HAI Data Summary from the 2012 report. It was found that HAIs in Texas are on average, significantly lower than the national experience according to 2006 base line data used by NHSN. When this base-line data is readjusted in the future by NHSN, some facilities will likely appear above the national average. The difficulty of using a bench mark that changes (a moving target) was noted. The methodology used in the report and compliance by facilities was discussed. The charts and tables throughout the report were explained and critiqued.

A request was made for a report on CRE (carbapenem resistant *Enterobacteriaceae*) and *Pseudomonas*; particularly any trends and clusters found to be important. Voluntary reporting for CRE. *E. coli* and CRE-*Klebsiella* species will begin September 1, 2013. This is expected to improve data. Current CRE data is limited to HAIs reported through NHSN.

Suggestions were made regarding how to make this report a living document, or, how it will be used and implemented at the facility level. Discussion focused on a need to communicate the

report with hospital epidemiologists, consumers, and local health departments. A webinar series could be directed at varied audiences. Calling a state wide or regional meeting to communicate the report was also considered. There was further discussion concerning how consumers might use the document.

Discussion of the report was concluded with remarks of good work and expectation for updates.

### **Texas NHH Data Summary for January- June 2013:**

The panel reviewed the preliminary work with 2013 data. A chart depicting procedure type compared to the national experience was reviewed and commented on. It was suggested that the data illustrations include a foot note explaining the base line data used was from 2006. Next, a consideration of reformatting the data with a monthly breakdown was made.

### **Update on Auditing of Texas Facilities for Health Care-Associated Infections (HAI)**

The advisory panel was briefed on the progress of auditing initiatives.

The use of internal or self-audits to assess surveillance system performance was discussed. Facilities that find their surveillance system is not performing well might call the health department for assistance. The auditing focused on hospitals with significantly higher SIRs and only looked at reported events. The current process does not attempt to find missed cases. This would be addressed if CDC methodology (toolkit) was used.

An illustration of the process and its positive orchestration and thoroughness was made.

It was reported that there seemed a good understanding of definitions, but in the interpretation, ambiguities arise. Further discussion concerned how facilities provide validation as well as how well post-discharge surveillance is working. Additionally, comments were made towards staff competency and how the auditor was received.

Finally, the presenter highlighted novel methods for HAI reduction that were implemented as a result of the site visits.

### **HCAHPS Fact Sheet**

An update on changes to the web page was made. The implementation of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems )was clarified,.

DSHS provided a handout summarizing the hits and activity on the public website. Comments were made on the likelihood that visits were disproportionately from facilities not consumers and may also be attributed to media traffic. The spike in hits on June 18<sup>th</sup> was considered as a result of email reminders to TxHSN facility users. A press release to address the limited outreach to consumers was proposed as well as a website notification which will include some 4,000 update subscribers.

The obstacles to a press release were deliberated. A need for an internal conversation with the communications department to consider capabilities was discussed. Support for the new report to be publicized was unanimous. Considerations for the press release included a need to be widely distributed past established contacts and directed at newspapers, television networks, and social media.

A press release was added as an item of importance to the agenda and suggestions for a brief by the media department at the next meeting were considered.

### **Comprehensive List of Preventable Adverse Events (PAE) for Texas Reporting, as of 2013**

The panel was briefed on a handout reviewing the Comprehensive List of Preventable Adverse Events (PAE) for Texas Reporting, as of 2013.

Regarding data collection, the question of what denominator should be used for the data was raised. It was concluded that NDNQI (National Database on Nursing Quality Indicators) and QNet should be reviewed for determination of denominators.

Next, the question of how to display the data in a fair and meaningful way was considered. It was concluded that rates for some events, such as falls, should utilize patient days as the denominator. Suggestions to consider the population served and risk adjustments were discussed. The limitations and issues of coded data were noted. The incremental implementation process was explained, as well as a need to develop a system that is versatile to handle changes.

*Break for Lunch*

### **Funded *Clostridium difficile* Initiative**

The panel restarted with discussion of the funding for the *C. diff* initiative to implement a prevention collaborative and education that will reduce *C. diff* across the state. There is a specific focus on Medicaid patients. DSHS proposes to contract out the education and collaborative programs. It was determined that part of the requirements for the collaborative be to access and analyze existing *C. diff* data from NHSN.

The programs timeline will be two fiscal years beginning September 1<sup>st</sup>.

### **Update on Rules, Changes, and Amendments**

The panel considered updates pertinent to HAI/PAE.

CRE reporting added as a notifiable condition. Case definitions will follow the NHSN MDRO protocol. Demographic and epidemiologic data will be collected. A post- panel meeting was planned to discuss CRE reporting.

The panel discussed changes to the legislation, which requires reporting of deaths that were attributed to HAIs during patient's stay.

### **Education Updates**

The advisory panel was briefed on multi-drug resistant organism education efforts made in The Valley. There are plans to duplicate these efforts in the Beaumont, Corpus Christi, and Dallas areas and to spread from acute care hospitals to long term care facilities and other facilities.

The brief continued to cover two conferences held with TSICP. These were designed for beginners, but brought in a variable crowd.

The panel considered the inclusion of an FAQ and updated definitions in webinars.

### **Action Items**

1. Have an update on the IP Study
2. Notification of hospitals and epidemiologists on 2012 report and suggestions about sharing the information
3. Draft a letter requesting a press release
4. Look in to the NDNQI and QNet
5. Report on clusters of infections from HAI reporting
6. C diff update
7. Develop a list of names of everyone on the panel as well as where they are from and what they do as well as a means to know who is doing what
8. Schedule next meeting
9. Discuss individual facility secure electronic reporting

Adjournment: 1:51pm