

**Health Care-Associated Infections (HAI)/Preventable  
Adverse Event (PAE) Advisory Panel Meeting Minutes  
August 26, 2011**

Panel members in attendance: Jane Siegel, Patti Grant, Mary Smith, Gary Heseltine, John James, Charlotte Wheeler, Ed Septimus, Patricia Montague, John James, Linda Carswell, Marilyn Christian, and Susan Mellott.

Call to order: Jane Siegel

Minutes from 4/29/2011 meeting approved with two suggestions:

Spell out acronyms

At end of document, include a list of action items (prospectively)

Introductions were made for all present in meeting room

Discussion of panel membership and selection of new member:

Retirement of Gail Van Zyl from the panel was announced.

Jane Siegel expressed her appreciation to Gail Van Zyl for her service to the panel.

Panel Member Replacement: the panel membership selection committee will utilize applications from the last round of candidates for this category.

The Selection Committee consists of one panel member (Darryl Jordan) and Department of State Health Services (DSHS) staff. DSHS Commissioner approves all panel recommendations.

Within the next 2 weeks, the selection committee will review the applications, and discuss them utilizing a scoring grid. After that, recommendations will be sent to the commissioner of DSHS. Within 4-6 weeks, the selection committee will receive feedback from the commissioner regarding the chosen candidate(s). DSHS staff will then contact the individual to see if they are still interested in serving on the panel. If so, the appointment to the panel will be made via DSHS notification.

Ron Gernsbacher further discussed the DSHS process for the selection and placement of panelists.

Jane and numerous members of the panel expressed their desire that reportable HAIs in Texas be consistent with the reportable HAIs of the Centers for Medicare and Medicaid Services (CMS), similar to the letter of request from the Houston Chapter of the Association of Professionals in Infection Control (APIC) authored by Margaret Price.

Ron Gernsbacher and Jeff Taylor discussed the rulemaking process: drafting and finalizing rules within the State system is a long process. No matter what changes are made, they would take approximately 9 months to finalize. Immediate changes to the rules are not possible.

As of January 2012, 5 HAIs will be required to be reported in Texas. Charlotte Wheeler expressed concern there might be some issues related to this increased burden. The CMS

requirement of reporting certain procedures and outcomes will be a burden on medical staff, however, value-based purchasing is here to stay.

Patricia Grant: in our rules is it possible to put “follow the CMS reporting requirements?” The problem is the timing of the rollout. Is it possible to align the required HAI reports by reference?

Jeff Taylor: Texas would only gain 6 months of time if we change the rules now to align with CMS. Over the next 16 months, all 10 Texas reportable HAIs will be rolled out.

Gary Heseltine: reminded panel members that the eventual rollout of PAE reporting will only make things more complicated.

Jane Siegel, **ACTION ITEM**, draft a response letter to the Houston Chapter of APIC. Dr. Siegel will draft a response.

Elizabeth Curnow: We should possibly send a letter to hospital administrators to explain all of this.

Jane: We should add a part discussing the additional reporting. Can we add this on to the current Chief Executive Officer (CEO) letter?

DSHS staff explained the DSHS letter process: the commissioner CEO notification letters have already been finalized and were prepared to be delivered. To change them at this point would mean starting back at the beginning of the approval process.

Neil Pascoe, DSHS, discussed with Cameron Krier of the Texas Hospital Association (THA) the possibility of getting out additional information to providers: THA has a weekly letter, perhaps THA can help with an explanation.

Ms. Krier related that THA believes that practitioners are confused.

Jane: Can APIC send out information?

Perhaps we could send out a comparison between CMS and Texas reporting so we can help with the message. (This comparison has been posted to [www.haitexas.org](http://www.haitexas.org))

Neil: the DSHS HAI website has had 3000 plus requests to be notified on changes to HAI website information as it occurs. It seems apparent that hospitals and practitioners are trying to stay informed.

Nick: Gave a legislative update regarding SB 7, Article 6. It designates the National Healthcare Safety Network as the official reporting mechanism in Texas, removes the rule of 50 procedures, and made some other minor changes. It passed in the special session.

Gary: CMS tracking influenza and will have immunization tracking systems in hospitals by September 2012.

Texas A&M staff presented Data/Audit Validation process. This project reviewed and documented other states’ audit processes.

Dr. Hubert: Texas Hospital Discharge Data- Central Line Associated Blood Stream Infections (CLABSI) are coded by clinical diagnosis by physicians and are not comparable to NHSN coding of CLABSIs. It is difficult to get hospital blood culture data to compare to what was reported. He estimates we would need 16 auditors for 100 percent review of CLABSIs.

In the future NHSN data will be used for estimates, but will not be validated until 2013. However, facilities do not hold their data for extended periods.

Next steps: Look at Surgical Site Infections (knee surgeries and associated infections) using discharge data unless other methodologies are identified.

Dr. Septimus: Massachusetts looks at prescribed medicine within 30 days post-op.

Dr. Miller: looking at *Clostridium difficile* (C. diff.) incidence, prevalence, and cost. There are 3 million discharges per year with C. diff. in the United States. Texas trends mirror the national picture.

Future studies will look at length of stays, length and type of antibiotic use, transmission factors, environmental risks, and primary versus discharge diagnosis.

PAE Sub-Committee: question came up as to what PAEs were to be collected and reported. According to the current law (Health and Safety Code Chapter 98) PAEs would include the National Quality Forum's 29 "Never Events" and Hospital Acquired Conditions as defined by CMS. PAE Sub-committee wants to make sure that the department uses quality indicators so consumers can make meaningful choices.

Question came up if the Centers for Disease Control and Prevention was developing something analogous to standardized infection ratios for PAEs as used with HAIs. There is a need for risk-adjusted rates/ratios to compare facilities.

Action Items:

- Jane Siegel, draft a response letter to the Houston Chapter of APIC
- Plan on how to advertise HAI web site
- Rule amendment update
- PAE Sub-committee update
- Data display and reporting application (MAVEN)