

# Health Care Associated Infections Advisory Panel (HAI) Update

Infectious Disease Epidemiology Workgroup

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# Outline

- **SB 288 Public Reporting of HAI**
  - Where are we and where are we going in Texas?
    - Guidance and direction still being considered by Advisory Panel
- **Changing practices – adopting protocols**
  - Changes will undoubtedly occur for reporting of infections in hospitals and other facilities; publication of data

# History

- 79<sup>th</sup> Legislature required Advisory Panel to be convened and report back on whether HAI reporting should be mandatory SB 872 (2005)
- Report by Panel made in 2006 to 2007 legislature that HAI reporting should be mandatory
- SB 288 passed in 2007, mandating the reporting by hospitals for certain HAI sites
- Second Advisory panel began meeting in Feb. 2008

# SB 288 Mandatory Public Reporting of Healthcare-associated Infections

80<sup>th</sup> Regular Legislative Session 2007

- Hospitals, Ambulatory Surgical Centers (ASCs) to report specific HAIs to DSHS using CDC case definitions
- Must begin no later than 6/1/08 (date not met)
- Minimum once per year, maximum each quarter
- Must contain sufficient patient ID data
  - avoid duplication
  - verify accuracy and completeness
  - allow for risk adjustment
- DSHS will review data for validity and “unusual data patterns or trends”

# **SB 288 Advisory Panel**

**Sixteen member Advisory Panel– two year term**

- Two certified ICPs, one from a rural hospital
- Two ICP certified and licensed nurses
- Three MDs one with Pedi ID and Pedi EPI, SHEA members with expertise in IC
- Two QA professionals-one ASC & one acute care
- One officer of a general hospital
- One officer of an ASC
- Three nonvoting DSHS members
- Two members representing the public as consumers

No lobbyists or healthcare trade association representatives

Reimbursement is allowed

# Advisory Panel Responsibilities

- Charge: guide the implementation, development and maintenance of a reporting system
- Decide how the information is to be reported

# Adult Reportable SSI Infections

- colon surgeries
- hip and knee arthroplasties
- abdominal and vaginal hysterectomies
- CABG and vascular procedures

# Pediatric Reportable SSI Infections

- Cardiac procedures excluding thoracic cardiac
- VP shunt procedures
- Spinal surgery with instrumentation
- *And* (non-SSI) respiratory syncytial virus infection

# Reportable Central Line Infections

Lab confirmed from a patient in any “special care setting in the hospital”

## Alternative Reporting

**For facilities with an average < 50 procedures/monthly**

Report SSIs related to the 3 most frequently performed procedures from the National Healthcare Safety Network (NHSN) procedure list

# Reporting Mechanisms

- First viewed the DSHS Center for Health Statistics, that was established to provide a convenient access point for health-related data for Texas—possible source for 288 data collection
  - Ruled out for numerous reasons
- The National Healthcare Safety Network (NHSN) is a secure, internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC.
  - Currently under consideration
- At least 9 Texas Hospitals are currently using NHSN

# Example of HAI Report

- Public summary for each reporting facility
- Risk adjusted with a comparison of the risk- adjusted rates for each reporting facility
- Easy to read (consumer friendly)
- Concise facility comments on report will be allowed
- Posted on internet

	NATIONAL AVERAGE	NYC VICINITY AVERAGE	HHC AVERAGE	BELLEVUE	CONEY ISLAND	ELMHURST	HARLEM	JACOBI	KINGS COUNTY	LINCOLN	METROPOLITAN	NORTH CENTRAL BRONX	QUEENS	WOODHULL
Preventive Antibiotic(s) One Hour Before Incision	77%	81%	88%	91%	82%	92%	67%	83%	91%	96%	95%	87%	88%	93%
Preventive Antibiotic(s) Stopped w/in 24 Hrs. After Surgery	72%	71%	82%	69%	78%	85%	83%	76%	75%	97%	96%	82%	91%	75%



# Motions Passed by HAI Advisory Panel

- Motion 1 (summarized)
  - DSHS establish a system for surveillance and public reporting based on the NHSN system as the data collection program, subject to the following requirements:
    - With new and permanent funding;
    - FTE support for admin., IT, infection control in Regions and Central office;
    - Education/training and clinical support for infection control professionals on a continual basis;
    - Permanent funding for validation and auditing of data

# Motions Passed by HAI Advisory Panel (continued)

- If new funding is available for public reporting system, data should be presented state-level aggregate for the first year (for validation, evaluation and analysis purposes) to be followed by facility level data in the second year

# Reporting Protections

- Confidential and privileged data
- May not be used in a civil action to establish standard of care
- Enforcement- general hospital under Health and Safety Code chapter 241, ASC under chapter 243

# SB 288 Funding

- For FY 2008 DSHS requested \$4.5M, 36 FTEs
- LBB calculated \$1.1M and 5 FTEs
- FY 2009 DSHS requested \$3.7M LBB calculated \$1.2M and 8 more FTEs
- Other scenarios presented

**Current status = not funded**