



## TRANSPARENCY REPORTING HEALTHCARE ASSOCIATED INFECTIONS

**Situation:** New Mexico does not currently require mandatory reporting for certain patient safety related statistics (e.g. healthcare-associated infections, “HAIs”).

**Background:** New Mexico Hospital Association voluntarily reports on NM Checkpoint (<http://www.nmcheckpoint.org>) the following quality measures:

- ❖ heart attack (34 hospitals)
- ❖ heart failure (34 hospitals)
- ❖ pneumonia (34 hospitals)
- ❖ compliance with surgical infection prevention measures, i.e. start antibiotics, stop antibiotics (25 hospitals)

At the behest of the New Mexico Legislature in 2007, the Department of Health (DOH) led the House Joint Memorial 67 Task Force to assess the feasibility of healthcare-associated infection surveillance in New Mexico. See **Attachment A** for *Executive Summary of HJM 67 Recommendations*.

No significant legislation was passed this session. The DOH plans to develop a yearlong pilot project in three hospitals for reporting and tracking of central-line associated bloodstream infections (CLABSIs) and influenza vaccination rates of health-care workers. The voluntary pilot project is set to begin this June.

Several hospitals in the state are already voluntarily reporting several patient safety related statistics on their websites (e.g. Presbyterian, University Hospital)

**Assessment:** In recent years, federally sponsored voluntary initiatives have been put in place in place while mandatory reporting bills are mushrooming. Twenty states have enacted legislation to require hospitals to report hospital-acquired infection rates, and many make these reports available to the public. New Mexico is not among them. In some states with the new laws, hospital officials have reported being surprised at what they found about infections and have changed the way they do things. Identifying when HAIs occur is the first step toward determining causes and ultimately preventing them-thereby increasing patient safety and the quality of healthcare provided to New Mexicans.

Advocates for mandatory reporting of HAIs believe that making more information publicly available will enable consumers to make more informed choices about their healthcare and improve overall quality. However, others have expressed concern that the reliability of public reporting systems may be compromised by institutional variability in the definitions used for HAIs, and/or in the methods and resources used to identify HAIs.

The reality is that we are at a stage of doing something that is inevitable and we are lagging behind many states. Our Transparency Policy Statement, approved November, 2007, states NM hospitals will voluntarily participate in the data collection activities necessary to maintain comparative information. NMHA endorses providing this data and commits to public transparency.

### Recommendation:

1. Endorse participation in the NHSN as a proactive precursor to legislative activity related to reporting of HAIs. Voluntary reporting of data is always perceived as supportive of a transparent safety culture and welcomed by the public. Encourage active participation by members in NHSN. See **Attachment B** for *NHSN*. The NHSN is a voluntary **confidential** reporting system that may help member hospitals assess their own trends and act upon them prior to any legislation. Data that is not perceived to be optimum (whether due to small numbers or need to improve systems) would have to be managed



by the organization. This option would require increased staff hours to learn how to navigate the system and report the data.

2. Support the HJM 67 recommendation and establish a provider-led voluntary CLABSI reporting initiative to accelerate performance measurement work and promote best practice. Using standardized metrics and definitions as recommended by the HJM Task Force, NMHA will collect the data voluntarily from hospitals to establish a baseline. This data would not be publicly reported, but available to all participating hospitals in an aggregate, blinded format.
  - ❖ Voluntarily submit data on your hospital's CLABSI to NMHA, using standardized measurement terminology and clear measurement definition for the years 2005-2007 and going forward on a quarterly basis.
  - ❖ Endorse NMHA's use of data for benchmarking purposes only, and in collaboration with the efforts of the HJM 67 Taskforce.
  - ❖ Endorse the use of this aggregate information internally to identify areas for clinical improvement, and to compare with external benchmarks. The data will not be available for any other purpose.
  
- ❖ Adopt a proactive policy statement on transparency

## ATTACHMENT A

### Recommendations of the HJM 67 Task Force

- NMDOH Secretary of Health should appoint a multi-disciplinary Advisory Committee with ongoing representation by agencies who served on the HJM 67 Task Force--and additional representation by identified stakeholders--to develop methods for collecting, analyzing and disseminating information provided by participating healthcare facilities.
- The first year of HAI surveillance should be conducted as a pilot. Participation in the pilot should be voluntary, not reported publicly and should be treated confidentially. New Mexico Hospital Association should encourage members to participate in the pilot and all results should be reviewed by the Advisory Committee comprised of professionals and citizens.
- The initial pilot year should include a minimum of three hospitals and collect data on two measures: a) one infection [the task force recommends central line-associated bloodstream infections\* (CLABSIs) in adult intensive-care units\* (ICUs)]; b) one process measure [the task force recommends influenza vaccination rates of healthcare workers (HCW)].
- The pilot year outcomes should be assessed before further recommendations are provided.
- Any proposed legislation related to HAI surveillance should be informed by the Advisory Committee.
- New Mexico's approach to HAI surveillance and public reporting should be aligned with ongoing development of national systems and associated recommendations.
- All information that is ultimately publicly reported should be risk-adjusted\* as recommended by the Advisory Committee.
- Participation in HAI surveillance should never violate a patient's right to confidentiality.
- Reporters of data should not be held liable by any party.
- An analysis should be conducted to estimate the current economic burden of HAIs in acute care hospitals in New Mexico.
- It is critical that consumer preferences for how they want to obtain the data are taken into consideration when designing public reports: education about the meaning of those reports should be included.
- NMDOH should be appropriated \$250,000, out of the General Fund, for implementation of the proposed pilot year of surveillance of HAIs, which would include provision of technical assistance to participating hospitals, monitoring and management of the data, facilitation of the Advisory Committee, and assessment of the pilot year outcomes.



## **ATTACHMENT B**

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.

The purpose is to:

- Collect data from a sample of U.S. healthcare facilities to permit valid estimation of the magnitude of adverse events among patients and healthcare personnel.
- Collect data from a sample of U.S. healthcare facilities to permit valid estimation of the adherence to practices known to be associated with prevention of healthcare-associated infections (HAI).
- Analyze and report collected data to permit recognition of trends.
- Provide facilities with risk-adjusted data that can be used for inter-facility comparisons and local quality improvement activities.
- Assist facilities in developing surveillance and analysis methods
- Conduct collaborative research studies with NHSN member facilities (e.g., describe the epidemiology of emerging HAI and pathogens, assess the importance of potential risk factors, further characterize HAI pathogens and their mechanisms of resistance, and evaluate alternative surveillance and prevention strategies).

One of the enhanced features of the surveillance system is that while maintaining data security, integrity, and confidentiality, NHSN has the capacity for healthcare facilities to share data in a timely manner:

- Between a facility and public health agencies
- Between facilities (e.g., multihospital system)

The Patient Safety Component of NHSN allows entry of data for both device-associated and procedure-associated events as well as data entry for microbiology susceptibility and antimicrobial use. The data analysis features of NHSN range from rate tables and graphs to statistical analysis that compares the healthcare facility's rates with national performance measures.

NHSN will soon allow for the collection of healthcare worker influenza vaccination data through the Healthcare Personnel Safety Component. Additionally, modules will be available in the future that will focus on multi-drug resistant organisms, central line insertion practices, and high-risk patient influenza vaccination.

There is no charge for participation in the NHSN.