



## New Mexico Hospital Association

### Summary of Activities Public Reporting of Healthcare Acquired Infections (HAI)

#### Albuquerque Journal Articles – Sept. 30, Oct. 1-2

As I'm sure most of our members are aware, the Journal just completed a 3-part series called "What you don't know? Can it hurt you?" which focused on:

1. **The requirement for hospitals to report adverse actions against physicians.** The point was that the NM Medical Board requires actions to be reported. They receive very few and they suspect hospitals are not reporting. I've attached a letter and a reporting form that were sent earlier this year by Lynn Hart, Executive Director of NMMB. This is not a new requirement but definitely a renewed enforcement by NMMB.
2. **Substance abusing physicians.** There is no state statute requiring hospitals to report such activity (outside of adverse action reporting). With this kind of publicity, it could be fruitful ground for legislation.
3. **Collection and public reporting of healthcare acquired infections (HAI).** NM and half of the states don't require reporting. This leads to the current activities around this issue as stated below.

#### House Joint Memorial 67 – Requesting the Department of Health to Assess the Feasibility of Healthcare Acquired Infection Surveillance in NM

For several years, we have successfully opposed bills that would mandate HAI reporting. We had many legitimate reasons that still exist about reporting. Definitions and reporting burden are key issues. The current bill was passed during the 2007 Legislative session and the resulting study committee has been meeting since April. The group was taking a very aggressive stance that we felt was outside of the purview of the memorial. They were actually developing specific bill language that would mandate reporting of:

- An infection rate (Central line-associated bloodstream infections (CLABSI's) in adult ICUs).
- A process measure (Influenza vaccination rates of Healthcare Personnel who are paid and specifically designated as staff assigned to an ICU).
- An open door for DOH to implement other rates and measures.

Coincidentally, the taskforce met today in conference call for a near-final review of the recommendations. I asked Nancy Foster who handles patient safety and quality policy for AHA to join us on the call. Nancy was able to discuss the national landscape. Voting is occurring right now to endorse new measures by the National Quality Forum by November. The Hospital Quality Alliance will then decide by December how to sequence the implementation of new measures.

This process is what is behind the measures that CMS will ultimately use for their inclusion in Hospital Compare.

Our main approach to the memorial taskforce today was to challenge the over-reaching legislative activism of the committee, to urge slow steps to allow for coordination with national activity and to steer away from an open-ended development of measures by DOH down the road.

As a result, a new direction is now being developed for final recommendation of the taskforce. Final language will be considered at an October 15 meeting. I'd appreciate hearing from our members about this new direction. In a nutshell:

1. No specific mandatory reporting bill language.
2. Continuation of the memorial committee as an ongoing advisory committee.
3. Seek some possible appropriation to fund (on a consulting contract basis) work of the advisory committee.
4. Adopt language about monitoring and coordination with national developments.
5. Ask a sample of hospitals to volunteer to participate in a pilot by submitting limited data (probably CLABSI's) to the National Healthcare Safety Network (NHSN), a part of CDC.
  - This recognizes that some of our hospitals already participate in NHSN (or plan to).
  - It's an established mechanism we can use.
  - No endorsement of long-term use of NHSN is implied. In fact, we see it as duplicative to CMS requirements.
  - Some of any appropriation would be used to help the volunteering hospitals implement their NHSN reporting.
6. Run the pilot for July 08 to July 09. There would be no public reporting, only review by the advisory committee to understand the data.
7. Determine if (with hospital release), NHSN could send de-identified data to the advisory committee during the pilot. It's understood that if hospitals can't be assured of non-discoverability, their participation in a pilot may be limited.

## NMHA Position on Clinical and Financial Data Reporting

The introduction to our current policy position reads as follows: “To avoid state mandated reporting requirements and respond to the need to provide reasonable and timely information regarding billing and financial as well as quality and infection data to the public. To develop and implement a cost effective and reasonable reporting process for hospitals to satisfy the need to provide such information to the public.”

- About 30 of our 40 members have voluntarily reported limited financial and quality data on the NMHA website. The benefits have been:
  - A public resource that adds credibility to both the association and its members
  - It has dampened the legislative interest in new mandates
  - It has shown good faith that the hospital field is being responsive to the issue.
  - I think it has been a good means for us to test the waters of public reporting in a controlled manner and increase comfort levels with all the related issues of validity, public response, competition, reporting burden, etc.
- The HAI portion of our website only reflects the process measures already required by CMS (administration of antibiotics before and after surgery).
- We walk a fine line between our position and our practice. We oppose mandatory reporting yet we support voluntary reporting, especially when we control the process.
- Some hospitals and some associations have gotten into public reporting and transparency in a much bigger way. We are where we are based on member input over the past 2 years but policy can certainly be revisited.
- When the governor and legislators talk about all stakeholders “feeling the pain” in the health reform debate, public reporting is mentioned. It is a non-monetary issue we can put on the table if needed.

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October 2, 2007