

HICPAC Guidance Document on Public Disclosure of Healthcare Associated Infections

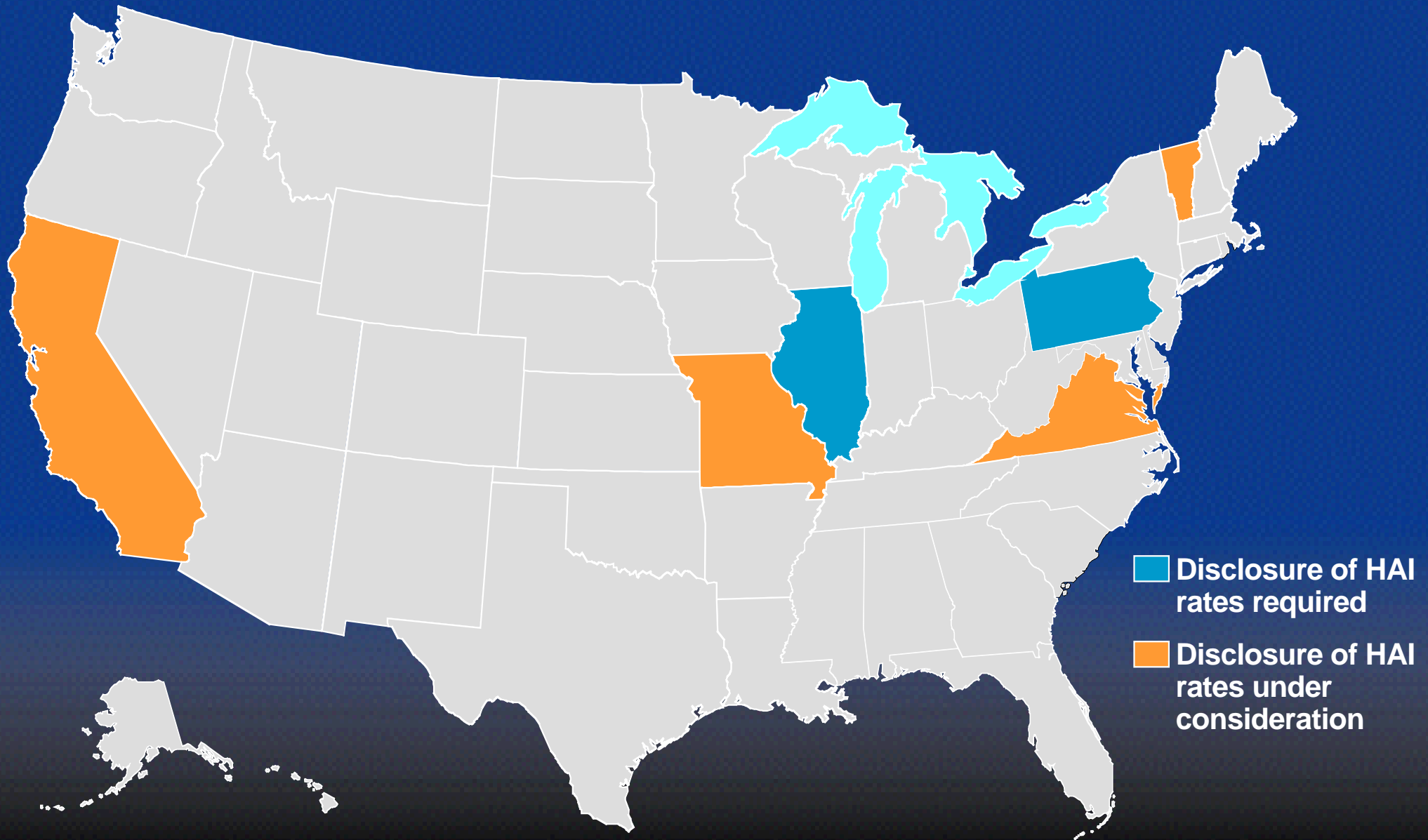
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HICPAC

February 28, 2005



Public Disclosure of Healthcare Acquired Infection (HAI) Rates

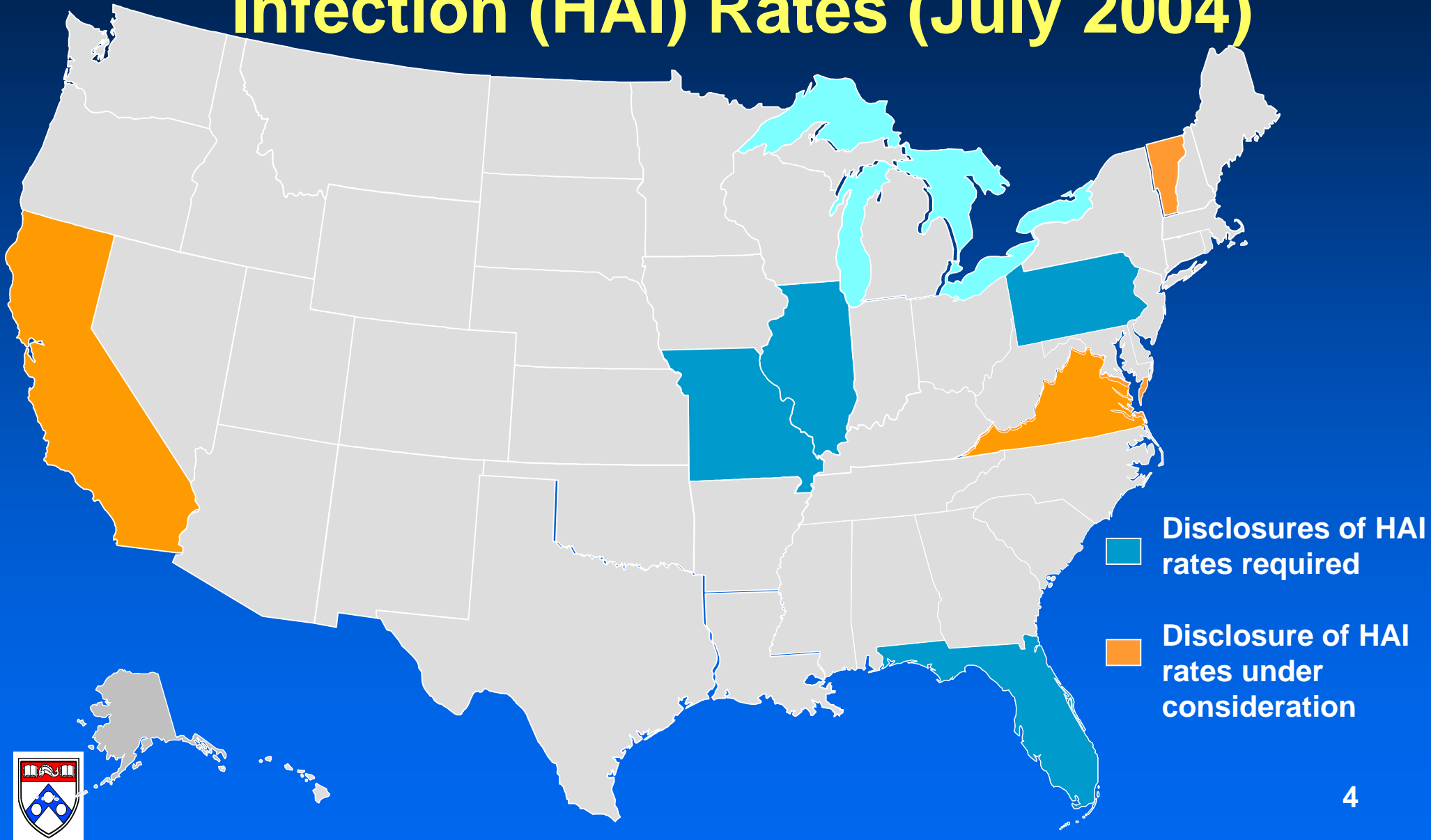


HICPAC Activity on Public Disclosure of HAI

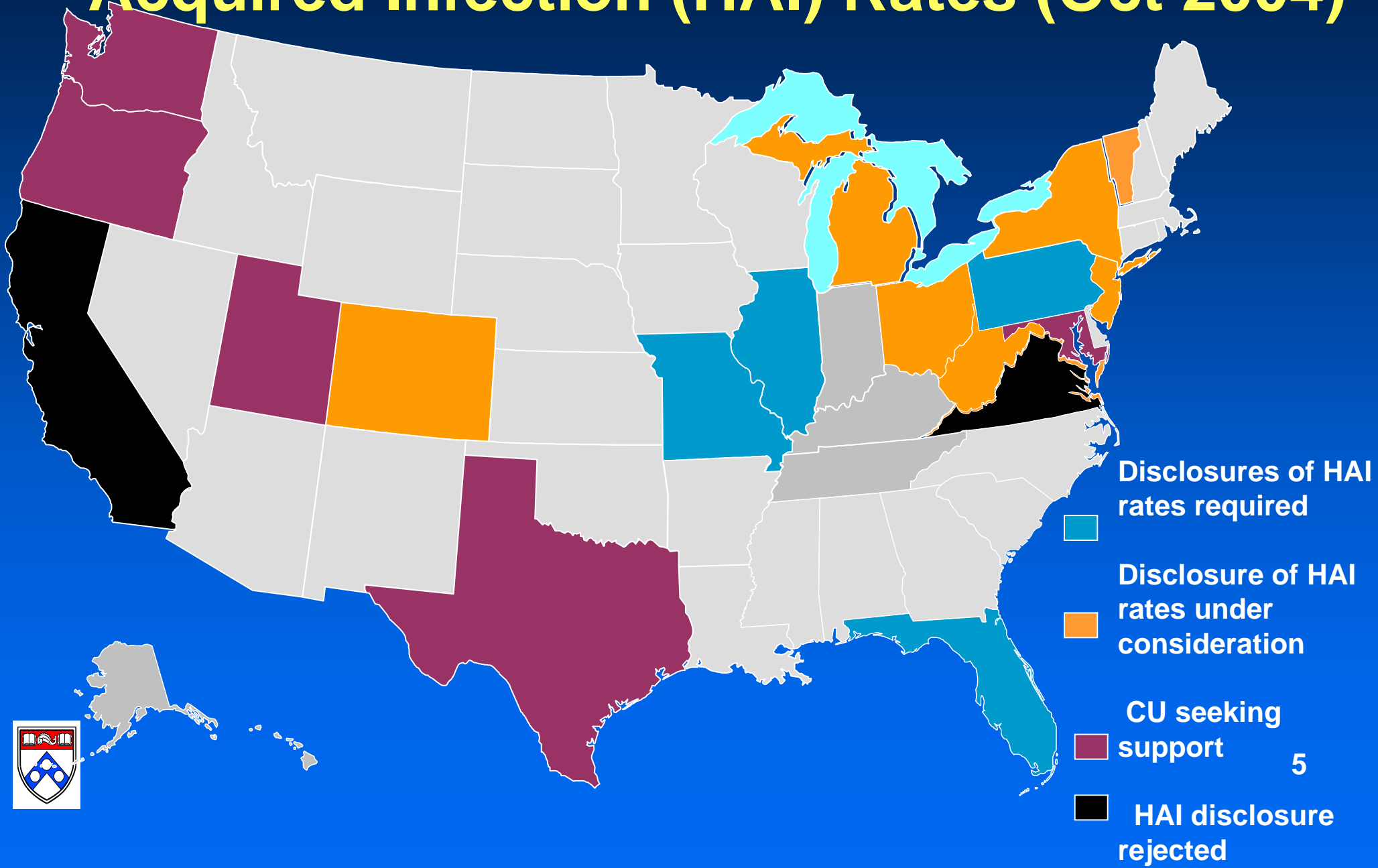
- Writing group convened by April 2004 – Draft developed
- Goal: document ready for publication by early 2005
- Linda McKibben and Gabrielle Fowler conducted systematic literature review
- September 10, 2004 National Teleconference
- Numerous Writing Group and HICPAC teleconferences



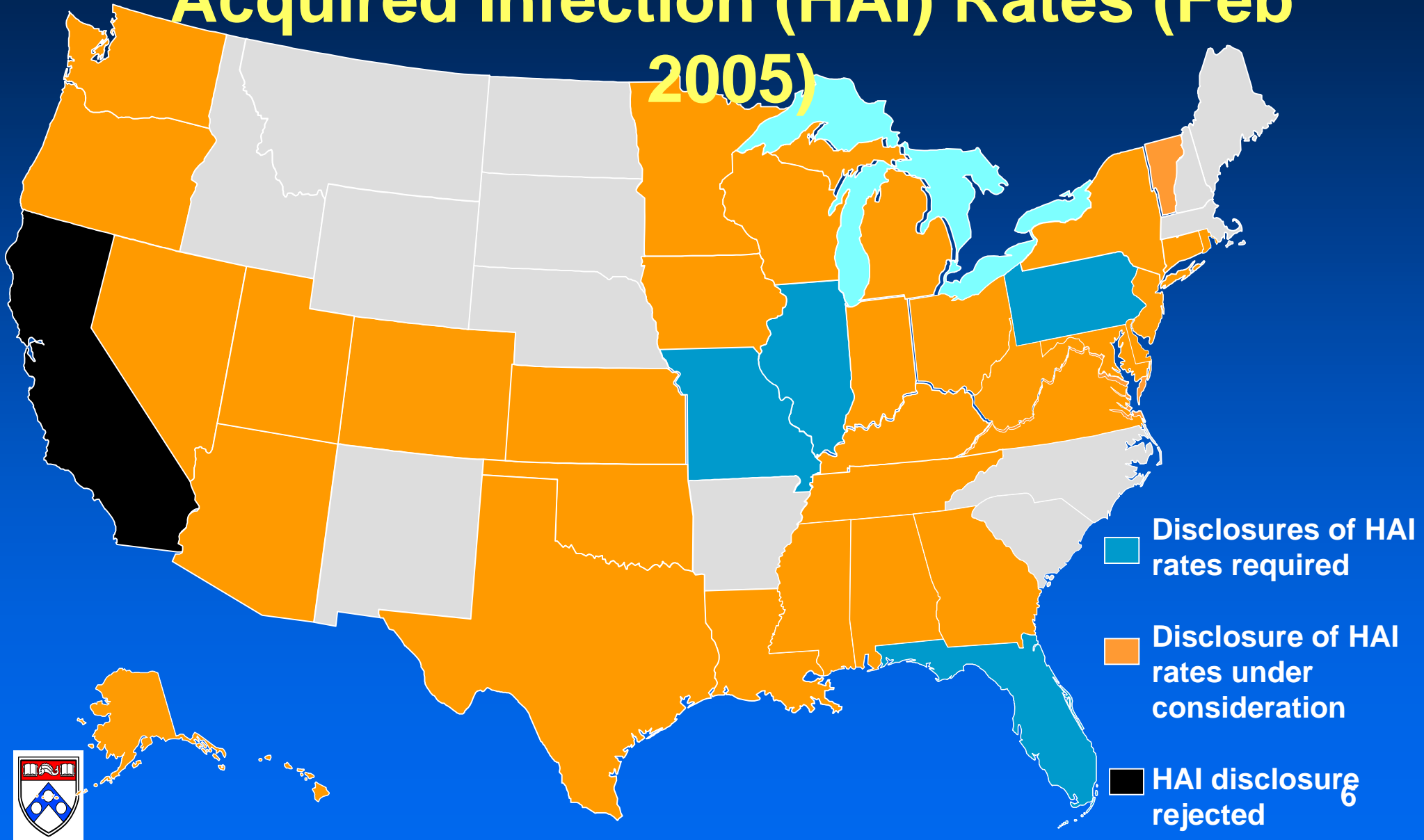
Public Disclosure of Healthcare Acquired Infection (HAI) Rates (July 2004)



Public Disclosure of Healthcare Acquired Infection (HAI) Rates (Oct 2004)



Public Disclosure of Healthcare Acquired Infection (HAI) Rates (Feb 2005)



Status of the Guidance Document

- Recommendations are complete
- Document to be released today at press conference
- Executive Summary and Recommendations released February 8
- Editorial work for intended audience
- Slated for publication in AJIC (6-8 weeks)
- Document completed in less than one year



Main Points

- Insufficient evidence to recommend for or against public reporting of HAI
- No recommendation has been made for or against
- Document is HICPAC's consensus opinion
- A guide to best practices
- A starting point in the process of public disclosure of HAI
- This is not model legislation



Main Points

- Intended Audience:
 - Policymakers
 - Program Planners
 - Consumer Advocacy Organizations
 - Others tasked with planning and implementation of public reporting systems for HAI



Main Points

- Specify the goals, objectives and priorities of the system
- Choose measurable outcomes
- Use established methods
- Reports should identify endorsers and sources of data
- Make it useful
- Use process as QI tool through feedback to providers



Four major recommendations

1. Use established public health surveillance methods when designing and implementing mandatory HAI reporting systems
2. Include persons with expertise in the prevention and control of HAIs in the planning and oversight of the operations and products of HAI public reporting systems



Four major recommendations

3. Choose appropriate process and outcome measures based on facility type and phase in measures over time to maximize acceptability to providers and usefulness to consumers
4. Provide regular and confidential feedback of performance data to healthcare providers prior to public release



1. Use established public health surveillance methods

Select appropriate events or risk-adjusted event rates to monitor

- Select appropriate patient populations to monitor
- Use standardized case-finding methods and data validity checks
- Provide adequate support and resources
- Produce useful and accessible reports for stakeholders.
- *Do not use hospital discharge diagnostic codes as the primary data source for HAI public reporting systems.*



2. Create a multidisciplinary advisory panel, including persons with expertise in prevention and control of HAIs, in the planning and oversight of HAI public reporting systems

- There are many stakeholders
- Win-win situations should be the goal
- Controversies have existed over methods
- Development group should be multidisciplinary



3. Choose appropriate process and outcome measures based on facility type

- Phase in measures over time
- Maximize acceptability to providers
- Maximize usefulness to consumers
- Three process measures
- Two outcomes measure



Process measures

- Central Line Insertion Practices
- Surgical Antimicrobial Prophylaxis
- Influenza vaccination coverage



Outcomes measures

- Selection of outcomes measures should be based on frequency, severity, preventability, likelihood of detection and accuracy of reporting
- Link to process measures
- Central-line associated laboratory confirmed BSI
- Surgical Site Infections



Recommended Process Measures

- Central Line Insertion Practices:

Numerator # of CLI

- 1.) MSB precautions
- 2.) CHG, tincture of iodine or 70% alcohol

Denominator: # of CLI

- Surgical Antimicrobial prophylaxis:

1.) Number of surgical patients who

Received AMP 1hr pre-op

2.) Number who received AMP

3.) Number discontinued 24 hrs later

Denominator: All selected surgical patients



Recommended Process Measures

- Influenza vaccination of patients and HCW
Numerators: Number of vaccinations given to patients or HCW

Denominators: Number eligible



Recommended Outcome Measures

- CLI-BSI

Numerator: # of CLA-BSI

Denominator: CL days

Populations: Patients with CL in ICUs

Stratification: By ICU type

Frequency: At least 6 months unless ICU <5 beds, then monthly

Frequency of rate calculation: Monthly for QI purposes

- SSI

Numerator: Number of SSI for specific type of operation

Denominator: Total operations of a type expressed per 100

Risk Stratification: High volume, type of operation, and NNIS SSI Risk Index



4. Provide regular and confidential feedback of performance data to healthcare providers prior to public release



Resources

- The document does not address staffing ratios
- A quality system requires adequate resources
- Key infrastructure must be available



Risk adjustment

- Acknowledge labor intensive nature of Risk Adjustment
- Does not correct for variability among data collectors
- Does not guarantee validity of inter-hospital comparisons
- Reports should highlight limitations of data and Risk Adjustment



VAPs and UTIs

- Not recommended in this document
- Difficulty in specificity of the definition
- Desire to avoid ambiguous definitions



Summary

- Press release today for document; publication of final document in AJIC
- Insufficient evidence to recommend for or against
- Set goals and priorities in advance
- Focus on preventable infections
- Include process measures
- Make it useful: we are all stakeholders



APIC Consensus Conference Summary February 7-8, 2005 Atlanta, GA

- Audience mostly ICPs and health professionals
- Consumer Union perspective enlightening
- On the ground experience of five states
- Review of the HICPAC recommendations
- National Quality Forum interest in collaboration



APIC Consensus Conference Perspectives

- Few questions about the HICPAC document
- Some concerns about recommended use of SSIs as an outcome measure
- “Starting point” nature of document noted
- Limited representation from State Health Department
- Question of HICPAC updates raised



Perspectives on APIC Consensus Conference

- Very little opposition to public reporting expressed
- More positive view of public reporting heard
- Concerns about work processes for ICPs
- Interest in collaborating with NQF and establishing national standards

