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Texas Healthcare Safety Status Update

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Lead Epidemiologist for HAI Reporting

Objectives

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- Describe changes to the Facility-Specific Data Reports
- Discuss changes to Healthcare Associated Infection (HAI) reporting requirements
- Identify key reporting dates for reporting changes

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HAI Data Changes

Changes to 2019 Facility Data Reports

Harvey Disaster Proclamation

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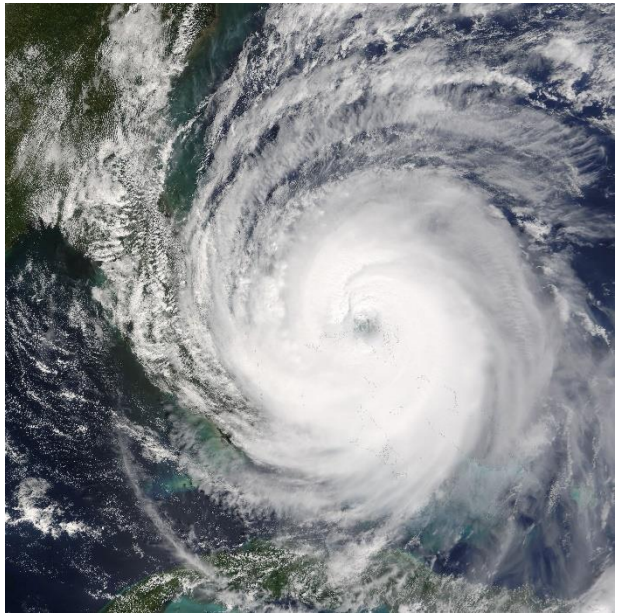
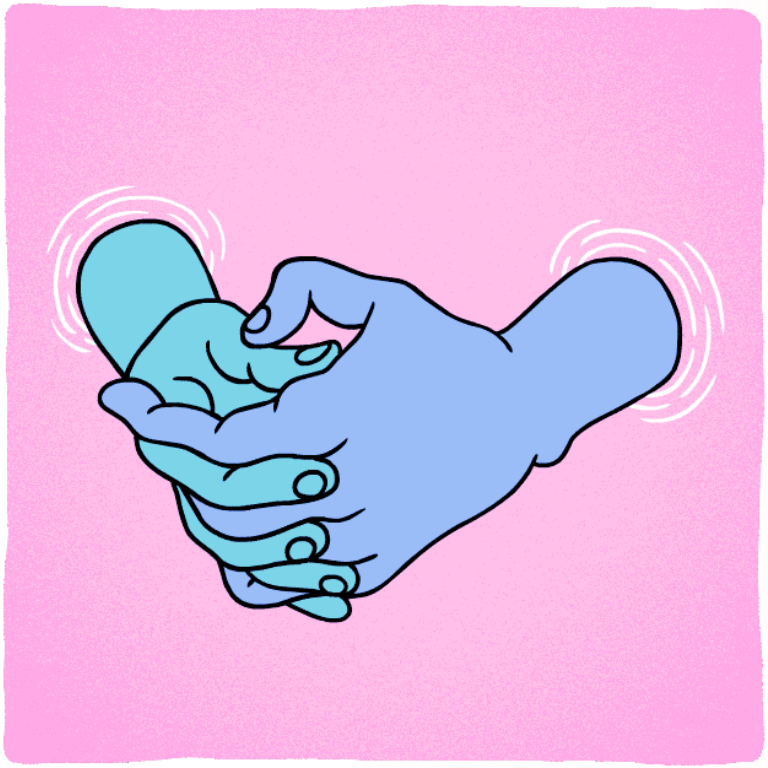
- Data reporting suspended due to Hurricane Harvey 2017-2018
- Facility-Specific reports do not contain data – state that facilities were not required to report
- Aggregated (overall State-level) data for 2017 and 2018 will be published with caveats



In the meantime…



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National Healthcare Safety Network (NHSN)

- The original comparison metric used in the Standardized Infection Ratio (SIR) was from 2006-2009.

- New SIR Baseline year = 2015
  - Updated Risk Models
  - Updated how data are parsed

- How does this affect you?

Comparison of NHSN baselines – CLABSI/CAUTI

- CAUTI/CLABSI
  - Old baseline: Used national rate for each location type to determine the predicted number of infections based on device days.
  - New baseline: Uses regression models to risk adjust based on
    - Location Type
    - Facility Size/Type
    - Medical School Affiliation
    - Birthweight (for NICUs)

Comparison of NHSN baselines – SSI New Baseline

- Separate SIR for Pediatric and Adult patients.
- Some changes to procedure specific predictive risk factors.
- New exclusions:
  - Gender = Other or missing
  - Outpatient procedures
  - PATOS=Y
  - Missing closure technique, ASA score
  - BMI <12 or > 60 (adults)
  - BMI < 10.49 or > 65.79 (pediatric)
  - Medical Affiliation or Number of Beds is missing from annual survey

Example Report – SSI

Inpatient Surgical Site Infections (SSI) Standardized Infection Ratio (SIR)

Procedure Type	Procedures	Number of Infections		SIR and 95% Confidence Interval			SIR Interpretation		No. of SSIs that Contributed to the Patient's Death
		Observed	Predicted	SIR	Lower	Upper			
Colon surgery									
Adult (> 18 years old)	265	5	2	2.5	1.23	3.98	More	Significantly more infections observed than predicted, based on the 2015 national baseline	1
Pediatric (≤18 years old)	54	0	0.7	N/A	N/A	N/A	N/A	The SIR is not calculated when the number of predicted infections is less than 1	0
Hip prosthesis									
Adult (> 18 years old)	265	5	2	2.5	1.23	3.98	More	Significantly more infections observed than predicted, based on the 2015 national baseline	1
Pediatric (≤18 years old)	54	0	0.7	N/A	N/A	N/A	N/A	The SIR is not calculated when the number of predicted infections is less than 1	0

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2020 HAI Reporting Changes

Aligning HAI requirements with CMS

Senate Bill 384 (2019)

- Aligns Texas HAI reporting requirements to match reporting requirements of the Centers for Medicare and Medicaid Services (CMS) starting Jan 1, 2020.

(a) A health care facility[~~, other than a pediatric and adolescent hospital,~~] shall report to the department each health care-associated infection [~~the incidence of surgical site infections~~], including the causative pathogen if the infection is laboratory-confirmed, that occurs [~~occurring~~] in the facility and that the federal Centers for Medicare and Medicaid Services requires a facility participating in the Medicare program to report through the federal Centers for Disease Control and Prevention's National Healthcare Safety Network, or its successor [~~following procedures:~~

[~~(1) colon surgeries;~~

[~~(2) hip arthroplasties;~~

[~~(3) knee arthroplasties;~~

[~~(4) abdominal hysterectomies;~~

[~~(5) vaginal hysterectomies;~~

[~~(6) coronary artery bypass grafts; and~~

[~~(7) vascular procedures~~].

(a-1) A health care facility shall report each health care-associated infection to the department under this section regardless of the facility's participation in Medicare.

Texas Requirements 2019

Central line-associated bloodstream infections (CLABSI) in:

- ICUs
- NICUs

Catheter associated urinary tract infections (CAUTI) in:

- ICUs

Surgical site infections (SSI)

CHILDREN'S HOSPITALS:

- CARD
- HTP
- LAM
- FUSN
- RFUSN
- VSHN

ALL OTHER GENERAL HOSPITALS & ASCs:

- COLO
- HYST
- VHYS
- HPRO
- KPRO
- CEA
- AAA
- PVBY
- CBGB
- CBGC

Texas Requirements 2020

Central line-associated bloodstream infections (CLABSI) in:

- ICUs
- NICUs
- **Medical Wards**
- **Surgical Wards**
- **Medical/Surgical Wards**

Catheter associated urinary tract infections (CAUTI) in:

- ICUs
- **Medical Wards**
- **Surgical Wards**
- **Medical/Surgical Wards**

Surgical site infections (SSI)

~~**CHILDREN'S HOSPITALS:**~~

- ~~CARD~~
- ~~HTP~~
- ~~LAM~~
- ~~FUSN~~
- ~~RFUSN~~
- ~~VSHN~~

~~**ALL OTHER** **GENERAL HOSPITALS** **& ASCs:**~~

- COLO
- HYST
- ~~VHYS~~
- ~~HPRO~~
- ~~KPRO~~
- ~~CEA~~
- ~~AAA~~
- ~~PVBY~~
- ~~CBGB~~
- ~~CBGC~~

Texas Requirements 2020

NEW!

General Hospitals (including Children's, Cancer, and Critical Access)

- **Facility Wide Inpatient MRSA Bacteremia Lab ID Events**
- **Facility Wide Inpatient *C. difficile* Bacteremia Lab ID Events**

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Texas Requirements 2020

Ambulatory Surgery Centers

- In 2020, ASCs will **NO LONGER** be required to report SSI data for Texas
- In 2020, ASCs and General Hospitals will **STILL** be required to report Preventable Adverse Event (PAE) data to Texas

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Key Reporting Dates

Important dates to note

Timeline for Reporting

- Facilities will be required to report ALL new data starting January 1, 2020
- DSHS will ONLY post updated CLABSI, CAUTI and SSI data to the 2020 public reports
  - DSHS will begin an IT project to update TxHSN in late 2020-early 2021
  - We anticipate MRSA and C.*Diff* Lab ID event data will be published for data collected in 2022

Dates to Remember

- **Sept 30, 2019:** Data from Jan – June 2019 due into NHSN
- **December 2019:** Jan – June 2019 Facility-Specific data reports will be published
- **January 1, 2020:** CMS alignment goes into effect
  - Changes go into effect
- **Sept 30, 2020:** New data from Jan – June 2020 due into NHSN
- **December 2020:** Jan – June 2019 Facility-Specific data reports will be posted publically with **ONLY** changes to CLABSI, CAUTI and SSI visible. Lab ID event data will not be displayed
- **TBD 2022???:** Lab ID Event data to be published

2020 Example Report - CLABSI

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Facility-Specific Health Care Safety Report - Technical Version

Reported by the Texas Department of State Health Services
Time Period: July - December [Final] 2018
Report current as of: 07/01/2019 10:43 AM

Data shown in this report came from two different sources: the National Healthcare Safety Network (NHSN) was the source for CLABSI, CAUTI and SSI tables and the Texas Health Care Safety Network (TxHSN) was the source for the PAE table.

Central Line Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio (SIR)

Unit Type	No. of Central Line Days	Number of Infections		SIR and 95% Confidence Interval			SIR Interpretation		No. of CLABSI that Contributed to the Patient's Death
		Observed	Predicted	SIR	Lower	Upper			
NICU	1523	2	1.25	1.6	0.87	2.52	No Different	No significant difference between the number of observed and predicted infections, based on the 2015 national baseline	1
ICUs	6798	1	6.52	0.61	0.41	0.97	Fewer	Significantly fewer infections observed than predicted, based on the 2015 national baseline	0
WARDs	1523	2	1.25	1.6	0.87	2.52	No Different	No significant difference between the number of observed and predicted infections, based on the 2015 national baseline	1

2020 Example Report - CAUTI

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Catheter Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio (SIR)

Unit Type	No. of Urinary Catheter Days	Number of Infections		SIR and 95% Confidence Interval			SIR Interpretation		No. of CAUTIs that Contributed to the Patient's Death
		Observed	Predicted	SIR	Lower	Upper			
ICU	6798	0	6.52	0.61	0.41	0.97	Fewer	Significantly fewer infections observed than predicted, based on the 2015 national baseline	0
WARDS	1523	2	1.25	1.6	0.87	2.52	No Different	No significant difference between the number of observed and predicted infections, based on the 2015 national baseline	1

2020 Example Report – SSI

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Inpatient Surgical Site Infections (SSI) Standardized Infection Ratio (SIR)

Procedure Type	Procedures	Number of Infections		SIR and 95% Confidence Interval			SIR Interpretation		No. of SSIs that Contributed to the Patient's Death
		Observed	Predicted	SIR	Lower	Upper			
Colon surgery									
Adult (> 18 years old)	265	5	2	2.5	1.23	3.98	More	Significantly more infections observed than predicted, based on the 2015 national baseline	1
Pediatric (≤18 years old)	54	0	0.7	N/A	N/A	N/A	N/A	The SIR is not calculated when the number of predicted infections is less than 1	0

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Frequently Asked Questions

About CMS Alginment

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Do we have to report the Healthcare Personnel Influenza Vaccination data since this is required by CMS?

No. This is not considered HAI data by Texas.

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I am a children's hospital and we are exempt from CMS reporting. Do I still have to report for Texas?

Yes. You are considered a general hospital so you will be required to report the same data as general hospitals.

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Are the deadlines for submitting data going to be the same as CMS's deadlines starting with 2020 data?

No. We will maintain the same data submission deadlines as we have always had in place.

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Do I have to report SSIs for the discontinued procedures if they occur after December 31, 2019?

Yes. For SSIs we go by the date of procedure rather than the date of event. Therefore, any old procedures performed in 2019 will still need to be followed for the appropriate surveillance time period and may have associated SSI events reported in 2020.

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Which Standardized Infection Ratio (SIR) will be used to on our public reports? Will Texas use the CMS SIR instead?

No. Texas will continue to use the ALL SSI SIR for public reporting

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Will my facility need to re-confer rights in NHSN?

Yes. DSHS will send a notice and instructions once the confer rights template in NHSN is updated for our groups.

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Thank you

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Is This a Reportable PAE?

Vickie Gillespie, BSN, RN
Public Health Specialist

Objective

Upon completion of this event, participants should be able to:

- Identify reportable PAEs from presented case scenarios

Texas Health and Safety Code

Senate Bill 203 of the 81st Legislature R.S. (2009) amended the Health and Safety Code, Chapter 98.102(a)(2), (4), and (5), **to require**:

Healthcare facilities to report certain preventable adverse events to DSHS,

AND

DSHS to make this data available to the public by facility, by type, and by number.

Reported PAEs

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	2015	2016	2017*	2018*
Reported PAEs	545	1,396	1039	921
Reported Deaths	25	43	21	17

	Preventable Adverse Events	2015	2016	2017*	2018*
1	Stage III, IV, or Unstageable Pressure Ulcer Acquired After Admission	NA	642	427	406
2	Patient Death or Severe Harm Associated with a Fall Resulting in a Fracture	202	185	144	138
3	Foreign Object Retained After Surgery or Invasive Procedure	121	129	64	54

*Preliminary numbers and these have not been validated. PAE reporting for 2017-2018 events was not required due to Hurricane Harvey/the Governor's suspension of PAE reporting rules (Texas Administrative Code 200.1 – 200.10) and likely does not represent all events that occurred.

2019 Top 10 Health Technology Hazards

- Hackers Can Exploit Remote Access to Systems, Disrupting Healthcare Operations
- "Clean" Mattresses Can Ooze Body Fluids onto Patients
- Injury Risk from Overhead Patient Lift Systems
- Cleaning Fluid Seeping into Electrical Components Can Lead to Equipment Damage and Fires
- Flawed Battery Charging Systems and Practices Can Affect Device Operation

Adapted from: Executive Brief: *Top 10 Health Technology Hazards for 2019.* ©ECRI Institute | www.ecri.org.

1. Colon Perforation

- Patient sustained a colon perforation during a colonoscopy at an ASC. Patient was transferred to hospital.
- Physician did not think he had used the biopsy forceps incorrectly.

Is this a reportable PAE?

Maybe--

IF the patient died or had severe harm, and

IF the scope malfunctioned or was used other than intended.

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2. Critical INR Result

Critical lab results were received by charge nurse at 1430 but were not communicated to the subsequent shift.

Is this a reportable PAE?

Yes, this would be a failure to communicate and would be reportable IF

there was severe harm or patient death resulting from the failure to communicate.

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3. Delay in Orders

- A nurse has orders for STAT labs but does not initiate the orders until 3 hours post order.
- The patient was found to have an extremely elevated WBC, and developed hypotension and was moved to critical care unit.

Is this a reportable PAE?

No. This would be a delay in care but not a reportable PAE.

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4. CHF

- 67 y/o male eloped from hospital and could not be located.
- Patient had been receiving treatment for congestive heart failure.
- Patient found 2 days later in acute and severe CHF with cardio-pulmonary failure and is admitted to the ICU.

Is this a reportable PAE?

YES. This would be considered "Patient death or severe harm associated with patient elopement."

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5. DVT/PE

- Patient had a total knee replacement.
- The patient high risk for bleeding so did not receive anticoagulant
- Pt. developed a PE post operatively.

Is this a reportable PAE?

Yes, this is reportable if the procedure is on the list of reportable HACs.

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6. DVT/PE?

- Patient had a total knee replacement.
- In Recovery Room patient developed acute respiratory distress and died.
- On autopsy this patient was found to have died from a fat embolism in the right lung.

Is this a reportable PAE?

No. The HAC DVT or PE after total knee replacement does not include a diagnosis of a fat embolism.

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7. Pressure Ulcer

- Patient admitted with intact skin.
- On day 3 a Stage II pressure ulcer was found on heel.
- On day 6, the Stage II ulcer progressed to a Stage III pressure ulcer.

Is this a reportable PAE?

Yes. The waiver for Stage 2 progressing to Stage 3 only is applicable for Stage 2 ulcers present on admission.

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Pressure Ulcers Reporting Guidance

On Admission and Documented	Progresses to	Reportable?
Skin intact	Stage 3, 4, Unstageable	Yes
Stage 1	Stage 3, 4, Unstageable	Yes
Stage 2	Stage 3	No
Stage 2	Stage 4, Unstageable	Yes
Stage 3	Stage 3, 4, Unstageable	No
Stage 4	Stage 4, Unstageable	No
Unstageable	Stage 3, 4, Unstageable	No
DTI	Stage 3, 4, Unstageable	No

Occurring During Episode of Care	Progresses to	Reportable?
Skin intact	Stage 3, 4, Unstageable	Yes
Stage 1, 2	Stage 3, 4, Unstageable	Yes
Stage 3, 4, Unstageable	Stage 3, 4, Unstageable	Yes
DTI	Stage 1, 2	No
DTI	Stage 3, 4, Unstageable	Yes

8. Pressure Ulcer

- Patient had DTI occur after admission to facility.
- Subsequently the DTI evolved into an unstageable ulcer and then to Stage 3 pressure ulcer.
- Prior to discharge the ulcer healed.

When was this a reportable PAE?

Yes, because the DTI occurred after admission and when it progressed to Stage 3 it became reportable.

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9. Mystery Moisture

- 74 y/o female patient had a lumbar fusion surgery. Upon discharge, the mattress was moist under her buttocks, but patient had never been incontinent.
- Environmental Services staff noted that there was moisture seeping up from the center of the mattress.

Is this a reportable PAE? Maybe-

IF the patient developed an infection and had severe harm or death, and

IF the infection was determined to be caused from this mattress, and

IF it was determined that the mattress was contaminated prior to this patient.

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Thank you!

Vickie Gillespie, BSN, RN, CIC

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