APIC Comments to the National Quality Forum (NQF) on
AHRQ *Common Formats for Surveillance – Hospitals*
April 9, 2014

Background

The Patient Safety and Quality Improvement Act of 2005 mandated the formation of Patient Safety Organizations (PSOs), which collect, aggregate and analyze confidential information from providers regarding quality and safety of healthcare delivery. The Act requires PSOs to collect information in a standardized manner that permits valid comparisons of similar cases among similar providers, to the extent practical and appropriate. One option for a PSO to satisfy this requirement is through the use of Common Formats.

The Agency for Healthcare Research and Quality (AHRQ) recently released *Common Formats for Surveillance - Hospitals* (Beta Version 1.2-2013) to support event reporting in hospitals. The National Quality Forum (NQF) is accepting public comments on this document on behalf of AHRQ.

The term "Common Formats" refers to the common definitions and reporting formats, specified by the AHRQ to collect and submit standardized information regarding patient safety events. Per the AHRQ and NQF overview, this is not intended to replace any current mandatory reporting system or any collaborative, voluntary, research-related, or other reporting system. The formats are intended to enhance the ability of healthcare providers to report information that is standardized both clinically and electronically. These formats were developed with a Federal Patient Safety Workgroup, NQF, AHRQ and other stakeholders, using information from existing event systems.

The formats are designed, through retrospective review of medical records, to collect information that is complementary to that derived from event reporting systems. They propose to facilitate improved detection of events and calculation of adverse event rates in populations reviewed.

The common formats address most major patient safety event concerns (e.g. patient falls), including healthcare-associated infections (HAIs). APIC's comments on this draft document are limited to proposed HAI Common Formats.

APIC Comments

The Association for Professionals in Infection Control and Epidemiology (APIC) supports the use of standardized definitions for surveillance in identifying HAIs. We have long been a proponent and supporter of the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) for standardized HAI definitions, reporting and benchmarking at a national level. Although APIC applauds the philosophy of the use of standardized information, we do not support the Common

Nancy Hailpern
Director, Regulatory Affairs
202-454-2643
nhailpern@apic.org

Formats tool because does not provide validated, risk-adjusted data which can be used to develop timely, targeted prevention strategies. We would like to take the opportunity to bring forward several points about the use of the present HAI format examples, along with the proposed data collection process.

- The process of using the Common Format to *retrospectively* gather information from medical records to be used in a complementary fashion to existing required event reporting systems raises a concern that this may present an additional burden of work to an already resource-lean group of healthcare professionals. It appears to mimic data that is already being placed into the NHSN database, so the benefit of this additional aggregate data, that would not be risk adjusted as is NHSN data, raises concern for our members.
- The data collection process appears to encourage the use of trained Infection Prevention professionals for data collection; however, it also allows for the data to be collected by those with no infection prevention/control training. This raises a concern for validity of the data collection process, as well as the data itself.
- Other data elements contained within the report collection tool, such as identification of a "presumed HAI that developed following treatment at an outpatient site, operated by this facility", or "at another inpatient or outpatient facility" could be very subjectively determined since this data collection is based completely on retrospective medical record review and that type of information is often not found in the medical record.
- This kind of data retrieval could lead to invalid data and may not meet the purpose of being complementary to existing risk adjusted data.
- The Event Description Tool proposed as part of the *Common Formats for Surveillance – Hospitals* Version 1.2- 2013 does not readily reference the use of NHSN definitions specifically, nor does it contain the most updated definition of SSI for implants. The event form (1.1.2.1.1) indicates "SSIs in a patient operated on at this facility in the past 30 days or, if an implant, in the past year". The NHSN definition for Surgical Site Infections (SSIs) has changed recently and implants are now identified within 90 days. There are other significant definition changes for SSIs, as well as other indicators. These definitions change somewhat frequently, as HAI indicators are refined, which raises the concern we have for maintaining a current, standardized Common Format tool. Although links to the CDC/NHSN site are listed on the HAI Event Report Tool itself, non-trained reviewers would need to diligently access the site to maintain an updated understanding of the definitions. Since facilities must report through NHSN in order to receive Medicare reimbursement, this could result in both duplicative and inconsistent reporting.
- The Event Description Tool references ventilator-associated pneumonia (VAP) as a Patient Outcome to be reported (1.3.2). This indicator is changing to reflect a new ventilator-associated event (VAE) indicator, so we would express the same level of concern for remaining current with the indicators and definitions that Infection Prevention programs are reporting to NHSN.

APIC gratefully acknowledges AHRQ and NQFs awareness of HAIs as an important Patient Safety Event, but respectfully submits that it is imperative to channel healthcare infection prevention resources toward validated, risk-adjusted data which can be used to develop timely, targeted prevention strategies. NHSN does provide this risk-adjusted data currently at a national level.

We will continue to monitor the progress of the Common Format approach and welcome the opportunity to provide further information and commentary on behalf of our membership.

Nancy Hailpern
Director, Regulatory Affairs
202-454-2643
nhailpern@apic.org