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Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
Patriots Plaza III
355 E Street, SW
Washington, DC 20201

Dear Dr. Mostashari:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide input on the Health Information Technology Policy Committee recommendations on Stage 3 definition of meaningful use of electronic health records (EHR).

APIC is a nonprofit, multi-disciplinary, organization representing over 14,000 infection preventionists (IPs), whose mission is to create a safer world through prevention of infection. As such, our responsibilities include ensuring compliance with standards and regulations designed to protect patients, including tracking and monitoring activities to identify healthcare-associated infections (HAIs). We welcome and support coordinated efforts to improve the quality of patient care while streamlining surveillance and reporting methods and maximizing resources.

APIC agrees with the Council of State and Territorial Epidemiologists (CSTE) in supporting inclusion of SGRP 407, electronic reporting of healthcare-associated infections (HAI) to the National Healthcare Safety Network (NHSN) in Stage 3 of Meaningful Use. NHSN currently is used by over 11,000 healthcare facilities required to report HAI data under state and federal agency programs (including more than 90% of America's acute-care hospitals). It is used as the source of HAI summary data by the Centers for Medicare & Medicaid Services for their Hospital Compare website, by state HAI programs across the country for their own public information reports, and by the designated state Quality Improvement Organizations as their data source during various HAI-related improvement projects. NHSN has not only become the de facto American national gold standard for HAI reporting, but it also has been the model for similar national surveillance programs in many other countries.

APIC is confident that the multiple software products already on the market for HAI surveillance will achieve certification, conforming to existing NHSN implementation guide specifications, including the latest balloted NHSN HL7 Implementation Guide for CDA. In fact, approximately 10% of hospitals already are uploading HAI data to NHSN via a CDA option available on the infection surveillance software products they use.

APIC recommends the following changes to the HITPC's recommendations:

 The term "healthcare-associated infection" should be used consistently in the objective and measure statements. The term "associated" rather than "acquired" when referring to HAI reports is preferred because some of these infections are associated with care but not necessarily acquired from the care environment.



- The measure statement for "total numeric count of HAI" should refer instead to "all required data regarding HAI." The data set required by NHSN to produce risk-stratified and adjusted rates is more complex than a simple count of events and differentiates HAI data reporting from notifiable disease case reporting. The required numerator and denominator data sets for various types of HAI are well described in several NHSN documents.
- The measure statement for HAI "in the hospital" should refer to HAI "in hospitals and other healthcare facilities required to report." Although the recommended objective is specific to eligible hospitals, since the implementation of the EHR incentive program, many state and federal reporting requirements have been implemented requiring HAI reporting requirements via NHSN affecting other types of healthcare facilities as well (e.g. outpatient dialysis, rehabilitation facilities, ambulatory surgery centers). As such, it would be more appropriate to include other healthcare facilities in the measure.

APIC appreciates the opportunity to provide input on this important healthcare quality improvement program and we look forward to continuing to work with ONC on the promotion of patient safety measures.

Sincerely,

Michelle Farber, RN, CIC 2012 APIC President

Michelle Farber