

The issues summarized below are from the written testimony submitted by the Maine Hospital Association regarding the proposed changes to Chapter 270.

Issue:

The other federal "core measure" set, Surgical Care Improvement Project, has been retained without change in this proposed rule. However, the Chapter 270 SCIP measure list is also outdated, and therefore differs from what is available on Hospital Compare and the Maine Health Management Coalition's web site; therefore we recommend that the SCIP measure set also be deleted from Chapter 270.

Recommendation: Update the Chapter 270 SCIP measure list.

MQF-AC Action: Support recommendation

Issue:

MHA Opposes the requirement that CAHs submit CLABSI, catheter-associated urinary tract infection (CAUTI) and surgical site infection (SSI) data to NHSN for concerns about data comparability and the value of these data submissions to both hospitals and consumers.

Recommendation: In order to balance the concerns raised with the proposed requirement that CAH's submit CLABSI, CAUTI and SSI data to NHSN with the CDC's need for statewide hospital HAI surveillance we propose the following:

- 1) CLABSIs continue to be reported to MHDO
- 2) CAUTIs will now be reported to MHDO for ICUs. ICUs in CAHs will be treated the same as in CLABSI reporting.
- 3) SSIs will not be reported on NHSN because the denominator data is too burdensome, and the results for those two surgeries not helpful for surveillance. Instead, MHDO will collect information for SSIs that is similar to what CAHs are reporting internally for each SSI.
 - a. Total # of SSIs/total number of surgeries for that quarter
 - b. Type of infection: superficial, deep, organ space
 - c. Causative organism if known, and is organism an MDRO
 - d. Inpatient/outpatient procedure
 - e. Type of surgery and # of that type of surgery for that quarter
 - f. Risk assessment per surgery: wound class, excessive cut time, ASA score (Note: The NHSN SSI form sheet #1 can be used and an excel spreadsheet created. SSIs would be reported by the end of the next quarter.)

MQF-AC Action: Approved via e-mail responses (no objections) week of 1/1/13.

Issue:

The remaining HAI proposal provides that the Maine CDC and the MHDO have automatic access to any future HAI measures that CMS may require.

We support providing such access to the Maine CDC for surveillance purposes. However, we oppose providing such access to the MHDO for public reporting purposes.

Recommendation: Maintain the proposed requirement

MQF-AC Action: Modify language to The Maine CDC and MHDO will have automatic access to any HAI measures required by CMS in the future. Prior to publicly reporting future HAI measures, the MHDO will consult with the Maine Quality Forum Advisory Council which, as part of its deliberations, will invite input from stakeholders.

Issue: 3-Item-Care Transition Measure (CTM) Health Care Quality Data Set Filing Description.

Comments received recommended deleting the current language in Section 6 that describes the minimum sampling requirements because the CMS specifications for sampling are outlined in the CMS Guidelines referenced in Chapter 270. The federal requirements are very specific, and differ slightly from the current Chapter 270 language.

Recommendation: Agree

MQF-AC Action: Support recommendation

DRAFT

Discussion document distributed at Maine Quality Forum-Advisory Council December 14, 2012

Updated December 19, 2012 and January 2, 2013 to include actions of MQF-AC