

# MINUTES

## Quality in Health Care Advisory Committee

### Location

Department of Public Health  
470 Capitol Avenue, Conf. Room AB  
Hartford, CT 06106

April 9, 2014

The semiannual meeting of the *Quality in Health Care Advisory Committee* was called to order by Katharine Kranz Lewis, Deputy Commissioner of the Department of Public Health, at 9:34 AM.

**Members present:** John Brady, Anne Elwell, Wendy Furniss, Jennifer Herz, Alison Hong, Patricia Kelmar for Jean Rexford, Katharine Kranz Lewis, Sue Newton, Jon Olson, Carl Schiessl, Tracy Wodatch & Robert Zavoski

**Guest:** Karen Roberts

**Opening Remarks:** Deputy Commissioner Lewis thanked everyone for taking time out of their busy schedules to attend the meeting.

**Approval of Minutes:** Advisory Committee Minutes of the October 23, 2013 meeting were reviewed and approved. One person abstained from voting.

### **Sub-Committee Work Group Status Reports:**

#### **Best Practices**

- Jon Olson provided a document to the group titled “Crosswalk of Old Adverse Event Codes to New Adverse Event Codes Starting January 2013” (attached to minutes). The document provided the old description of reportable events for 2012 along with the new description of reportable events for 2013. It also included the number of reports for each category in 2012 versus 2013. It was noted that the numbers reported for 2013 are nearly complete.
- Jon discussed the several changes that were made to the adverse event definitions by the NQF. One of the more notable changes was the inclusion of unstagable pressure ulcers in the category that previously only recorded Stage 3 or 4 pressure ulcers (NQF 4F). This caused a sharp increase in the number of reports from 2012 to 2013. The increase was dramatic, but not unexpected due to other states’ experiences.
- Tracy Wodatch also mentioned that there may be an increase in the number of reports for the pressure ulcer category because of a reporting change that now requires facilities to include suspected deep tissue injuries in the pressure ulcer category.
- Susan Newton explained that suspected deep tissue injuries were usually described as “Deep tissue injury progressed to stage 4 pressure ulcer” in clinical documentation.
- Jon also discussed the increase in the category of “Retention of a foreign object in a patient after surgery” (NQF 1D). This category description did not change. However, after reviewing the recent cases reported it appears to coincide with an increase in bariatric surgeries. Due to the bariatric

patient's anatomy, it is reportedly harder to ensure that all of the foreign objects are removed following surgery.

- Wendy Furniss mentioned the Hospital Oversight workgroup which is currently reviewing four adverse event codes for additional guidance or possible "retirement". The four event codes are:
  - CT 1. Perforations during open, laparoscopic, and/or endoscopic procedures
  - CT 2. Patient death or serious injury as a result of surgery
  - NQF 4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission
  - NQF 7C. Sexual abuse/assault on a patient or staff member within or on the grounds.

### **Access to Care**

- Karen Roberts from the Office of Health Care Access (OHCA) provided an update on the Access to Care subcommittee. Originally this subcommittee was formed when OHCA was planning to complete a physician survey as part of a mandatory update to their Statewide Health Care Facilities and Services Plan. However, after further review it was decided that OHCA would not be sending out a full survey. Instead, they plan to tag onto the work that is already being done by the State Innovation Model (SIM) group to assess primary care provision in Connecticut. OHCA has been in contact with Mark Schafer who is leading the SIM group to discuss the survey and how they might be able to add quality-related questions to the survey.
- The SIM survey has not been finalized yet. They have not yet received funding, but plan to proceed with the survey whether funding is received or not. They anticipate having results available by fall 2014.
- The Committee discussed the lack of and need for a common definition for the various types of retail-based clinics and urgent care centers. There was discussion about whether it would be appropriate for this subcommittee to research and define retail-based clinics. Karen agreed to provide the descriptions of facilities from the last Statewide Health Care Facilities and Services Plan. Next steps for the Access to Care subcommittee were discussed and are provided below:
  - Review and summarize available studies on retail-based clinics and urgent clinics
  - Define what an urgent care center (or specifically a retail-based clinic) is for these purposes
  - Create guidance on what type of services/settings is most beneficial to the patient
- Karen discussed a recent press release from the American Academy of Pediatrics which advised parents against using retail-based clinics for healthcare of children. The "AAP emphasizes that retail-based clinics are an inappropriate source of primary care for children because they fragment children's health care and do not support the medical home." The press release and policy statement are available at: <http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/The-AAP-Advises-Parents-Against-Using-Retail-Based-Clinics.aspx>
- Anne Elwell mentioned the work that Qualidigm has been doing to promote a Patient Centered Medical Home (PCHM).

### **March of Dimes Early Elective Deliveries**

- The work of this subcommittee is being done through the Plan to Improve Birth Outcomes Coalition. Alison Hong gave a brief updated on this subcommittee. She indicated that the coalition members had a great deal of momentum going on their project. The goal is to have a statewide plan to improve birth outcomes available this summer. There are about 50 people involved in the coalition with three subgroups: Mental Health, Dental Health and Physical Health. The group is using a public health approach to determine what system and policy changes could take place to increase the number of healthy, full-term deliveries.

## Other Business:

- Deputy Commissioner Lewis mentioned that she had been reviewing previous QCAC meeting minutes in preparation for this meeting. Dr. Mullen had previously asked the group to look at the legislation to see if this Committee was still accomplishing the charge put forth in statute (Sec. 19a-1271).
- Deputy Commissioner Lewis read the 12 charges in the statute to the Committee. Wendy Furniss indicated that many of the charges were either accomplished or were things that required funding in order to accomplish. She also indicated that there are certain items in the charge that would continue to be done whether or not the Committee existed.
- The group discussed similar Quality of Care work being done in other committees or workgroups and the desire to eliminate duplication of efforts.
- Patricia Kelmar suggested that this Committee might be able to help the average consumer sift through the large amount of data that is available to patients. She indicated that the average patient does not have the sophistication to understand much of the data that is available to them.
- Anne Elwell spoke about the work that Qualidigm and their partners through CT Partners for Health are doing in terms of patient engagement. They recently hosted a conference for patient engagement and are working to define what information needs to be provided to the patients to help them understand the data that is available. They are hosting another conference on April 16<sup>th</sup> which is National Health Care Decision Day. The conference is to raise awareness that each patient needs to make their wishes known should they not be able to speak for themselves. Congressman Larson will provide opening remarks and Deputy Commissioner Lewis will be providing brief remarks about what happens if you don't have advance directives and care plans in place.
- CDC recently conducted a call about antimicrobial stewardship. The Infectious Disease section at DPH will be sending out a letter to raise awareness and provide access to guidelines about appropriately prescribing antibiotics.
- The State Health Improvement Plan was finalized. There are many ways that Committee members could be involved. The plan can be viewed at: <http://www.ct.gov/dph/cwp/view.asp?a=3130&Q=542346&PM=1>
- Deputy Commissioner Lewis mentioned the DPH Lead Public Health Initiative. DPH is working with partners to build demand for public health through education, outreach and dialogue, and to create a vision for an equitable and robust public health system for all of Connecticut's residents. More information can be obtained on our website: <http://www.ct.gov/dph/leadpublichealth>
- Deputy Commissioner Lewis asked the Committee members to be prepared to discuss at the next meeting the role of this committee going forward, and whether changes to legislation would need to be recommended to address changing role/needs given all the other activities going on in various committees and organizations.
- Having no other business, the meeting was adjourned at 10:55 AM

## Next Meeting

October 8, 2014 @ 9:30 AM  
Commissioner's Conference Room  
410 Capitol Avenue, Hartford, CT