CHAPTER 409
DEPARTMENT OF HUMAN SERVICES,
OFFICE FOR OREGON HEALTH POLICY AND RESEARCH

DIVISION 23
HOSPITAL REPORTING

Health Care Acquired Infection Reporting and Public Disclosure

409-023-0000
Definitions

The following definitions apply to OAR 409-023-0000 to 409-023-0035:

(1)   "Administrator" means the administrator of the Office for Oregon Health Policy and Research as defined in ORS 442.011, or the administrator's designee.

(2)   "ASC" means ambulatory surgical center as defined in ORS 442.015(4) and that is licensed pursuant to ORS 441.015.

(3)   "CBGB" means coronary bypass graft surgery with both chest and graft incisions, as defined in the Patient Safety Component Protocol of the National Healthcare Safety Network (NHSN) manual, version January 2008.

(4)   "CBGC" means coronary bypass graft surgery with chest incision only, as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.

(5)   "CDC" means the federal Centers for Disease Control and Prevention.

(6)   "CLABSI" means central line associated bloodstream infection as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.

(7)   "CMS" mean the federal Centers for Medicare and Medicaid Services.

(8)   "Committee" means the Health Care Acquired Infections Advisory Committee as defined in ORS 442.838.

(9)   "Dialysis facility" means outpatient renal dialysis facility as defined in ORS 442.015(29).

(10)   "Follow-up" means post-discharge surveillance intended to detect CBGB, CBGC, and KRPO surgical site infection (SSI) cases occurring after a procedure.

(11)   "HAI" means health care acquired infection as defined in ORS 442.838.

(12)   "Health care facility" means a facility as defined in ORS 442.015(16).

(13)   "Hospital" means a facility as defined in ORS 442.015(19) and that is licensed pursuant to ORS 441.015.

(14)   "ICU" means an intensive care unit as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.

(15)   "KPRO" means knee prosthesis procedure as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.

(16)   "LTC facility" means long term care facility as defined in ORS 442.015(22).

(17)   "Medical ICU" means a non-specialty intensive care unit that serves 80% or more adult medical patients.

(18)   "Medical/Surgical ICU" means a non-specialty intensive care unit that serves less than 80% of either adult medical, adult surgical, or specialty patients.

(19)   "Surgical ICU" means a non-specialty intensive care unit that serves 80% or more adult surgical patients.

(20)   "NHSN" means the CDC's National Healthcare Safety Network.

(21)   "Office" means the Office for Oregon Health Policy and Research.

(22)   "Oregon HAI group" means the NHSN group administered by the Office.

(23)   "Patient information" means individually identifiable health information as defined in ORS 179.505(c).

(24)   "Person" has the meaning as defined in ORS 442.015(30).

(25)   "Procedure" means an NHSN operative procedure as defined in the Patient Safety Component Protocol of the NHSN manual version January 2008.

(26)   "Provider" means health care services provider as defined in ORS 179.505(b).

(27)   "QIO" means the quality improvement organization designated by CMS for Oregon.

(28)   "RHQDAPU" means the Reporting Hospital Quality Data for Annual Payment Update initiative administered by CMS.

(29)   "SCIP" means the Surgical Care Improvement Project.

(30)   "SCIP-Inf-1" means the HAI process measure published by SCIP defined as prophylactic antibiotic received within one hour prior to surgical incision.

(31) "SCIP-Inf-2" means the HAI process measure published by SCIP defined as prophylactic antibiotic selection for surgical patients.

(32) "SCIP-Inf-3" means the HAI process measure published by SCIP defined as prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac patients).

(33) "Specialty ICU" means an intensive care unit with at least 80% of adults are specialty patients including but not limited to oncology, trauma, and neurology.

(34) "SSI" means a surgical site infection event as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.

(35) "State agency" shall have the meaning as defined in ORS 192.410(5).

Stat. Auth.: ORS 442.838, ORS 442.420(3)(d)
Stats. Implemented: ORS 442.838, 442.011, 442.015, 442.400, 192.496, 192.502, 192.410, 179.505

409-023-0005
Review

Unless otherwise directed by the administrator, the committee shall review these rules (OAR 409-023-0000 to 409-023-0035) no later than July 1, 2009 and thereafter at least biennially.

Stat. Auth.: ORS 442.838, 442.420(3)(d)
Stats. Implemented: ORS 442.838

409-023-0010
HAI Reporting for Hospitals

(1) Hospitals shall begin collecting data for HAI outcome and process measures for the HAI reporting program for services provided on and after January 1, 2009.

(2) Reportable HAI outcome measures are:

(a) SSIs for CBGB, CBGC, and KPRO procedures.

(b) CLABSI in medical ICUs, surgical ICUs, and combined medical/surgical ICUs.

(3) The infection control professional (ICP), as defined by the facility, shall actively seek out infections defined in sections 2(a) and (b) of this rule during a patient's stay by screening a variety of data that may include but is not limited to:

(a) Laboratory;

      (b)   Pharmacy;

      (c)   Admission;

      (d)   Discharge;

      (e)   Transfer;

      (f)   Radiology;

      (g)   Imaging;

      (h)   Pathology; and

      (i)   Patient charts, including history and physical notes, nurses and physicians notes, and temperature charts.

(4)   The ICP shall use follow-up surveillance methods to detect SSIs for procedures defined in section 2(a) of this rule using at least one of the following:

      (a)   Direct examination of patients' wounds during follow-up visits to either surgery clinics or physicians' offices;

      (b)   Review of medical records, subsequent hospitalization records, or surgery clinic records;

      (c)   Surgeon surveys by mail or telephone;

      (d)   Patient surveys by mail or telephone; or

      (e)   Other facility surveys by mail or telephone.

(5)   Others employed by the facility may be trained to screen data sources for these infections, but the ICP must determine that the infection meets the criteria established by these rules.

(6)   The HAI reporting system for HAI outcome measures shall be NHSN. Each Oregon hospital shall comply with processes and methods prescribed by CDC for NHSN data submission. This includes but is not limited to definitions, data collection, data reporting, and administrative and training requirements. Each Oregon hospital shall:

      (a)   Join the Oregon HAI group in NHSN.

      (b)   Authorize disclosure of NHSN data to the Office as necessary for compliance of these rules including but not limited to summary data and denominator data for all

SSIs, the annual hospital survey and data analysis components for all SSIs, and summary data and denominator data for all medical ICUs, surgical ICUs, and combined medical/surgical ICUs.

(c) Report its data for outcome measures to NHSN no later than 30 days after the end of the collection month.

(7) Each Oregon hospital shall report on a quarterly basis, beginning January 1, 2009, the following HAI process measures:

(a) SCIP-Inf-1;

(b) SCIP-Inf-2; and

(c) SCIP-Inf-3.

(8) The reporting system for HAI process measures shall be the RHQDAPU program as configured on July 1, 2008. Each Oregon hospital shall:

(a) Comply with reporting processes and methods prescribed by CMS for the RHQDAPU program. This includes but is not limited to definitions, data collection, data reporting, and administrative and training requirements; and

(b) Report data quarterly for HAI process measures. Data must be submitted to and successfully accepted into the QIO clinical warehouse no later than 11:59 p.m. central time, on the 15th calendar day, four months after the end of the quarter.

Stat. Auth.: ORS 442.838, 442.420(3)(d)
Stats. Implemented: ORS 442.838, 442.405

409-023-0015
HAI Reporting for Other Health Care Facilities

ASCs, dialysis facilities, and LTC facilities shall begin collecting data for the HAI reporting program for services provided on and after January 1, 2010 pursuant to rules amended no later than July 1, 2009.

Stat. Auth.: ORS 442.838, ORS 442.420(3)(d)
Stats. Implemented: ORS 442.838, ORS 442.405

409-023-0020
HAI Public Disclosure

(1) The Office shall disclose to the public updated facility-level and state-level HAI rates at least biannually beginning in January 2010 and at least quarterly beginning in January 2011.

(2)   The Office may disclose state-level and facility-level HAI data including but not limited to observed frequencies, expected frequencies, proportions, and ratios beginning in January 2010.

(3)   The Office shall summarize HAI data by facilities subject to this reporting in an annual report beginning in January 2010. The Office shall publish the annual report no later than April 30 of each calendar year.

(4)   The Office shall disclose data and accompanying explanatory documentation in a format which facilitates access and use by the general public and health care providers.

(5)   The Office may use statistically valid methods to make comparisons by facility, and to state, regional, and national statistics.

(6)   The Office shall provide a maximum of 30 calendar days for facilities to review facility reported data prior to public release of data.

(7)   The Office shall provide facilities the opportunity to submit written comments and may include any submitted information in the annual report.

(8)   Pending recommendations from the committee, the Office may publish additional reports intended to serve the public's interest.

Stat. Auth.: ORS 442.838, 442.420(3)(d)
Stats. Implemented: ORS 442.838, 442.405, 192.496, 192.502, 192.243, 192.245

409-023-0025
HAI Data Processing and Security

(1)   The Office shall obtain hospital outcome measure data files directly from NHSN at least quarterly.

(2)   The Office shall obtain hospital process measure data files from the CMS hospital compare web site at least quarterly.

(3)   The Office shall calculate state-level and facility-level statistics to facilitate HAI public disclosure. These statistics may include but are not limited to observed frequencies, expected frequencies, proportions, rates, and ratios. The Office shall make public the methods used to calculate statistics and perform comparisons.

(4)   The Office shall use statistically valid risk adjustment methods recommended by the committee including but not limited to NHSN methodology.

(5)   The Office shall undertake precautions to prevent unauthorized disclosure of the raw data files. These precautions include but are not limited to:

(a) Storing the raw data files on the internal storage hardware of a password-protected personal computer that is physically located within the Office;

(b) Restricting staff access to the raw data files;

(c) Restricting network access to the raw data files; and

(d) If applicable, storing patient information within a strongly-encrypted and password-protected virtual drive or using other methods to reliably achieve the same level of security.

Stat. Auth.: ORS 442.838, 442.420(3)(d)
Stats. Implemented: ORS 442.838, 192.496, 192.502

409-023-0030
Prohibited Activities

Unless specifically required by state or federal rules, regulations, or statutes, the Office is prohibited from:

(1) Disclosing of patient information;

(2) Intentionally linking or attempting to link individual providers to individual HAI events; and

(3) Providing patient-level or provider-level reportable HAI data to any state agency for enforcement or regulatory actions.

Stat. Auth.: ORS 442.838, 442.420(3)(d)
Stats. Implemented: ORS 442.838, 192.496, 192.502

409-023-0035
Compliance

(1) Health care facilities that fail to comply with these rules or fail to submit required data shall be subject to civil penalties not to exceed $500 per day per violation.

(2) The Office shall annually evaluate the quality of data submitted, as recommended by the committee.

Stat. Auth.: ORS 442.445, 442.420(3)(d)
Stats. Implemented: ORS 442.445