

Exemption to Oregon Health Care Acquired Infection Reporting

Calendar Year 2015



Section 1: Background Information

Hospital name: _____

Administrator contact information:

Name: _____

Phone: _____

Email: _____

Infection control practitioner contact information:

Name: _____

Phone: _____

Email: _____

Quality director contact information:

Name: _____

Phone: _____

Email: _____

**All reporting exemption forms for 2015 must be received by
Oregon Health Authority on or before March 6, 2015.**

**Completed forms can be submitted to OHA via email (katherine.ellingson@state.or.us)
or fax (971-673-1100)**

Section 2: Surgical Site Infection Exemption Criteria*

(To check a box, right-click→properties→checked.)

To apply for a waiver for one or more of the surgical procedures, complete either Column C or Column D. **Waivers are granted to facilities for procedures that are performed less than 20 times per year.**

COLUMN A	COLUMN B	COLUMN C	COLUMN D
Procedure	ICD Codes for Procedure	Our hospital will <u>not</u> perform any of these procedures during 2015	Our hospital performs low volumes of these procedures
Abdominal hysterectomy (HYST)	68.31, 68.39, 68.41, 68.49, 68.61, 68.69	<input type="checkbox"/>	<input type="checkbox"/> Procedure count for 2014: _____
Colon surgery (COLO)	17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71-45.76, 45.79, 45.81-45.83, 45.92-45.95, 46.03, 46.04, 46.10, 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94	<input type="checkbox"/>	<input type="checkbox"/> Procedure count for 2014: _____
Coronary artery bypass graft with both chest and donor site incision (CBGB)	36.10-36.14, 36.19	<input type="checkbox"/>	<input type="checkbox"/> Procedure count for 2014: _____
Hip Prosthesis (HPRO) Procedure codes	00.70-00.73, 00.85-00.87, 81.51-81.53	<input type="checkbox"/>	<input type="checkbox"/> Procedure count for 2014: _____
Knee prosthesis (KRPO)	00.80-00.84, 81.54, 81.55	<input type="checkbox"/>	<input type="checkbox"/> Procedure count for 2014: _____
Laminectomy (LAM)	03.01, 03.02, 03.09, 80.50, 80.51, 80.53, 80.54+, 80.59, 84.60-84.69, 84.80-84.85	<input type="checkbox"/>	<input type="checkbox"/> Procedure count for 2014: _____

* - Federal reporting mandates may still apply.

Section 3: Central-line Associated Bloodstream Infection Exemption Criteria*

(To check box, right-click → properties → checked.)

The hospital has zero ICU beds

If the hospital has very low usage of central lines, list the count of central line days during each calendar year 2009, 2010, 2011, 2012, 2013 and 2014 (i.e., this includes patients that either had the central line inserted in the ICU and those that were admitted with a central line). **Waivers are granted to facilities with less than 50 central line days per year.**

Count for 2009: _____

Count for 2010: _____

Count for 2011: _____

Count for 2012: _____

Count for 2013: _____

Count for 2014: _____

* - Federal reporting mandates may still apply.

Section 4: SCIP Reporting Exemption Criteria*

(To check box, right-click → properties → checked.)

No major inpatient surgical procedures will be performed during 2015 (See list of procedure codes in Appendix A)

* - Federal reporting mandates may still apply.

Section 5: Lab ID Clostridium *difficile* (CDI), Lab ID MRSA and CAUTI Reporting*

(To check box, right-click → properties → checked.)

As of January 2012, hospitals must report Lab ID CDI monthly per NHSN. As of January 2014, hospitals must report Lab ID MRSA and CAUTI infections. For those hospitals that received a 2014 waiver for both CLABSI and SSI reporting **and** are not part of a health system to support monthly reporting, you may apply for a waiver to report these metrics on a **quarterly schedule**.

My hospital received a waiver from CLABSI **and** SSI reporting in 2014, we are not part of a healthy system, and we would like to apply for a **quarterly reporting schedule** for Lab ID CDI, Lab ID MRSA, and CAUTI infections.

* - Federal reporting mandates may still apply.

Section 6: Notice Regarding NHSN Annual Survey

All hospitals must complete the NHSN Annual Facility Survey. The survey can be found in NHSN under Surveys menu in the left navigation bar. For hospitals without an NHSN account, a paper copy of the survey is location on the NHSN web site.

http://www.cdc.gov/nhsn/forms/57.103_PSHospSurv_BLANK.pdf

Section 7: Federal Mandates are Not Included in this Waiver Form

For federal mandates for reimbursement from CMS, contact Acumentra Health in Portland, Oregon.

Section 9: Signature for Exemption Form

The undersigned certifies that the information in this application is accurate and true. The undersigned also agrees to promptly notify the Oregon Health Authority of any change in hospital operation, which may require reporting to the health care acquired infections reporting program. The signatory agrees that a printed name below is as enforceable as a handwritten signature.

Name, Title

Date

Return completed application to:

Kate Ellingson
Clinical Epidemiologist
Healthcare-Associated Infections Program
800 SE Oregon Street
Suite 772
Portland, OR 97232

Email: katherine.ellingson@state.or.us

Fax: 971-673-1100



**All reporting exemption forms for 2015 must be received by
Oregon Health Authority (OHA) on or before March 6, 2015**

**Completed forms can be submitted to OHA via email (katherine.ellingson@state.or.us)
or fax (971-673-1100)**