

**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 NHSN Manual.
- (4) “CDC” mean the federal Centers for Disease Control and Prevention.
- (5) “CLABSI” means central line associated bloodstream infection as defined in the NHSN Manual.
- (6) “CMS” mean the federal Centers for Medicare and Medicaid Services.
- (7) “COLO” means colon procedures as defined in the NHSN Manual.
- (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, COLO, HPRO, HYST, KRPO, and LAM 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) “HPRO” means hip prosthesis procedure as defined in the NHSN Manual.
- (15) “HYST” means abdominal hysterectomy procedure as defined in the NHSN Manual.
- (16) “ICU” means an intensive care unit as defined in the NHSN Manual.
- (17) “KPRO” means knee prosthesis procedure as defined in the MHSN Manual.
- (18) “LAM” means laminectomy procedure as defined in the NHSN Manual.
- (19) “LTC facility” means long term care facility as defined in ORS 442.015(22).
- (20) “MDS” mean the Centers for Medicare and Medicaid Services’ minimum data set nursing home resident assessment and screening tool, version 2.0 or its successor, including but not limited to manuals, forms, software, and databases.
- (21) “Medical ICU” means a non-specialty intensive care unit that serves 80% or more adult medical patients.
- (22) “Medical/Surgical ICU” means a non-specialty intensive care unit that serves less than 80% of either adult medical, adult surgical, or specialty patients.
- (23) “NHSN” means the CDC’s National Healthcare Safety Network.
- (24) “NHSN Manual” means the Patient Safety Component Protocol of the NHSN manual, version March 2009 or its successor, as amended, revised, and updated from time to time.
- (25) “NICU” means a specialty intensive care unit that cares for neonatal patients.
- (26) “Office” means the Office for Oregon Health Policy and Research.
- (27) “Oregon HAI group” means the NHSN group administered by the Office.
- (28) “Patient information” means individually identifiable health information as defined in ORS 179.505(c).
- (29) “Person” has the meaning as defined in ORS 442.015(30).
- (30) “Procedure” means an NHSN operative procedure as defined in the NHSN Manual.
- (31) “Provider” means health care services provider as defined in ORS 179.505(b).
- (32) “QIO” means the quality improvement organization designated by CMS for Oregon.
- (33) “RHQDAPU” means the Reporting Hospital Quality Data for Annual Payment Update initiative administered by CMS.

- (34) “SCIP” means the Surgical Care Improvement Project.
- (35) “SCIP-Inf-1” means the HAI process measure published by SCIP defined as prophylactic antibiotic received within one hour prior to surgical incision.
- (36) “SCIP-Inf-2” means the HAI process measure published by SCIP defined as prophylactic antibiotic selection for surgical patients.
- (37) “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).
- (38) “SCIP-Inf-4” means the HAI process measure published by SCIP defined as cardiac surgery patients with controlled 6 a.m. postoperative serum glucose.
- (39) “SCIP-Inf-6” means the HAI process measure published by SCIP defined as surgery patients with appropriate hair removal.
- (40) “SCIP-Inf-10” means the HAI process measure published by SCIP defined as surgery patients with perioperative temperature management.
- (41) “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.
- (42) “SSI” means a surgical site infection event as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.
- (43) “Staff” means any employee of a health care facility or any person contracted to work within a health care facility.
- (44) “State agency” shall have the meaning as defined in ORS 192.410(5).
- (45) “Surgical ICU” means a non-specialty intensive care unit that serves 80% or more adult surgical patients.
- (46) “VLBW” means very low birth weight as defined by Vermont Oxford Network.
- (47) “VON” means the Vermont Oxford Network or its successor.

Stat. Auth.: ORS 442.838, 442.420

Stats. Implemented: ORS 179.505, 192.410, 192.496, 192.502, 442.400, 442.405, 442.015, 442.011, 442.838

Hist.: OHP 1-2008, f. & cert. ef. 7-1-08; OHP1-2009, f. & cert. ef. 7-1-09; OHP 1-2010, f. & cert. ef. 7-1-10

#### **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

Hist.: OHP 1-2008, f. & cert. ef. 7-1-08

#### **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, except:
  - (a) NICU shall begin collecting data for HAI outcome and process measures for the HAI reporting program for services provided on and after January 1, 2010.
  - (b) Hospitals shall report the SCIP-Inf-6 process measure for the HAI reporting program for services provided on and after January 1, 2010.
  - (c) Hospitals shall report the SCIP-4-Inf and SCIP-10-Inf process measures for services provided on and after January 1, 2011.
  - (d) Hospitals shall report the COLO, HPRO, HYST, and LAM outcome measures for services provided on and after January 1, 2011.
- (2) Reportable HAI outcome measures are:
  - (a) SSIs for CBGB, COLO, HPRO, HYST, and KPRO, and LAM 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. The NHSN field "Discharge Date" is mandatory for all outcome measures.

- (7) Each hospital shall report on a quarterly basis according to 409-023-0010(1) the following HAI process measures:
  - (a) SCIP-Inf-1;
  - (b) SCIP-Inf-2;
  - (c) SCIP-Inf-3;
  - (d) SCIP-Inf-4;
  - (e) SCIP-Inf-6; and
  - (f) SCIP-Inf-10.
- (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.
- (9) For NICUs, the HAI reporting system for outcome measures shall be VON. Each Oregon hospital with a NICU shall comply with processes and methods prescribed by VON for the VLBW database including but not limited to definitions, data collection, data submission, and administrative and training requirements. Each Oregon hospital shall:
  - (a) Authorize disclosure of VON data to the Office as necessary for compliance with these rules, including but not limited to facility identifiers.
  - (b) Submit NICU data to VON according to the quarterly data submission deadlines established by VON in its annual publication "Member Instructions for Submitting Electronic Data" (or its successor).
- (10) Each hospital shall complete an annual survey, as defined by the Office, of influenza vaccination of staff and submit the completed survey to the Office. The survey shall include but not be limited to questions regarding influenza vaccine coverage of facility staff:
  - (a) Number of staff with a documented influenza vaccination during the previous influenza season.

- (b) Number of staff with a documented medical contraindication to influenza vaccination during the previous influenza season.
- (c) Number of staff with a documented refusal of influenza vaccination during the previous influenza season.
- (d) Facility assessment of influenza vaccine coverage of facility staff during the previous influenza season and plans to improve vaccine coverage of facility staff during the upcoming influenza season.

Stat. Auth.: ORS 442.838, 442.420

Stats. Implemented: ORS 442.838, 442.405

Hist.: OHP 1-2008, f. & cert. ef. 7-1-08; OHP1-2009, f. & cert. ef. 7-1-09; OHP 1-2010, f. & cert. ef. 7-1-10

#### **409-023-0012**

##### **HAI Reporting for Ambulatory Surgery Centers**

- (1) Each ASC shall complete a survey of evidenced-based elements of patient safety performance as defined by the Office.
- (2) The survey shall be submitted annually by each ASC to the Office no later than 30 days after receipt of survey.

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

Stats. Implemented: ORS 442.838, 442.405

Hist.: OHP 1-2009, f. & cert. ef. 7-1-09

#### **409-023-0013**

##### **HAI Reporting for Long Term Care Facilities**

- (1) The HAI Reporting System for outcome measures shall be MDS and reporting will be mandatory for services provided on or after January 1, 2010.
- (2) Reportable HAI outcome measures are from MDS and include the data element, “urinary tract infection in the last 30 days.”
- (3) Each LTC facility shall comply with reporting processes and methods prescribed by CMS for MDS. This includes but is not limited to definitions, data collection, data submission, and administrative and training requirements.
- (4) Each LTC facility shall complete an annual survey, as defined by the Office, of influenza vaccination of staff and submit the completed survey to the Office. The survey shall include but not be limited to questions regarding influenza vaccine coverage of facility staff:

- (a) Number of staff with a documented influenza vaccination during the previous influenza season.
- (b) Number of staff with a documented medical contraindication to influenza vaccination during the previous influenza season.
- (c) Number of staff with a documented refusal of influenza vaccination during the previous influenza season.
- (d) Facility assessment of influenza vaccine coverage of facility staff and volunteers during the previous influenza season and plans to improve vaccine coverage of facility staff during the upcoming influenza season.

Stat. Auth.: ORS 442.838, 442.420(3)(d)  
Stats. Implemented: ORS 442.838, 442.405  
Hist.: OHP 1-2009, f. & cert. ef. 7-1-09

#### **409-023-0015**

##### **HAI Reporting for Other Health Care Facilities**

Dialysis facilities shall begin collecting data for the HAI reporting program for services provided on and after January 1, 2011 pursuant to rules amended no later than July 1, 2010.

Stat. Auth.: ORS 442.838, 442.420(3)(d)  
Stats. Implemented: ORS 442.838, 442.405  
Hist.: OHP 1-2008, f. & cert. ef. 7-1-08; OHP 1-2009, f. & cert. ef. 7-1-09

#### **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

Hist.: OHP 1-2008, f. & cert. ef. 7-1-08

#### **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

Hist.: OHP 1-2008, f. & cert. ef. 7-1-08

**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  
Hist.: OHP 1-2008, f. & cert. ef. 7-1-08

**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  
Hist.: OHP 1-2008, f. & cert. ef. 7-1-08

## **Communication Regarding Healthcare Acquired Infections (HAI), Federal Reform, and the National Healthcare Safety Network (NHSN)**

### **Oregon's HAI Program Aligns with Federal Reform Efforts**

Oregon currently collects three Healthcare Acquired Infection (HAI) measures from hospitals through the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). In 2011, the state intends to expand its collection efforts to include abdominal hysterectomy, colon surgery, hip replacement and laminectomy. The Patient Protection and Affordable Care Act of 2010 include HAI reporting as part of a federal value based purchasing program<sup>1</sup>. It stipulates that HAI data will be published on the Hospital Compare website and states that a study will be conducted to determine if these payment policies should apply to small critical access hospitals and to other levels of care, such as ambulatory surgical centers and long-term care facilities.

The first step in the implementation of this reform is a proposed inpatient prospective payment system (IPPS) rule that identifies using NHSN to report central line associated bloodstream infections (CLABSI) and surgical site infections (SSI) as part of the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) reimbursement program.<sup>2</sup> Those hospitals in the highest quartile of performance with their HAI data will receive a 1% increase in payment, and those in the lowest quartile will receive a 1% decrease in payment per discharges starting in January 2011. There is strong correspondence between the list of SSIs in the federal proposed rule and Oregon's current and proposed reporting list, including abdominal hysterectomy, cardiac bypass surgery, colon surgery, and knee and hip replacements. The CDC and CMS have a strong alliance to support this proposed program. Oregon hospitals are well positioned to address the federal proposed rule based on their current experience with reporting requirements through NHSN.

### **CDC Supports NHSN**

The CDC is very supportive of states and hospitals using NHSN and has met with hospitals across the nation regarding its use. During the week of June 7, 2010, CDC staff met with infection control staff at three Oregon hospitals to discuss their use of NHSN, to identify obstacles, and to offer clarification and potential solutions. Overall, the CDC staff were very complimentary about the level of expertise demonstrated by hospital staff in using NHSN.

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<sup>1</sup> United States Congress, Patient Protection and Affordable Care Act. HR 3590, House, 111<sup>th</sup> Congress, Title III—Improving the Quality and Efficiency of Health Care <http://www.opencongress.org/bill/111-h3200/text>. Accessed 4/5/2010.

<sup>2</sup> Centers for Medicaid and Medicare (CMS) 1498. IPPS Annual Proposed and Final Rules, and Relevant Correction Notices: Fiscal Year 2011. Pages 23970 (120) and 23990 (140). <http://www.cms.gov/AcuteInpatientPPS/IPPS/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=4&sortOrder=descending&itemID=CMS1234747&intNumPerPage=10>

CDC acknowledged that using NHSN effectively and efficiently is a learning process and offered the following tools to continue support of the reporting program:

- (1) Infection identification support via its email service. CDC recognizes difficulties in determining the infection status of some events and will follow-up these inquiries with a personal phone call.
- (2) Creation of an Oregon and a national list of NHSN mentors according to the software and methods used to import data to NHSN. This list of mentors would serve as content experts and additional resource for hospital staff to address user questions that may arise.
- (3) Improved training and documentation for the NHSN reports so that hospitals can easily generate reports for their own work. CDC is also having its programmers evaluate adding an improved SSI report to include data summaries and graphics.
- (4) Recognizing that the denominator upload is time consuming, CDC has developed several methods to reduce data entry time. For example, it has developed the capability to use an Excel spreadsheet to upload SSI denominator data to NHSN. To obtain a copy of this spreadsheet, go the OHPR Oregon HAI web site (at [http://www.oregon.gov/OHPPR/Healthcare\\_Acquired\\_infections.shtml](http://www.oregon.gov/OHPPR/Healthcare_Acquired_infections.shtml)) and look under the heading “Training Resources for Required Reporting.”
- (5) Automatic upload of CLABSI and SSI data with several infection control software programs.
- (6) Initiating work with electronic health record vendors to support electronic upload of CLABSI and SSI data into NHSN. Cerner, Medware, and McKesson are currently developing this feature. CDC noted several Oregon hospitals were using EPIC and Meditech software and will contact these vendors to determine if they can create an interface to NHSN. If you use one of these software vendors, we encourage you to contact them and to ask when Clinical Document Architecture (CDA) will be available for NHSN using their software product.

## **Collaboration and Support within the State to Support NHSN**

The Oregon Association of Hospitals and Health Systems, The Office for Rural Health, and Oregon Health Policy and Research have agreed to collaborate within the state to provide information on and training on NHSN. We currently have two NHSN trainings scheduled with the CDC on September 15 and October 27, and we anticipate providing additional trainings that will enable hospitals to share their expertise in using technology and administrative staff to efficiently use NHSN on an ongoing basis.

If you have any questions regarding this communication, please contact:

Jeanne Negley, State HAI Coordinator, Oregon Health Policy and Research  
[Jeanne.Negley@state.or.us](mailto:Jeanne.Negley@state.or.us)  
503-373-1793

Diane Waldo, Director of Quality and Clinical Services, Oregon Association of Hospitals and Health Systems  
[Diane.Waldo@oahhs.org](mailto:Diane.Waldo@oahhs.org)  
503.479.6016



# Toward Elimination

Newsletter for State Partners in HAI Prevention

July 2010

## Oregon Highlight



During the annual Council for State and Territorial Epidemiologists (CSTE) conference, the Division of

Healthcare Quality Promotion (DHQP) met with Oregon's three public health agencies – the Oregon Public Health Division (OPHD), Office for Oregon Health Policy and Research (OHPR), and the Oregon Patient Safety Commission (OPSC). These organizations are concurrently working toward the prevention and elimination of healthcare-associated infections (HAIs) in Oregon.

Members of DHQP staff, OHPR HAI Prevention Coordinator Jeanne Negley, and Bob Duehmig from the Office of Rural Health also visited three state facilities that range in bed size from 25 to 483 staffed beds. The goals of the visits were to learn firsthand about facilities' experiences using the National Healthcare Safety Network (NHSN), determine and resolve facility specific challenges, and

identify successes for shared resources in surveillance and reporting of HAIs.

On June 11, DHQP Public Health Analyst Wendy Vance and Prevention Liaison Ronda Sinkowitz-Cochran, who both support Oregon in their HAI Recovery-Act program, participated in OPSC's first HAI prevention collaborative kick-off meeting. The collaborative consists of infection-prevention representatives from nine Oregon facilities. The group works to implement proven strategies for sustainable change in infection prevention practices as one of the many goals and initiatives for HAI reduction in Oregon.

Oregon also released its first annual HAI report on May 24th, 2010, which focused on CLABSI, SSI, and Surgical Care Improvement Program (SCIP) process measures. The full report can be viewed at: <http://www.oregon.gov/OHPPR/>.

Thank you again to our many partners in Oregon for their hospitality, willingness to share, and for a resource-filled 6 days!

Next CSTE stop is Pittsburgh, PA, June 2011!

## DHQP HAI Workshop at CSTE

On June 6, the Division of Healthcare Quality Promotion (DHQP) conducted a pre-conference HAI Workshop at the Council of State and Territorial Epidemiologists (CSTE) Annual Meeting in Portland, Oregon. The workshop included presentations and discussions from DHQP staff on topics such as NHSN data validation and analysis, infection-specific issues, state HAI plans, state laboratory roles in HAI efforts, and more. Approximately 66 attendees, including Recovery-Act-funded HAI coordinators, CSTE fellows and representatives from several county and city health departments, participated in the workshop. The workshop, conference, and DHQP exhibit booth pro-

vided several opportunities for networking, learning, and meeting with colleagues.

### Have a Success Story?

If so, we want to hear from you! Visit our Recovery Act Web site (<http://www.cdc.gov/HAI/recoveryact/index.html>) to submit your success story for Web and newsletter highlights.

## Coming Up...

**Standardized Needs Assessment and Developing IC Resources for Long-Term Care Settings Call for ELC/EIP Grantees: July 22, 2010, 1 PM-2PM ET**

**CAUTI/CDI Surveillance in LTC Call for ELC/EIP Grantees: July 27, 2010, 1 PM-2 PM ET**

**SSI Infection Specific Call for ELC/EIP Grantees: Resumes August 9**

**MRSA Infection Specific Call for ELC/EIP Grantees: Resumes August 16**

**CLABSI Infection Specific Call for ELC/EIP Grantees: Resumes August 23**

**Your PHAs will send the bridge-line, password, and Webinar URL information for these calls.**

## Policy Corner

### First CDC Report on CLABSI Data

In May, CDC published the *First State-Specific HAI-Summary Data Report*. The report is the first in a series and represents the first time CDC has reported state-specific infection information. This initial report includes both national central line-associated bloodstream infection (CLABSI) data and state-specific data for states mandated by state law to report CLABSIs. Ideally, future reports will include other infection types and data from all states. The report can be viewed at the following link: [http://www.cdc.gov/hai/pdfs/stateplans/SIR\\_05\\_25\\_2010.pdf](http://www.cdc.gov/hai/pdfs/stateplans/SIR_05_25_2010.pdf).

**Agenda**  
**Consumer Conversation On Healthcare-Associated Infections**  
**At the Centers for Disease Control and Prevention (CDC)**  
**Wednesday, June 16<sup>th</sup>, 2010**  
**Co-sponsored by CDC Foundation and Consumers Union**

**9:00 Opening and Introductions**

- *Abbigail Tumpey, Associate Director of Communications Science, Division of Healthcare Quality Promotion (DHQP)*
- *Lisa McGiffert, Campaign Manager, Safe Patient Project, Consumer's Union*
- *Dr. Thomas Hearn, Acting Director of CDC's National Center for Emerging and Zoonotic Infectious Diseases*
- *Dr. Denise Cardo, Director, DHQP*
- *Dr. Arjun Srinivasan, Associate Director for Healthcare-Associated Infection Prevention Programs & Medical Director, Get Smart for Healthcare, DHQP*

**10:00 Communications: CDC's Outreach to Clinicians and Consumers**

- *Abbigail Tumpey, Associate Director of Communications Science, DHQP*

**11:00 Multi-drug Resistant Organisms (MDROs) – *C. difficile*, MRSA, Gram-negative infections**

- *Dr. John Jernigan, Deputy Director, Prevention and Response Branch, DHQP*
- *Dr. Clifford McDonald, Deputy Director, Prevention and Response Branch, DHQP*
- *Dr. Arjun Srinivasan, Associate Director for Healthcare-Associated Infection Prevention Programs & Medical Director, Get Smart for Healthcare, DHQP*

**12:00 Lunch**

**12:30 Recovery Act and State Activity Update**

- *Joni Young, Public Health Advisor, DHQP*

**1:00 Lab Tour**

- *Dr. Mike Bell, Deputy Director, DHQP*

**2:30 Tracking and Reporting HAIs**

- *Dr. Scott Fridkin, Deputy Director, Surveillance Branch, DHQP*
- *Jonathan Edwards, Statistics Team Lead, Surveillance Branch, DHQP*

**3:30 Medical Errors and Infection Control in Outpatient Settings**

- *Dr. Joe Perz, Prevention Team Leader, DHQP*
- *Dr. Alice Guh, Medical Officer, DHQP*
- *Dr. Melissa Schaefer, Medical Officer, DHQP*

**4:30 Debrief and Wrap up**

**5:00 Adjourn**

# Health Care Acquired Infections Advisory Committee

## Charter

<b>Project Name:</b>	Health Care Acquire Infections Reporting Program		
<b>Project Sponsor:</b>	Jeanene Smith, MD, MPH	<b>Estimated Start Date:</b>	10/9/2007
<b>Project Owner:</b>	Sean Kolmer, MPH	<b>Duration:</b>	4 years

### Introduction and History

#### What it is?

- Creates a health care acquired infections reporting program in Oregon and the Health Care Acquired Infections Advisory Committee to advise OHPR in the development of the program.

#### Why are we doing it?

The U.S. Centers for Disease Control and Prevention (CDC) estimates that healthcare associated infections are one of the top ten leading causes of death in the United States.<sup>1</sup> In Oregon:

- The average estimated cost per stay at Oregon hospitals is approximately \$32,000 higher for a patient with a healthcare associated infection compared to a patient without a healthcare associated infection.<sup>2</sup>
- The estimated excess Medicaid costs in Oregon for healthcare associated infections exceeded \$2.4 million in 2005.<sup>2</sup>
- The estimated excess costs in Oregon for all payers for healthcare associated infections exceeded \$15 million in 2005.<sup>2</sup>
- The excess costs are not explained by differences in age, gender, co morbidities, or severity of illness.<sup>2</sup>

<sup>1</sup> <http://www.cdc.gov/ncidod/dhqp/hai.html>

<sup>2</sup> <http://www.oregon.gov/DAS/OHPPR/RSCH/docs/HAI111406.pdf>

### Objectives:

The advisory committee shall:

- Prescribe what health care acquired infection measures that health care facilities must report, which may include but are not limited to:
  - Surgical site infections;
  - Central line related bloodstream infections;
  - Urinary tract infections; and
  - Health care facility process measures designed to ensure quality and to reduce health care acquired infections
- Develop methods for evaluating and quantifying health care acquired infection measures that align with other data collection and reporting methodologies of health care facilities and that support participation in other quality interventions
- Requiring different reportable health care acquired infection measures for differently situated health care facilities as appropriate through defining of unit of analysis (i.e. facility, sub-facility)
- Develop method to ensure that infections present upon admission to the health care facility are excluded from the rates of health care acquired infection disclosed to the public
- Establishing a process for evaluating the health care acquired infection measures reported and for modifying the reporting requirements over time as appropriate;
- Establishing a timetable to phase in the reporting and public disclosure of health care acquired infection measures
- Procedures to protect the confidentiality of patients, health care professionals and health care facility employees.
- Develop a reporting format in which understandable by consumer.
- Approve annual report produced by the Office for Oregon Health Policy & Research.

# Health Care Acquired Infections Advisory Committee

## Charter

### Scope of reporting program:

#### Who

1. All health care facilities defined in ORS 442.015 (means a hospital, a long term care facility, an ambulatory surgical center, a freestanding birthing center or an outpatient renal dialysis facility.)

#### When

1. First facilities start reporting in no later than January 1, 2009
2. Timetable of introducing type of facility into reporting to be determined by the committee.

#### How report

1. Updated release of data on biannual and then quarterly basis.
2. Annual report no later than April 31 of year.

### Completion Criteria:

1. Public meeting held about administrative rule.
2. Administrative rules entered into the state registry.
3. Annual Report # 1 made public no later than 1/1/2010
4. Updated, publicly accessible data available 2 time per year in 2010.
5. Annual Reports due no later than 4/31/XX.
6. Updated, publicly accessible data available 4 times per year in 2011.

### Key Milestones / Deliverables:

Milestone / Deliverable	Comp. Date	Completion Criteria
Administrative Rules submitted for public comment	May 2008	Public meeting held
Administrative Rules adopted	July 1, 2008	Submitted to the AG office for registry
HCF begin to report HCAI	January 1, 2009	
First annual report	December 31, 2009	Report release by approved method
Biannual public reporting begins	January 1, 2010	Report release by approved method
Quarterly public reporting begins	January 1, 2011	Report release by approved method
Second annual report	April 30, 2011	Report release by approved method

Project Team Members	Team Role / Responsibilities
Jeanene Smith, MD, MPH	OHPR Administrator (Member for the advisory committee)
Sean Kolmer, MPH	OHPR Research & Data Manager (Lead staff)
James Oliver, MPH	OHPR Research Analyst (Lead data analyst)

Risks	Level (H,M,L)	Mitigation
Center for Medicaid and Medicare Services "never event" policy adoption on 10/1/2008	H	Unclear what impact this will have on the reporting of HCAI

### Glossary:

Term	Definition
Health care facility	As defined in ORS 442.015. Means a hospital, a long term care facility, an ambulatory surgical center, a freestanding birthing center or an outpatient renal dialysis facility.
Health care acquired infection	Results from an adverse reaction to the presence of an infectious agent or its toxin; AND was not present or incubating at the time of admission to the health care facility.
Risk-adjusted methodology	A standardized method used to ensure that intrinsic and extrinsic risk factors for a health care acquired infection are considered in the calculation of health care acquired infection rates.

# 2010 Evaluation of Charter

## Health Care Acquired Infections Advisory Committee

## Charter

<b>Project Name:</b>	Health Care Acquire Infections Reporting Program		
<b>Project Sponsor:</b>	Jeanene Smith, MD, MPH	<b>Estimated Start Date:</b>	10/9/2007
<b>Project Owner:</b>	Sean Kolmer, MPH	<b>Duration:</b>	4 years
		<b>Evaluation Period:</b>	July 14, 2010

### Objectives:

The advisory committee shall:

1. Prescribe what health care acquired infection measures that health care facilities must report, which may include but are not limited to:
  - Surgical site infections;
  - Central line related bloodstream infections;
  - Urinary tract infections; and
  - Health care facility process measures designed to ensure quality and to reduce health care acquired infections

*Update:* Measures identified for hospitals; measurements in process for long-term care facilities and ambulatory surgical centers. Awaiting the release of Tier II of the US HHS Action Plan for HAIs in the fall of 2011 to address reporting in ambulatory surgical centers and dialysis centers.

2. Develop methods for evaluating and quantifying health care acquired infection measures that align with other data collection and reporting methodologies of health care facilities and that support participation in other quality interventions.

*Update:* Hospital measures use the Center for Disease Control and Prevention's (CDC) National Healthcare Safety Network, which provides international standards for reporting HAIs. NHSN is in use for hospitals, and the Long-Term Nursing Home Subcommittee is evaluating the use of NHSN for reporting in long-term care facilities.

3. Requiring different reportable health care acquired infection measures for differently situated health care facilities as appropriate through defining of unit of analysis (i.e. facility, sub-facility)

*Update:* The Committee has evaluated defining measurements by defining unit of analysis (e.g., reporting central line associated bloodstream infections for non-specialty ICUs).

4. Develop method to ensure that infections present upon admission to the health care facility are excluded from the rates of health care acquired infection disclosed to the public

*Update:* The CDC's NHSN includes protocol to exclude infections present upon admission.

5. Establishing a process for evaluating the health care acquired infection measures reported and for modifying the reporting requirements over time as appropriate;

*Update:* OHPR issued its first report on May 24, 2010 under the guidance of the HAI Reporting Subcommittee.

6. Establishing a timetable to phase in the reporting and public disclosure of health care acquired infection measures

*Update:* OARS 409-023-0010 establishes the reporting timetable for hospital reporting.

7. Procedures to protect the confidentiality of patients, health care professionals and health care facility employees.

*Update:* In the conferring of rights procedure for NHSN, OHPR directs facilities to specify that OHPR cannot view patient identifiable information in NHSN. OHPR cannot view staff-level data in NHSN.

8. Develop a reporting format in which understandable by consumer.

*Update:* OHPR issued its first report on May 24, 2010 under the guidance of the HAI Reporting Subcommittee. This subcommittee was charged with creating a report understandable by consumers.

9. Approve annual report produced by the Office for Oregon Health Policy & Research.

*Update:* OHPR issued its first report on May 24, 2010 under the guidance of the HAI Reporting Subcommittee. This report was approved by OHPR.

# 2010 Evaluation of Charter

## Health Care Acquired Infections Advisory Committee

## Charter

<b>Key Milestones / Deliverables:</b>			
<b>Milestone / Deliverable</b>	<b>Comp. Date</b>	<b>Completion Criteria</b>	<b>Completion Date</b>
Administrative Rules submitted for public comment	May 2008	Public meeting held	June 19, 2008 was first public meeting date
Administrative Rules adopted	July 1, 2008	Submitted to the AG office for registry	July 1, 2008
HCF begin to report HCAI	January 1, 2009		Hospitals began reporting January 1, 2009
First annual report	December 31, 2009	Report release by approved method	OHPR issued first report May 24, 2010.
Biannual public reporting begins	January 1, 2010	Report release by approved method	In progress
Quarterly public reporting begins	January 1, 2011	Report release by approved method	
Second annual report	April 30, 2011	Report release by approved method	

July 31, 2010

TO: Accrediting and Licensing Department, Ambulatory Surgical Centers

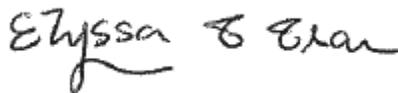
SUBJECT: Annual Survey of Evidenced-Based Elements of Patient Safety Performance.

Each ambulatory surgical center is requested to report evidence-based elements of patient safety performance and to submit this data to the Office of Health Policy and Research (OHPR) in accordance with Oregon Administrative Rule 409-023-0012.

This document provides the subject survey, which is due to OHPR by August 31, 2010. Upon completion, please email to [ohpr.datasubs@state.or.us](mailto:ohpr.datasubs@state.or.us) or fax to Jeanne Negley at (503) 378-5511.

If you have any questions about this survey, please contact Jeanne Negley, HAI Program Coordinator, at [Jeanne.Negley@state.or.us](mailto:Jeanne.Negley@state.or.us) or phone (503) 373-1793.

Sincerely,

A handwritten signature in black ink that reads "Elyssa Tran". The signature is written in a cursive style with a large, looped initial "E".

Elyssa Tran, MPA  
Health Systems Data and Research Manager  
Oregon Health Policy and Research

cc: HAI Advisory Committee

**Elements of Patient Safety Performance Survey  
for Oregon Ambulatory Surgical Centers**

**ASC Background Information**

1. ASC Name: \_\_\_\_\_
  
2. What year did the ASC open for operation? \_\_\_\_\_
  
3. Indicate below if your ambulatory surgery center is accredited and if so indicate for each agency as applicable:
  - American Association of Ambulatory Care?
  - American Association for Accreditation of Plastic Surgery Facilities?
  - Joint Commission for Accreditation of Healthcare Organizations (JCAHO)?
  - Accreditation Association for Ambulatory Health Care (AAAHC)?
  - American Association for Accreditation of Ambulatory Surgery Facilities (AAASF)?
  - Centers for Medicare and Medicaid?
  - Other. Specify: \_\_\_\_\_
  
4. What is the ownership of the facility?
  - Physician-owned
  - Hospital-owned
  - National Corporation (including joint ventures with physicians)
  - Other. Specify: \_\_\_\_\_
  
5. What is the primary procedure performed at the ASC (i.e., what procedure type reflects the majority of procedures performed at the ASC)? **Check one.**
  - Dental
  - Endoscopy
  - Ear/Nose/Throat
  - OB/Gyn
  - Ophthalmologic
  - Orthopedics
  - Pain
  - Plastic/reconstructive
  - Podiatry
  - Other. Specify: \_\_\_\_\_

6. What additional procedures are performed at the ASC? (**Check all that apply**).

- Dental
- Endoscopy
- Ear/Nose/Throat
- OB/Gyn
- Ophthalmologic
- Orthopedics
- Pain
- Plastic/reconstructive
- Podiatry
- Other. Specify: \_\_\_\_\_

7. Who does the ASC perform procedures on? (**Check only one.**)

- Pediatric patients only
- Adult patients only
- Both pediatric and adult patients

8. What is the average number of procedures performed at the ASC per month:

\_\_\_\_\_

9. How many operating rooms (including procedure rooms) does the ASC have?

\_\_\_\_\_

10. Does the ASC have a licensed health care professional qualified through training in infection control and designated to direct the ASC's infection control program?

- Yes
- No. If no, proceed to question 15.

11. Is this person an (check only one):

- ASC Employee
- ASC Contractor

12. Is this person certified in infection control?

- Yes
- No.

13. If this person is NOT certified in infection control, what type of infection control training has this person received? \_\_\_\_\_

14. On average, how many hours per week does this person spend in the ASC working on the infection control program? \_\_\_\_\_

**Infection Control Program**

15. Does the ASC have an explicit infection control program?

- Yes.
- No. If no, proceed to question 19.

16. Does the ASC's infection control program follow nationally recognized infection control guidelines for its program?

- Yes
- No. If no, proceed to question 19.

17. Does the ASC Monitor compliance with published evidence-based guidelines for reducing the risk of surgical site infections?

- Yes. Specify methods: \_\_\_\_\_
- No.

18. Which nationally recognized infection control guidelines has the ASC selected for its program. (Check all that apply).

- CDC/HICPAC Guidelines:
  - Guideline for Isolation Precautions (CDC/HICPAC)
  - Hand Hygiene (CDC/HICPAC)
  - Disinfection and Sterilization in Healthcare Facilities (CDC/HICPAC)
  - Environmental Infection Control in Healthcare Facilities (CDC/HICPAC)
- Perioperative Standards and Recommended Practices (AORN)
- Guidelines issued by specialty society/organization (List):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Others. Specify: \_\_\_\_\_

\_\_\_\_\_

- None of the above.

19. Does the ASC educate health care workers involved in surgical procedures about health care associated infections and the importance of prevention? **Check all that apply.**

- Yes, when hired
- Yes, when involvement in surgical procedures is added to job responsibilities
- Yes, annually
- No

20. Prior to undergoing a surgical procedure, does the ASC educate patients about surgical site infection prevention?

- Yes
- No

21. What methods does the ASC use to conduct surveillance for surgical site infections? Check all that apply.

- Direct examination of patient's wound during follow-up visits
- Review of medical records
- Surgeon surveys by mail or telephone
- Patient surveys by mail or telephone
- Other

Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- None of the above.

22. Does the ASC conduct surveillance for surgical site infections following procedures that do not involve implantable devices?

- Yes, for 30 days after the procedure
- Yes, for 3 months after the procedure
- Yes, for 6 months after the procedure
- Yes, for at least one year after the procedure
- No

23. Does the ASC conduct surveillance for surgical site infections for at least one year following procedures involving implantable devices?

- Yes
- No

24. Does the ASC monitor surgical site infection rates?

- Yes, for certain procedures
- Yes, for all procedures
- No

25. Does the ASC provide data on infection prevention outcome and process measures to interested parties? Check all that apply.

- Yes, to the ASC's surgeons
- Yes, to the ASC's nurses
- Yes, to the ASC's other staff
- Yes, to the ASC's patients
- Yes, to an accreditation agency or a regulatory agency  
Specify: \_\_\_\_\_
- Yes, to others  
Specify: \_\_\_\_\_
- No

26. Need to make sure we have question regarding what the ASC is doing in terms of follow-up. (Need help to write this question.)

27. Need question regarding what kind of system that ASC has in place to record follow-up activities. (Need help to write this question.)

28. Does the ASC have a written plan in place for responding to infection outbreaks that may potentially overwhelm its resources?

- Yes
- No

**Healthcare Worker Influenza Vaccination Program**

(This is for the 2009-2010 flu season, from September 1, 2009 – March 31, 2010)

- Note: Staff is defined as healthcare personnel (HCP), which refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

HCP might include (but are limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by health-care facility, and persons (e.g., clerical, dietary, house-keeping, laundry, security, maintenance, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

- Total staff count is the total count as of March 31, 2010.

29. Total number of staff with documented influenza vaccination during the influenza season. (Includes influenza vaccines administered in settings other than reporting facility): \_\_\_\_\_(Seasonal) \_\_\_\_\_(H1N1)

30. Total number of staff (include part time): \_\_\_\_\_

31. Total number of staff with documented medical contraindication of influenza vaccination during the influenza season: \_\_\_\_\_(Seasonal)  
\_\_\_\_\_ (H1N1)

32. Total number of staff with a documented refusal of vaccination during the influenza season: \_\_\_\_\_(Seasonal) \_\_\_\_\_(H1N1)

**Electronic Signature**

I certify that all statements contained herein are true and accurate to the best of my knowledge. I understand that my printed name below is enforceable as if I had signed below.

Name/Title of Person Completing Report:

\_\_\_\_\_

Date: \_\_\_\_\_

**Submittal of this Form:**

Please submit this form via email to [ohpr.datasubs@state.or.us](mailto:ohpr.datasubs@state.or.us) or fax to Jeanne Negley at (503) 387-5511.

**This form is due by August 31, 2010.**

## **Notes on Healthcare Acquired Infection Long Term Care Subcommittee July 1, 2010**

Members Present: Margaret Cervenka, Zintars Beldavs, Pat Preston, Kathleen Elias, Ron Jamtgaard, and Staff Jeanne Negley

Nursing Home Subcommittee Notes for the meeting held June 1, 2010 were accepted without change.

**Additions to MDS:** Next, we discussed a potential data waiver from CMS that would allow Oregon to use customized data fields in Section S of the MDS Forms. Margaret Cervenka discussed this idea with a CMS representative by telephone. The CMS representative did not rule out this approach but said that further exploration of this path would need to come from Oregon's Seniors and People with Disabilities division. The path to getting the necessary approvals of State and Federal agencies is arduous. The Subcommittee members concluded that this option should be dropped unless all other options prove unworkable or overly burdensome for nursing facilities to implement.

**Public Health Lab Reporting:** Zintars Beldavs reported for Paul Cieslak on potential use of the Public Health reporting system for collecting data from laboratories. On further study, Paul and Zintars recommend against pursuing this approach. In addition to rule changes (which are cumbersome), this approach has issues with definitions of infection types and sources for distribution of lab results. Some results go to the ordering physician. Some go directly to the nursing home. Labs do not have data on date of patient admission that would help to isolate infections acquired while in nursing home care at least 72 hours after initial admit. Furthermore, there are three types of laboratories – regional, hospital, and private labs. In some cases, nursing homes do not get lab results for months. Kathy pointed out that LTC administrators need to hold their staff accountable for running down results in a timely manner. In a skilled care setting, the nursing home receives the bill for the lab service because reimbursement is typically tied to capitated rates. In a mixed facility of skilled care and long term care, the non-skilled care patient lab tests are billed by the lab to Medicare/Medicaid and the nursing home does not see the bill. This precludes using ICD-9 coding for our reporting.

**Manual System:** A manual reporting system was briefly discussed. If most or the State's 140+ nursing homes had zero to five cases to report in any one month, it is conceivable that a manual report to OHPH could be compiled by OHPH staff. An Excel spreadsheet could be available on the OHPH web site to make this information publicly available – as and when privacy concerns for individual data could be assured. This approach remains an option, but was not favored by the Subcommittee.

**NHSN:** Finally, a reporting system using CDC's future NHSN software was discussed. Pat Preston and Jeanne Negley had discussions with CDC

representatives regarding definitions of Clostridium difficile (C -diff) and Urinary Tract Infection (UTI) both with and without catheter. They also discussed the timing of CDC's changes to NHSN reporting designed specifically for Long Term Care (LTC) Facilities. We understand that CDC may have new definitions and reporting software by early 2011. We further understand that the LTC version will be considerably simplified from the hospital version. Jeanne Negley and Pat Preston have provided a two page summary of their discussions with CDC and a copy is attached. Pat was successful in getting CDC to change its form to reflect a definition of fever in line with the CMS definition. Pat Preston gave a Powerpoint presentation on typical UTI and C-diff infection rates among aging population, and need for toxin assay, not just cultures, to identify C-diff. We need to identify hospital onset, versus community or nursing home onset. Our goal is to attain a better life for LTC residents. What steps can we take to attain the goal?

**Process Measures:** Ron Jamtgaard questioned whether process measure reporting might have to be substituted for infection rate reporting to avoid placing an overwhelming reporting burden on nursing homes. For example, in UTI cases, was an antibiotic used?

**Recommendations:**

After considerable discussion, the Subcommittee arrived at the following recommendations:

1. Continue to push for standardized definitions from both CDC and CMS.
2. Plan to use the forthcoming CDC version of NHSN adapted for Long Term Care Facilities to collect data on C-diff and UTIs.
3. Develop a training program as soon as the NHSN software is available. We estimate the training program may require approximately four hours per person to be trained. This could maybe be split into two two-hour sessions and conducted as a Webinar. And, training courses could be conducted in regions around the state.
4. Test the training and reporting program on a pilot basis with eight to ten facilities.
5. Amend the process and training as needed.
6. Continue to review the CDC data system and any other options that arise.
7. Wait for implementation of the new NHSN for LTCs.
8. Attempt to implement for all LTCs in Oregon as soon as practical after NHSN for LTCs is available.

Ask all Subcommittee Members to review and comment on this list of recommendations and modify the list as needed to reflect the views of Subcommittee members. Then, submit the recommendations to the Oregon HAI Advisory Committee and Office of Health Policy and Research.