409.023.0005

Definitions

(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 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 updated January 2008.

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

(8) “Confer rights” means making administrative changes to NHSN that allow the Office to view and analyze the health care facility’s NHSN data.

(9) “Committee” means the Health Care Acquired Infections Advisory Committee as defined in ORS 442.838.

(10) “Dialysis facility” means outpatient renal dialysis facility as defined in ORS 442.015 (29).

(11) “Disclosure” means the intentional or negligent release of, transfer of, provision of access to, or divulgence of information in any other manner, except disclosures specifically allowed or required under federal or state rules, regulations, or statutes.

(12) “Follow-up” means post-discharge surveillance intended to detect SSI cases occurring after a procedure, which requires active, patient-based, prospective surveillance of SSI by a trained infection control professional (ICP). This means that the ICP shall seek out infections during a patient’s stay by screening a variety of data sources, such as laboratory, pharmacy, admission/discharge/transfer, radiology/imaging, and pathology databases, and patient charts, including history and physical notes, nurses/physicians notes, temperature charts, etc. Others may be trained to screen data sources for these infections, but the ICP must make the final determination. Use post-discharge surveillance methods to detect SSIs following in- and

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outpatient operative procedures. These methods may include any combination of 1) direct examination of patients' wounds during follow-up visits to either surgery clinics or physicians' offices, 2) review of medical records, subsequent hospitalization records, or surgery clinic records, 3) surgeon surveys by mail or telephone, and 4) patient surveys by mail or telephone (though patients may have a difficult time assessing their infections).

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

(14) "Health care facility" has the meaning given that term in ORS 442.015 (16).

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

(16) "ICU" means an intensive care unit as defined in the Patient Safety Component Protocol of the NHSN Manual updated January 2008.

(17) "KPRO" means knee prosthesis procedure as defined in the Patient Safety Component Protocol of the NHSN Manual updated January 2008.

(18) "LTC facility" means Long Term Care facility as defined in ORS 442.015 (22).

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

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

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

(22) "NHSN" means the CDC's National Healthcare Safety Network, or its successor.

(23) "Office" means the Office for Oregon Health Policy and Research as defined in ORS 442.011.

(24) "Oregon HAI group" means the NHSN group administered by the Office intended solely for Oregon Hospitals to join and confer data rights to the Office.

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

(26) "Person" has the meaning given that term in ORS 442.015 (30).

(27) "Procedure" means an NHSN Operative Procedure as defined in the Patient Safety Component Protocol of the NHSN Manual updated January 2008.

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(28) “Provider” means health care services provider as defined in ORS 179.505 (b).

(29) “QIO” means the quality improvement organization designated by CMS for Oregon.

(30) “RHQDAPU” means the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) initiative administered by CMS, which requires certain hospitals to submit data for specific quality measures for health conditions common among people with Medicare, and which typically result in hospitalization.

(31) “SCIP” means the Surgical Care Improvement Project.

(32) “SCIP-Inf-1” means the HAI process measure published by SCIP defined as: Prophylactic antibiotic received within one hour prior to surgical incision.

(33) “SCIP-Inf-2” means the HAI process measure published by SCIP defined as: Prophylactic antibiotic selection for surgical patients

(33) “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)

(34) “Specialty ICU” means an intensive care unit with at least 80% of adults are specialty patients (oncology, trauma, neurology, etc.).

(35) “SSI” means a surgical site infection event as defined in the Patient Safety Component Protocol of the NHSN Manual updated January 2008.

(36) “State agency” shall have the meaning given that term in ORS 192.410 (5).

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

409.023.0015

Review

(1) Unless otherwise directed by the Administrator, the Program shall review this division no later than January 1, 2009 and thereafter at least biennially.

Stat. auth.: ORS 442.838, ORS 442.420 (3)(d)
Stats. implemented: ORS 442.838

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HAI Reporting for Hospitals

(1) Hospitals shall begin collecting data for outcome and process measures prescribed by the Administrator for the HAI reporting program on January 1, 2009.

(2) Reportable HAI outcome measures will include SSIs for CBGB, CBGC, and KPRO procedures and CLABSI in medical ICUs, surgical ICUs, and combined medical/surgical ICUs.

(a) The HAI reporting system for HAI outcome measures shall be NHSN. Hospitals shall comply with processes and methods prescribed by CDC for NHSN data submission. This includes, but is not limited to definitions, collecting data, reporting data and administrative and training requirements.

(b) Hospitals shall join the Oregon HAI group in NHSN.

(c) Hospitals shall confer data rights to the Office for 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.

(d) Hospitals shall report data for outcome measures to NHSN no later than 30 days after the end of the collection month for the entire calendar year.

(3) Reportable HAI process measures will include SCIP-Inf-1, SCIP-Inf-2, and SCIP-Inf-3.

(a) The reporting system for HAI process measures shall be the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program, or its successor. Hospitals shall comply with reporting processes and methods prescribed by CMS for the RHQDAPU program. This includes, but is not limited to definitions, collecting data, reporting data and administrative and training requirements.

(b) Hospitals shall report data quarterly for HAI process measures, effective for the entire calendar year. 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, ORS 442.420 (3)(d)
Stats. implemented: ORS 442.838, ORS 442.405

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HAI Reporting for Other Health Care Facilities

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(1) ASCs, dialysis facilities, and LTC facilities shall begin collecting data for the HAI reporting program on January 1, 2010.

(2) The Administrator shall prescribe HAI measures and methods pending recommendations from the Committee. The Administrator shall announce the reporting requirements no later than July 1, 2009.

Stat. auth.: ORS 442.838, ORS 442.420 (3)(d)
Stats. implemented: ORS 442.838, ORS 442.405

409.023.0200

HAI Public Disclosure

(1) The Office shall disclose updated state-level and facility-level data to the public at least biannually beginning in 2010 and at least quarterly beginning in 2011.Data shall be disclosed in a format which facilitates access and usage by interested persons and may include but is not limited to observed frequencies, expected frequencies, proportions, rates, and ratios.

(2) The Office shall summarize HAI reporting by health care facilities in an annual report beginning with the first report in 2010. The Office shall publish the annual report no later than April 30 of each calendar year.

(3) Pending recommendations from the Committee and at the Administrator's discretion, the Office may publish additional reports intended to serve the public's interest.

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

409.023.0300

HAI Data Processing and Security

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

(2) The Office shall download Hospital process measures data files from the CMS Hospital Compare web site, or its successor 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 document the methods used to calculate statistics and perform comparisons.

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(4) If applicable, the Office shall use statistically valid and clinically intuitive risk adjustment methods. For each HAI measure a minimum of 20 denominator observations is required for inclusion in risk adjustment calculations.

(5) If feasible and appropriate, the Office shall use statistically valid methods to make comparisons with state, regional, or national statistics. For each HAI measure a minimum of 20 denominator observations is required for inclusion in state, regional, or national comparisons.

(6) The Office shall undertake reasonable precautions to prevent unauthorized disclosure of the raw data files. These 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.

(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, ORS 442.420 (3)(d)
Stats. implemented: ORS 442.838, ORS 192.496, ORS 192.502

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Prohibited Activities

(1) Unless specifically required by state or federal rules, regulations, or statutes, the Office is prohibited from undertaking the following activities:

(a) Disclosure of patient information.

(b) Intentionally linking or attempting to link individual providers to individual HAI events.

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

Stat. auth.: ORS 442.838, ORS 442.420 (3)(d)
Stats. implemented: ORS 442.838, ORS 192.496, ORS 192.502

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Compliance

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(1) Health care facilities that fail to comply with these rules are subject to civil penalties not to exceed $500 per day per violation.

Stat. auth.: ORS 442.445, ORS 442.420 (3)(d)
Stats. implemented: ORS 442.445

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