

**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~~ NHSN Manual.
- ~~(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~~ NHSN Manual.
- ~~(7)~~ “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, ~~CBGC,~~ COLO, FUSN, HPRO, HYST, and KRPO, and LAM surgical site infection (SSI) cases occurring after a procedure.
- ~~(11)~~ “FUSN” means spinal fusion procedure as defined in the NHSN Manual.

- ~~(412)~~ “HAI” means health care acquired infection as defined in ORS 442.838.
- ~~(4213)~~ “Health care facility” means a facility as defined in ORS 442.015(16).
- ~~(4314)~~ "Hospital" means a facility as defined in ORS 442.015(19) and that is licensed pursuant to ORS 441.015.
- ~~(15)~~ “HPRO” means hip prosthesis procedure as defined in the NHSN Manual.
- ~~(16)~~ “HYST” means abdominal hysterectomy procedure as defined in the NHSN Manual.
- ~~(4417)~~ “ICU” means an intensive care unit as defined in the ~~Patient Safety Component Protocol of the NHSN manual, version January 2008~~ NHSN Manual.
- ~~(4518)~~ “KPRO” means knee prosthesis procedure as defined in the ~~Patient Safety Component Protocol of the NHSN manual, version January 2008~~ MHSN Manual.
- ~~(19)~~ “LAM” means laminectomy procedure as defined in the NHSN Manual.
- ~~(4620)~~ “LTC facility” means long term care facility as defined in ORS 442.015(22).
- ~~(4721)~~ “MDS” means 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.
- ~~(4822)~~ “Medical ICU” means a non-specialty intensive care unit that serves 80% or more adult medical patients.
- ~~(4923)~~ “Medical/Surgical ICU” means a non-specialty intensive care unit that serves less than 80% of either adult medical, adult surgical, or specialty patients.
- ~~(2024)~~ “NHSN” means the CDC’s National Healthcare Safety Network.
- ~~(25)~~ “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.
- ~~(2126)~~ “NICU” means a specialty intensive care unit that cares for neonatal patients.
- ~~(2227)~~ “Office” means the Office for Oregon Health Policy and Research.
- ~~(2328)~~ “Oregon HAI group” means the NHSN group administered by the Office.
- ~~(2429)~~ “Patient information” means individually identifiable health information as defined in ORS 179.505(c).

- (~~2530~~) “Person” has the meaning as defined in ORS 442.015(30).
- (~~2631~~) “Procedure” means an NHSN operative procedure as defined in the ~~Patient Safety Component Protocol of the NHSN manual version January 2008~~ NHSN Manual.
- (~~2732~~) “Provider” means health care services provider as defined in ORS 179.505(b).
- (~~2833~~) “QIO” means the quality improvement organization designated by CMS for Oregon.
- (~~2934~~) “RHQDAPU” means the Reporting Hospital Quality Data for Annual Payment Update initiative administered by CMS.
- (~~3035~~) “SCIP” means the Surgical Care Improvement Project.
- (~~3136~~) “SCIP-Inf-1” means the HAI process measure published by SCIP defined as prophylactic antibiotic received within one hour prior to surgical incision.
- (~~3237~~) “SCIP-Inf-2” means the HAI process measure published by SCIP defined as prophylactic antibiotic selection for surgical patients.
- (~~3338~~) “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).
- (~~39~~) “SCIP-Inf-4” means the HAI process measure published by SCIP defined as cardiac surgery patients with controlled 6 a.m. postoperative serum glucose.
- (~~3440~~) “SCIP-Inf-6” means the HAI process measure published by SCIP defined as surgery patients with appropriate hair removal.
- (~~41~~) “SCIP-Inf-10” means the HAI process measure published by SCIP defined as surgery patients with perioperative temperature management.
- (~~3542~~) “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.
- (~~3643~~) “SSI” means a surgical site infection event as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.
- (~~3744~~) “Staff” means any employee of a health care facility or any person contracted to work within a health care facility.
- (~~3845~~) “State agency” shall have the meaning as defined in ORS 192.410(5).
- (~~3946~~) “Surgical ICU” means a non-specialty intensive care unit that serves 80% or more adult surgical patients.

(4047) “VLBW” means very low birth weight as defined by Vermont Oxford Network.

(4148) “VON” means the Vermont Oxford Network or its successor.

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

Stats. Implemented: ORS 179.505, 192.410, 192.496, 192.502, 442.400, 442.405, 442.015, 442.011, 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, 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, FUSN, 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, ~~CBGC~~, COLO, FUSN, 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; ~~and~~
 - (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.

AMEND

- (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(3)(d)
Stats. Implemented: ORS 442.838, 442.405

Recommendations from the Long-Term Care Subcommittee Regarding Healthcare Acquired Infection (HAI) Measurements for Nursing Homes

This document presents the recommendations of the Long-Term Care Subcommittee to the HAI Advisory Committee. Recommendations are summarized by the three charges given to the subcommittee.

Charge 1: Review Pennsylvania's experience with collecting HAI data from nursing homes. What do they collect? How is it going? How useful are the data?

- State of Pennsylvania has adopted McGeer definitions for nursing home reporting.¹
- Urinary tract infection: urinary tract infection includes only symptomatic urinary tract infections.
- Surveillance for asymptomatic bacteriuria (defined as the presence of a positive urine culture in the absence of new signs and symptoms of urinary tract infection) is not recommended, as this represents baseline status for many residents.

Definition of symptomatic urinary tract infection

One of the following criteria must be met:

1. The resident does not have an indwelling urinary catheter and has at least three of the following signs and symptoms:

- a) fever (increase in temperature of >2 degrees F (1.1 degrees C) or rectal temperature >99.5 degrees F (37.5 degrees C) or single measurement of temperature >100 degrees F (37.8 degrees C))*
- b) New or increased burning pain on urination, frequency or urgency;*
- c) New flank or suprapubic pain or tenderness;*
- d) Change in character of urine (e.g., new bloody urine, foul smell, or amount of sediment) or as reported by the laboratory (new pyuria or microscopic hematuria); and/or*
- e) Worsening of mental or functional status (e.g., confusion, decreased appetite, unexplained falls, incontinence of recent onset, lethargy, decreased activity.²*

2. The resident has an indwelling catheter and has at least two of the following signs or symptoms:

- a. Fever or chills;*
- b. New flank pain or suprapubic pain or tenderness;*

¹ McGeer, A et al. Definitions of Infections for Surveillance in Long-Term Care Facilities; *Amer Journ Infection Control*, 1991; 19(1): 1-7. (commonly referred to as McGeer Definitions)

- c. *Change in character of urine (e.g., new bloody urine, foul smell, or amount of sediment) or as reported by the laboratory (new pyuria or microscopic hematuria); and/or*
 - d. Worsening of mental or functional status. Local findings such as obstruction, leakage, or mucosal trauma (hematuria) may also be present.²
- On March 16, 2010, the committee viewed the data collection system created by the Pennsylvania Patient Safety Authority
 - The system includes the following measurements:
 - Lower respiratory tract infection
 - Symptomatic urinary tract infection
 - Skin and soft tissue infection
 - Acute gastroenteritis
 - Bacteremia
 - Nursing homes began reporting in June 2009 and a six-month report (for June - December 2009) is expected to be issued around April 30, 2010. Preliminary data from the system seem consistent with national norms, with the exception of bacteremia, which may be due to the lack of lab reporting in the system.
 - Of its 717 nursing home facilities, only 12 have not reported.
 - The Pennsylvania Safety Authority reported that it required about 14 hours of training per staff person. Since initial training, it has had little “push back” regarding reporting from nursing homes.
 - Kathy Elias called about three nursing homes in Pennsylvania and learned that the size of Pennsylvania’s nursing homes (about 120 – 240 beds) are much larger than Oregon, suggesting more staff and resources in PA’s facilities over Oregon’s.
 - Members determined that Pennsylvania had more resources than Oregon, and therefore the committee did not recommend adopting Pennsylvania’s system.

Charge 2: In addition to PA’s experience, determine if we are missing some important nursing home HAI reporting measures (outcomes or process).

The Committee noted that as of January 2009, nursing homes were reporting urinary tract infections (UTI) using the Center for Medicaid and Medicare Services’ minimum data set (MDS). It was discussed that the MDS system was revising its system requirements, and the Committee compared MDS 2.0 and 3.0 versions: it was determined the definition for UTI is unchanged from the earlier version. It was noted that the issue with the MDS UTI definition is that it required recording of all UTI’s and did not distinguish between community acquired (which includes UTI present on nursing home admission resulting from hospitalization), and facility acquired infections.

MDS 2.0 included C-diff reporting, but this was dropped in MDS 3.0. The Subcommittee felt that C-diff was expensive in terms of impact on patients and staff, and

² US Health and Human Services. Centers for Medicare & Medicaid Services (CMS), Publication 100-07 State Operators Provider Certification, Transmittal 8, June 28, 2005; (commonly referred to as F315).

that hand hygiene and other process measures could significantly reduce the rate. The MDS criteria are not considered suitable for “live” infection reporting. That is why the McGeer definition is recommended .

Members also reviewed quality indicator reports for nursing home facilities and determined they did not meet the standards for public reporting as (1) they had no standard definitions and (2) were used for internal quality improvement only. Members also reviewed the standards for Federal and State surveyors of nursing homes (the state unit is referred to as DHS Client Care Monitoring Unit) and did not find practices that could be applied to public reporting.

At the April 7, 2010 meeting, members discussed possible process measures for catheter-associated UTI (CAUTI), but this discussion was not followed up.

Members identified the following as the top two priorities in measuring HAIs in long-term care facilities:

- (1) Clostridium difficile infection (CDI) defined as HAI when a resident has signs and symptoms (diarrheal, un-formed stool) consistent with CDI manifesting 72 hours after nursing home admission, and has a documented positive toxin-assay specifically for CDI ;³³ and
- (2) UTI measurement that distinguishes between community acquired and HAI UTI (HAI UTI defined when a resident has signs and symptoms using the McGeer-based definitions as noted above manifesting 72 hours or more after nursing home admission.)

Charge 3: Make recommendations to the full advisory group about possible additions to the nursing home infection measures.

The LTC Subcommittee recommends to the HAI Advisory Committee that Oregon nursing homes be required to report Clostridium difficile infections and urinary tract infections monthly as defined above to OHPR on a regular basis starting January 1, 2011. Details are provided below:

- (1) Clostridium difficile infection (CDI) defined as HAI:

RESIDENT WITHOUT PRIOR HOSPITAL ONSET CDI: resident has signs and symptoms (diarrheal, un-formed stool) consistent with CDI manifesting 72 hours or more after nursing home admission, and has a documented positive toxin-assay for CDI;

RESIDENT WITH DOCUMENTED PRIOR HOSPITAL ONSET CDI, AND WHO IS ADMITTED DIRECTLY FROM THE HOSPITAL resident has signs and

³ Cohen, SH at al. Clinical Practice Guidelines for Clostridium difficile infections in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA); Infect Control Hosp Epidemiol, May, 2010; 31(5):

symptoms (diarrheal, un-formed stool) consistent with CDI manifesting 4 weeks or more after nursing home admission, and has a documented positive toxin-assay for CDI;³ and

- (2) UTI measurement that distinguishes between community acquired and HAI UTI (HAI UTI defined using the McGeer-based symptoms definitions as noted above on a resident who manifests the defined signs and symptoms 72 hours after nursing home admission.)

January 15, 2010

TO: Accrediting and Licensing Department, Long-Term Care Facilities

SUBJECT: Annual Survey on Influenza Vaccination of Staff for 2009-2010

Each long-term facility is requested to report influenza vaccination, documented contraindication, and informed declination rates for all staff for the 2009-2010 flu season and to submit this data to the Office of Health Policy and Research (OHPR) by April 30, 2010.

This document provides the survey forms for Reporting of Influenza Vaccination, Medical Contraindication and Declination Rates for Staff, 2009-2010, for compliance with Oregon Administrative Rule 409-023-0013(4).

The following information is provided to complete this form:

1. 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.

2. The cutoff date for tabulation of the data Attachment A is the count of vaccinations, declinations, or documented medical contraindications between September 1, 2009 and March 31, 2010. The total count of staff is the count on March 31, 2010.
3. Attachments A is due to OHPR by April 30, 2010. Upon completion, please email to Jeanne.Negley@state.or.us or fax to "HAI Program" at (503) 373-5511.

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

Sincerely,

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

cc: HAI Advisory Committee
Oregon Health Care Association

ATTACHMENT A

**Influenza Vaccination/Declination Surveillance
for Long-Term Care Facilities**

Collection Start Date: September 1, 2009; End Date: March 31, 2010

Name of Facility: _____

Facility ID: _____

Name of Person Completing Form: _____
Please print legibly

Contact Information:

Email: _____ Phone: _____

Components	Number	
	Seasonal	H1N1
1. Total number of staff with a documented influenza vaccination ¹ during the influenza season.		
2. Total number of staff (include part-time) ²		
3. Total number of staff with a documented medical contraindication of influenza vaccination during the influenza season.	Seasonal	H1N1
4. Total number of staff with a documented refusal of influenza vaccination during the influenza season.	Seasonal	H1N1
5. Which of the following methods did you use during the influenza season to deliver vaccine to your healthcare workers? (check all that apply)		
<input type="checkbox"/> Mobile carts <input type="checkbox"/> Centralized mass vaccination fairs <input type="checkbox"/> Peer vaccinators <input type="checkbox"/> Provided vaccination in congregate areas (e.g., conferences/meetings or cafeteria) <input type="checkbox"/> Provided vaccination at occupational health clinic <input type="checkbox"/> Other, specify: _____		
6. Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)		
<input type="checkbox"/> No formal promotional activities are planned <input type="checkbox"/> Incentives <input type="checkbox"/> Reminders by mail, email or pager <input type="checkbox"/> Coordination of vaccination with other annual programs (e.g., tuberculin skin testing) <input type="checkbox"/> Required receipt of vaccination for credentialing (if no contraindications) <input type="checkbox"/> Campaign including posters, flyers, buttons, fact sheets <input type="checkbox"/> Other, specify: _____		
Did you conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Upon completion, please email this to HAI@state.or.us or Fax to "HAI Program" at (503) 373-1793		

For questions, please contact Jeanne Negley at jeanne.negley@state.or.us or phone (503) 373-1793.

¹ Includes influenza vaccines administered in settings other than reporting facility.

² The total staff count is the total count as of March 31, 2010.

Review of Board Members' Roles and Expiring Terms

We have been reviewing the statute regarding the roles for the HAI Advisory Committee and expiring terms. We wanted to inform the committee that the composition of the committee will be changing to conform with these requirements.

Committee Requirements from the Statute

Sec. 4. (1) There is established the Health Care Acquired Infection Advisory Committee to advise the Administrator of the Office for Oregon Health Policy and Research regarding the Oregon Health Care Acquired Infection Reporting Program. The advisory committee shall consist of 16 members appointed by the administrator as follows:

- (a) Seven of the members shall be health care providers or their designees, including:
 - (A) A hospital administrator who has expertise in infection control and who represents a hospital that contains fewer than 100 beds;
 - (B) A hospital administrator who has expertise in infection control and who represents a hospital that contains 100 or more beds;
 - (C) A long term care administrator;
 - (D) A hospital quality director;
 - (E) A physician with expertise in infectious disease;
 - (F) A registered nurse with interest and involvement in infection control; and
 - (G) A physician who practices in an ambulatory surgical center and who has interest and involvement in infection control.
- (b) Nine of the members shall be individuals who do not represent health care providers, including:
 - (A) A consumer representative;
 - (B) A labor representative;
 - (C) An academic researcher;
 - (D) A health care purchasing representative;
 - (E) A representative of the Oregon Health Authority;
 - (F) A representative of the business community;
 - (G) A representative of the Oregon Patient Safety Commission who does not represent a health care provider on the commission;
 - (H) The state epidemiologist; and
 - (I) A health insurer representative.

(2) The Administrator of the Office for Oregon Health Policy and Research and the advisory committee shall evaluate on a regular basis the quality and accuracy of the data collected and reported by health care facilities under section 3, chapter 838, Oregon Laws 2007, and the methodologies of the Office for Oregon Health Policy and Research for data collection, analysis and public disclosure.

(3) Members of the advisory committee are not entitled to compensation and shall serve as volunteers on the advisory committee.

(4) Each member of the advisory committee shall serve a term of two years.

List of Committee Members and Expiring Terms

Role	Committee Member Name	Year when term expires
A hospital administrator who has expertise in infection control and who represents a hospital that contains fewer than 100 beds;	Vacant (formerly Jim Barnhart)	
A hospital administrator who has expertise in infection control and who represents a hospital that contains 100 or more beds;	Laura Mason	2010
A hospital quality director;	Vacant (formerly Patricia Martinez)	
A long-term care administrator	Kathy Elias	2009
A physician with expertise in infectious disease;	Woody English	2010
A registered nurse with interest and involvement in infection control	Mary Post	2010
A physician who practices in an ambulatory surgical center and who has interest and involvement in infection control.	Roger Sleven	2009
A consumer representative;	Dee Dee Vallier	2010
A labor representative;	Vacant (formerly Lynn-Marie Crider)	
An academic researcher;	John Townes	2009
A health care purchasing representative;	Barbara Prowe	2011
A representative of the Department of Human Services;	Jon Pelky	2011
A representative of the business community;	Ron Jamtgaard	2009
A representative of the Oregon Patient Safety Commission who does not represent a health care provider	Jim Dameron	2011
The state epidemiologist	Paul Cieslak	2011
A health insurer representative.	Vacant	

Comparison of First Annual Oregon Healthcare Acquired Infection Report and Center for Disease Control (CDC) State-Level HAI Report

1. In May 2010, two reports regarding healthcare acquired infections (HAI) rates in Oregon will be published. The Oregon Office for Health Policy and Research (OHPR) will publish its first Annual HAI Report for Oregon and the CDC's Division of Healthcare Quality Promotion (DHQP) will be publishing a report on HAI rates in several states, including Oregon.
2. The OHPR report will be issued on its web site: http://www.oregon.gov/OHPPR/Healthcare_Acquired_infections.shtml. The CDC report will be issued on its DHQP web site. The CDC will also issue a shortened version of its state report in Morbidity and Mortality Weekly Report.
3. Although these two reports cover the same topic and use the same data source of the National Health and Safety Network (NHSN), there are significant differences between these reports:
 - The CDC report covers the period January 2009 through June 2009. The OHPR report covers the entire 2009 calendar year (January 2009 through December 2009).
 - The CDC report provides statewide summary data only. The OHPR report includes state- and hospital-level data.
 - The CDC retrieved data from NHSN for its report before OHPR completed its quality review of the data in NHSN. During the month of March 2010, OHPR provided hospitals a summary of their HAI data. Hospitals made significant corrections and additions to the data set during March 2010. CDC is aware that its data for Oregon is based on incomplete and uncorrected data set.
 - Hospitals that use NHSN have the option to track HAIs that are not required by the state for their own quality improvement efforts. About 50% of Oregon hospitals use NHSN to track HAIs that are not required by the state. The CDC report includes some of these additional measurements; the Oregon report only includes state-required measures.

Summary of Washington State Surgical Site Infection (SSI) Reporting

- At past HAI Advisory Committee meetings, members have heard public testimony that the HAI Advisory Committee should adopt a system similar to that used by the state of Washington to report surgical site infections (SSIs).
- We have been told that Washington has amended its legislation to allow SSI reporting to the Washington State Hospital Association. The SSI data will not be evaluated by the Washington State Department of Health (Department of Health); it will not be publicly reported by the Department of Health, nor will the data be validated.
- SSI reporting in Washington state, we have learned, uses the Quality Benchmarking System (QBS) to report surgical site infection data to the Washington Hospital Association. The Washington Hospital Association will be publishing the results of its data collection on its web site.
- Oregon legislation requires hospitals to report all data to the Office for Oregon Health Policy and Research. There is no provision for an intermediary. As we have this requirement in Oregon, the method used by Washington to report SSIs will not work in Oregon.