

September 31, 2010 (general date)

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.

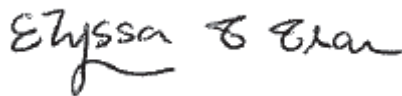
For the purpose of this survey, we use the CMS definition¹ for surgical procedure for Ambulatory Surgical Centers as follows:

“Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery is also the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissues which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reductions for major dislocations or fractures, or otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system, is also considered surgery. (This does not include the administration by nursing personnel of some injections, subcutaneous, intramuscular, and intravenous, when ordered by a physician.) All of these surgical procedures are invasive, including those performed with lasers, and the risks of any surgical procedure are not eliminated by using a light knife or laser in place of a metal knife, or scalpel.”

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 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 or phone (503) 373-1793.

Sincerely,



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

¹ Department of Health and Human Services, Centers for Medicare and Medicaid Services, State Operations Manual, Appendix L, Ambulatory Surgical Centers Comprehensive Revision. May 15, 2009, p. 34.
http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter09_37.pdf. Accessed September 2, 2010.

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 (CMS)?
 - ☐ Other. Specify: _____
4. What is the ownership of the facility? (check all that apply)
 - ☐ 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.**
 - ☐ Bronchoscopy
 - ☐ Dental
 - ☐ General Surgery
 - ☐ GI Endoscopy
 - ☐ Ear/Nose/Throat
 - ☐ OB/Gyn
 - ☐ Ophthalmologic
 - ☐ Orthopedics
 - ☐ Pain
 - ☐ Plastic/reconstructive
 - ☐ Podiatry
 - ☐ Urology
 - ☐ Other. Specify: _____

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

- ☐ Bronchoscopy
- ☐ Dental
- ☐ General Surgery
- ☐ GI Endoscopy
- ☐ Ear/Nose/Throat
- ☐ OB/Gyn
- ☐ Ophthalmologic
- ☐ Orthopedics
- ☐ Pain
- ☐ Plastic/reconstructive
- ☐ Podiatry
- ☐ Urology
- ☐ 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 patient encounters at the ASC per month:

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

Average number of procedures: _____ OR

☐ Unknown. Explain: _____

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

11. Does the ASC have a licensed health care professional (e.g., MD, RN, LPN) qualified through training in infection control and designated to direct the ASC's infection control program?

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

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

- ☐ ASC Employee
- ☐ ASC Contractor

13. Is this person certified in infection control?

- ☐ Yes
- ☐ No.

14. If this person is NOT certified in infection control, what type of infection control training has this person received? _____

15. 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. 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.

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

- ☐ Yes. Specify methods: _____
☐ No.

19. Does the ASC educate and document education of 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 ensure patients are educated about infection prevention?

- ☐ Yes
- ☐ No. If not, why not? _____

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

- ☐ Direct examination of patient's wound during follow-up visits
- ☐ Review of medical records
- ☐ Surgeons follow-up with ASC independent of ASC actions
- ☐ 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. If not, explain why: _____

24. Does the ASC monitor surgical site infection rates?

☐ Yes, for certain procedures

☐ Yes, for all procedures

☐ No. If not, why? _____

25. Does the ASC provide data on surgical site 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 the ASC's governing body

☐ Yes, to an accreditation agency or a regulatory agency

Specify: _____

☐ Yes, to others

Specify: _____

☐ No

28. Does the ASC have a written plan in place for responding to infection outbreaks?

☐ Yes

☐ No

Healthcare Worker Influenza Vaccination Program

(This is for the 2010-2011 flu season, from September 1, 2010 – March 31, 2011)

- 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, 2011.

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

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)

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

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 or fax to Jeanne Negley at (503) 387-5511.

This form is due by August 31, 2011.

DRAFT

CLABSI Validation Project: Findings by hospital as of September 30, 2010 (20 completed; 2 more complete needing followup call out of 44 total)

Hospital Name	Positive blood cultures submitted ¹	Infections reported to NHSN (#) ²	Of (b), True CLABSIs	PPV of NHSN reports	CLABSI identified ³	PPV of blood culture ⁴	Cases found, NOT in NHSN (#)	Sensitivity ⁵	Notes
	<i>a</i>	<i>b</i>	<i>c</i>	<i>c/b</i>	<i>d</i>	<i>d/a</i>	<i>e</i>	<i>c/c+e</i>	
Facility 1	0	0	0	n/a	0	n/a	0	n/a	
Facility 2	0	0	0	n/a	1	n/a	1	0	Detected by positive culture drawn at other facility after pt transferred
Facility 3	18	0	0	n/a	0	0	0	n/a	
Facility 4	90	3	3	100%	3	3.33%	0	100%	
Facility 5	37	0	0		1	2.7%	1	0	
Facility 6	38	2	2	100%	2	5.26%	0	100%	
Facility 7	45	3	3	100%	3	6.67%	0	100%	2 CLABSI reported for one pt (2 different visits)
Facility 8	33	3	3	100%	4	12.12%	1	75%	
Facility 9	74	1	1	100%	1	1.35%	0	100%	
Facility 10	45	0	0	n/a	2	4.44%	2	0	
Facility 11	33	0	0	n/a	2	6.06%	2	0	0 CLABSI originally reported; 2 identified by facility when preparing for validation visit (same CLABSI identified by validators)
Facility 12	4	0	0	n/a	0	n/a	0	n/a	
Facility 13	2	0	0	n/a	0	n/a	0	n/a	
Facility 14	17	0	0	n/a	0	n/a	0	n/a	PRELIMINARY RESULTS (one record missing on validation visit, not yet reviewed)
Facility 15	0	0	0	n/a	0	n/a	0	n/a	
Facility 16	16	0	0	n/a	0	n/a	0	n/a	
Facility 17	6	0	0	n/a	0	n/a	0	n/a	
Facility 18	5	0	0	n/a	0	n/a	0	n/a	
Facility 19	5	0	0	n/a	0	n/a	0	n/a	
Facility 20	4	0	0	n/a	0	n/a	0	n/a	
All hospitals visited to date	468	12	12	100%	19	4.35%	7	63.16%	

¹ Total number of blood culture reports received (may exceed number of unique patient charts reviewed, as multiple positive cultures are reported for some patients)

² Number reported indicates cases reported to NHSN as of May 2010 and reflected in published state report

³ Number of CLABSI identified by reviewers on validation visit date

⁴ True Positive % = Percent of total cultures that represent real cases (PPV of blood culture for CLABSI)

⁵ Sensitivity= True positives reported by facility as proportion of all CLABSI identified (true positives/ [true positives + false negatives])

Oregon HAI Prevention Collaborative

- Goal is to reduce infections within participating hospitals by 10-30% by the end of 2011.
- Work funded by a federal ARRA grant of \$309,000.
- An expert panel, convened by the Commission, established the collaborative's focus and helped to define a science-based change package (2-19-10)
- The advisory group held its first meeting on 3-12-10. This group now meets monthly.
- Nine hospitals are participating:
 - Columbia Memorial Hospital
 - Good Samaritan Regional Medical Center
 - Mountain View Hospital
 - Oregon Health and Science University
 - Providence Portland Medical Center
 - Rogue Valley Medical Center
 - Silverton Hospital
 - Sky Lakes Medical Center
 - St Anthony Hospital
- Three organizations have provided grants directly to participating hospitals: CareOregon, PacificSource, Office of Rural Health.
- Focus of Interventions:
 - Hospitals can address up to three infection types: surgical site infections, clostridium difficile (c. diff), central line associated blood stream infections (CLABSI).
 - Hospitals will target one or sometimes two infections, then switch to the others as they make progress.
 - Hospitals have also agreed to address more fundamental infection control issues: hand hygiene, environmental cleaning, antibiotic stewardship.
- Activities:
 - Learning Sessions: Face-to-face, June 10-11 and Virtual, September 15
 - On-going Conference calls
 - On-going Webinars
- Measurement:
 - CLABSI rates
 - SSI rates
 - C. diff rates
 - Hand Hygiene
 - Environmental Cleaning
 - Optional measures (SCIP measures, AHRQ Safety Culture survey, Safe Surgery Checklist, etc.)
- Outcomes to date
 - Too early to reliably report on reductions, although some hospitals are showing reductions in infections.
 - Many hospitals addressing hand hygiene and showing improved rates.
 - Many hospitals addressing environmental cleaning, developing new and promising programs.
 - Many hospitals increasing antibiotic stewardship activities.



Oregon Hospital Healthcare Worker Influenza Vaccination Rates



Sean Kolmer, MPH
Deputy Administrator
Office for Oregon Health Policy & Research
September 2010



Background

- The collection and reporting of healthcare worker (HCW) influenza vaccination rates is part of the Healthcare Acquired Infection Reporting Program.
- OHPR started collecting HCW influenza vaccination rates for hospitals about the 2009-2010 flu season (Sep. 1, 2009 – March 31, 2010).
- Plan to collect from ambulatory surgical centers about the 2010-2011 flu season.

3



Survey Methods

- Sources to develop the survey include the CDC's healthcare worker (HCW) survey and HICPAC guidance on best practices for improving HCW vaccination rates
- Surveys were distributed to Hospital Human Resource Directors and Infection Control Professionals
- One completed survey per hospital
- Survey Response Rate: 97%

4



Healthcare Worker Definition*

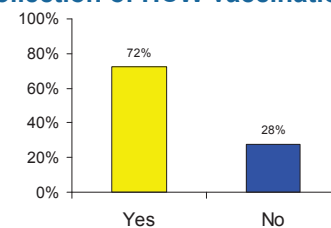
All paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

*Healthcare Infection Control Practices Advisory committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) definition of health care worker.

5



Hospitals doing well at internal collection of HCW vaccinations



Yes - hospital can collect all categories of HCW or missing 10% or fewer of HCW. No - Hospital is missing 20% or more of HCW in vaccination data.

6



June 24, 2010

TO: Accrediting and Licensing Department, Hospitals

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

Each hospital 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 July 31, 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:

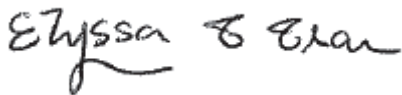
1. Staff is defined as healthcare personnel (HCP), which refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental 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. Attachment A is due to OHPR by July 31, 2010. Upon completion, please email to 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 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 Association of Hospitals and Health Systems

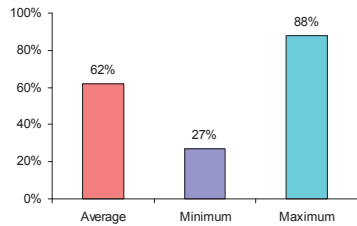
ATTACHMENT A**Influenza Vaccination/Declination Surveillance for Hospitals**

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

Hospital Name: _____**By printing your name below you certify that the information in this form is accurate and true.****Name and Title of Person Completing Form:** __________ **Date:** _____**Contact Information: Email:** _____ **Phone:** _____

Components	Number	
1. Can you provide influenza vaccination data for all staff categories according to the Healthcare worker definition provided in the cover letter? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, proceed to question 2. 1a. Estimate percentage of healthcare workers not counted: <input type="checkbox"/> < 10% <input type="checkbox"/> 20% <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50%+ 1b. List categories of healthcare workers not counted: _____		
2. Total number of staff with a documented influenza vaccination during the influenza season (includes influenza vaccines administered in settings other than reporting facility).	Seasonal	H1N1
3. Total number of staff (include part-time; total count as of March 31, 2010).		
4. Total number of staff with a documented medical contraindication of influenza vaccination during the influenza season.	Seasonal	H1N1
5. Total number of staff with a documented refusal of influenza vaccination during the influenza season.	Seasonal	H1N1
6. 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: _____		
7. 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: _____		
8. 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 ohpr.datasubs@state.or.us or fax to Jeanne Negley at (503) 378-5511. For questions, contact Jeanne Negley (503) 373-1793.		

More than 60% of hospital HCW were vaccinated, but variation exists



7

Oregon Health Department of Health

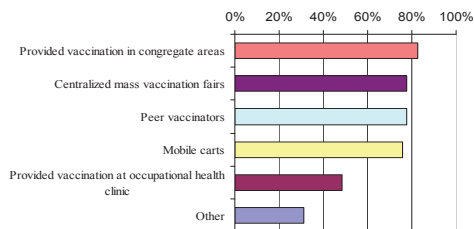
What about those who refused to be vaccinated?

- More complicated to track across different hospitals
- Medical:
 - 1% of total HCW vaccinations
- Documented refusal (excluding medical):
 - 12% of total HCW vaccinations.

8

Oregon Health Department of Health

Hospitals are using multiple strategies to vaccinate HCW



9

Oregon Health Department of Health

Questions

Sean Kolmer, Deputy Administrator
Office for Oregon Health Policy & Research
503-373-1824

Sean.Kolmer@state.orhttp://www.oregon.gov/OHPPR/Healthcare_Acquired_infections.shtml

Oregon Health Department of Health

Health Care Acquired Infections Advisory Committee

Draft Revised Charter

Project Name:	Health Care Acquire Infections Reporting Program		
Project Sponsor:	Jeanene Smith, MD, MPH	Estimated Start Date:	1/1/2011
Project Owner:	Elyssa Tran, MPA	Duration:	12/31/2013

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.¹ 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.²
- The estimated excess Medicaid costs in Oregon for healthcare associated infections exceeded \$2.4 million in 2005.²
- The estimated excess costs in Oregon for all payers for healthcare associated infections exceeded \$15 million in 2005.²
- The excess costs are not explained by differences in age, gender, co morbidities, or severity of illness.²

What have we accomplished?

OHPR and the Committee have made significant progress in the development of the HAI reporting program, including:

- Establishing the use of National Healthcare Safety Network (NHSN) as the standard for definitions for healthcare acquired infections and for state public reporting.
- Publication of the first report on HAI rates at Oregon hospitals for the calendar year 2009 which included central-line associated bloodstream infections (CLABSIs) in adult medical/surgical ICUs, coronary artery bypass graft surgery, knee replacement, and surgical care improvement process of care measures.
- Selection of additional surgical site infections for hospitals to report as of January 2011. The additional measures include colon surgery, hip replacement, abdominal hysterectomies, and laminectomies.

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

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

Objectives:

The advisory committee shall advise OHPR, based on research, information, and options presented, regarding:

- 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.
- Methods for evaluating and quantifying health care acquired infection measures that align with other data collection and public reporting methodologies of health care facilities, and that support participation in other quality interventions.
- Different reportable health care acquired infection measures for differently situated health care facilities as appropriate.
- Methods 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.
- A process for evaluating the health care acquired infection measures reported and for modifying the reporting requirements over time as appropriate;
- A timetable to phase in NHSN 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.
- A reporting format that is understandable by consumers..

Health Care Acquired Infections Advisory Committee

Draft Revised 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 basis in 2010 and then quarterly basis in 2012 and beyond.
2. Annual report no later than April 31 of year.

Progress

1. Hospitals are submitting data on HAI infections through NHSN.
2. Nursing homes are submitting urinary tract data infection via CMS; OHPR continues to work with the CDC to identify means for nursing homes to publicly report additional HAI data.
3. Hospitals and long-term care facilities completed first year of influenza rate
4. OHPR is working with an Ambulatory Surgical Center Subcommittee to develop a survey of evidence-based best elements of patient safety performance in ASCs.

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 April 31 of year
4. Review and revise administrative rules annually
5. Updated, publicly accessible data available 2 time per year in 2010.
6. Annual Reports #2, and onward due no later than 4/31/XX.
7. Updated, publicly accessible data available 4 times per year in 2011.

Proposed 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	
Biannual public reporting begins	January 1, 2010	Report release by approved method
First annual HAI report	May 31, 2010	Report release by approved method
Review and revisions of administrative rules	July 1, 2010	
Compilation and analysis of influenza survey data	September 1, 2010	
Compilation and analysis of ASC survey	December 31, 2010	
Update of HAI report	December 31, 2010	
Quarterly public reporting begins	January 1, 2011	Report release by approved method
Committee advises on public reporting for hospital NICU reporting	January 2011	January 2011 meeting minutes include advisement on Hospital NICU reporting
Committee provides recommendations on charter	January 2011	Charter for 2011-2013 included in meeting minutes
Committee advises on MDRO and process measure reporting for hospitals	April 2011	April 2011 meeting minutes include advisement on MDRO and process measure reporting
Second annual HAI report	April 30, 2011	Report release by approved method
Potential revisions to administrative rules for hospital NICU, process measures, and MDRO reporting	June 2011	OHPR will complete administrative rule process; if revision follows federal requirements, reporting start date can be retroactive to January 2011
Committee advises on public reporting for ambulatory surgical centers and dialysis centers	July 2011	July 2011 meeting minutes include advisement on ambulatory surgical center and dialysis center reporting
Compilation and analysis of influenza survey data	September 1, 2011	

Health Care Acquired Infections Advisory Committee

Draft Revised Charter

Committee evaluates current reporting for long-term care facilities and advises on potential program revisions.	October 2011	October 2011 meeting minutes include advisement on nursing home reporting
Begin reporting for expanded hospital HAI measures	January 2012	
Evaluation of HAI Reporting Program and Reports	January 2012	Meeting materials include reporting program evaluation
Begin reporting for ambulatory surgical centers and dialysis centers for any potential revised nursing home measures	January 2013	
Committee advises on reporting for free-standing birthing centers	April 2013	July 2013 meeting minutes include advisement on free-standing birthing centers reporting
Third annual HAI report (to include hospitals, ambulatory surgical centers, dialysis centers, and nursing homes)	April 30, 2013	Report release by approved method
Compilation and analysis of influenza survey data	September 1, 2013	
Begin reporting for free standing birthing centers	January 2014	

Project Team Members	Team Role / Responsibilities
Sean Kolmer, MPH	OHPR Deputy Administrator (Member for the advisory committee)
Elyssa Tran, MPA	OHPR Research & Data (Lead staff)
Jeanne Negley, MBA	OHPR Manager (State HAI Coordinator)
James Oliver, MPH	OHPR Research Analyst (Lead data analyst)

Risks	Level (H,M,L)	Mitigation
Federal reform re inpatient prospective payment system rule and CMS value-based purchasing program for Medicare reimbursement may be duplicative of state program.	M	Unclear what impact this will have on the reporting of HAI, although the state intends to continue with its reporting program. The CMS program has a slower reporting schedule and implementation plan than the state program.

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.