

# AGENDA

## Health Care Acquired Infections (HAI) Advisory Committee

Wednesday, July 13, 2011  
1:00pm – 3:00pm

Portland State Office Building  
800 NE Oregon Street  
Room 1D  
Portland, OR 97232

*(All agenda items are subject to change)*

<u>Item</u>		<u>Committee Action</u>	<u>Time</u>
1. Call to Order	Chair		1:00 – 1:05
2. Approval of Minutes	Chair	X	1:05 – 1:10
3. Federal and State Health Reform	Staff		1:10 – 1:30
4. Recommendations from CDI Subcommittee	Chair/Staff	X	1:30 – 1:50
5. Review of ASC Report and Recommendations	Chair/Staff	X	1:50 – 2:45
6. Next Steps	Chair		2:45 – 2:50
7. Public Comment/Adjourn	Chair		3:50 – 3:00

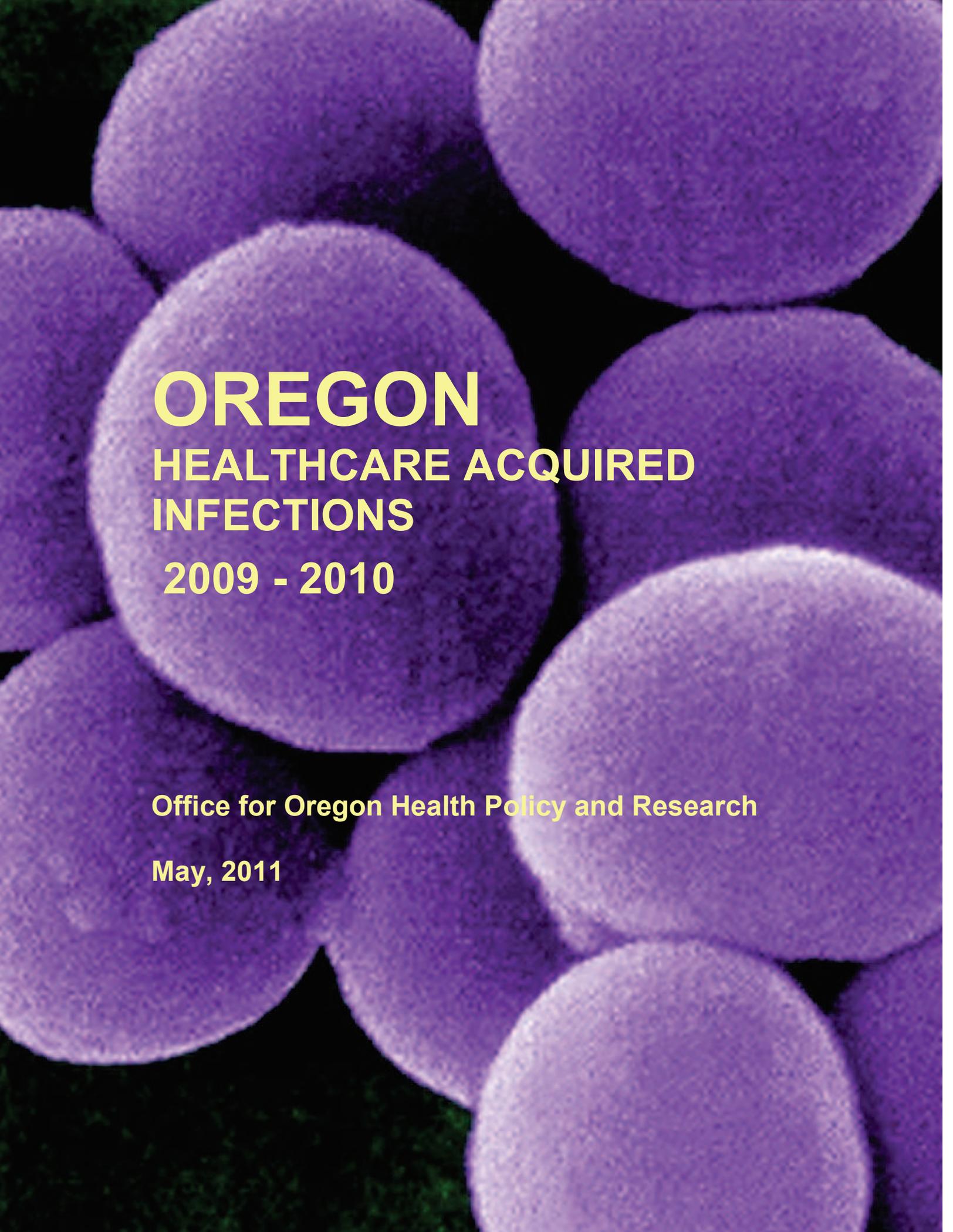
### Meeting Materials:

Agenda  
April 13, 2011 Minutes  
Oregon Progress toward US HHA Action Plan goals  
Oregon HAI Report, 2009-2010  
Revised Rules  
Tool to assess hospitals readiness to report Clostridium difficile  
Tools to assess LTC readiness/sample transfer form  
Ambulatory Surgical Center Survey

### Next Meeting:

October 12, 2011, 1 to 3 p.m.  
Portland State Office Building, Room 1D  
800 NE Oregon Street  
Portland, OR 97232

<b>Status Report: US HHS Action Plan Tier 1, May 2011</b>					
<b>Metric</b>	<b>Source</b>	<b>Oregon Baseline</b>	<b>Baseline Information or Notes</b>	<b>Proposed Oregon 2013 Target</b>	<b>Progress Information or Notes</b>
CLABSI	NHSN	2009	1.37 per 1,000 central line days 52% reported zero (23/44)	50% reduction in ICUs	<u>2010:</u> 0.77 per 1,000 central line days 61% reported zero (28/45)
MRSA	EIP	2008	13.1 per 100,000 persons	50% reduction	<u>2009:</u> 9.9 per 100,000 persons  MRSA EIP catchment area is 13 hospitals in Portland tri-county area. MRSA EIP initiated in 2004 with rate of 21.1 per 100,000. Decrease of 53% from 2004 through 2009.
SSIs-KPRO	NHSN	2009	0.91% 54% reported zero (27/50)	25% reduction	<u>2010:</u> 0.79% 46% reported zero (22/48)
SSIs-CBGB/C	NHSN	2009	2.10% 7% reported zero (1/14)	25% reduction	<u>2010:</u> 2.27% 29% reported zero (4/14)
SSI/SCIP Measures	SCIP	2008	SCIP-Inf-1: 85% SCIP-Inf-2: 94% SCIP-Inf-3: 89%	95% adherence for all process measures	<u>2009 SCIP Data:</u> SCIP-Inf-1: 94% SCIP-Inf-2: 97% SCIP-Inf-3: 93%  Note: SCIP-Inf-6 started reporting as of Jan. 1, 2010; SCIP-Inf-4 and 10 started reporting Jan. 1, 2011.
HCW Influenza Vaccination	OHPR Survey	2009-2010	Hospitals: 62% Long-Term Care: 54%	<u>Healthy People Interim Target 2015:</u> 70% vaccination rate <u>Healthy People Target 2020:</u> 90% vaccination rate	Data for 2010-2011 season will be available during the summer of 2011.  Reporting for ambulatory surgical centers will be added to 2010-2011 season.

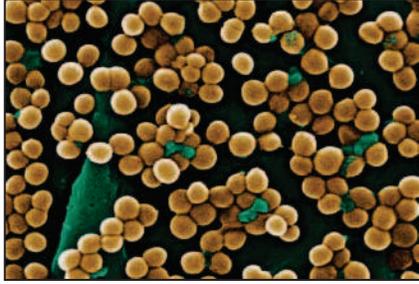


**OREGON**  
**HEALTHCARE ACQUIRED**  
**INFECTIONS**  
**2009 - 2010**

**Office for Oregon Health Policy and Research**

**May, 2011**

Cover photo: *Staphylococcus aureus*



# OREGON

## Healthcare Acquired Infections

May, 2011

*Prepared by:*

**The Office for Oregon Health Policy and Research**

*This report is available on our web site: <http://www.oregon.gov/OHPR>*

Jeanene Smith, MD MPH  
Administrator

Sean Kolmer, MPH  
Deputy Administrator

Elyssa Tran, MPA  
Health System Research and Data Manager

Jeanne Negley  
State Healthcare Acquired Infections Coordinator

James Oliver  
Research Analyst

Shawna Kennedy-Walters  
Research Assistant



## Healthcare Acquired Infections Advisory Committee

**Nancy O'Connor, Chair**

Manager, Infection Prevention, Salem Hospital

**K. Bruce Bayley, PhD**

Regional Director, Clinical Information and Center for Outcomes Research and Education

**Eric Chang, MD**

Physician, Infectious Diseases, Emanuel Hospital/Legacy Health

**Paul Cieslak, MD**

Manager, Acute & Communicable Disease Prevention, Oregon Public Health Division

**Lynda Enos**

Ergonomist/Nursing Practice Consultant, Oregon Nurses Association

**Bethany Higgins**

Administrator, Oregon Patient Safety Commission

**Sean Kolmer**

Deputy Director, Office for Oregon Health Policy and Research

**Kathy Loretz**

Deputy Administrator, Public Employee's Benefit Board

**Stacy Moritz**

Director, Medicare Quality Services, Acumentra Health

**Susan Mullaney**

Administrator, Kaiser Sunnyside Medical Center and Kaiser Permanente Northwest

**Pat Preston**

Infection Preventionist, Geriatric Infection Control, Inc.

**Kecia Rardin**

Administrator, Norwest ASC, Inc.

**Roger Slevin, MD**

Physician, Westhills Gastroenterology Associates, PC

**Eric Thorsen**

Chief Executive Officer, Columbia Memorial Hospital

**Marjorie Underwood**

Manager, Infection Prevention and Control, Oregon Health and Science University

**Dee Dee Vallier**

Consumer

**Diane Waldo**

Director of Clinical Quality & Clinical Services, Oregon Association of Hospitals and Health Systems

**Angel Wynia**

Department of Human Services, Hospital Policy Analyst, Division of Medical Assistance Programs

*Cover photo: Centers for Disease Control and Prevention*

*Title photo: Centers for Disease Control and Prevention*



# Healthcare Acquired Infection Reporting Program

## Healthcare Acquired Infection Reporting 2009—2010



*Photo: Hand washing is one of the most effective ways to prevent the spread of infection. (Centers for Disease Control and Prevention)*

### Background

A healthcare acquired infection (HAI) is an infection that occurs during or after treatment for a separate medical condition. Nearly one in every 20 hospitalized patients in the United States each year acquires an HAI.<sup>1</sup> In the United States, an estimated 1.7 to 2 million people per year develop an HAI, and nearly 100,000 die.<sup>2</sup> The economic burden of HAIs is substantial, estimated at \$33 billion per year in US hospitals.<sup>3</sup>

In response to the importance of HAIs, the Oregon state legislature passed House Bill 2524 in 2007 to create a mandatory HAI Reporting Program in an effort to raise awareness, to promote transparency for healthcare consumers, and to motivate hospitals to prioritize prevention. HB 2524 assigned responsibility for the HAI Reporting Program to the Office for Oregon Health Policy and Research (OHPR), part of the Oregon Health Authority (OHA), and also created a 16 member committee to advise OHPR on the HAI reporting program.

This research brief provides updates on three HAI targets in the state:

- ◆ Central Line Associated Bloodstream Infections (CLABSIs) are primary bloodstream infections that are associated with the presence of a central line or a tube that is placed into a patient's large vein, usually in the neck, chest, arm or groin.
- ◆ Surgical Site Infections (SSIs) are infections that are directly related to an operative procedure. The procedures reported in this update are coronary artery bypass graft and knee prosthesis (replacement).
  - Coronary artery bypass graft (CABG) surgery is a treatment for heart disease in which a vein or artery from another part of the body is used to create an alternate path for blood to flow to the heart, bypassing a blocked artery.
  - Knee prosthesis (KPRO) procedures include replacement procedures, replacement of all or part of the knee joint with an artificial device, and revisions of existing prostheses.

<sup>1</sup>Centers for Medicare & Medicaid Services. Hospital-acquired conditions. Baltimore, MD: US Department of Health and Human Services, Centers for Medicare & Medicaid Services; 2010. Available at [https://www.cms.gov/hospitalacqcond/06\\_hospital-acquired\\_conditions.asp](https://www.cms.gov/hospitalacqcond/06_hospital-acquired_conditions.asp). Accessed February 3, 2011.

<sup>2</sup>Klevens, RM, Edwards RJ, Richards CL, Jr, et al. Estimating health care-associated infections and deaths in U.S. Hospitals, 2002. *Public Health Rep* 2007;122(2):160-166.

<sup>3</sup>Scott, R Douglas. The direct medical costs of healthcare-associated infections in US hospitals and the benefits of prevention. March 2009. [http://www.cdc.gov/ncidod/dhqp/pdf/Scott\\_CostPaper.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf).

## Methods

CLABSI and SSI data were collected using the National Healthcare Safety Network (NHSN), a free, secure, internet-based HAI surveillance system developed, administered, and maintained by the Centers for Disease Control and Prevention (CDC). The system integrates patient and healthcare personnel safety surveillance information from facilities across the nation. The Surgical Care Improvement Project (SCIP) process of care measures were collected according to protocols established by the Centers for Medicare and Medicaid Services (CMS). The majority of hospitals (48) reported their data to CMS and OHPR obtained these data from the Hospital Compare web site.

## Hospital Review

Copies of data extracted from NHSN and CMS Hospital Compare were sent to the chief executive officer and to the infection control professional at each hospital. Hospitals were given 15 days to preview and correct their HAI data before publication. This process was vital to assure that the reported data were as accurate as possible. As noted in previous reports, hospitals continued to use the review period to report more infections.

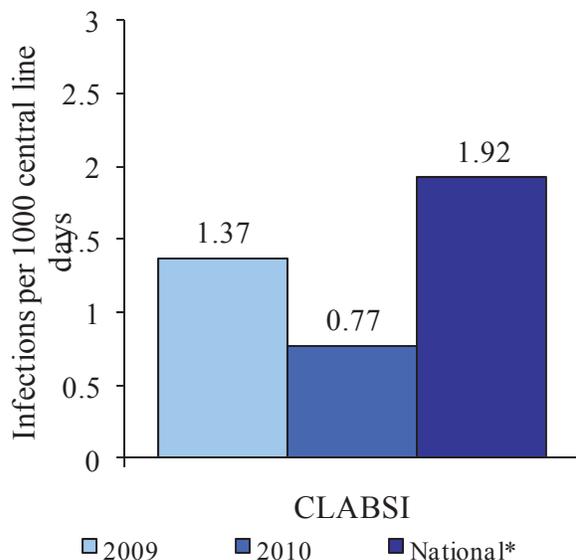
During the hospital review period, over half of Oregon hospitals provided 60 corrections to OHPR regarding their HAI data. OHPR confirmed all corrections with hospitals via email. In addition, one hospital reported it performed a specialty surgery that involved replacement of the knee joint as part of a highly specialized oncologic limb salvage procedure. The hospital flagged these procedures in NHSN and OHPR excluded them from the final reporting data set.

To assure a fair and representative set of data, OHPR applied NHSN minimum reporting thresholds for reporting hospital-level data. The reporting threshold for CLABSIs is a minimum of 50 central line days per reporting period. The reporting threshold for surgical site procedures is a minimum of 20 patients undergoing a surgical procedure per reporting period.

## Results

Oregon's statewide CLABSI rate in 2009 was one-third lower than the corresponding national rate (Figure 1). The CLABSI rate for 2010 is approximately 60% lower than the national rate and about 40% lower than 2009.

**Figure 1: Central Line Associated Bloodstream Infections (CLABSI)**



\* - 2006 to 2008

Source for National Comparison Data: Edwards, JR, *et al.* National Healthcare Safety Network (NHSN) Report: Data summary for 2006 through 2008, issued December 2009. *Am J Infect Control* 2009;37;783-805.

## Results (continued)

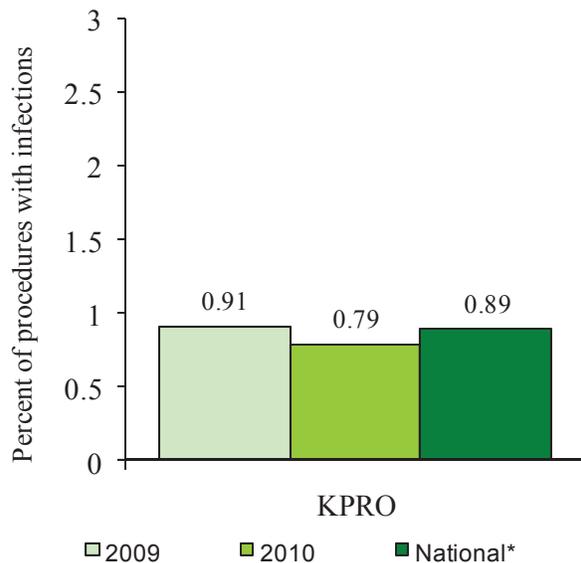
Oregon's statewide KPRO SSI rate in 2009 was essentially the same as the corresponding national rate (Figure 2). The KPRO SSI rate for 2010 is about 13% lower than the 2009 rate.

Oregon's statewide CABG SSI rate in 2009 was about 25% lower than the corresponding national rate (Figure 3). The CABG SSI rate for 2010 is about 8% higher than the 2009 rate, but is still 20% lower than the national rate.

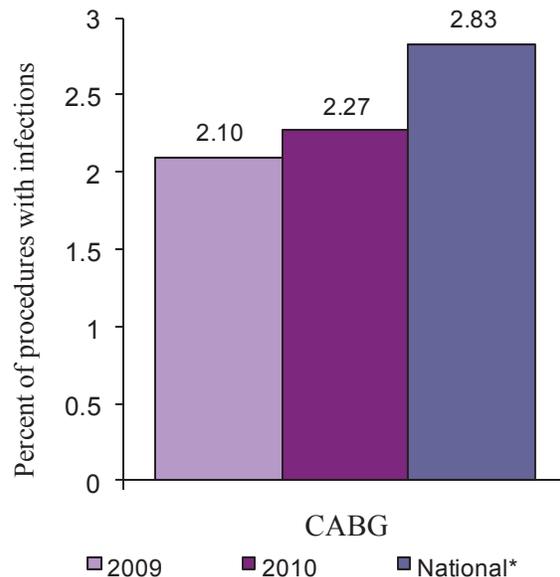


*Photo: Latex, vinyl, or nitrile gloves reduce hand contamination, prevent cross-contamination, and protect against infections (Centers for Disease Control and Prevention)*

### Figure 2: Knee Prosthesis (KPRO) Surgical Site Infections



### Figure 3: Coronary Artery Bypass Graft (CABG) Surgical Site Infections



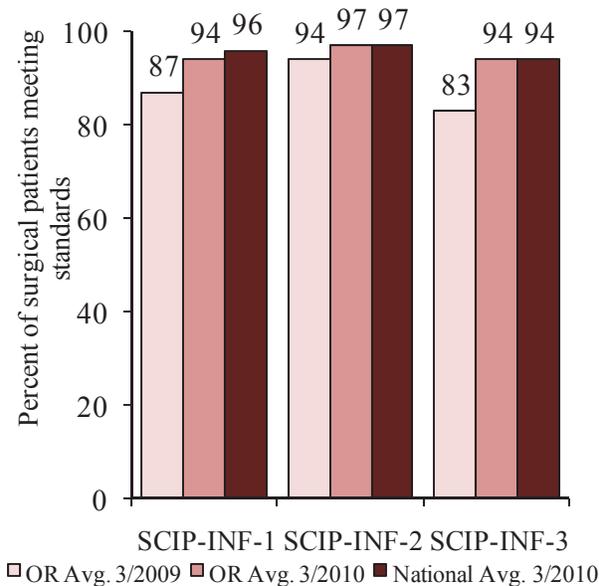
\* - 2006 to 2008

Source for National Comparison Data: Edwards, JR, *et al.* National Healthcare Safety Network (NHSN) Report: Data summary for 2006 through 2008, issued December 2009. *Am J Infect Control* 2009;37:783-805.

The Surgical Care Improvement Project (SCIP) process of care measures reported here are:

- ◆ SCIP-INF-1: Percent of surgery patients who were given an antibiotic at the right time (within one hour) before surgery to prevent infection.
- ◆ SCIP-INF-2: Percent of surgery patients who were given the right kind of antibiotic to help prevent infection.
- ◆ SCIP-INF-3: Percent of surgery patients whose preventative antibiotics were stopped at the right time (within 24 hours after surgery; 48 hours for cardiac patients).

**Figure 4: Surgical Care Improvement Project (SCIP) Process of Care Measures**



Data collection period for Oregon Average is from 4/2008-3/2009 (OR Avg. 3/2009) and 4/2009-3/2010 (OR Avg. 3/2010).

The National Avg. represents the period from 4/2009-3/2010.

The statewide averages for SCIP measures have improved when comparing the rates for the annual periods ending March 2009 and March 2010. When comparing the most recent annual period ending March 2010 with national averages for the same time, the rates were essentially the same (Figure 4).



*Photo: Clostridium difficile (Centers for Disease Control and Prevention)*

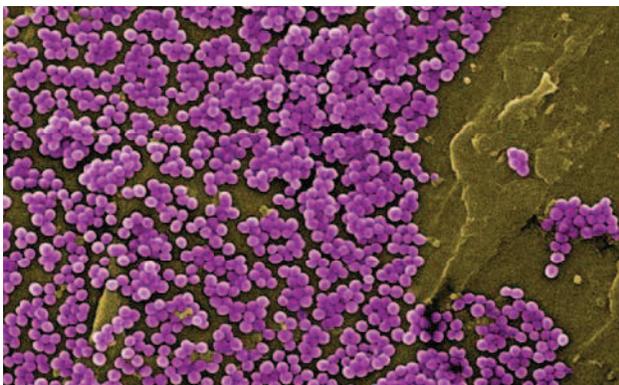
### Discussion

In comparing 2009 and 2010 data, it appears Oregon hospitals have shown improvement in two targets, CLABSIs and SCIP measures. The statewide CLABSI rate for 2010 is 60% lower than the most recent national rate and 40% lower than the 2009 statewide CLABSI rate. This trend can be attributed to two events. First, OHSU has reduced CLABSIs in both of its adult medical and surgical intensive care units. In 2009, OHSU reported a total of 27 CLABSIs, which represented 31% of the total CLABSIs reported to the state. In 2010, OHSU reported a total of 11 CLABSIs, representing 24% of the total CLABSIs reported to the state. In addition, the number of hospitals reporting zero CLABSIs in medical/surgical ICUs has increased from 23 (52% of reporting hospitals) in 2009 to 28 (61% of reporting hospitals).

The three SCIP measures have shown improvement when comparing the annual periods ending in March 2009 and March 2010. All three measures have shown increases ranging from 3% to 11% and all are similar to national averages.

The KPRO SSI rate for 2010 is 13% lower than the 2009 rate and is about 11% lower than the most recent national rate. However, as we have observed that the KPRO SSI rate for 2009 has slightly increased in subsequent reports, we expect the KPRO SSI rate for 2010 will also rise slightly since SSIs can be identified up to one year after the procedure is performed. The number of hospitals reporting zero KPRO SSI decreased from 27 in 2009 (54% of reporting hospitals) to 22 in 2010 (46% of reporting hospitals).

While the statewide CABG SSI rate for 2010 is substantially lower than the most recent national rate, it is about 8% higher than the statewide CABG SSI rate for 2009. The number of hospitals reporting zero CABG SSIs increased from 1 in 2009 to 3 in 2010.



*Photo: Methicillin-resistant staphylococcus aureus (Centers for Disease Control and Prevention)*



*Photo: Healthcare Worker Influenza Vaccination (Centers for Disease Control and Prevention)*

Results for this report may differ slightly from the results originally published in the *Oregon Healthcare Acquired Infections* report in December 2010. Additional CLABSI and SSI cases have been identified since that report was published. The OHA is validating the CLABSI data, and this work has led to identifying a small number of previously unreported CLABSI cases. Additional SSI cases have been identified by hospitals through their routine surveillance. This was an expected outcome as some SSI cases were identified up to nine months after the patient was discharged from the hospital.

### Limitations

The data reported here are subject to two important limitations:

1. Data are self-reported by the hospital.
2. Surveillance methods and infection control resources vary across hospitals, which may affect a hospital's ability to detect HAI cases. Higher HAI rates may be due to improved case-finding rather than more true HAI cases.

---

## Implications for the Future

OHPR is currently collecting additional HAI data for public reporting. In January 2011, hospitals began reporting four additional surgical site infections, including abdominal hysterectomy, colon surgeries, hip replacements, and laminectomies. Hospitals also began reporting two additional process of care measurements for cardiac surgery with controlled postoperative glucose and surgery patients with peri-operative temperature management. OHPR will evaluate HAI reporting in other health care facilities.

Additional data that will be reported includes healthcare worker influenza vaccination rates for hospitals and nursing homes, urinary tract infection rates for nursing homes, and evidence-based elements of patient safety practices used by ambulatory surgical centers.

The Patient Protection and Affordable Care Act includes a hospital value-based purchasing program for HAIs, which includes federal reporting of HAIs for hospitals and adjusting Medicare reimbursement rates based on performance. This has required many Oregon hospitals to expand CLABSI reporting in 2011 and may also require expanded SSI reporting in 2012. Many Oregon hospitals to expand CLABSI reporting in 2011 and may also require expanded SSI reporting in 2012.

## Hospital HAI Data Sheets

As part of this report, OHPR has prepared individual HAI data sheets for the 59 acute care hospitals in Oregon. These HAI data sheets present summary data and two columns of graphs, with the 2009 data presented on the left side of the page and the 2010 data presented on the right.

**The Office for Oregon Health Policy and Research (OHPR)** conducts impartial, non-partisan policy analysis, research and evaluation, and provides technical assistance to support health reform planning and implementation in Oregon. The office serves in an advisory capacity to Oregon Health Policy Board, the Oregon Health Authority, the Governor and the Legislature.

## For More Information

View the HAI Report at OHPR's Healthcare Acquired Infection Report web site: [http://www.oregon.gov/OHPPR/HAI\\_Report.shtml](http://www.oregon.gov/OHPPR/HAI_Report.shtml). The report includes individual Hospital HAI data sheets and hospitals' comments on their data.

---

## Healthcare Acquired Infection Reporting Program

### Hospital Comments on HAI Data Sheets

During their 15-day review of the hospital-level Healthcare Acquired Infection (HAI) reports, all hospitals were also given the opportunity to provide comments on their reports. Six hospitals provided comments on their HAI data reports, and they are listed in alphabetical order.

- Bay Area Hospital
- Good Samaritan Regional Medical Center
- Oregon Health and Science University (OHSU) Hospital
- Rogue Valley Medical Center
- Sky Lakes Medical Center
- Tuality Healthcare

If a hospital is not listed in this section, the hospital did not provide comments on its HAI report for this period.

#### Bay Area Hospital

Bay Area Hospital is committed to Patient Safety as our first priority by providing evidence based care to achieve positive outcomes. Engaged medical and hospital staff are dedicated to excellence and continue efforts to prevent and reduce the incidence of healthcare acquired infections at Bay Area Hospital.

#### Prevention of Central Line Associated Bloodstream Infections (CLABSI)

A quality improvement healthcare team has implemented evidence-based practices to eliminate central line associated blood stream infections. Bay Area Hospital has sustained 0 infections related to central line associated bloodstream infections for over two years.

#### Prevention of Surgical Site Infections (SSI)

Bay Area Hospital continues to aggressively attack surgical site infections (SSIs).

Our SCIP measures have consistently been improving to above 93 percent.

The Surgical professionals at Bay Area Hospital have been reviewing specific cases and determining steps to minimize potential infections. The rates reported as infections are not risk adjusted to adequately reflect the patient population served. Focused prevention activities have been implemented in areas of pre-operative and post-operative care, including patient education and revised wound care practices. To date, the knee prosthesis SSI rate has decreased between 2009 and 2010. Our infection prevention program team continues efforts to identify and reduce these infections, utilizing evidence-based, best practices.

#### Good Samaritan Regional Medical Center

Good Samaritan Regional Medical Center (GSRMC) targeted Oregon State Surgical Site Infections have decreased 75 % to 80% within the last quarter of 2010 and into 2011.

GSRMC is participating in several initiatives to reduce the incidence of preventable hospital acquired infections. Initiatives include continued monitoring and implementation of evidenced best practices in the prevention of Surgical Site Infections and Central Line Associated Blood Stream Infections. The following are a few (not inclusive) initiatives we have continued or

---

## Good Samaritan Regional Medical Center

(continued)

implemented since 09/2010:

- Physician and staff focused Infection Prevention education
- Patient education on the prevention of Surgical Site Infections
- Surgical site dressing care to reflect best practices
- Review and implementation of ASHE environmental controls within the OR suites
- Appropriate pre-operative antibiotic administration ( timing and dosing)
- Appropriate hair removal ( clippers not razors)
- Controlled Postoperative Serum Glucose in Cardiac Surgery
- Active participation in the Oregon Collaborative on the Prevention of Health Care Associated Infections
- Supportive 24/7 hour IV therapy team
- Implementation of the Institute of Healthcare Improvement Central Line Bundle
- Shift towards the model of Comprehensive Unit-based Safety Programs (CUSP)

Our Surgical Site Infection target is to achieve less than the NHSN Standardized Infection Ratio for all surgeries performed at

GSRMC. Preventable Surgical Site Infections are challenged by non-modifiable patient risk factors such as smoking, morbid obesity, renal failure and diabetes which may contribute to a greater risk for a surgical site infection.

Our target is to sustain zero Central Line Associated Blood Stream Infections.

## Oregon Health Science University

Since 2009, OHSU has made substantial progress toward the goal of eliminating preventable central line associated bloodstream infections (CLABSI). Working in collaboration with the Oregon Health Care Prevention Collaborative and the national CUSP/Stop BSI program, OHSU has so far been able to reduce the rate and number of CLABSI by over 50%. In the coming months, continued progress is anticipated in working toward zero CLABSIs.

Substantial improvements have also been made in eliminating infections among patients undergoing prosthetic knee replacement surgery at OHSU. Despite an increase in total number of these procedures done, no infections were recorded in 2010.

Success achieved in preventing infections other areas was not realized among coronary bypass graft (CABG) surgeries in 2010. Although the increase in rate between 2009 and 2010 is not statistically significant, it is still concerning. OHSU faces special challenges in eliminating these infections because of the severity and complexity of the illnesses among its cardiac surgery patients.

---

---

## Oregon Health Science University

(continued)

The reported data may not adequately account for differences in risk among patients presenting to similar sized hospitals. For example, infections occurred among patients with co-existing conditions that increase risk of infection, such as breast cancer followed by chest radiation, renal transplant on immunosuppression, concurrent aortic valve replacement, and severe cardiomyopathy requiring ventricular assist device. Much work has already been done to implement best practices for the prevention of surgical site infections among cardiac surgery patients, such as standardization of optimized antibiotic prophylaxis, maintenance of body temperature during and after surgery and aggressive control of blood glucose perioperatively. In 2011, OHSU's work within the HAI prevention collaborative will focus on improving these processes, as well as identifying and implementing additional processes that will help reduce preventable infections among these complex patients.

## Rogue Valley Medical Center

Rogue Valley Medical Center (RVMC) is dedicated to excellence by working to reduce our preventable HAIs. As a part of the hospital safety initiatives and movement toward a vision of excellent medical care, RVMC leadership has identified an opportunity to decrease surgical site infections by joining the state-wide Oregon Patient Safety Commission HAI Prevention Collaborative. This provides an opportunity to reach beyond our

geographical boundaries to discover and share best practices with others. During 2010, two additional infection prevention nurses have been added to our organization's Infection Prevention & Control Program. This program is managed by a board certified Infection Control Practitioner (CIC) and the program's medical director is board-certified in Infectious Diseases as well as having completed the SHEA/CDC Training Course in Healthcare Epidemiology."

## Sky Lakes Medical Center

Sky Lakes Medical Center conducts surveillance for central line-associated blood stream infections in all inpatient units which is above the requirement to conduct surveillance only in critical care units. For this reason, our data is listed as "not reported due to data quality issues". For calendar year 2010, there were no central line-associated blood stream infections identified in any inpatient unit. This data was validated in an audit conducted by the State in January 2011.

*Note from Oregon Health Policy and Research (OHPR): OHPR could not report ICU CLABSI data for Sky Lakes facility as this facility did not collect data in a manner that allowed us to report medical/surgical ICU data, as required by law. The CLABSI validation study, carried out by the State's Public Health Division, focused on validation of the medical/surgical ICU data for 2009.*

---

## Tuality Healthcare

Tuality Healthcare is committed to providing evidenced based care. We have implemented many nationally recognized infection prevention measures in our efforts to constantly improve patient care.

### Central Line Associated Bloodstream Infections (CLABSIs):

In 2009 we identified an unusual occurrence of 3 CLABSIs in our ICU. After a thorough review of practices and implementing the use of a new Central Line Checklist, our rate has returned to zero and has remained zero.

### CABG SSI's:

In 2009 we had 2 SSIs. In 2010 we had 1 SSI. We will continue to audit pre-op and post-op practices with surgeons and staff.

### Knee Prosthesis SSIs:

In 2009 we had zero infections. In 2010 we identified 2 SSIs. We continue to aggressively track outcome data and validate compliance with evidenced based practices among surgeons and staff.

### SCIP Measures:

We have implemented several measures to assure compliance with the SCIP core measures pertaining to the prophylactic administration of antibiotics. We demonstrate continuous improvements in our compliance with all three of these SCIP core measures by exceeding 97% so far in 2010.

---

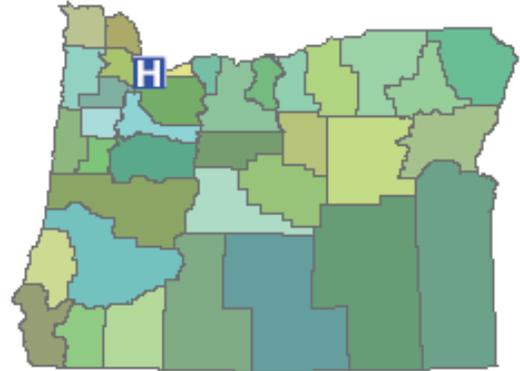
# Adventist Medical Center

Location: Portland  
 Ownership: Not for Profit  
 Medical School Affiliation: None

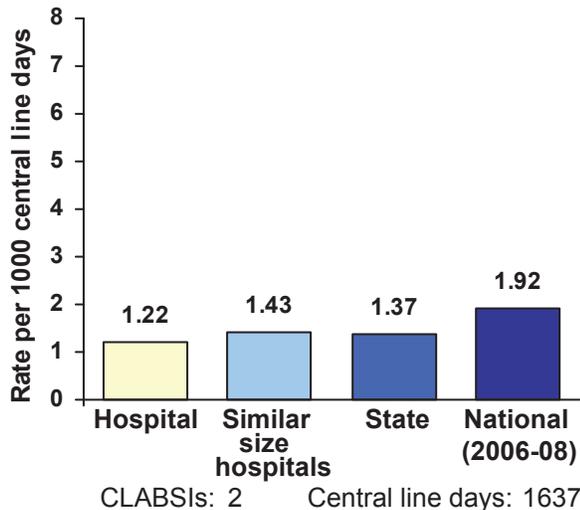
ICU Beds: 16  
 Specialty Care Beds: 0  
 Total Staffed Beds: 223

2010 Admissions: 12,498  
 2010 Patient Days: 45,927  
 Infection Control Professional FTE: 1

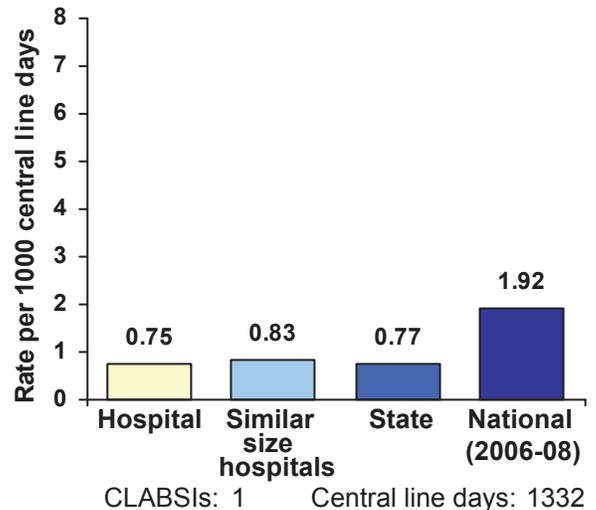
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

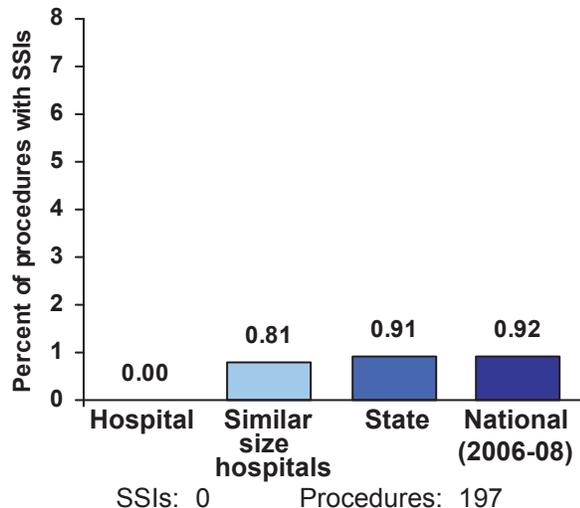


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

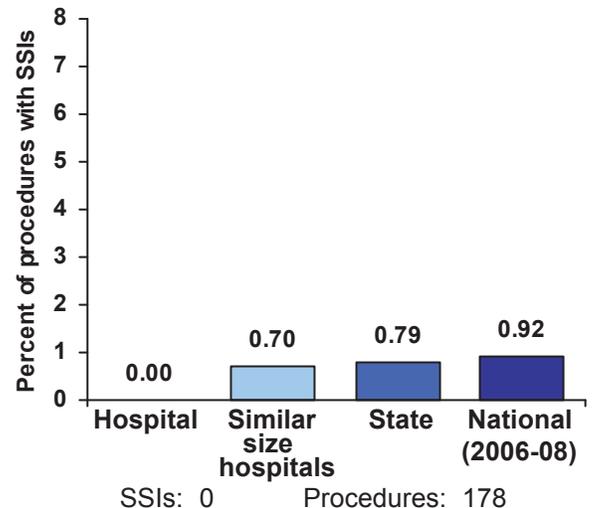


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Adventist Medical Center

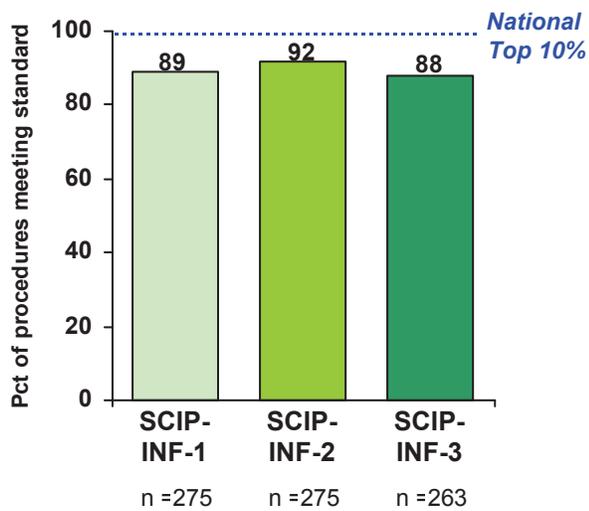
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

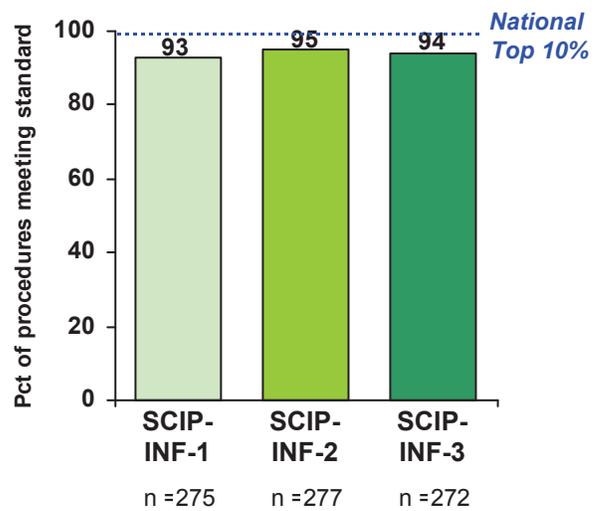
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

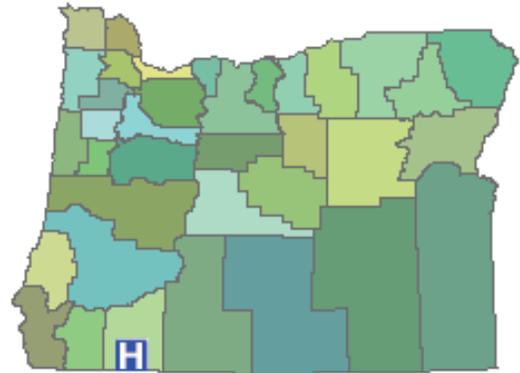


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



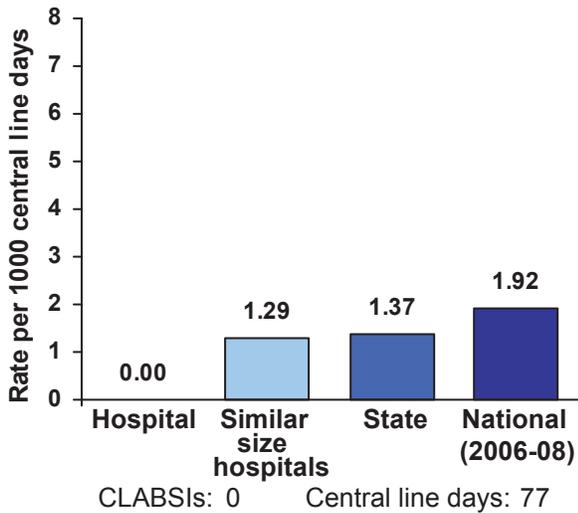
# Ashland Community Hospital

Location: Ashland  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 49  
 2010 Admissions: 1,624  
 2010 Patient Days: 5,826  
 Infection Control Professional FTE: 0.4

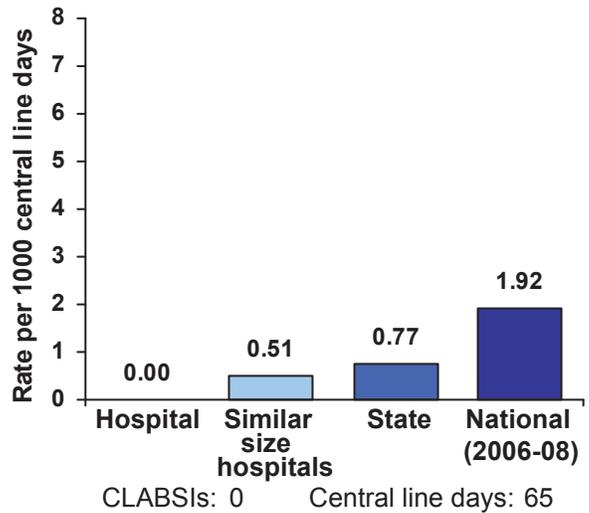


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

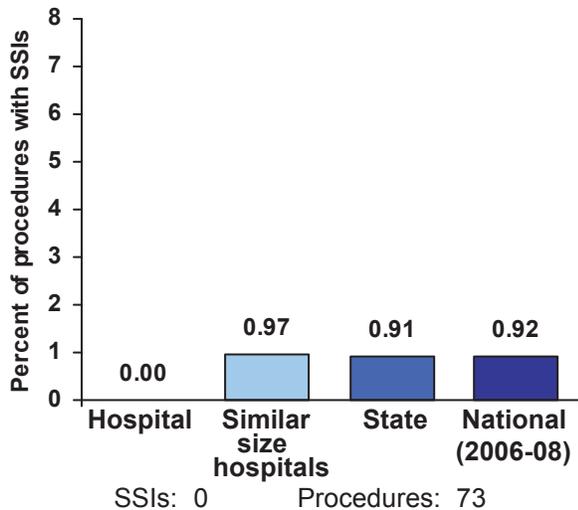


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

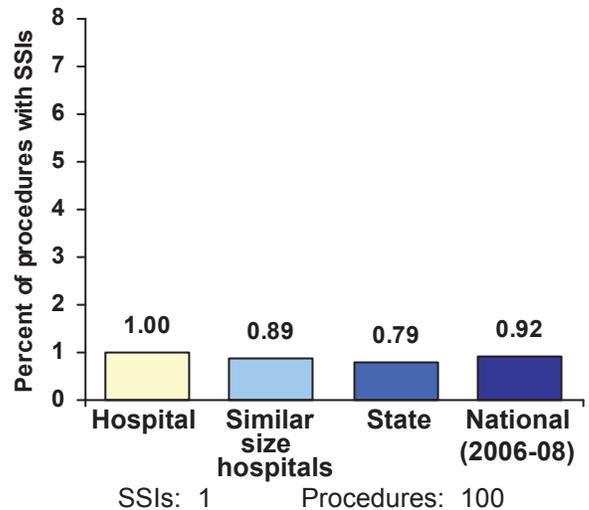


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Ashland Community Hospital

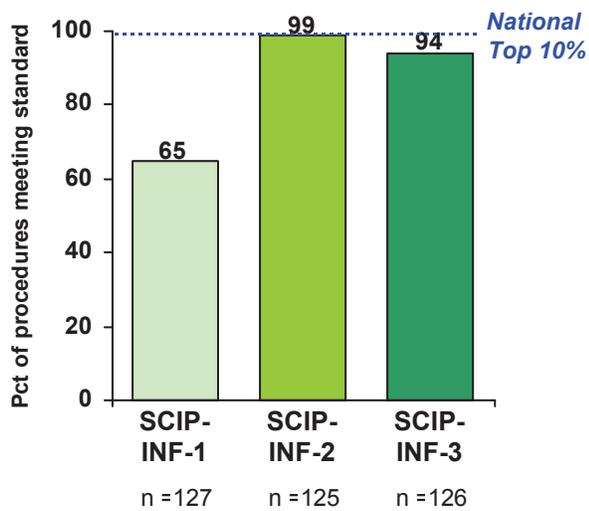
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

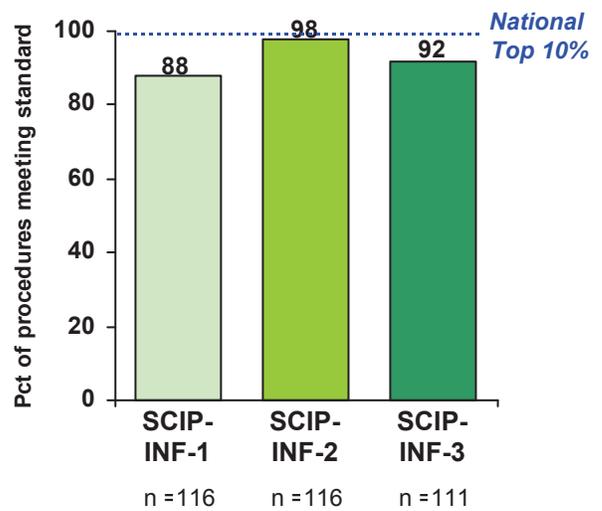
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



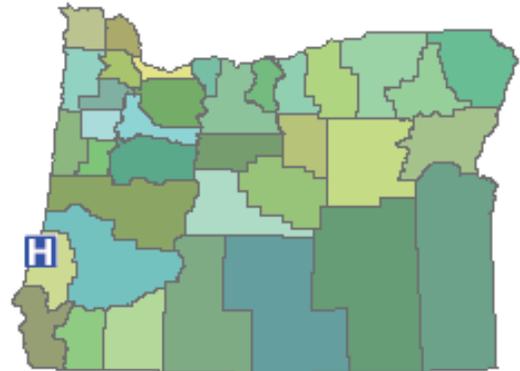
# Bay Area Hospital

Location: Coos Bay  
 Ownership: Not for Profit  
 Medical School Affiliation: Limited

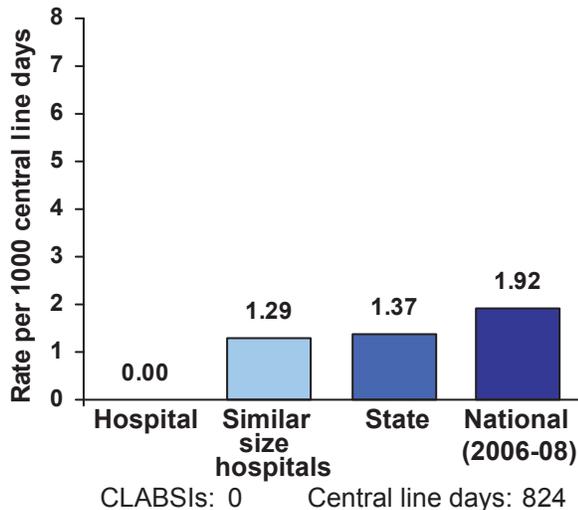
ICU Beds: 10  
 Specialty Care Beds: 0  
 Total Staffed Beds: 129

2010 Admissions: 7,057  
 2010 Patient Days: 24,375  
 Infection Control Professional FTE: 1

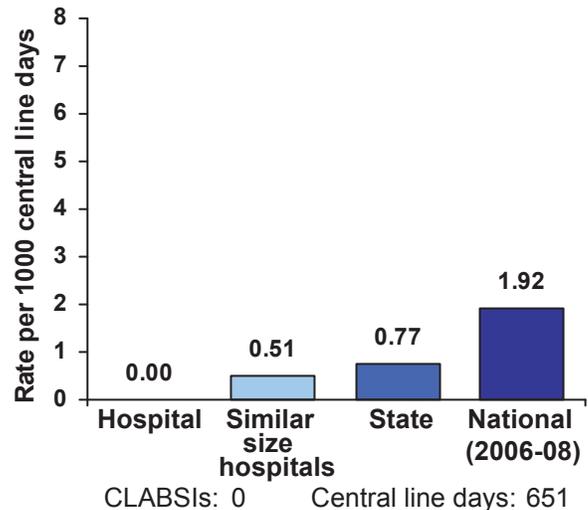
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

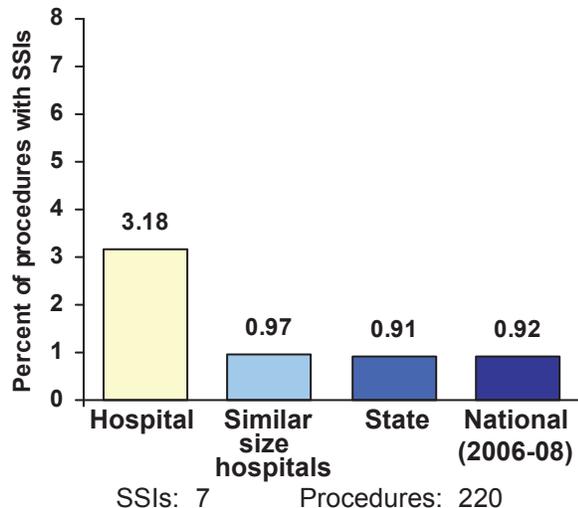


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

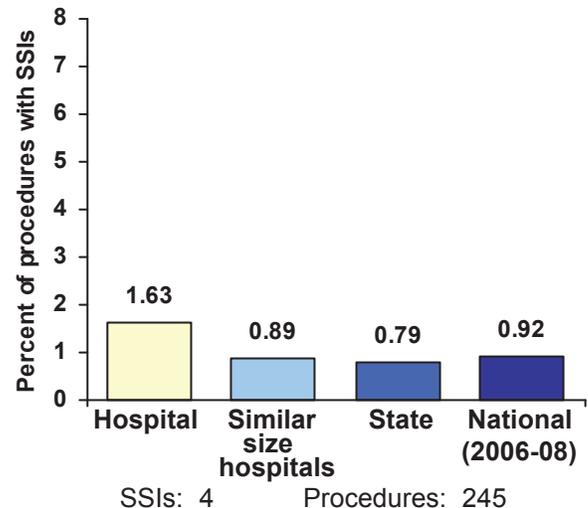


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Bay Area Hospital

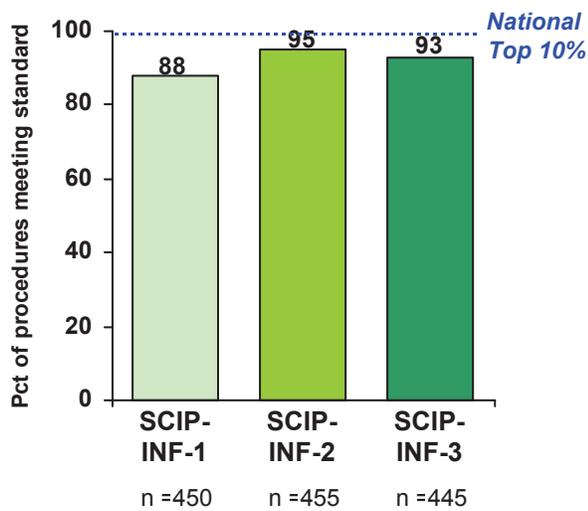
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

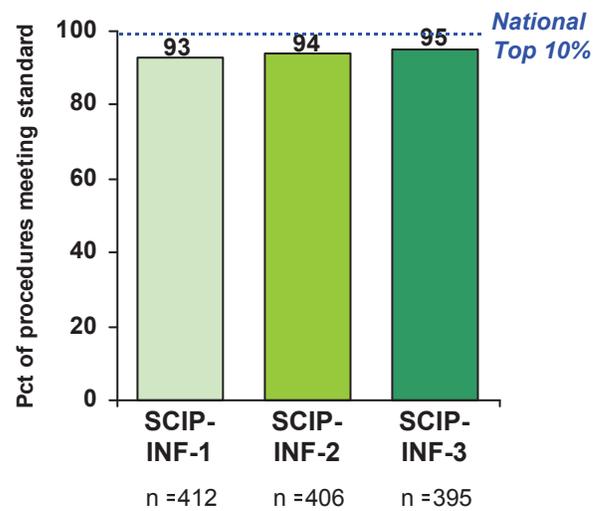
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



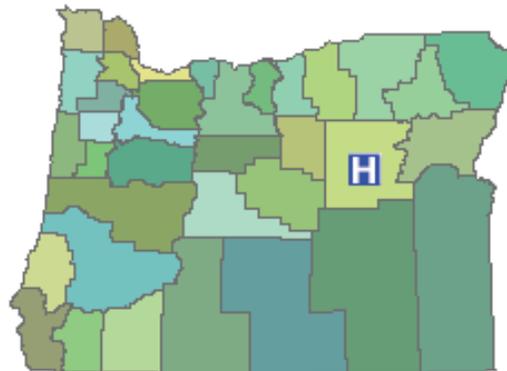
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Blue Mountain Hospital

Location: John Day  
Ownership: Not for Profit  
Medical School Affiliation: Limited  
ICU Beds: 3  
Specialty Care Beds: 0  
Total Staffed Beds: 16  
2010 Admissions: 375  
2010 Patient Days: 1,127  
Infection Control Professional FTE: 0.75

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*Too few observations for reporting purposes*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*Too few observations for reporting purposes*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*No procedures at this hospital*

#### Knee Prosthesis, 2010

*No procedures at this hospital*

## **Blue Mountain Hospital**

### **Coronary Artery Bypass Graft, 2009**

*No procedures at this hospital*

### **Coronary Artery Bypass Graft, 2010**

*No procedures at this hospital*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

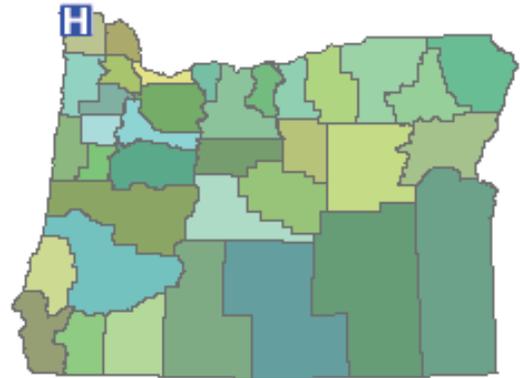
*Too few observations for reporting purposes*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**

*Too few observations for reporting purposes*

# Columbia Memorial Hospital

Location: Astoria  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 5  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 2010 Admissions: 2,117  
 2010 Patient Days: 6,014  
 Infection Control Professional FTE: 0.75

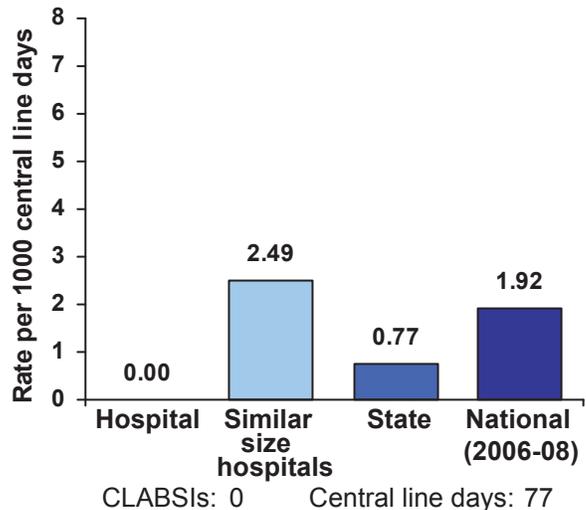


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

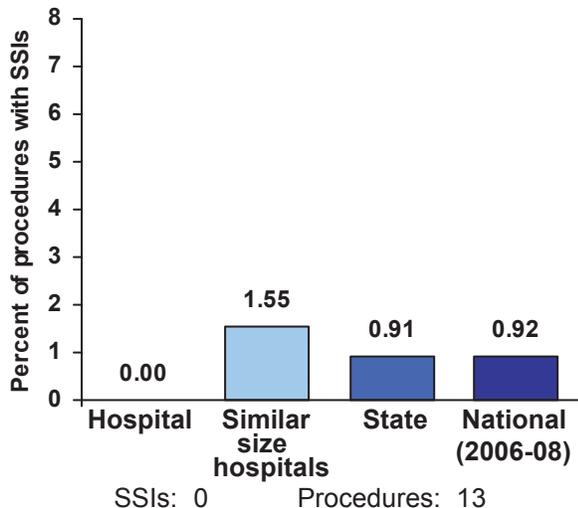
*Too few observations for reporting purposes*

## Central Line Associated Bloodstream Infections (CLABSIs), 2010

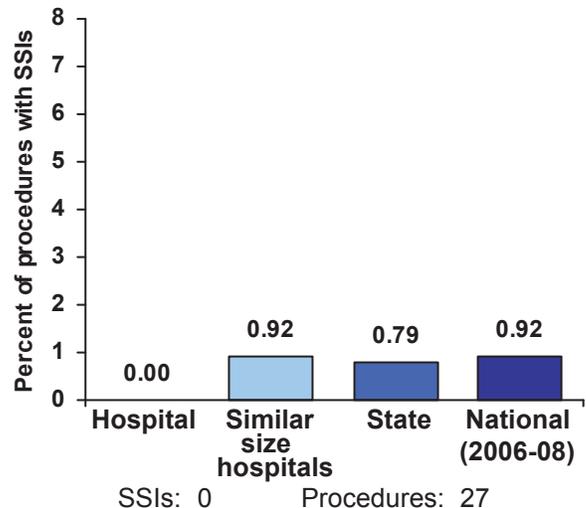


## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Knee Prosthesis, 2010



# Columbia Memorial Hospital

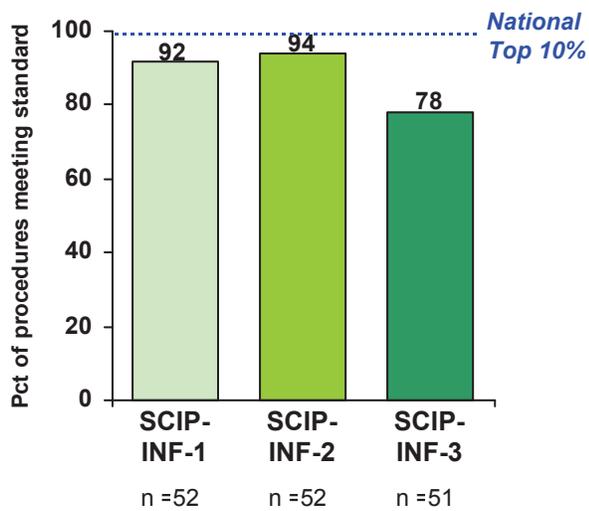
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

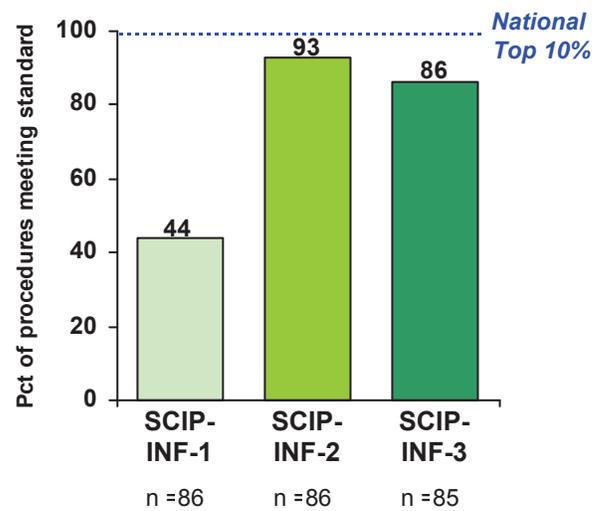
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



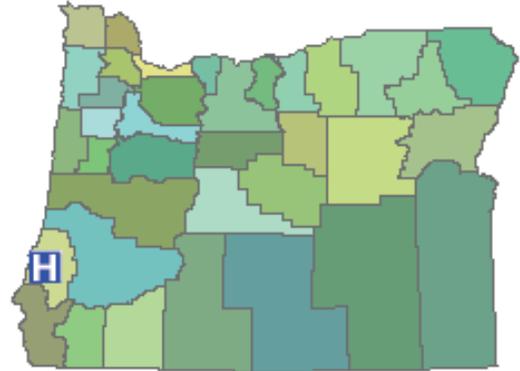
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Coquille Valley Hospital

Location: Coquille  
Ownership: Not for Profit  
Medical School Affiliation: None  
ICU Beds: 2  
Specialty Care Beds: 0  
Total Staffed Beds: 25  
2010 Admissions: 577  
2010 Patient Days: 2,034  
Infection Control Professional FTE: 0.7

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*Too few observations for reporting purposes*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*Too few observations for reporting purposes*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*Too few observations for reporting purposes*

#### Knee Prosthesis, 2010

*Too few observations for reporting purposes*

## Coquille Valley Hospital

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

### Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

*Too few observations for reporting purposes*

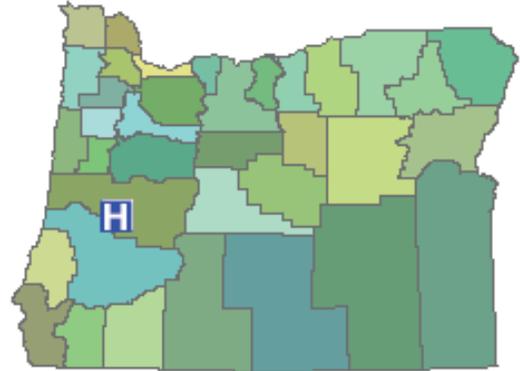
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010

*Too few observations for reporting purposes*

## Cottage Grove Community Hospital

Location: Cottage Grove  
Ownership: Not for Profit  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 11  
2010 Admissions: 482  
2010 Patient Days: 1,249  
Infection Control Professional FTE: 0.2

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital is exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*No procedures at this hospital*

#### Knee Prosthesis, 2010

*No procedures at this hospital*

## **Cottage Grove Community Hospital**

### **Coronary Artery Bypass Graft, 2009**

*No procedures at this hospital*

### **Coronary Artery Bypass Graft, 2010**

*No procedures at this hospital*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

*This hospital was exempt from SCIP  
reporting in 2009.*

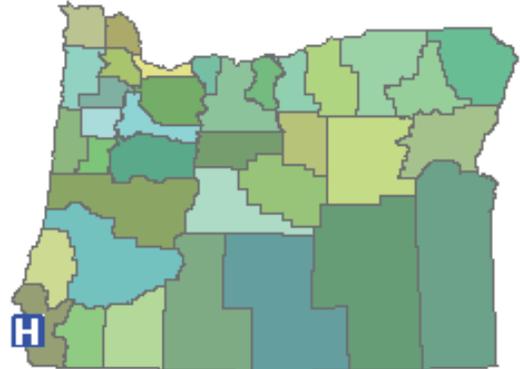
### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**

*This hospital is exempt from SCIP  
reporting in 2010.*

## Curry General Hospital

Location: Gold Beach  
Ownership: Not for Profit  
Medical School Affiliation: None  
ICU Beds: 3  
Specialty Care Beds: 0  
Total Staffed Beds: 24  
2010 Admissions: 786  
2010 Patient Days: 2,748  
Infection Control Professional FTE: 0.3

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital was exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure

*Too few observations for reporting purposes*

*Too few observations for reporting purposes*

# Curry General Hospital

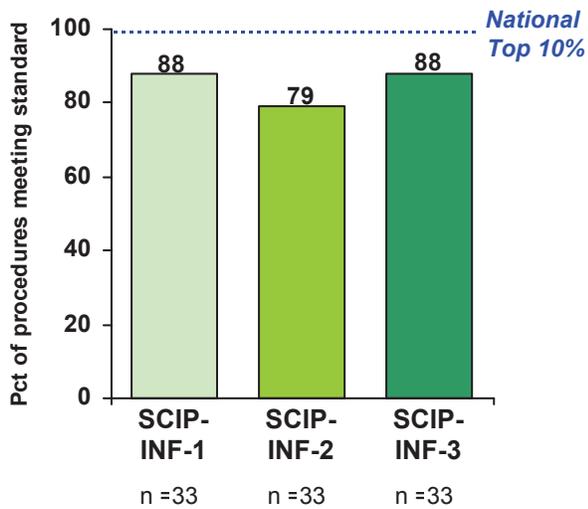
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

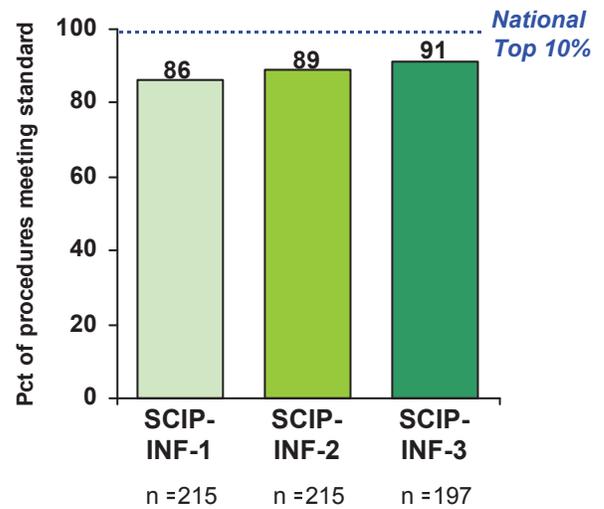
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Good Samaritan Regional Medical Center (Corvallis)

Location: Corvallis

Ownership: Not for Profit

Medical School Affiliation: Limited

ICU Beds: 15

Specialty Care Beds: 0

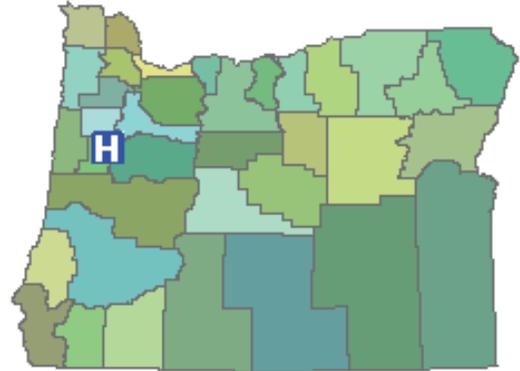
Total Staffed Beds: 163

2010 Admissions: 9,364

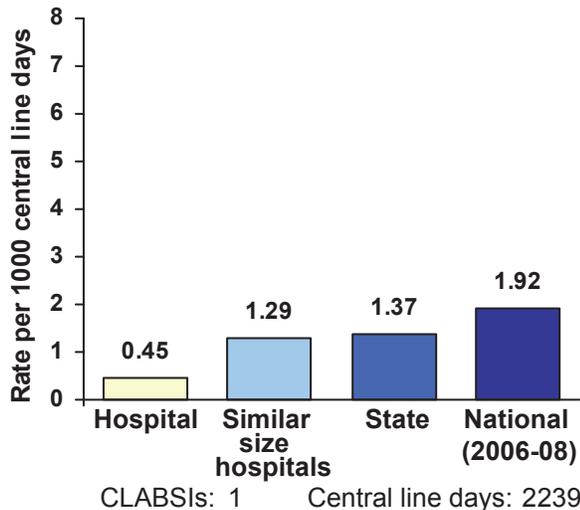
2010 Patient Days: 40,895

Infection Control Professional FTE: 2

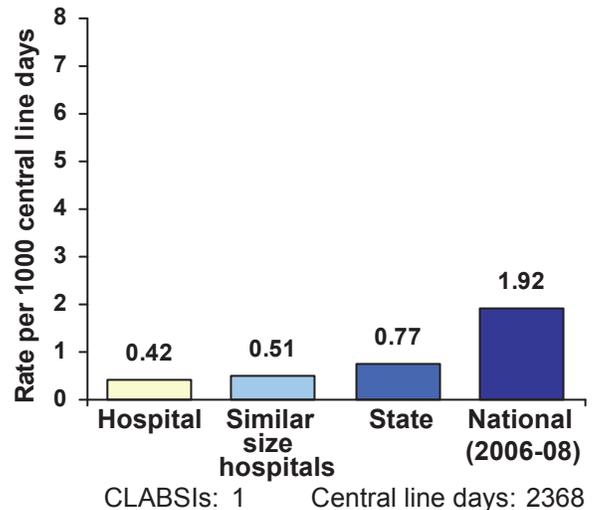
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

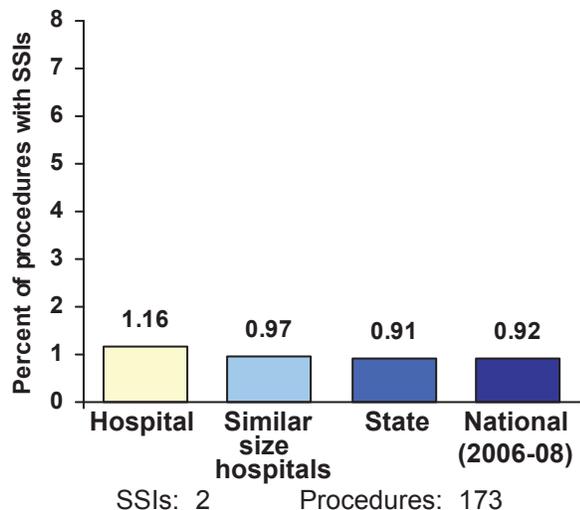


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

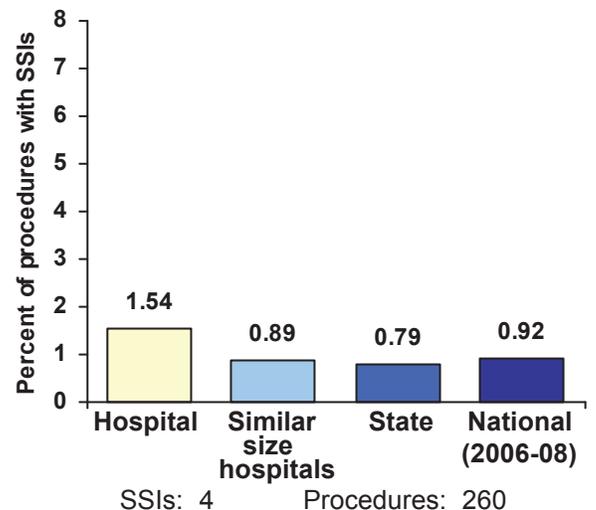


### Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

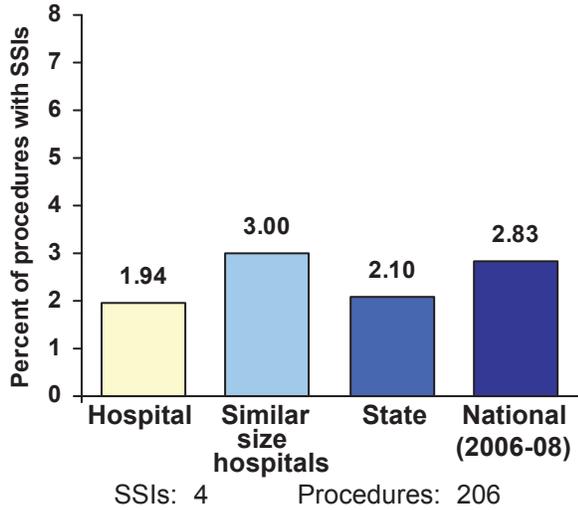


**Knee Prosthesis, 2010**

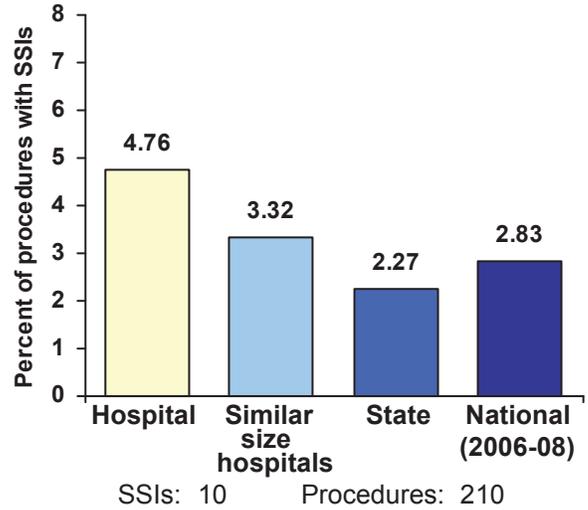


## Good Samaritan Regional Medical Center (Corvallis)

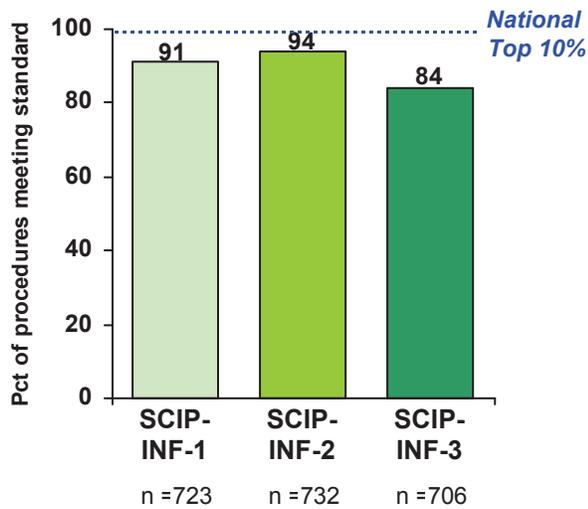
**Coronary Artery Bypass Graft, 2009**



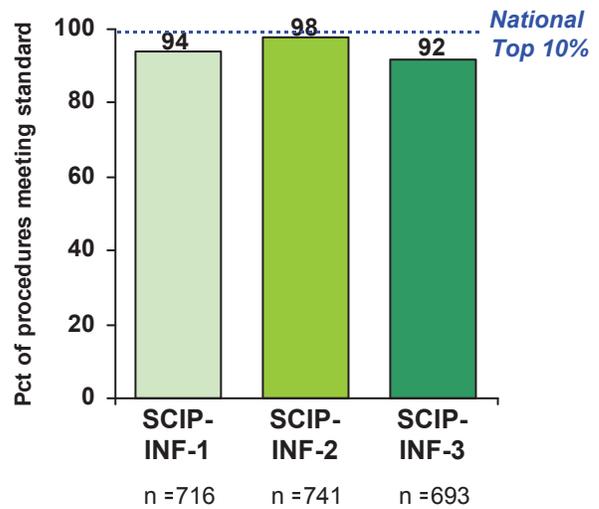
**Coronary Artery Bypass Graft, 2010**



**Surgical Care Improvement Project (SCIP)  
Process of Care Measures, 4/2008-3/2009**

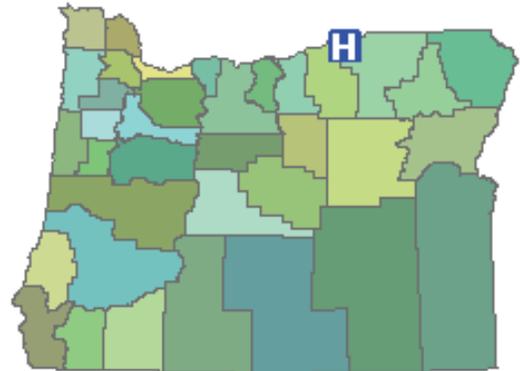


**Surgical Care Improvement Project (SCIP)  
Process of Care Measures, 4/2009-3/2010**



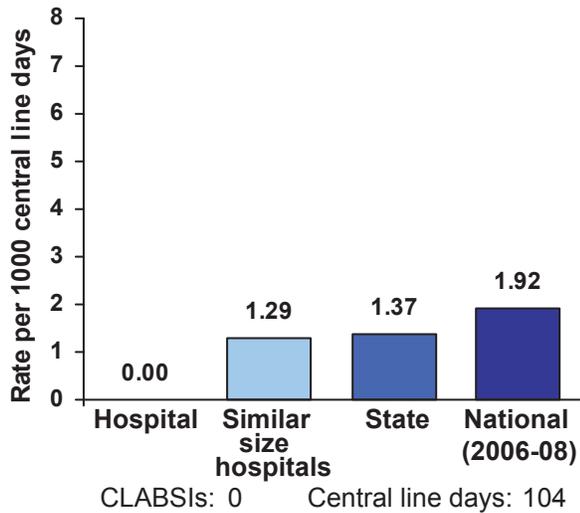
# Good Shepherd Medical Center

Location: Hermiston  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 34  
 2010 Admissions: 3,527  
 2010 Patient Days: 6,880  
 Infection Control Professional FTE: 0.5

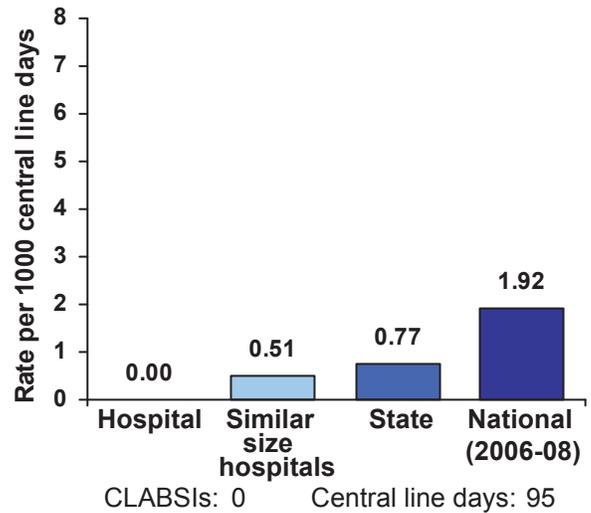


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

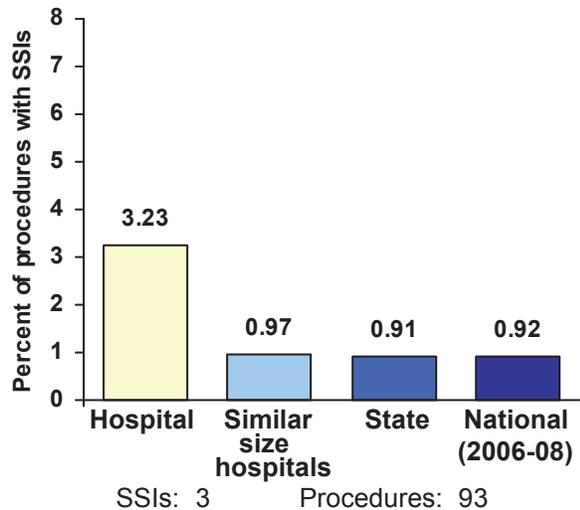


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

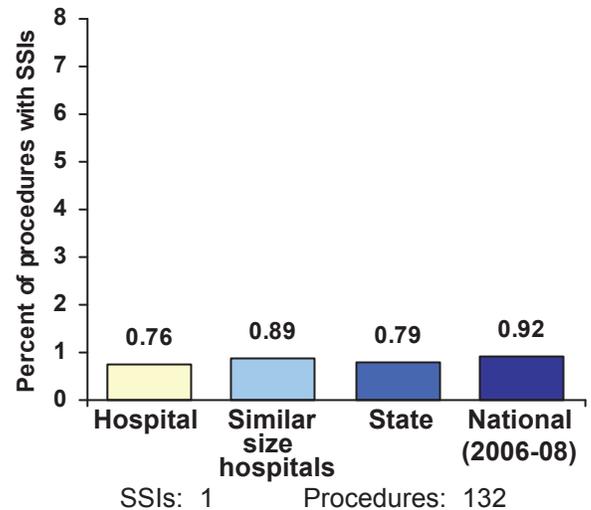


**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Good Shepherd Medical Center

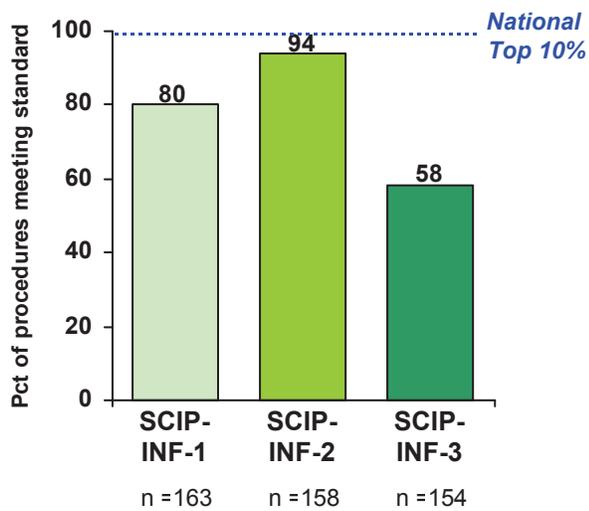
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

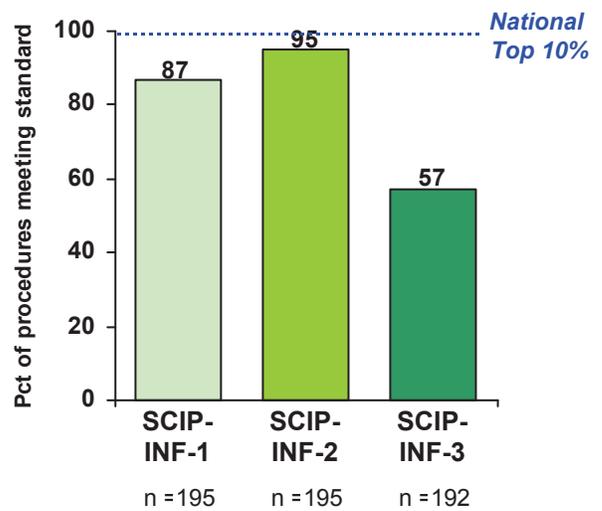
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

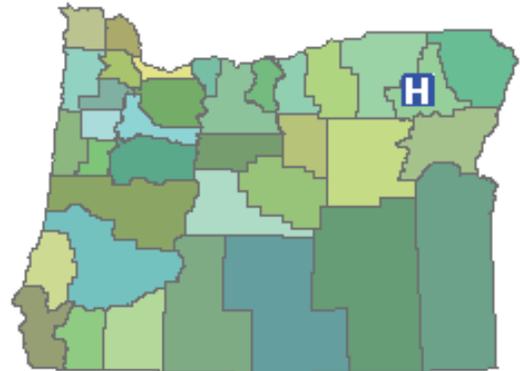


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



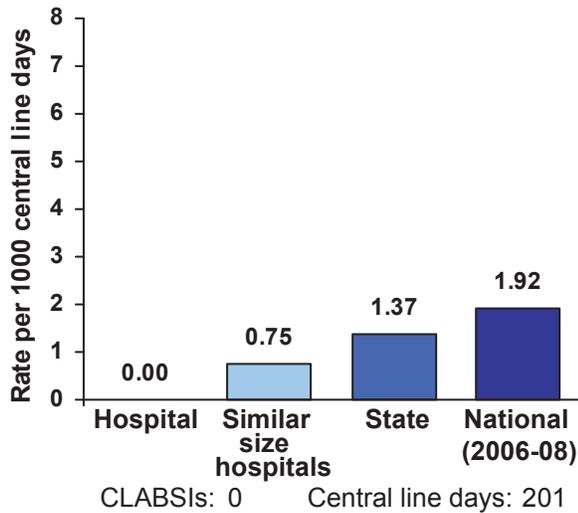
# Grande Ronde Hospital

Location: La Grande  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 2010 Admissions: 1,572  
 2010 Patient Days: 5,201  
 Infection Control Professional FTE: 0.4

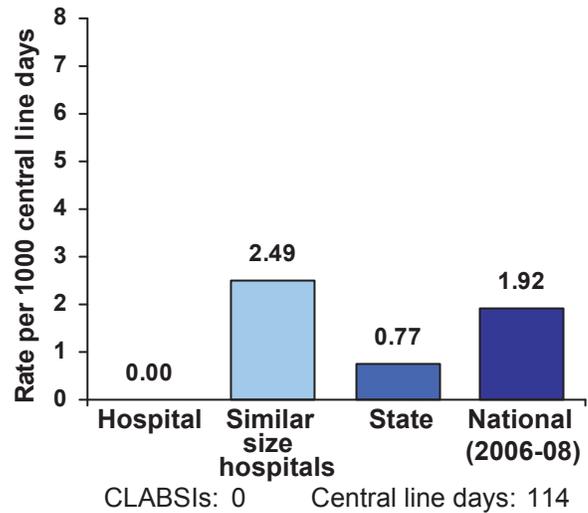


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

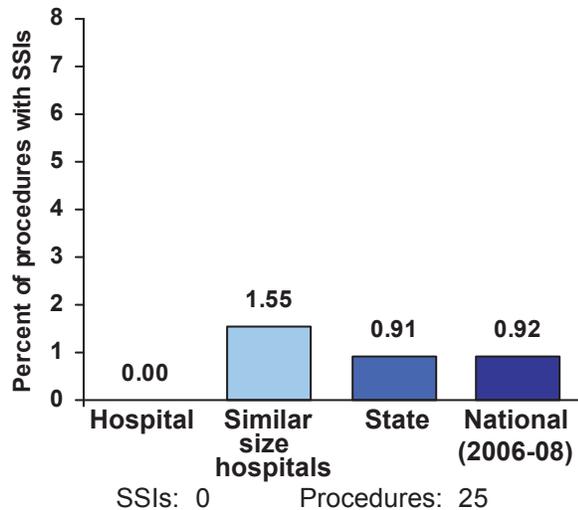


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

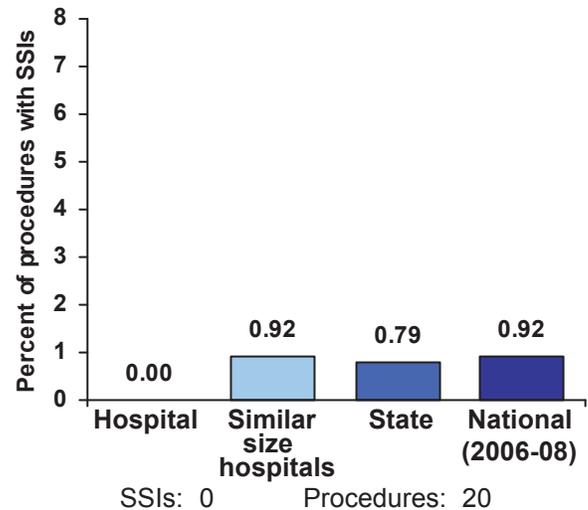


**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Grande Ronde Hospital

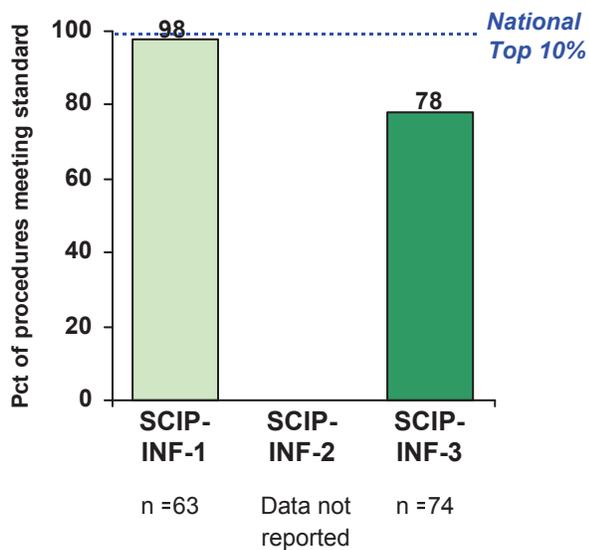
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

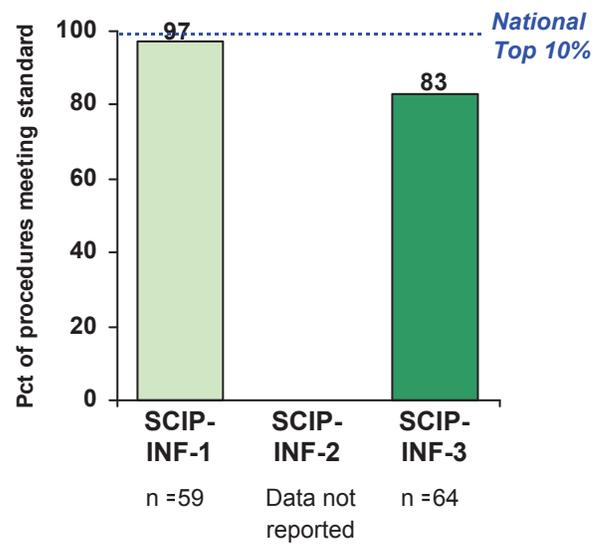
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



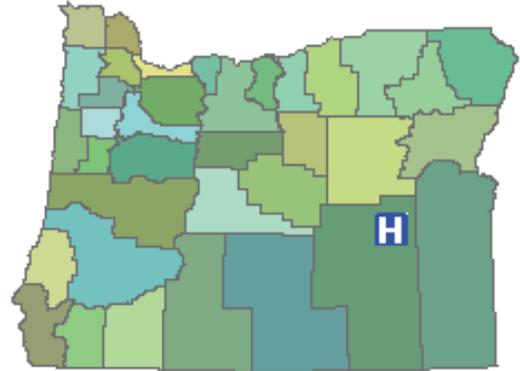
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Harney District Hospital

Location: Burns  
Ownership: Not for Profit  
Medical School Affiliation: None  
ICU Beds: 2  
Specialty Care Beds: 0  
Total Staffed Beds: 5  
2010 Admissions: 533  
2010 Patient Days: 1,933  
Infection Control Professional FTE: 0.56

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital is exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure Knee Prosthesis, 2009

*No procedures at this hospital*

### Knee Prosthesis, 2010

*No procedures at this hospital*

## Harney District Hospital

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

### Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

*Too few observations for reporting purposes*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010

*Too few observations for reporting purposes*

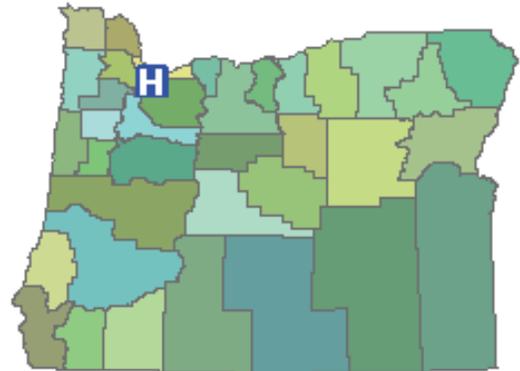
# Kaiser Sunnyside Medical Center

Location: Clackamas  
 Ownership: Not for Profit  
 Medical School Affiliation: Limited

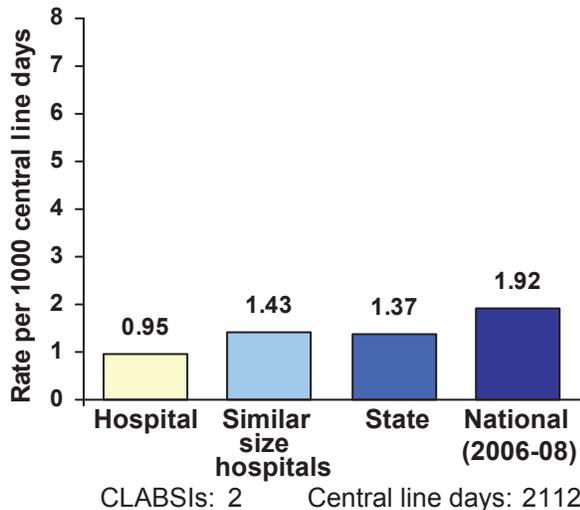
ICU Beds: 40  
 Specialty Care Beds: 20  
 Total Staffed Beds: 329

2010 Admissions: 19,293  
 2010 Patient Days: 70,489  
 Infection Control Professional FTE: 2

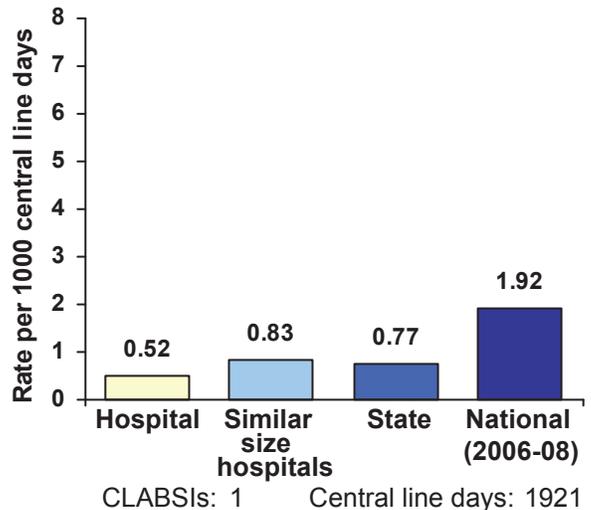
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

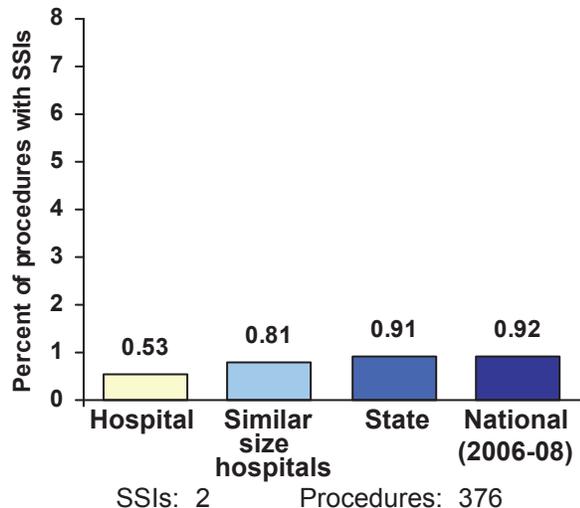


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

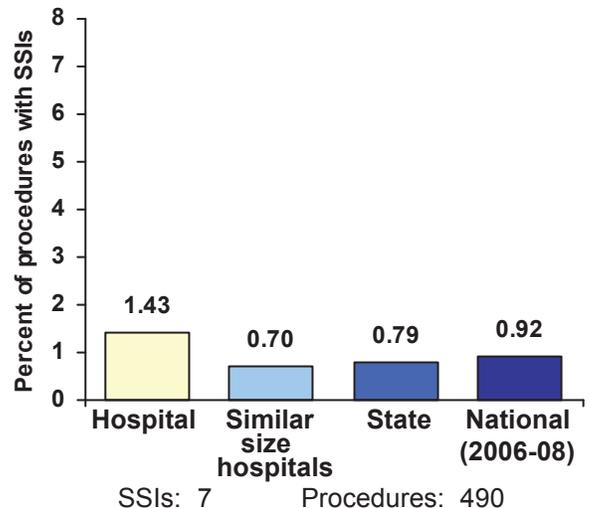


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

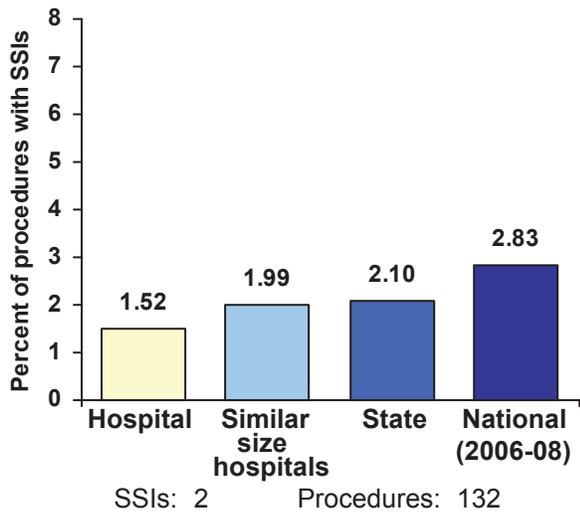


**Knee Prosthesis, 2010**

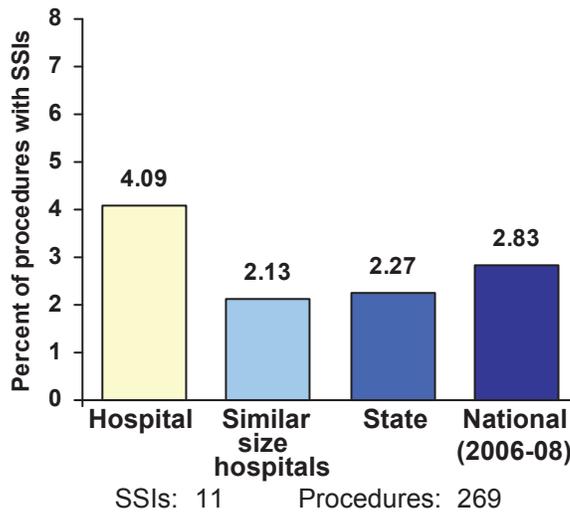


# Kaiser Sunnyside Medical Center

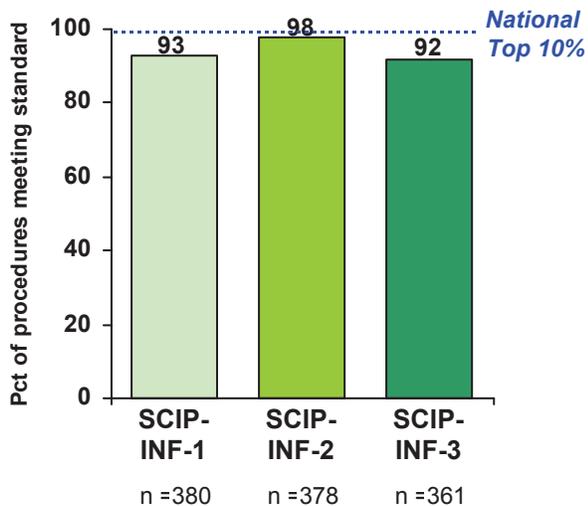
Coronary Artery Bypass Graft, 2009



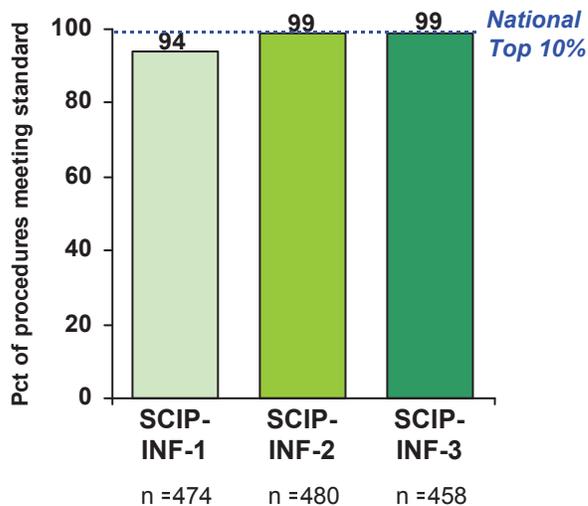
Coronary Artery Bypass Graft, 2010



Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



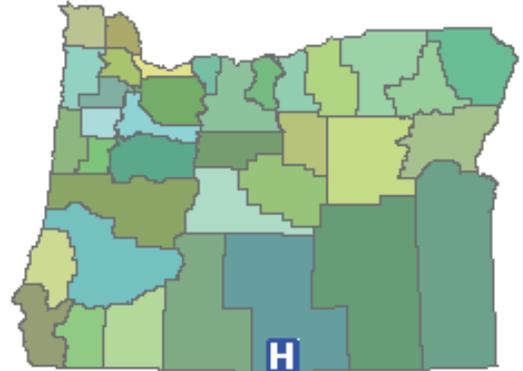
Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Lake District Hospital

Location: Lakeview  
Ownership: Government  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 21  
2010 Admissions: 569  
2010 Patient Days: 796  
Infection Control Professional FTE: 0.1

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital is exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure Knee Prosthesis, 2009

*No procedures at this hospital*

### Knee Prosthesis, 2010

*No procedures at this hospital*

## Lake District Hospital

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

### Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

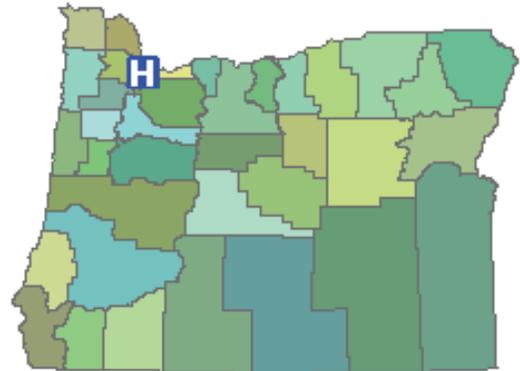
*Too few observations for reporting purposes*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010

*Too few observations for reporting purposes*

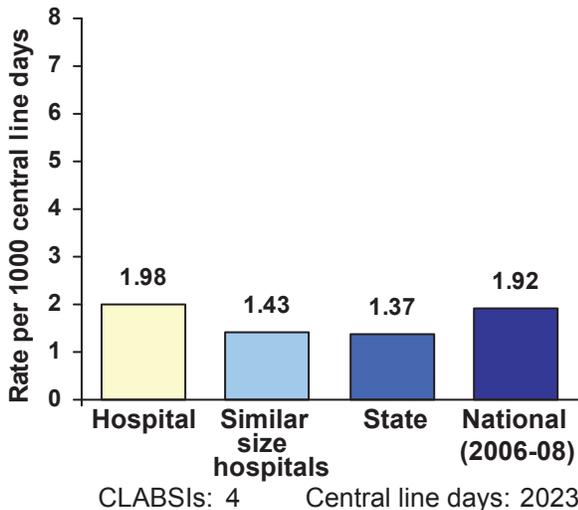
# Legacy Emanuel Hospital

Location: Portland  
 Ownership: Not for Profit  
 Medical School Affiliation: Major teaching  
 ICU Beds: 123  
 Specialty Care Beds: 0  
 Total Staffed Beds: 394  
 2010 Admissions: 18,372  
 2010 Patient Days: 101,208  
 Infection Control Professional FTE: 3

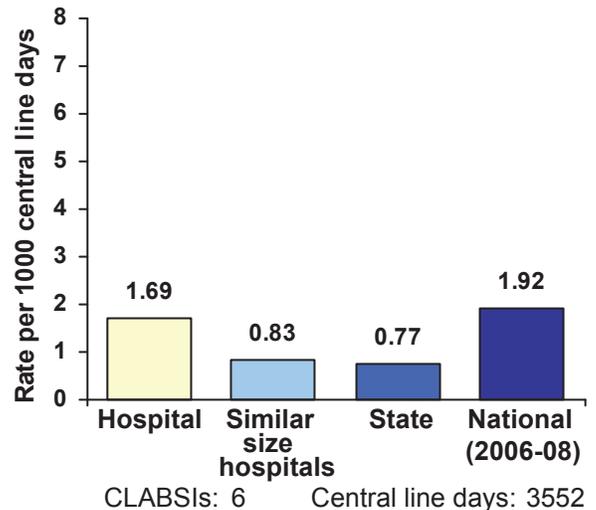


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

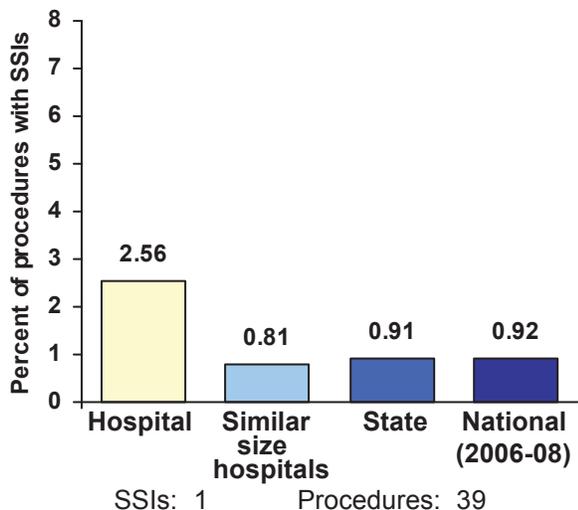


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

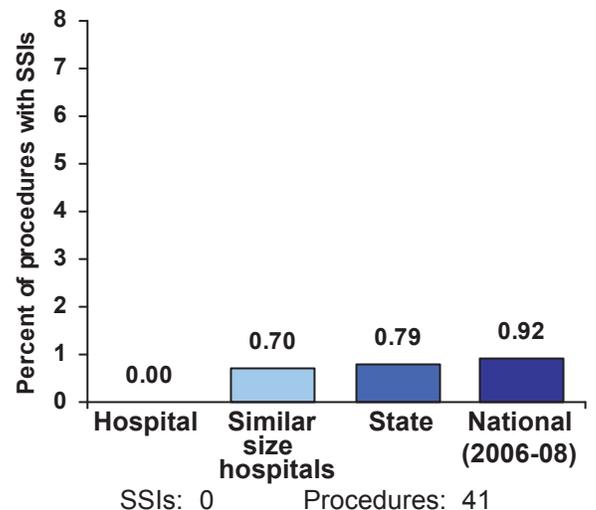


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

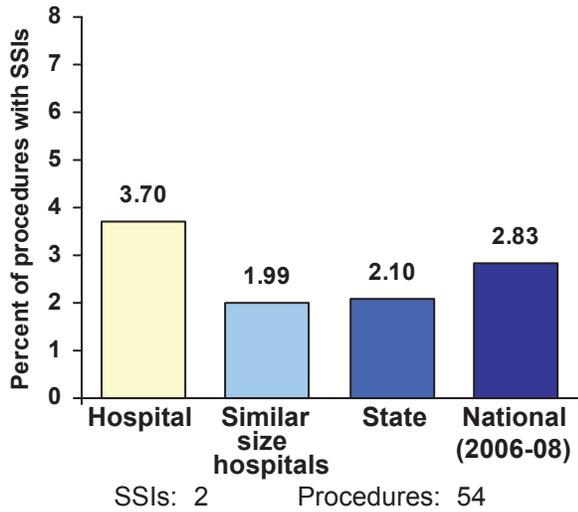


**Knee Prosthesis, 2010**

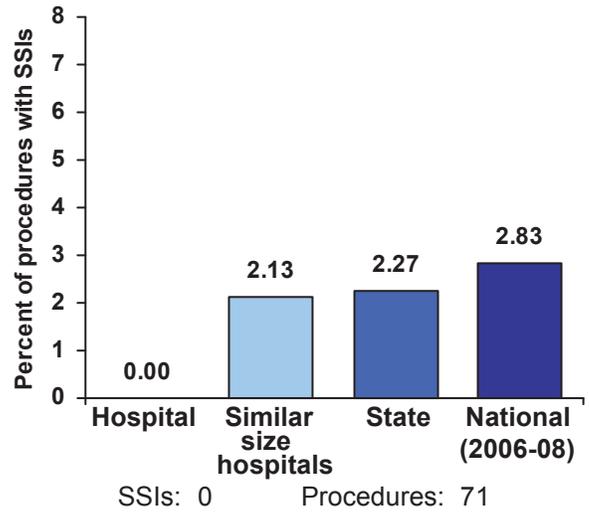


# Legacy Emanuel Hospital

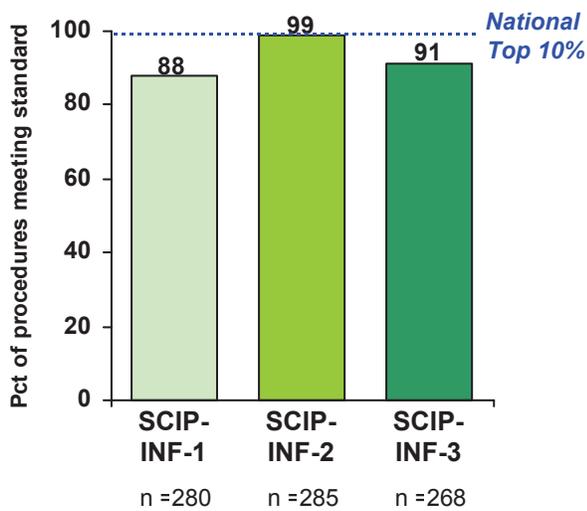
**Coronary Artery Bypass Graft, 2009**



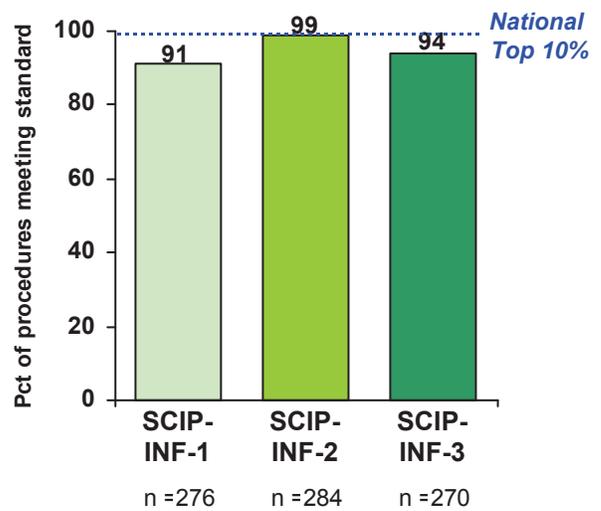
**Coronary Artery Bypass Graft, 2010**



**Surgical Care Improvement Project (SCIP)  
Process of Care Measures, 4/2008-3/2009**



**Surgical Care Improvement Project (SCIP)  
Process of Care Measures, 4/2009-3/2010**



# Legacy Good Samaritan Hospital and Medical Center

Location: Portland

Ownership: Not for Profit

Medical School Affiliation: Graduate

ICU Beds: 28

Specialty Care Beds: 22

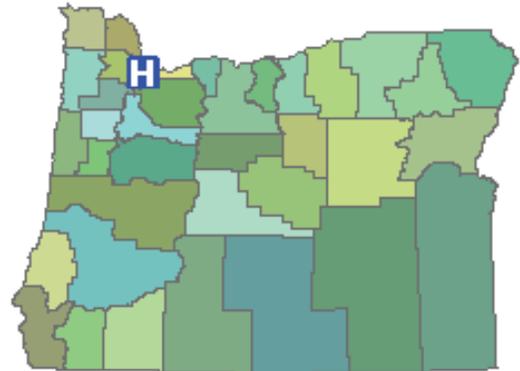
Total Staffed Beds: 230

2010 Admissions: 13,490

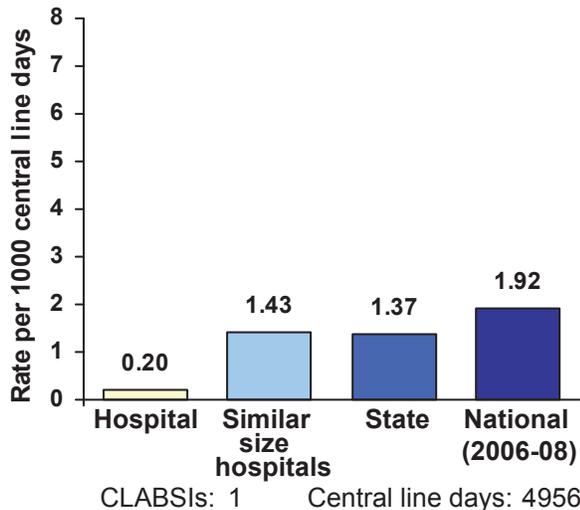
2010 Patient Days: 59,485

Infection Control Professional FTE: 1.25

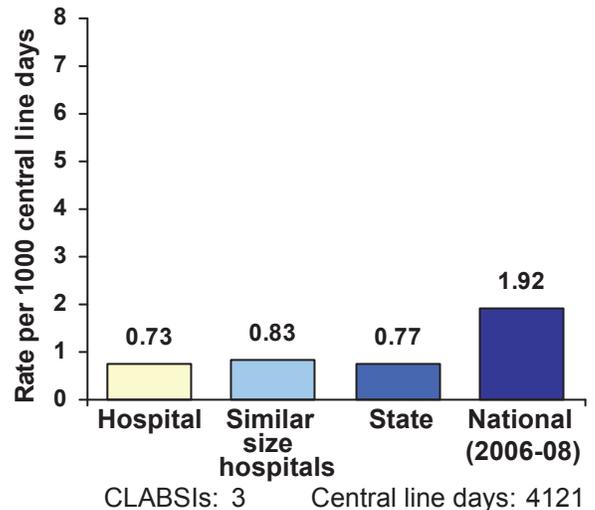
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

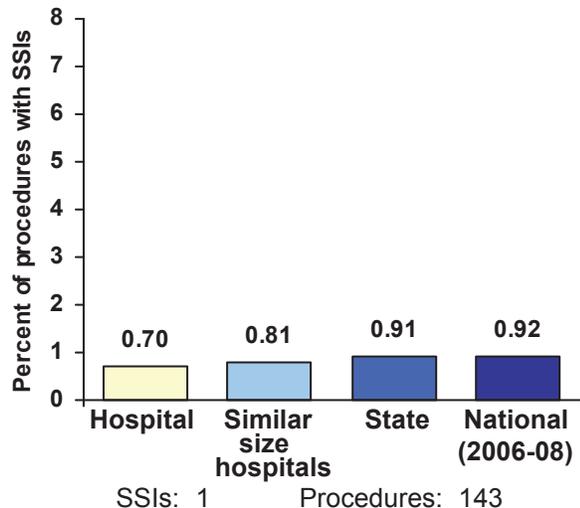


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

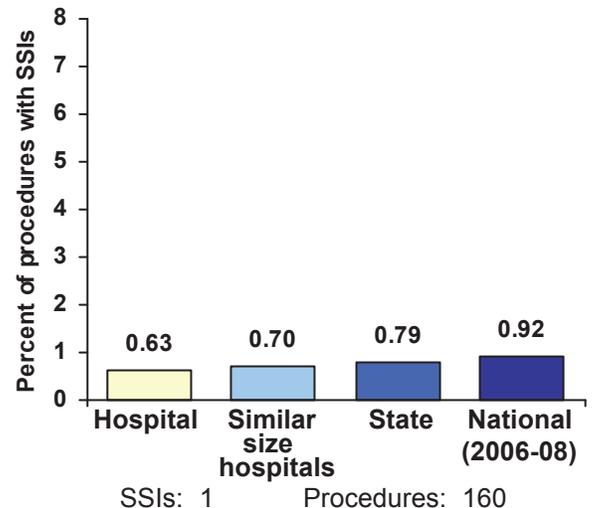


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

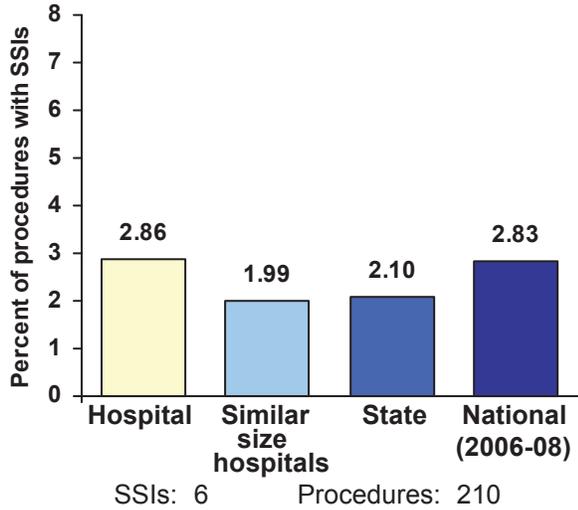


**Knee Prosthesis, 2010**

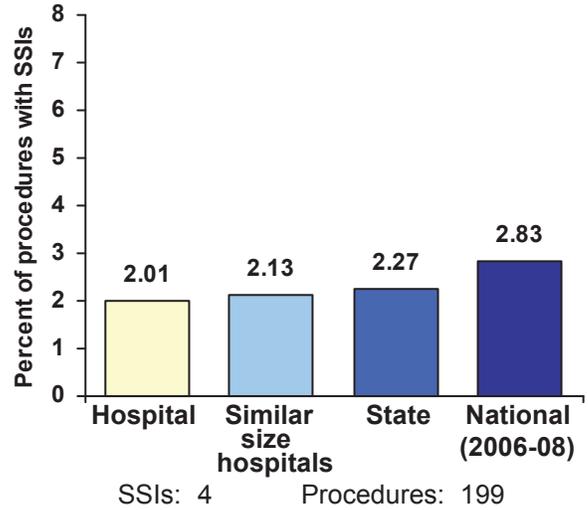


# Legacy Good Samaritan Hospital and Medical Center

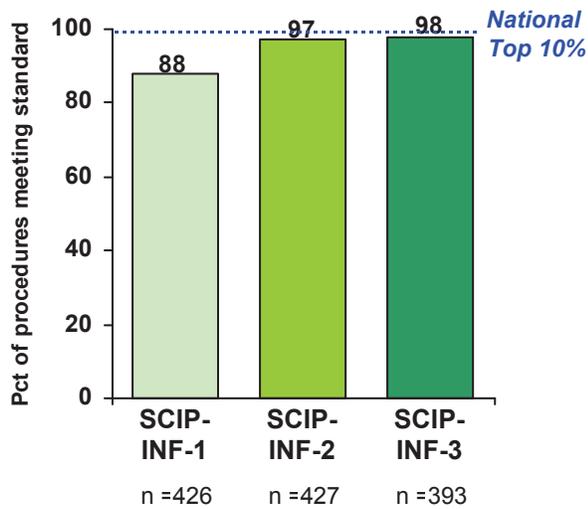
Coronary Artery Bypass Graft, 2009



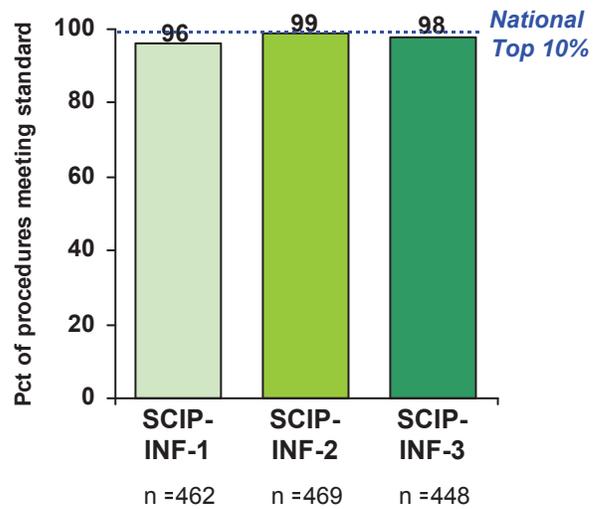
Coronary Artery Bypass Graft, 2010



Surgical Care Improvement Project (SCIP)  
Process of Care Measures, 4/2008-3/2009



Surgical Care Improvement Project (SCIP)  
Process of Care Measures, 4/2009-3/2010



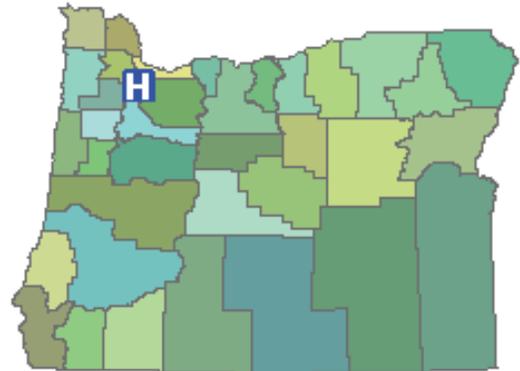
# Legacy Meridian Park Hospital

Location: Tualatin  
 Ownership: Not for Profit  
 Medical School Affiliation: None

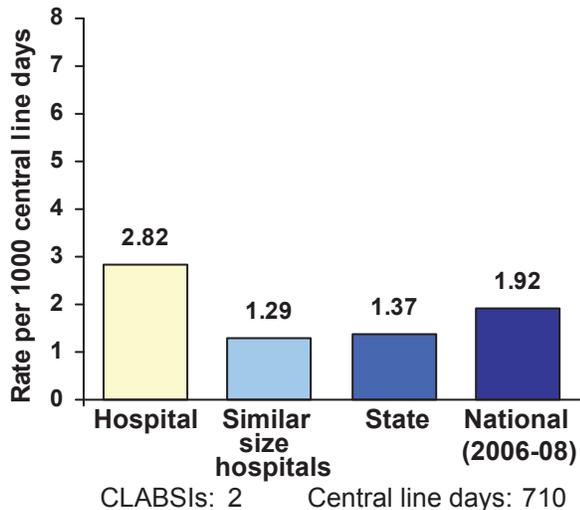
ICU Beds: 32  
 Specialty Care Beds: 0  
 Total Staffed Beds: 128

2010 Admissions: 7,499  
 2010 Patient Days: 28,611  
 Infection Control Professional FTE: 1

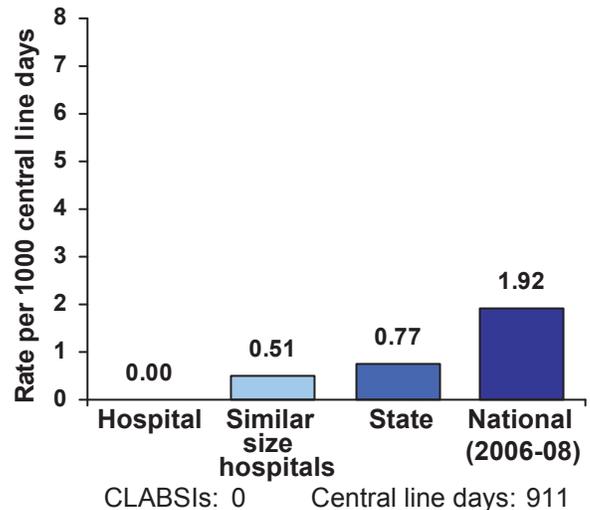
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

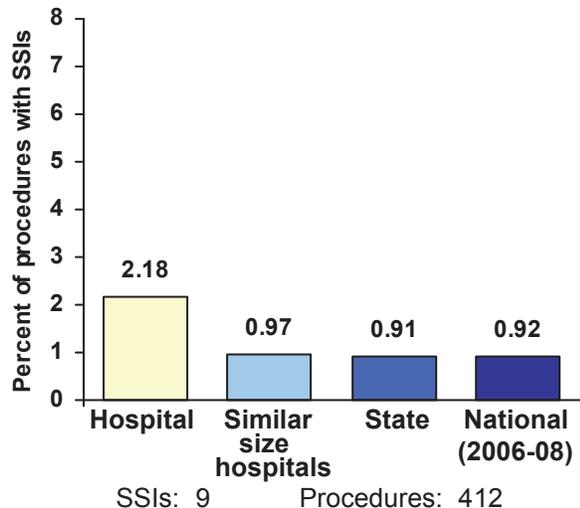


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

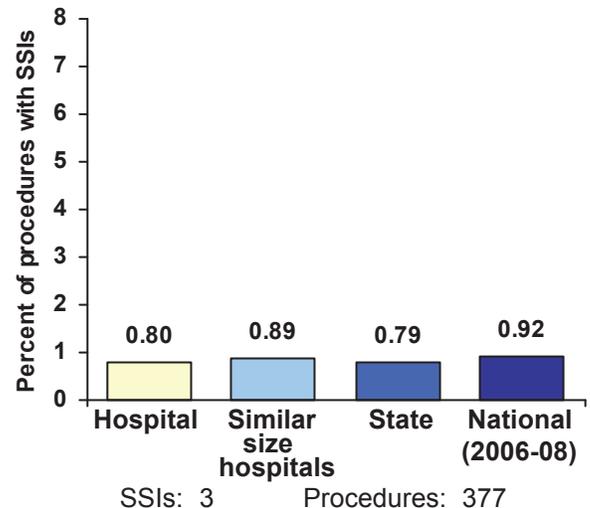


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Legacy Meridian Park Hospital

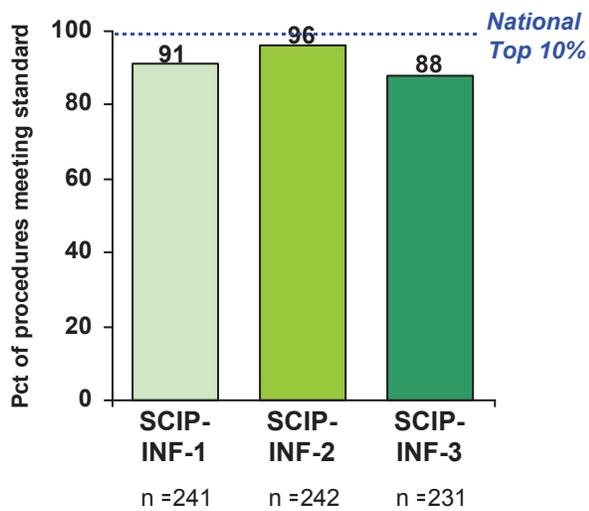
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

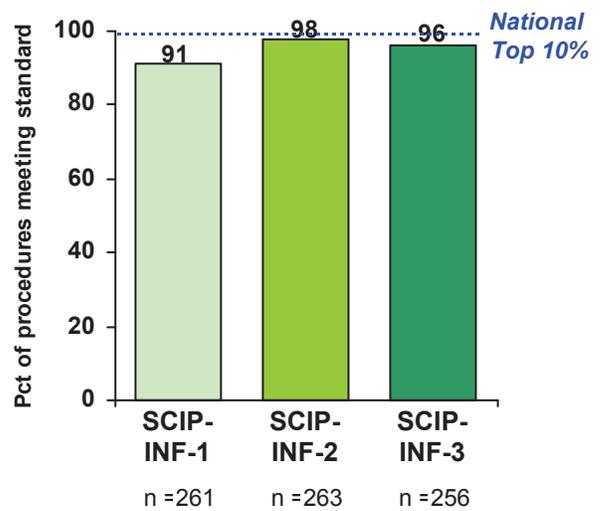
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



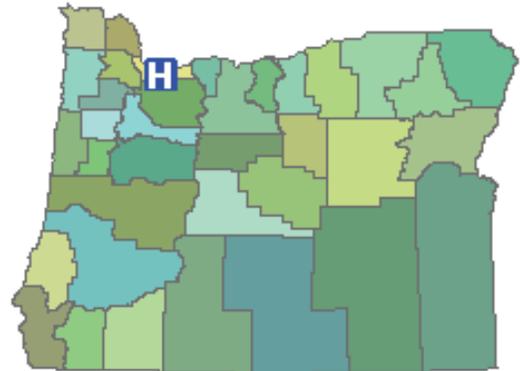
# Legacy Mt. Hood Medical Center

Location: Gresham  
 Ownership: Not for Profit  
 Medical School Affiliation: None

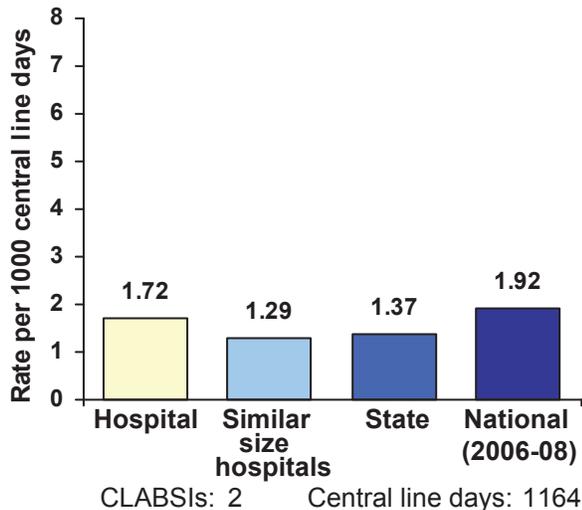
ICU Beds: 10  
 Specialty Care Beds: 0  
 Total Staffed Beds: 79

2010 Admissions: 4,970  
 2010 Patient Days: 18,313  
 Infection Control Professional FTE: 1

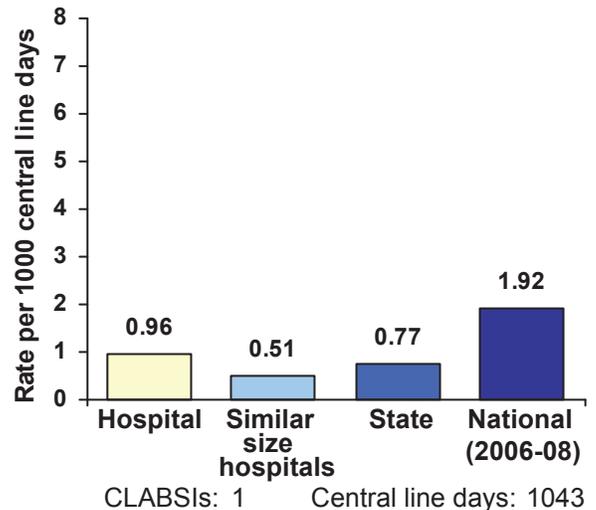
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

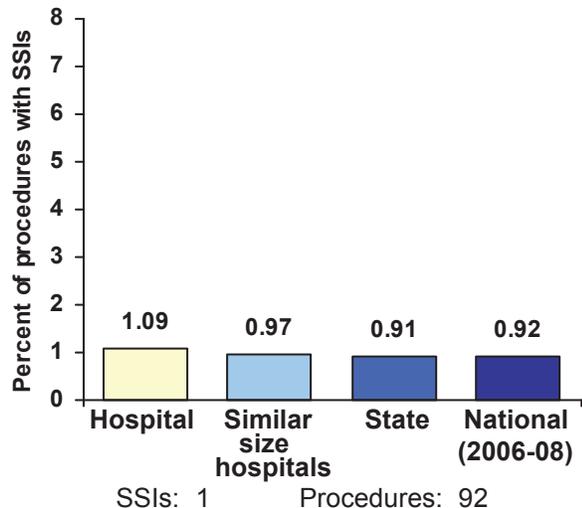


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

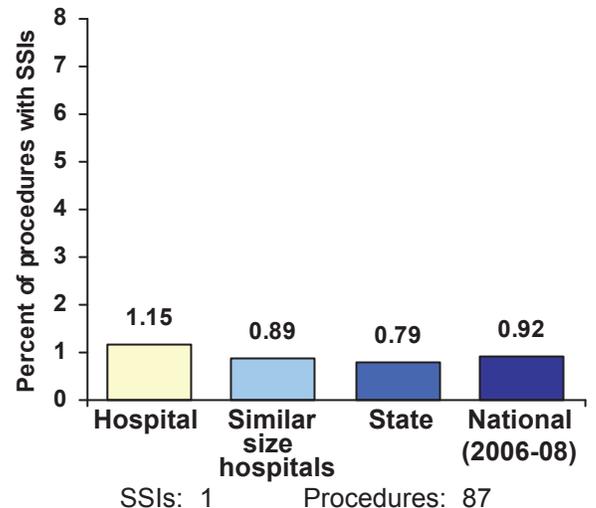


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Legacy Mt. Hood Medical Center

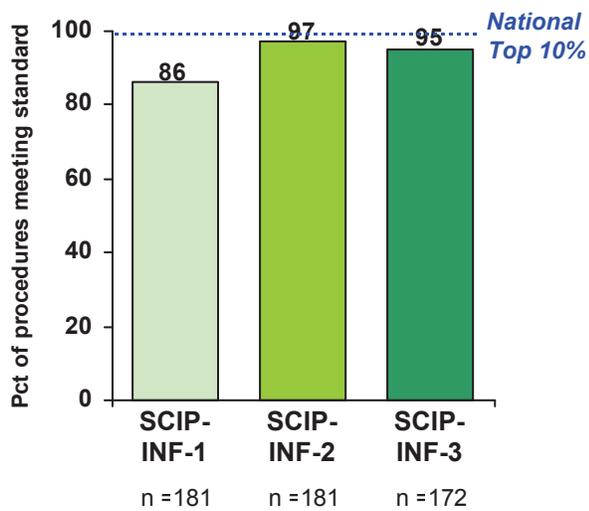
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

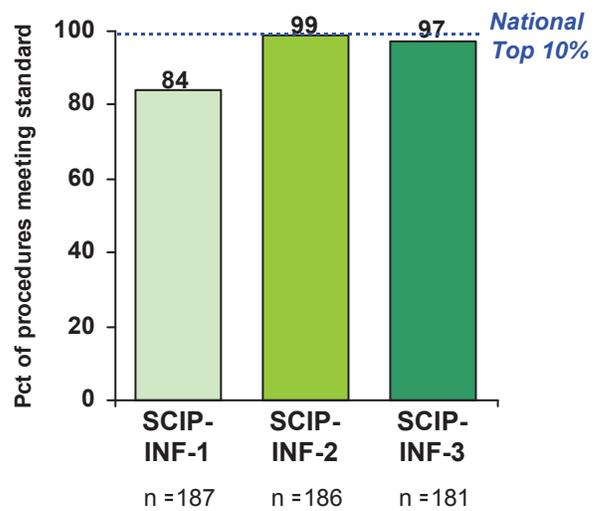
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



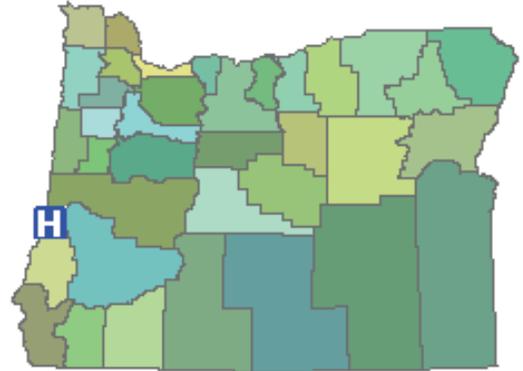
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Lower Umpqua Hospital

Location: Reedsport  
Ownership: Government  
Medical School Affiliation: Limited  
ICU Beds: 2  
Specialty Care Beds: 0  
Total Staffed Beds: 16  
2010 Admissions: 607  
2010 Patient Days: 1,841  
Infection Control Professional FTE: 0.5

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital was exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*Too few observations for reporting purposes*

#### Knee Prosthesis, 2010

*Too few observations for reporting purposes*

# Lower Umpqua Hospital

## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

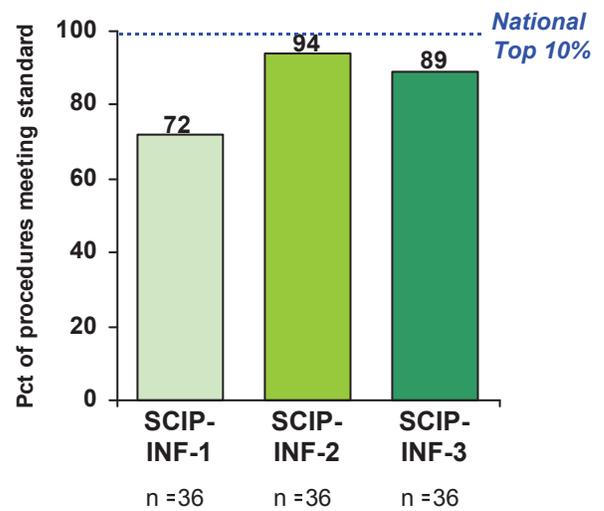
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

*Too few observations for reporting purposes*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



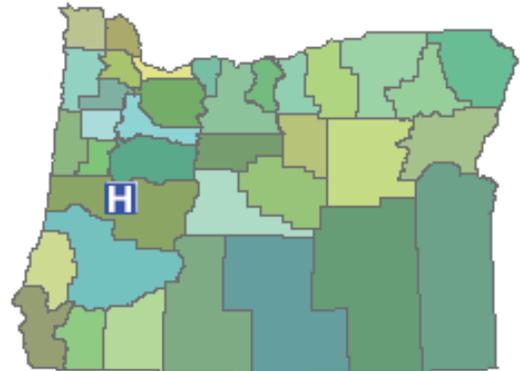
# McKenzie-Willamette Medical Center

Location: Springfield  
 Ownership: For profit  
 Medical School Affiliation: None

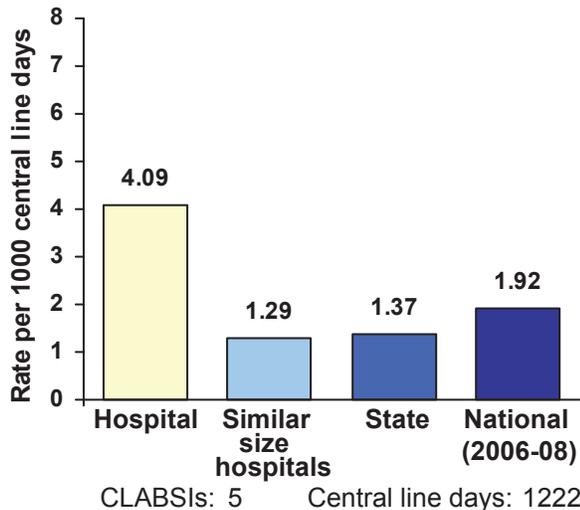
ICU Beds: 18  
 Specialty Care Beds: 0  
 Total Staffed Beds: 118

2010 Admissions: 6,840  
 2010 Patient Days: 21,409  
 Infection Control Professional FTE: 1

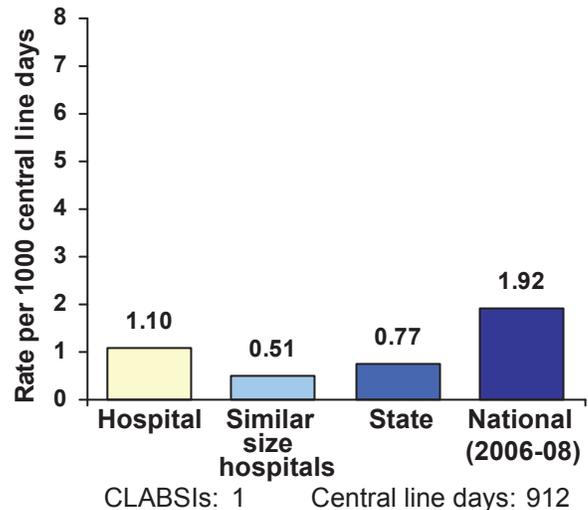
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

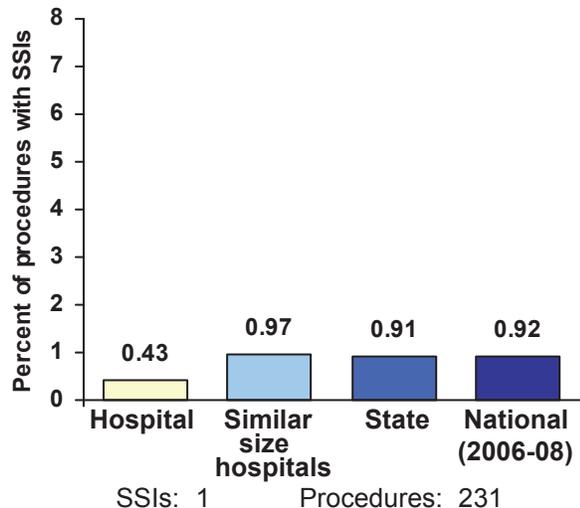


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

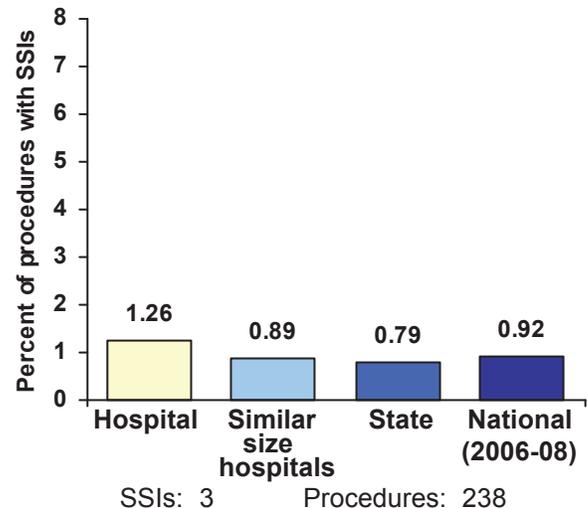


**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**

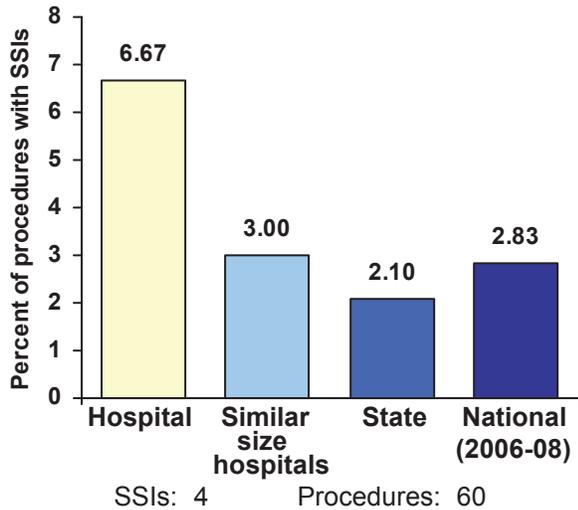


**Knee Prosthesis, 2010**

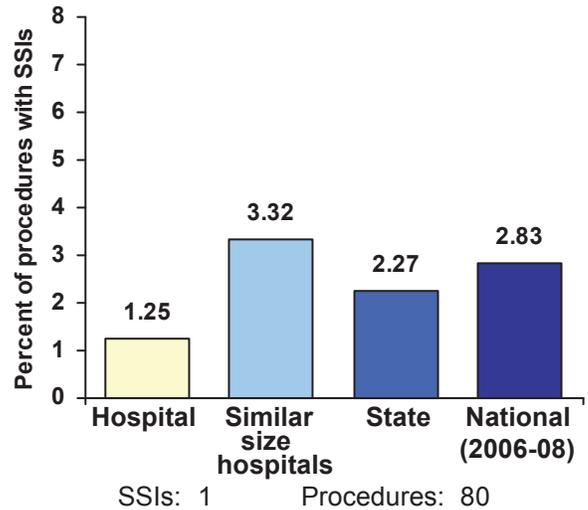


# McKenzie-Willamette Medical Center

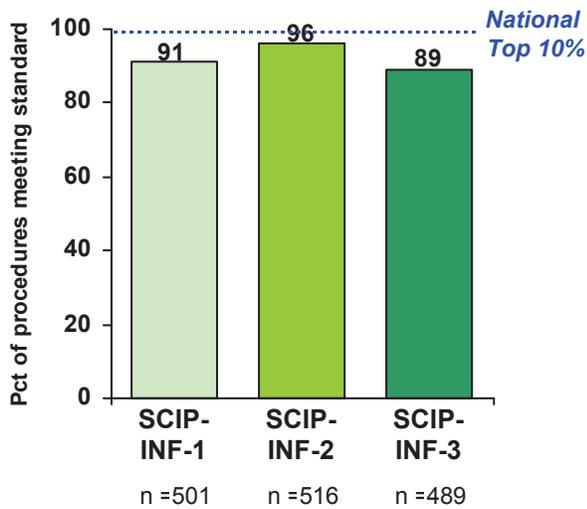
**Coronary Artery Bypass Graft, 2009**



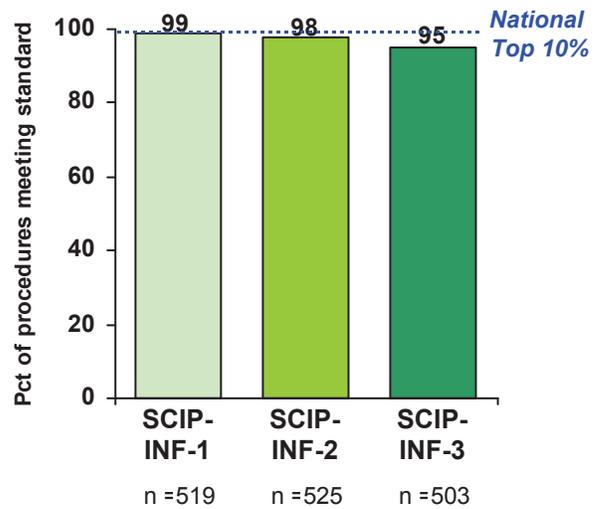
**Coronary Artery Bypass Graft, 2010**



**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

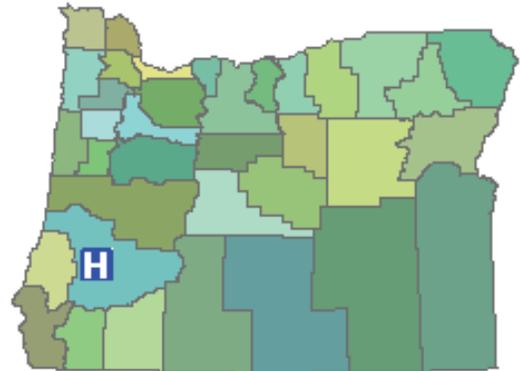


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**



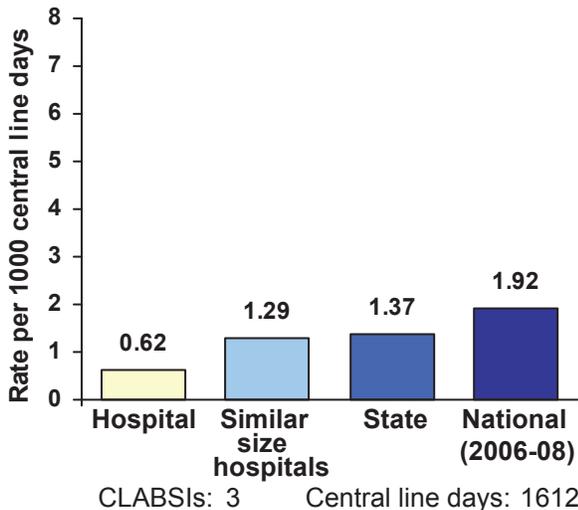
# Mercy Medical Center

Location: Roseburg  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 16  
 Specialty Care Beds: 0  
 Total Staffed Beds: 174  
 2010 Admissions: 7,357  
 2010 Patient Days: 27,885  
 Infection Control Professional FTE: 0.8

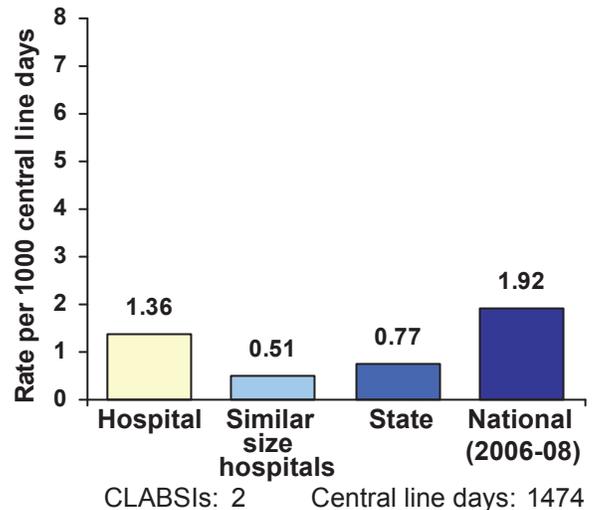


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

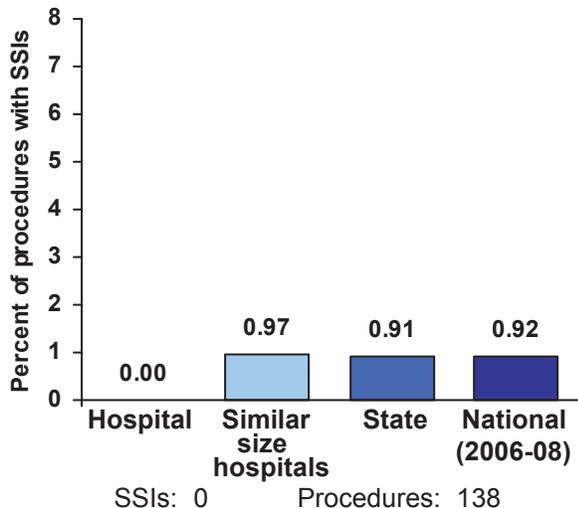


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

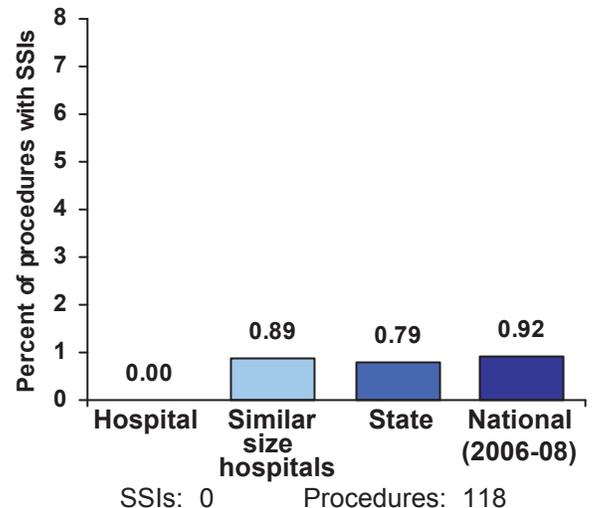


**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Mercy Medical Center

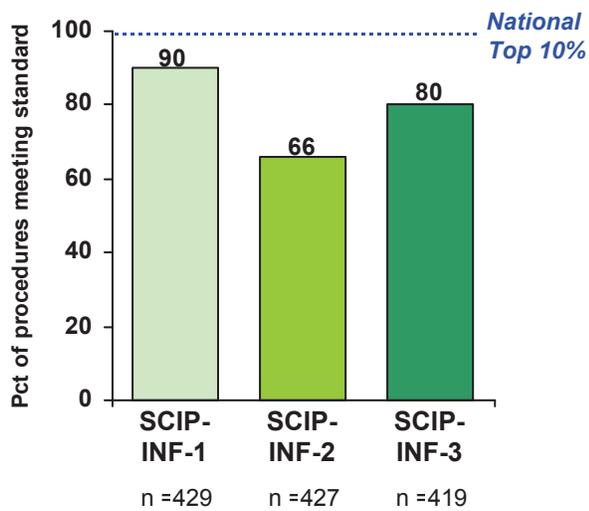
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

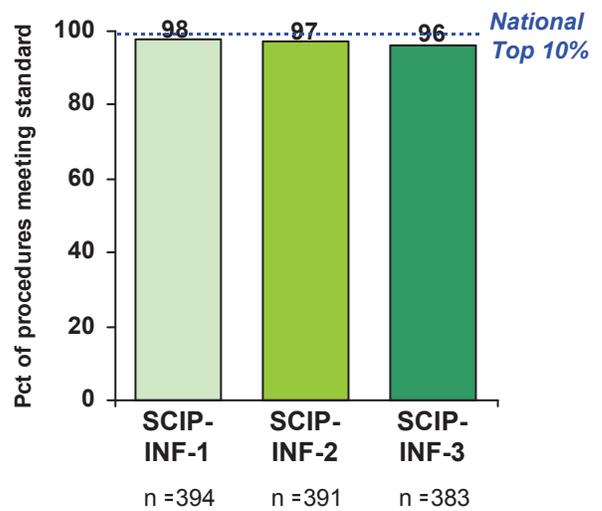
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

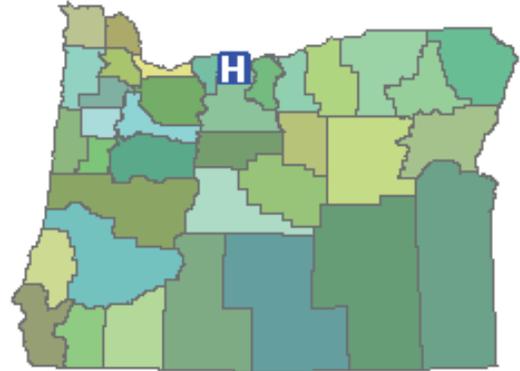


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



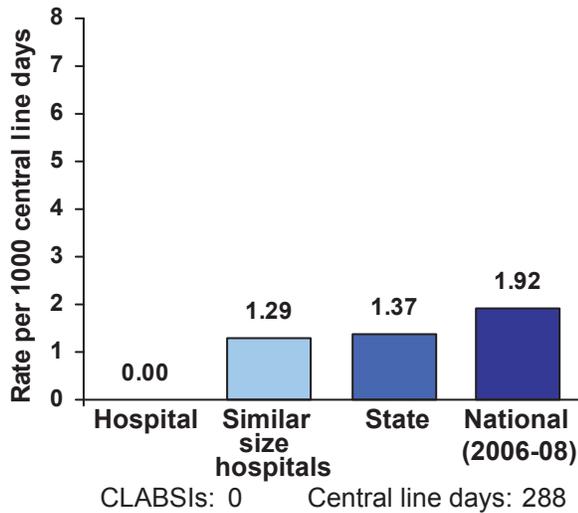
## Mid-Columbia Medical Center

Location: The Dalles  
 Ownership: Not for Profit  
 Medical School Affiliation: Limited  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 49  
 2010 Admissions: 2,196  
 2010 Patient Days: 7,147  
 Infection Control Professional FTE: 0.93

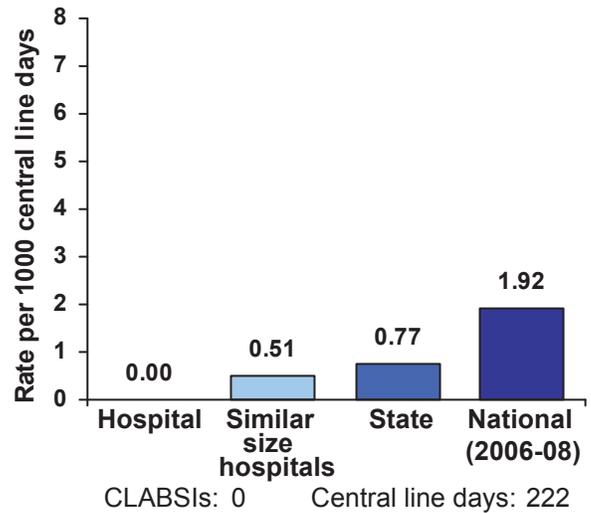


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

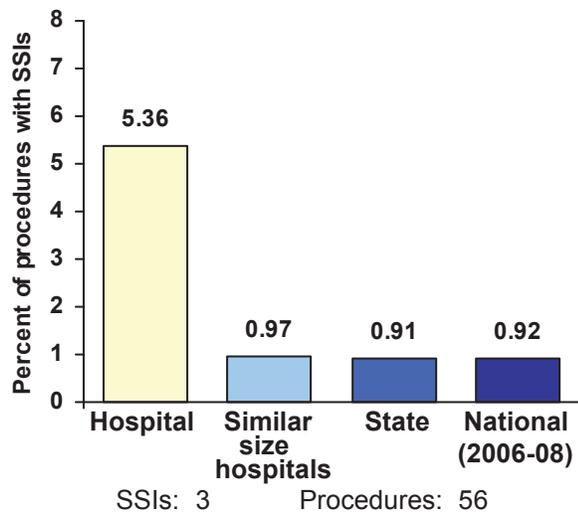


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

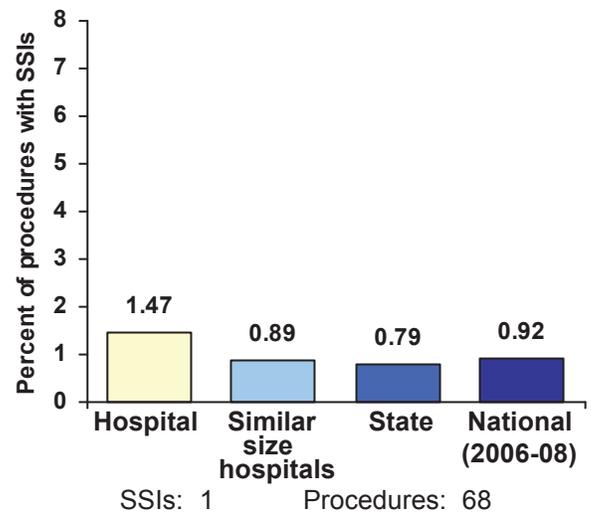


### Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Mid-Columbia Medical Center

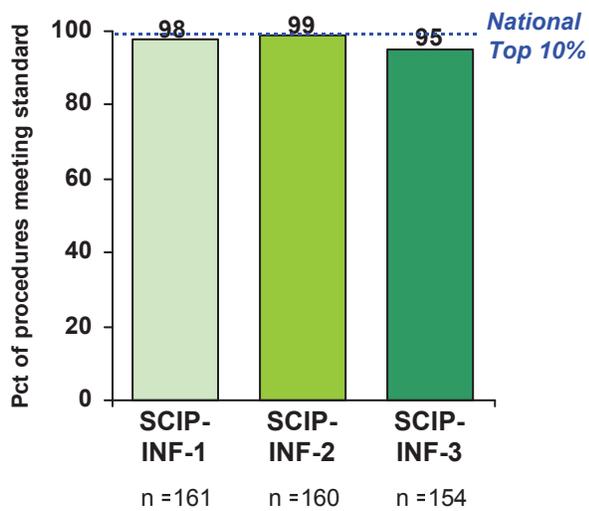
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

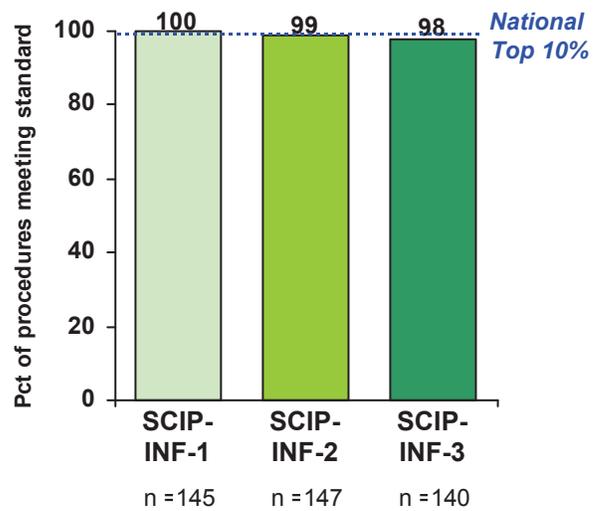
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



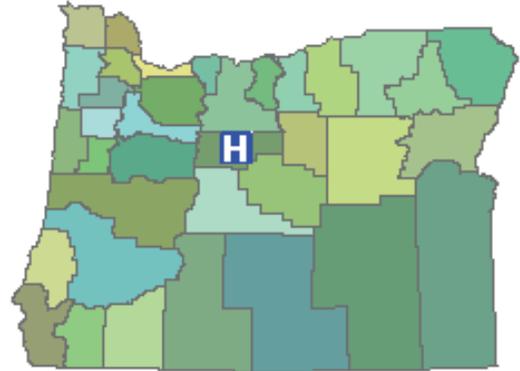
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Mountain View Hospital

Location: Madras  
Ownership: Not for Profit  
Medical School Affiliation: None  
ICU Beds: 2  
Specialty Care Beds: 0  
Total Staffed Beds: 25  
2010 Admissions: 1,176  
2010 Patient Days: 4,266  
Infection Control Professional FTE: 0.75

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*Too few observations for reporting purposes*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*Too few observations for reporting purposes*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*Too few observations for reporting purposes*

#### Knee Prosthesis, 2010

*No procedures at this hospital*

# Mountain View Hospital

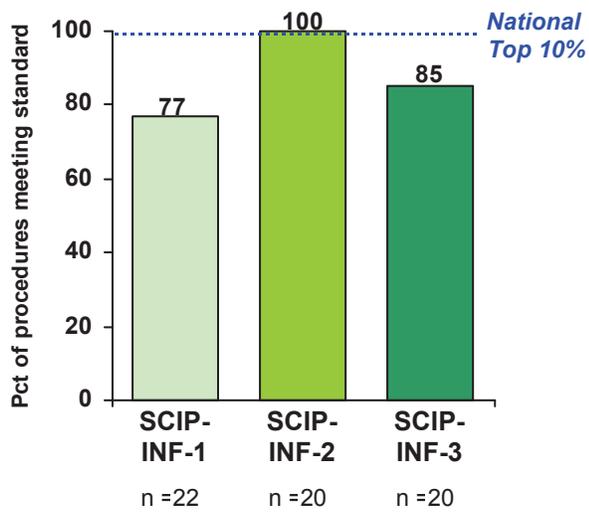
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

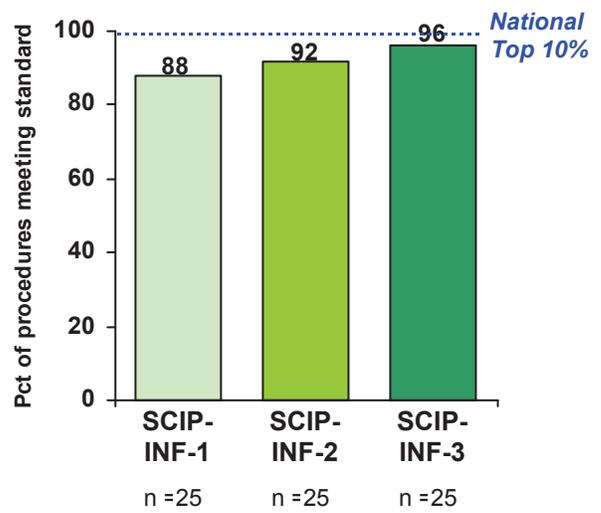
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

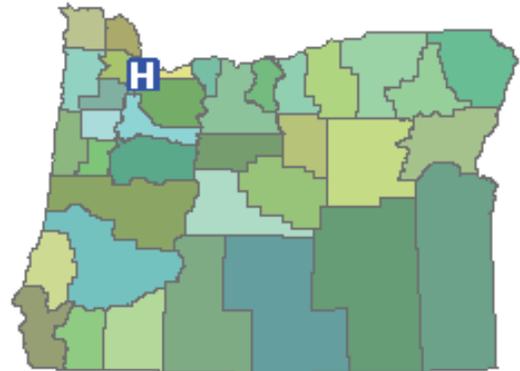


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



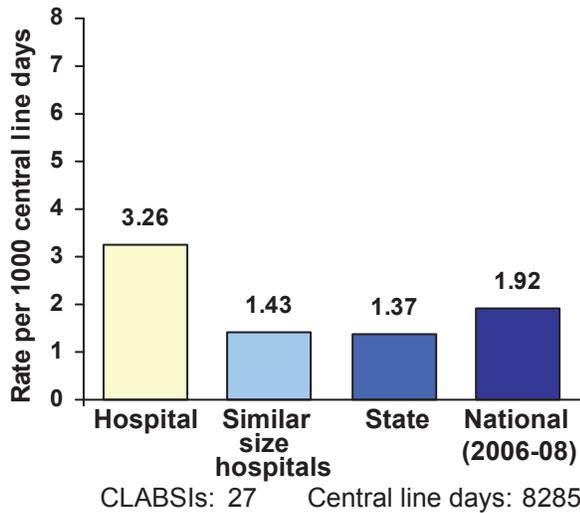
# OHSU Hospital

Location: Portland  
 Ownership: Not for Profit  
 Medical School Affiliation: Major teaching  
 ICU Beds: 146  
 Specialty Care Beds: 81  
 Total Staffed Beds: 560  
 2010 Admissions: 28,978  
 2010 Patient Days: 156,743  
 Infection Control Professional FTE: 5

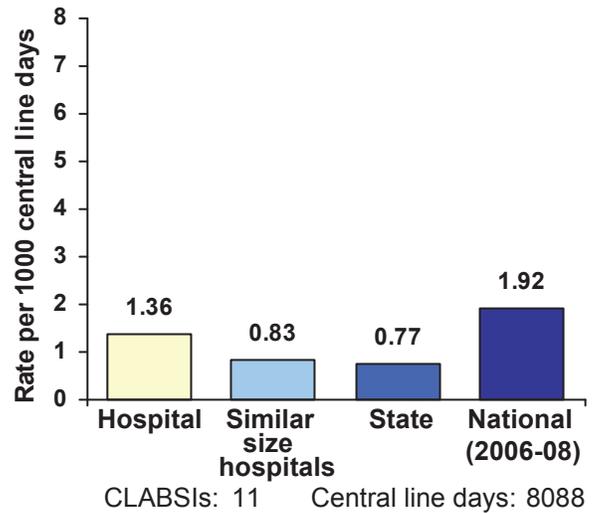


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

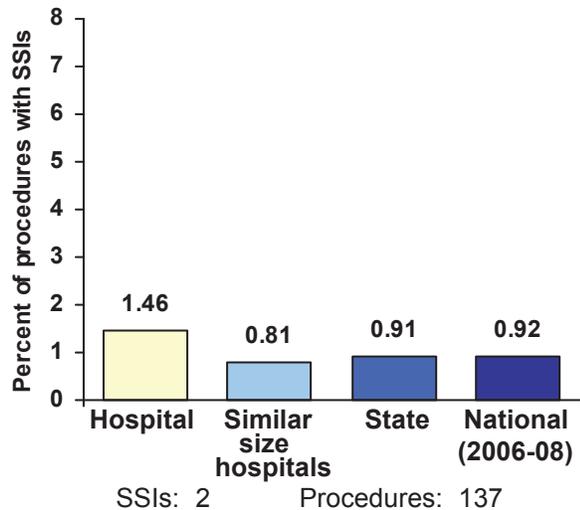


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

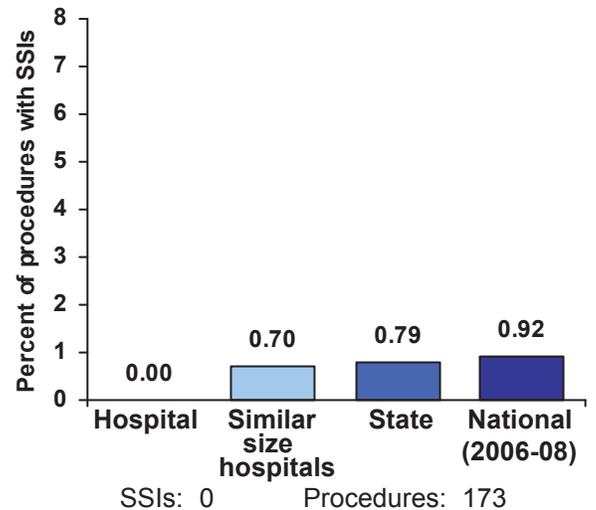


**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**

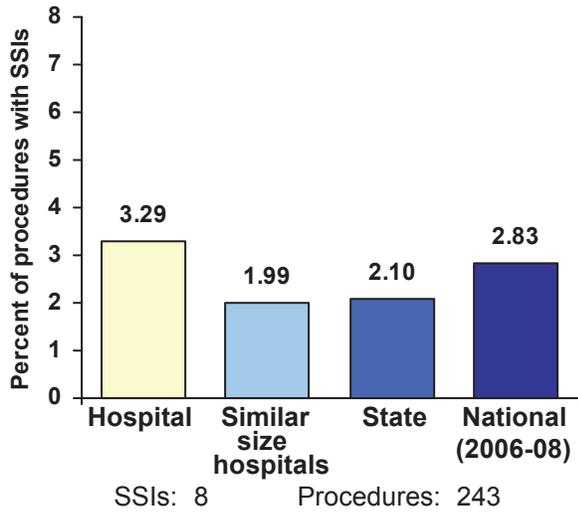


**Knee Prosthesis, 2010**

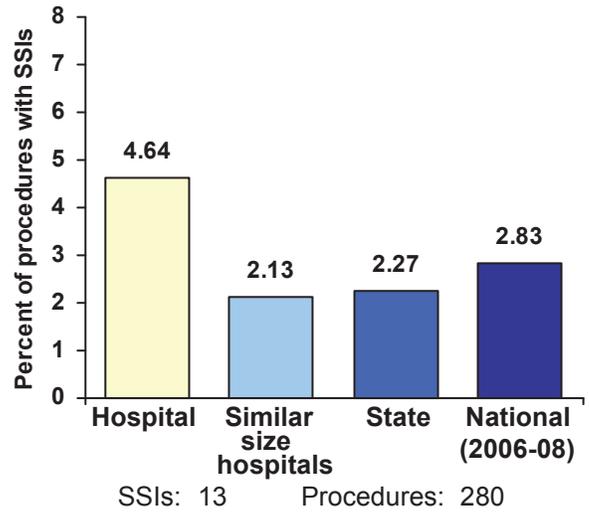


# OHSU Hospital

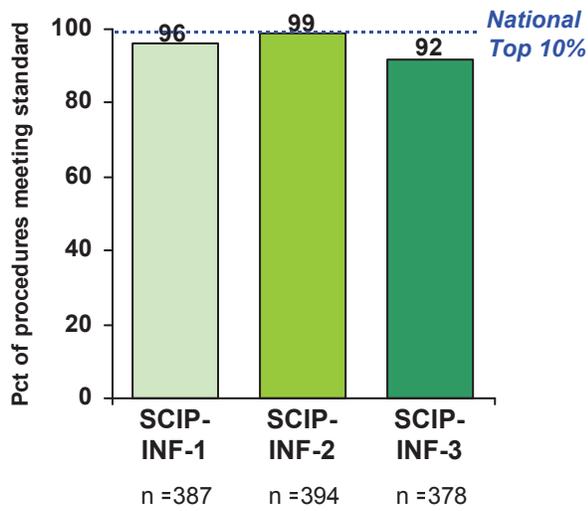
**Coronary Artery Bypass Graft, 2009**



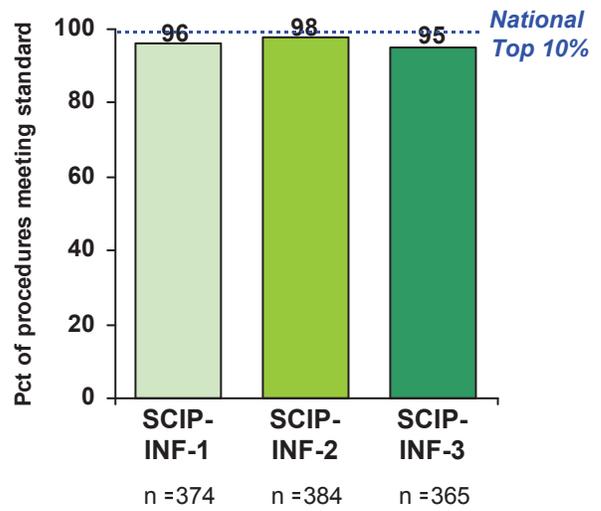
**Coronary Artery Bypass Graft, 2010**



**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

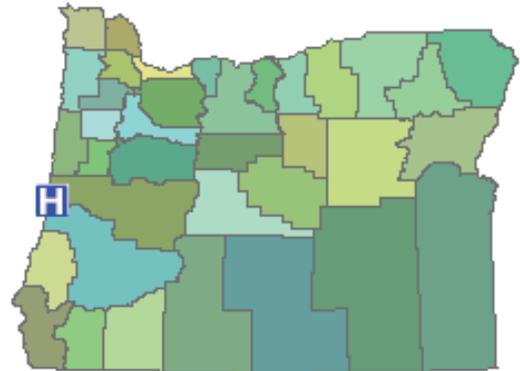


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**



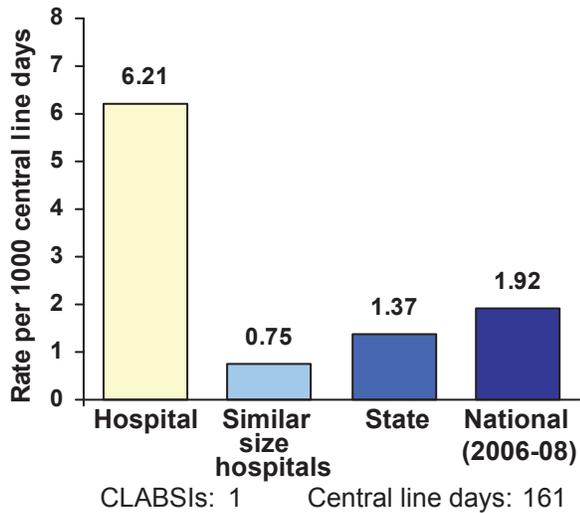
# Peace Harbor Hospital

Location: Florence  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 21  
 2010 Admissions: 1,156  
 2010 Patient Days: 3,917  
 Infection Control Professional FTE: 0.75

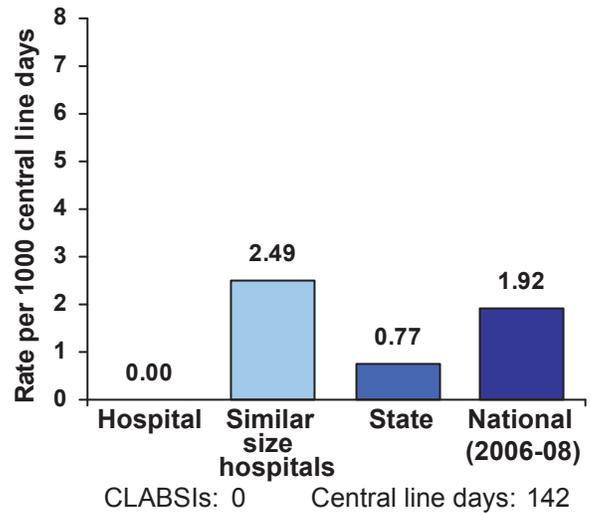


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

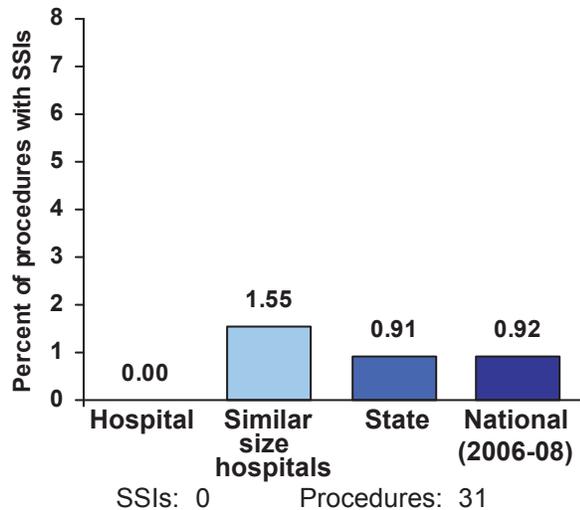


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

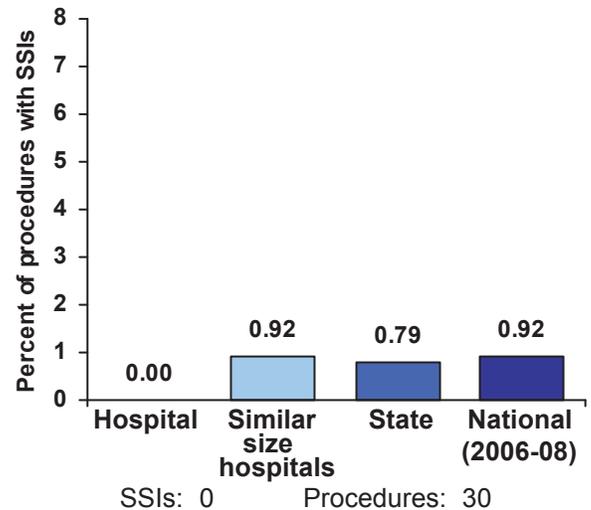


**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Peace Harbor Hospital

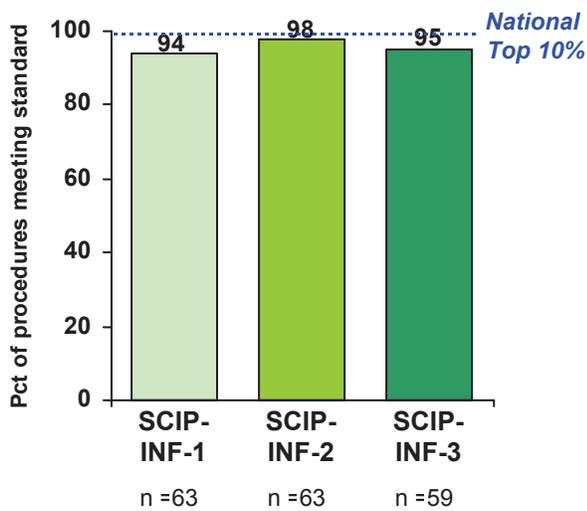
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

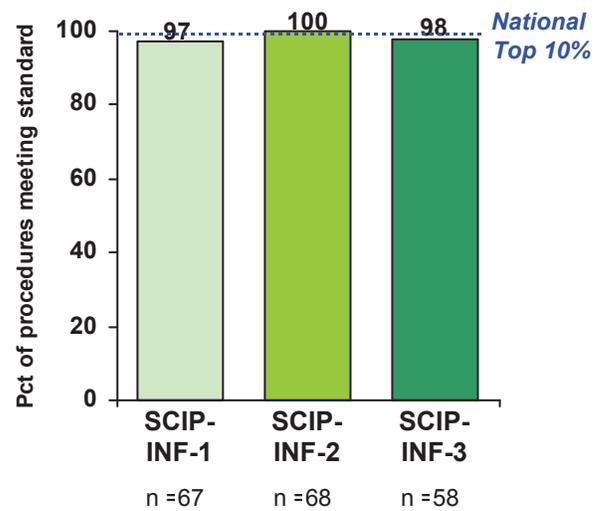
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



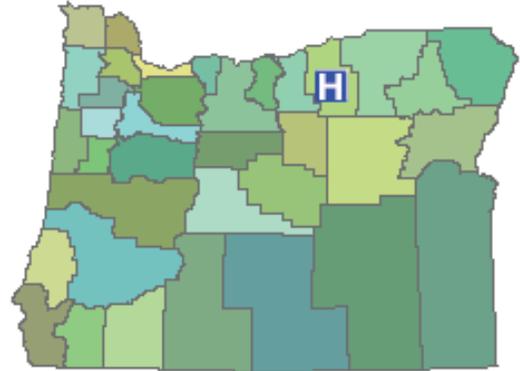
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Pioneer Memorial Hospital (Heppner)

Location: Heppner  
Ownership: Government  
Medical School Affiliation: Limited  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 12  
2010 Admissions: 71  
2010 Patient Days: 215  
Infection Control Professional FTE: 0.08

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital is exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*No procedures at this hospital*

#### Knee Prosthesis, 2010

*No procedures at this hospital*

## **Pioneer Memorial Hospital (Heppner)**

### **Coronary Artery Bypass Graft, 2009**

*No procedures at this hospital*

### **Coronary Artery Bypass Graft, 2010**

*No procedures at this hospital*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

*This hospital was exempt from SCIP  
reporting in 2009.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**

*This hospital is exempt from SCIP  
reporting in 2010.*

## Pioneer Memorial Hospital (Prineville)

Location: Prineville

Ownership: Not for Profit

Medical School Affiliation: None

ICU Beds: 4

Specialty Care Beds: 0

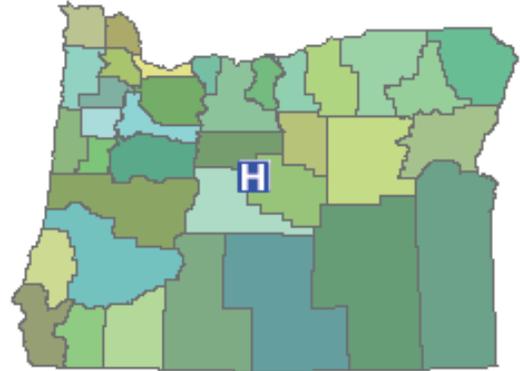
Total Staffed Beds: 21

2010 Admissions: 751

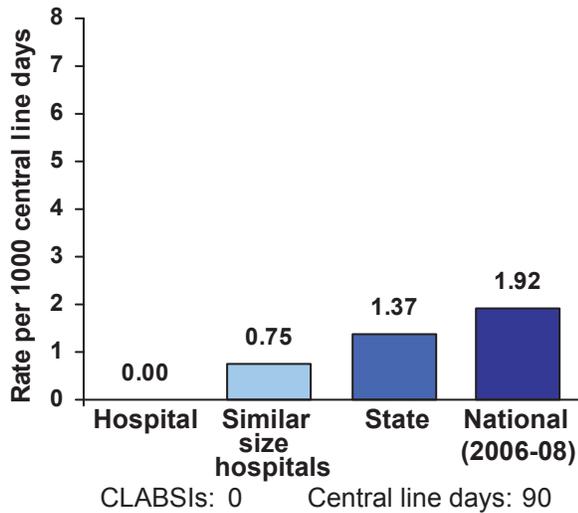
2010 Patient Days: 2,877

Infection Control Professional FTE: 0.1

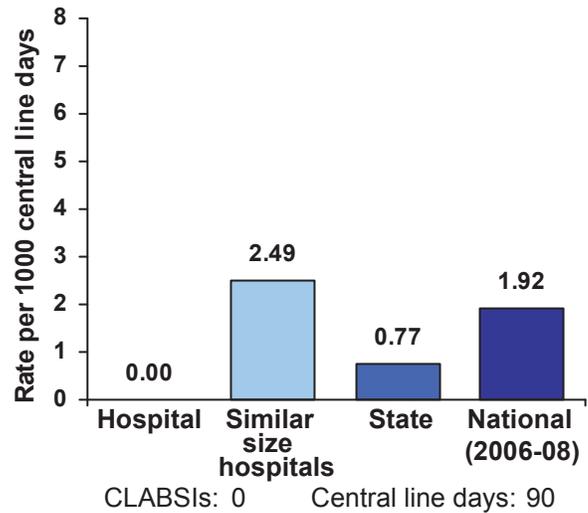
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**



**Central Line Associated Bloodstream Infections (CLABSIs), 2010**



### Surgical Site Infections (SSIs) by Procedure

#### **Knee Prosthesis, 2009**

*Too few observations for reporting purposes*

#### **Knee Prosthesis, 2010**

*No procedures at this hospital*

# Pioneer Memorial Hospital (Prineville)

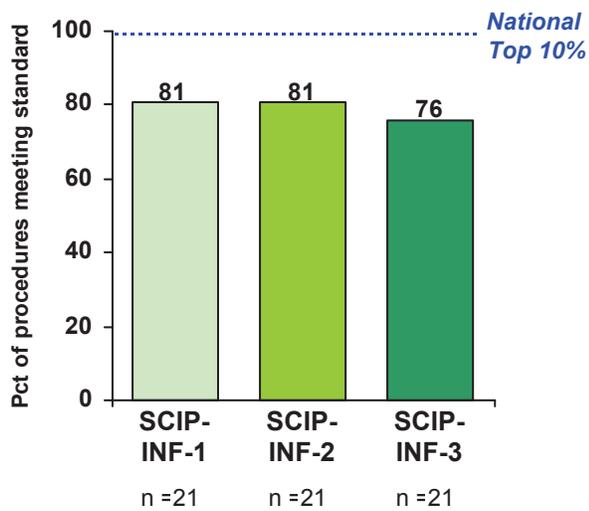
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

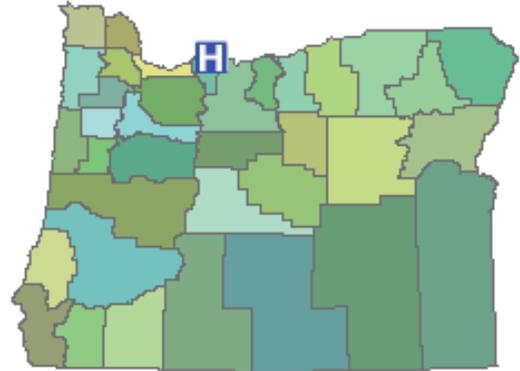


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010

*Too few observations for reporting purposes*

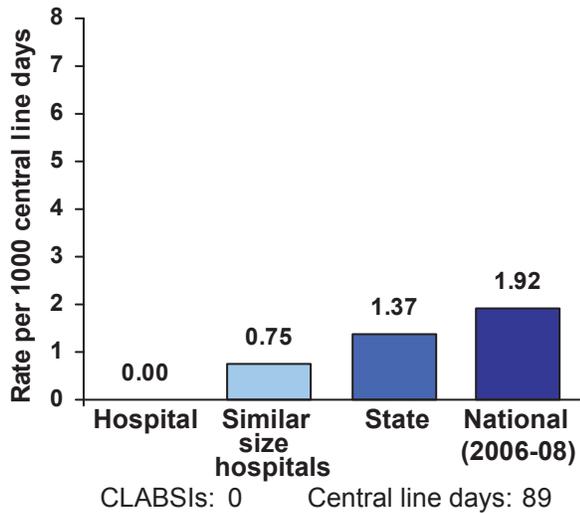
# Providence Hood River Memorial Hospital

Location: Hood River  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 2010 Admissions: 1,745  
 2010 Patient Days: 5,161  
 Infection Control Professional FTE: 0.6



[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

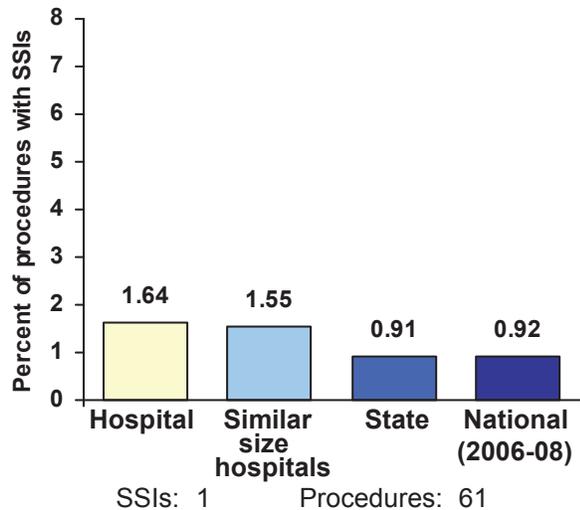


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

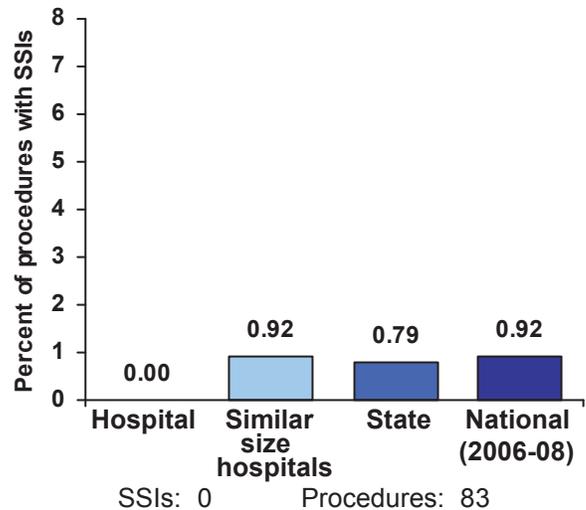
*Too few observations for reporting purposes*

## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Providence Hood River Memorial Hospital

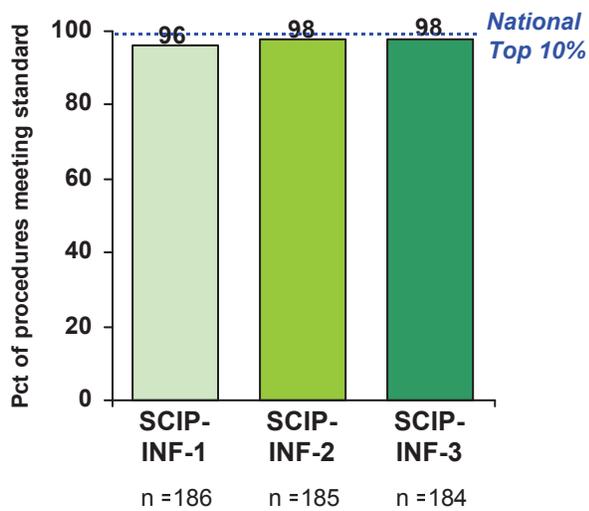
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

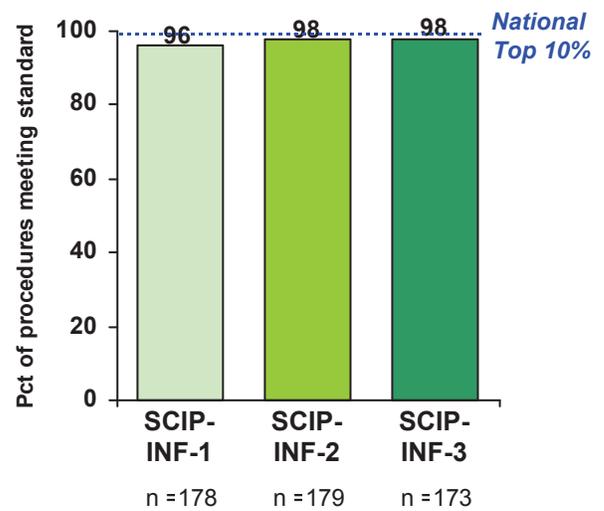
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

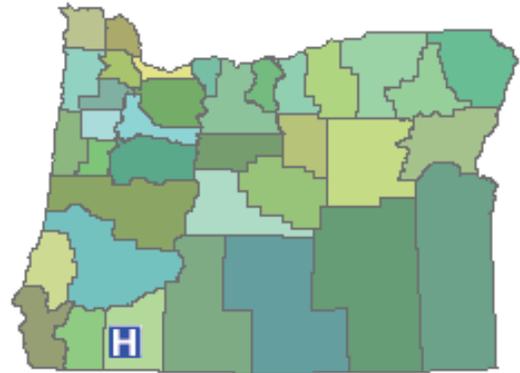


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



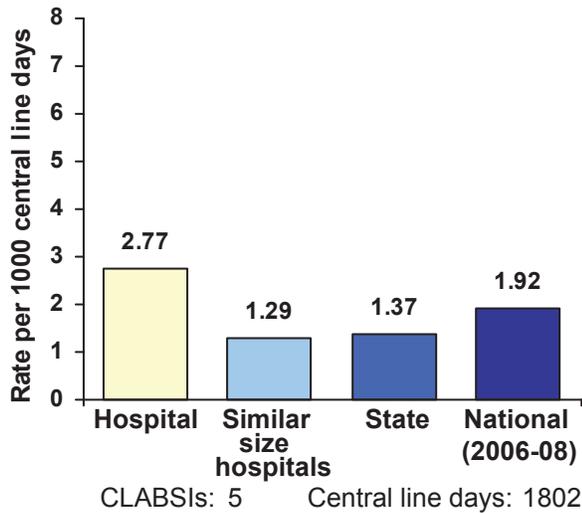
# Providence Medford Medical Center

Location: Medford  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 15  
 Specialty Care Beds: 10  
 Total Staffed Beds: 125  
 2010 Admissions: 8,668  
 2010 Patient Days: 26,387  
 Infection Control Professional FTE: 1.25

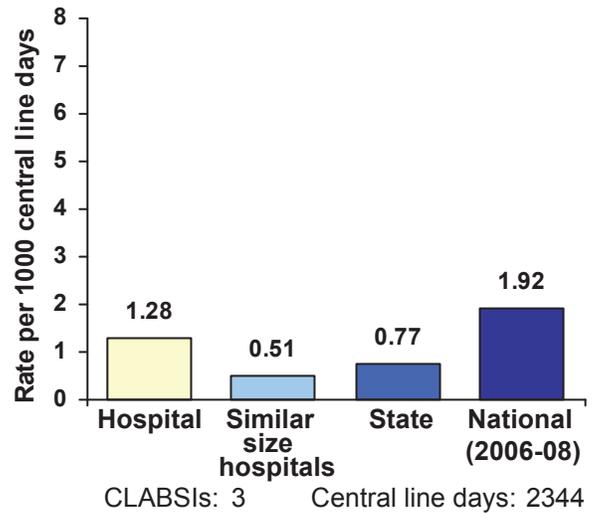


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

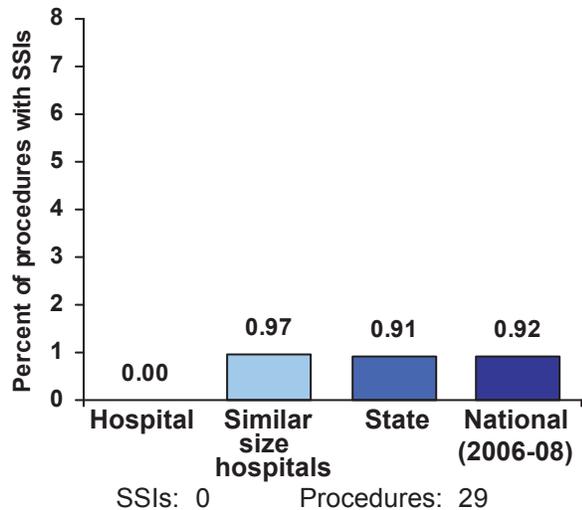


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

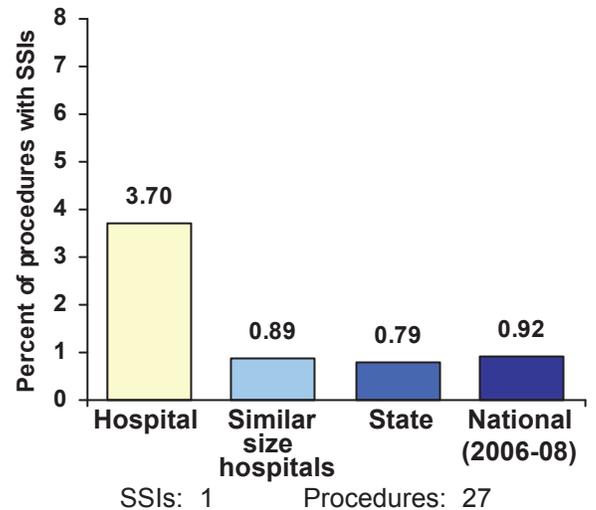


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

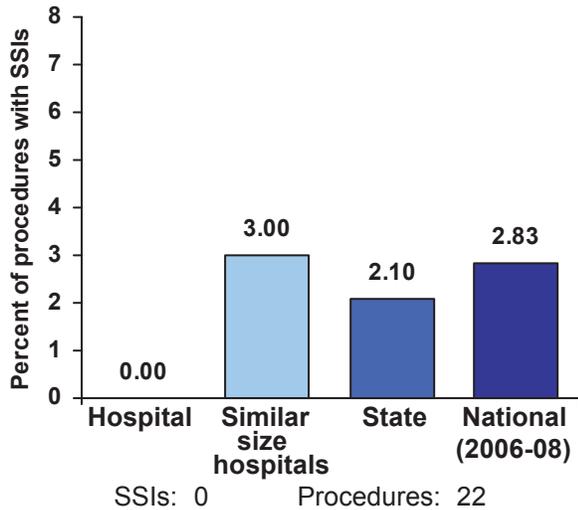


**Knee Prosthesis, 2010**

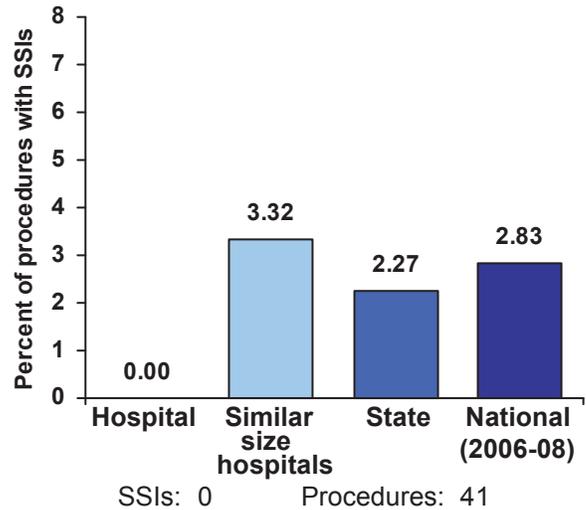


# Providence Medford Medical Center

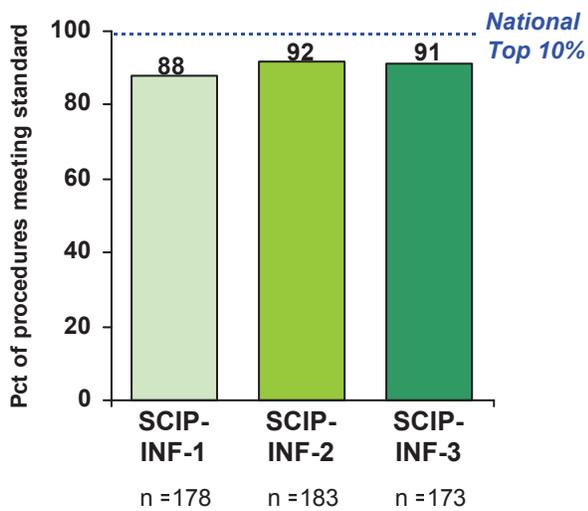
Coronary Artery Bypass Graft, 2009



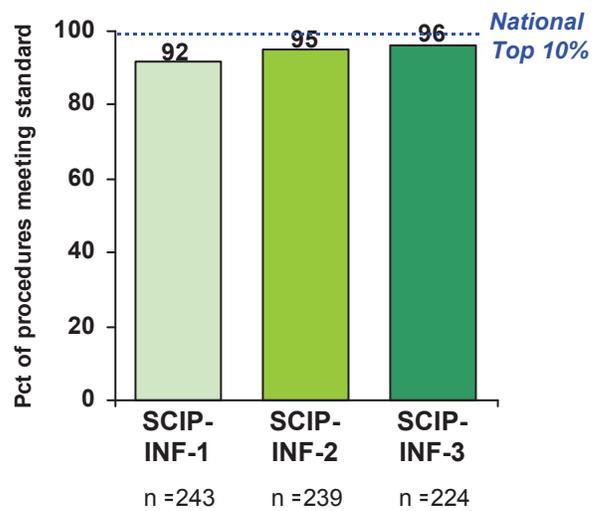
Coronary Artery Bypass Graft, 2010



Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



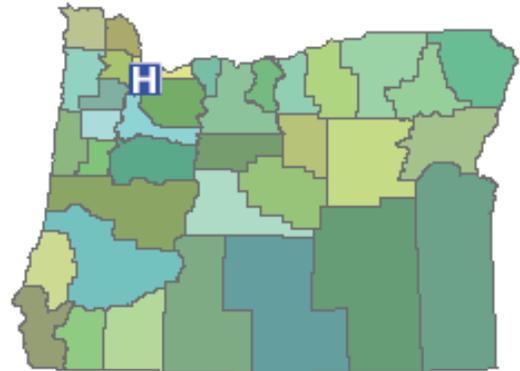
# Providence Milwaukie Hospital

Location: Milwaukie  
 Ownership: Not for Profit  
 Medical School Affiliation: Graduate

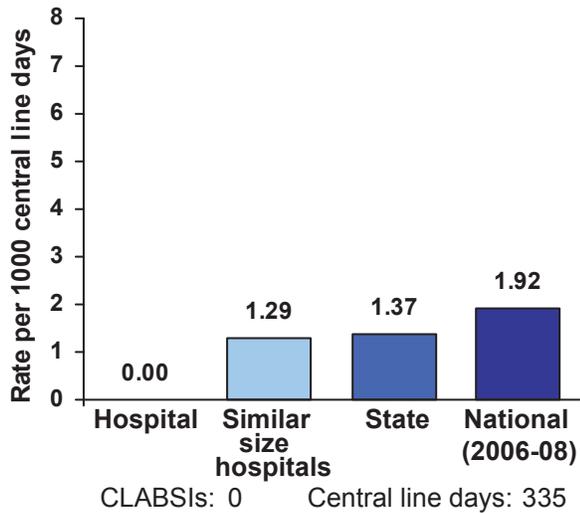
ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 77

2010 Admissions: 3,190  
 2010 Patient Days: 9,438  
 Infection Control Professional FTE: 1

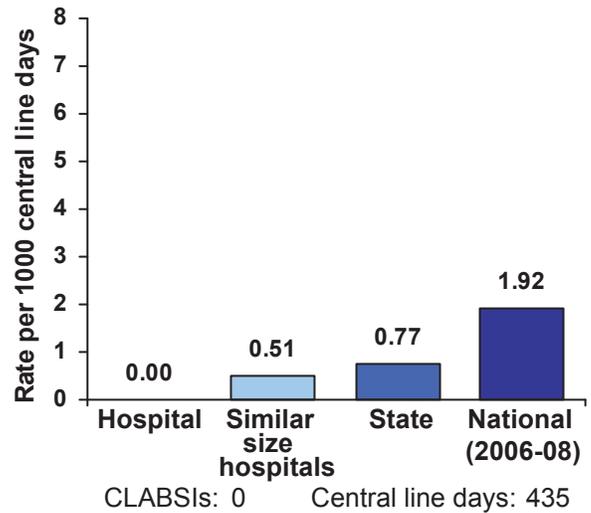
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

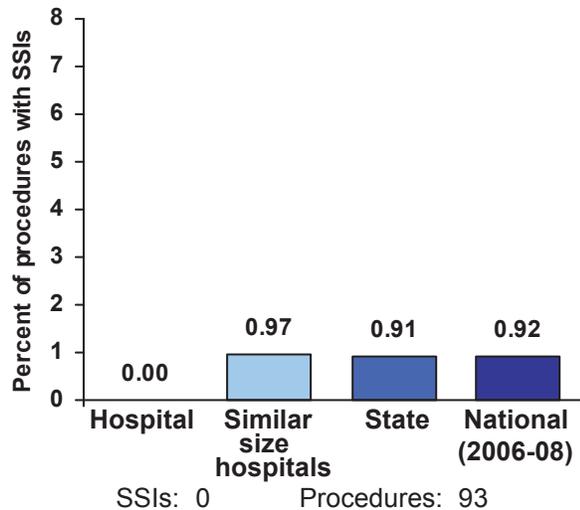


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

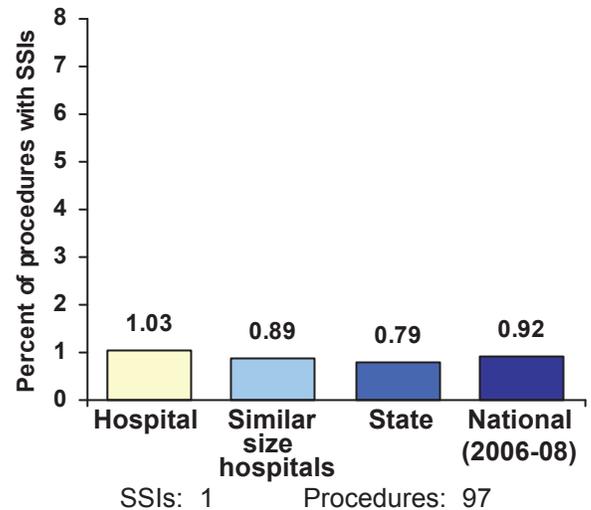


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Providence Milwaukie Hospital

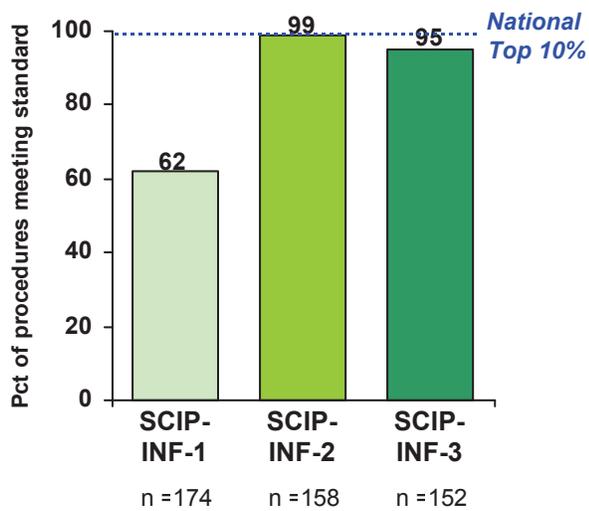
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

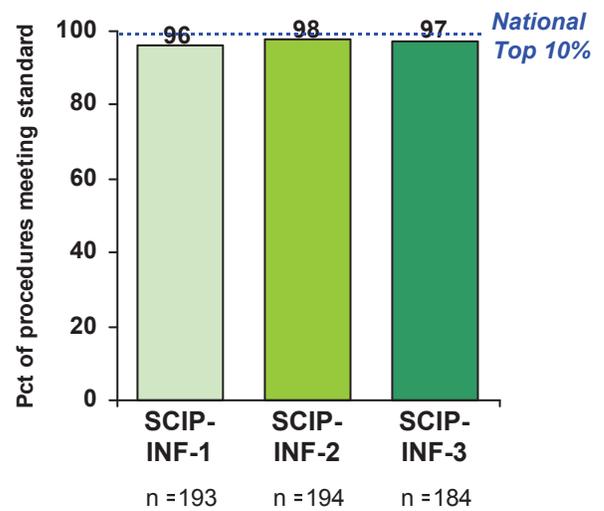
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

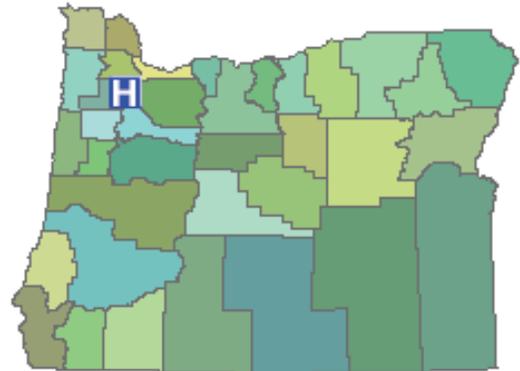


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



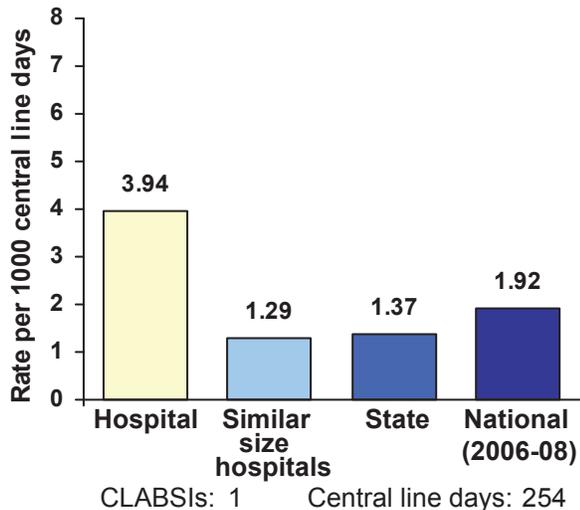
# Providence Newberg Medical Center

Location: Newberg  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 40  
 2010 Admissions: 2,820  
 2010 Patient Days: 8,178  
 Infection Control Professional FTE: 0.6

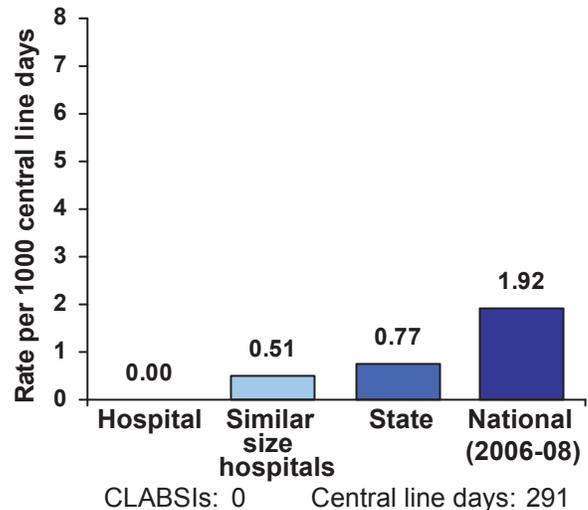


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

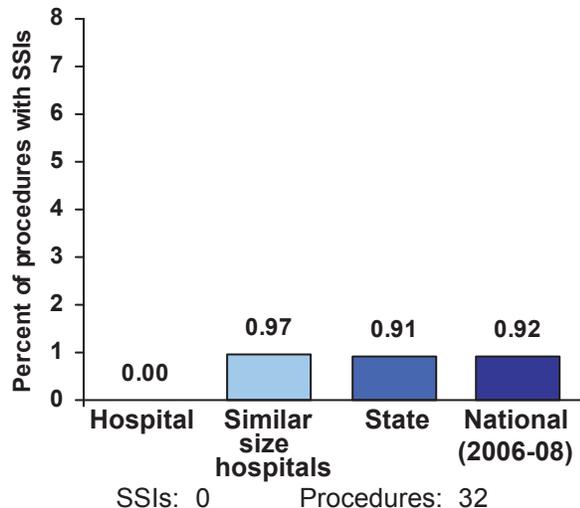


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

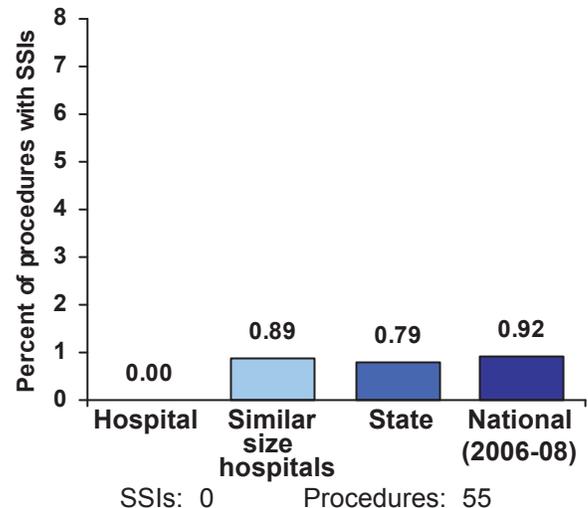


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Providence Newberg Medical Center

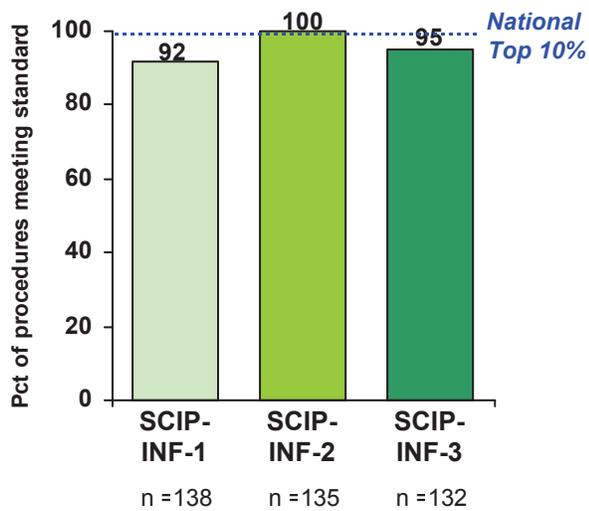
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

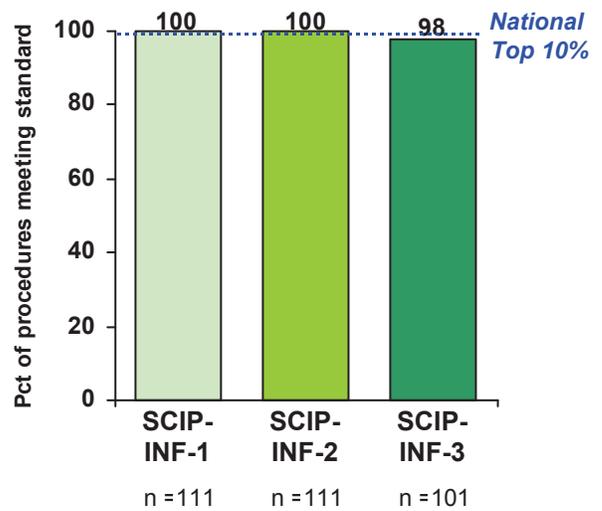
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



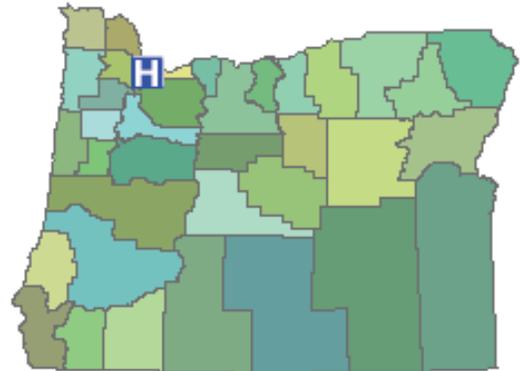
# Providence Portland Medical Center

Location: Portland  
 Ownership: Not for Profit  
 Medical School Affiliation: Limited

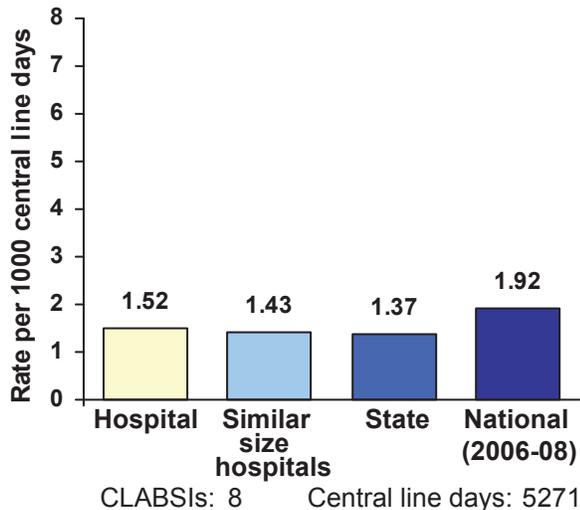
ICU Beds: 31  
 Specialty Care Beds: 46  
 Total Staffed Beds: 483

2010 Admissions: 27,061  
 2010 Patient Days: 103,868  
 Infection Control Professional FTE: 2

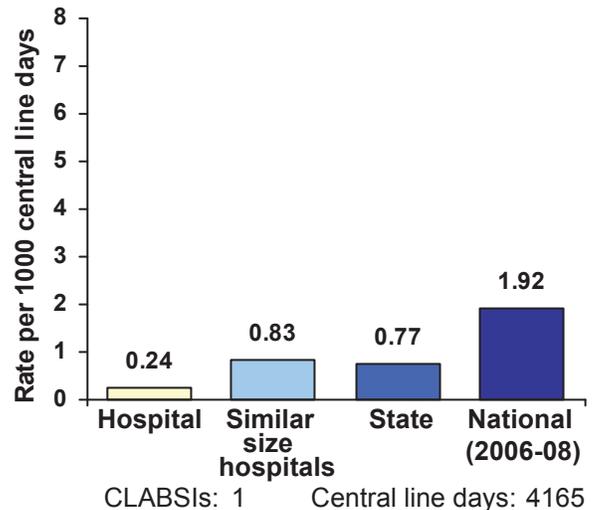
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

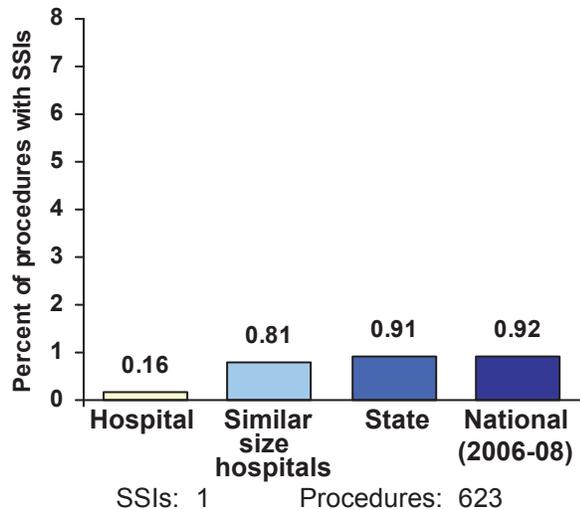


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

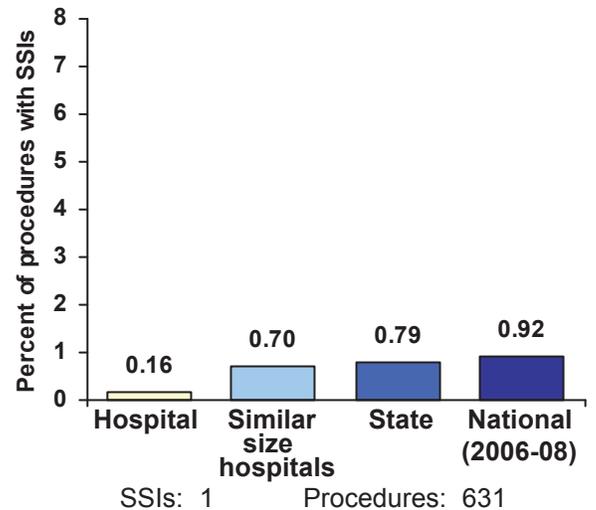


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

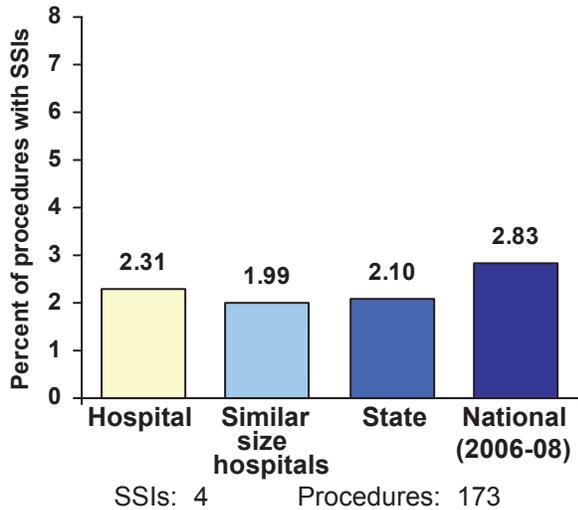


**Knee Prosthesis, 2010**

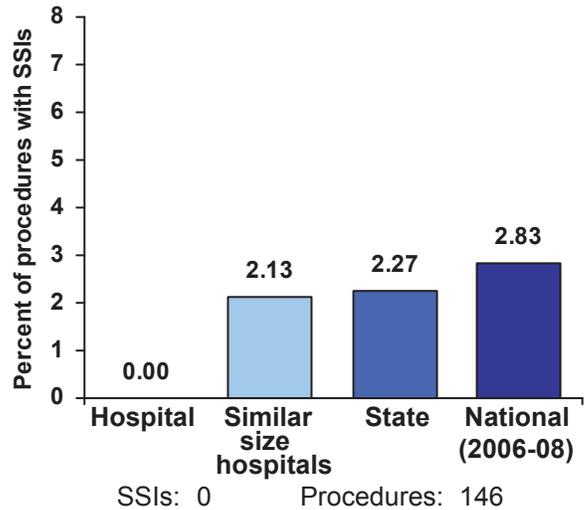


# Providence Portland Medical Center

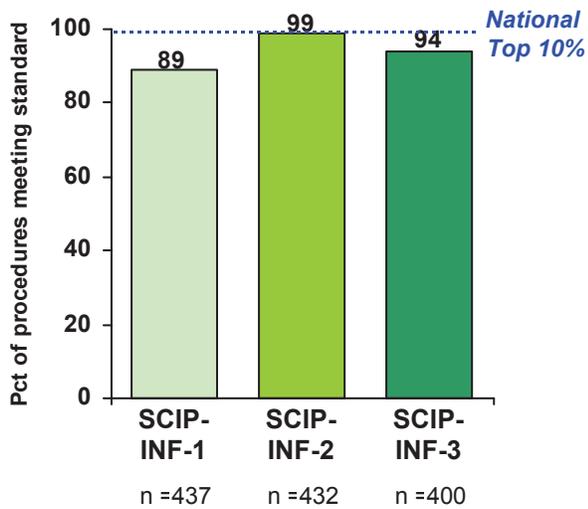
**Coronary Artery Bypass Graft, 2009**



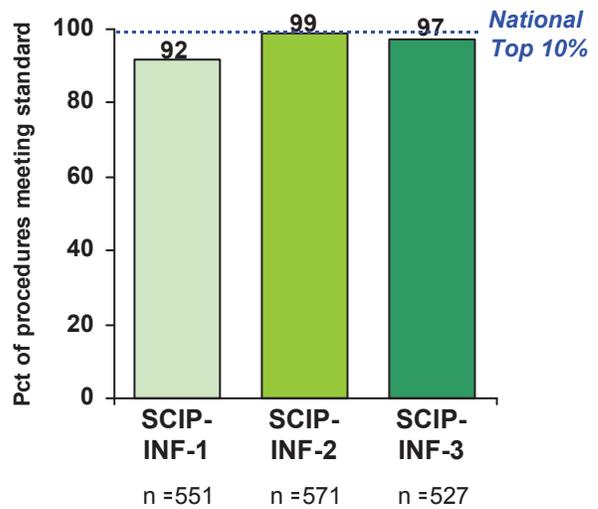
**Coronary Artery Bypass Graft, 2010**



**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**



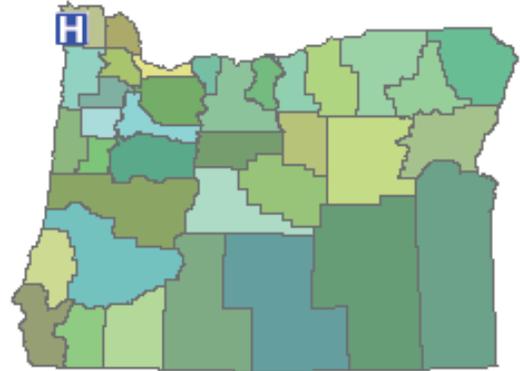
**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**



## Providence Seaside Hospital

Location: Seaside  
Ownership: Not for Profit  
Medical School Affiliation: None  
ICU Beds: 4  
Specialty Care Beds: 0  
Total Staffed Beds: 25  
2010 Admissions: 768  
2010 Patient Days: 3,982  
Infection Control Professional FTE: 0.55

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*Too few observations for reporting purposes*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*Too few observations for reporting purposes*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*Too few observations for reporting purposes*

#### Knee Prosthesis, 2010

*Too few observations for reporting purposes*

## Providence Seaside Hospital

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

### Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

*Too few observations for reporting purposes*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010

*Too few observations for reporting purposes*

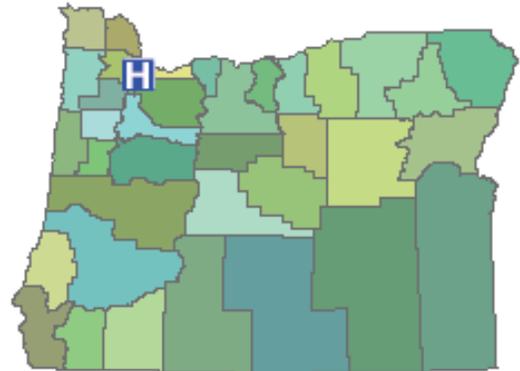
# Providence St. Vincent Medical Center

Location: Portland  
 Ownership: Not for Profit  
 Medical School Affiliation: Graduate

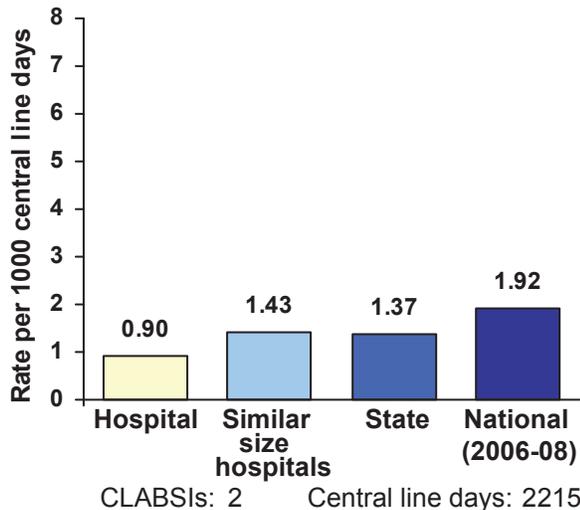
ICU Beds: 86  
 Specialty Care Beds: 35  
 Total Staffed Beds: 523

2010 Admissions: 28,318  
 2010 Patient Days: 129,846  
 Infection Control Professional FTE: 3

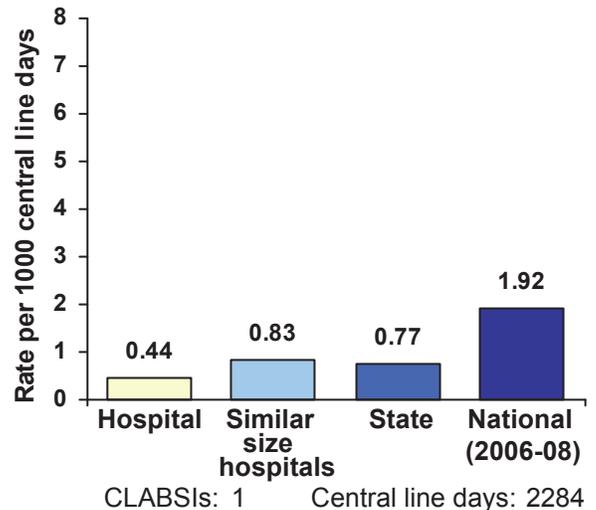
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

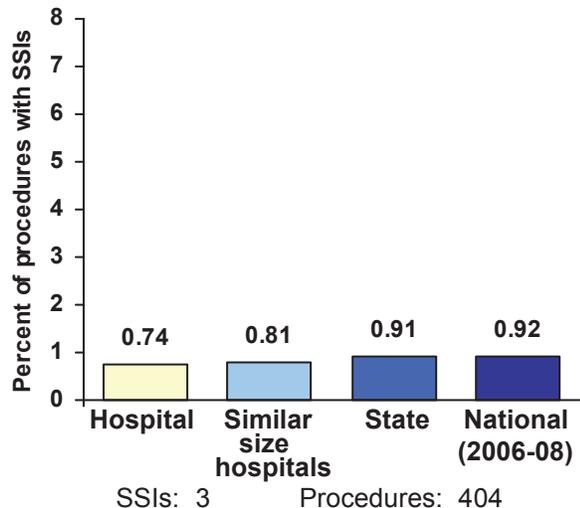


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

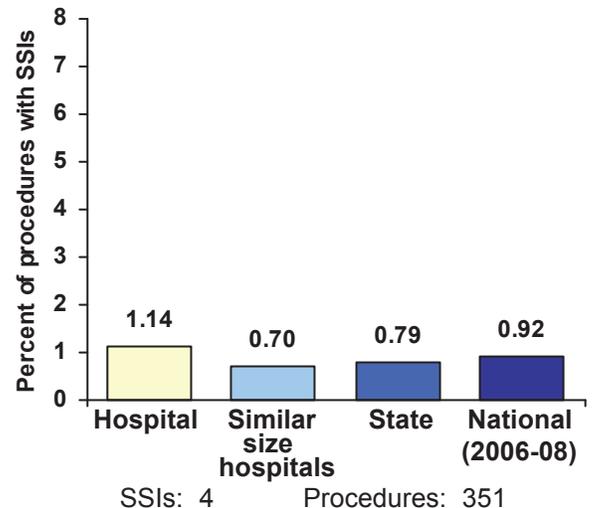


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

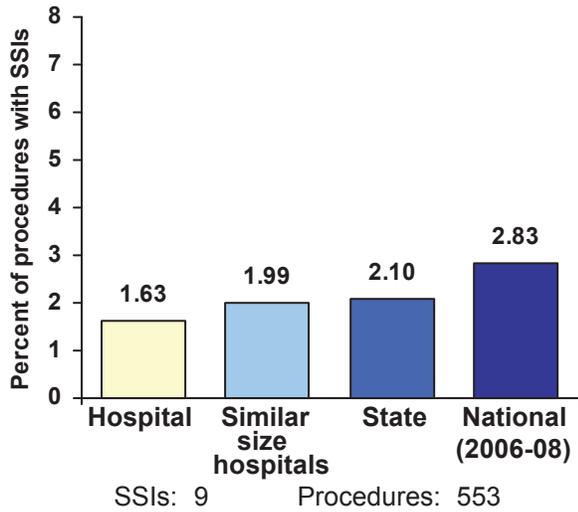


**Knee Prosthesis, 2010**

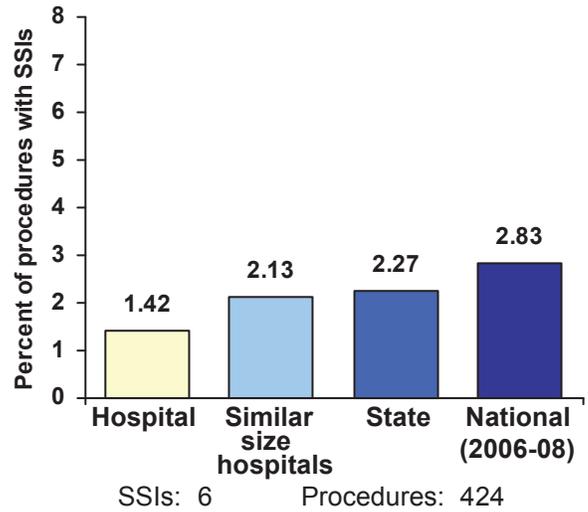


# Providence St. Vincent Medical Center

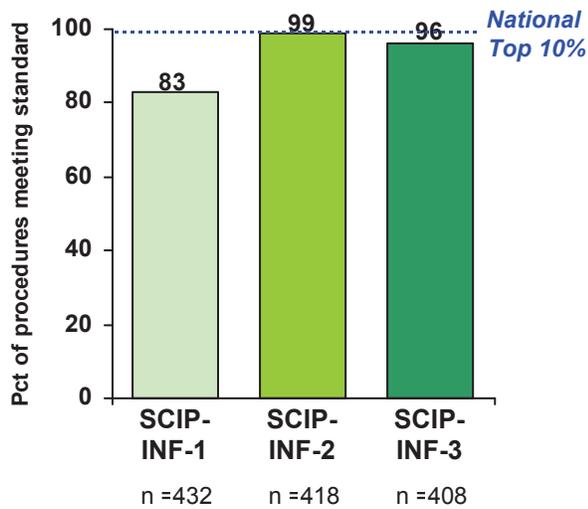
### Coronary Artery Bypass Graft, 2009



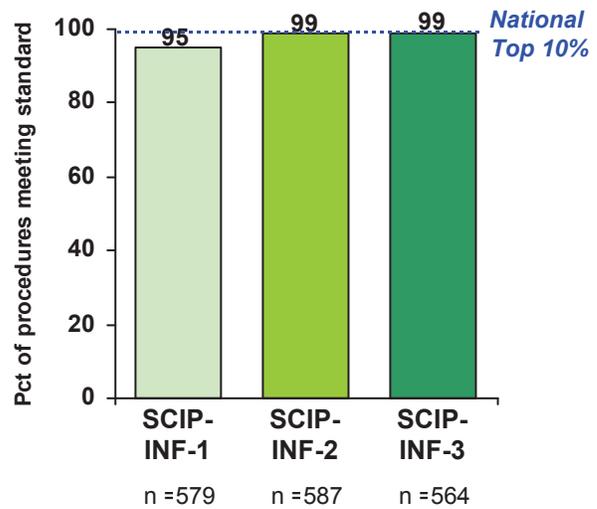
### Coronary Artery Bypass Graft, 2010



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



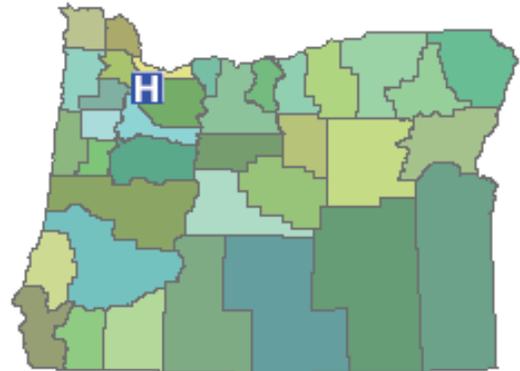
# Providence Willamette Falls Medical Center

Location: Oregon City  
 Ownership: Not for Profit  
 Medical School Affiliation: None

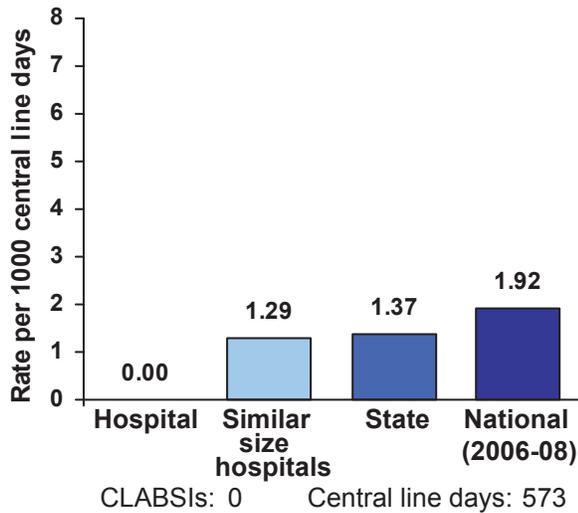
ICU Beds: 8  
 Specialty Care Beds: 0  
 Total Staffed Beds: 91

2010 Admissions: 6,131  
 2010 Patient Days: 13,948  
 Infection Control Professional FTE: 1

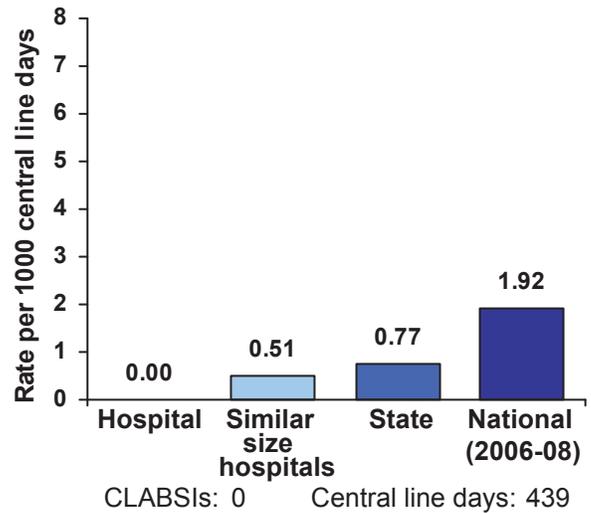
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

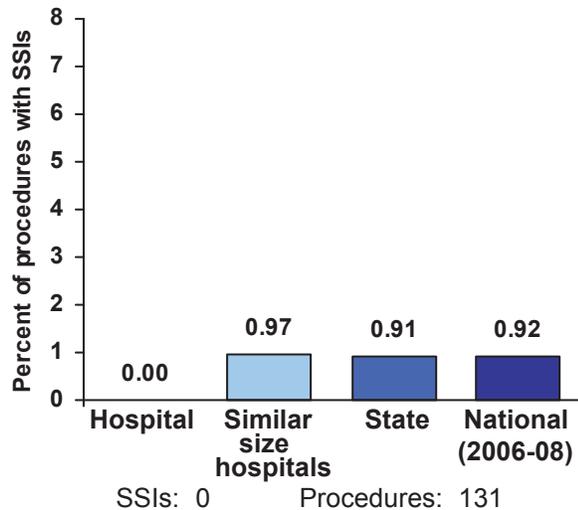


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

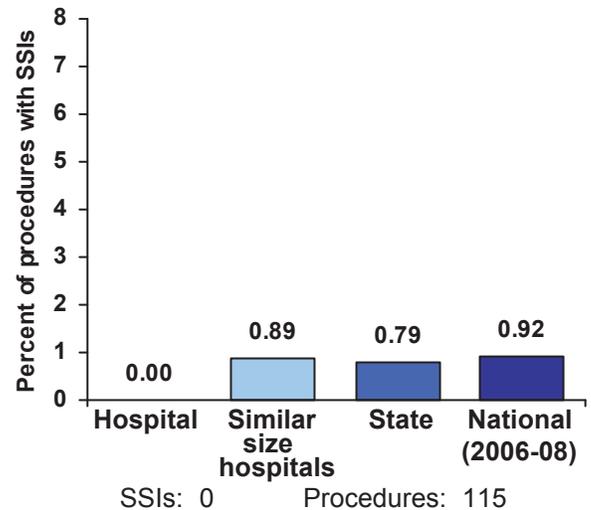


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Providence Willamette Falls Medical Center

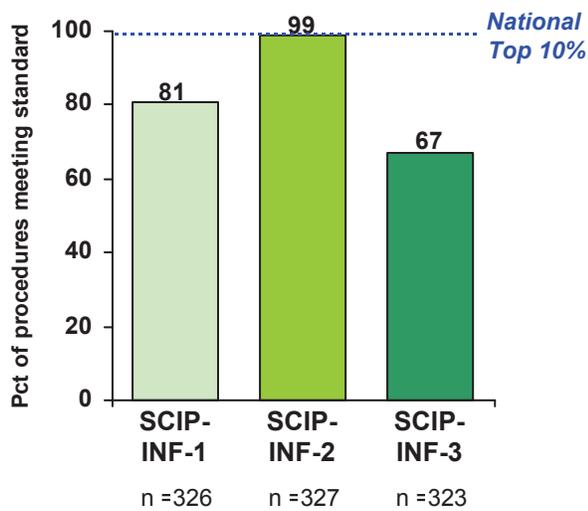
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

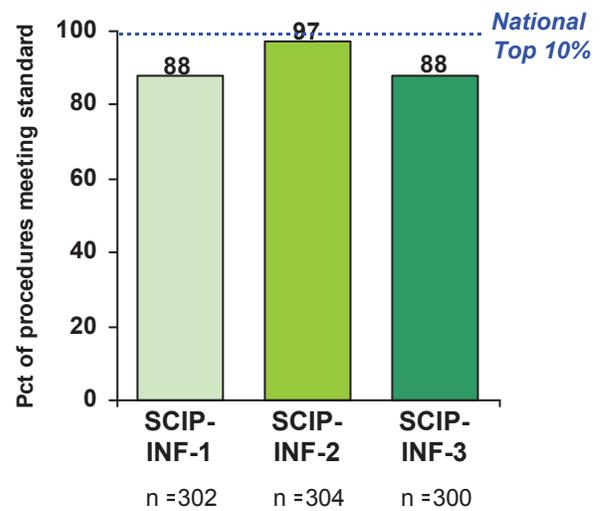
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



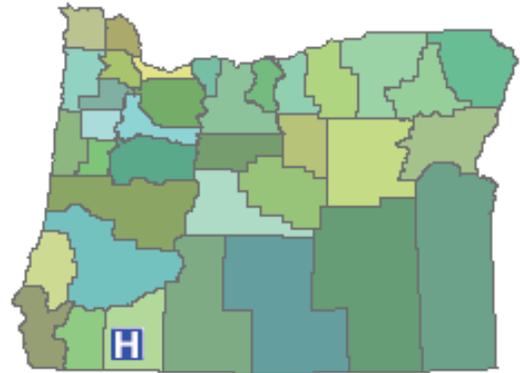
# Rogue Valley Medical Center

Location: Medford  
 Ownership: Not for Profit  
 Medical School Affiliation: None

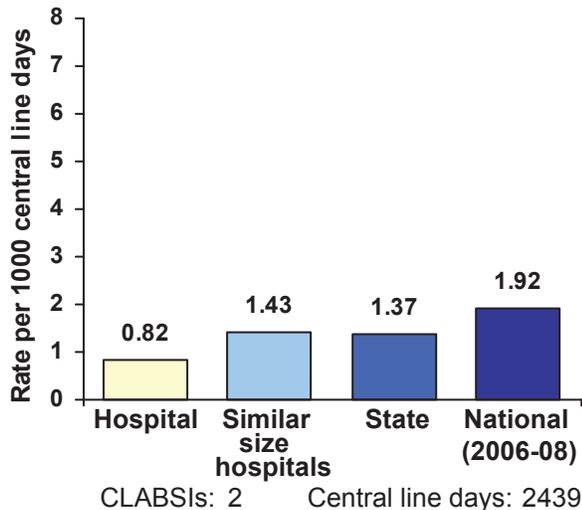
ICU Beds: 52  
 Specialty Care Beds: 19  
 Total Staffed Beds: 378

2010 Admissions: 14,683  
 2010 Patient Days: 66,947  
 Infection Control Professional FTE: 3

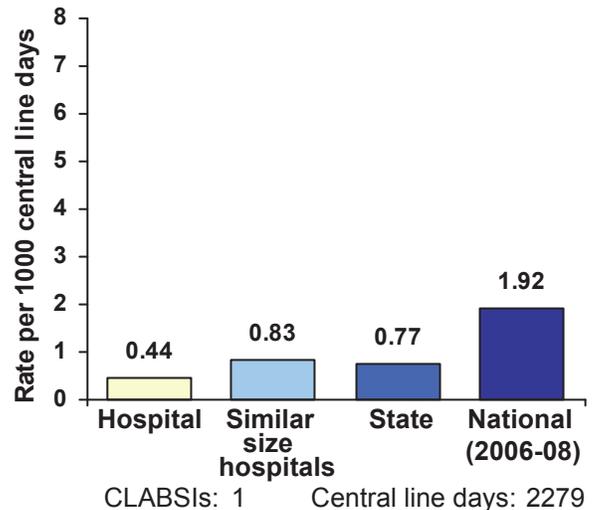
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

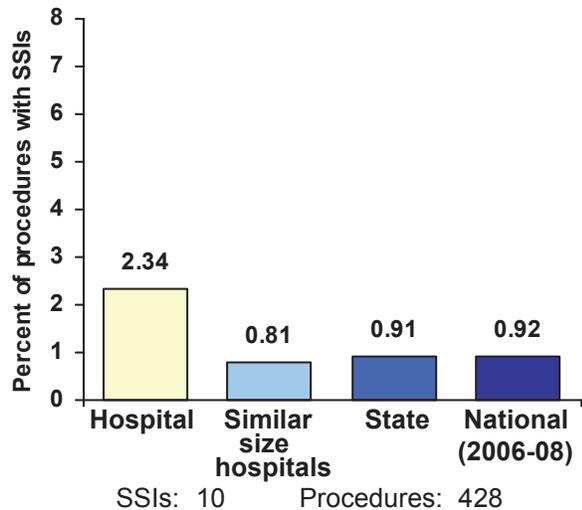


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

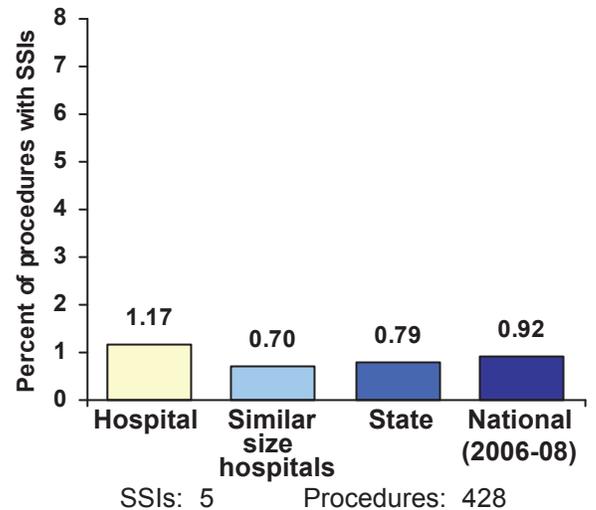


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

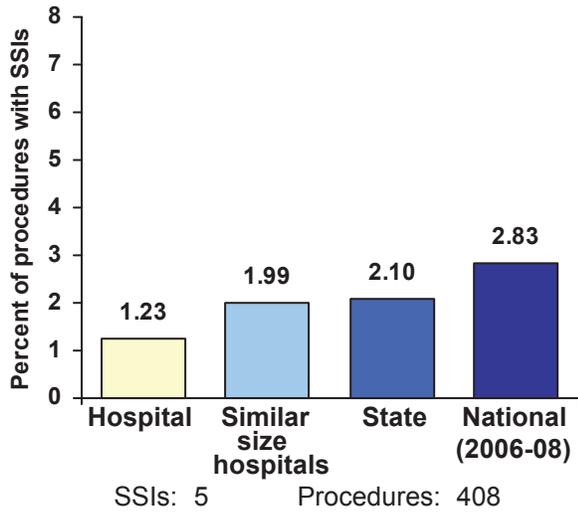


**Knee Prosthesis, 2010**

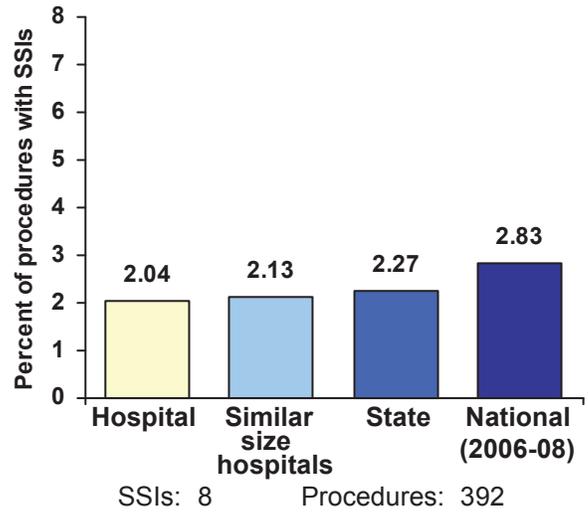


# Rogue Valley Medical Center

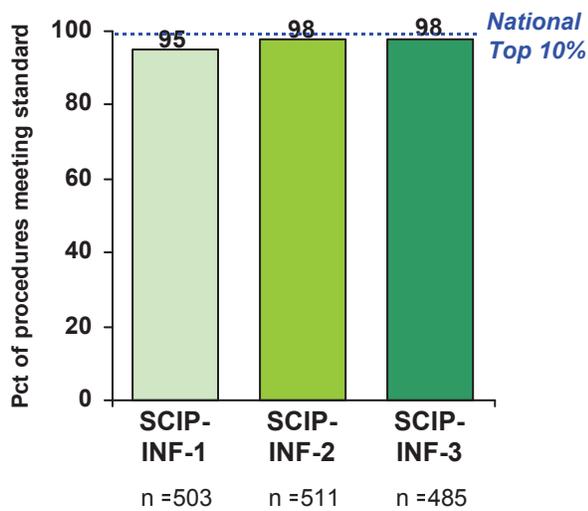
**Coronary Artery Bypass Graft, 2009**



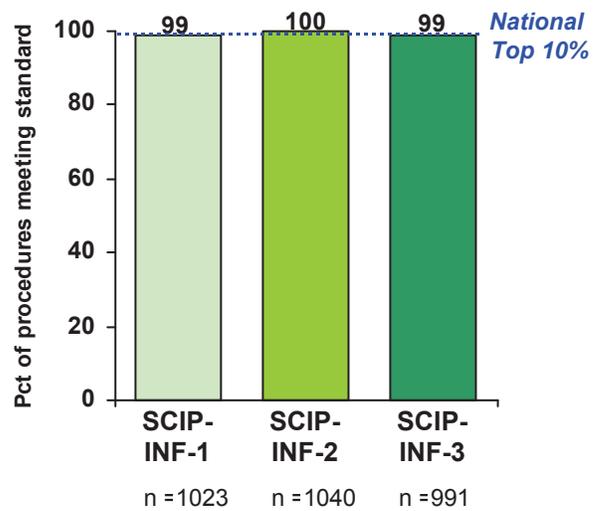
**Coronary Artery Bypass Graft, 2010**



**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

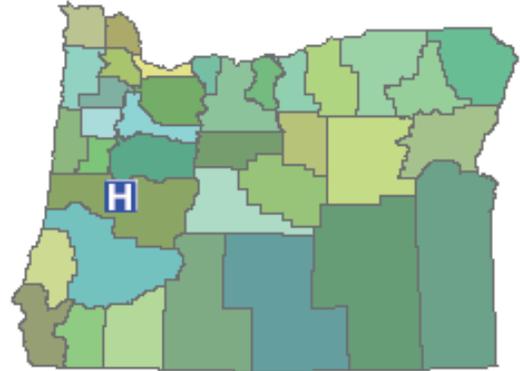


**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**



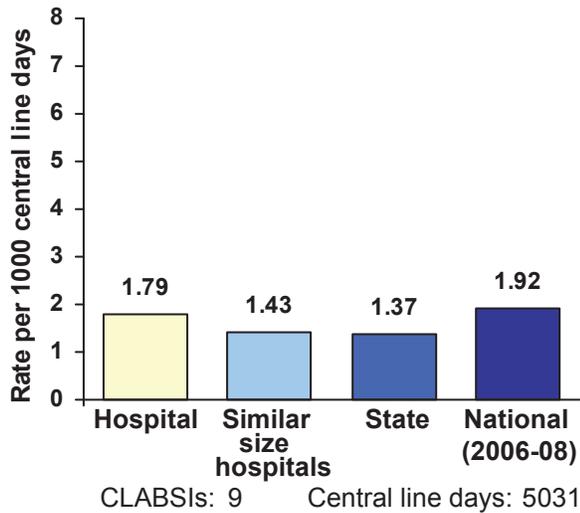
## Sacred Heart Medical Center at RiverBend

Location: Springfield  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 74  
 Specialty Care Beds: 0  
 Total Staffed Beds: 385  
 2010 Admissions: 26,569  
 2010 Patient Days: 103,589  
 Infection Control Professional FTE: 4.3

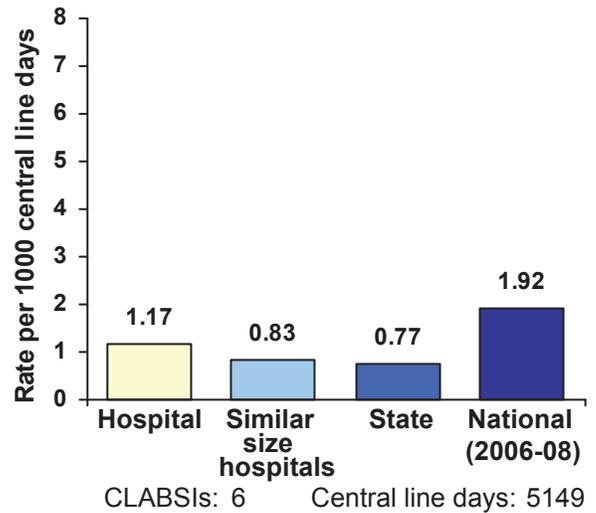


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

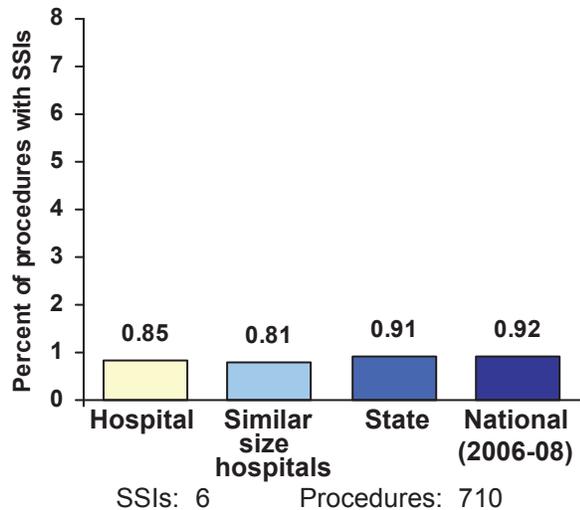


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

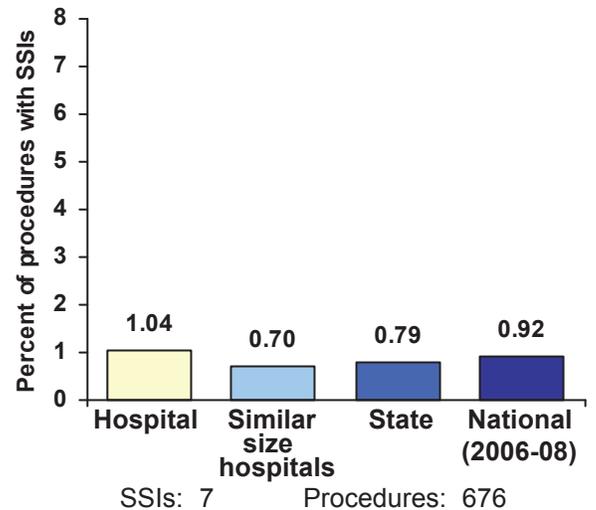


### Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

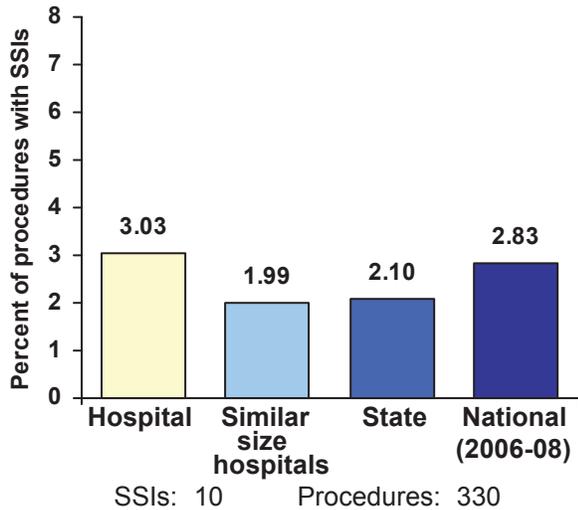


**Knee Prosthesis, 2010**

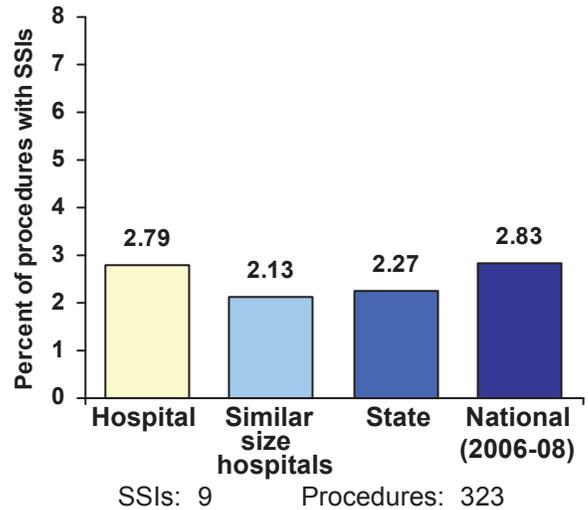


# Sacred Heart Medical Center at RiverBend

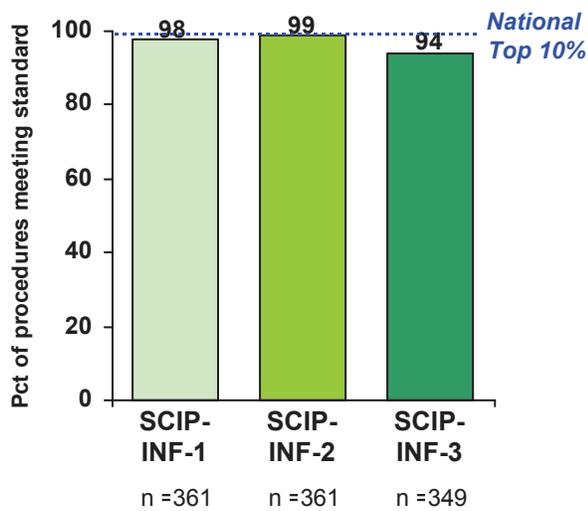
Coronary Artery Bypass Graft, 2009



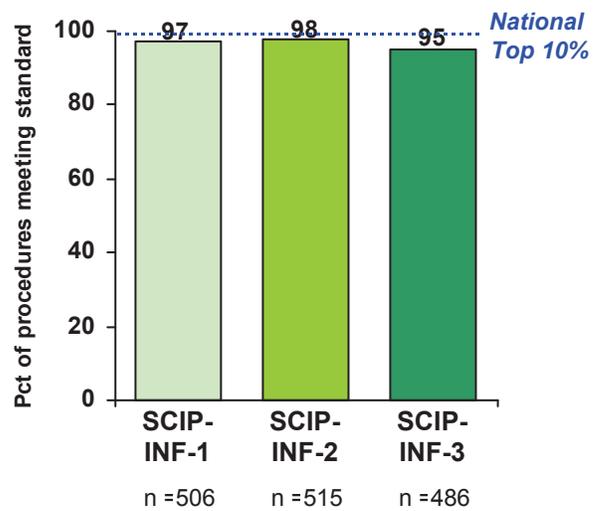
Coronary Artery Bypass Graft, 2010



Surgical Care Improvement Project (SCIP)  
Process of Care Measures, 4/2008-3/2009



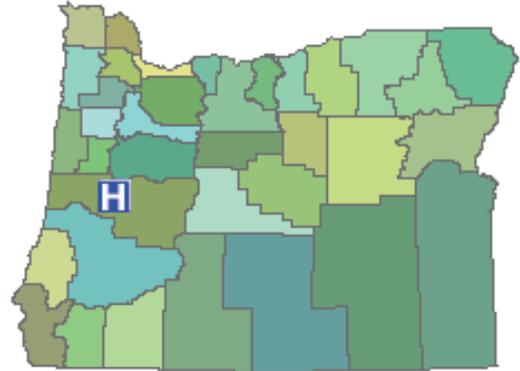
Surgical Care Improvement Project (SCIP)  
Process of Care Measures, 4/2009-3/2010



## Sacred Heart Medical Center at University

Location: Eugene  
Ownership: Not for Profit  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 104  
2010 Admissions: 2,687  
2010 Patient Days: 18,930  
Infection Control Professional FTE: 0.45

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital is exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*No procedures at this hospital*

#### Knee Prosthesis, 2010

*No procedures at this hospital*

## **Sacred Heart Medical Center at University**

### **Coronary Artery Bypass Graft, 2009**

*No procedures at this hospital*

### **Coronary Artery Bypass Graft, 2010**

*No procedures at this hospital*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

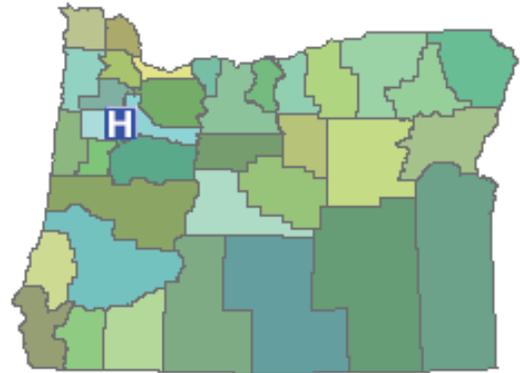
*This hospital was exempt from SCIP  
reporting in 2009.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**

*This hospital is exempt from SCIP  
reporting in 2010.*

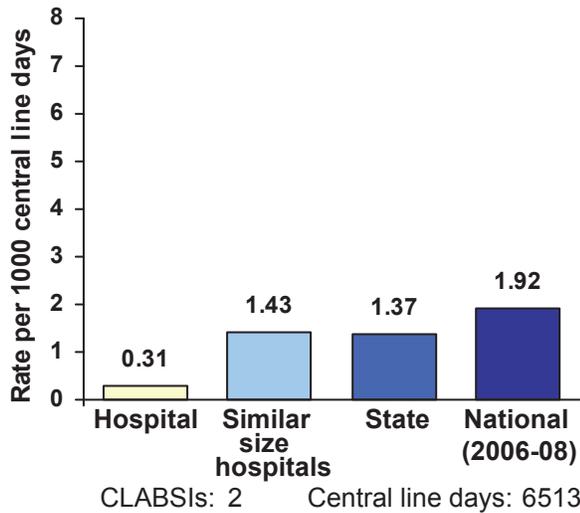
# Salem Hospital

Location: Salem  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 75  
 Specialty Care Beds: 117  
 Total Staffed Beds: 454  
 2010 Admissions: 22,964  
 2010 Patient Days: 108,763  
 Infection Control Professional FTE: 2.5

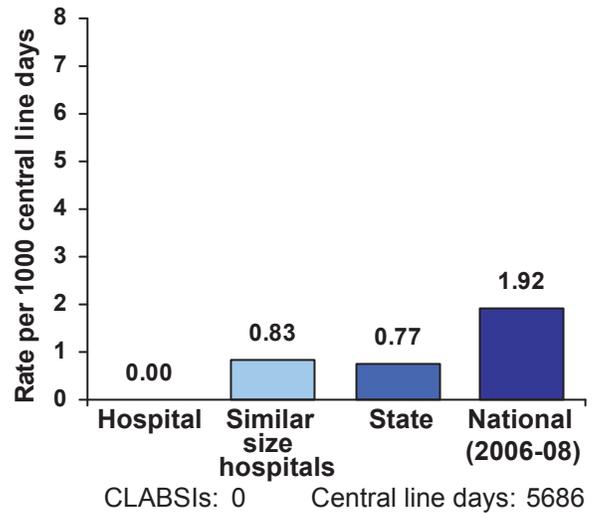


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

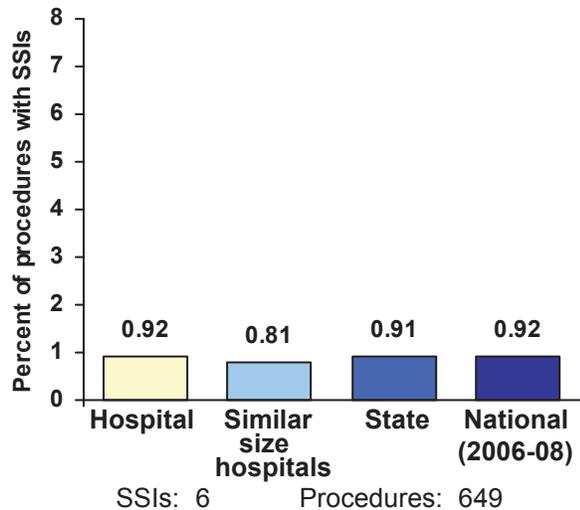


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

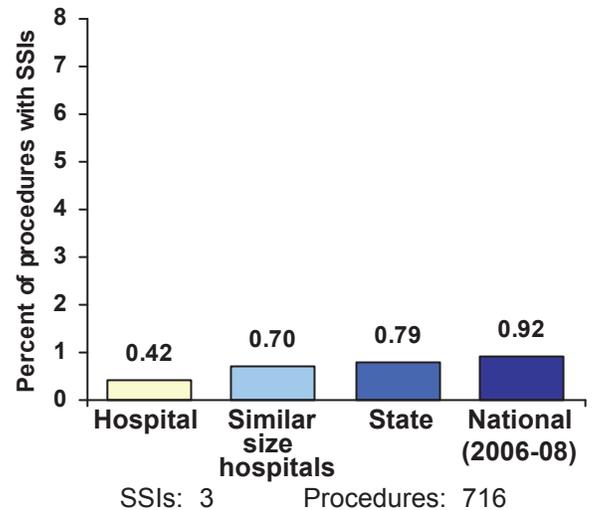


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

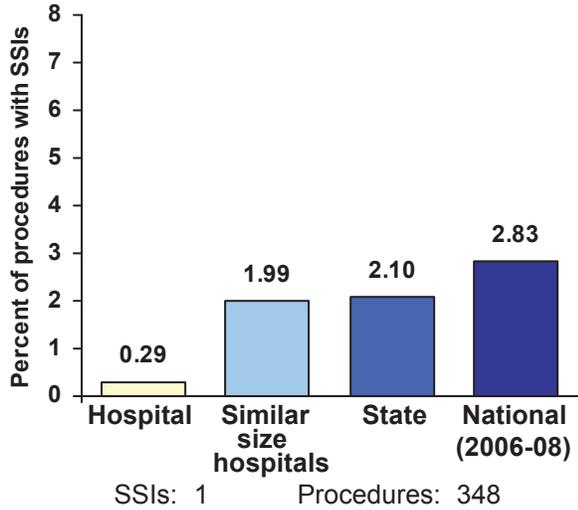


**Knee Prosthesis, 2010**

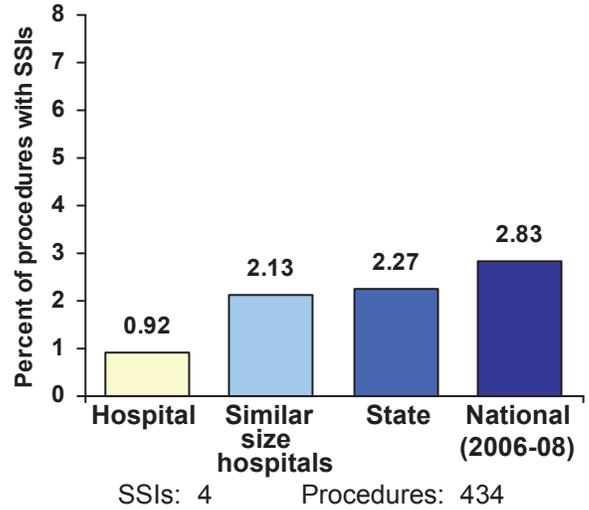


# Salem Hospital

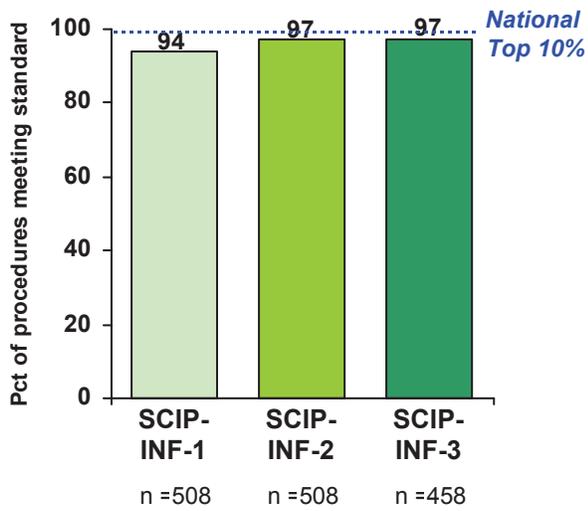
**Coronary Artery Bypass Graft, 2009**



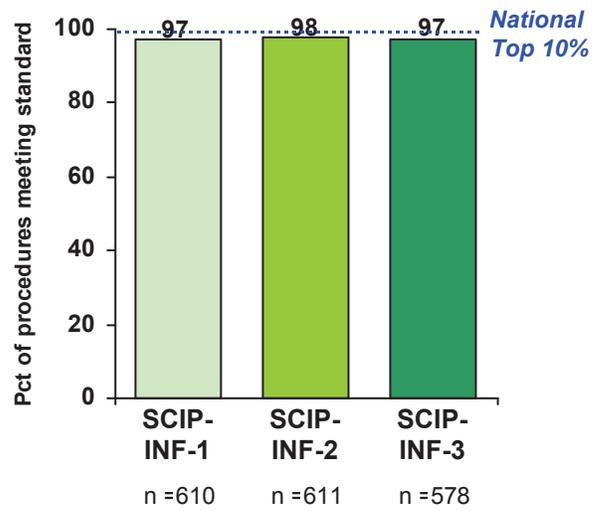
**Coronary Artery Bypass Graft, 2010**



**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**



**Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**



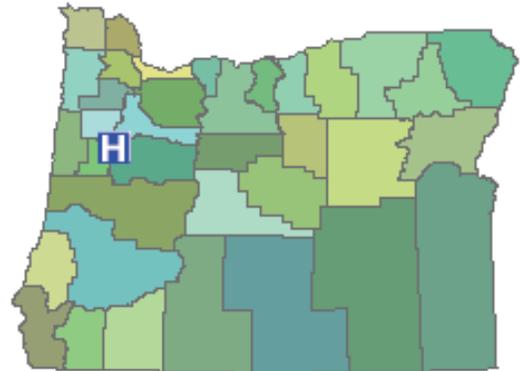
# Samaritan Albany General Hospital

Location: Albany  
 Ownership: Not for Profit  
 Medical School Affiliation: Limited

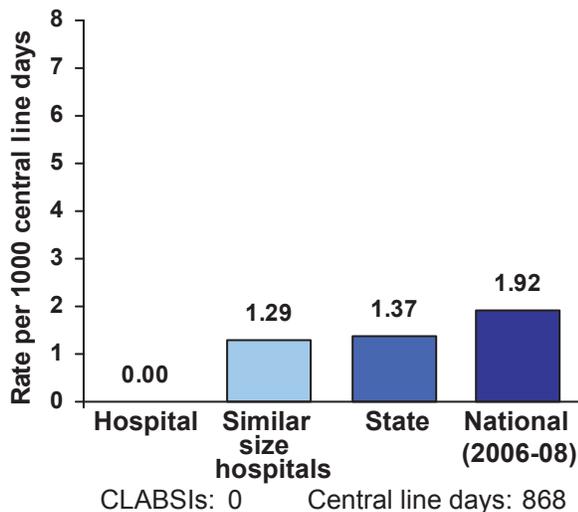
ICU Beds: 11  
 Specialty Care Beds: 0  
 Total Staffed Beds: 79

2010 Admissions: 3,675  
 2010 Patient Days: 10,593  
 Infection Control Professional FTE: 1

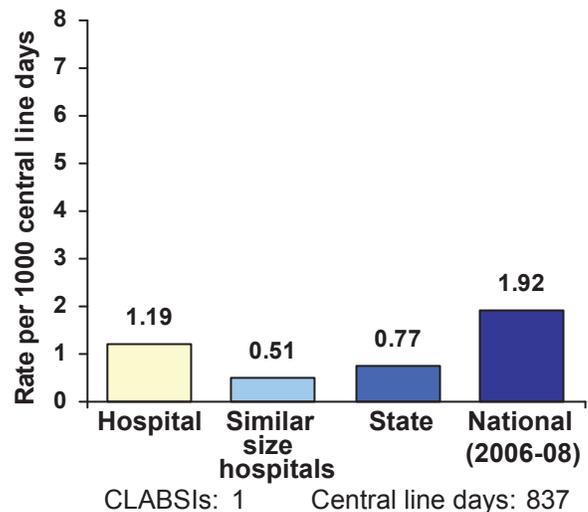
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

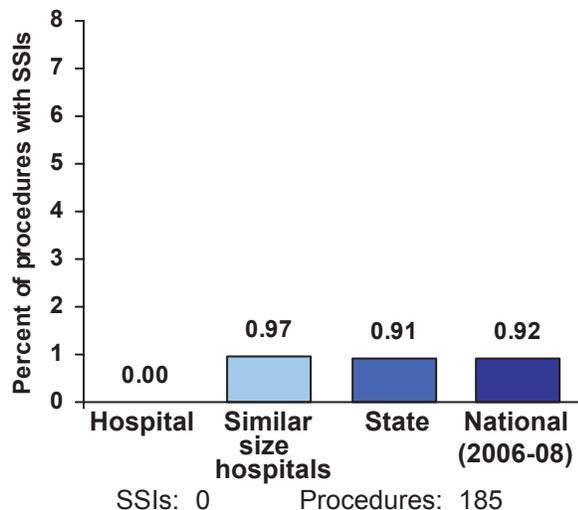


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

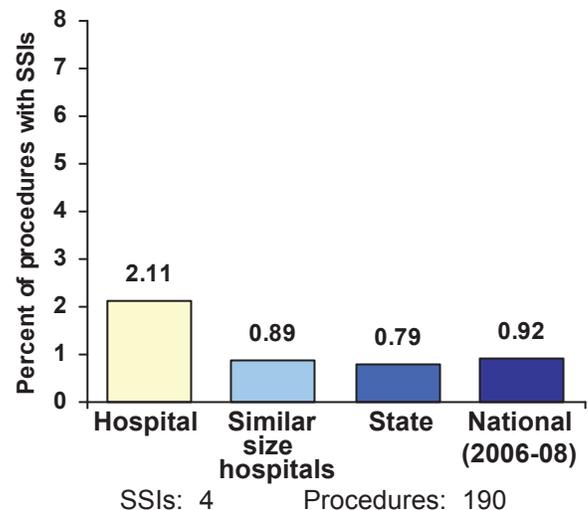


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Samaritan Albany General Hospital

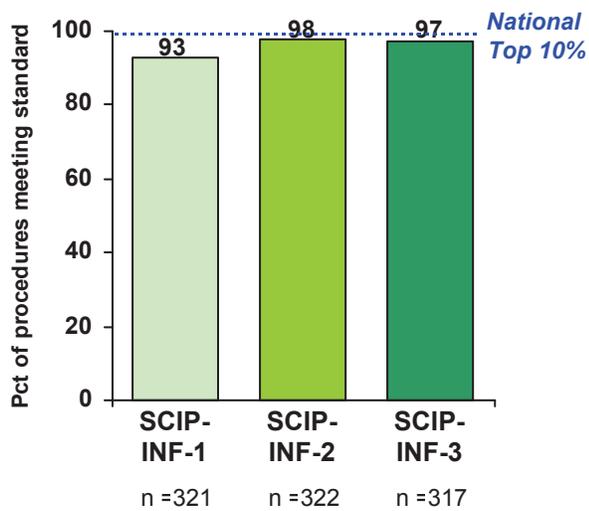
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

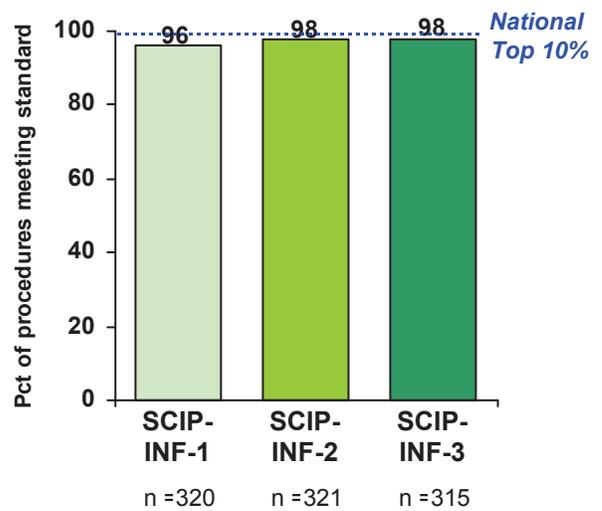
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

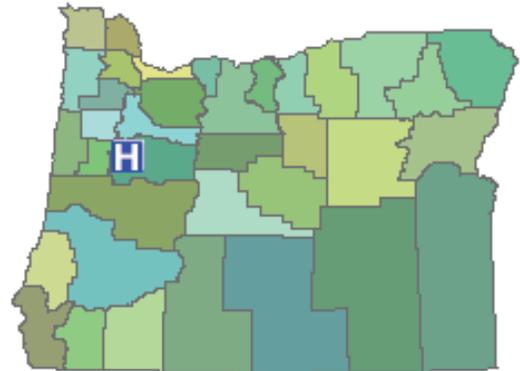


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



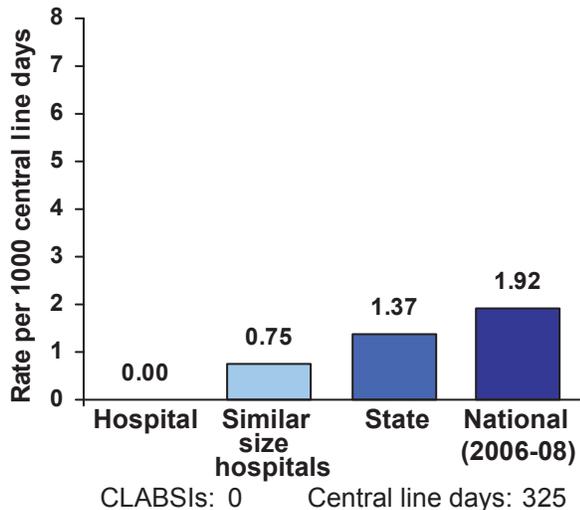
## Samaritan Lebanon Community Hospital

Location: Lebanon  
 Ownership: Not for Profit  
 Medical School Affiliation: Limited  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 2010 Admissions: 1,896  
 2010 Patient Days: 5,473  
 Infection Control Professional FTE: 0.75

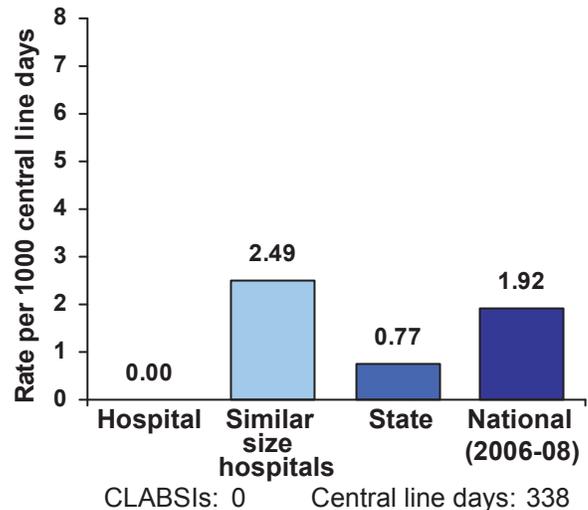


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**



**Central Line Associated Bloodstream Infections (CLABSIs), 2010**



**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**

*Too few observations for reporting purposes*

**Knee Prosthesis, 2010**

*Too few observations for reporting purposes*

# Samaritan Lebanon Community Hospital

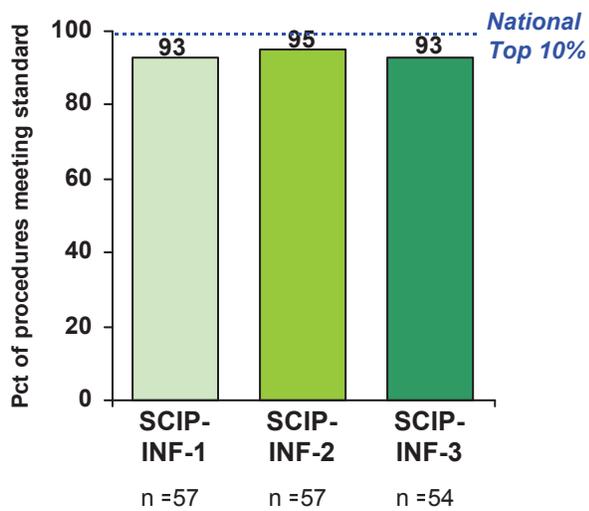
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

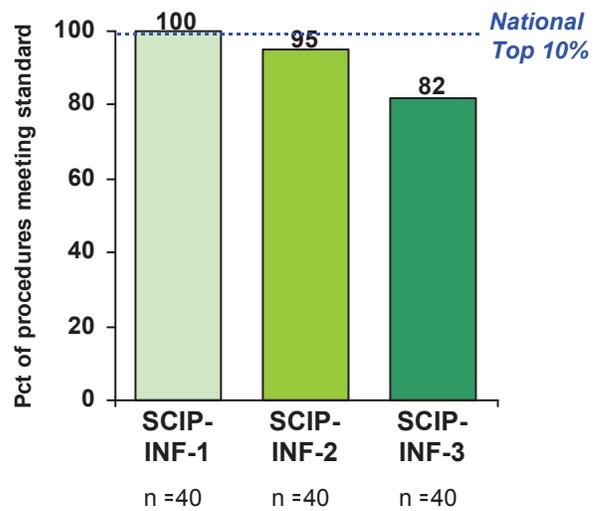
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

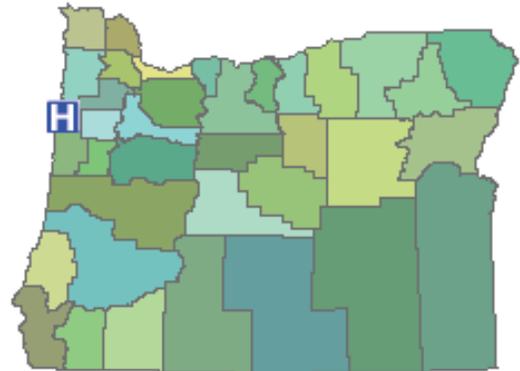


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



# Samaritan North Lincoln Hospital

Location: Lincoln City  
 Ownership: Not for Profit  
 Medical School Affiliation: Limited  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 2010 Admissions: 1,082  
 2010 Patient Days: 2,907  
 Infection Control Professional FTE: 0.5



[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

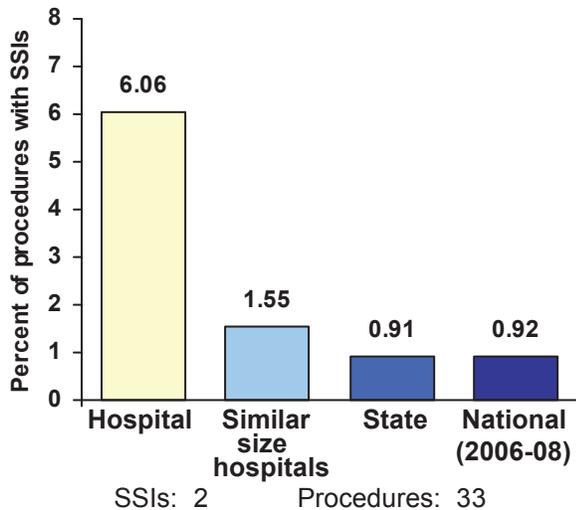
*Too few observations for reporting purposes*

## Central Line Associated Bloodstream Infections (CLABSIs), 2010

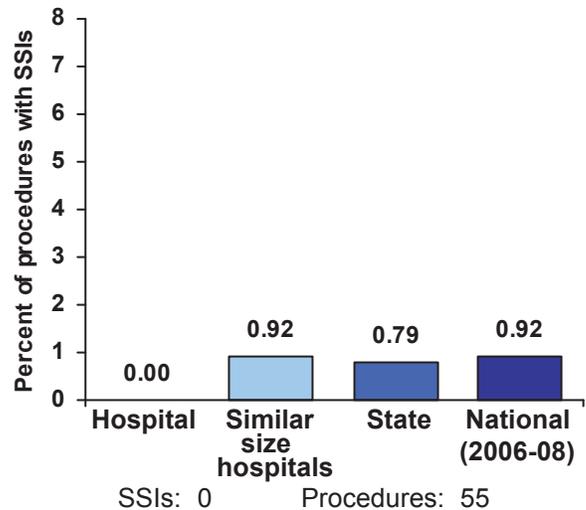
*Too few observations for reporting purposes*

## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Knee Prosthesis, 2010



# Samaritan North Lincoln Hospital

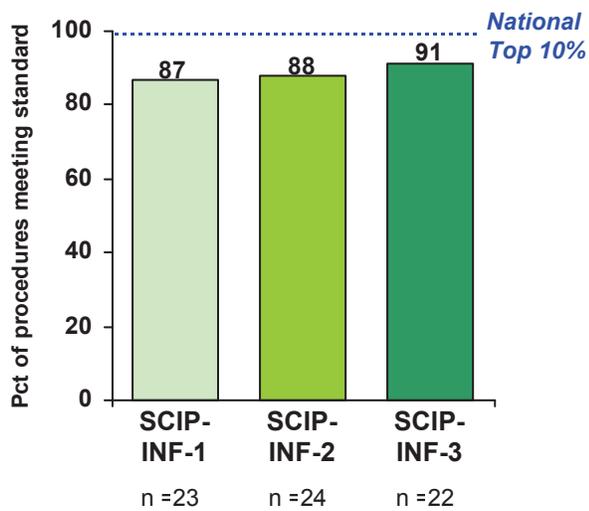
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

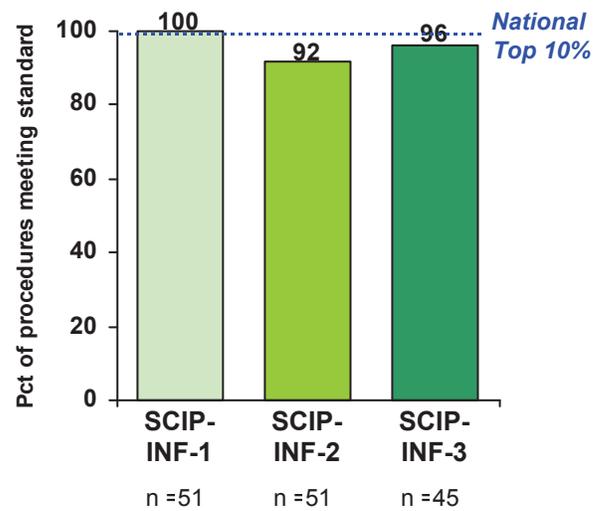
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

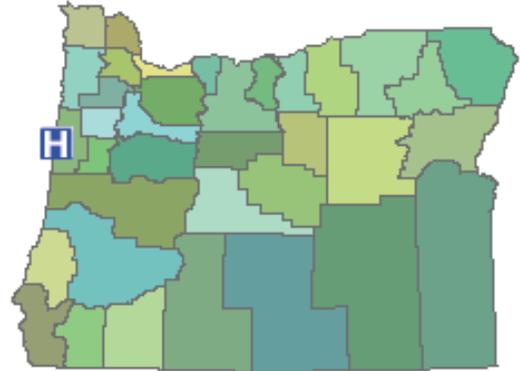


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



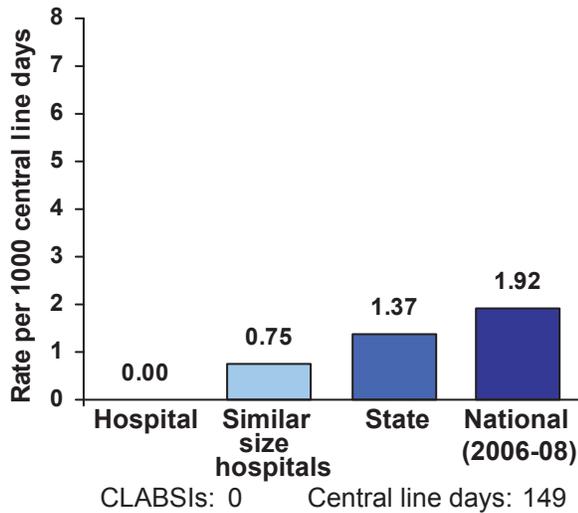
## Samaritan Pacific Communities Hospital

Location: Newport  
 Ownership: Not for Profit  
 Medical School Affiliation: Limited  
 ICU Beds: 5  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 2010 Admissions: 1,458  
 2010 Patient Days: 4,045  
 Infection Control Professional FTE: 0.4

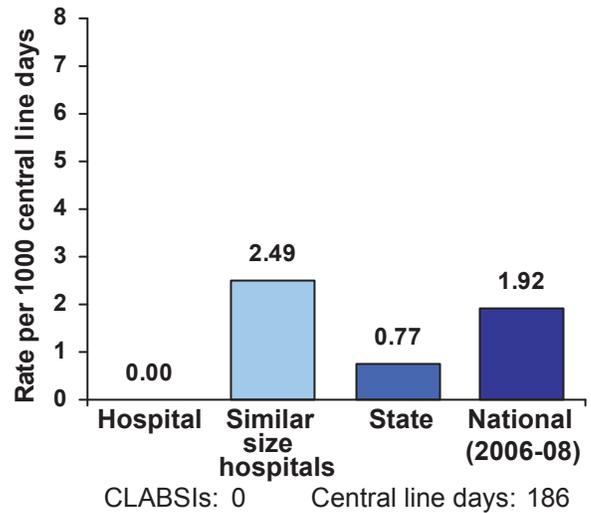


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**



**Central Line Associated Bloodstream Infections (CLABSIs), 2010**



### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*Too few observations for reporting purposes*

#### Knee Prosthesis, 2010

*Too few observations for reporting purposes*

# Samaritan Pacific Communities Hospital

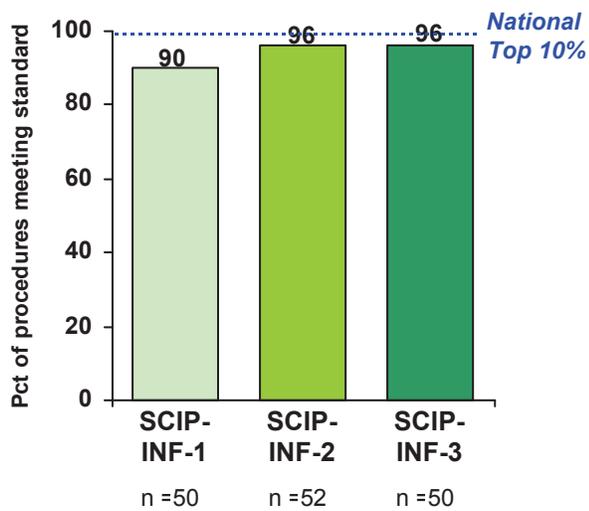
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

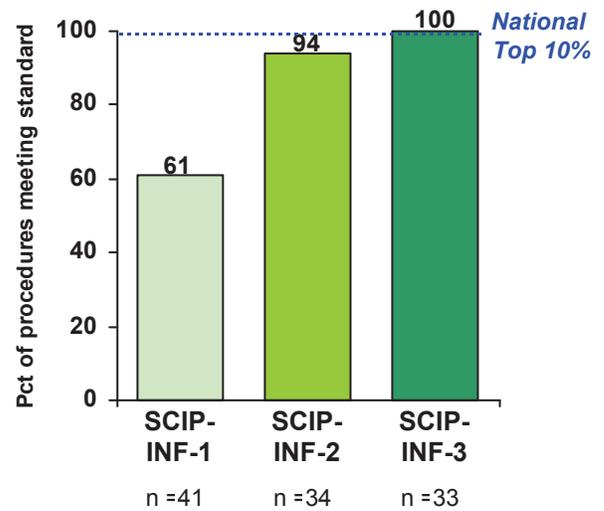
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



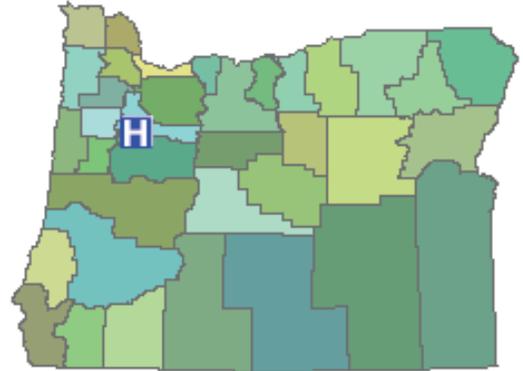
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Santiam Memorial Hospital

Location: Stayton  
Ownership: Not for Profit  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 40  
2010 Admissions: 1,155  
2010 Patient Days: 3,421  
Infection Control Professional FTE: 0.63

[Follow this link to view hospital comments.](#)



### **Central Line Associated Bloodstream Infections (CLABSIs), 2009**

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### **Central Line Associated Bloodstream Infections (CLABSIs), 2010**

*This hospital was exempt from reporting central line associated bloodstream infections in 2010.*

### **Surgical Site Infections (SSIs) by Procedure**

#### **Knee Prosthesis, 2009**

*Too few observations for reporting purposes*

#### **Knee Prosthesis, 2010**

*Too few observations for reporting purposes*

# Santiam Memorial Hospital

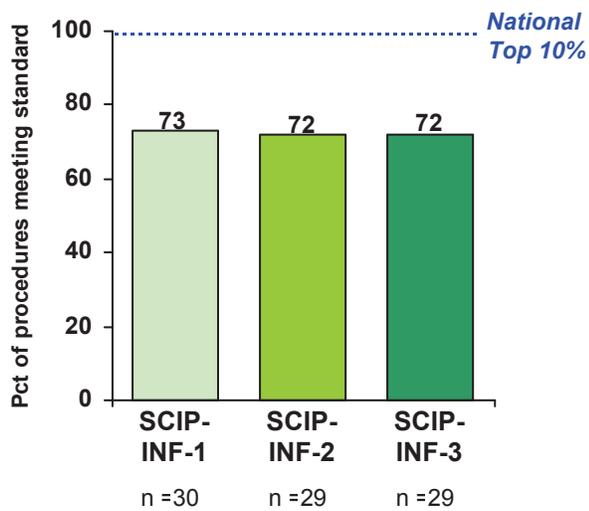
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

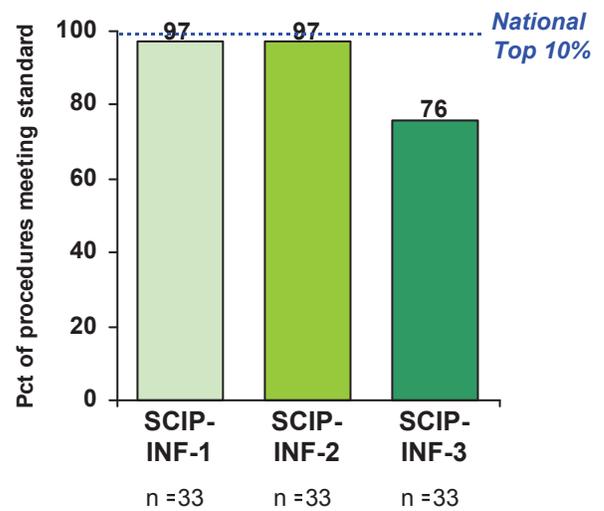
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



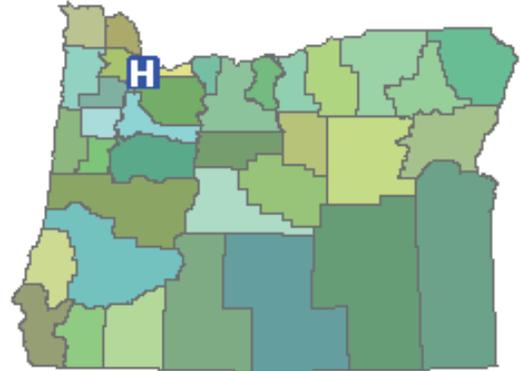
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Shriner's Hospital for Children

Location: Portland  
Ownership: Not for Profit  
Medical School Affiliation: Limited  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 29  
2010 Admissions: 1,076  
2010 Patient Days: 2,850  
Infection Control Professional FTE: 0.5

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital is exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*No procedures at this hospital*

#### Knee Prosthesis, 2010

*No procedures at this hospital*

## Shriner's Hospital for Children

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

### Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

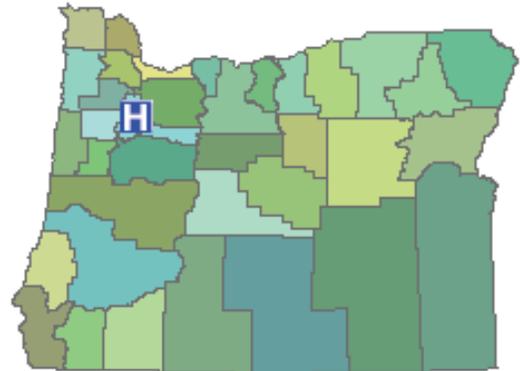
*This hospital was exempt from SCIP  
reporting in 2009.*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010

*This hospital is exempt from SCIP  
reporting in 2010.*

# Silverton Hospital

Location: Silverton  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 48  
 2010 Admissions: 3,711  
 2010 Patient Days: 9,742  
 Infection Control Professional FTE: 0.6

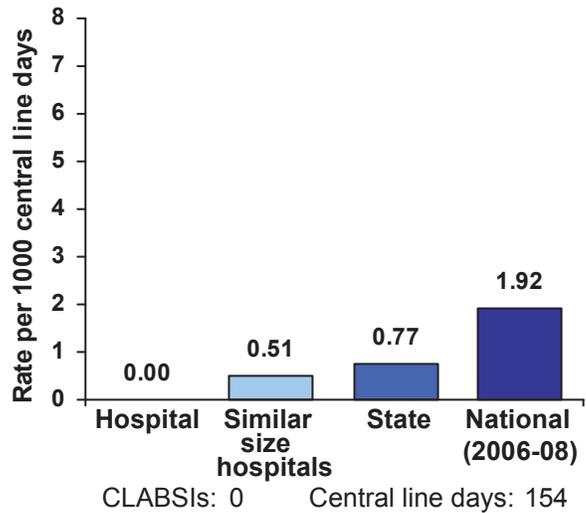


[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

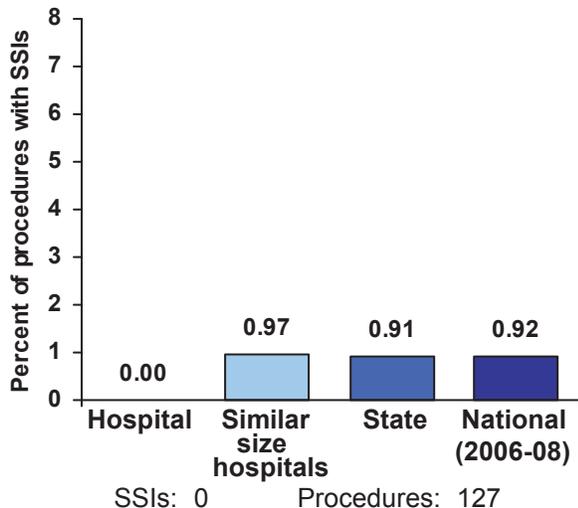
*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

## Central Line Associated Bloodstream Infections (CLABSIs), 2010

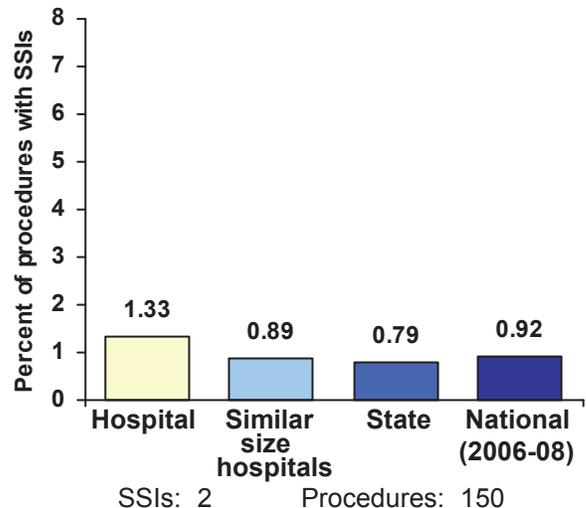


## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Knee Prosthesis, 2010



# Silverton Hospital

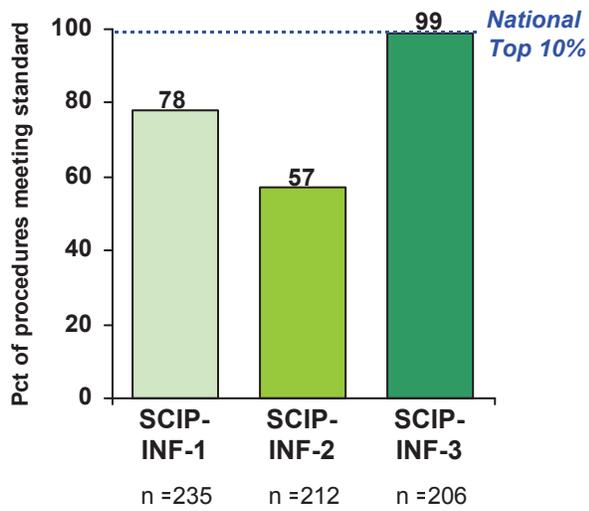
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

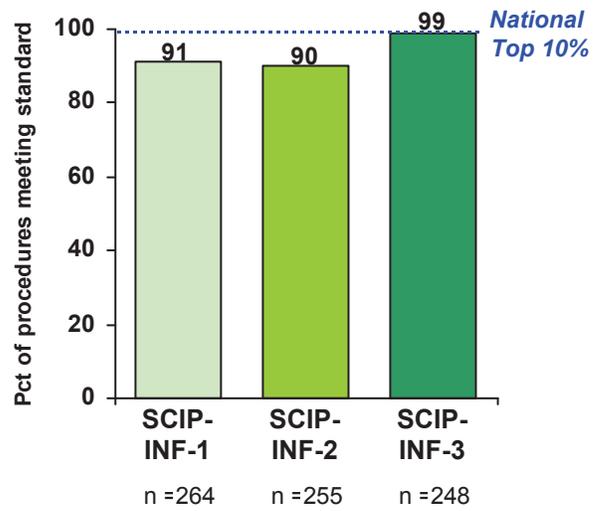
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

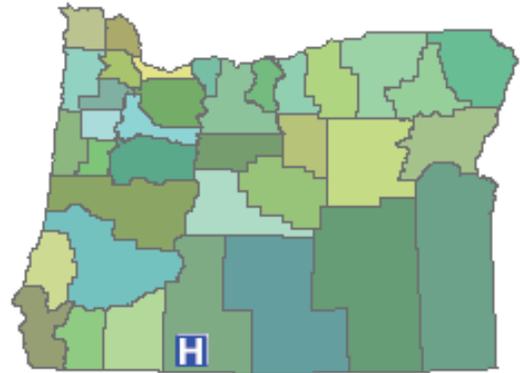


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



# Sky Lakes Medical Center

Location: Klamath Falls  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 10  
 Specialty Care Beds: 0  
 Total Staffed Beds: 176  
 2010 Admissions: 6,030  
 2010 Patient Days: 20,352  
 Infection Control Professional FTE: 0.5



[Follow this link to view hospital comments.](#)

## Central Line Associated Bloodstream Infections (CLABSIs), 2009

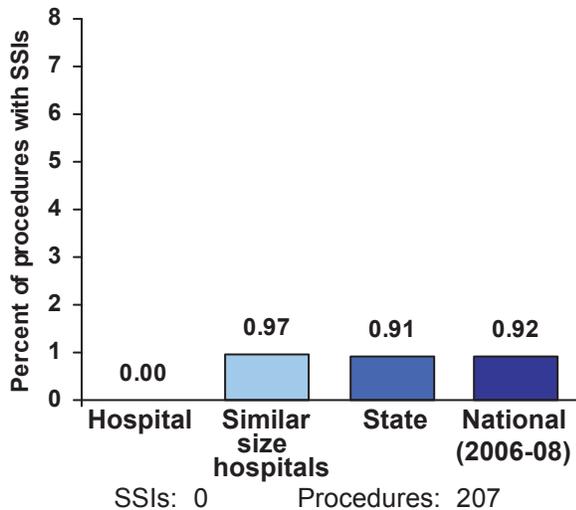
*Not reported due to data quality issues.*

## Central Line Associated Bloodstream Infections (CLABSIs), 2010

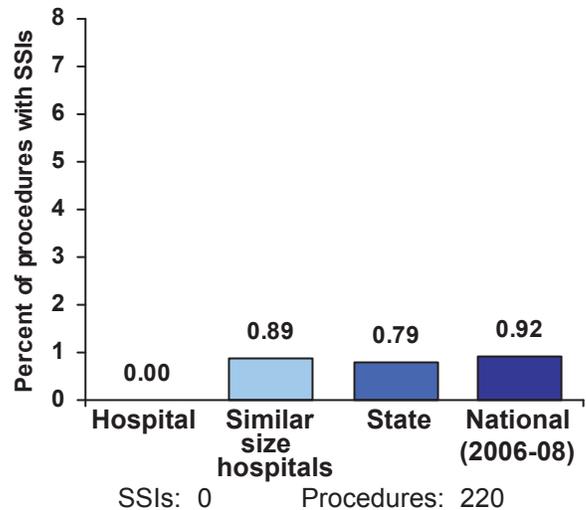
*Not reported due to data quality issues.*

## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Knee Prosthesis, 2010



# Sky Lakes Medical Center

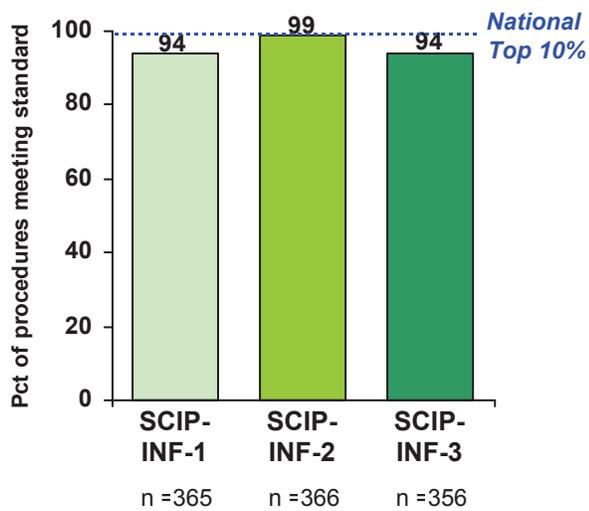
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

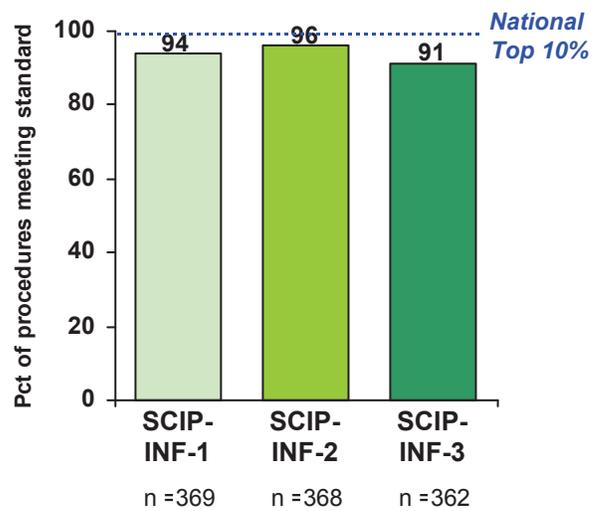
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



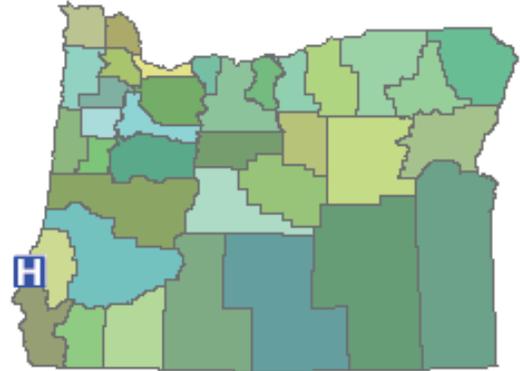
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Southern Coos Hospital and Health Center

Location: Bandon  
Ownership: Government  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 19  
2010 Admissions: 360  
2010 Patient Days: 1,148  
Infection Control Professional FTE: 0.38

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital was exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*Too few observations for reporting purposes*

#### Knee Prosthesis, 2010

*Too few observations for reporting purposes*

## **Southern Coos Hospital and Health Center**

### **Coronary Artery Bypass Graft, 2009**

*No procedures at this hospital*

### **Coronary Artery Bypass Graft, 2010**

*No procedures at this hospital*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

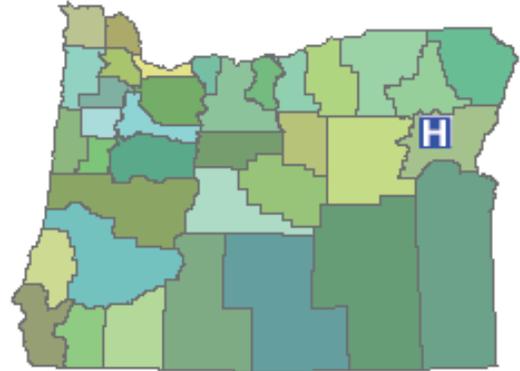
*Too few observations for reporting purposes*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**

*Too few observations for reporting purposes*

## St. Alphonsus Medical Center - Baker

Location: Baker City  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 2  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 2010 Admissions: 821  
 2010 Patient Days: 2,740  
 Infection Control Professional FTE: 0.75



[Follow this link to view hospital comments.](#)

### Central Line Associated Bloodstream Infections (CLABSIs), 2009

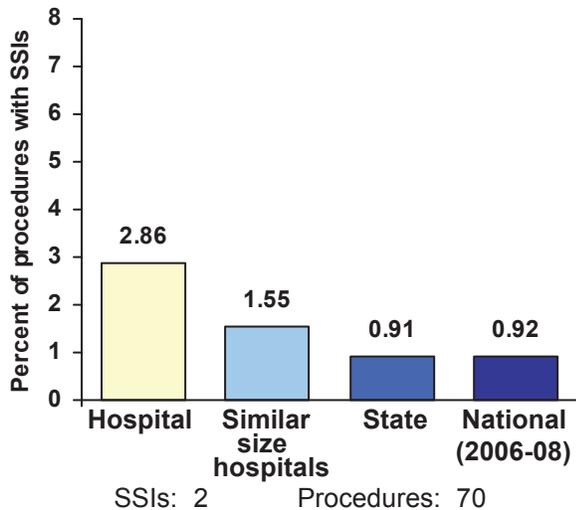
*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

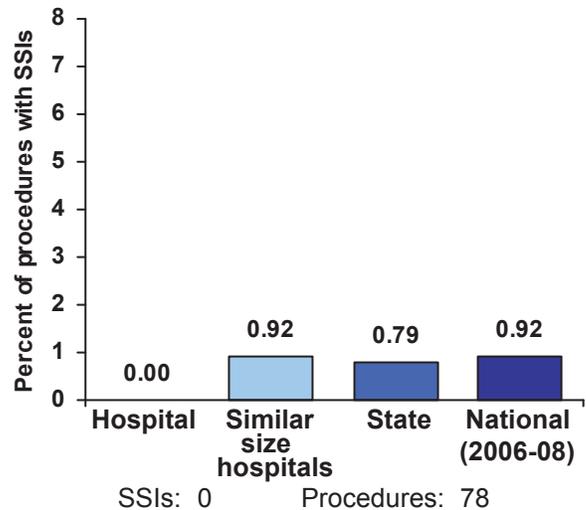
*Too few observations for reporting purposes*

## Surgical Site Infections (SSIs) by Procedure

### Knee Prosthesis, 2009



### Knee Prosthesis, 2010



# St. Alphonsus Medical Center - Baker

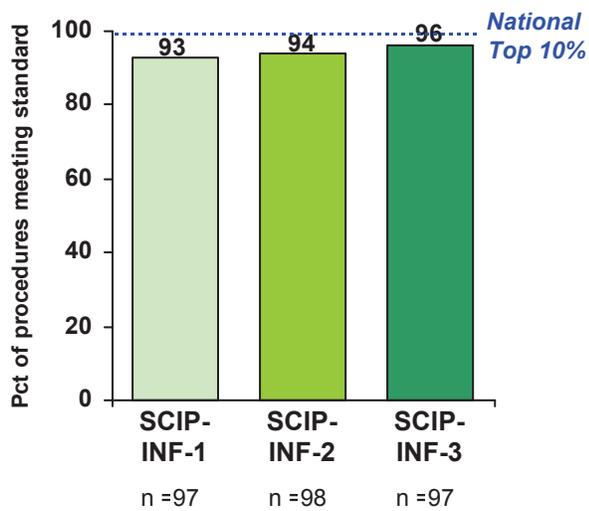
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

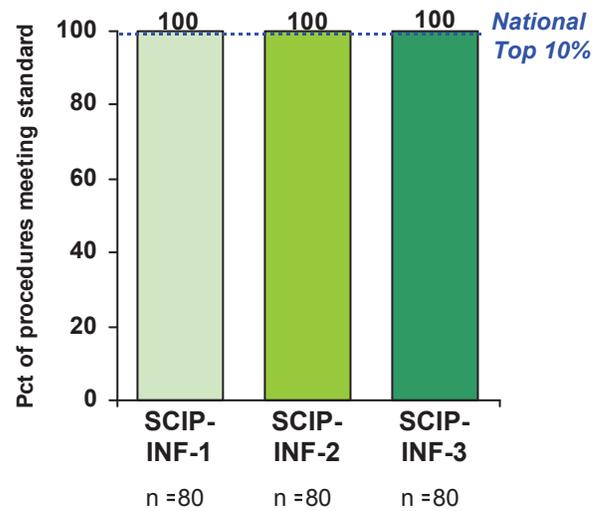
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## St. Alphonsus Medical Center - Ontario

Location: Ontario

Ownership: Not for Profit

Medical School Affiliation: None

ICU Beds: 8

Specialty Care Beds: 0

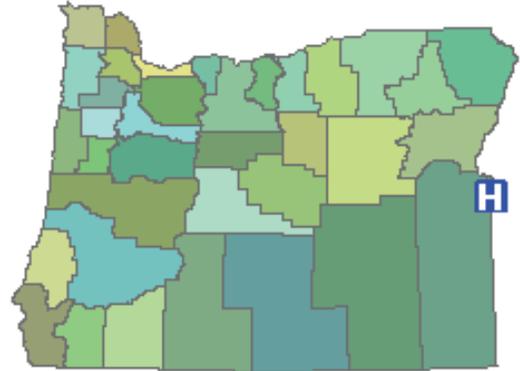
Total Staffed Beds: 49

2010 Admissions: 3,700

2010 Patient Days: 9,708

Infection Control Professional FTE: 0.65

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

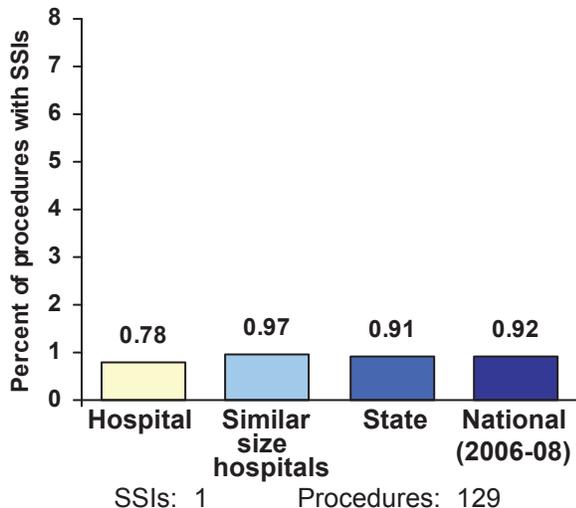
*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

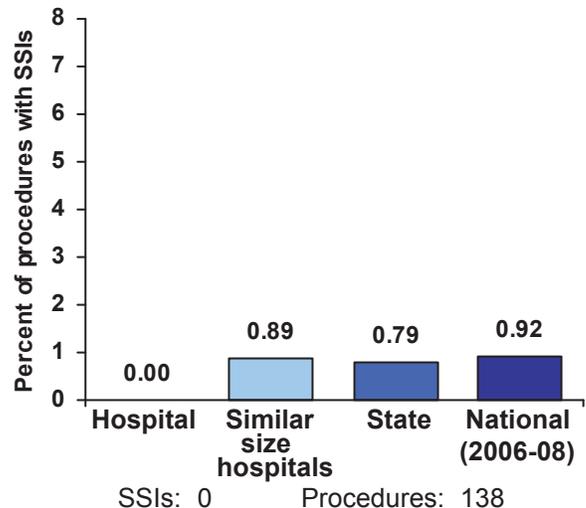
*No data reported due to noncompliance*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009



#### Knee Prosthesis, 2010



# St. Alphonsus Medical Center - Ontario

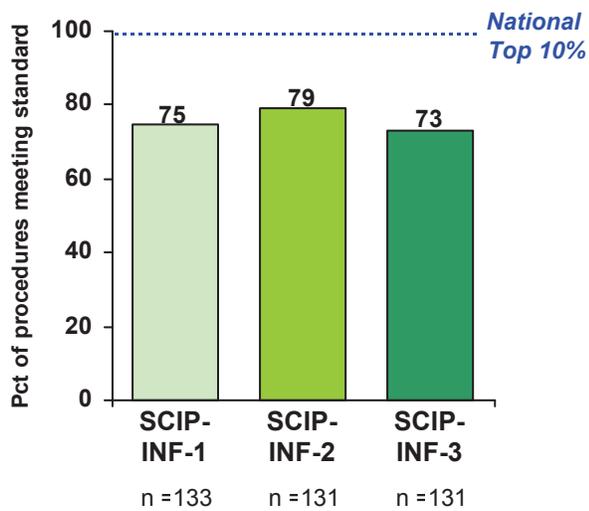
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

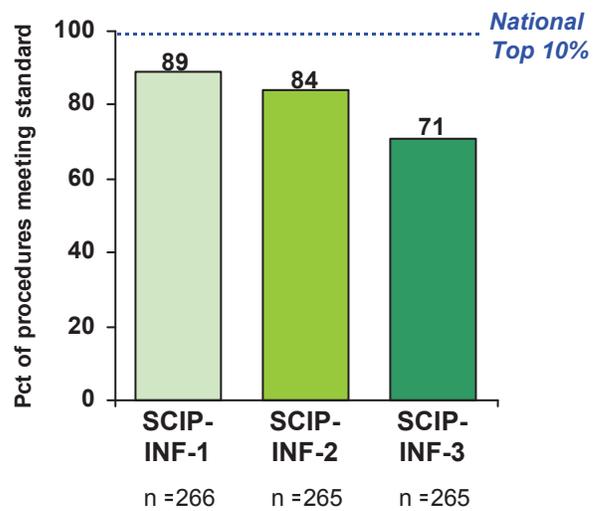
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

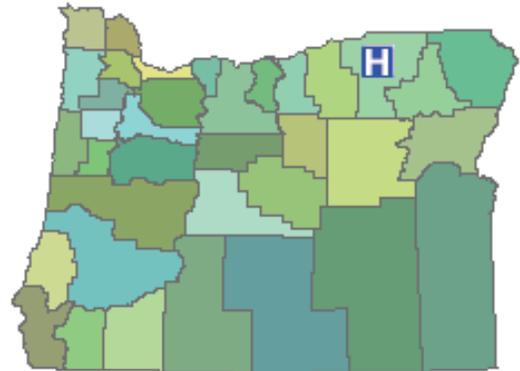


### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



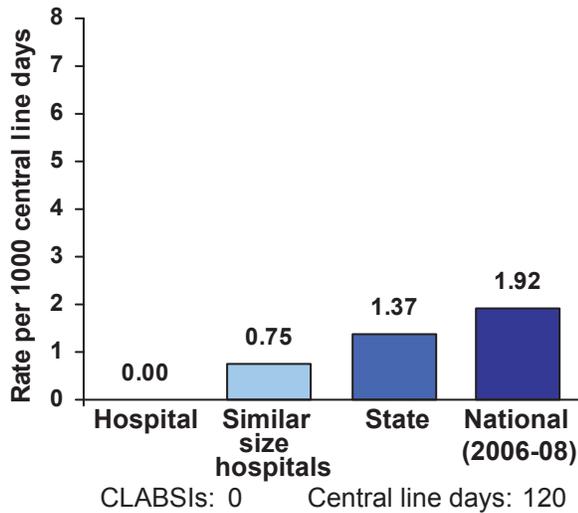
# St. Anthony Hospital

Location: Pendleton  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25  
 2010 Admissions: 2,057  
 2010 Patient Days: 6,115  
 Infection Control Professional FTE: 0.38

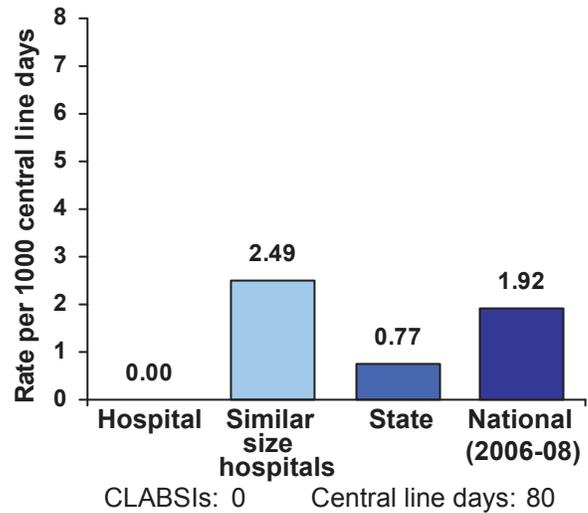


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

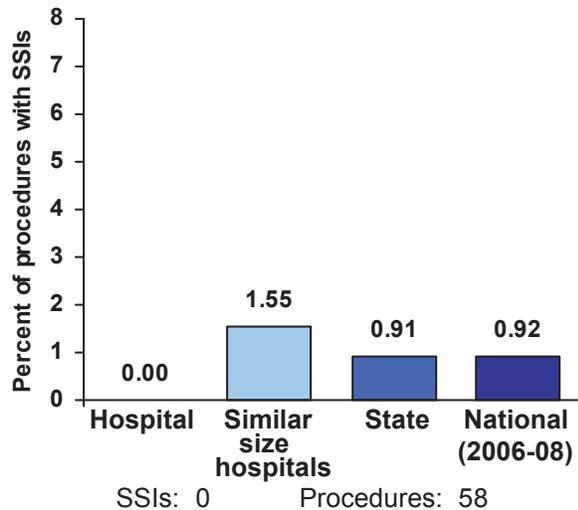


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

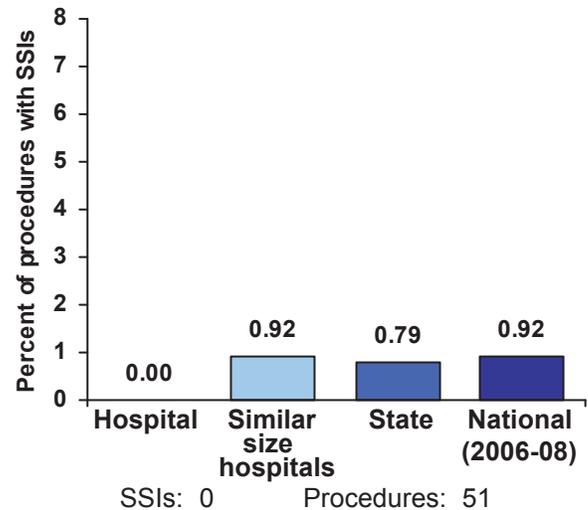


**Surgical Site Infections (SSIs) by Procedure**

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# St. Anthony Hospital

## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

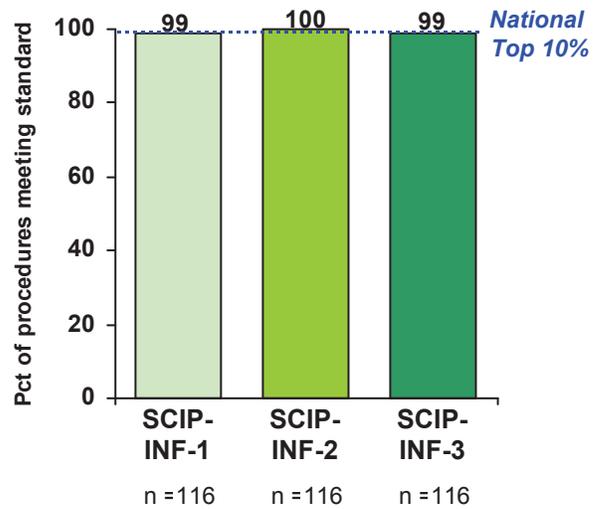
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

*Data not reported by this hospital*

## Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## St. Charles Medical Center (Bend)

Location: Bend

Ownership: Not for Profit

Medical School Affiliation: Graduate

ICU Beds: 29

Specialty Care Beds: 0

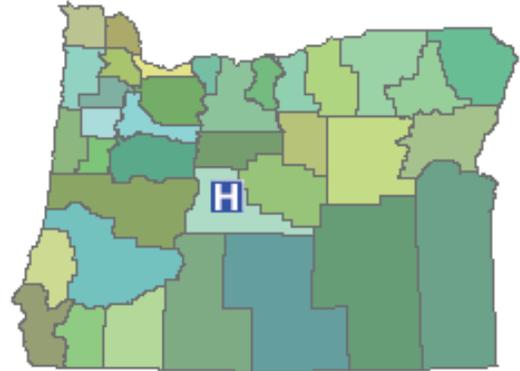
Total Staffed Beds: 260

2010 Admissions: 16,284

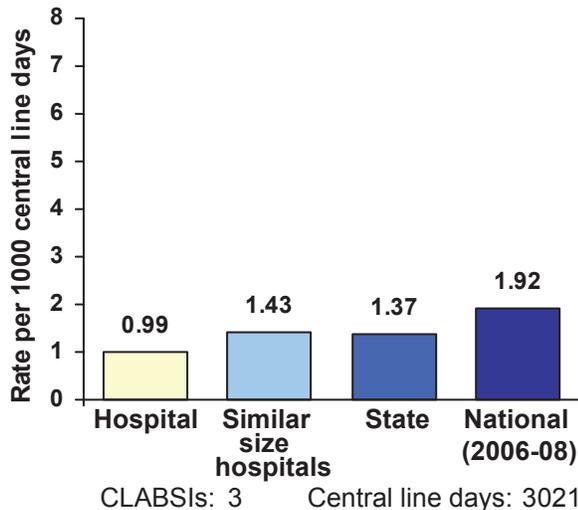
2010 Patient Days: 59,080

Infection Control Professional FTE: 1.25

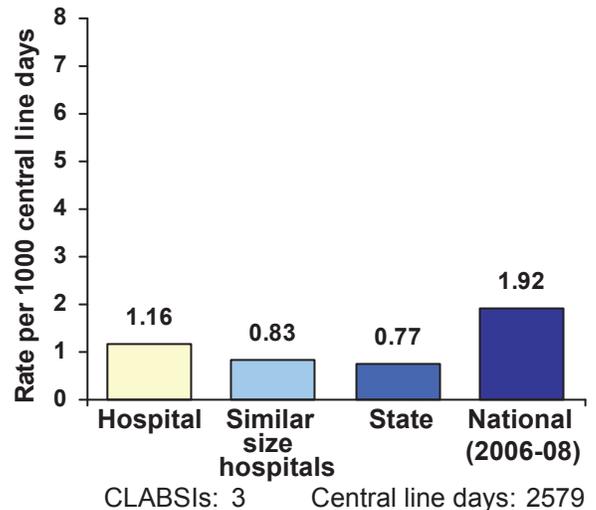
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

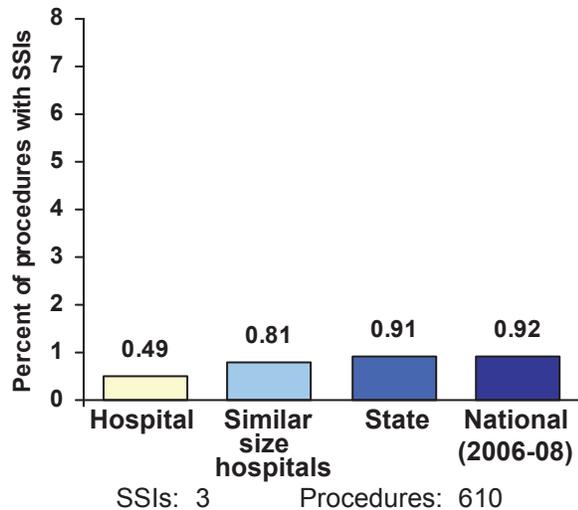


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

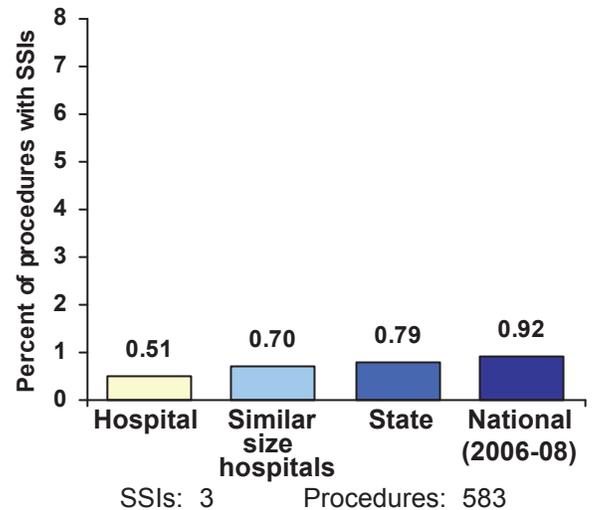


### Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

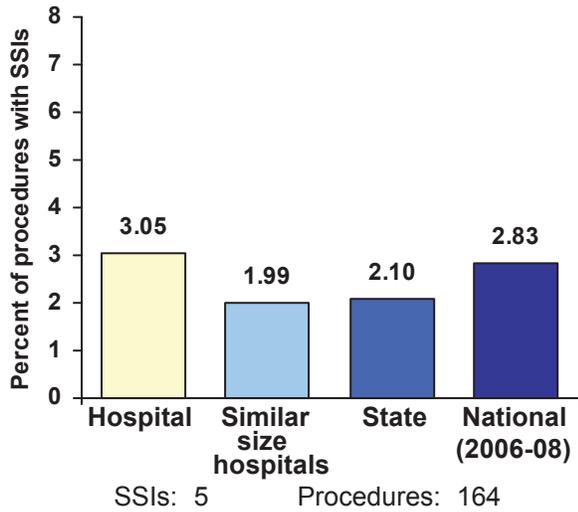


**Knee Prosthesis, 2010**

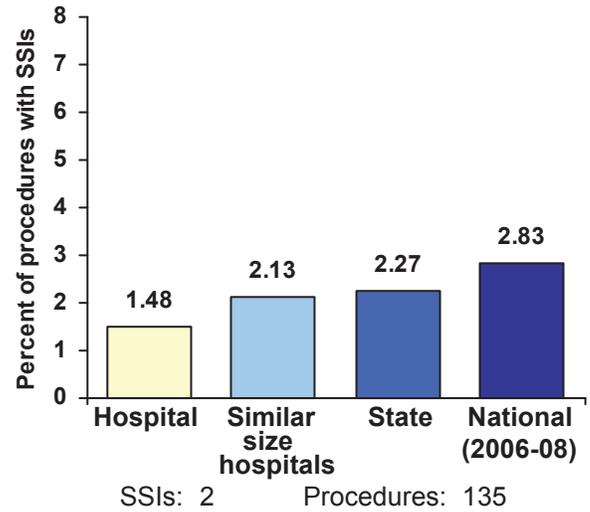


## St. Charles Medical Center (Bend)

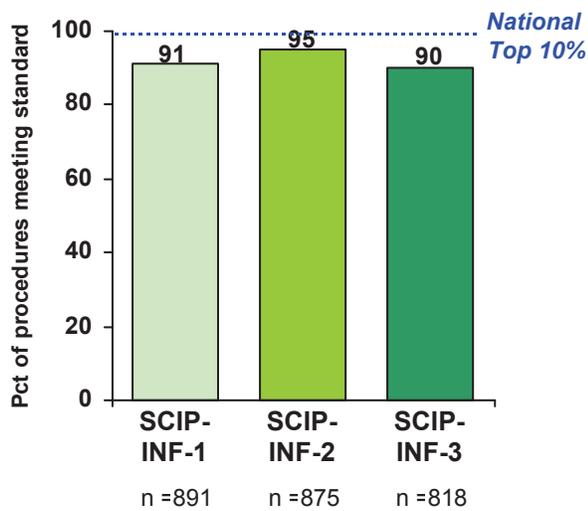
**Coronary Artery Bypass Graft, 2009**



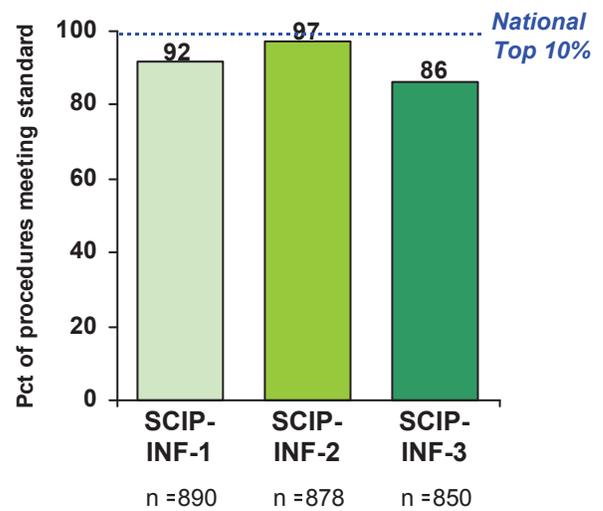
**Coronary Artery Bypass Graft, 2010**



**Surgical Care Improvement Project (SCIP)  
Process of Care Measures, 4/2008-3/2009**

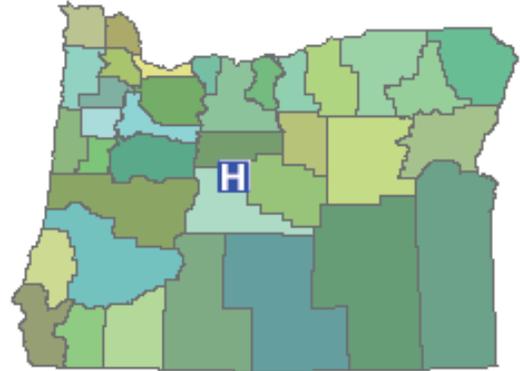


**Surgical Care Improvement Project (SCIP)  
Process of Care Measures, 4/2009-3/2010**



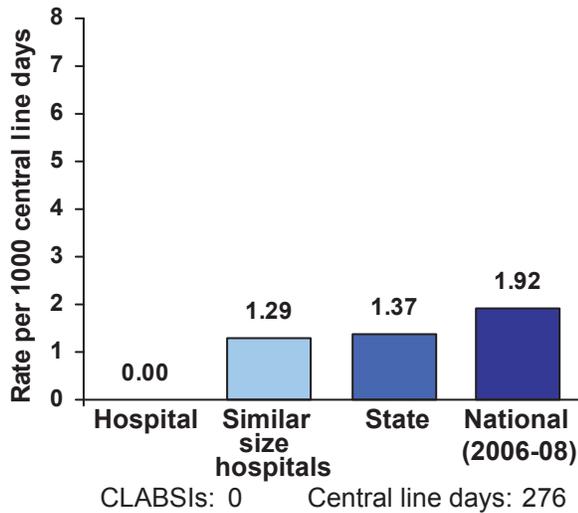
## St. Charles Medical Center (Redmond)

Location: Redmond  
 Ownership: Not for Profit  
 Medical School Affiliation: None  
 ICU Beds: 6  
 Specialty Care Beds: 0  
 Total Staffed Beds: 48  
 2010 Admissions: 2,382  
 2010 Patient Days: 6,390  
 Infection Control Professional FTE: 0.3

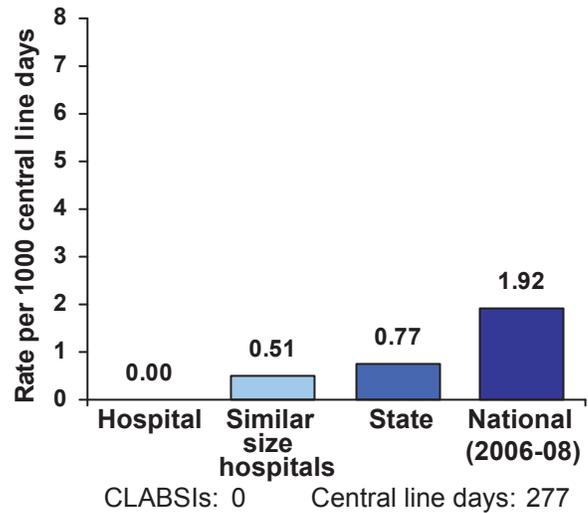


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

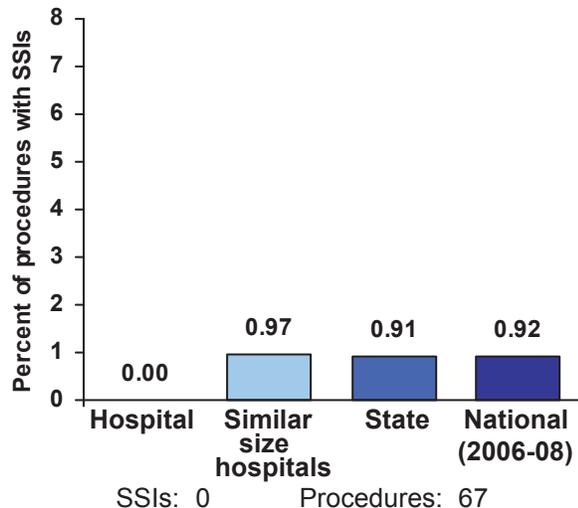


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

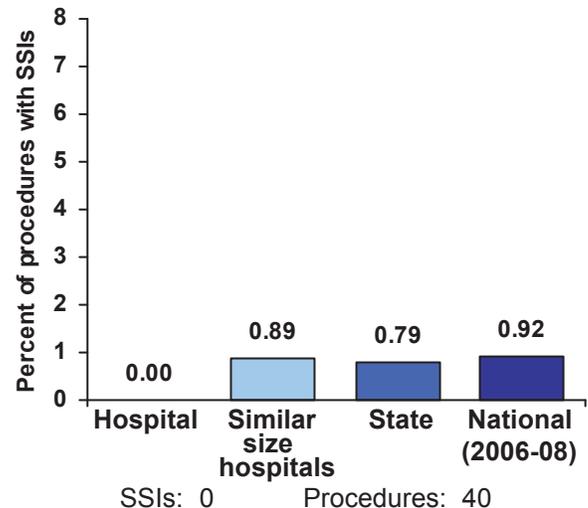


### Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# St. Charles Medical Center (Redmond)

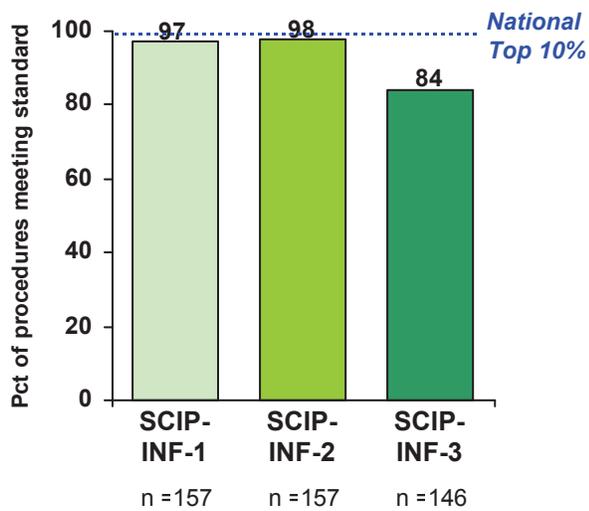
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

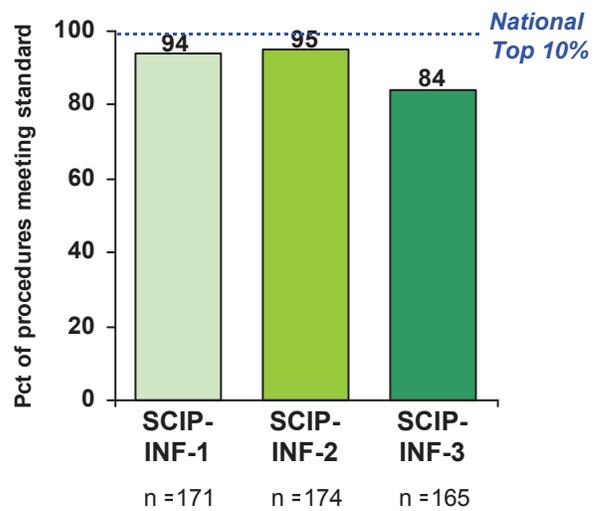
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



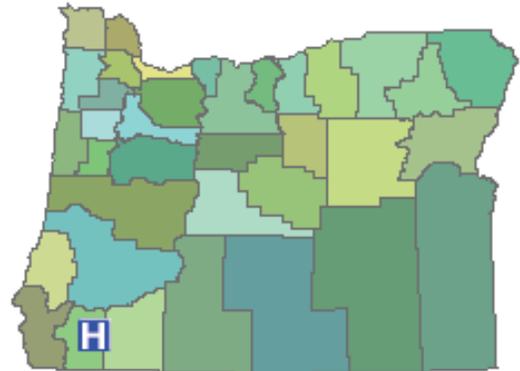
# Three Rivers Community Hospital and Health Center

Location: Grants Pass  
 Ownership: Not for Profit  
 Medical School Affiliation: Limited

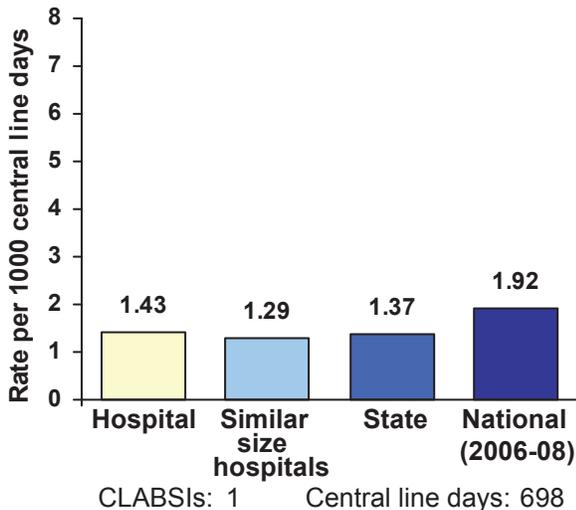
ICU Beds: 12  
 Specialty Care Beds: 0  
 Total Staffed Beds: 111

2010 Admissions: 7,862  
 2010 Patient Days: 22,688  
 Infection Control Professional FTE: 1

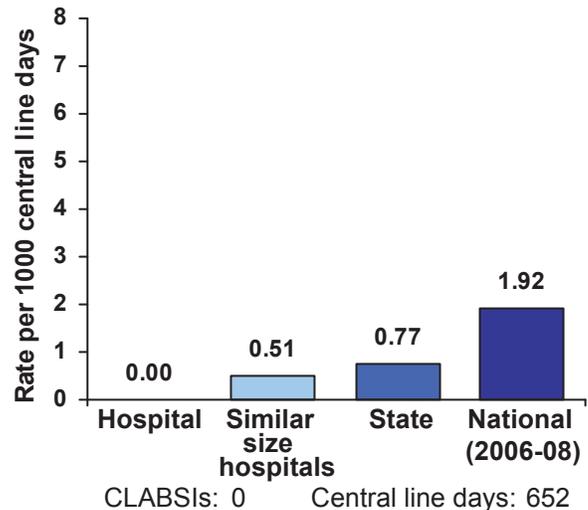
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

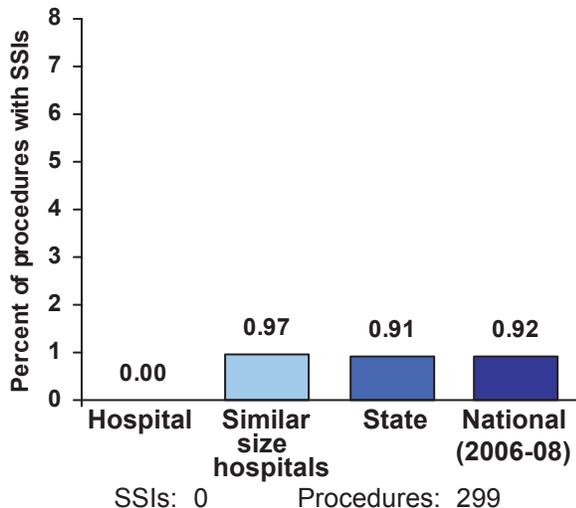


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

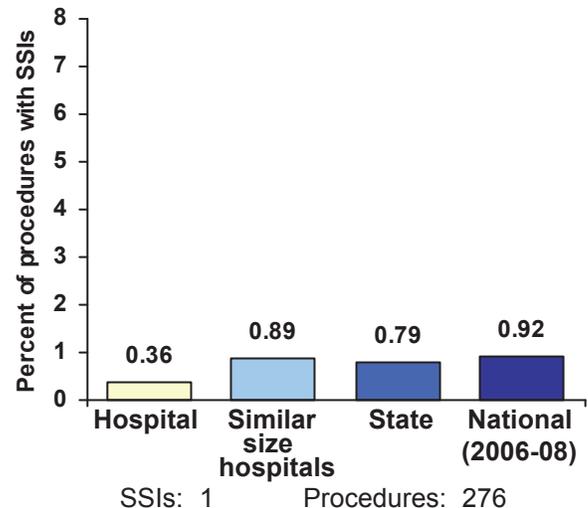


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Three Rivers Community Hospital and Health Center

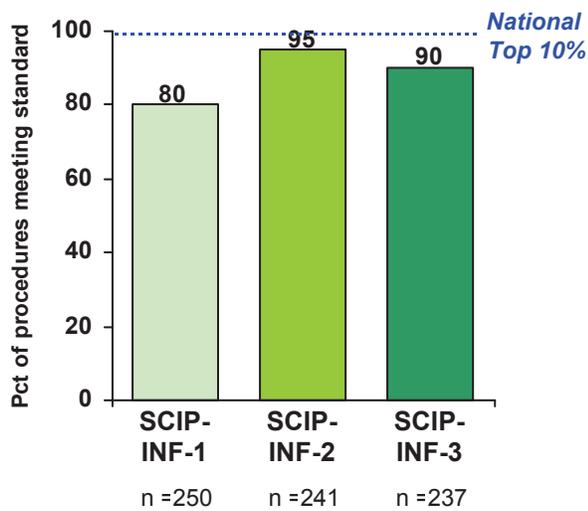
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

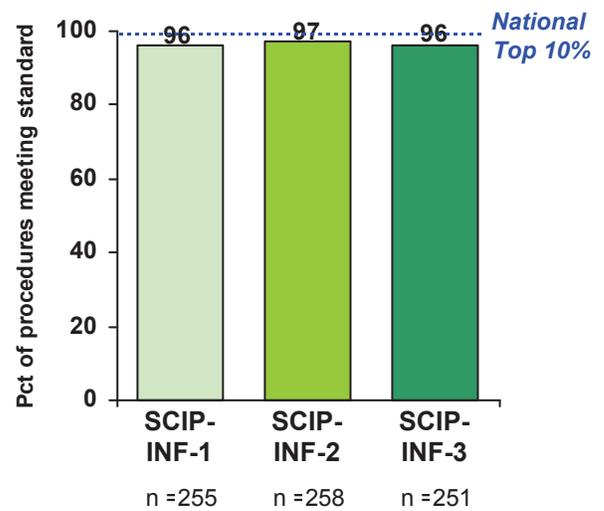
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



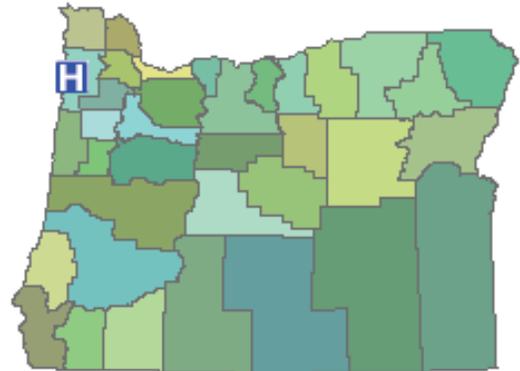
# Tillamook County General Hospital

Location: Tillamook  
 Ownership: Not for Profit  
 Medical School Affiliation: None

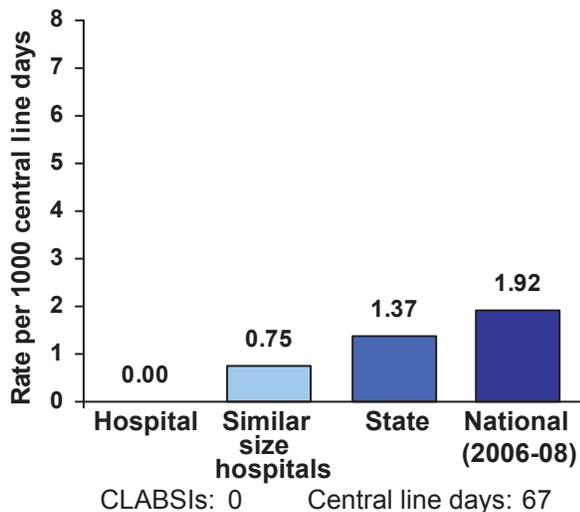
ICU Beds: 4  
 Specialty Care Beds: 0  
 Total Staffed Beds: 25

2010 Admissions: 1,107  
 2010 Patient Days: 3,984  
 Infection Control Professional FTE: 1

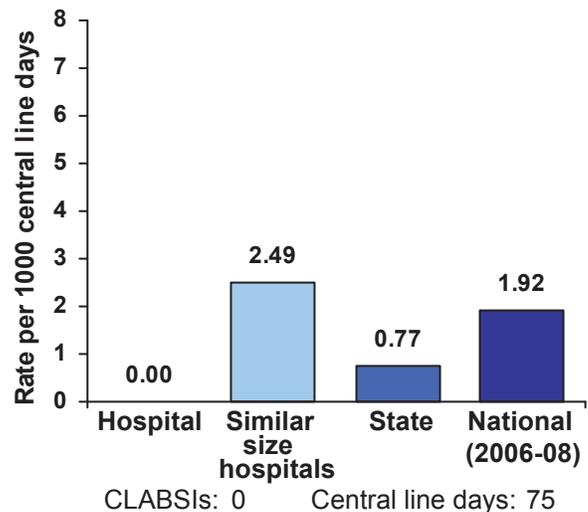
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

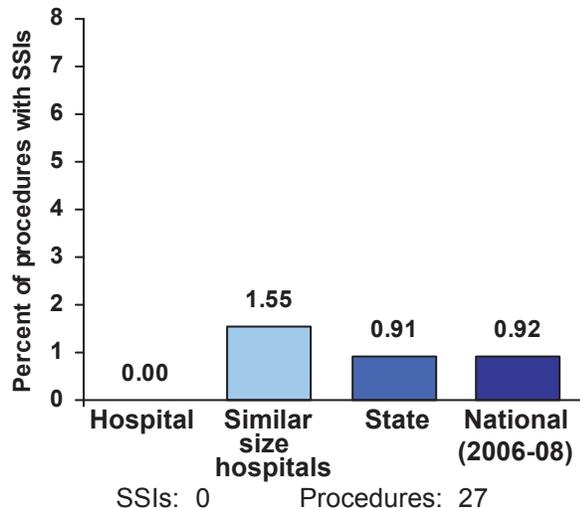


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**



## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**

*Too few observations for reporting purposes*

# Tillamook County General Hospital

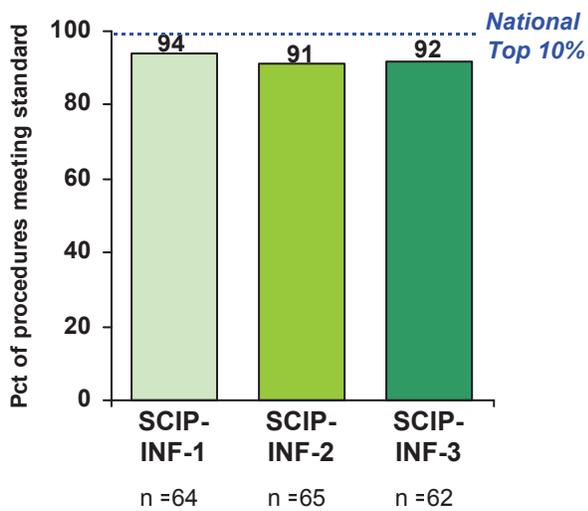
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

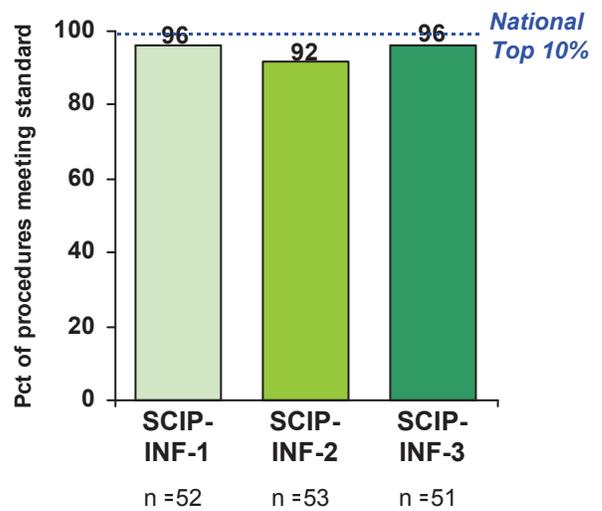
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



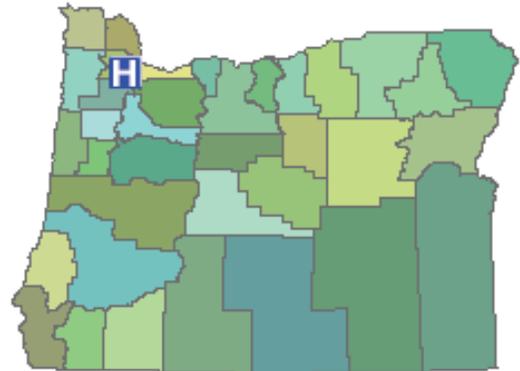
# Tuality Healthcare

Location: Hillsboro  
 Ownership: Not for Profit  
 Medical School Affiliation: None

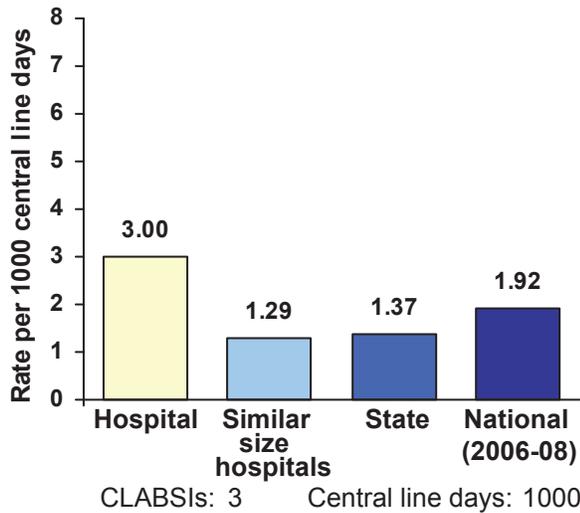
ICU Beds: 10  
 Specialty Care Beds: 6  
 Total Staffed Beds: 116

2010 Admissions: 5,315  
 2010 Patient Days: 23,515  
 Infection Control Professional FTE: 1

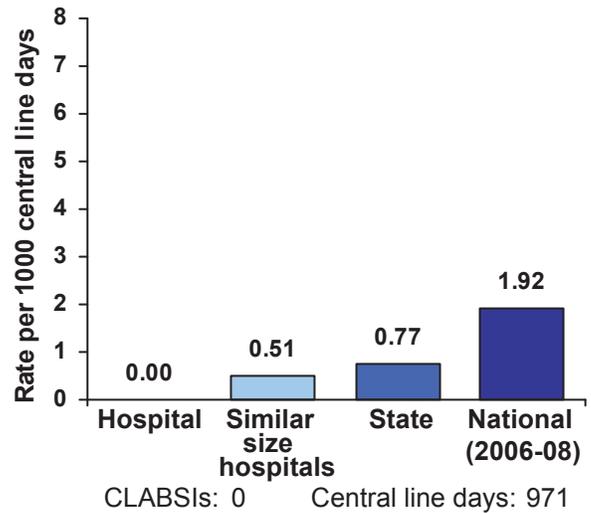
[Follow this link to view hospital comments.](#)



**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

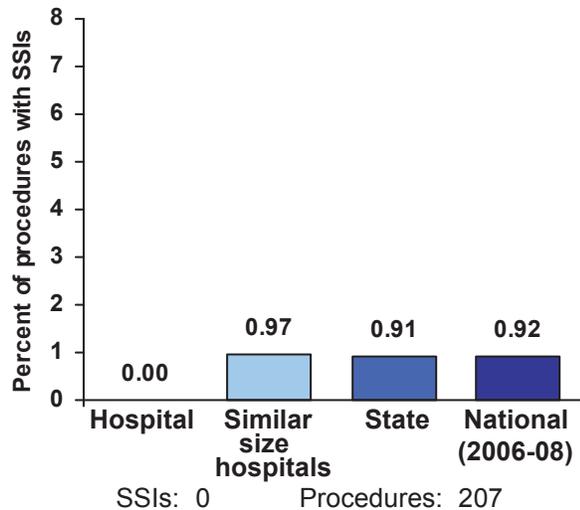


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

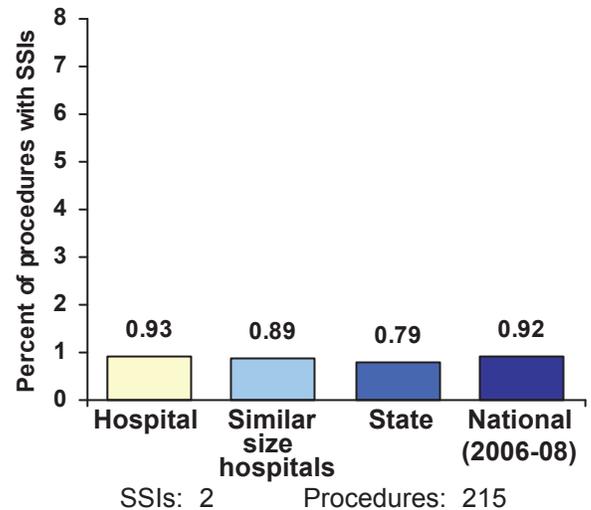


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**

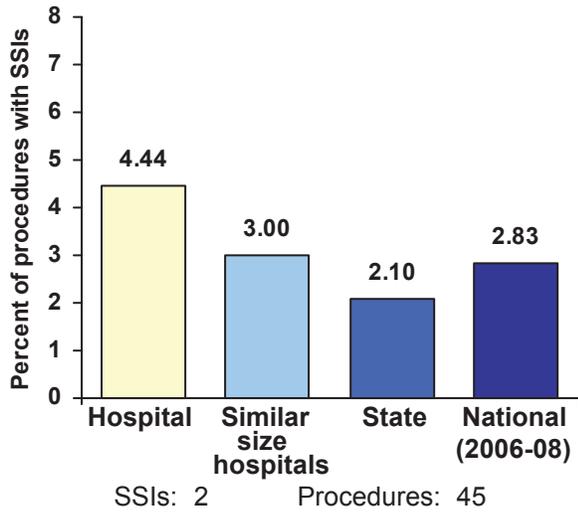


**Knee Prosthesis, 2010**

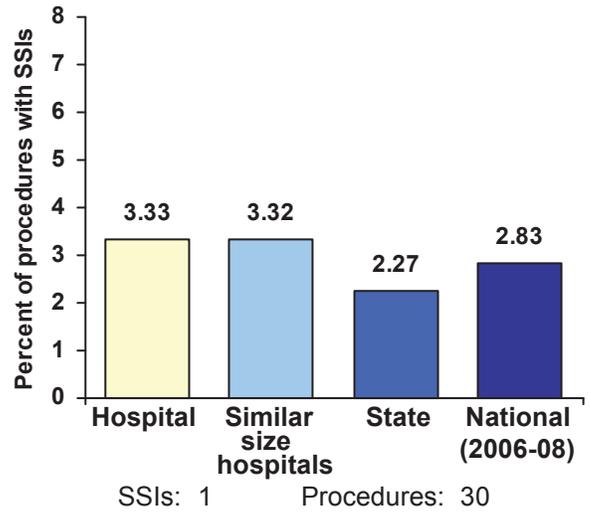


# Tuality Healthcare

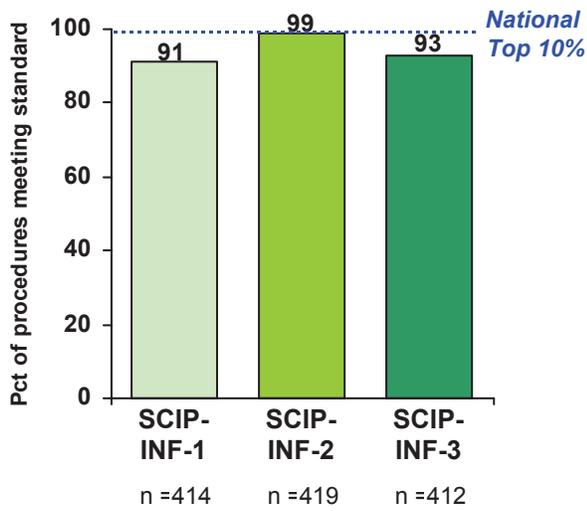
Coronary Artery Bypass Graft, 2009



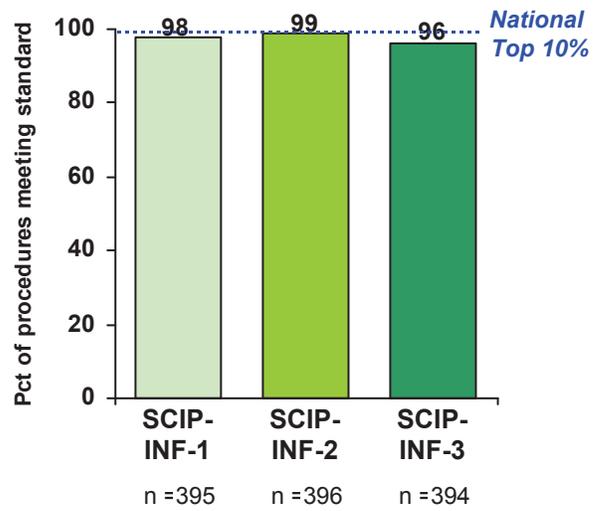
Coronary Artery Bypass Graft, 2010



Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



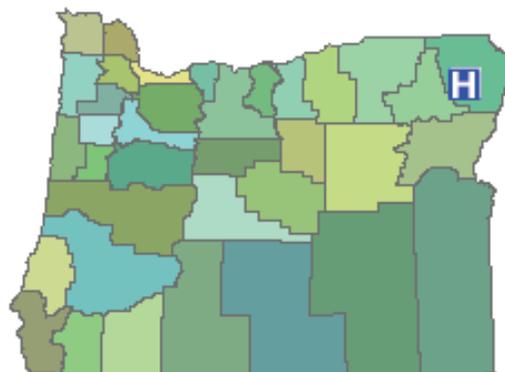
Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



## Wallowa Memorial Hospital

Location: Enterprise  
Ownership: Government  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 25  
2010 Admissions: 1,134  
2010 Patient Days: 3,625  
Infection Control Professional FTE: 0.4

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital is exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure Knee Prosthesis, 2009

*No procedures at this hospital*

### Knee Prosthesis, 2010

*No procedures at this hospital*

## Wallowa Memorial Hospital

### Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

### Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009

*Too few observations for reporting purposes*

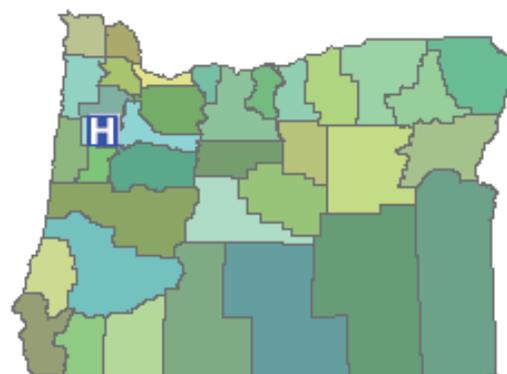
### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010

*Too few observations for reporting purposes*

## West Valley Community Hospital

Location: Dallas  
Ownership: Not for Profit  
Medical School Affiliation: None  
ICU Beds: 0  
Specialty Care Beds: 0  
Total Staffed Beds: 6  
2010 Admissions: 115  
2010 Patient Days: 244  
Infection Control Professional FTE: 0.15

[Follow this link to view hospital comments.](#)



### Central Line Associated Bloodstream Infections (CLABSIs), 2009

*This hospital was exempt from reporting central line associated bloodstream infections in 2009.*

### Central Line Associated Bloodstream Infections (CLABSIs), 2010

*This hospital is exempt from reporting central line associated bloodstream infections in 2010.*

### Surgical Site Infections (SSIs) by Procedure

#### Knee Prosthesis, 2009

*No procedures at this hospital*

#### Knee Prosthesis, 2010

*No procedures at this hospital*

## **West Valley Community Hospital**

### **Coronary Artery Bypass Graft, 2009**

*No procedures at this hospital*

### **Coronary Artery Bypass Graft, 2010**

*No procedures at this hospital*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009**

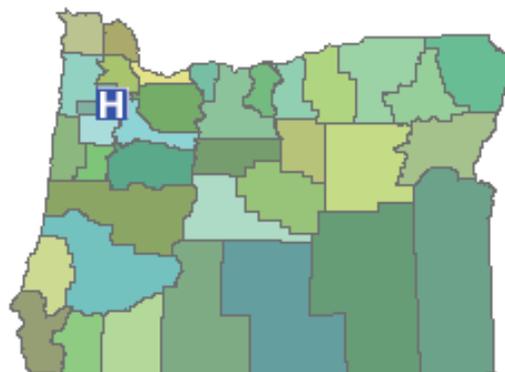
*This hospital was exempt from SCIP  
reporting in 2009.*

### **Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010**

*This hospital is exempt from SCIP  
reporting in 2010.*

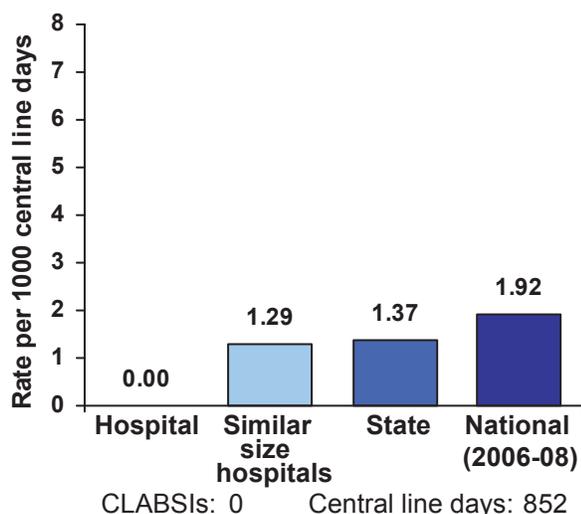
# Willamette Valley Medical Center

Location: McMinnville  
 Ownership: For profit  
 Medical School Affiliation: Limited  
 ICU Beds: 10  
 Specialty Care Beds: 0  
 Total Staffed Beds: 88  
 2010 Admissions: 4,167  
 2010 Patient Days: 15,312  
 Infection Control Professional FTE: 0.5

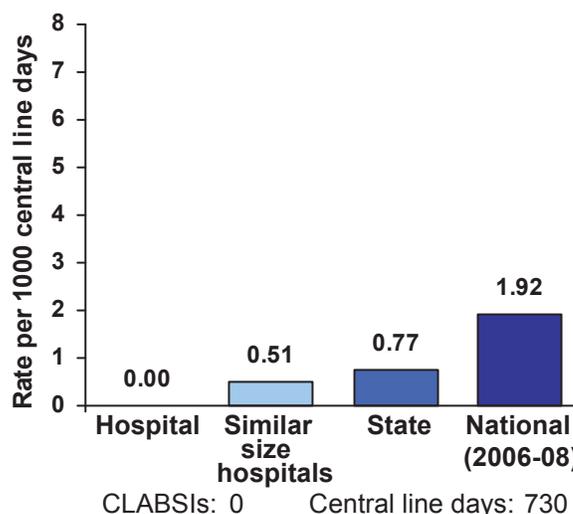


[Follow this link to view hospital comments.](#)

**Central Line Associated Bloodstream Infections (CLABSIs), 2009**

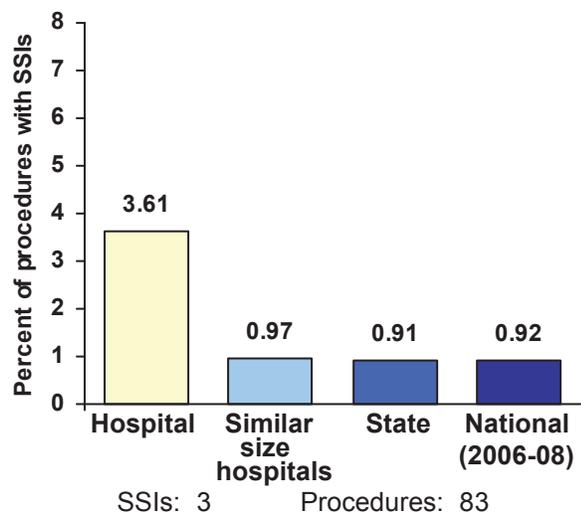


**Central Line Associated Bloodstream Infections (CLABSIs), 2010**

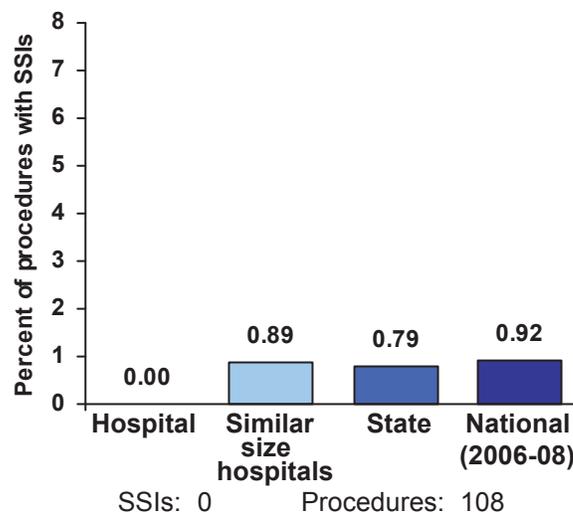


## Surgical Site Infections (SSIs) by Procedure

**Knee Prosthesis, 2009**



**Knee Prosthesis, 2010**



# Willamette Valley Medical Center

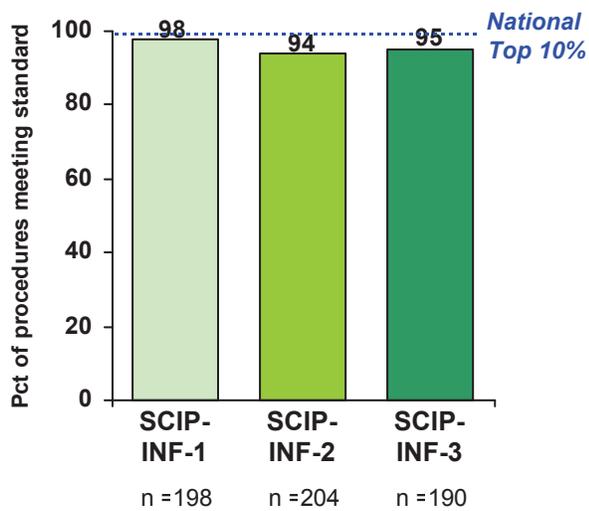
## Coronary Artery Bypass Graft, 2009

*No procedures at this hospital*

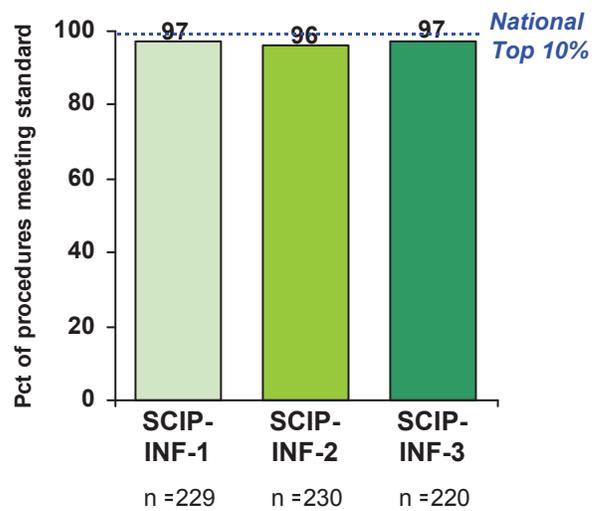
## Coronary Artery Bypass Graft, 2010

*No procedures at this hospital*

### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2008-3/2009



### Surgical Care Improvement Project (SCIP) Process of Care Measures, 4/2009-3/2010



# OREGON HEALTH AUTHORITY, 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(3) 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) “CDI” means *Clostridium difficile* infection as defined in the NHNS Manual.

~~(6)~~ (6) “CLABSI” means central line associated bloodstream infection as defined in the NHSN Manual.

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

~~(8)~~ (8) “COLO” means colon procedures as defined in the NHSN Manual.

~~(9)~~ (9) “Committee” means the Health Care Acquired Infections Advisory Committee as defined in notes following ORS 442.851 relating to Health Care Acquired Infections.

~~(10)~~ (10) “Dialysis facility” means outpatient renal dialysis facility as defined in ORS 442.015(20).

~~(11)~~ (11) “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)~~ **(12)** “HAI” means health care acquired infection as defined in notes following ORS 442.851 relating to Health Care Acquired Infections.

~~(12)~~ **(13)** “Health care facility” means a facility as defined in ORS 442.015(10).

~~(13)~~ **(14)** "Hospital" means a facility as defined in ORS 442.015(13) and that is licensed pursuant to ORS 441.015.

**(15) “Hospital Inpatient Quality Reporting Program” means the initiative administered by CMS and formerly referred to as RHQDAPU.**

~~(14)~~ **(16)** “HPRO” means hip prosthesis procedure as defined in the NHSN Manual.

~~(15)~~ **(17)** “HYST” means abdominal hysterectomy procedure as defined in the NHSN Manual.

~~(16)~~ **(18)** “ICU” means an intensive care unit as defined in the NHSN Manual.

~~(17)~~ **(19)** “KPRO” means knee prosthesis procedure as defined in the ~~M~~**N**NHSN Manual.

**(20) “Lab ID” means laboratory-identified event as defined in the NHSN Manual.**

~~(18)~~ **(21)** “LAM” means laminectomy procedure as defined in the NHSN Manual.

~~(19)~~ **(22)** “LTC facility” means long term care facility as defined in ORS 442.015(16).

~~(20)~~ **(23)** “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)~~ **(24)** “Medical ICU” means a non-specialty intensive care unit that serves 80% or more adult medical patients.

~~(22)~~ **(25)** “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)~~ **(26)** “NHSN” means the CDC’s National Healthcare Safety Network.

**(27) “NHSN Inpatient” means a patient whose date of admission to the healthcare facility and the date of discharge are different days as defined in the NHSN Manual.**

~~(24)~~ **(28)** “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)~~ **(29)** “NICU” means a specialty intensive care unit that cares for neonatal patients.

~~(26)~~ **(30)** “Office” means the Office for Oregon Health Policy and Research.

~~(27)~~ **(31)** “Oregon HAI group” means the NHSN group administered by the Office.

**(32)** “Overall-facility wide” means data is collected for the entire facility as defined in the NHSN Manual.

~~(28)~~ **(33)** “Patient information” means individually identifiable health information as defined in ORS 179.505(c).

~~(29)~~ **(34)** “Person” has the meaning as defined in ORS 442.015(21).

~~(30)~~ **(35)** “Procedure” means an NHSN operative procedure as defined in the NHSN Manual.

~~(31)~~ **(36)** “Provider” means health care services provider as defined in ORS 179.505(b).

~~(32)~~ **(37)** “QIO” means the quality improvement organization designated by CMS for Oregon.

~~(33)~~ **(38)** “RHQDAPU” means the Reporting Hospital Quality Data for Annual Payment Update initiative administered by CMS.

~~(34)~~ **(39)** “SCIP” means the Surgical Care Improvement Project.

~~(35)~~ **(40)** “SCIP-Inf-1” means the HAI process measure published by SCIP defined as prophylactic antibiotic received within one hour prior to surgical incision.

~~(36)~~ **(41)** “SCIP-Inf-2” means the HAI process measure published by SCIP defined as prophylactic antibiotic selection for surgical patients.

~~(37)~~ **(42)** “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)~~ **(43)** “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)~~ **(44)** “SCIP-Inf-6” means the HAI process measure published by SCIP defined as surgery patients with appropriate hair removal.

**(45)** “SCIP-Inf-9” means urinary catheter removed on postoperative day 1 or postoperative day 2 with day of surgery being day zero.

~~(40)~~ **(46)** “SCIP-Inf-10” means the HAI process measure published by SCIP defined as surgery patients with perioperative temperature management.

~~(41)~~ **(47)** “Specialty ICU” mean an intensive care unit with at least 80% of adults are specialty patients including but not limited to oncology, trauma, and neurology.

~~(42)~~ (48) “SSI” means a surgical site infection event as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.

~~(43)~~ (49) “Staff” means any employee of a health care facility or any person contracted to work within a health care facility.

~~(44)~~ (50) “State agency” shall have the meaning as defined in ORS 192.410(5).

~~(45)~~ (51) “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 442.420 & Notes following ORS 442.851 relating to Health Care Acquired Infections

Stats. Implemented: ORS 179.505, 192.410, 192.496, 192.502, 441.015, 442.011, 442.400, 442.405, & Notes following ORS 442.851 relating to Health Care Acquired Infections

Hist.: OHP 1-2008, f. & cert. ef. 7-1-08; OHP 1-2009, f. & cert. ef. 7-1-09; OHP 4-2010, f. 6-30-10, 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 442.420(3)(d) & Notes following ORS 442.851 relating to Health Care Acquired Infections

Stats. Implemented: Notes following ORS 442.851 relating to Health Care Acquired Infections

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 NHSN Inpatient COLO, HPRO, HYST, and LAM outcome measures for services provided on and after January 1, 2011.

**(e) Hospitals shall report facility-wide NHSN Inpatient CDI data using the Lab-ID method for CDI in NHSN for services provided on or after January 1, 2012.**

**(f) Hospitals shall report SCIP-Inf-9 performance measures for services provided on or after January 1, 2012.**

(2) Reportable HAI outcome measures are:

(a) SSIs for NHSN Inpatient CBGB, COLO, HPRO, HYST, KPRO, and LAM procedures.

(b) CLABSI in medical ICUs, surgical ICUs, and combined medical/surgical ICUs.

**(c) NHSN Inpatient CDI facility-wide.**

(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-9; and**

**(g)** SCIP-Inf-10.

(8) The reporting system for HAI process measures shall be [the Hospital Inpatient Quality Reporting Program, formerly referred to as](#) 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~~ [NHSN](#). Each Oregon hospital with a NICU shall comply with processes and methods prescribed by ~~VON~~ [NHSN](#) for the ~~VLBW database~~ [CLABSI reporting](#) including but not limited to definitions, data collection, data submission, and administrative and training requirements. Each Oregon hospital shall:

(a) Authorize disclosure of ~~VON~~ [NHSN](#) data to the Office as necessary for compliance with these rules, including but not limited to facility identifiers.

(b) Submit NICU data to be ~~VON~~ [NHSN](#) according to the [NHSN Manual](#). ~~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 442.420 & Notes following ORS 442.851 relating to Health Care Acquired Infections

Stats. Implemented: ORS 442.405 & Notes following ORS 442.851 relating to Health Care Acquired Infections

Hist.: OHP 1-2008, f. & cert. ef. 7-1-08; OHP 1-2009, f. & cert. ef. 7-1-09; OHP 4-2010, f. 6-30-10, 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.

**(3) Starting with the 2011-2012 influenza season, each ASC 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 442.420(3)(d) & Notes following ORS 442.851 relating to Health Care Acquired Infections

Stats. Implemented: ORS 442.405 & Notes following ORS 442.851 relating to Health Care Acquired Infections

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 442.420(3)(d) & Notes following ORS 442.851 relating to Health Care Acquired Infections

Stats. Implemented: ORS 442.405 & Notes following ORS 442.851 relating to Health Care Acquired Infections

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~~ 2013 pursuant to rules amended no later than July 1, ~~2010~~ 2012.

Stat. Auth.: ORS 442.420(3)(d) & Notes following ORS 442.851 relating to Health Care Acquired Infections

Stats. Implemented: ORS 442.405 & Notes following ORS 442.851 relating to Health Care Acquired Infections

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 442.420(3)(d) & Notes following ORS 442.851 relating to Health Care Acquired Infections

Stats. Implemented: ORS 442.405, 192.496, 192.502, 192.243, 192.245 & Notes following ORS 442.851 relating to Health Care Acquired Infections

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 442.420(3)(d) & Notes following ORS 442.851 relating to Health Care Acquired Infections

Stats. Implemented: ORS 192.496, 192.502 & Notes following ORS 442.851 relating to Health Care Acquired Infections

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.: 442.420(3)(d) & Notes following ORS 442.851 relating to Health Care Acquired Infections

Stats. Implemented: ORS 192.496, 192.502 & Notes following ORS 442.851 relating to Health Care Acquired Infections

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

D R A F T  
**Oregon HAI Program**  
***C. difficile* Reporting Survey – 2011**

Hospital ID: \_\_\_\_\_ Hospital Name: \_\_\_\_\_ Survey Date: \_\_\_\_\_

1. Does your facility monitor rates of *C. difficile* infections (CDI)?  
 Yes  No
  - a. If yes, does your facility use the National Healthcare Safety Network (NHSN) *C. difficile* associated disease (CDAD) module to monitor rates of CDI?  
 Yes, we use the infection event module to track *C. difficile*  
 Yes, we use the LAB ID event module to track *C. difficile*  
 No, we do not use NHSN to track *C. difficile*
    - i. If no, do you use a standardized definition?  
 Yes, please specify definition  
source: \_\_\_\_\_  
 No
2. Is your *C. difficile* testing outsourced to a laboratory:  Yes  No
  - a. If yes, Name of Laboratory: \_\_\_\_\_
3. How frequently do you receive inpatient *C. difficile* positive test results from the laboratory?  
 Daily  Weekly  Monthly \_\_\_\_\_ Other

**Review questions 4 through 11 with the microbiology laboratory manager (these questions apply to both in-house and outsourced labs).**

4. How frequently does the laboratory perform *C. difficile* testing?  
 daily  weekdays only  3days a week  other(specify) \_\_\_\_\_
5. Does the laboratory perform *C.difficile* tests on formed stool specimens?
  - a.  Yes  No
  - b. If answered Yes, is this noted or documented on the lab report you receive?  
 Yes  No
  - c. If answered Yes, do you enter positive test results on formed stools into NHSN?  
 Yes  No
6. Does your laboratory have a rejection testing policy for duplicate stool specimens?  
 Yes  No
7. The *C. difficile* test results provided as: (check-✓ -all that apply)  
 Individual patient report found on daily laboratory reports  
 Laboratory generated multi-patient list  
 Generated from infection control data mining program (e.g. Medmined™/Theradoc™)  
 Generated by infection control from a laboratory based program (e.g., Meditech™/Cerner™)  
 Other (describe) \_\_\_\_\_
8. What is the primary test method your laboratory uses to detect *C. difficile*?  
 Toxin A antigen only (ELISA or EIA)

D R A F T

- Toxin A and B antigen (ELISA or EIA)
- Anaerobic microbiology culture
- Cytotoxin (CTX) assay (toxin B)
- glutamate dehydrogenase (GDH) or Common Antigen: Date began using: \_\_\_/\_\_\_/\_\_\_
- PCR/ Date began using \_\_\_/\_\_\_/\_\_\_

9. Which confirmatory test is performed for equivocal (ambiguous) test results? (check- ✓ -all that apply).
- None
  - Repeat primary test method
  - Tissue culture: Date began using: \_\_\_/\_\_\_/\_\_\_
  - PCR Date began using: \_\_\_/\_\_\_/\_\_\_
  - Other: describe: \_\_\_\_\_
10. If you do not currently use PCR as the primary test method, is your Laboratory considering using PCR as the primary test method?  NO
- a. If YES, date to start: \_\_\_/\_\_\_/\_\_\_ or  unknown
11. Is the *C. difficile* retrospective information easily retrievable from laboratory information system?
- Yes
  - No If NO Explain challenges or barrier:  
\_\_\_\_\_  
\_\_\_\_\_

The following are questions (12-23) assessing *C. difficile* (CDI) Prevention Practices currently in place in your hospital.

12. Indicate how much you agree or disagree with the following statement: **The control and prevention of CDI is a priority at my facility.**

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

13. Does your facility routinely place patients with unexplained diarrhea on Contact Precautions prior to laboratory confirmation?

- Yes
- No. If not, why not? \_\_\_\_\_

14. In your facility, are patients with CDI placed in a private room?

- Yes, Always
- Yes, if private room available
- No, per isolation policy
- No, no private rooms available

15. If your facility does **not** have a sufficient number of private rooms available, what does your facility do with patients who are identified with CDI (please check all that apply)?

- Cohort with other CDI patients and share bathroom
- Cohort with other CDI patients but use separate commodes/bathrooms
- Create a private room by blocking off a bed in a semi-private room
- Place with other non-CDI patients but use separate commodes/bathrooms
- Place with other non-CDI patients sharing bathrooms

D R A F T

- Other (please specify: \_\_\_\_\_)
- Not Applicable

16. Does your facility use a specific CDI contact precaution sign?

- Yes
- No

17. How long are patients with CDI kept on Contact Precautions?

- For duration of diarrhea
- For duration of hospitalization – until discharge
- For a specified time period after diarrhea resolves (please specify time period: \_\_\_\_\_)
- Other (please specify: \_\_\_\_\_)

18. Does your facility use dedicated noncritical medical items (such as blood pressure cuffs or stethoscopes) for patients with CDI? (Note: this means the medical items are not used on any other patient)

- Yes
- No

19. For CDI patients, what is the recommended method of hand hygiene in your facility?

- Soap and water
- Alcohol hand gel
- Not specified (i.e., both available but neither preferred)
- Other (please specify: \_\_\_\_\_)

20. Is a bleach-product used for environmental disinfection for CDI patients at your facility?

- Yes, routinely
- Yes, but only for suspected increase in transmission or outbreaks
- No

a. If YES, when is it used (please check all that apply)?

- For terminal cleaning
- For daily cleaning
- Other (please specify: \_\_\_\_\_)

21. Does your facility have a specific person (or people) responsible for reviewing antibiotic utilization with the goal of promoting the judicious use of antimicrobial agents?

- Yes
- No

22. Does your facility currently restrict the use of any antibiotic?

- Yes ([do you want to know which one?](#))
- No

a. If yes, who approves the use of restricted antibiotics?

- Pharmacy
- Infectious disease specialist
- Intensivist
- Hospitalist
- Other: \_\_\_\_\_

23. Does your facility have an education or training program for staff on reducing the transmission of CDI (the program may deal with other issues but must specifically review your facility's program to control CDI and include topics such as the transmission of CDI and measures to prevent transmission)?

D R A F T

- Yes
- No

24. If you do have an education or training program regarding CDI, how often is it given (check-✓ -all that apply):

- Upon hire
- When job duties change to include patient care
- Quarterly or more frequently
- Semiannually
- Annually
- Other

25. If you do have an education or training program regarding CDI, which staff categories are included in the training (check-✓ -all that apply):

- Medical Staff
- Nursing Staff
- Other staff providing direct patient care
- Staff responsible for sterilization/high-level disinfection
- Cleaning staff
- Other (please specify): \_\_\_\_\_

**Basic Facility Information**

**Please complete the following questions regarding your facility’s current status.**

1. Facility Ownership:

- For profit
- Not for profit, including church
- Government
- Veteran’s Affairs

2. Facility Affiliation:

- Independent, free-standing
- Independent, within a continuing care retirement community
- Multi-facility organization (chain/corporation)
- Hospital system, attached
- Hospital system, free-standing

3. Total number of beds: \_\_\_\_\_

4. Average annual percent occupancy: \_\_\_\_\_

5. Which of the following resident services are delivered in your facility (please check all that apply):

	YES	NO
5a. Long-term custodial care		
5b. Skilled nursing/short-term (subacute) rehabilitation		
5c. Care for residents with dementia in a specialized unit or designated cluster of beds		
5d. IV infusions using central lines		
5e. Management of residents on a ventilator		
5f. Management of residents with a tracheostomy		
5g. Dedicated staff to provide wound care		
5h. Dedicated staff to perform blood draws		
5i. 24-hour a day on-site supervision by an RN		
5j. Other, please specify: _____		

## **Facility Infection Control (IC) Program**

### **Personnel Involved in IC Implementation**

6. How many full-time employees (FTEs) are currently dedicated to your facility's infection control program? \_\_\_\_\_

7. What is the highest level of professional training of the individual primarily responsible for the infection control program in your facility?

- CNA
- LPN
- RN
- MD
- Other, please specify: \_\_\_\_\_
- No FTEs are dedicated to infection control

7a. How long has this individual been in that position at your facility? \_\_\_\_\_ years

7b. How many years of experience does he/she have doing infection control-related work? \_\_\_\_\_ years

7c. Has this person received any specific infection control training?

- Certified in Infection Control (CIC)
- State or local training course with certificate
- Other, please specify: \_\_\_\_\_
- No specific infection control training

7d. Is coordination of infection control this individual's full time or part time role?

- Full time
- Part time

7e. If PART TIME, please indicate which of the activities listed below also are performed by that individual (please check all that apply):

- Facility administration (i.e., Director of Nursing [DON])
- Quality manager
- Staff education/staff development
- Employee health
- Direct resident care
- Other, please specify: \_\_\_\_\_

### **General Program Activity**

8. On average, during a normal (40 hour) work week, what percent of time is spent performing **all** infection control related activities? \_\_\_\_\_

9. Given the total time spent on infection control-related activities, please indicate the approximate percentage of time (in an average work week) spent on these specific activities on average (sum to 100%):
- a. Infection surveillance: \_\_\_\_\_
  - b. Infection control policy development: \_\_\_\_\_
  - c. Staff education: \_\_\_\_\_
  - d. Monitoring adherence to policy (e.g., hand hygiene monitoring): \_\_\_\_\_
  - e. Employee health activities: \_\_\_\_\_
  - f. Other, please specify: \_\_\_\_\_

10. Is there a committee in your facility that reviews infection control-related activities (such as reports, policies and procedures, etc.)?
- Yes
  - No

10a. If YES, how frequently does this committee meet?

- Annually
- Quarterly
- Monthly
- Weekly
- Other, please specify: \_\_\_\_\_

10b. If YES, please indicate the members represented on the committee (please check all that apply):

- Facility Board members
- Nursing administrators (i.e., DON, ADON)
- Medical Director
- Quality department
- Pharmacy department
- Environmental services
- Unit managers or supervisors
- Physician staff
- Nursing staff
- Other, please specify: \_\_\_\_\_

## Specific Program Activity

The following questions ask about specific infection control program activities currently used or in place at your facility. Please complete each question as appropriate at this point in time.

### 11. Infection Surveillance

For each statement below, please select a YES or NO response as appropriate:

	YES	NO
11a. Our facility uses standard definitions (such as McGeer criteria or CDC NHSN definitions) to determine if a resident has an infection.		
11b. Our facility uses new antibiotic prescriptions (starts) to determine if a resident has an infection.		
11c. Our facility reviews provider notes to determine if a resident has an infection.		
11d. Our facility maintains a list of residents with healthcare-associated infections in a log book.		
11e. Our facility keeps a record of healthcare-associated infections in an electronic spreadsheet or database.		
11f. Our facility performs house-wide surveillance of infections among our residents.		
11g. Our facility performs targeted surveillance for specific infections among our residents.		
11h. Our facility tracks rates of infection over time to identify trends – (e.g., monthly rate, quarterly rate, annual rate).		
11i. Our facility creates summary reports (e.g., trends) of healthcare-associated infections.		
11j. Our facility reports rates of specific infections (e.g., # UTIs/1000 resident days/month).		
11k. Our facility reports rates of infections by device days (e.g., # UTIs/1000 urinary catheter days/month).		
11l. Our facility shares infection surveillance data with facility Board members.		
11m. Our facility shares infection surveillance data with facility leadership (i.e., CEO, COO, DON, ADON, Medical director).		
11n. Our facility shares infection surveillance data with unit managers.		
11o. Our facility shares infection surveillance data with all facility nursing staff.		
11p. Our facility shares infection surveillance data with all physicians providing care to residents.		

## 12. Policy Development

For each statement below, please select a YES or NO response as appropriate:

	YES	NO
12a. Our facility has a policy on hand hygiene.		
12b. Our facility has a policy on Isolation Precautions.		
12c. Our facility has a policy about cleaning and disinfection of shared medical equipment.		
12d. Our facility has a policy about environmental cleaning.		
12e. Our facility has a policy on Safe Injection practices (i.e. blood glucose monitor handling).		
12f. Our facility has a policy on preventing/managing blood borne pathogen exposure.		
12g. Our facility has a policy on managing influenza outbreaks.		
12h. Our facility has a policy on tuberculosis screening for residents.		

## 13. Training/Education Resources

	YES	NO
13a. All facility staff have computer access at work (home computers should not count).		
13b. Our facility provides IC training to staff who do not provide direct resident care (e.g., environmental services, dietary).		
13c. Our facility provides patient education tools to residents and family on infection prevention practices.		
13d. Our facility provides patient education material in a language other than English.		

13e. How does your facility typically provide infection control training/updates to staff (please check all that apply):

- Face to face training (in-services)
- Computer-based training tools
- Handouts/flyers posted on care units
- Other, please specify: \_\_\_\_\_

13f. How frequently does your facility typically conduct staff training on infection control topics?

- Annually
- Quarterly
- Monthly
- Weekly
- Only at time of new employee orientation
- Only when an infection control issue arises (PRN)
- Other, please specify: \_\_\_\_\_

13g. Are financial resources available for the primary point of contact for the IC program to access external IC training such as conferences, workshops, and other continuing education opportunities?

- Yes
- No

13h. Are financial resources available for other facility staff members to access external IC training such as conferences, workshops, and other continuing education opportunities?

- Yes
- No

14. Multidrug-resistant Organisms (MDROs) Management

For each statement below, please select a YES or NO response as appropriate:

	YES	NO
14a. Our facility has a mechanism to identify, at admission, residents previously infected or colonized with MDROs (e.g., MRSA, VRE, <i>C. difficile</i> ).		
14b. Our facility performs MRSA surveillance testing (culture or PCR) on new resident admissions for the purpose of detecting MRSA colonization (active surveillance).		
14c. Our facility has policies that specifically address the implementation of Isolation Precautions that are used in addition to Standard Precautions for residents infected or colonized with MDROs (e.g., MRSA, VRE, <i>C. difficile</i> ).		
14d. Our facility has policies that specifically address the discontinuation of Isolation Precautions that are used in addition to Standard Precautions for residents infected or colonized with MDROs (e.g., MRSA, VRE, <i>C. difficile</i> ).		
14e. Our facility has a process for communicating with other facilities about residents with colonization/infection with MDROs at the time of transfer.		
14f. Our facility has a strategy for identifying appropriate roommate selection for residents admitted with an MDRO who cannot be placed in a private room.		
14g. Our facility places residents with suspected <i>C. difficile</i> infection on Contact Precautions.		
14h. Our facility places residents with active <i>C. difficile</i> infection on Contact Precautions.		
14i. Our facility places all residents with active <i>C. difficile</i> infection into private rooms.		

14j. If your facility does **not** have a sufficient number of private rooms available, what does your facility do with residents who are identified with active *C. difficile* infection (please check all that apply):

- Place with other *C. difficile* infection residents (cohort)
- Place with other residents but use separate commodes/bathrooms
- Place with other residents sharing bathrooms
- Other, please specify: \_\_\_\_\_
- Not Applicable

14k. For residents with active *C. difficile* infection, what is the preferred method of hand hygiene used in your facility?

- Soap and water
- Alcohol hand gel
- Not specified (i.e., both available but neither preferred)
- Other, please specify: \_\_\_\_\_

15. Monitoring Adherence to Policy

For each statement below, please select a YES or NO response as appropriate:

	YES	NO
15a. Our facility measures adherence to hand hygiene policies in at least one patient care area by staff observation.		
15b. Our facility measures adherence to Isolation Precautions among staff (i.e., the percentage of those who comply with wearing of gloves or downing of gowns).		
15c. Our facility infection control personnel monitor/observe environmental cleaning practices to ensure consistent cleaning and disinfection practices are followed.		
15d. Our facility has a specific person (or people) responsible for reviewing antibiotic utilization.		
15e. Our facility restricts the use of specific antibiotics.		
15f. Our facility shares adherence rates to specific policies (e.g., hand hygiene) with all staff.		

## 16. Employee Health Activity

For each statement below, please select a YES or NO response as appropriate:

	YES	NO
16a. The infection control program coordinator is responsible for employee health policies.		
16b. Employee immunizations are tracked by the infection control program.		
16c. Our facility requires staff to have immunization or proof of immunity for hepatitis B.		
16d. Our facility requires staff to have immunization or proof of immunity for varicella (chickenpox).		
16e. Our facility requires staff to have immunization or proof of immunity for measles/mumps/rubella (MMR).		
16f. Our facility requires staff to receive vaccination for seasonal influenza.		
16g. Our facility provides staff with seasonal influenza vaccine at no cost to them.		
16h. Our facility requires staff to be screened for tuberculosis (e.g., PPD skin test) at time of employment.		
16i. Our facility requires staff to be screened for tuberculosis (e.g., PPD skin test) annually.		

## Sufficiency of Program Resources and Priorities

Please rate the following statements on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
17. Facility staff receive training and education on infection control issues.	1	2	3	4	5
18. Facility staff have knowledge about infection control issues.	1	2	3	4	5
19. Infection control is a priority in our facility.	1	2	3	4	5
20. Our facility has resources to support its infection control program.	1	2	3	4	5
21. Preventing healthcare associated infections among residents in our facility is a challenge.	1	2	3	4	5
22. Staff turnover has an impact on the prevention of healthcare-associated infections in our facility.	1	2	3	4	5

23. Which of the following healthcare-associated infections is the **greatest challenge** for your facility at this time (please select only one)?

- Clostridium difficile* associated diarrhea
- Catheter-associated urinary tract infections
- Central-line-associated blood stream infections
- Methicillin-resistant *S. aureus* infections
- Multidrug-resistant gram negative bacteria
- Vancomycin-resistant Enterococcus
- Norovirus
- Influenza
- Other, please specify: \_\_\_\_\_

24. Which aspect of infection control is **most challenging** for your facility at this time (please select only one)?

- Environmental cleaning
- Hand hygiene
- Infection surveillance (tracking or trending resident infections)
- Isolation Precautions/Managing residents with MDROs
- Laundry/ linen handling
- Outbreak management
- Other, please specify: \_\_\_\_\_

25. What external sources of information are used by your facility to address infection-control related questions (please check all that apply)?

- American Medical Directors Association (AMDA) resources
- Association for Professionals in Infection Control and Epidemiology (APIC) resources
- Centers for Disease Control and Prevention (CDC) guidelines/website
- Corporate organization resources (if applicable)
- Health Department
- Hospital infection control personnel (local but not affiliated with your facility)
- Infection control consultant (external contract)
- National Association of Directors of Nursing Administration (NADONA) resources
- Other, please specify: \_\_\_\_\_

## Inter-facility Infection Control Transfer Form

This form must be filled out for transfer to accepting facility with information communicated prior to or with transfer  
*Please attach copies of latest culture reports with susceptibilities if available*

**Sending Healthcare Facility:**

Patient/Resident Last Name	First Name	Date of Birth	Medical Record Number
		__/__/____	

Name/Address of Sending Facility	Sending Unit	Sending Facility phone

Sending Facility Contacts	NAME	PHONE	E-mail
Case Manager/Admin/SW			
Infection Prevention			

Is the patient currently **managed on transmission-based precautions**:     NO     YES

Type of **precautions**: (check all that apply)    Contact    Droplet    Airborne    Other: \_\_\_\_\_

Does patient/ <b>resident</b> currently have an infection, colonization OR a history of positive culture of a multidrug-resistant organism (MDRO) or other organism of epidemiological significance?	Colonization or history <i>Check if YES</i>	Active infection on Treatment <i>Check if YES</i>
<b>Methicillin-resistant Staphylococcus aureus (MRSA)</b>		
<b>Vancomycin-resistant Enterococcus (VRE)</b>		
<b>Clostridium difficile</b>		
<b>Acinetobacter, multidrug-resistant*</b>		
<b>E coli, Klebsiella, Proteus etc. w/Extended Spectrum B-Lactamase (ESBL)*</b>		
<b>Carbapenemase resistant Enterobacteriaceae (CRE)*</b>		
<b>Other:</b>		

**Does the patient/resident currently have any of the following?**

- |   |  |
|---|--|
| <input type="checkbox"/> Cough or requires suctioning<br><input type="checkbox"/> Diarrhea<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Incontinent of urine or stool<br><input type="checkbox"/> Open wounds or wounds requiring dressing change<br><input type="checkbox"/> Drainage (source) _____ | <input type="checkbox"/> Central line/PICC (Approx. date inserted __/__/____)<br><input type="checkbox"/> Hemodialysis catheter<br><input type="checkbox"/> Urinary catheter (Approx. date inserted __/__/____)<br><input type="checkbox"/> Suprapubic catheter<br><input type="checkbox"/> Percutaneous gastrostomy tube<br><input type="checkbox"/> Tracheostomy |
|---|--|

Is the patient/resident currently on antibiotics?    NO    YES:

Antibiotic and dose	Treatment for:	Start date	Anticipated stop date

Vaccine	Date administered (If known)	Lot and Brand (If known)	Year administered (If exact date not known)	Does Patient self report receiving vaccine?	
Influenza (seasonal)				<input type="radio"/> yes	<input type="radio"/> no
Pneumococcal				<input type="radio"/> yes	<input type="radio"/> no
Other: _____				<input type="radio"/> yes	<input type="radio"/> no

Printed Name of Person completing form	Signature	Date	If information communicated prior to transfer: Name and phone of individual at receiving facility

2008

# Ambulatory Surgical Centers Annual Report



March 2009

Jim Gibbons, Governor  
State of Nevada

Michael J Willden, Director  
Department of Health and Human Services

Richard Whitley, MS, Administrator  
Health Division

Mary E Guinan, MD, PhD, State Health Officer  
Health Division

**TABLE OF CONTENTS**

LETTER FROM THE ADMINISTRATOR..... ii

EXECUTIVE SUMMARY ..... 1

VIRAL HEPATITIS..... 2

HEPATITIS C OUTBREAK IN LAS VEGAS ..... 3

AMBULATORY SURGICAL CENTERS..... 6

GOVERNMENTAL ROLES AND RESPONSIBILITIES ..... 10

    Authority ..... 11

    Licensure..... 11

    Certification ..... 11

    Surveys and Inspections..... 11

    Complaint Investigations ..... 13

    Sentinel Events Registry..... 15

LESSONS LEARNED ..... 22

ACTION PLAN..... 24

APPENDICES..... 28

    Appendix A ..... 28

    Appendix B ..... 29

    Appendix C ..... 30

    Appendix D..... 31

    Appendix E ..... 32

    Appendix F..... 33

ACKNOWLEDGEMENTS..... 35

TECHNICAL BULLETIN ..... 36

FEEDBACK AND INFORMATION REQUESTS..... 38

## LETTER FROM THE ADMINISTRATOR

Shortly after I was appointed as the Health Division Administrator in late January 2008, the unimaginable happened. Southern Nevada Health District officials identified the potential exposure of over 40,000 patients to Hepatitis C. It was traced to unsafe injection practices related to the administration of anesthesia at two ambulatory surgical centers (ASCs) in Las Vegas.

The Health Division immediately adopted targeted emergency regulations and undertook focused surveys of all fifty licensed ASCs statewide, with assistance from four infection control and epidemiology experts from the Centers for Disease Control and Prevention. The incident highlighted the need for improving the regulation of our health care system, particularly ASCs.

During regular briefings to the Legislative Committee on Health Care regarding this matter, it occurred to me that an annual report on ASC licensure and certification activities would be a transparent way to communicate what the Health Division was doing to ensure safe, quality health care in Nevada. The intent of this first annual report is to provide policymakers, state and local agencies, the health care industry, professional associations, and the public with an overview of the agency's ASC licensure and certification efforts, the current state of regulatory oversight, sustainable improvements implemented, accomplishments achieved, lessons learned, and related goals for the future. The Health Division is also taking the necessary steps to make this information available to the public and easy to access as part of a long-range vision to transform Nevada's health care system by placing quality and safety first.

I hope that you find this draft version of the 2008 ASC Annual Report informative and insightful. As a draft, I welcome your comments and feedback, and look forward to working to fulfill your requests for additional information relating to the topic areas of your interest. A feedback form is attached at the end of the report for your convenience.

Sincerely,



Richard Whitley, MS, Administrator  
Health Division

## EXECUTIVE SUMMARY

This first annual report provides information concerning the regulation of ambulatory surgical centers (ASCs) in Nevada. Regulated by the State Board of Health and State Health Officer, pursuant to Nevada Revised Statutes (NRS) 439 and 449, the actual licensure and certification of these facilities are done by the Health Division's Bureau of Health Care Quality and Compliance (BHCQC)<sup>1</sup>. The data provided is based on either a calendar year (CY) or state fiscal year (SFY), depending on availability.

In 2008, Nevada experienced an unimaginable event. Over 40,000 patients, who had received medical procedures at two southern Nevada ASCs, were identified by Southern Nevada Health District (SNHD) officials as being potentially exposed to Hepatitis C. The exposure was traced to unsafe injection practices related to the administration of anesthesia medication at two ambulatory surgical centers (ASCs).

This event also highlighted the inadequate inspection frequency of key medical facilities in our health care system, including ASCs. There were several contributing factors: 1) staffing issues due to difficulty recruiting facility surveyors; 2) poor communication between the Health Division and the licensed facilities; and 3) a survey process that did not have a public health focus. However, the primary reason for the less than optimal periodicity of health facility inspections, particularly of ASCs, was the priority given to the survey demands of the federal Centers for Medicare and Medicaid Services (CMS), which places ASCs at the bottom of the priority list for surveys. While the Health Division was responsible for meeting its CMS contractual obligations for Medicare initial certification surveys and recertification surveys (i.e., inspections), the CMS priorities were not balanced with state needs. Despite what happened in Nevada and is happening elsewhere in the U.S., CMS has not changed its priorities to reflect more frequent surveys of ASCs.

The Health Division has 5 years of data from survey findings, although until this report, no comprehensive analysis or trending had been done. The data have been used in a limited fashion to affect changes in the quality of care being provided by certain facilities. The data currently available is largely for skilled nursing facilities because of the priority CMS gives to such facilities other than ASCs. During the 2009 Legislative Session, the Health Division is requesting the staff necessary for ongoing data analysis, identification of areas for quality improvement, and fulfillment of education and training needs.

The Hepatitis C outbreak presented many challenges to the Health Division, as well as to other state agencies with health care regulatory responsibilities and to the very health care system itself. While many changes were required, many more will be implemented.

---

<sup>1</sup> Formerly known as the Bureau of Licensure and Certification (BLC)

## VIRAL HEPATITIS

### *Causes, Transmission, and Outcome*

There are five causative agents of viral hepatitis<sup>2</sup>: HAV, HBV, HCV, HDV, and HEV. However, both HDV and HEV are uncommon or rare in the United States. Hepatitis A is an acute illness contracted by ingestion of infectious fecal material. In contrast, Hepatitis B and C are transmitted via infectious blood, semen, or other bodily fluids and may manifest as either an acute or chronic infection, though Hepatitis C often becomes a chronic illness. Hepatitis C afflicts more than 3 million Americans.

Vaccines are available for both Hepatitis A and B, yet none have been developed for Hepatitis C. Infection with Hepatitis C is serious and potentially life-threatening. Beyond just hepatitis, it can lead to cirrhosis<sup>3</sup> of the liver and/or liver cancer.

### *Viral Hepatitis in the Health Care Industry*

In the United States, transmission of Hepatitis B and C from health care exposures is uncommon. However, a review of outbreak information revealed that there were 33 outbreaks in non-hospital health care settings in the past decade: 12 in out-patient clinics, 6 in hemodialysis centers, and 15 in long-term care facilities, resulting in 448 persons acquiring either HBV or HCV infection<sup>4</sup>. In each setting, the putative mechanism of infection was patient-to-patient transmission due to the failure of health care personnel to adhere to fundamental principles of infection control and aseptic technique, reusing syringes or lancing devices, for example.

Difficult to detect and investigate, such outbreaks suggest a wider and growing problem in certain segments of the health care industry as services are increasingly being provided in out-patient settings where infection control training and oversight may be inadequate. A comprehensive and systemic approach is needed to ensure that patients receive quality out-patient health care services free of the risk of infection with any form of hepatitis. Such an approach must include better surveillance and case investigation, health care provider education and training, professional oversight, licensure and certification, and greater public awareness.

---

<sup>2</sup> *Viral Hepatitis*. CDC. US DHHS. Available at <http://www.cdc.gov/hepatitis/>. Accessed on 2009.2.27.

<sup>3</sup> Scarring of the liver.

<sup>4</sup> *Nonhospital Health Care-Associated Hepatitis B and C Virus Transmission: United States, 1998-2008*. *Annals of Internal Medicine*. v 150. n 1. p 33-39. 2009.1.6.

## HEPATITIS C OUTBREAK IN LAS VEGAS

### *Outbreak Investigation*

In January 2008, the potential exposure of over 40,000 patients to Hepatitis C was first discovered. Southern Nevada Health District (SNHD) officials investigating two acute cases of the illness had linked them to the Endoscopy Center of Southern Nevada (ECSN), both the result of routine colonoscopy procedures.

Working with CDC, additional acute Hepatitis C cases were identified, all occurring in patients who had undergone endoscopic procedures in 2007 at ECSN. The source of infection was determined to be unsafe injection practices including the reuse of syringes and repeated use of single-dose vials. While the facility had corrected its unsafe practices by January 17, 2008, the Health Division found that the facility still failed to meet CMS standards in the categories of "Governing Body and Management" and "Pharmaceutical Services." Therefore, the facility was placed on a 90-day CMS termination track, a written plan of correction was requested, and state sanctions were also put in place.

On January 31, 2008, an affiliated facility, the Desert Shadow Endoscopy Center (DSEC), underwent a recertification survey by the Health Facilities section of the BHCQC. It was found to be in violation of Medicare standards in the categories of 'Governing Body and Management', 'Medical Staff', and 'Pharmaceutical Services'. Like ECSN, the facility was placed on a 90-day termination track with a plan of correction required, and sanctions were imposed. Both of these facilities had been accredited by national third-party accrediting organizations.

On February 27, 2008, SNHD and the Health Division held a joint press conference to discuss the findings at ECSN. At that time, SNHD notified the public that it had sent out approximately 40,000 individual letters of notification to patients who had received services at the facility since 2004. The notices recommended that former patients be screened for Hepatitis B and C, as well as HIV. The Health Division also assisted in the notification process by setting up a toll-free number with the Rocky Mountain Poison Control Center to help answer patient questions. A technical bulletin on unsafe injection practices was then prepared by the State Epidemiologist and distributed to all health care facilities and practitioners.

As a consequence of their role in the Hepatitis C outbreak, both the Endoscopy Center of Southern Nevada and the Desert Shadow Endoscopy Center had their business licenses revoked by the City of Las Vegas, and a \$500,000 fine was also assessed. SNHD also established a Hepatitis C Exposure Registry in June 2008, in an effort to track and document the spread of Hepatitis C, Hepatitis B, and HIV which may have resulted from the poor infection control practices at the two facilities.

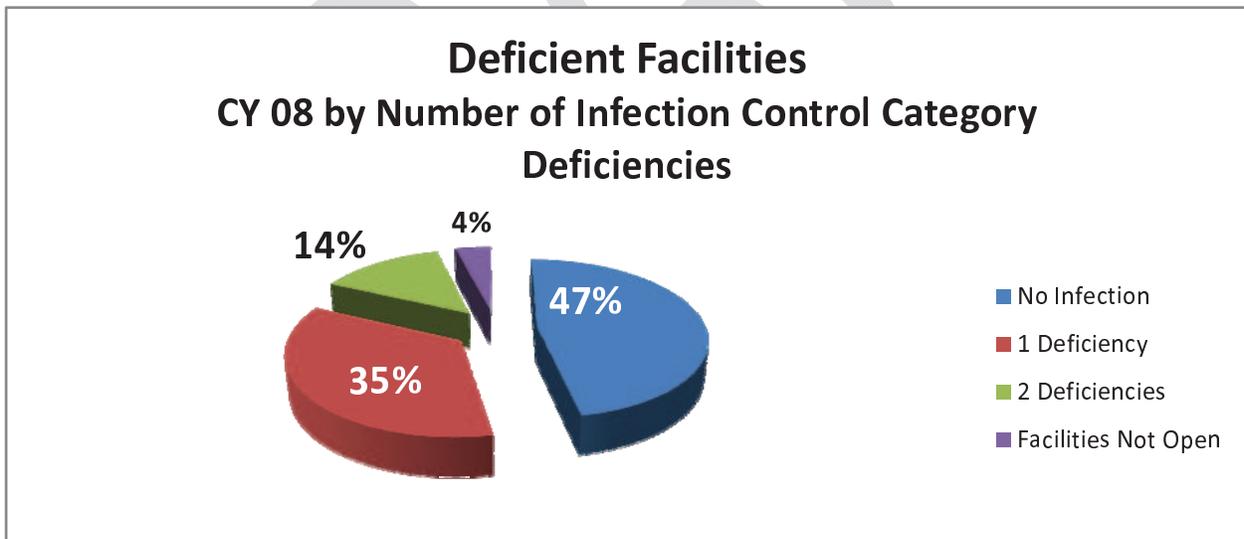
*Statewide Facilities Investigation*

Due to the breadth of the concern, the Governor mandated that all such facilities be evaluated as soon as possible for similar breaches in infection control practices and medication administration, two issues which appeared to be central to the outbreak. On March 6, 2008, emergency regulations addressing safe injection practices were signed by the Governor, and the State Board of Health adopted permanent regulations addressing safe injection practices and other infection control practices on June 19, 2008. The permanent regulations were approved by the Secretary of State, effective October 25, 2008.

In 2008, the Health Division conducted surveys of all ASCs in Nevada to assess the scope of the problem and to further identify inadequacies in infection control practices and medication administration. At the time of exposure, there were 51 licensed ASCs statewide, one was temporarily closed for remodeling, and another had not yet opened. 50 ASCs were CMS certified, and 32 had been accredited by an approved third-party accrediting body.

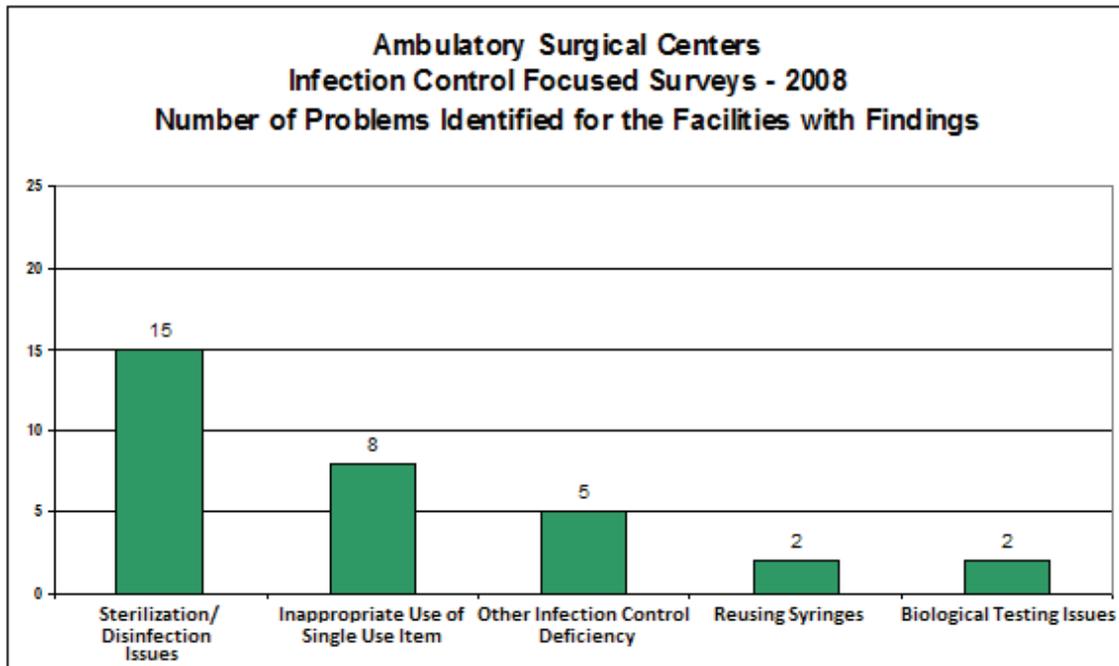
In total, 49 focused surveys were conducted, with CDC participation and assistance. Twenty-five ASCs were identified as having infection control type deficiencies. Of all 49, 35% had 1 infection control category deficiency and 14% had 2. Two were not open during this period, thus could not be inspected. No such deficiencies were noted at the other 24.

**Figure 1**



Sterilization and disinfection issues were the most frequently noted infection control deficiency, accounting for almost half, while inappropriate use of single use items, including syringes, amounted to nearly a third. Among the remaining infection control issues were training and biological testing procedures. For a list of the top five deficiencies across all categories, see Appendix A.

Figure 2



Following the state’s focused survey efforts, CMS ordered that an additional 28 Medicare surveys be done to assess compliance with all federal standards. Eighteen were conducted by the state with the oversight of and participation by CMS regional office staff and 10 were done by BHCQC. This round of surveys revealed that 61% had some level of infection control deficiency, 14% had single-dose vial and syringe reuse issues, and 64% had ‘condition level’ non-compliance issues, meaning the health and safety of patients could be jeopardized. Overall, 93% of the 28 surveyed ASCs received some level of federal citation. For more detail on deficient facilities by deficiency type, see Appendix C, and for a list of the top five deficiencies across all categories, see Appendix B.

As a result of the federally-mandated inspections, the following 5 ASCs were involuntarily terminated from the Medicare program: Endoscopy Center of Southern Nevada, Desert Shadow Endoscopy Center, Shadow Mountain Surgical Center, Digestive Disease Center, and Gastrointestinal Diagnostic Center.

## AMBULATORY SURGICAL CENTERS

### *Definitions and Role*

NRS 449.019 defines a 'surgical center for ambulatory patients' as:

'a facility with limited medical services available for diagnosis or treatment of patients by surgery where the patients' recovery, in the opinion of the surgeon, will not require care as a patient in the facility for more than 24 hours.'

42 CFR 416.2 states that an 'ambulatory surgical center' is:

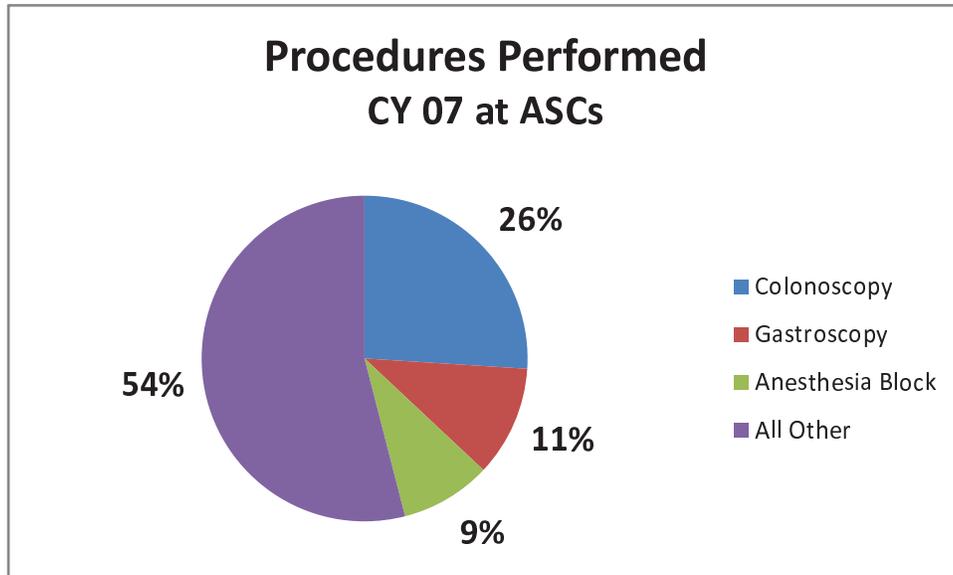
'any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization, has an agreement with CMS to participate in Medicare as an ASC, and meets' the other conditions of this code

In general, ASCs are medical facilities that specialize in elective same-day or out-patient surgical procedures. They do not offer emergency care. Patients treated at ASCs do not require admission to a hospital and are well enough to return home following a procedure.

### *Procedures*

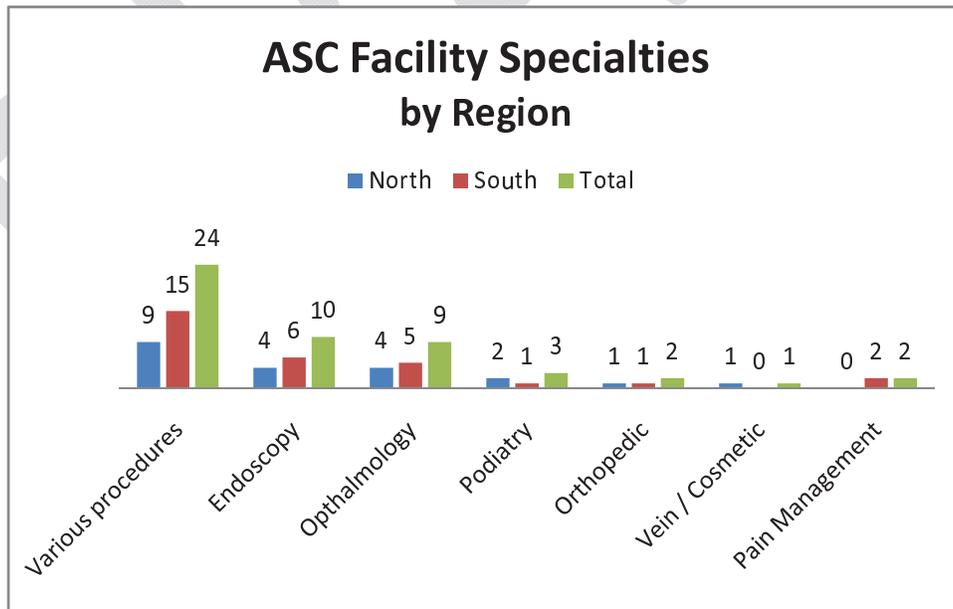
ASCs perform wide range of procedures. In the 1980s and 1990s, many surgeries and procedures that used to be performed exclusively in hospitals began taking place in ASCs. According to the Nevada Hospital Quarterly Reports (NHRQ), of the 200,048 total procedures performed in CY 2007, 70% were done at ASCs and 30% at hospitals. Many knee, shoulder, spine, eye, and other surgeries are currently performed in these facilities as well as other procedures such as pain management, bronchoscopy, and colonoscopy. The three most common procedures performed at ASCs were colonoscopy, gastroscopy, and anesthesia block (Figure 3.). For a more detailed list of procedures, see Appendix D.

Figure 3



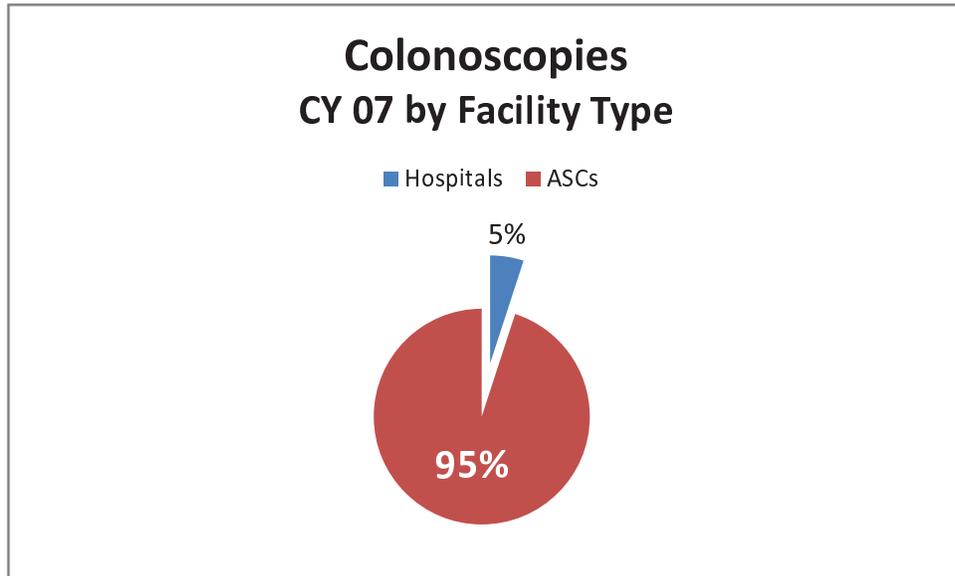
Most ASCs in Nevada perform a variety of services. In fact, almost half do; however, a significant share specializes in a certain category of procedures. The two most common categories of procedures are endoscopy and ophthalmology at 20% and 18% respectively.

Figure 4



Colonoscopies, a focus of the Hepatitis C investigation, accounted for 19% of the total procedures in CY 2007. Of these, 95% were performed at ASCs while 5% were in-patient.

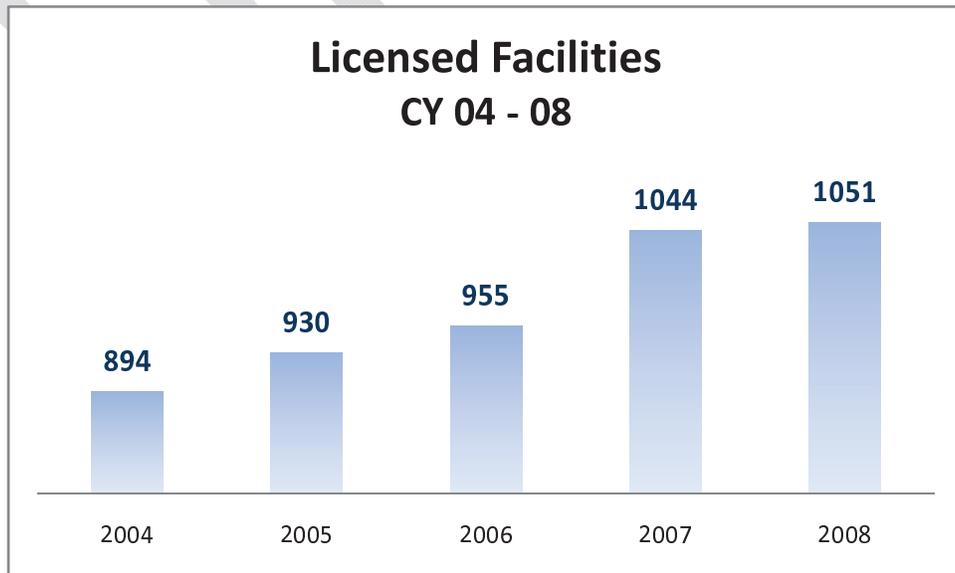
Figure 5



*Presence and Growth*

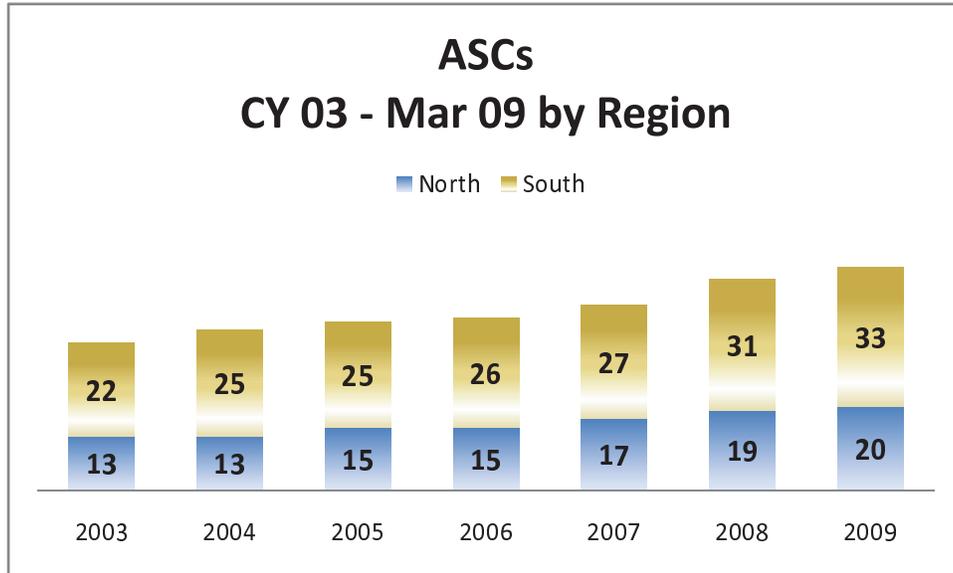
From July 1985 to July 2008, Nevada has been among the four fastest-growing states. Accompanying this growth has been a rise in the number of medical facilities and out-patient procedures performed. Figure 6 shows the number of licensed health facilities for the past 5 years.

Figure 6



As of February 19, 2009, Nevada had 53 licensed ASCs, all CMS certified. Thirty-seven have also been nationally accredited. Figure 7 shows the number of ASCs per region for the last 7 years.

Figure 7



## GOVERNMENTAL ROLES AND RESPONSIBILITIES

### *Purpose*

What became clear in the wake of the Hepatitis C outbreak was that beyond the individual facilities implicated, a system failure had occurred that allowed dangerous industry practices to continue in the absence of swift corrective action. The extent of the failure was both complex and multi-party. Therefore, in order to eliminate the root cause of the problem, a better understanding of the contributing elements was necessary. Hence, the Health Division decided to adopt a systems approach to analyzing the problem. This recognized the importance of affecting system-wide change because merely correcting an apparent concern—syringe use at a given facility, for example—fails to address its precursors, thus allowing both the factor and risk to persist.

### *Organization*

The following sections are devoted to examining the current governing system and indicating what specific actions have been taken, ultimately with the hope of identifying gaps between what can and what needs to be done. The first section describes the various roles and responsibilities of the state and notes what immediate actions were taken under each in response to the Hepatitis C outbreak. The subsequent section outlines lessons learned from the outbreak and explains what reforms were made having incorporated their key messages. Finally, an action plan is presented by the Health Division that seeks to specify areas where the state's effort to protect the public could be facilitated through policy. These proposed modifications will help ensure that health care facilities provide quality services and operate at a higher level of safety.

## Authority

Regulated by the State Board of Health and State Health Officer, pursuant to NRS 439 and 449, the Bureau of Health Care Quality and Compliance (BHCQC) is responsible for the licensure and certification of health care facilities and medical laboratories in Nevada. The Health Facilities section of BHCQC handles all licensing and certifying activities. The mission of the BHCQC is as follows:

‘To protect the safety and welfare of the public by promoting and advocating quality health care through licensure, regulation, enforcement, and education.’

## Licensure

Statutory and regulatory licensure requirements for health facilities exist at both the federal and state levels. With the exception of a few facility types, a state license is required by the Health Division before any health care facility may begin providing services. In Nevada, there are approximately 31 distinct types of facilities, including ASCs, which require licensing and periodic oversight. To continue operating, a facility must renew its license annually by December 31. For ASCs, the initial licensing fee is \$3,570 with renewals set at \$1,785. A significant part of the BHCQC survey workload is spent conducting initial surveys of new facilities, so they can become licensed to operate.

## Certification

Although not required to operate, a health care facility may additionally seek certification from CMS to qualify for reimbursements through Medicare and/or Medicaid. However, since initial Medicare/Medicaid certification is a low priority for CMS, facilities, such as ASCs, often choose to obtain this certification from an approved accrediting organization.

To help deal with this situation, state health licensure agencies throughout the US have federal-state agreements in place with CMS to serve as its field agent. The Health Division has such an agreement and has further delegated the responsibility of conducting the federal certification surveys to its Health Facilities section, at the request of those wishing to receive reimbursement for providing medical services to Medicare and/or Medicaid enrollees. In addition to ensuring compliance with federal regulations related to quality of care, surveyors review life safety code requirements at the facilities to ensure they are in compliance with federal regulations.

## Surveys and Inspections

Currently, there are no NRS or NAC provisions specifically designating how often to survey ASCs. As such, they are surveyed based on CMS stipulations, which requires that 5% of all ASCs be inspected or surveyed each year for non-deemed providers. Further, the state survey agency must perform validation surveys for 5% of all deemed ASCs. Current CMS policy specifies that no more than 7 years may elapse between surveys.

If certification has not been received, an ASC may achieve ‘deemed status’ via accreditation by a recognized third-party accrediting organization, such as The Joint Commission or the Accreditation Association for Ambulatory Health Care (AAAHC).

Interestingly, in 2002, the Office of the Inspector General of the U.S. Department of Health and Human Services (HHS) issued a report entitled *Quality Oversight of Ambulatory Surgical Centers: A System in Neglect*. The report found that Medicare’s system of quality oversight is not up to the task and lacks accountability; therefore, it recommended that CMS determine an appropriate minimum cycle for surveying ASCs certified by state agencies. In addition, the report stated that the Medicare Conditions of Participation for ASCs should be updated to address patient rights and continuous quality improvement. The Inspector General stressed that state agency certification must strike an appropriate balance between compliance and continuous quality improvement, rather than focusing on one or the other. The response from HHS was to launch a quality initiative under which members of the ASC industry, along with associations and related organizations with a focus on health care quality and safety, are working to identify specific measures for quality. Despite these stated goals, nothing has been done to address the periodicity of ASC surveys since the report was released 7 years ago.

As for the inspections conducted by BHCQC, each includes 5 essential activities:

1. Pre-inspection information gathering and facility file review
2. On-site information gathering and compliance determinations
3. Notifications to other entities when public health issues are identified
4. Citation of non-compliance and plans of correction when necessary
5. Application of sanctions when necessary

#### *Action Taken*

Regarding the essential inspection activities, changes are being or have been implemented to the third, fourth and fifth. Such changes are described below.

### **3** *Notifications to Other Entities When Public Health Issues Are Identified*

At some ASCs in southern Nevada prior to the Hepatitis C outbreak, the Health Facilities section did not have a standard policy for providing notification to other entities when a public health issue was identified in a health care facility. Public health concerns are now immediately relayed to community, state, and federal sources. The Health Facilities section has also developed a policy to ensure that notifications are made timely and uniformly, and a system of notification tracking has been implemented.

### **4** *Citation of Non-Compliance and Plans of Correction*

The Health Facilities section is currently working on improvements to the way deficiency reports (statements of deficiencies) are generated, reviewed, and delivered to health care facilities. In the past, mandatory supervisor review of statements of

deficiencies often resulted in their not being delivered to health facilities in a timely manner. Now, inspectors are allowed to generate abbreviated statements of deficiencies that are not subject to supervisor review for violations that have little or no immediate impact on patient care. These may be given to facility representatives on-site prior to departure from the inspection for prompt correction. Whenever it is determined that a higher level violation has occurred, the process then reverts back to detailed documentation and supervisor review.

## 5 *Application of Sanctions*

Prior to October 2008, the sanction process was not monitored thoroughly and sanctions were not always applied effectively. The Health Facilities section has refocused its efforts on this process by developing a sanction policy to ensure consistent application and creating a system for sanctions tracking. There is a wide range of state sanctions available to encourage health facilities to comply with statutes and regulations including monetary fines, denial of applications for licensure, summary suspensions of licenses, and revocations of health care facility licenses. In addition, facilities certified for CMS reimbursement are subject to enforcement rules according to federal standards. Since October 2008, numerous sanctions have been applied. Information about both health facility citations and sanctions is now published publicly on the BHCQC web page.

### **Complaint Investigations**

The Health Division receives more than 1,100 complaints annually from a variety of sources, including recipients of care and their families. All complaints are triaged under an established system, which is outlined in Table 1.

**Table 1 HCQC Complaint Priorities**

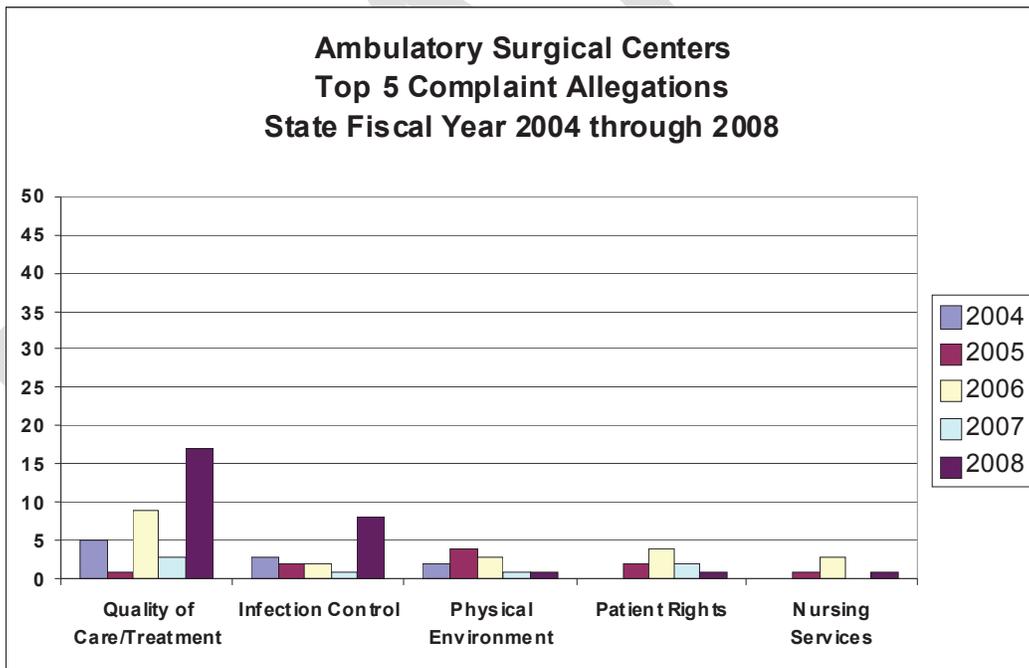
Priority	Time from Receipt to Investigation
<b>State Requirements</b>	
Unlicensed Adult Group Care	72 hours
Other unlicensed facilities	Dependent on established priority
<b>Federal Requirements</b>	
Immediate Jeopardy (IJ)	2 working days
Hospital Validation Complaint	5 working days
Emergency Medical and Treatment and Active Labor Act (EMTALA)	5 working days following CMS authorization
Restraint Seclusion Death Reports	
Non-IJ High	10 working days
Non-IJ Medium	45 working days

Some complaints require a team of highly specialized staff to conduct an investigation, which in turn can trigger a full federal or state survey that had not been anticipated. The Hepatitis C outbreak in 2008 is one clear example of this scenario. It required experienced registered nurse surveyors to review multiple facilities in order to assess safe injection practices and other infection control issues.

*Analysis*

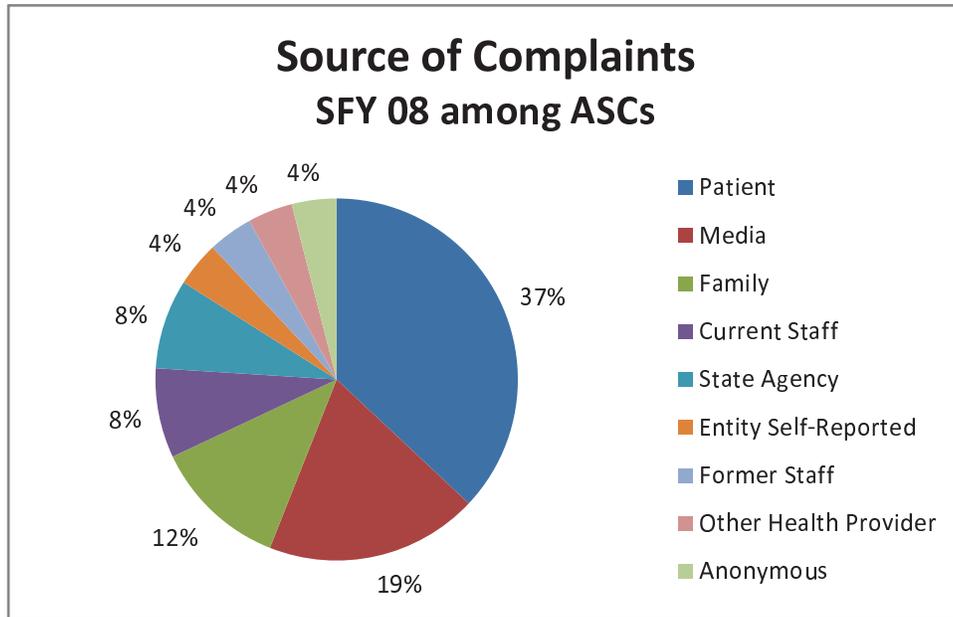
Prior to the Hepatitis C outbreak, the Health Division received relatively few complaints regarding ASCs, but with these facilities understandably in the spotlight throughout 2008, complaints about them increased from 22 between 2004 and 2007 to 25 for 2008 alone. Significant increases can be seen in SFY 2008 for both quality of care and infection control concerns. Well over half of the complaints related to quality of care or treatment, while about a third related to infection control. These have been the focus of the Health Division as it works with the ASCs and the health care industry to make sustainable system improvements. Figure 8 shows the top five types of allegations over the past 5 years.

**Figure 8**



As for the source of complaint, the top three were patients, accounting for 37%, family, 12%, and media, 19%. Current ASC staff members and state agencies both contributed 8%, the remainder accounted for 20%. Figure 9 illustrates the source of these complaints for SFY 08.

Figure 9



*Action Taken*

The Health Division hired an infection preventionist to focus more attention on appropriate practices in facilities and to assess whether the current inspection process is adequate to uncover serious breaches in infection control. This position interfaces with facilities and provides education and consultation about infection control best practices.

**Sentinel Events Registry**

*Sentinel Events*

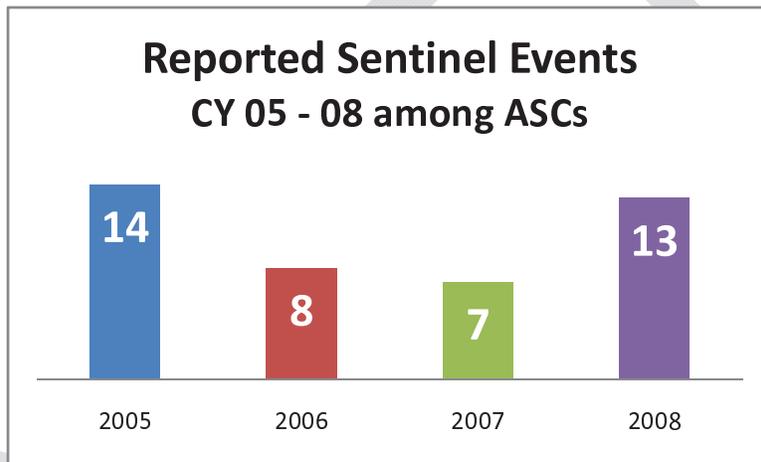
A sentinel is a mechanism put in place for the purpose of alerting authorities of an impending adverse event which might, nonetheless, be preempted before its full impact is felt with prompt and effective intervention. The Sentinel Events Registry was created with the purpose of treating adverse health events occurring in health care facilities as possible sentinels of wider-spread problems festering in a given health care facility type which might be remedied by the health care industry through quality improvement and/or education. This is important from a public health stand-point because correcting systemic problems can never be achieved on a case-by-case basis. Instead, corrective action must be directed to the root cause suggested by such cases or incidents. Nevada is moving toward

greater utilization of its reporting system to increase the robustness of data for analysis and identification of systemic trends.

*Analysis*

In CY 2005, mandatory self-reporting of sentinel events by various health care facilities, including ASCs, began. Since then, barely 600 sentinel events have been reported with only 42 originating from ASCs; however, in the context of the recent Hepatitis C outbreak, it is clear that such events are being under-reported. Nevertheless, consistent with a systems approach to ensuring quality health care, the data has been analyzed with the hope of providing some insight on the state of ASCs in Nevada before the reporting system has been improved.

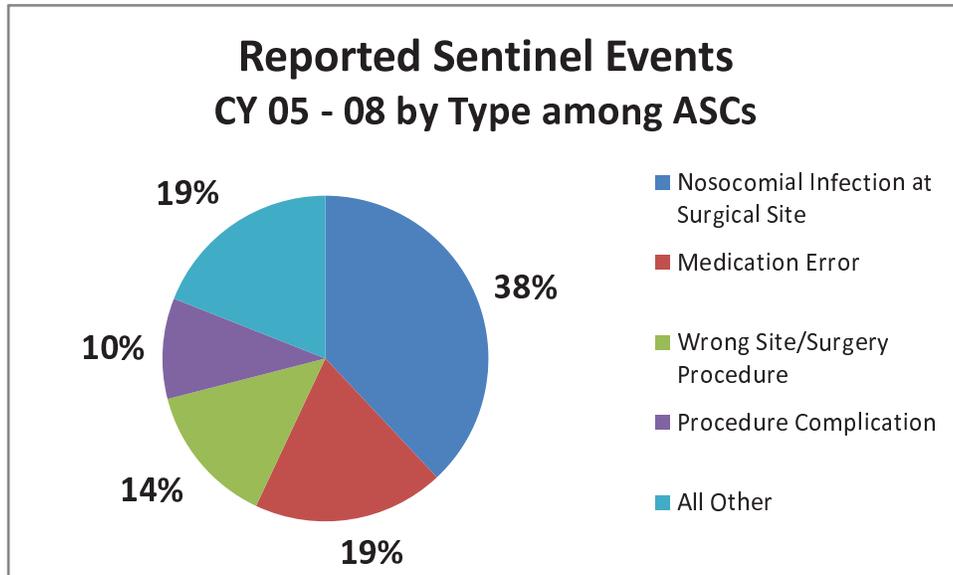
Figure 10



Looking at the types of sentinel events among ASCs reveals that nosocomial<sup>5</sup> infections related to surgical site account for the largest share of sentinel events. This is to be expected of facilities performing surgical procedures, however minor. Medication error, improper site of surgical procedure, and procedure complications followed at 19%, 14%, and 10% respectively. The other category, accounting for 19% of sentinel events, includes treatment error, lost specimens, unexpected cardiac arrest, post-operative bleeding, burn, or laceration. Overall though, 62% of sentinel events directly involved surgical procedures, and it is likely that a share of medication error was also surgery related.

<sup>5</sup> hospital-related

Figure 11



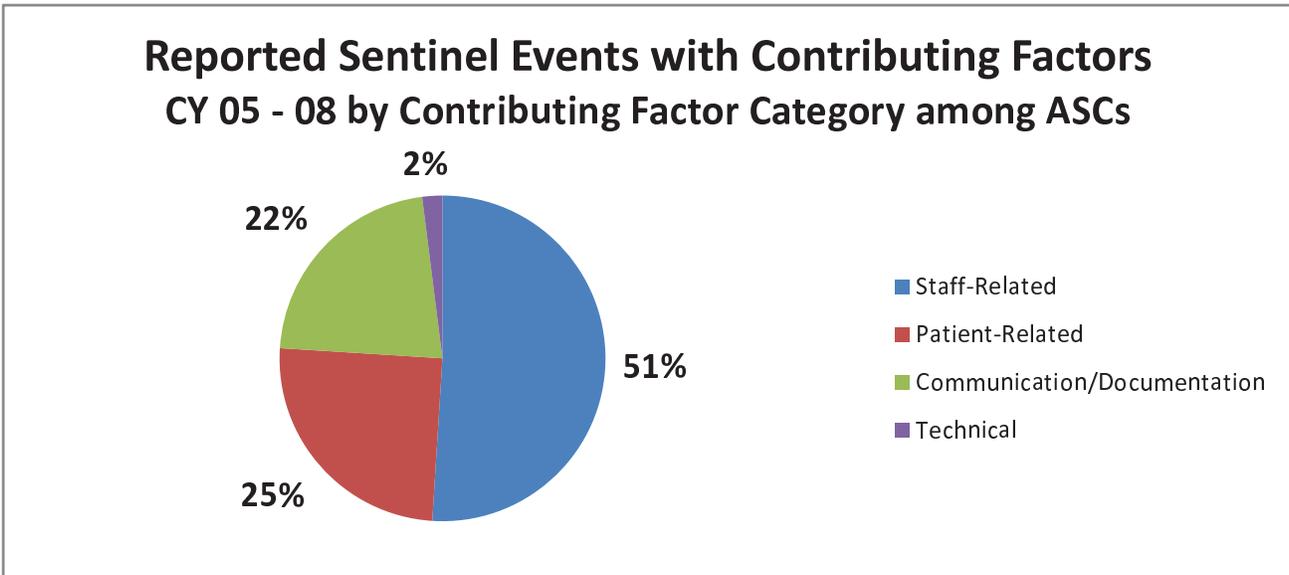
Furthermore, to elucidate where potential action might be taken to improve health outcomes in ASCs, the contributing factor information associated with the sentinel event was taken into account. Of the 42 sentinel event reports, 29 had contributing factor information, while 13 did not<sup>6</sup>. The sentinel events with contributing factors were then grouped, with the possibility of each being placed in more than one category. This list contained four contributing factor categories. The majority, 51%, of sentinel events in ASCs were wholly or partly attributable to staff-related actions. This included failure to follow policy or procedure, error in medical treatment or advice, clinical performance and administration, clinical decision and assessment, distraction, improper use of lasers, or being unaware or not mindful of patient allergy. However, failure to follow policy or procedure was the main source of staff-related sentinel events and, by itself, amounted to 22% of all contributing factors, the single most common factor.

Among patient-related contributing factors, which accounted for 25% of the total, were patient allergy both known and unknown, adverse reaction to a medication, non-compliance, confusion, and/or frailty.

As a category, communication/documentation equaled staff-related failure to follow policy or procedure at 22%, and was largely characterized by inadequate or incorrect communication, or lack of thereof. Inadequate communication, in particular, accounted for 12% of all contributing factors. The remaining category, technical, involved various forms of incorrect dosing. Figure 12 presents these findings.

<sup>6</sup> The 13 were thus excluded from the subsequent analysis.

Figure 12



With regard to the outcomes of the sentinel events from 2005 to 2008, they ranged from no physical or psychological injury to actual injury or even death. Half involved risk of physical injury with permanent loss, while 10% resulted in actual physical injury with permanent loss. Another 14% carried the risk of psychological injury with permanent loss. Fortunately, 22% had no actual adverse outcome or risk of adverse outcome, but the remainder included either risk of or actual death. Altogether, 12% of all sentinel events among ASCs resulted in actual loss.

*Action Taken*

Given the range of outcomes and clear danger of the various failures, corrective action was taken by the ASCs to address not only the particular events but the underlying systemic factors contributing to their occurrence. This is an on-going process to protect public safety but which would benefit from more frequent self-reporting, more resources for timely analysis, and greater public-private interaction to better inform the public of the state of the health care industry. The table on the following page indicates the types<sup>7</sup> of corrective actions taken by ASCs from 2005 through 2008 in response to sentinel events.

<sup>7</sup> Note: There can be more than one corrective action for each reported sentinel event.

**Table 2**  
**CORRECTIVE ACTIONS TAKEN**  
**from 2005 through 2008 by ASCs**

	#	%
<b>Procedure Review</b>	18	19.6
<b>Policy Review</b>	17	18.5
<b>Staff Education/In-service Training</b>	11	12.0
<b>Process Review</b>	11	12.0
<b>Procedure Modification</b>	9	9.8
<b>Policy Modification</b>	6	6.5
<b>Situation Analysis</b>	6	6.5
<b>Policy &amp; Procedure Development</b>	4	4.3
<b>Unreported</b>	3	3.3
<b>All Other</b>	7	7.6

*Health Division Policy and Procedures Modifications*

In addition to the actions taken indicated above, the matrices on the following two pages outline in detail many of the other changes the Health Division has made internally in response to the Hepatitis C outbreak. Many deal directly with the consequences of the outbreak, but others intend to strengthen the monitoring and inspection process of health care facilities and provide the public regular updates regarding such activities.

## State of Nevada Health Division

### Actions taken in response to the Hepatitis C Outbreak

#### REGULATORY ACTIONS AND POLICY AND PROCEDURES MODIFICATIONS

Revision 2009.2.19

Issues:	Regulation: State of Nevada Health Division Board of Health
<b>Regulations</b>	Emergency regulations were signed by the Governor on March 6, 2008. Permanent regulations were adopted by the Nevada State Board of Health on June 19, 2008 and were then signed off by the Secretary of State and became effective on October 25, 2008.

Issues:	Policy & Procedures: State of Nevada Health Division
<b>Complaints</b>	<p>Health Division has revised the Health Division website and made it user-friendly to educate and better serve the public by providing a “no wrong door” approach to complaint reporting and patient safety education. Additionally, the bureau has created a listserv. Both can be viewed at <a href="http://health.nv.gov">health.nv.gov</a>.</p> <p>Changing the way we communicate with complainants so they don’t have to wait for a Statement of Deficiency (SOD) to be issued but will receive a phone call and a letter outlining what we did to look into their complaints.</p> <p>Working with other professional licensing boards on ways to do joint investigations on complaints.</p> <p>Working on establishing an on-call, intermittent work-force to do complaints, including working with the Community Health Nurses in rural areas to do some initial investigations.</p>
<b>Recruitment, Staffing, &amp; Structure</b>	Health Division, Human Resources has implemented many of the strategies proposed in the recruitment plan prepared in March 2008. As of January 14, 2009, there are no vacant Health Facility Surveyor positions. The vacancy rate over the past ten months has gone from 25.7% to 0%. HR is now focused on retention issues and strategic planning for the future. Three contract positions have been filled to focus on complaint investigations as well as a systems analyst.
<b>Training</b>	Health Division has partnered with Southern Nevada Area Health Education Centers (AHEC) and developed internet-based standard infection control curriculum based on CDC guidelines. The curriculum can be viewed both at <a href="http://health.nv.gov">health.nv.gov</a> as well as <a href="http://snahec.org">snahec.org</a> .
<b>Health Literacy Education</b>	Health Division has partnered with the State Medical Association to initiate a patient safety campaign in Nevada utilizing the HonoReform methodology and concepts. Campaign launch date was scheduled for February 11, 2009.
<b>Data &amp; Reporting</b>	<p>Health Division staff have been working on the standardization of medical facility data collection, the annual medical facility data report and the standardization of the statement of deficiency reports. The annual report on Ambulatory Surgical Centers will be released in February 2009.</p> <p>Health Division has partnered with the State of Arizona to replicate their electronic posting software capabilities for statement of deficiencies – this has streamlined Statement of Deficiency (SOD) postings. The postings are now being done electronically versus the past manual input.</p> <p>Health Division has been issuing press releases to keep the public informed on how emerging facility issues are being addressed.</p>

## State of Nevada Health Division

### Actions taken in response to the Hepatitis C Outbreak

#### REGULATORY ACTIONS AND POLICY AND PROCEDURES MODIFICATIONS

Revision 2009.2.19

Issues:	Policy & Procedures: State of Nevada Health Division
<b>Infection Control</b>	<p>The State Health Officer, Nevada Advisory Committee on Infection Control will be releasing its recommendations soon.</p> <p>Require focused infection control survey, standardization of infection control procedures and the use of a standardized infection control tool. Certified Infection Control Health Facilities Surveyor has been hired to focus on infection control policy and procedures and to train Division and facility staff.</p> <p>Health Division has partnered with Southern Nevada Health District and the Association of Infection Control Professionals in a statewide Infection Control Symposium to be held in April 2009. The target audience will be infection control professionals from Skilled Nursing Facilities and smaller acute care hospitals.</p>
<b>Communications</b>	<p>Health Facility Surveyor work performance standards have been revised to include the following language: Immediate notification to local health authority when a procedure or practice is identified that is a risk for patient exposure to blood-borne pathogens; immediate notification to licensing board when practice or procedure by a licensed medical provider is determined to be a factor in risk or harm to a patient; and business licensing authority notification just prior to issuing the Statement of Deficiency (SOD) to the provider if blood-borne pathogen or other significant infection control risk was identified.</p>
<b>Resources &amp; Support</b>	<p>Health Division ongoing resource and support of local health authorities:</p> <ul style="list-style-type: none"> <li>• Financial assistance concerning the Hepatitis C investigation</li> <li>• Bi-monthly epidemiologic team meetings</li> <li>• Monthly health officer meetings</li> <li>• State Epidemiologist liaison activities between health authorities and the CDC</li> </ul> <p>Health Division staff is actively working with the National Association of County and City Health Officials (NACCHO) in creating a Hepatitis C toolkit.</p>
<b>Accreditation</b>	<p>The Health Division has established a Memorandum of Agreement with the largest accrediting body and is in the process of negotiating with the remaining to formalize reciprocal communications.</p>

**LESSONS LEARNED**

The Health Division had much to learn from the Hepatitis C outbreak. The list below presents some of the lessons learned paired with the actions taken to put them in practice. It is hoped that such reforms will help rectify the issues identified, but while many changes and improvements have been made, more will be required over the next biennium to create a reliable health care facilities monitoring and evaluation system for Nevada.

***For the Agency***

<u>Lesson Learned:</u>	<i>CMS survey priorities were not in the best interest of Nevada.</i>
<u>Action Taken:</u>	The periodicity of surveys has been restructured to balance CMS requirements with continuous quality improvement and public health needs. The Health Division has requested 11 new surveyors who will allow the agency to survey all state-licensed facilities every 18 months.

<u>Lesson Learned:</u>	<i>Opportunities to identify and correct deficiencies were missed because complaints were not investigated in a timely manner.</i>
<u>Action Taken:</u>	A separate complaint unit has been developed which will ensure that complaints are reviewed within the established timeframes, facilities with a high number of complaints are looked at comprehensively as opposed to on an individual complaint basis, and a high level of complaints are resolved.

<u>Lesson Learned:</u>	<i>No mechanism was in place to alert other government agencies with overlapping regulatory responsibility when a public health issue was identified at a health facility.</i>
<u>Action Taken:</u>	A policy and procedure, as well as a notification tracking system, have been developed and implemented.

<u>Lesson Learned:</u>	<i>The Health Division has a responsibility to communicate with accrediting bodies to assure mutual accountability for health care quality.</i>
<u>Action Taken:</u>	Information sharing agreements with these bodies are being negotiated. The Health Division has established a Memorandum of Agreement with the largest accrediting body and is in the process of negotiating with the remaining bodies to formalize reciprocal communications.

***For the Public***

<u>Lesson Learned:</u>	<i>There was no transparency of survey and complaint investigation results.</i>
<u>Action Taken:</u>	This information is now being made public, including being posted on the Health Division web site.

***For Facility Providers***

Lesson Learned: *Statement of Deficiency notifications were not being provided to the health facilities in a timely manner.*

Action Taken: A two-pronged solution is underway. Survey processes are being piloted that allow the surveyor to generate abbreviated statements of deficiencies for violations that have little or no immediate impact on patient/resident care (i.e. a violation that there is a lack of a written policy wherein the facility is required specifically to have a written policy). Supervisor review is being eliminated for the abbreviated statements of deficiencies, so that these reports may be generated on-site during an inspection and given to the facility representatives prior to departure from the inspection.

Lesson Learned: *The sanction process was not properly monitored, and state sanctions were not always applied appropriately.*

Action Taken: The Health Division has developed a sanction policy to ensure application of sanctions in a consistent manner. The overall intent is to promote quality health care in Nevada by assigning sanctions that will encourage facilities to comply with requirements.

Lesson Learned: *Health facilities did not have specific objective criteria, by facility type, to assess their own compliance, and they were not partners in the process.*

Action Taken: Self-attestation surveys are being developed, with specific, objective criteria for each type of facility regulated. Prior to an onsite survey, the facility would complete the self survey, and the surveyor would then verify the information. This will foster a partnership with each facility and educate them about how to successfully meet the regulations.

## FUTURE ACTION PLAN

### *Systems Approach Findings*

As a result of the systems approach to the Hepatitis C outbreak in Las Vegas, immediate corrective actions were taken by the Health Division and reforms made to internal policy and procedures; however, the analysis also identified areas where state intervention might help prevent such incidents from occurring again but where the necessary statutory or regulatory authority was lacking to intervene when a present danger is detected. The patient- and issue-centered bubble charts on the pages that follow were used to help the Health Division identify these gaps.

### *Statutory and Regulatory Modifications Proposed*

Changes in a number of statutory and regulatory areas would permit the Health Division to be more effective in its oversight of medical facilities, including ASCs. First, statutorily defined frequency for inspections of all medical facility types would be a transparent and predictable method that would not only enable the state to identify and correct violations earlier, but also assure the public that health care facilities provide quality services in an environment that is safe and sanitary. For facilities that are in violation, more specific language regarding the Health Division's authority to fine the facilities would create an incentive for providers to operate at a higher standard and a means for the Health Division to take corrective action when violations occur.

Second, clarifying the language in statute regarding the powers of the state during an investigation of a medical facility:

- Allowing the State Board of Health to govern the closure of a medical facility
- Enabling the Health Division to take control of a facility's medical records
- Strengthening the authority of local health authorities to subpoena records

Third, in order to detect and potentially intervene before health care facility violations escalate in severity and risk the health and safety of the patients involved, the establishment of penalties for failure to report sentinel events would hopefully increase the regularity of reporting and thus provide a greater amount of data for the Health Division to analyze and determine when and where systemic failures are occurring.

In conclusion, the Health Division believes that the proposals summarized here above and in the following matrix are crucial to ensuring patient safety and infection control at ASCs and other health care facilities in Nevada and urges their consideration.

**State of Nevada Health Division**

Recommendations from the Hepatitis C Outbreak

STATUTORY AND REGULATORY PROPOSALS

Revision 2009.2.19

Issues:	Bill Draft Request: Related to Enhancing Authority over Medical Facilities in Nevada
<b>Cease &amp; Desist</b>	Allow the State Board of Health to adopt regulations to specify the conditions under which a medical facility can be closed during an on-going investigation.
<b>Penalties and Sanctions</b>	Clarify statutory language as it relates to the power of the Health Division to fine medical facilities for violations.
<b>Access/Protection of Medical Records</b>	(a) Give authority to the Health Division to take control of a facility's medical records in the event the facility is closed during the course of an investigation. (b) Strengthen the authority of local health authorities or officers of health districts to subpoena records related to an on-going investigation of a medical facility.
<b>Sentinel Events Reporting</b>	Clarify statutory language related to sentinel events and establish penalties for facilities that do not report a sentinel event.
<b>Disease Investigations &amp; Cost Recovery</b>	Clarify statutory language as it relates to the powers of local health authority or officer of a health district during disease investigations and establish methods to cover the costs of such disease investigations.
<b>Sharing Information (Law Enforcement)</b>	Clarify the method by which information in an investigation is shared with law enforcement authorities.

Issues:	Regulation: State of Nevada Health Division Board of Health
<b>Frequency</b>	Require that all facility types have a state frequency. Eighteen month periodicity proposed in budget – requesting an additional 14 positions: 11 Health Facility Surveyors, 1 Biostatistician, 1 Management Analyst, and 1 Administrative Assistant.

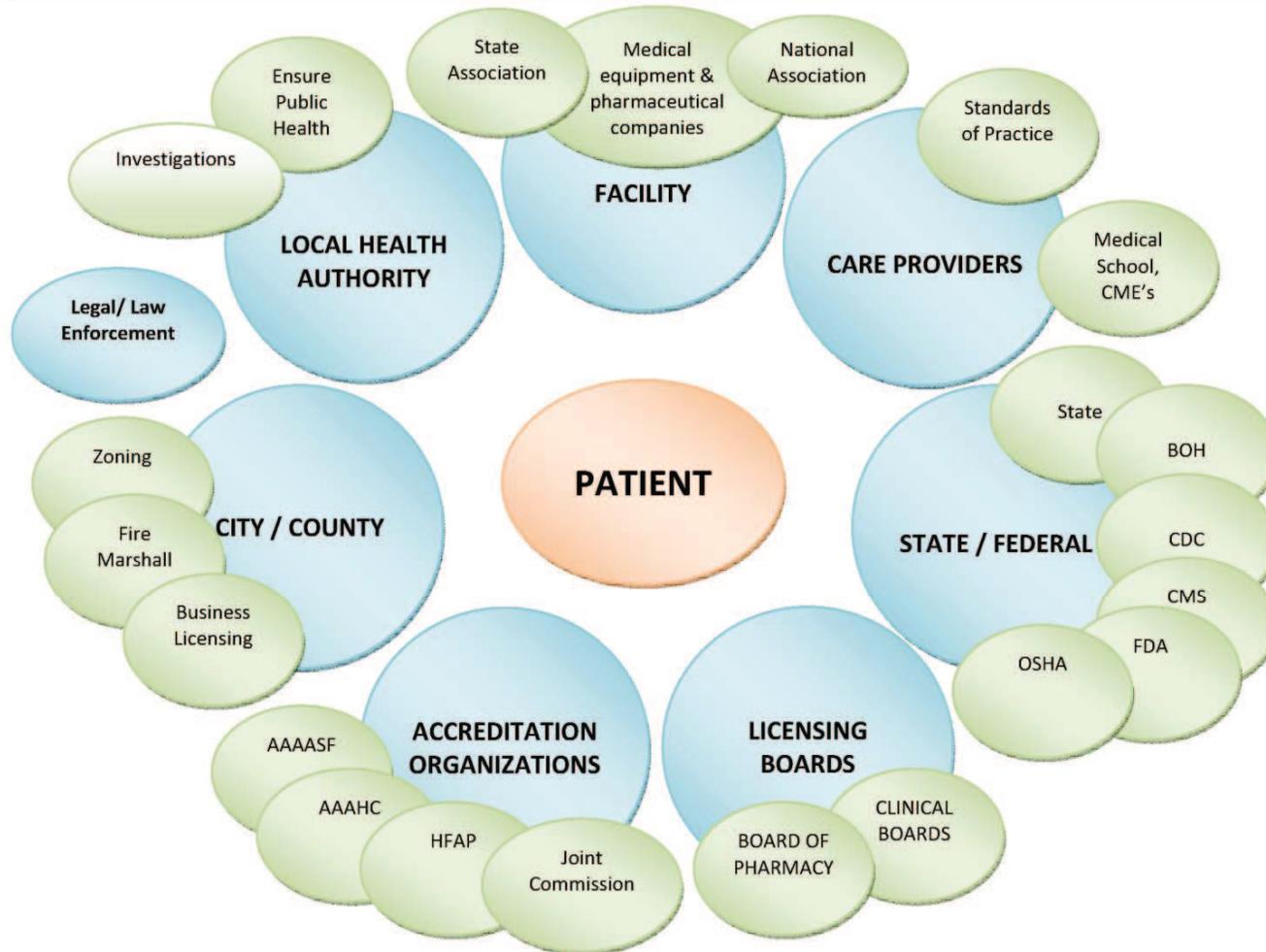


**Nevada State Health Division**

Recognizing the Components of Nevada's Health Care System: In Response to the Hepatitis C Outbreak

A NECESSARY STEP FOR ENSURING PATIENT SAFETY WITH REGARD TO INFECTION CONTROL

Revision 2009.2.24

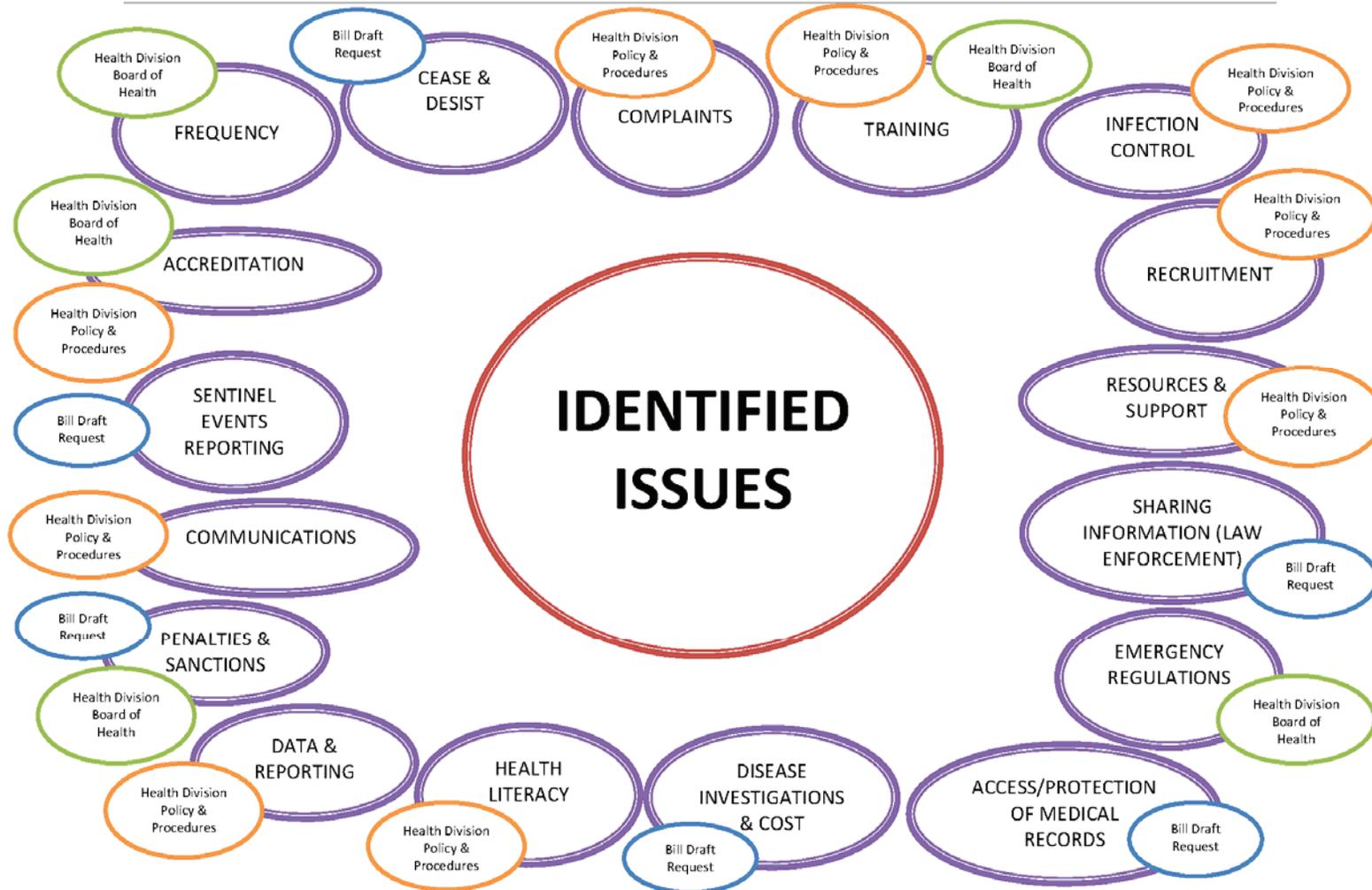


### Nevada State Health Division

#### Response to the Hepatitis C Outbreak

IDENTIFIED ISSUES

Revision 2009.2.4



APPENDICES

Appendix A

**Table 6**  
**TOP FIVE CITED DEFICIENCIES**  
**for SFY 08 among ASCs**  
**STATE Regulations**

	Nevada Administrative Code	Deficiency	# of ASCs Cited
<b>1</b>	<b>Administration</b> NAC 449.980 (7)(a)	Failure of the governing body to ensure that the center adopted, enforced and annually reviewed written policies and procedures required by NAC 449.971 to 449.996, inclusive, including an organization chart. Failure of the governing body to approved the policies and procedures annually.	<b>12</b>
<b>2</b>	<b>Program for Quality Assurance</b> NAC 449.9812 (2)(g)(6)	Failure to ensure that the program for quality assurance included, without limitation, procedures for identifying and addressing any problems or concerns related to the care provided to patients using the medical records of the center and any other sources of data that may be useful to identify previously unrecognized concerns, and for assessing the frequency, severity and sources of suspected problems and concerns. The procedures must include, without limitation, procedures for assessing the procedures used to control infection.	<b>11</b>
<b>3</b>	<b>Sterilization</b> NAC 449.9895(4)	Failure to ensure the efficiency of the method of sterilization was checked not less frequently than once each month by bacteriological tests and records of the results of these tests were maintained by the center for at least 1 year.	<b>8</b>
<b>4</b>	<b>Personnel</b> NAC 449.9855 (2)(a)	Failure to ensure that each employee of the center had a skin test for tuberculosis in accordance with NAC 441A.375 and that a record of each test was maintained at the center	<b>9</b>
<b>5</b>	<b>Emergency Equipment &amp; Supplies</b> NAC 449.9902 (1)(a)(b)(c)	Failure to be equipped with a cardiac defibrillator; a tracheotomy set; and such other emergency medical equipment and supplies as are specified by the members of the medical staff.	<b>7</b>

## Appendix B

**Table 7**  
**TOP FIVE CITED DEFICIENCIES**  
**for SFY 08 among ASCs**  
**FEDERAL Regulations**

	Code Federal Regulations	Deficiency	# of ASCs Cited
<b>1</b>	<b>Physical Environment</b> 42 CFR 416.44 (a)(3)	Failure to establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities.	<b>15</b>
<b>2</b>	<b>Administration of Drugs</b> 42 CFR 416.48(a)	Failure to administer drugs according to established policies and acceptable standards of practice.	<b>14</b>
<b>3</b>	<b>Emergency Equipment</b> 42 CFR 416.44(c)	Failure to maintain emergency equipment available to the operating rooms.	<b>13</b>
<b>4</b>	<b>Pharmaceutical Services</b> 42 CFR 416.48	Failure to provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice, and under the direction of an individual designated responsible for pharmaceutical services.	<b>10</b>
<b>4</b>	<b>Governing Body and Management</b> 42 CFR 416.41	Failure to have a governing body that assumed full legal responsibility for determining, implementing, and monitoring policies governing the ASC's total operation and for ensuring that these policies were administered so as to provide quality health care in a safe environment. This included contracted services through outside resources.	<b>10</b>
<b>5</b>	<b>Form and Consent of Record</b> 42 CFR 416.47(b)	Failure to maintain a medical record for each patient and to assure that every record was accurate, legible, and promptly completed.	<b>8</b>
<b>5</b>	<b>Surgical Services</b> 42 CFR 416.42	Failure to assure that surgical procedures were performed in a safe manner by qualified physicians who have been granted clinical privileges by the governing body of the ASC in accordance with approved policies and procedures of the ASC.	<b>8</b>
<b>5</b>	<b>Environment</b> 42 CFR 416.44	Failure to maintain a safe and sanitary environment, properly constructed, equipped, and maintained to protect the health and safety of patients.	<b>8</b>

## Appendix C

**Table 5**  
**DEFICIENT FACILITIES**  
**by Deficiency among ASCs**  
**FEDERAL Survey**

Deficiency	#	%
Pharmaceutical Service	9 of 28	32%
Governing Body	9 of 28	32%
Environment	7 of 28	25%
Surgical Services	7 of 28	25%
Evaluation of Quality	6 of 28	21%
Medical Staff	5 of 28	18%
Lab and Radiology Services	4 of 28	14%
Nursing Services	3 of 28	11%
Hospitalization	1 of 28	4%
Compliance to License Laws	1 of 28	4%

## Appendix D

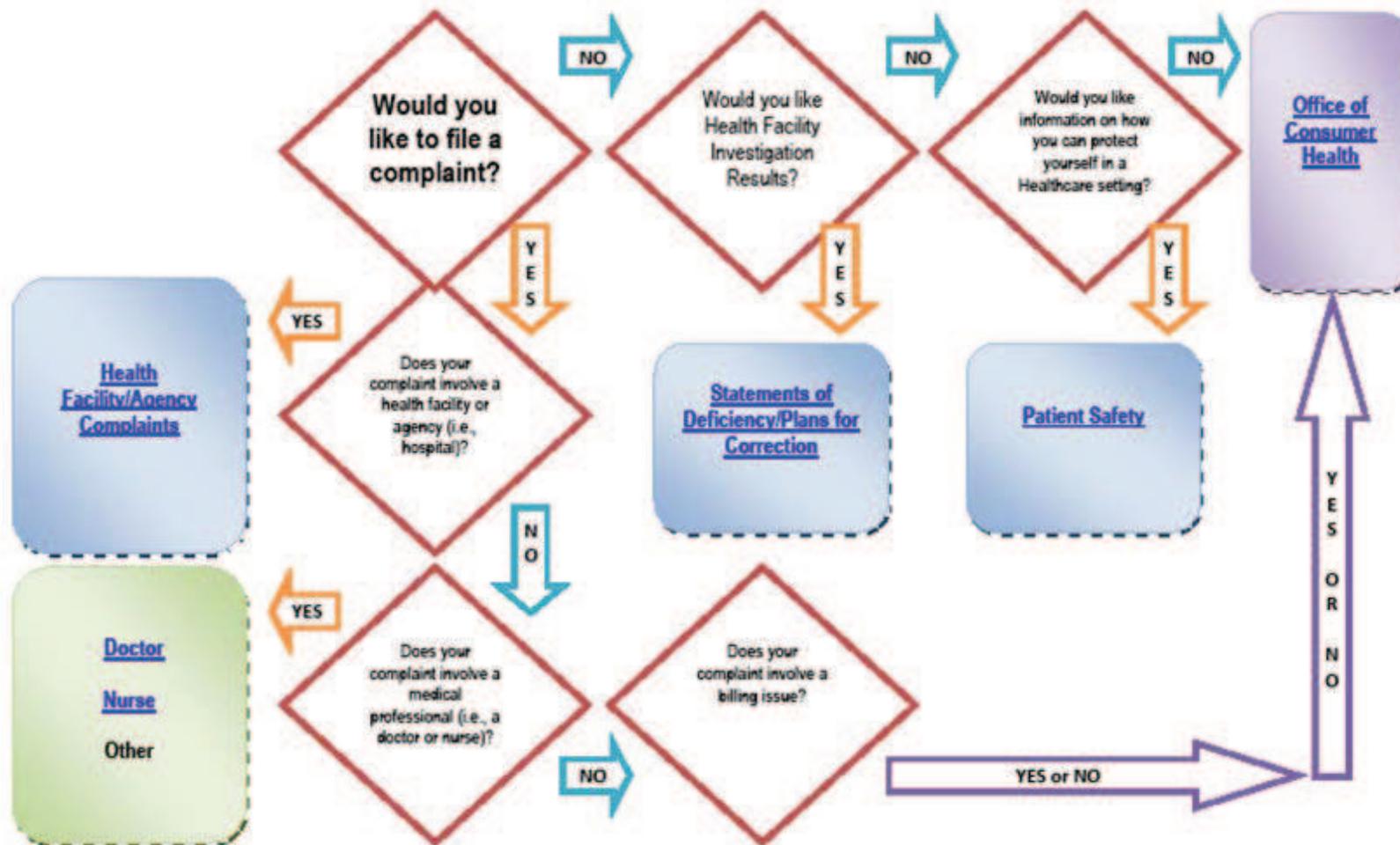
**Table 3**  
**PROCEDURES PERFORMED<sup>8</sup>**  
**during CY 07 at ASCs**  
**STATE OF NEVADA**

<b>Procedure</b>	<b>#</b>	<b>%</b>
<b>Colonoscopy</b>	36,454	26%
<b>Gastroscopy</b>	15,913	11%
<b>Anesthesia Block</b>	13,312	9%
<b>Epidural - Lumbar</b>	7,151	5%
<b>Epidural - Cervical</b>	2,780	2%
<b>Pterygium</b>	2,042	2%
<b>Oral</b>	1,556	1%
<b>Plastic</b>	1,256	1%
<b>Epidural - Thoracic</b>	764	0.5%
<b>Sigmoidoscopy</b>	1,016	0.1%
<b>Bronchoscopy</b>	96	< 0.1%
<b>Other</b>	58,119	41%
<b>TOTAL</b>	<b>140,459</b>	

<sup>8</sup> Nevada Hospital Quarterly Reports (NHQR)

Appendix E

**TOOLKIT FOR COMPLAINTS & PATIENT SAFETY EDUCATION FOR THE PUBLIC & HEALTH PROFESSIONALS**  
 Flowchart for Navigating through the Nevada State Health Division's Patient Safety Website Link



## Appendix F

**Table 4**  
**LICENSED HEALTH FACILITIES**  
**as of February 31, 2008**  
**STATE OF NEVADA**

**Medical Facilities**

<b>NRS Definition</b>	<b>Common Name</b>	<b>#</b>	<b>Remarks</b>
<b>Surgical Center for Ambulatory Patients</b>	Ambulatory Surgical Center	<b>53</b>	
<b>Obstetric Center</b>		<b>0</b>	
<b>Independent Centers for Emergency Care</b>	Free-standing Emergency Room	<b>1</b>	
<b>Agency Providing Nursing in the Home</b>	Home Health Agency	<b>125</b>	
<b>Home Health Agency Sub Unit</b>		<b>2</b>	No NRS definition NAC449.749(5) defined
<b>Home Health Branch</b>		<b>15</b>	No NRS definition NAC449.749(1) defined
<b>Facility for Intermediate Care</b>	Nursing Home	<b>2</b>	Reimbursed by Medicaid
	Facility for the mentally retarded	<b>8</b>	
<b>Facility for Skilled Nursing</b>	Nursing Home	<b>45</b>	
<b>Facility for Hospice Care</b>		<b>4</b>	In-patient
<b>Hospice Care-Program of Care</b>		<b>30</b>	Out-patient
<b>Hospital</b>		<b>60</b>	acute, psychiatric, and long-term care; rehabilitation
<b>Facility for Treatment of Irreversible Renal Disease</b>	Renal Dialysis Center	<b>35</b>	
<b>Rural Health Clinic</b>		<b>8</b>	
<b>Nursing Pool</b>	Nurse Registry	<b>39</b>	
<b>Facility for Modified Medical Detoxification</b>		<b>1</b>	
<b>Facility for Refractive surgery</b>		<b>2</b>	
<b>Mobile Unit</b>		<b>0</b>	
<b>Community Triage Center</b>		<b>2</b>	For the mentally ill or chronically inebriated

**Dependent Care Facilities**

<b>NRS Definition</b>	<b>Common Name</b>	<b>#</b>	<b>Remarks</b>
<b>Facility for the Treatment of Abuse of Alcohol or Drugs</b>		<b>19</b>	
<b>Facility for the Care of Adults During the Day</b>	Adult Day Care	<b>19</b>	
<b>Residential Facilities for Groups</b>	Assisted Living Facility or Group Care	<b>335</b>	Includes Residential Care with an Alzheimer's Endorsement.
<b>Facility for Transitional Living for Released Offenders</b>		<b>4</b>	
<b>Halfway Houses for Recovering Alcohol and Drug Abusers</b>		<b>5</b>	
<b>Agency to Provide Personal Care Services in the Home</b>		<b>14</b>	

**Other Miscellaneous Facilities**

<b>NRS Definition</b>	<b>Common Name</b>	<b>#</b>	<b>Remarks</b>
<b>Homes for Individual Residential Care</b>		<b>203</b>	
<b>Businesses that Provide Referral to Residential Facilities for Groups</b>	Referral Agency	<b>8</b>	
<b>Facility for the Treatment with Narcotics</b>	Methadone Clinic	<b>12</b>	
<b>Methadone Medication Unit</b>		<b>0</b>	

**Medicare Certified Facilities Not Requiring a State License**

<b>Medicare Definition</b>	<b>Common Name</b>	<b>#</b>	<b>Remarks</b>
<b>Comprehensive Out-patient Rehabilitation Facility</b>		<b>5</b>	For individuals seeking comprehensive rehabilitation
<b>Portable X-ray</b>		<b>4</b>	
<b>Rehabilitation Agency</b>		<b>16</b>	

## ACKNOWLEDGEMENTS

The Health Division would like to thank the following staff members who helped prepare this report:

Diane Allen, RN  
Health Facilities Surveyor

Vanessa Alpers  
Health Program Specialist

Mandi Galli  
Management Analyst

Alicia Chancellor Hansen, MS  
Chief Biostatistician

Rosemary Helsing  
Administrative Assistant

Jay Kvam, MSPH  
Biostatistician

Lynn O'Mara, MBA  
Health Resource Analyst

Marla McDade Williams, MPA  
Chief, Bureau of Health Care Quality and Compliance

Luana J. Ritch, PhD  
Chief, Bureau of Health Statistics, Planning, and Emergency Response

Paul Shubert  
Health Facilities Surveyor

Sean Whaley  
Consultant



# Nevada State Health Division Technical Bulletin



**Topic: Hepatitis C Investigation Section/Program:  
Bulletin Number: Epi February 2008**

**TO: All Health Care Providers**

## **TECHNICAL BULLETIN**

### ***Potential Exposure to Hepatitis C (HCV) in an Ambulatory Surgical Center in Las Vegas***

*This technical bulletin and provider update summarizes our findings and actions, and provides recommendations and advice.*

Through recent routine and active surveillance efforts, the Southern Nevada Health District Office of Epidemiology staff identified six cases of acute hepatitis C (HCV) infections. All six cases had undergone endoscopic procedures at the same ambulatory surgical center in Las Vegas in July and September 2007. Unsafe injection practices primarily reuse of syringes, and subsequent multi-use of single-dose medication vials, may have led to contamination of the vials and patient-to-patient transmission of the hepatitis C virus.

Health care related exposures are a well recognized but uncommon source of viral hepatitis transmission in the United States. Similar to this outbreak, the majority of outbreaks identified previously nationwide have been associated with unsafe injection practices, primarily reuse of syringes and needles or contamination of medication vials used for multiple patients. However, because of the long and variable incubation period and the fact that the majority of patients with HCV infection are asymptomatic, clusters of patients related to a specific healthcare setting might not be recognized.

When health care workers do not adhere to fundamental principles related to safe injection practices, it suggests that they fail to understand the potential for disease transmission. In addition, deficiencies related to oversight of personnel and failures to report breaches in infection-control practices result in delays in correcting the implicated practices. We believe that this outbreak could have been prevented by adherence to basic principles of aseptic technique for the preparation and administration of parenteral medications.

To prevent transmission of blood-borne pathogens, all healthcare workers should adhere to recommended standard precautions and fundamental infection control principles, including safe injection practices and appropriate aseptic techniques.

Injections are very safe when standard procedures are followed. Nevada State Health Division recommends the development of written up-to-date policies and procedures to prevent patient-to-patient transmission of blood-borne pathogens. Additionally these policies and procedures should be established and implemented among all staff involved in direct patient care.

Approved by: \_\_\_\_\_ Dr. Ihsan Azzam, State Epidemiologist



# Nevada State Health Division Technical Bulletin



**Topic: Hepatitis C Investigation Section/Program:  
Bulletin Number: Epi February 2008**

## **TO: All Health Care Providers**

Nevada State Health Division strongly advises that physicians and other health care providers in the state undergo mandated education periodically in proper infection control procedures. When renewing their licenses, physicians should acknowledge completing such training within the past four years.

Nevada State Health Division is partnering with professional organizations, advisory groups, and is working closely with SNHD and CDC to address these issues.

### **Injection Safety**

- Use a sterile, single-use, disposable needle and syringe for each injection and discard intact in an appropriate sharps container after use.
- Use single-dose medication vials, prefilled syringes, and ampules when possible. Do not administer medications from single-dose vials to multiple patients or combine leftover contents for later use.
- If multiple-dose vials are used, restrict them to a centralized medication area or for single patient use. Never re-enter a vial with a needle or syringe used on one patient if that vial will be used to withdraw medication for another patient. Store vials in accordance with manufacturer's recommendations and discard if sterility is compromised.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Use aseptic technique to avoid contamination of sterile injection equipment and medications.

Adapted from Transmission of Hepatitis B and C Viruses in Outpatient Settings — New York, Oklahoma, and Nebraska, 2000–2002. MMWR 2003; 52(38):901-906.

Approved by: \_\_\_\_\_ Dr. Ihsan Azzam, State Epidemiologist

---

# Preliminary Survey Results

## Evidence-Based Elements of Patient Safety Performance

Jeanne Negley, MBA



Office for Oregon Health Policy and Research

---

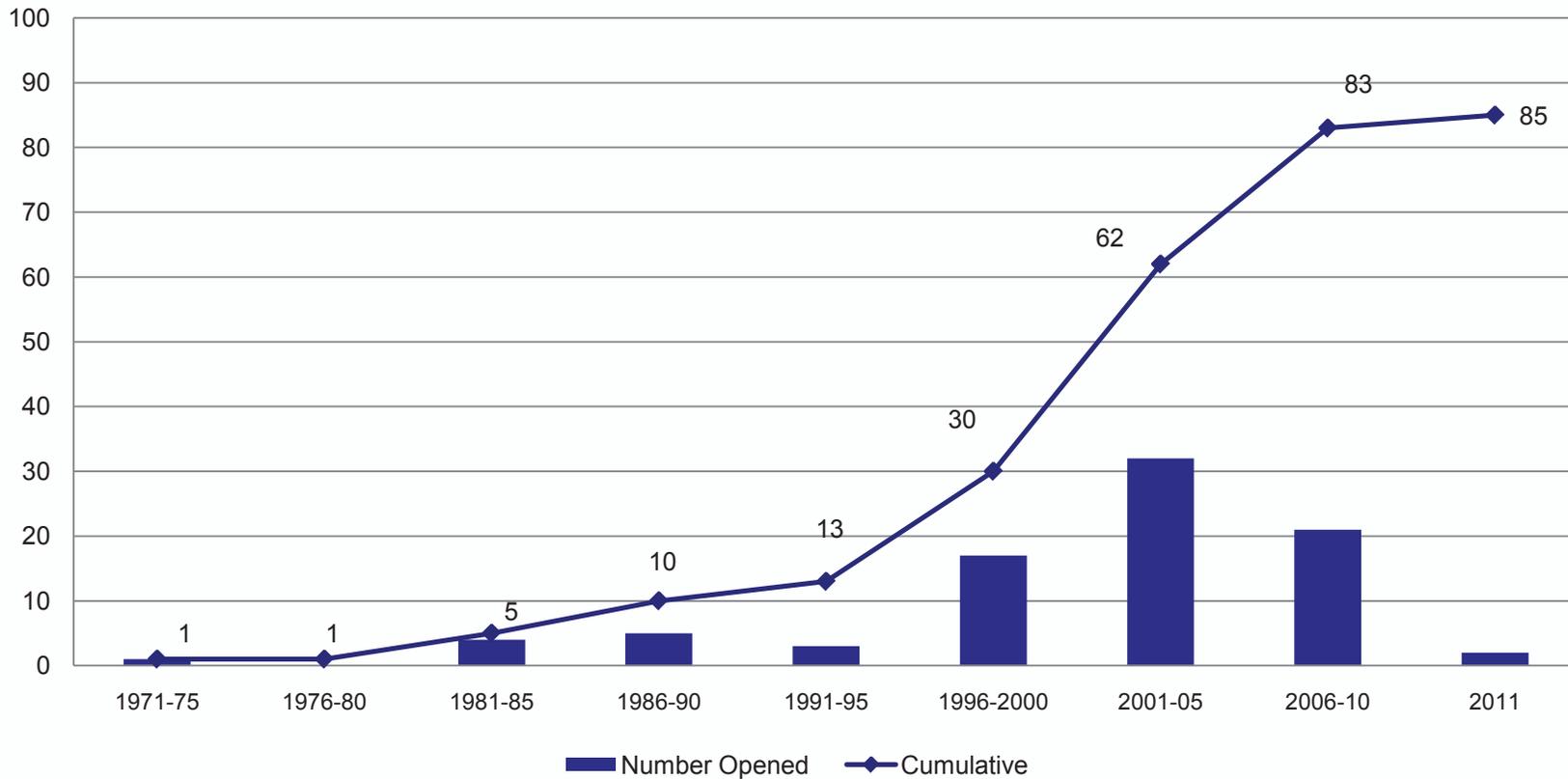
# Survey Details

- Purpose: Provide overview of current infection control practices in free-standing ambulatory surgical centers (ASCs)
- Distributed to 86 ASCs on March 1, 2011 using Survey Monkey
- 30 days to complete
- During fielding, two ASCs had closed, one had opened
- 100% response rate (n=85)

# ASC Characteristics

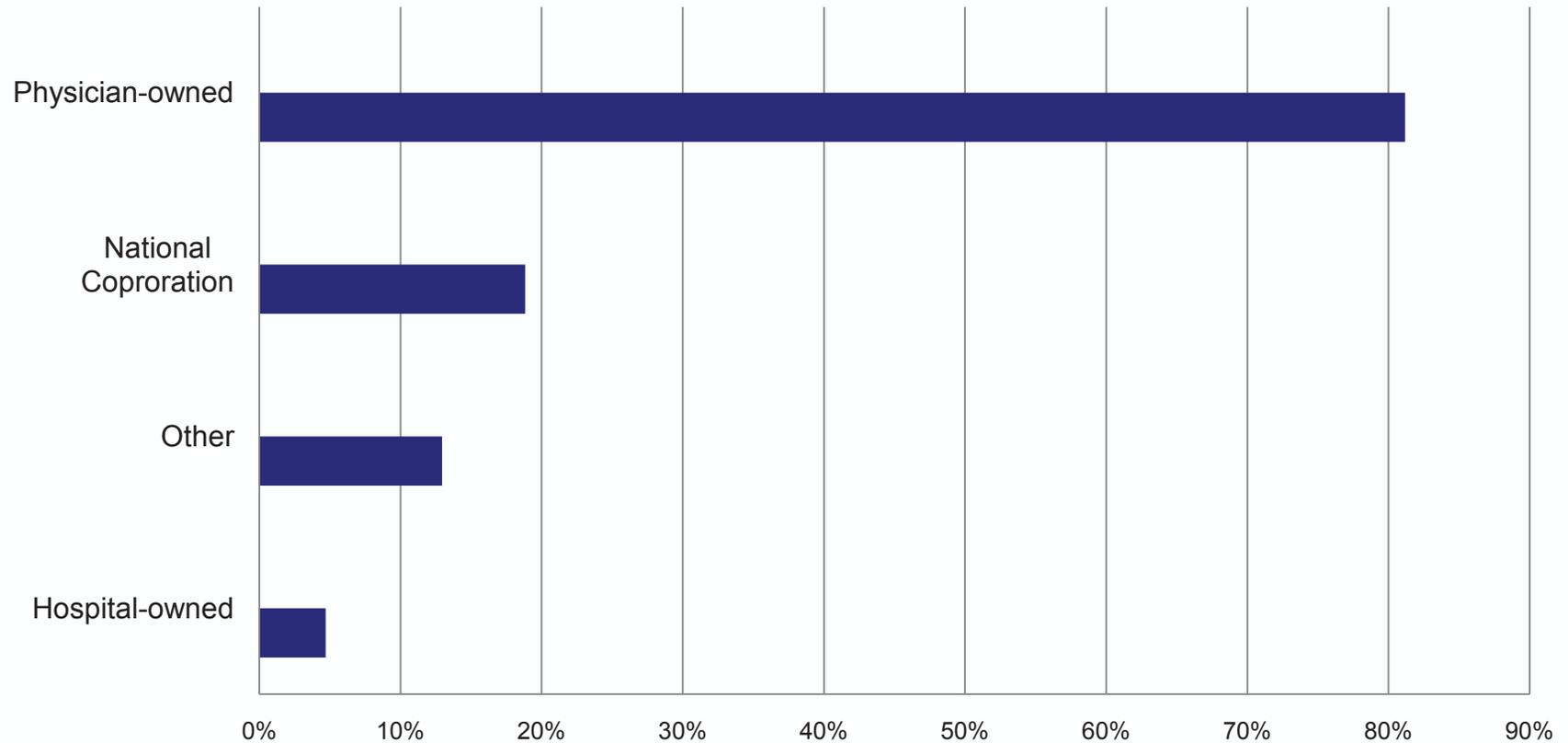
DRAFT

### Figure 1: Growth of Free-Standing Ambulatory Surgical Centers in Oregon (May 2011)



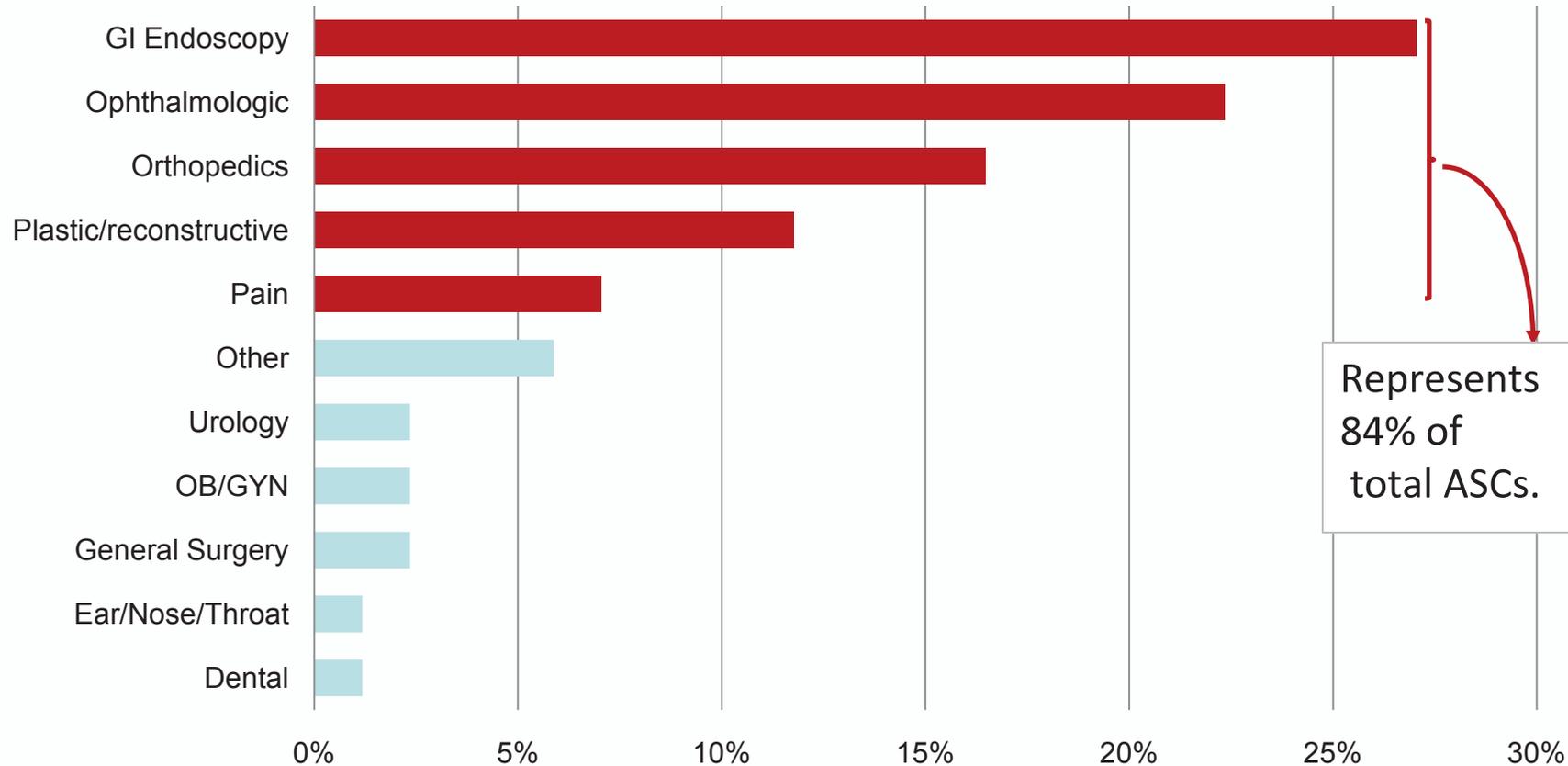
DRAFT

**Figure 2: Ownership of Oregon ASCs  
(n=85, May 2011)**



DRAFT

**Figure 3: Primary Specialties of ASCs  
(n=85, May 2011)**



Represents  
84% of  
total ASCs.

DRAFT

**Table 1: Top 10 ASC Principal Procedures, 2009**

No.	Procedure	Count	Percentage
1	Diagnostic Colonoscopy	16,262	8.5%
2	Colonoscopy and Biopsy	13,064	6.8%
3	Cataract Surgery, with Insertion of Intraocular Lens Prosthesis, 1 Stage	9,826	5.1%
4	Lesion Removal Colonoscopy	8,559	4.5%
5	Upper GI Endoscopy, Biopsy	7,793	4.1%
6	Injection Foramen, Epidural Lumbar/Sac	5,611	2.9%
7	Abortion	3,002	1.6%
8	After Cataract Laser Surgery	2,557	1.3%
9	Cystoscopy (endoscopy of the urinary bladder via the urethra)	2,519	1.3%
10	Upper GI Endoscopy, Diagnosis	1,915	1.0%

Source: ASC Discharge Data available June 30, 2011. Office for Oregon Health Policy and Research.

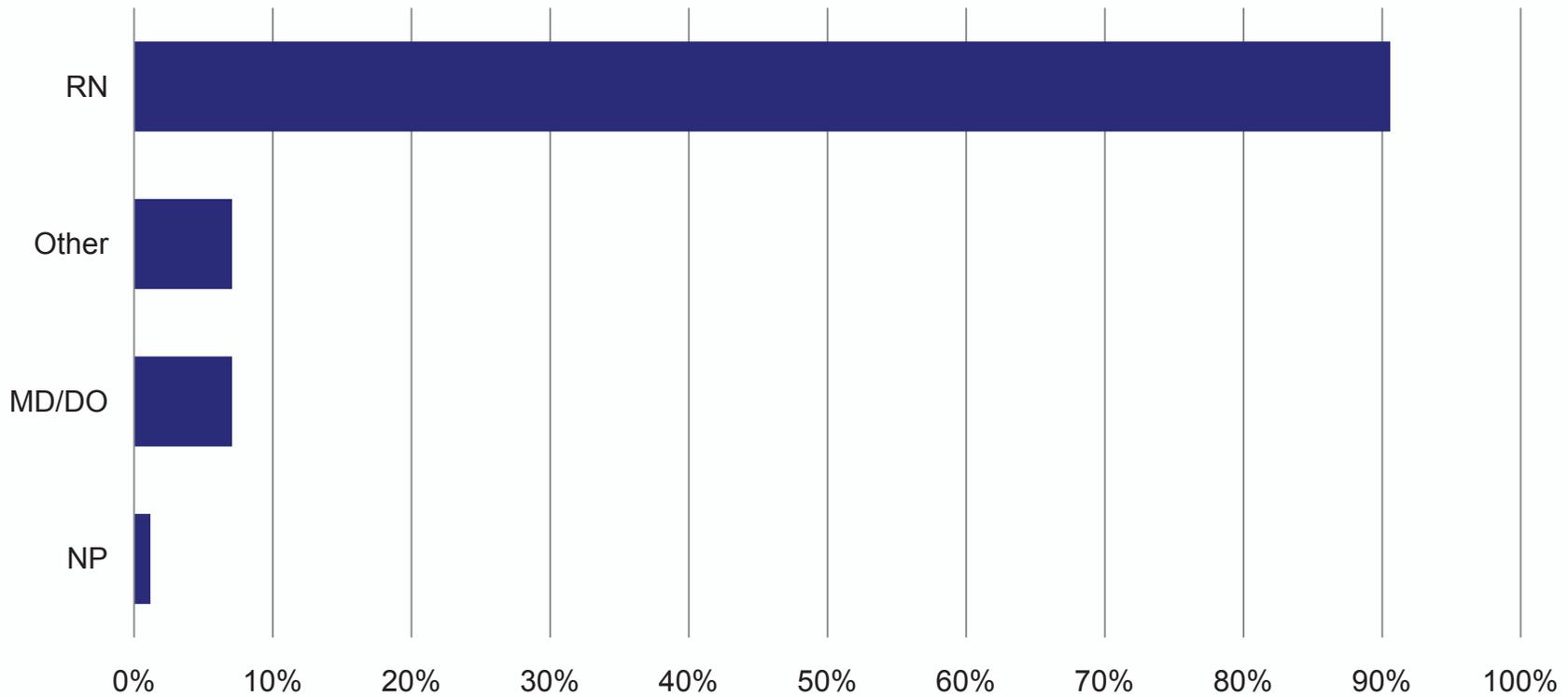
Office for Oregon Health Policy and Research



# Staff Training

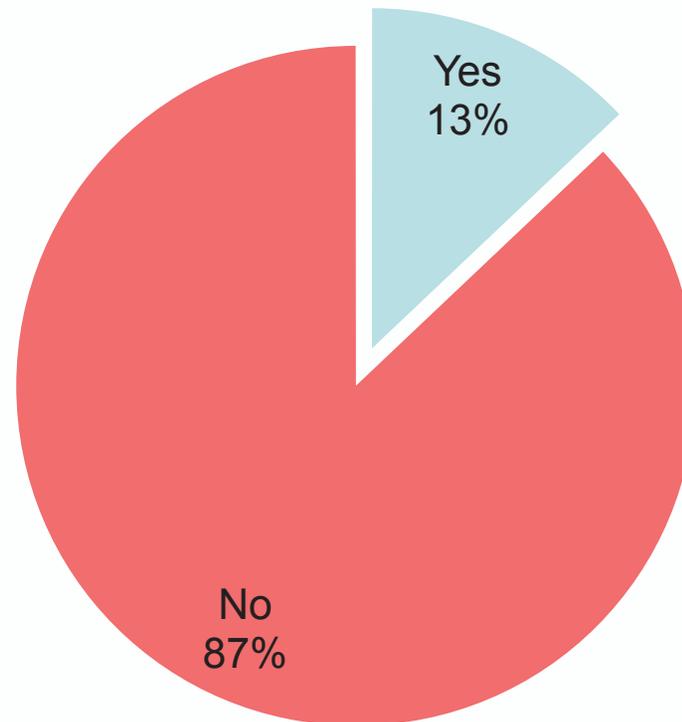
DRAFT

**Figure 4: Licensure of Person with Primary Responsibility for Infection Control**  
(n=85, May 2011)



DRAFT

**Figure 5: Percentage of Centers with Certified\* Person in Charge of Infection Control (n=85, May 2011)**



\* Certified by the American Professionals in Infection Control.

Two additional facilities reported certification in progress.

DRAFT

## Figure 6: Training for Non-Certified\* Persons in Charge of Infection Control

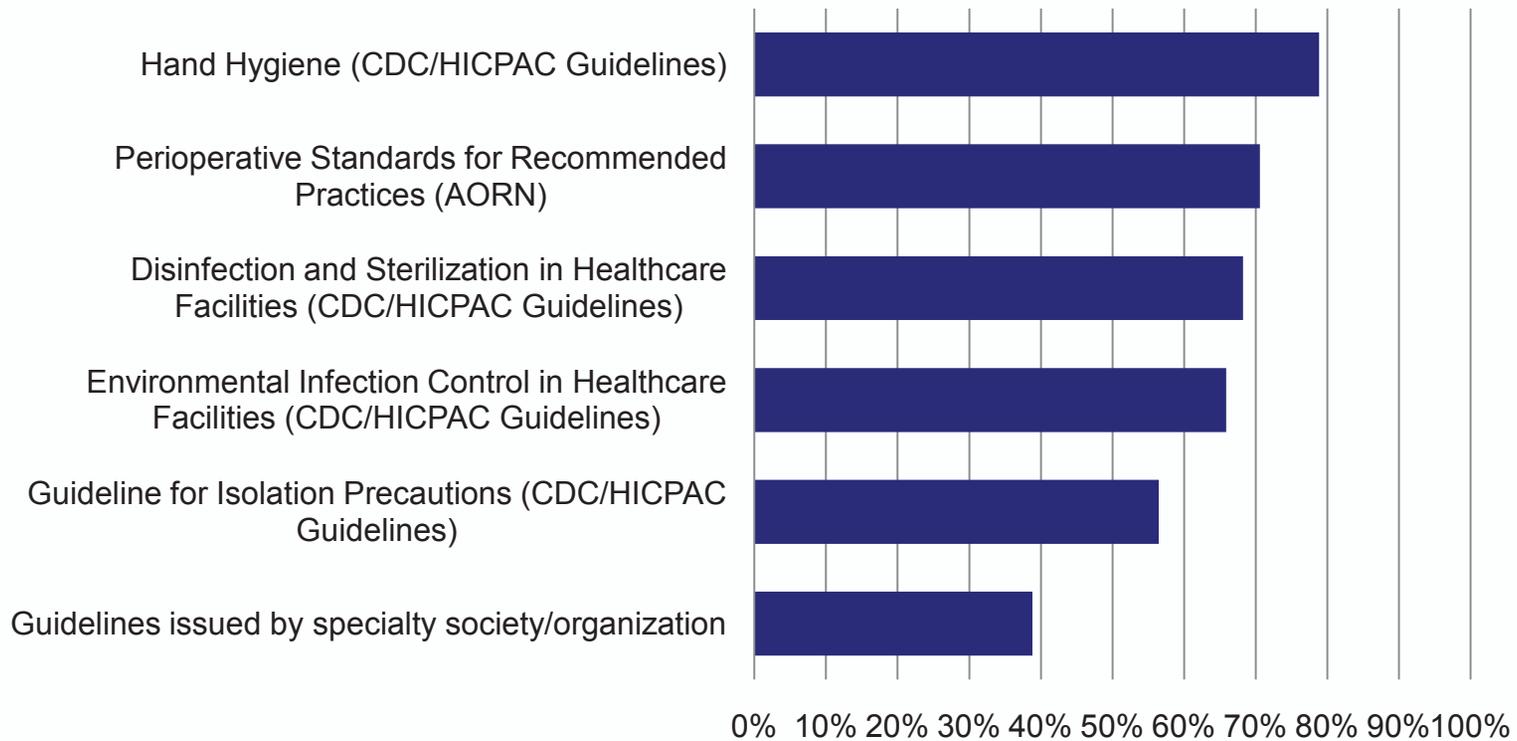
(n=74, May 2011)



# Infection Control Program

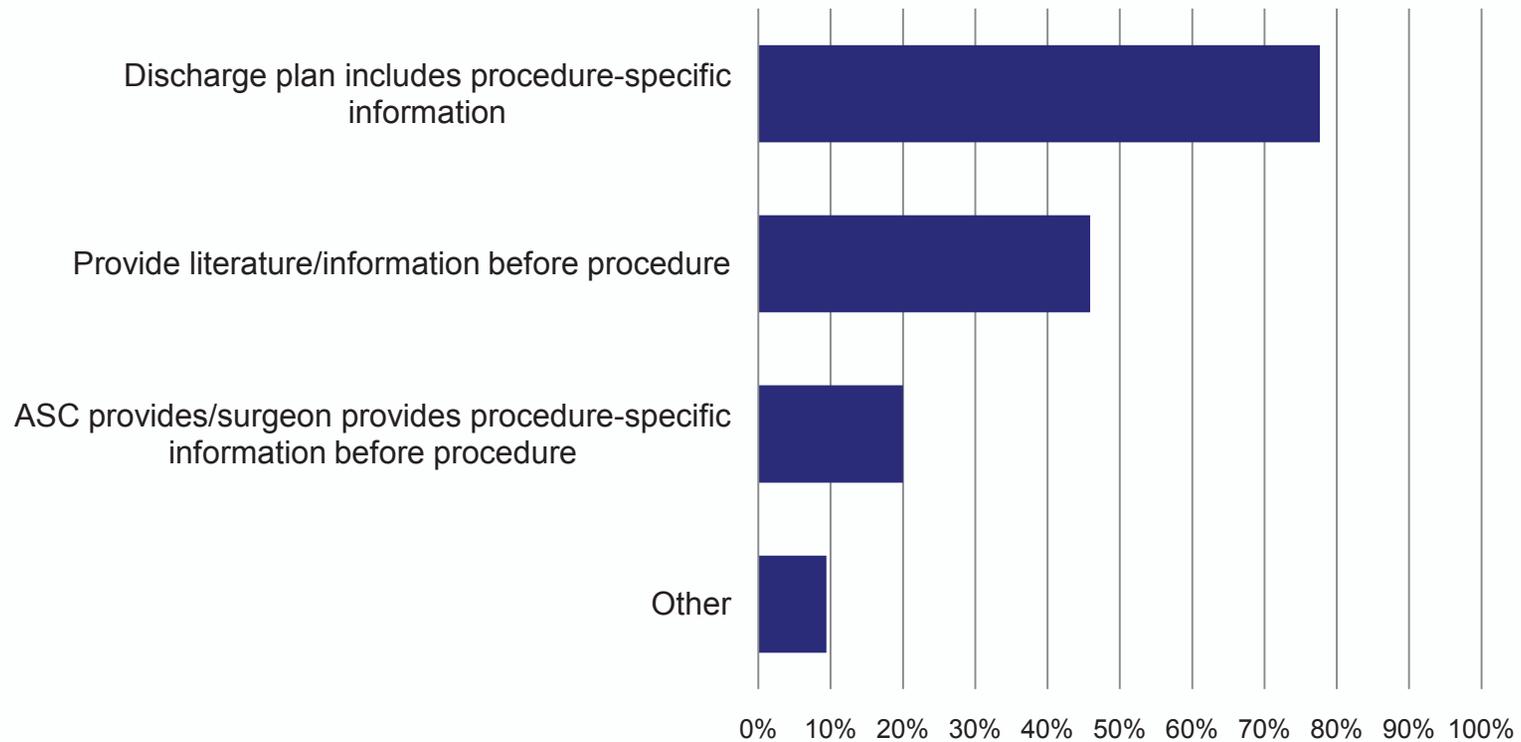
DRAFT

**Figure 7: National Infection Control Guidelines selected by ASCs (n=85, May 2011)**



DRAFT

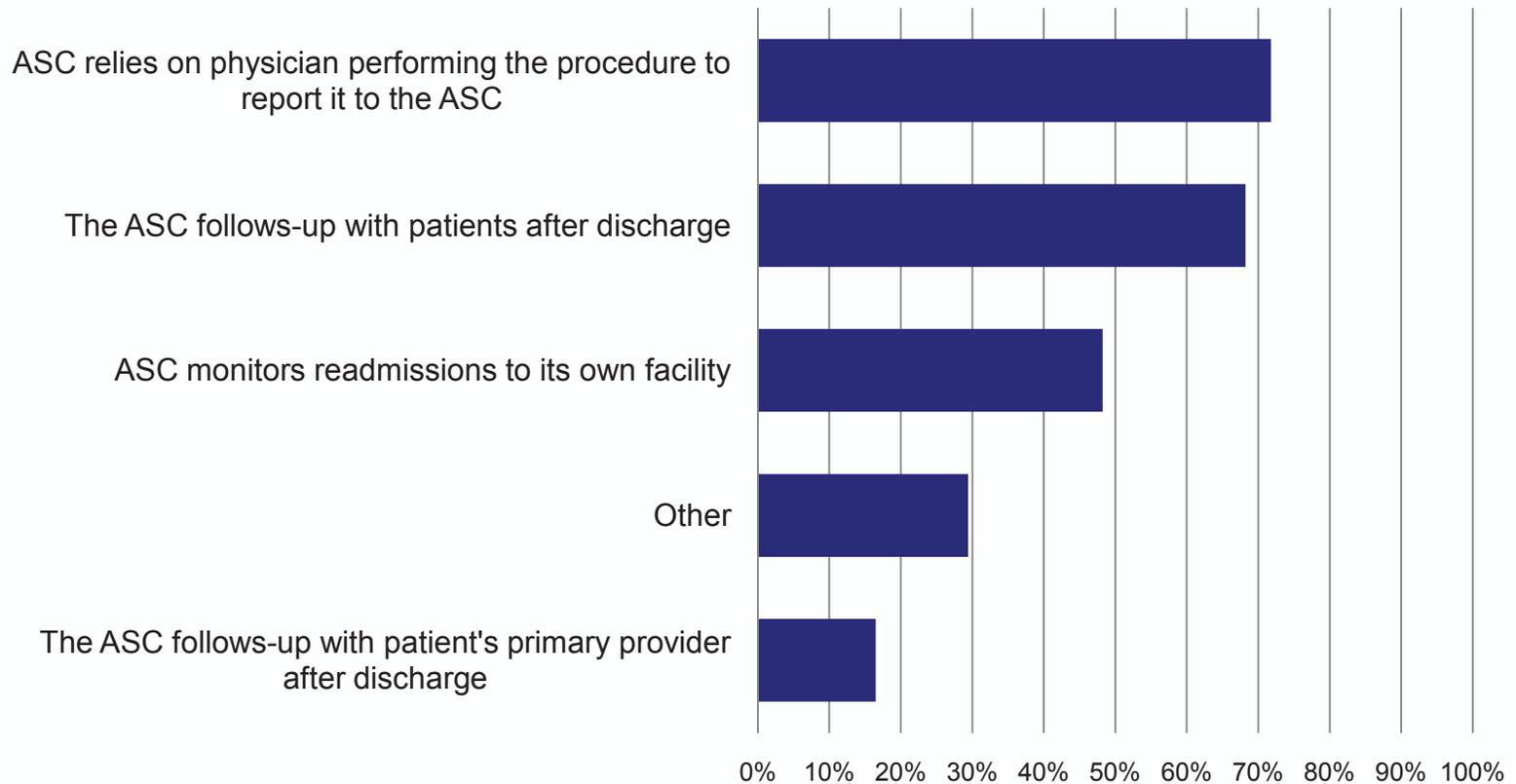
**Figure 8: Patient Education Practices to Reduce Infections (n=85, May 2011)**



# Post-Discharge Surveillance

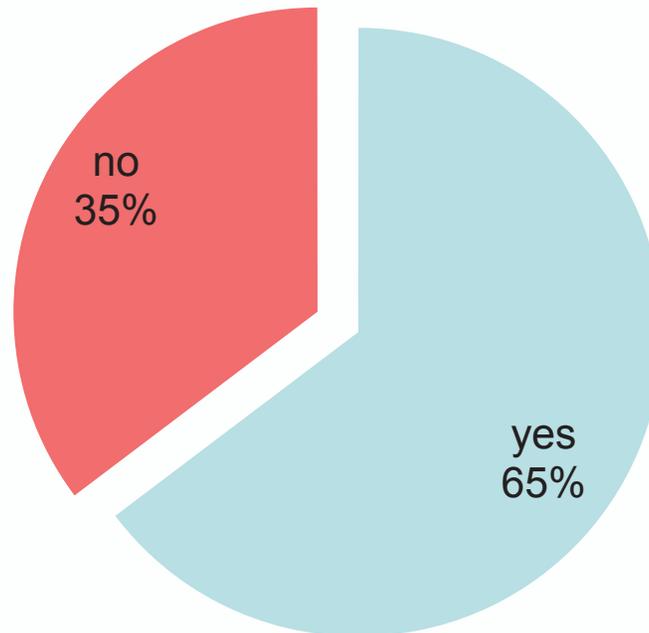
DRAFT

**Figure 9: Methods to Identify Infections Post Discharge** (n=85, May 2011)



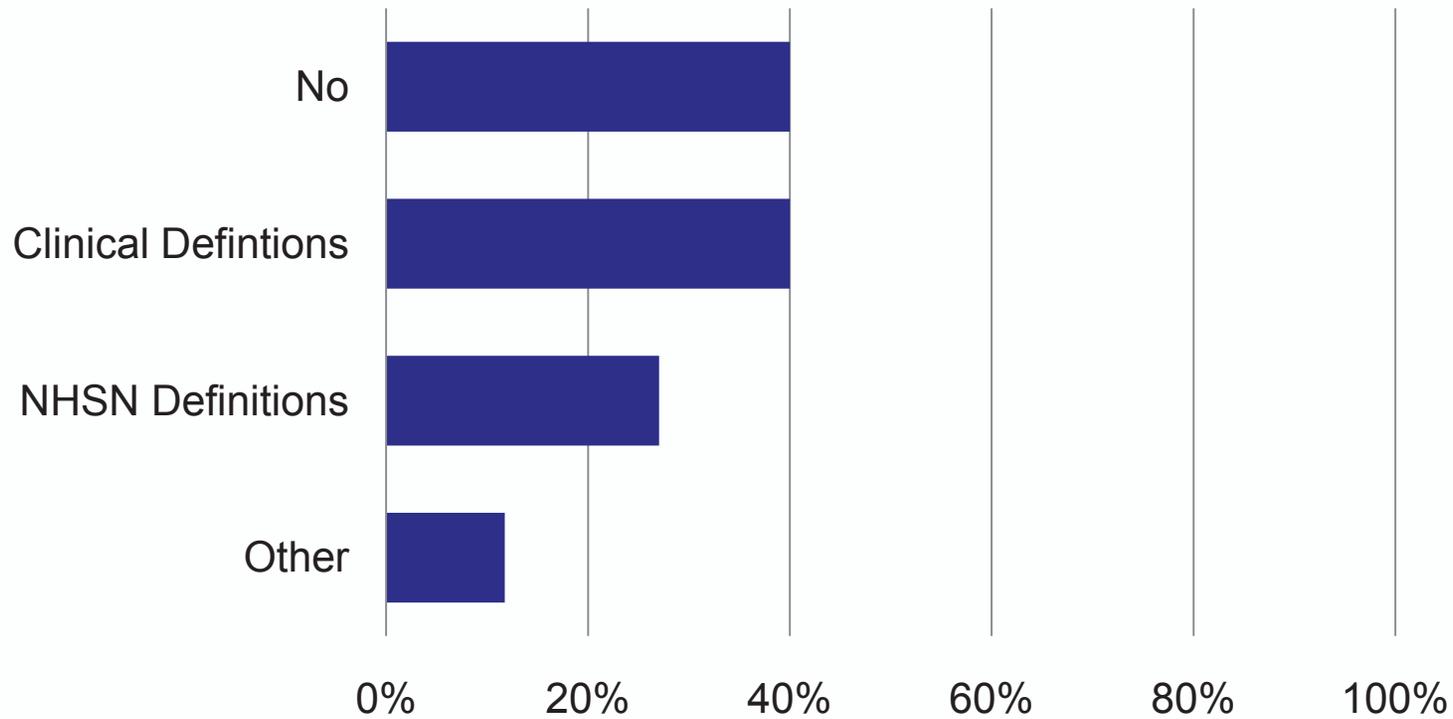
DRAFT

**Figure 10: Are CDC's National Healthcare Safety Network Definitions Used to Define Post-Discharge Surgical Site Infection?**  
(n=85, May 2011)



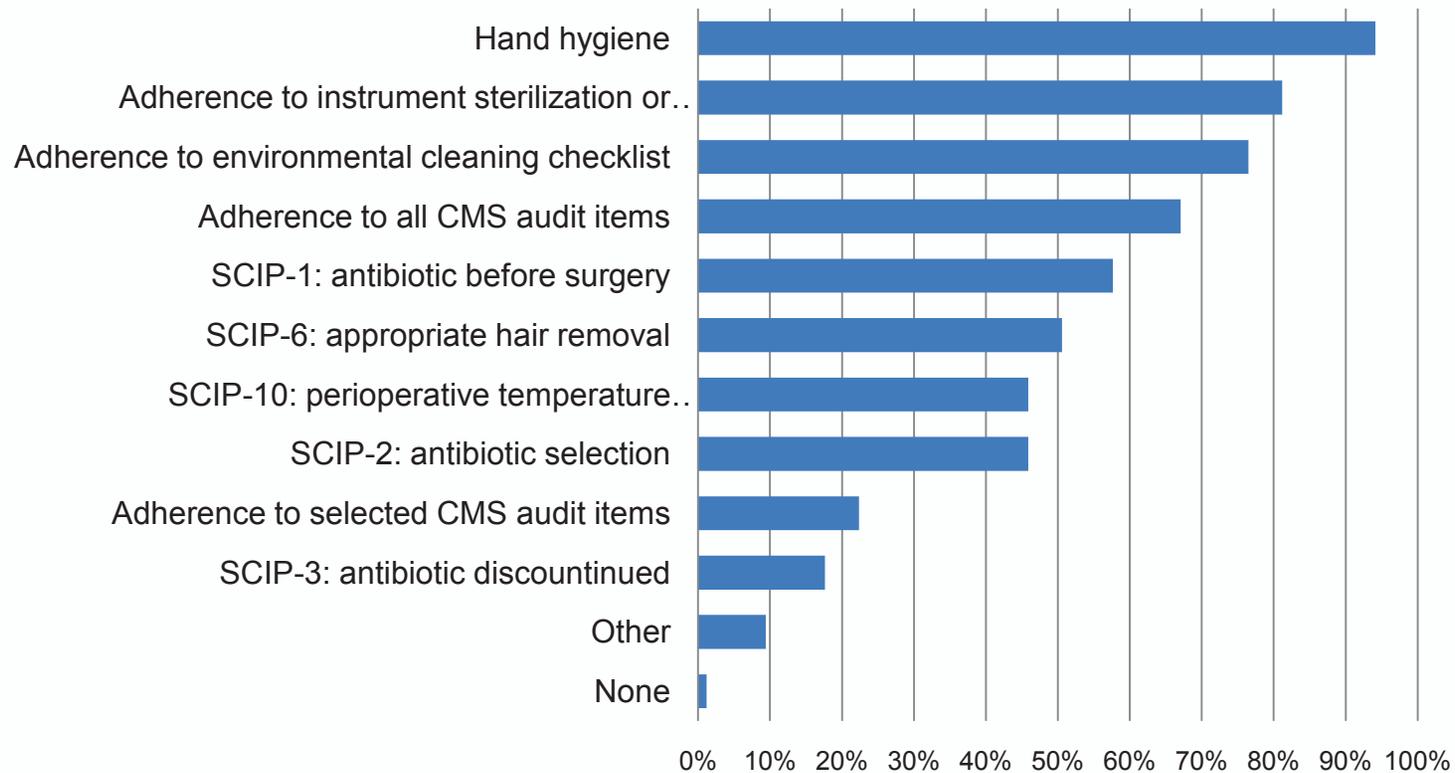
DRAFT

**Figure 11: Do Others (surgeons/hospitals/labs) Use NHSN or Clinical Definitions to Report Surgical Site Infections to You? (n=85, May 2011)**



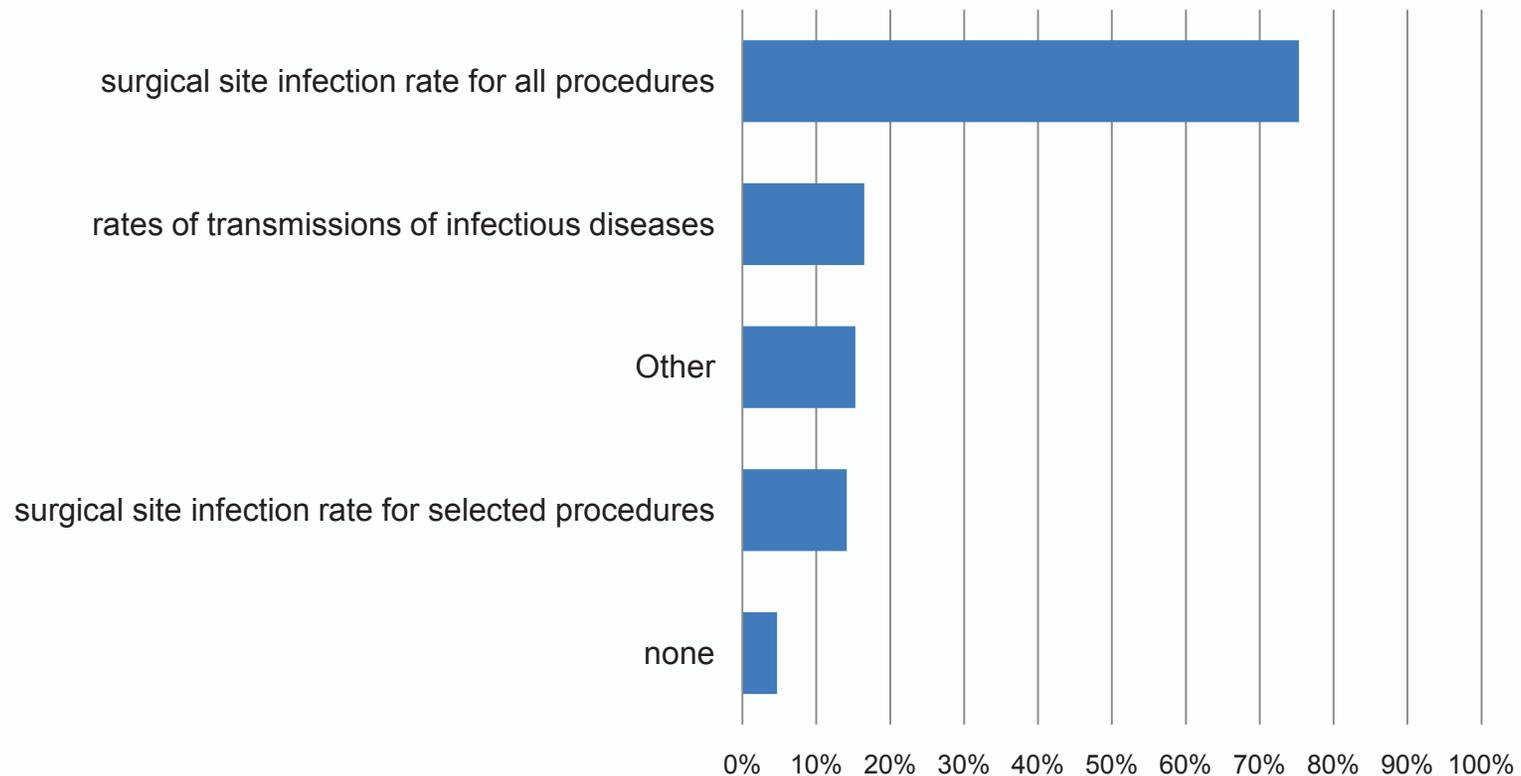
DRAFT

**Figure 12: What Process Measures does the ASC Collect?** (n=85, May 2011)



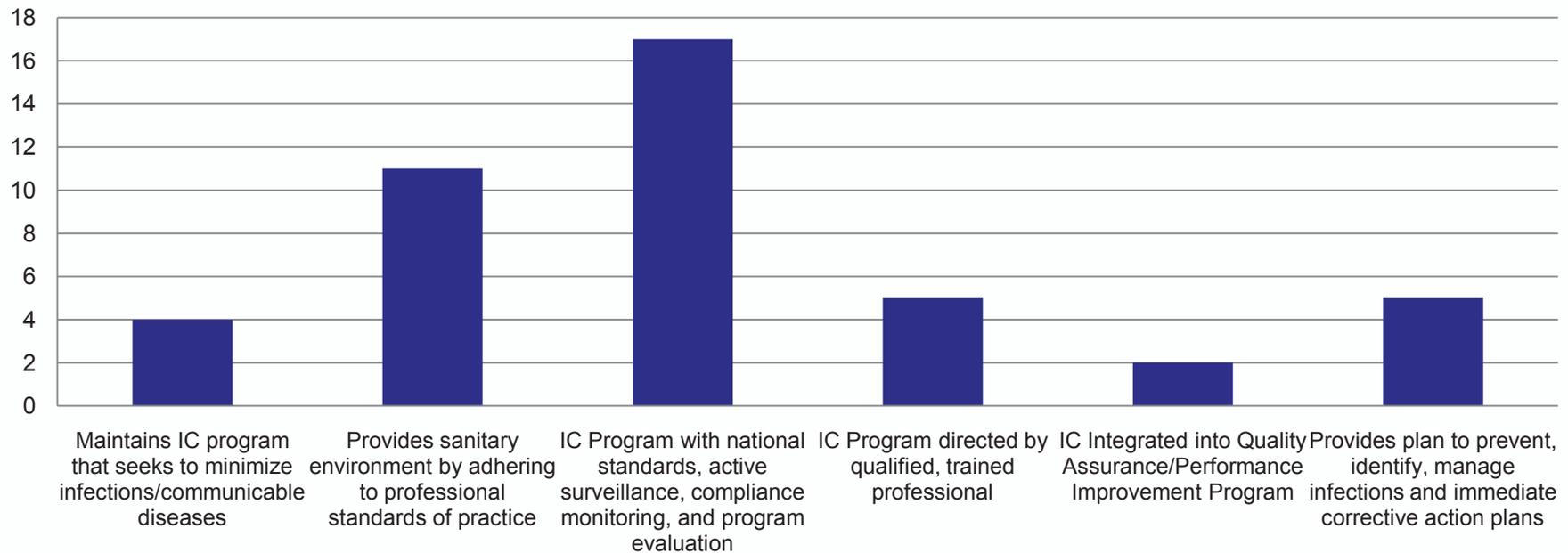
DRAFT

**Figure 13: What Outcome Measures does the ASC use to Measure SSIs or Transmission of an Infectious Agent? (n=85, May 2011)**



DRAFT

**Figure 14: Infection Control Survey Deficiency Citations  
July 1, 2009 through June 30, 2011 (n=79)**



IC = Infection Control

Source: Health Care Regulation and Quality Improvement, Oregon Health Authority

Notes: The first item “maintains IC program” is a condition-level deficiency and represents widespread serious issues with the infection control program. The other items are standard-level deficiencies that represents specific areas of concern in the infection control program.

# Conclusion

- Questions
- Discussion
- Next Steps