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HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE
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**February 27, 2013
1:00 pm to 3:00 pm**

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

MEMBERS PRESENT: Bruce Bayley, PhD (phone)
Tara Gregory, MS, FNP
Kecia Norling, RN (phone)
Nancy O'Connor, RN, BSN, MBA, CIC
Laurie Murray-Synder (phone - in place of Stacy Moritz, RN, MBA)
Marjorie Underwood, RN, BSN, CIC
Dee Dee Vallier (phone)
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC

MEMBERS EXCUSED: Paul Cieslak, MD
Susan Mullaney
Pat Preston, MS
Dana Selover, MD, MPH
Bethany Walmsley, CPHQ, CPPS
Angel Wynia

STAFF PRESENT: Zintars Beldavs, MS, Healthcare-Associated Infections Program Manager
Margaret Cunningham, MPH, Healthcare-Associated Infections Epidemiologist
Ellen McCleery, Healthcare-Associated Infections Support Analyst
Monika Samper, RN, Healthcare-Associated Infections Reporting Coordinator

ISSUES HEARD:

- Call to Order
- Approval of Minutes
- Staffing
- Committee Organization

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- **Proposed Addition of CMS Requirements to State OARs**
- **State Report Format**
- **Use of SIR in State Report**
- **Next Steps**
- **Public Comment/Adjourn**

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Item	Discussion	Follow-Up
Call to Order	The meeting was called to order at approximately 1:00 pm. There was a quorum.	
Approval of Minutes	<p>Diane Waldo requested clarification to the December 3, 2012 minutes, on page 3, third paragraph of the "HAI Partnership for Patient Prevention Targets" section:</p> <ul style="list-style-type: none"> • Change from "but data may not show an improvement over time" to "reporting on multiple data areas may not show improvement since original focus was on one to two areas". • Change from "told to do the best that they can" to "prioritize efforts". <p>Both the April 11, 2012 and December 3, 2012 minutes were unanimously approved with changes.</p>	
Staffing Staff	<p>Two additional staff from the Healthcare-Associated Infections Program will be involved with HAI reporting:</p> <ol style="list-style-type: none"> 1. Ellen McCleery will perform data analysis. 2. Monika Samper has assumed Jeanne Negley's position as the HAI Reporting Coordinator. Monika's professional experience encompasses fifteen years of previous employment as a nurse in an acute care ICU and over two years of current employment at the Public Health Division working on the Norovirus study and performing medical record reviews. 	

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Item	Discussion	Follow-Up
<p>Committee Organization</p> <p>Chair</p>	<p>Nancy O’Connor presented key points of the Statutory Requirements of OHA, ORS 442.851, and the committee attempted to match members with each of the Oregon Health Authority (OHA) required roles when possible:</p> <ol style="list-style-type: none"> 1. The advisory committee shall consist of 16 members appointed by the administrator – Zintars Beldavs. <i>Note that in a follow-up email, Mr. Beldavs clarified that according to current statute, as overall administrator for OHA, Dr. Bruce Goldberg is responsible for appointing committee members.</i> 2. Seven of the members shall be healthcare providers or their designees including: <ol style="list-style-type: none"> a. A hospital administrator who has expertise in infection control and who represents a hospital that contains fewer than 100 beds b. A hospital administrator who has expertise in infection control and who represents a hospital that contains 100 or more beds – Susan Mullaney c. A long-term care administrator – Pat Preston d. A hospital quality director – Diane Waldo e. A physician with expertise in infectious disease – Eric Chang (just resigned from committee) f. A registered nurse with interest and involvement in infection control – Nancy O’Connor g. A physician who practices in an ambulatory surgical center and who has interest and involvement in infection control – Kecia Norling is filling in for Rodger Slevin, who recently resigned 3. Nine of the members shall be individuals who do not represent healthcare providers, including: <ol style="list-style-type: none"> a. A consumer representative – Dee Dee Vallier b. A labor representative – Tara Gregory c. An academic researcher – Bruce Bayley d. A healthcare purchasing representative e. A representative of the Oregon Health Authority – Dana Selover f. A representative of the business community g. A representative of the Oregon Patient Safety Commission who does 	<p>Nancy O’Connor will contact Jeannie Negley to identify/clarify the role of each member and report findings back to the committee.</p>

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Item	Discussion	Follow-Up
	<p style="text-align: center;">not represent a healthcare provider on the commission – Bethany Walmsley</p> <p style="margin-left: 40px;">h. The State epidemiologist – Paul Cieslak is filling in for Katrina Hedberg</p> <p style="margin-left: 40px;">i. A health insurer representative</p> <p>4. Members of the advisory committee are not entitled to compensation and shall serve as volunteers.</p> <p>5. Each member of the advisory committee shall serve a term of two years.</p> <p>Although most of the current members have served beyond the term specified in ORS, the committee agreed that exceeding two years does not appear to violate statutory requirements. So, the next steps for the committee would be to:</p> <ul style="list-style-type: none"> • Confirm whether members are agreeable to extending their term • Brainstorm ideas for recruiting members to fill vacant slots 	
<p>Proposed Addition of CMS Requirements to State OARs</p> <p>Staff</p>	<p>Monika Samper proposed the addition of Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia and catheter-associated urinary tract infections (CAUTIs) to Oregon HAI reporting requirements. Centers for Medicare and Medicaid Services (CMS) began requiring mandatory reporting of CAUTIs in 2012 and MRSA bacteremia in 2013 in adult and pediatric ICUs. Oregon Administrative Rules (OARs) currently do not require reporting of either of these HAIs. Hospitals have already been reporting CAUTIs and MRSA bacteremia for CMS, so adding these HAIs will allow for the inclusion of important information in public reports without additional burden. Monika proposed a revision to the OARs and presented the amended version to the committee for approval. In response, a member requested changes to items on page 6:</p> <ul style="list-style-type: none"> • 1g - change from “MRSA” to “MRSA bacteremia” • 2d - change from “facility-wide” to the applicable care locations (to be determined) Facility-wide was later determined to be correct • 2e – change from “CAUTI” to “inpatient CAUTI events” <p>Zintars Beldavs asked whether the committee had any recommendations for future reporting requirements that might be addressed at the next meeting. One member suggested requiring long-term care facilities and ambulatory surgery centers to also report HAIs.</p>	<p>Monika Samper will make corrections to HAI reporting OARs (409-023-000 to 409-023-0035) based on CMS specifications, and Zintars Beldavs will email the amended version to the committee for a vote.</p>

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<p>State Report Format</p> <p>Staff</p>	<p>To provide ideas for the upcoming annual report and possible future website renovations, Monika Samper presented a variety of website designs and annual report formats from several other states and compared them to Oregon’s online resources:</p> <ol style="list-style-type: none"> 1. California - website offers a well-designed, interactive map of the entire state. At the top of the screen, BSIs (MRSA and VRE), CLABSIs and SSIs (choice of nine procedure categories) can be selected to view color-coded symbols representing each hospital’s level of HAI infections. The HAI levels are defined as: lower, the same, or higher than the average U.S. national rate for SSIs (surgical site infections) and the California rate for MRSA, VRE (Vancomycin-resistant enterococci) and CLABSIs (central line-associated bloodstream infections). Clicking on a symbol will display the hospital name and additional information, depending on the type of HAI. For example, when a symbol representing SSI rates for a given hospital is selected, information for all nine SSI procedures will be displayed. 2. Minnesota – a webpage allows users to view data in a variety of formats for selected clinical topics and measures. For example, choosing the Consumer Assessment topic for a particular hospital will illustrate through tables and pie/bar charts how patients rate the facility on a number of measures, including: how often do doctors and nurses communicate well with their patients, how often did patients receive help quickly from hospital staff, and how do patients rate the hospital overall. This format might work well for displaying a variety of measures for Oregon HAIs, for example, SSIs or device-related infections. 3. Oregon – bar charts in the annual report show data for each hospital over a period of 1-3 years for different variables (e.g. CLABSIs, SSIs, and healthcare worker influenza vaccination rates). 4. New York – two reports exemplify different ways of looking at similar SSI data from 2007-2011: <ul style="list-style-type: none"> • A line chart illustrates SIR (standard infection ratio) trends over time for colon, CABG (chest and donor sites), and hip SSIs. • A table lists SIRs for surgical site infections, with the percentage of increase or decrease since 2007, for each year. 	<p>Staff will decide on the best annual report format and email the draft to committee members within the next few weeks.</p> <p>Bruce Bayley offered to send Zintars Beldavs an article, published by a national expert, on how to present quality data to consumers.</p>

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	<p>A third report has a color-coded bar chart to indicate how each hospital's SSIs compare to the state average in 2011, making it easy to compare hospitals:</p> <ul style="list-style-type: none"> • Red – significantly higher than state average • Grey – 0 infections or not significant • Blue - significantly lower than state average <p>5. Pennsylvania - one report provides consumers with an unusually straightforward means of comparing hospitals by categorizing their CAUTI rates as: significantly better than predicted, significantly worse than predicted, and omitted because no use of device reported (e.g. no reported use of urinary catheters). Another report summarizes CLABSIs by pathogen in a table for the entire state. This table would be useful to professionals, but consumers are not likely to be familiar with the names of pathogens.</p> <p>6. Tennessee – in the first report, the percentages of a variety of reported organisms related to CLABSIs are displayed in a pie chart. Again, this would not likely be useful to consumers. In the second report, a bar chart of CLABSIs in NICUs, grouped by 5 different rate ranges, uses different colors to distinguish 2010, 2011, and NHSN rates.</p> <p>7. North Carolina – a single page is dedicated to each hospital, similar to Oregon's annual report, but offers more information, including a comments section where hospitals may explain unfavorable SIRs. Although the Oregon report contains hospital annotations, they are located in a different section of the report with no reference to them on each hospital's page, making it likely that the reader will overlook critical comments.</p> <p>Observations made by committee members about the content and format of reports and websites presented by Monika included:</p> <ul style="list-style-type: none"> • Due to the inherent problems associated with calculating a SIR (Standard Infection Ratio), comparisons between hospitals using this measure may not be valid (refer to next section for more detailed information on the SIR). • Need to modernize our website by considering elements such as interactive web pages and different chart types for reports. • Website should be geared toward both consumers and healthcare 	

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	<p style="text-align: center;">professionals.</p> <p>In accordance with previous years, Oregon’s 2012 annual report deadline has been set for May. In order for the Public Health Division to meet this goal and allow hospitals adequate time to report HAI-related information, staff will begin in March to evaluate data and develop a report format, which will be emailed to committee members for feedback in the next few weeks. After incorporating feedback, the newly renovated report will be presented to the Advisory Committee for approval at the April meeting. <i>In follow up to this discussion, the report will come out in June and be provided to advisory committee members prior to the June meeting, as happened last year. May is unrealistic as hospitals are required to have data for the previous year complete by 3 months after the end of the year (March) and then have up to 30 days (April) to review and correct the data to be reported. This provides less than one month to analyze data, compile the report, and publish and approximately one week to create and provide data summaries to all hospitals prior to final analysis and compilation of the annual report.</i></p>	
<p>Use of SIR in State Report</p> <p style="text-align: center;">Staff</p>	<p>Ellen McCleery presented an overview of the Standard Infection Ratio (SIR), developed by the Centers for Disease Control (CDC), to analyze healthcare-associated infection (HAI) data entered into the National Healthcare Safety Network (NHSN) by hospitals. The SIR is calculated as the observed number of HAIs divided by the expected number of HAIs. A SIR greater than 1.0 indicates that more HAIs were observed than expected; conversely, a SIR less than 1.0 indicates fewer HAIs were observed than expected. Computation of the SIR denominator depends on the NHSN module:</p> <ul style="list-style-type: none"> • Procedure-associated module – the statistical probability of a SSI is calculated for each patient by applying a multivariate logistic regression model ¹ using NHSN aggregate data from a baseline period of 2006-2008. The resultant probability is then summed for all patients in a given hospital to obtain the number of expected SSIs for that facility. • Device-associated module – expected number of CLABSIs and CAUTIs is <p>1. The Independent variables incorporated in the logistic regression model are: age, ASA, procedure duration, and whether facility is associated with a medical school.</p>	

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	<p>calculated, using device-specific infection rates stratified by location², from a standard population (NHSN aggregate data) during a baseline period. 2006-2008 is the baseline period for CLABSIs and 2009 for CAUTIs.</p> <p>Two distinct issues concerning SIR calculations are:</p> <ol style="list-style-type: none"> 1. Accuracy of predicting the expected number of SSIs for a facility is dependent on the variables selected for inclusion in logistic regression analysis. 2. Changes in SIRs may be due to a shift in a variable other than the number of infections, a phenomenon referred to as a shifting base distortion. This phenomenon is mainly a concern when calculating the expected number of device-associated HAIs because the use of risk strata, rather than a multivariate model, is employed. The CDC is addressing this issue through the development of a more sophisticated method for stratifying by risk, using logistic regression, similar to the model used for SSIs. <p>To obtain more information about SIRs, Zintars Beldavs contacted Jonathan Edwards, a statistician at the CDC and developer of the NHSN use of SIR, and David Birnbaum, the HAI Program Manager for Washington State Department of Health who published concerns over use of the SIR. David Birnbaum’s primary concern is that the SIR, while appropriate for analyzing HAI trends over time, may not be valid for hospital comparisons. Jonathan Edwards stressed the importance of first determining the target audience and that the SIR is the most appropriate measure for seeing how a hospital compares with expected infection rates and also for comparing a hospital over time. Consumers would likely use SIRs to establish the best facility for their care; whereas, hospitals would use SIRs, in part, to evaluate whether HAIs are decreasing over time. After considering the pros and cons, Zintars suggested that Oregon introduce SIRs but also continue to make rates available for hospital comparisons.</p> <p>Meeting participants also had some questions about SIRs. The current SIR is benchmarked against data that is four to six years old, and thus might make US hospitals appear especially successful in their efforts to reduce HAIs. To correct this</p> <p>2. A location is an area/unit within a hospital that provides specific patient services, as defined by the CDC. Examples include: Medical/Surgical Critical Care, Orthopedic Ward, and Medical Ward.</p>	

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	<p>problem, the CDC is considering changing the point of reference. A committee member added: many performance systems move their benchmarks periodically as rates improve; and facilities implementing this methodology need to get used to the idea that, although their SIRs indicate they have lower than expected infection rates (along with all other hospitals), they may deteriorate when the point of reference is changed. Continually moving benchmarks for SIRs, however, makes it difficult to ascertain the change in each hospital's HAIs over time, a staff member commented.</p> <p>Although not perfect, members agreed to adopt the SIR because it's currently the primary measure used by the CDC for HAIs, and many states are following suit. However, members emphasized the need to find a way to educate all stakeholders on how to interpret SIRs and their limitations.</p>	
<p style="text-align: center;">Next Steps</p> <p style="text-align: center;">Chair</p>	<ol style="list-style-type: none"> 1. To address declining meeting attendance, Zintars Beldavs and Nancy O'Connor will contact members to: <ul style="list-style-type: none"> • Communicate how important they are to the functioning of the committee • Identify barriers to attending meetings • Pinpoint reasons for diminishing interest in the committee 2. Members will develop plans to rejuvenate the committee. 3. Meeting attendees were encouraged to make recommendations, taking into account all stakeholders, for the 2012 Oregon annual report before the next meeting. 4. Committee meetings for the remainder of 2013 will be scheduled for the fourth Wednesday every two months, from 1:00 pm-3:00 pm, beginning in April, to allow members adequate time to plan around these meetings. 	
Public Comment / Adjourn	No public comments	

Next meeting will be April 24, 2013, 1:00 pm to 3:00 pm, at the Portland State Office Building, Room 1C.

Submitted By: Diane Roy

Reviewed By: Zintars Beldavs

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EXHIBIT SUMMARY

- A – Agenda**
- B – April 11, 2012 Minutes**
- C – December 3, 2012 Minutes**
- D – Proposed Addition of CMS Requirement to State OARs**
- E – Summary of State Reports**
- F – SIR Summary**

Role of the Health Care Acquired Infection Advisory Committee

The role of the Health Care Acquired Infection Advisory Committee (HAIAC) is to advise the Administrator of the Oregon Health Authority (OHA) regarding the Oregon Health Care Acquired Infection Reporting Program. The responsibilities and duties of the program are as follows:

The Oregon Health Care Acquired Infection (HAI) Reporting Program is responsible to:

1. Provide useful and credible infection measures, specific to each health care facility, to consumers;
2. Promote quality improvement in health care facilities;
3. Utilize existing quality improvement efforts to the extent practicable.

In performing the above functions, the OHA shall adopt rules to:

1. Require health care facilities to report health care acquired infection measures, including but not limited to health care acquired infection rates;
2. Specify the health care acquired infection measures that health care facilities must report;
3. Prescribe the form, manner and frequency of reports of health care acquired infection measures by health care facilities.

In order to avoid unnecessary duplication of reporting by facilities, the OHA shall align Oregon reporting requirements with the requirements for health care facilities to report similar data to the Centers for Medicare and Medicaid Services.

A credible and reliable risk-adjusted methodology in analyzing the health care acquired infection measures reported by health care facilities shall be utilized.

The health care acquired infection measures and related information shall be provided to health care facilities in a manner that promotes quality improvement.

The manner, form, and frequency for public disclosure of reported health care acquired infection measures will be prescribed by the program.

Individually identifiable health information submitted to the OHA by health care facilities may not be disclosed to, made subject to subpoena by or used by any state agency for purposes of any enforcement or regulatory action in relation to a participating health care facility.

Statutory requirements of OHA:

ORS 442.851

Health Care Acquired Infections

ORS 442.851, Notes following

(Temporary provisions relating to health care acquired infections are compiled as Notes following ORS 442.851)

Note: Sections 1 to 6 and 12, chapter 838, Oregon Laws 2007, provide:

Sec. 1. The Legislative Assembly finds that Oregonians should be free from infections acquired during the delivery of health care. Action taken in this state to prevent health care acquired infections should be trustworthy, effective, transparent and reliable. [2007 c.838 §1]

Sec. 2. As used in sections 1 to 6 of this 2007 Act:

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

(2) "Health care acquired infection" means a localized or systemic condition that:

(a) Results from an adverse reaction to the presence of an infectious agent or its toxin; and

(b) Was not present or incubating at the time of admission to the health care facility.

(3) "Risk-adjusted methodology" means a standardized method used to ensure that intrinsic and extrinsic risk factors for a health care acquired infection are considered in the calculation of health care acquired infection rates. [2007 c.838 §2]

Sec. 3. (1) There is established in the Office for Oregon Health Policy and Research the Oregon Health Care Acquired Infection Reporting Program. The program shall:

(a) Provide useful and credible infection measures, specific to each health care facility, to consumers;

(b) Promote quality improvement in health care facilities; and

(c) Utilize existing quality improvement efforts to the extent practicable.

(2) The office shall adopt rules to:

(a) Require health care facilities to report to the office health care acquired infection measures, including but not limited to health care acquired infection rates;

(b) Specify the health care acquired infection measures that health care facilities must report; and

(c) Prescribe the form, manner and frequency of reports of health care acquired infection measures by health care facilities.

(3) In prescribing the form, manner and frequency of reports of health care acquired infection measures by health care facilities, to the extent practicable and appropriate to avoid unnecessary duplication of reporting by facilities, the office shall align the requirements with the requirements for health care facilities to report similar data to the Oregon Health Authority and to the Centers for Medicare and Medicaid Services.

(4) The office shall utilize, to the extent practicable and appropriate, a credible and reliable risk-adjusted methodology in analyzing the health care acquired infection measures reported by health care facilities.

(5) The office shall provide health care acquired infection measures and related information to health care facilities in a manner that promotes quality improvement in the health care facilities.

(6) The office shall adopt rules prescribing the form, manner and frequency for public disclosure of reported health care acquired infection measures. The office shall disclose updated information to the public no less frequently than every six months beginning January 1, 2010, and no less frequently than every calendar quarter beginning January 1, 2011.

(7) Individually identifiable health information submitted to the office by health care facilities pursuant to this section may not be disclosed to, made subject to subpoena by or used by any state agency for purposes of any enforcement or regulatory action in relation to a participating health care facility. [2007 c.838 §3; 2009 c.595 §1157]

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

(a) Seven of the members shall be health care providers or their designees, including:

(A) A hospital administrator who has expertise in infection control and who represents a hospital that contains fewer than 100 beds;

(B) A hospital administrator who has expertise in infection control and who represents a hospital that contains 100 or more beds;

(C) A long term care administrator;
(D) A hospital quality director;
(E) A physician with expertise in infectious disease;
(F) A registered nurse with interest and involvement in infection control; and
(G) A physician who practices in an ambulatory surgical center and who has interest and involvement in infection control.

(b) Nine of the members shall be individuals who do not represent health care providers, including:

(A) A consumer representative;
(B) A labor representative;
(C) An academic researcher;
(D) A health care purchasing representative;
(E) A representative of the Oregon Health Authority;
(F) A representative of the business community;
(G) A representative of the Oregon Patient Safety Commission who does not represent a health care provider on the commission;
(H) The state epidemiologist; and
(I) A health insurer representative.

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

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

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

(5) The advisory committee shall make recommendations to the administrator regarding:

(a) The health care acquired infection measures that health care facilities must report, which may include but are not limited to:

(A) Surgical site infections;
(B) Central line related bloodstream infections;
(C) Urinary tract infections; and
(D) Health care facility process measures designed to ensure quality and to reduce health care acquired infections;

(b) Methods for evaluating and quantifying health care acquired infection measures that align with other data collection and reporting methodologies of health care facilities and that support participation in other quality interventions;

(c) Requiring different reportable health care acquired infection measures for differently situated health care facilities as appropriate;

(d) A method to ensure that infections present upon admission to the health care facility are excluded from the rates of health care acquired infection disclosed to the public for the health care facility under sections 3 and 6, chapter 838, Oregon Laws 2007;

(e) Establishing a process for evaluating the health care acquired infection measures reported under section 3, chapter 838, Oregon Laws 2007, and for modifying the reporting requirements over time as appropriate;

(f) Establishing a timetable to phase in the reporting and public disclosure of health care acquired infection measures; and

(g) Procedures to protect the confidentiality of patients, health care professionals and health care facility employees. [2007 c.838 §4; 2009 c.595 §1158]

Sec. 5. Notwithstanding the term of office specified by section 4 of this 2007 Act, of the members first appointed to the Health Care Acquired Infection Advisory Committee:

(1) Five shall serve for terms ending January 1, 2010.

(2) Five shall serve for terms ending January 1, 2011.

(3) The remaining members shall serve for a term ending January 1, 2012. [2007 c.838 §5]

Sec. 6. (1) In addition to any report required pursuant to section 3 of this 2007 Act, on or before April 30 of each year, the Administrator of the Office for Oregon Health Policy and Research shall prepare an annual report summarizing the health care facility reports submitted pursuant to section 3 of this 2007 Act. The Office for Oregon Health Policy and Research shall make the reports available to the public in the manner provided in ORS 192.243 and to the Legislative Assembly in the manner provided in ORS 192.245. The first report shall be made available no later than January 1, 2010.

(2) The annual report shall, for each health care facility in the state, compare the health care acquired infection measures reported under section 3 of this 2007 Act. The office, in consultation with the Health Care Acquired Infection Advisory Committee, shall provide the information in the report in

a format that is as easily comprehensible as possible.

(3) The annual report may include findings, conclusions and trends concerning the health care acquired infection measures reported under section 3 of this 2007 Act, a comparison to the health care acquired infection measures reported in prior years and any policy recommendations.

(4) The office shall publicize the annual report and its availability to interested persons, including providers, media organizations, health insurers, health maintenance organizations, purchasers of health insurance, organized labor, consumer and patient advocacy groups and individual consumers.

(5) The annual report and quarterly reports under this section and section 3 of this 2007 Act may not contain information that identifies a patient, a licensed health care professional or an employee of a health care facility in connection with a specific infection incident. [2007 c.838 §6]

Sec. 12. Sections 1 to 6 of this 2007 Act are repealed on January 2, 2018. [2007 c.838 §12]

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) "CAUTI" means catheter-associated urinary tract infection, as defined in the NHSN Manual.

(45) "CDC" mean the federal Centers for Disease Control and Prevention.

(56) "CDI" means *Clostridium difficile* infection as defined in the NHSN Manual.

(67) "CLABSI" means central line associated bloodstream infection as defined in the NHSN Manual.

(78) "CMS" mean the federal Centers for Medicare and Medicaid Services.

(89) "COLO" means colon procedures as defined in the NHSN Manual.

(910) "Committee" means the Health Care Acquired Infections Advisory Committee as defined in notes following ORS 442.851 relating to Health Care Acquired Infections.

(1011) "Dialysis facility" means outpatient renal dialysis facility as defined in ORS 442.015(20).

(112) "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.

(1213) "HAI" means health care acquired infection as defined in notes following ORS 442.851 relating to Health Care Acquired Infections.

(1314) "Health care facility" means a facility as defined in ORS 442.015(10).

(1415) "Hospital" means a facility as defined in ORS 442.015(13) and that is licensed pursuant to ORS 441.015.

- (1516) "Hospital Inpatient Quality Reporting Program" means the initiative administered by CMS and formerly referred to as RHQDAPU.
- (4617) "HPRO" means hip prosthesis procedure as defined in the NHSN Manual.
- (4718) "HYST" means abdominal hysterectomy procedure as defined in the NHSN Manual.
- (4819) "ICU" means an intensive care unit as defined in the NHSN Manual.
- (4920) "KPRO" means knee prosthesis procedure as defined in the NHSN Manual.
- (2021) "Lab ID" means laboratory-identified event as defined in the NHSN Manual.
- (2422) "LAM" means laminectomy procedure as defined in the NHSN Manual.
- (2223) "LTC facility" means long term care facility as defined in ORS 442.015(16).
- (2324) "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.
- (2425) "Medical ICU" means a non-specialty intensive care unit that serves 80% or more adult medical patients.
- (2526) "Medical/Surgical ICU" means a non-specialty intensive care unit that serves less than 80% of either adult medical, adult surgical, or specialty patients.
- (27) "MRSA" means methicillin-resistant *Staphylococcus aureus* as defined in the NHSN Manual.
- (2628) "NHSN" means the CDC's National Healthcare Safety Network.
- (2729) "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.
- (2830) "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.
- (2931) "NICU" means a specialty intensive care unit that cares for neonatal patients.
- (3032) "Office" means the Office for Oregon Health Policy and Research.
- (3133) "Oregon HAI group" means the NHSN group administered by the Office.
- (3234) "Overall-facility wide" means data is collected for the entire facility as defined in the NHSN Manual.
- (3335) "Patient information" means individually identifiable health information as defined in ORS 179.505(c).
- (3436) "Person" has the meaning as defined in ORS 442.015(21).
- (3537) "Procedure" means an NHSN operative procedure as defined in the NHSN Manual.
- (3638) "Provider" means health care services provider as defined in ORS 179.505(b).
- (3739) "QIO" means the quality improvement organization designated by CMS for Oregon.
- (3840) "RHQDAPU" means the Reporting Hospital Quality Data for Annual Payment Update initiative administered by CMS.
- (3941) "SCIP" means the Surgical Care Improvement Project.

- | (4042) "SCIP-Inf-1" means the HAI process measure published by SCIP defined as prophylactic antibiotic received within one hour prior to surgical incision.
- | (4143) "SCIP-Inf-2" means the HAI process measure published by SCIP defined as prophylactic antibiotic selection for surgical patients.
- | (4244) "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).
- | (4345) "SCIP-Inf-4" means the HAI process measure published by SCIP defined as cardiac surgery patients with controlled 6 a.m. postoperative serum glucose.
- | (4446) "SCIP-Inf-6" means the HAI process measure published by SCIP defined as surgery patients with appropriate hair removal.
- | (4547) "SCIP-Inf-9" means urinary catheter removed on postoperative day 1 or postoperative day 2 with day of surgery being day zero.
- | (4648) "SCIP-Inf-10" means the HAI process measure published by SCIP defined as surgery patients with perioperative temperature management.
- | (4749) "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.
- | (4850) "SSI" means a surgical site infection event as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.
- | (4951) "Staff" means any employee of a health care facility or any person contracted to work within a health care facility.
- | (5052) "State agency" shall have the meaning as defined in ORS 192.410(5).
- | (5153) "Surgical ICU" means a non-specialty intensive care unit that serves 80% or more adult surgical patients.

Stat. Auth.: ORS 442.420 & OL 2007, Ch. 838 § 1-6 & 12
 Stats. Implemented: ORS 179.505, 192.410, 192.496, 192.502, 441.015, 442.011, 442.400, 442.405, & OL 2007, Ch. 838 § 1-6 & 12
 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; OHP 4-2011(Temp), f. 7-28-11, cert. ef. 8-1-11 thru 1-25-12; OHP 7-2011, f. 9-30-11, cert. ef. 10-1-11

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) & 2007 OL Ch. 838 § 1-6 & 12
 Stats. Implemented: 2007 OL Ch. 838 § 1-6 & 12
 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.

(g) Hospitals shall report facility-wide inpatient MRSA bacteremia data using the Lab-ID method for MRSA bacteremia in the NHSN MDRO and CDI Module protocol for services provided in acute care hospitals on or after January 1, 2013.

(h) Hospitals shall report NHSN inpatient CAUTI events in adult and pediatric ICUs for services provided on or after January 1, 2013.

(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.

(d) NHSN Inpatient MRSA bacteremia facility-wide.

(e) CAUTI in adult and pediatric ICUs.

(3) The infection control professional (ICP), as defined by the facility, shall actively seek out infections defined in sections (2)(a) and (b) of this rule during a patient's stay by screening a variety of data that may include but is not limited to:

(a) Laboratory;

(b) Pharmacy;

(c) Admission;

(d) Discharge;

(e) Transfer;

(f) Radiology;

(g) Imaging;

(h) Pathology; and

(i) Patient charts, including history and physical notes, nurses and physicians notes, and temperature charts.

(4) The ICP shall use follow-up surveillance methods to detect SSIs for procedures defined in section (2)(a) of this rule using at least one of the following:

(a) Direct examination of patients' wounds during follow-up visits to either surgery clinics or physicians' offices;

(b) Review of medical records, subsequent hospitalization records, or surgery clinic records;

(c) Surgeon surveys by mail or telephone;

(d) Patient surveys by mail or telephone; or

(e) Other facility surveys by mail or telephone.

(5) Others employed by the facility may be trained to screen data sources for these infections, but the ICP must determine that the infection meets the criteria established by these rules.

(6) The HAI reporting system for HAI outcome measures shall be NHSN. Each Oregon hospital shall comply with processes and methods prescribed by CDC for NHSN data submission. This includes but is not limited to definitions, data collection, data reporting, and administrative and training requirements. Each Oregon hospital shall:

(a) Join the Oregon HAI group in NHSN.

(b) Authorize disclosure of NHSN data to the Office as necessary for compliance of these rules including but not limited to summary data and denominator data for all SSIs, the annual hospital survey and data analysis components for all SSIs, and summary data and denominator data for all medical ICUs, surgical ICUs, and combined medical/surgical ICUs.

(c) Report its data for outcome measures to NHSN no later than 30 days after the end of the collection month. The NHSN field "Discharge Date" is mandatory for all outcome measures.

(7) Each hospital shall report on a quarterly basis according to 409-023-0010(1) the following HAI process measures:

(a) SCIP-Inf-1;

(b) SCIP-Inf-2;

(c) SCIP-Inf-3;

(d) SCIP-Inf-4;

(e) SCIP-Inf-6;

(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 NHSN. Each Oregon hospital with a NICU shall comply with processes and methods prescribed by NHSN for the 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 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 NHSN according to the NHSN Manual.

(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

Stats. Implemented: ORS 442.405 & Notes following ORS 442.851

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; OHP 4-2011(Temp), f. 7-28-11, cert. ef. 8-1-11 thru 1-25-12; OHP 7-2011, f. 9-30-11, cert. ef. 10-1-11

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) & OL 2007, Ch. 838 § 1-6 and 12

Stats. Implemented: ORS 442.405 & OL 2007, Ch. 838 § 1-6 and 12

Hist.: OHP 1-2009, f. & cert. ef. 7-1-09; OHP 4-2011(Temp), f. 7-28-11, cert. ef. 8-1-11 thru 1-25-12; OHP 7-2011, f. 9-30-11, cert. ef. 10-1-11

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) & 2007 OL Ch. 838 § 1-6 & 12
Stats. Implemented: ORS 442.405 & 2007 OL Ch. 838 § 1-6 & 12
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, 2013 pursuant to rules amended no later than July 1, 2012.

Stat. Auth.: ORS 442.420(3)(d) & OL 2007, Ch. 838 § 1-6 and 12
Stats. Implemented: ORS 442.405 & OL 2007, Ch. 838 § 1-6 and 12
Hist.: OHP 1-2008, f. & cert. ef. 7-1-08; OHP 1-2009, f. & cert. ef. 7-1-09; OHP 4-2011(Temp), f. 7-28-11, cert. ef. 8-1-11 thru 1-25-12; OHP 7-2011, f. 9-30-11, cert. ef. 10-1-11

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) & 2007 OL Ch. 838 § 1-6 & 12
Stats. Implemented: ORS 442.405, 192.496, 192.502, 192.243, 192.245 & 2007 OL Ch. 838 § 1-6 & 12
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) & 2007 OL Ch. 838 § 1–6 & 12
Stats. Implemented: ORS 192.496, 192.502 & 2007 OL Ch. 838 § 1–6 & 12
Hist.: OHP 1-2008, f. & cert. ef. 7-1-08

409-023-0030

Prohibited Activities

Unless specifically required by state or federal rules, regulations, or statutes, the Office is prohibited from:

(1) Disclosing of patient information;

(2) Intentionally linking or attempting to link individual providers to individual HAI events; and

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

Stat. Auth.: ORS 442.420(3)(d) & 2007 OL Ch. 838 § 1–6 & 12
Stats. Implemented: ORS 192.496, 192.502 & 2007 OL Ch. 838 § 1–6 & 12
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

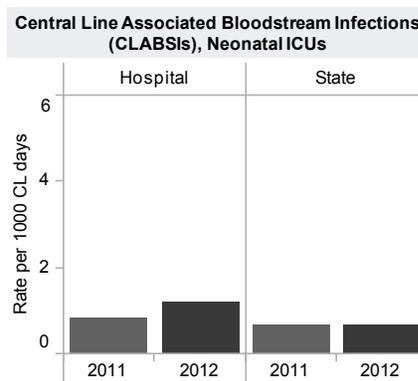
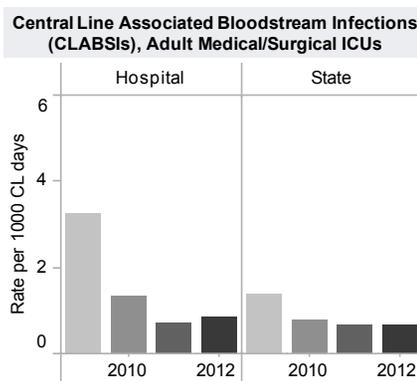
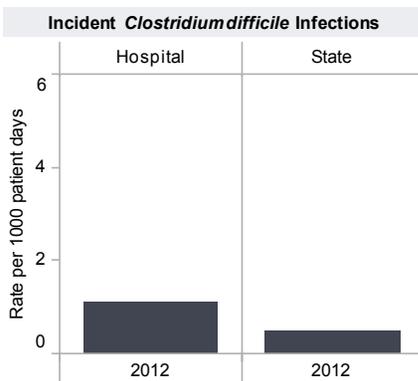
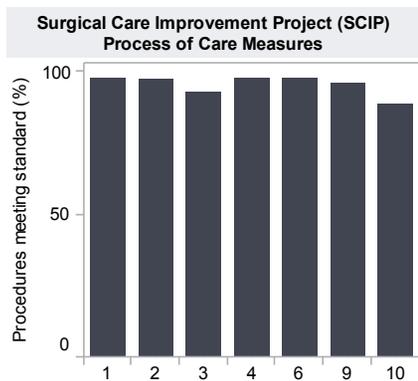
Datasets:

1. Center for Disease Control’s National Healthcare Safety Network

Hospital
 Location:
 Ownership:
 Medical School Affiliation:
 ICU Beds:
 Specialty Care Beds:
 Total Staffed Beds:
 2012 Admissions:
 2012 Patient Days:
 Infection Control Professional FTE:

OREGON MAP

Year
 2009
 2010
 2011
 2012

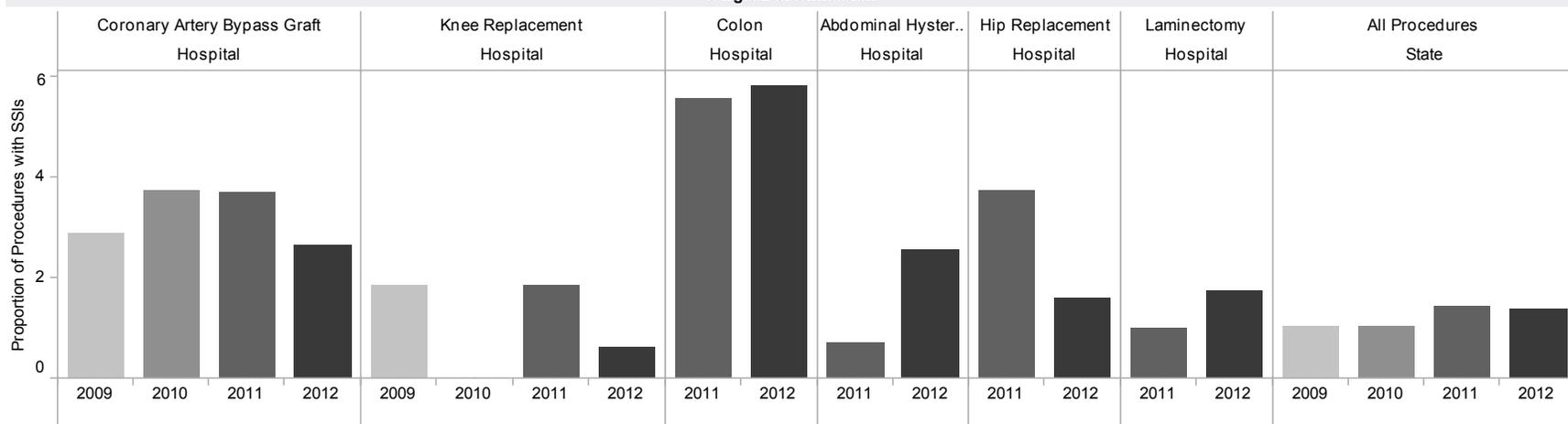


2012 incident infections: 164 SIR: 1.54 (1.313, 1.795)
 2012 patient-days: 150,017

2012 CLABSI: 7 CL days: 8287 SIR: 0.347 (0.140, 0.716)
 2011 CLABSI: 6 CL days: 8257 SIR: 0.298 (0.109, 0.648)
 2010 CLABSI: 11 CL days: 8088 SIR: 0.561 (0.280, 1.003)
 2009 CLABSI: 27 CL days: 8285 SIR: 1.348 (0.888, 1.961)

2012 CLABSI: 4 CL days: 3289 SIR: 0.639 (0.174, 1.637)
 2011 CLABSI: 3 CL days: 3579 SIR: 0.448 (0.092, 1.311)

Surgical Site Infection



Coronary Artery Bypass Graft
 2012 SSIs: 6 proc: 228 SIR: 1.182 (0.434, 2.573)
 2011 SSIs: 10 proc: 269 SIR: 1.550 (0.743, 2.851)
 2010 SSIs: 10 proc: 268 SIR: 1.524 (0.731, 2.802)
 2009 SSIs: 7 proc: 243 SIR: 1.236 (0.497, 2.546)

Knee Replacement
 2012 SSIs: 2 proc: 317 SIR: 0.537 (0.065, 1.940)
 2011 SSIs: 5 proc: 269 SIR: 1.405 (0.456, 3.279)
 2010 SSIs: 0 proc: 203 SIR: 0.000 (0.000, 1.240)
 2009 SSIs: 3 proc: 162 SIR: 1.321 (0.272, 3.861)

Colon
 2012 SSIs: 23 proc: 395 SIR: 0.786 (0.498, 1.180)
 2011 SSIs: 20 proc: 360 SIR: 0.676 (0.413, 1.045)

Abdominal Hysterectomy
 2012 SSIs: 5 proc: 196 SIR: 1.226 (0.398, 2.861)
 2011 SSIs: 1 proc: 143 SIR: 0.247 (0.006, 1.379)

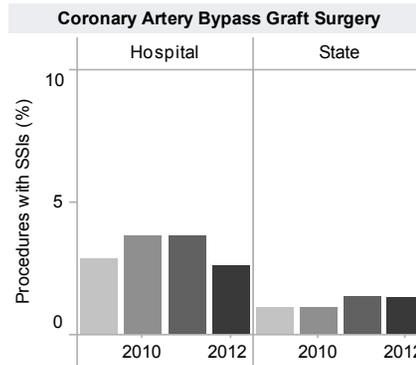
Hip Replacement
 2012 SSIs: 6 proc: 380 SIR: 0.922 (0.338, 2.008)
 2011 SSIs: 13 proc: 347 SIR: 1.986 (1.057, 3.396)

Laminectomy
 2012 SSI: 13 proc: 754 SIR: 1.525 (0.812, 2.608)
 2011 SSI: 10 proc: 993 SIR: 0.907 (0.435, 1.668)

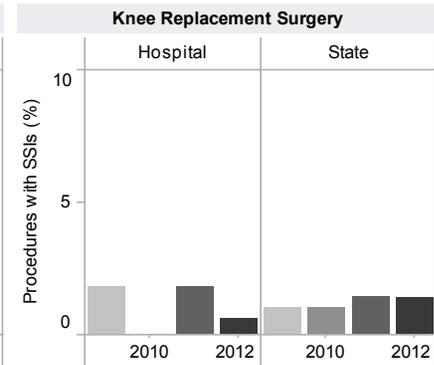
Hospital
 Location:
 Ownership:
 Medical School Affiliation:
 ICU Beds:
 Specialty Care Beds:
 Total Staffed Beds:
 2012 Admissions:
 2012 Patient Days:
 Infection Control Professional FTE:

OREGON MAP

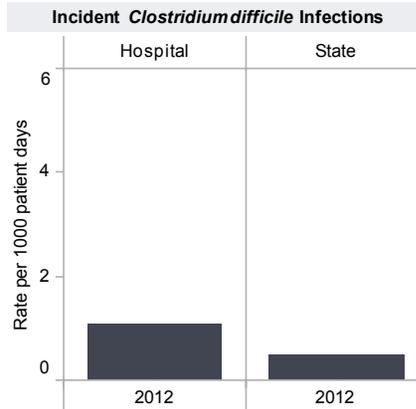
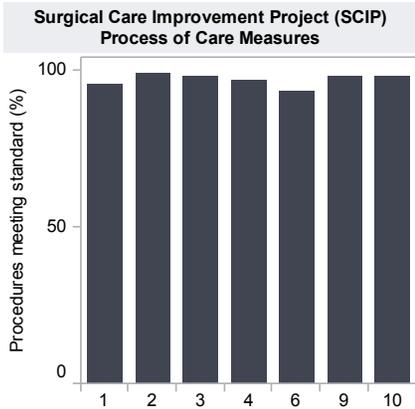
Year
 2009
 2010
 2011
 2012



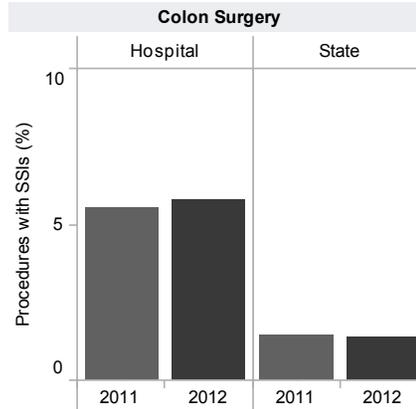
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 2011 SSIs: 10 procedures: 269 SIR: 1.550 (0.743, 2.851)
 2010 SSIs: 10 procedures: 268 SIR: 1.524 (0.731, 2.802)
 2009 SSIs: 7 procedures: 243 SIR: 1.236 (0.497, 2.546)



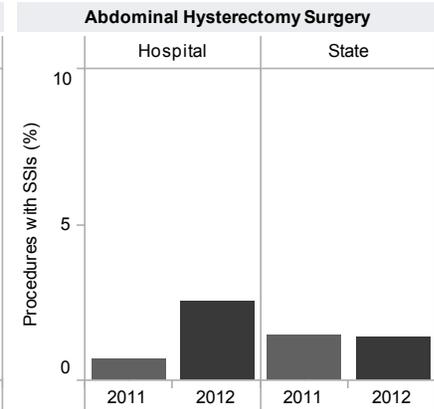
2012 SSIs: 2 procedures: 317 SIR: 0.537 (0.065, 1.940)
 2011 SSIs: 5 procedures: 269 SIR: 1.405 (0.456, 3.279)
 2010 SSIs: 0 procedures: 203 SIR: 0.000 (0.000, 1.240)
 2009 SSIs: 3 procedures: 162 SIR: 1.321 (0.272, 3.861)



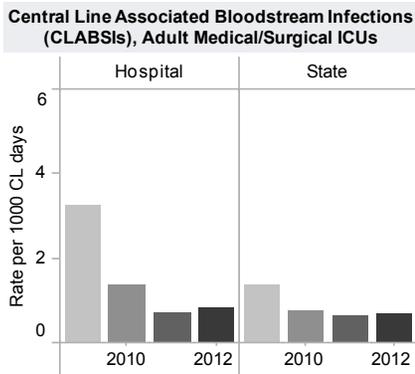
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 2012 patient-day s: 150,017



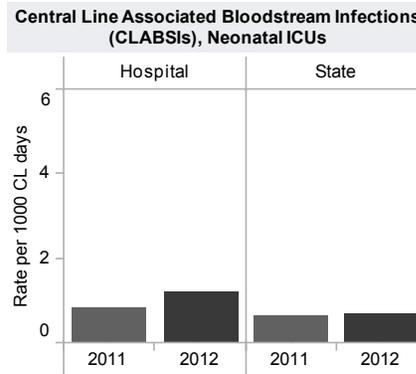
2012 SSIs: 23 procedures: 395 SIR: 0.786 (0.498, 1.180)
 2011 SSIs: 20 procedures: 360 SIR: 0.676 (0.413, 1.045)



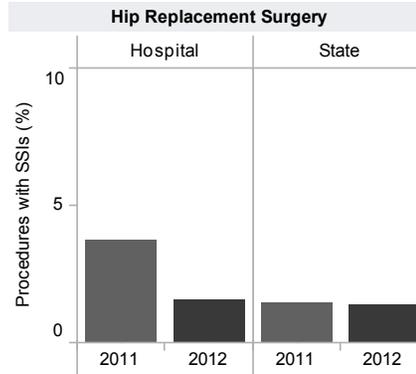
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 2011 SSIs: 1 procedures: 143 SIR: 0.247 (0.006, 1.379)



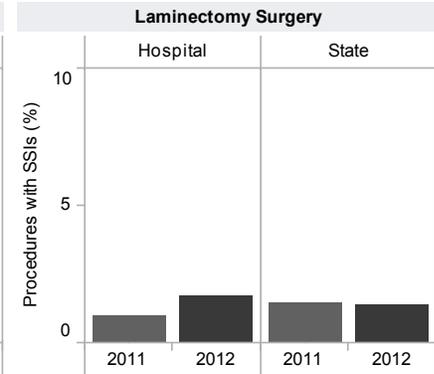
2012 CLABSI: 7 CL days: 8287 SIR: 0.347 (0.140, 0.716)
 2011 CLABSI: 6 CL days: 8257 SIR: 0.298 (0.109, 0.648)
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 2009 CLABSI: 27 CL days: 8285 SIR: 1.348 (0.888, 1.961)



2012 CLABSI: 4 CL days: 3289 SIR: 0.639 (0.174, 1.637)
 2011 CLABSI: 3 CL days: 3579 SIR: 0.448 (0.092, 1.311)



2012 SSIs: 6 procedures: 380 SIR: 0.922 (0.338, 2.008)
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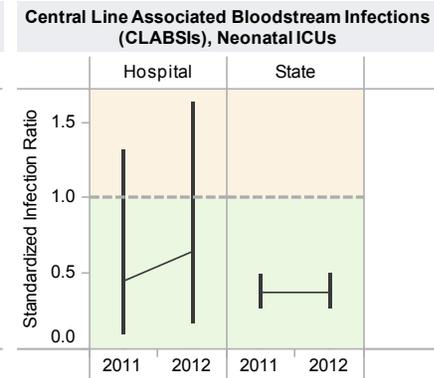
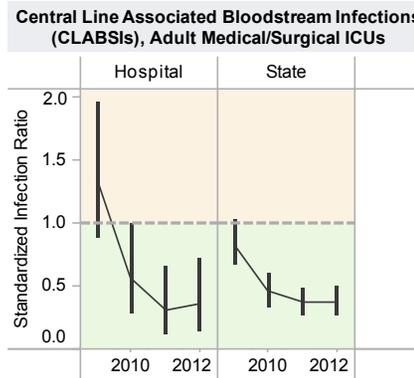
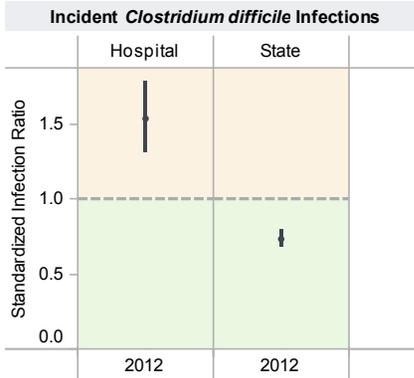
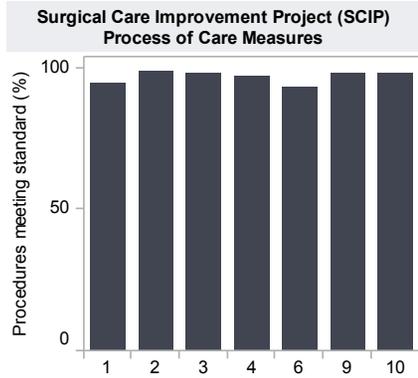
2012 SSIs: 13 procedures: 754 SIR: 1.525 (0.812, 2.608)
 2011 SSIs: 10 procedures: 993 SIR: 0.907 (0.435, 1.668)

Hospital

Location:
 Ownership:
 Medical School Affiliation:
 ICU Beds:
 Specialty Care Beds:
 Total Staffed Beds:
 2012 Admissions:
 2012 Patient Days:
 Infection Control Professional FTE:

OREGON MAP

Red indicates more infections were observed than expected. Green indicates fewer infections were observed than expected.

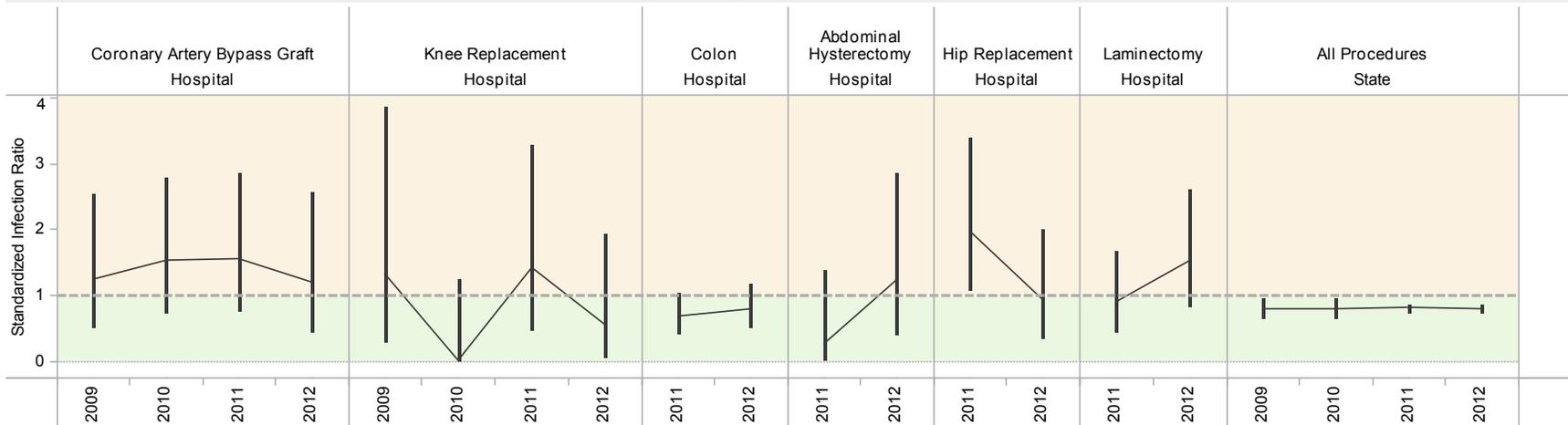


2012 incident infections: 164 Rate per 1000 pt-days: 1.09
 2012 patient-days: 150,017

2012 CLABSIs: 7 CLdays: 8287 Rate/1000CL day s: 0.84
 2011 CLABSIs: 6 CLdays: 8257 Rate/1000CL day s: 0.73
 2010 CLABSIs: 11 CLdays: 8088 Rate/1000CL day s: 1.36
 2009 CLABSIs: 27 CLdays: 8285 Rate/1000CL day s: 3.26

2012 CLABSIs: 4 CLdays: 3289 Rate/1000CL day s: 1.22
 2011 CLABSIs: 3 CLdays: 3579 Rate/1000CL day s: 0.84

Surgical Site Infection



Coronary Artery Bypass Graft
 2012 SSIs: 6 proc: 228 Procedures w/ SSI: 2.63%
 2011 SSIs: 10 proc: 269 Procedures w/ SSI: 3.71%
 2010 SSIs: 10 proc: 268 Procedures w/ SSI: 3.73%
 2009 SSIs: 7 proc: 243 Procedures w/ SSI: 2.88%

Knee Replacement
 2012 SSIs: 2 proc: 317 Procedures w/ SSI: 0.63%
 2011 SSIs: 5 proc: 269 Procedures w/ SSI: 1.86%
 2010 SSIs: 0 proc: 203 Procedures w/ SSI: 0.00%
 2009 SSIs: 3 proc: 162 Procedures w/ SSI: 1.85%

Colon
 2012 SSIs: 23 proc: 395 Procedures w/ SSI: 5.82%
 2011 SSIs: 20 proc: 360 Procedures w/ SSI: 5.56%
Abdominal Hysterectomy
 2012 SSIs: 5 proc: 196 Procedures w/ SSI: 2.55%
 2011 SSIs: 1 proc: 143 Procedures w/ SSI: 0.70%

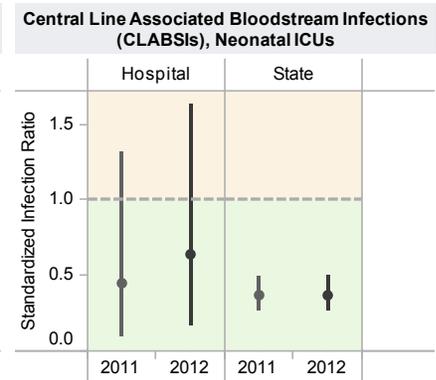
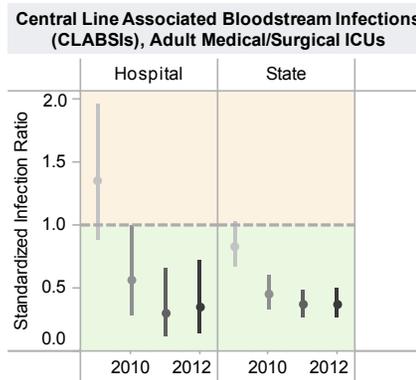
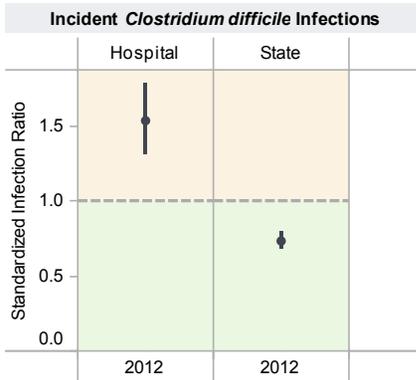
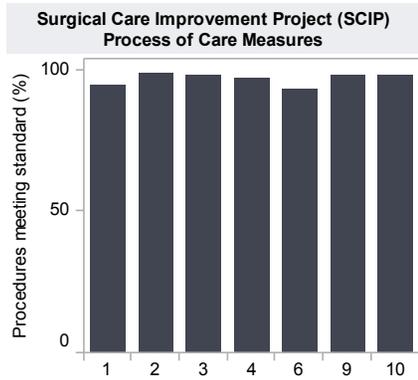
Hip Replacement
 2012 SSIs: 6 proc: 380 Procedures w/ SSI: 1.58%
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Laminectomy
 2012 SSIs: 13 proc: 754 Procedures w/ SSI: 1.72%
 2011 SSIs: 10 proc: 993 Procedures w/ SSI: 1.01%

Hospital
 Location:
 Ownership:
 Medical School Affiliation:
 ICU Beds:
 Specialty Care Beds:
 Total Staffed Beds:
 2012 Admissions:
 2012 Patient Days:
 Infection Control Professional FTE:

OREGON MAP

Year
 2009
 2010
 2011
 2012

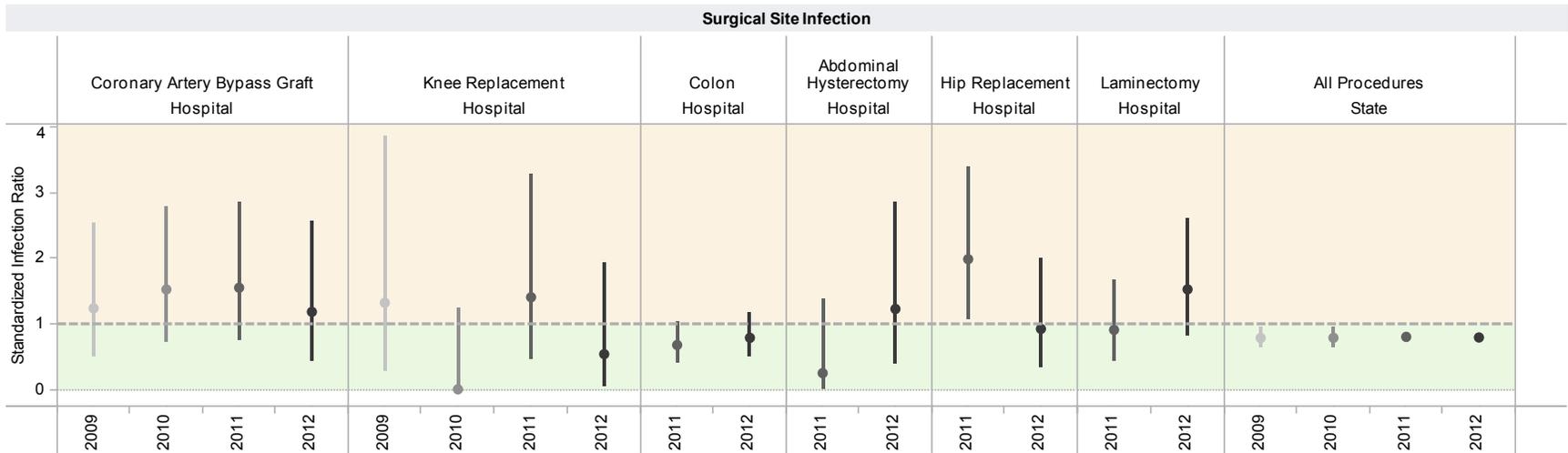
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 2009 SSIs: 7 proc: 243 Procedures w/ SSI: 2.88%

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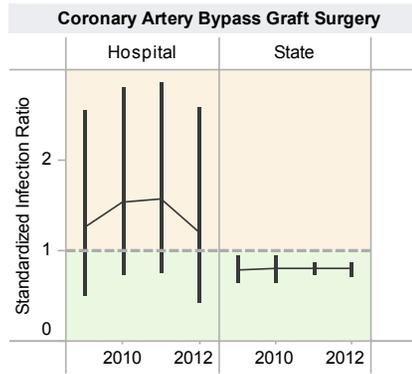
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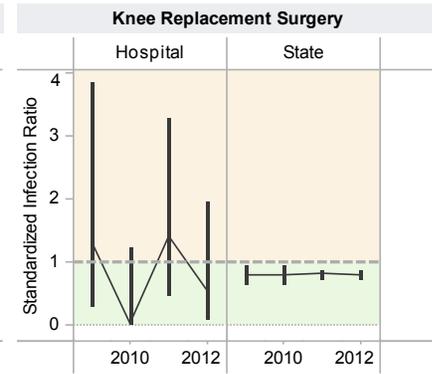
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OREGON MAP

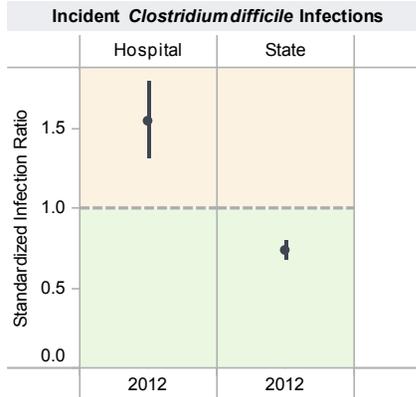
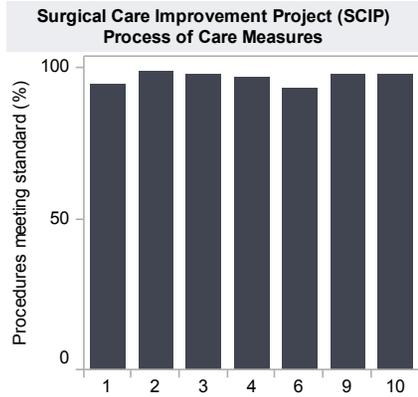
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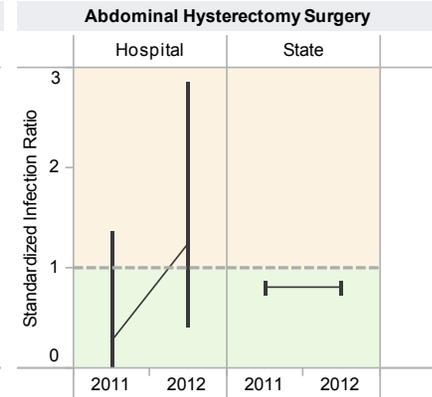
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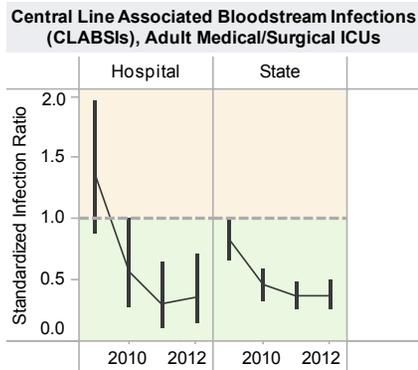
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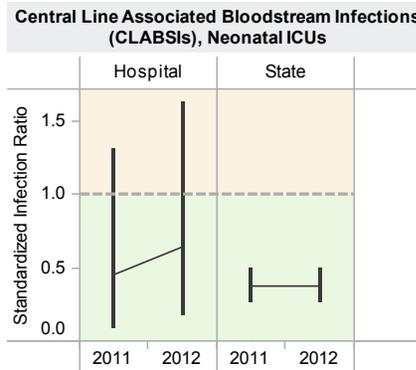
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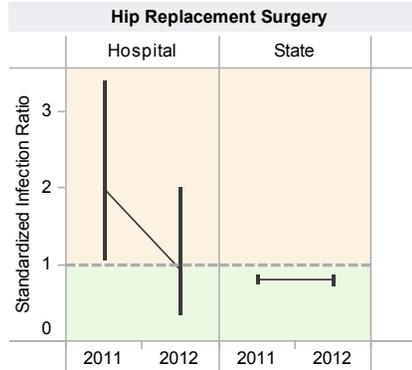
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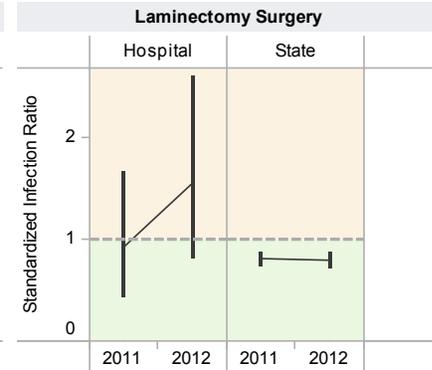
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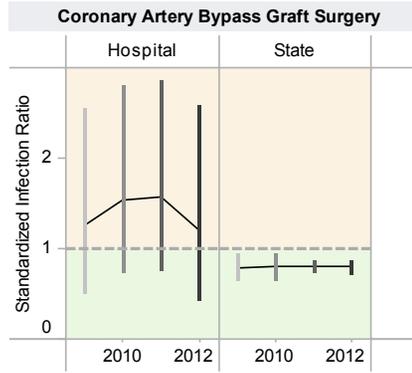


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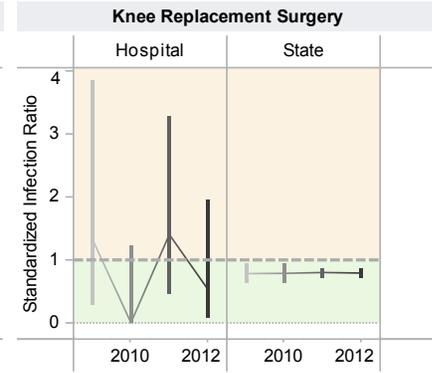
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OREGON MAP

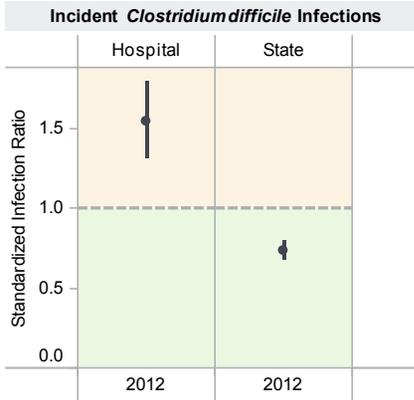
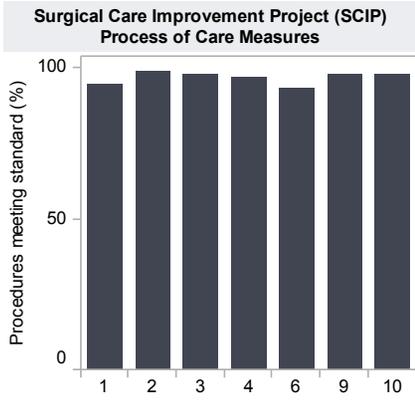
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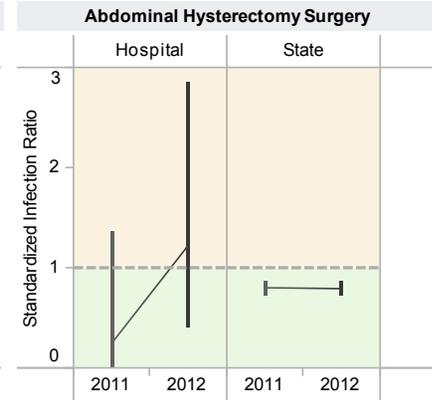
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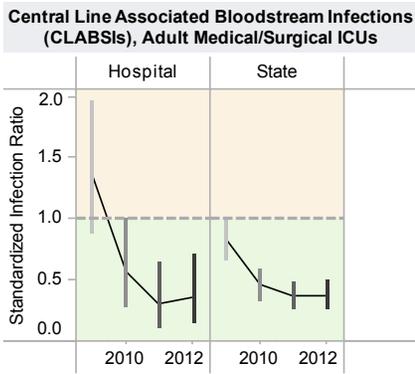
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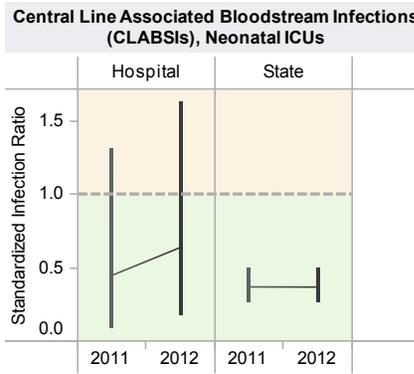
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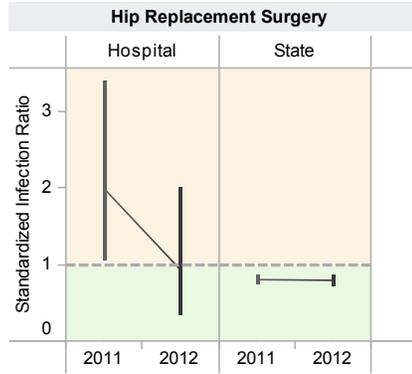
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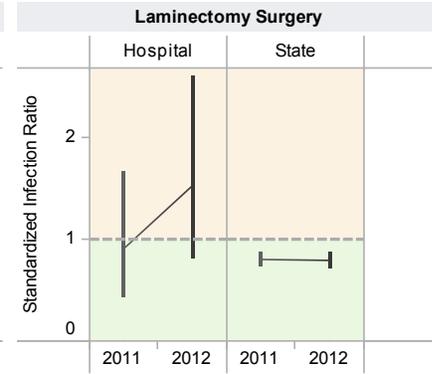
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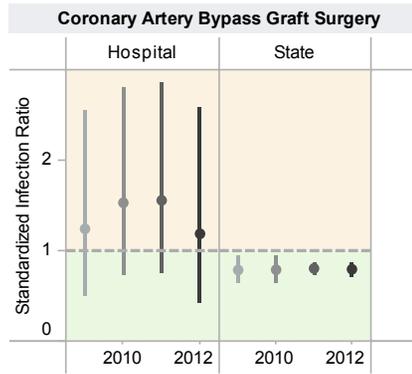
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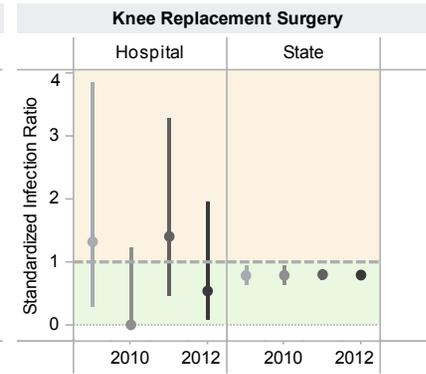
OREGON MAP

Year
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 2012

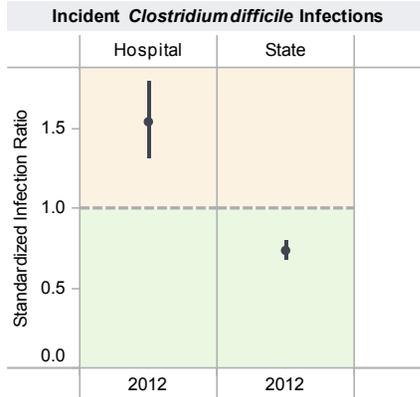
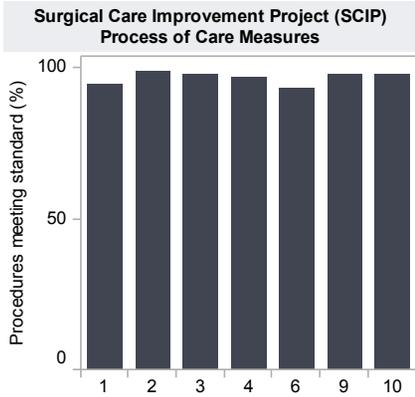
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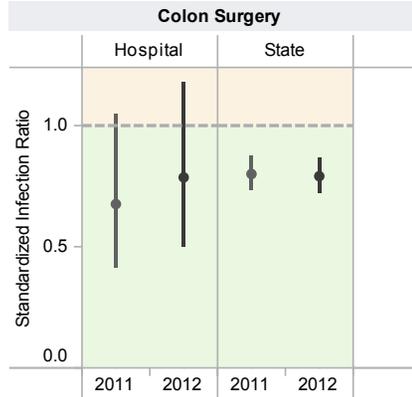
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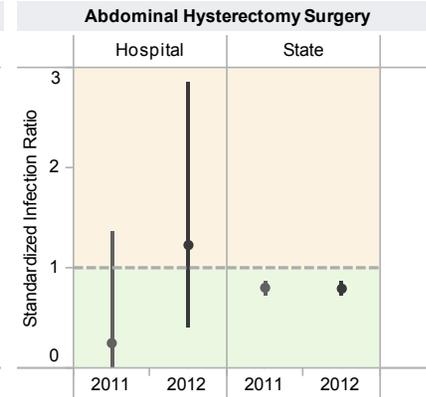
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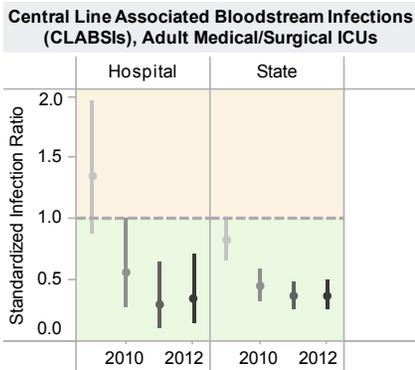
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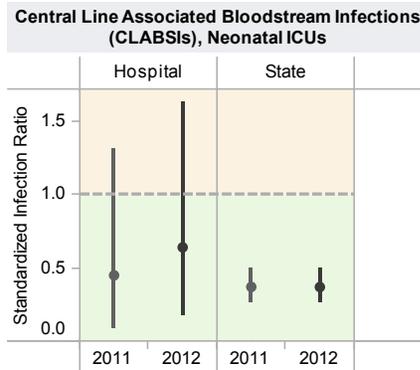
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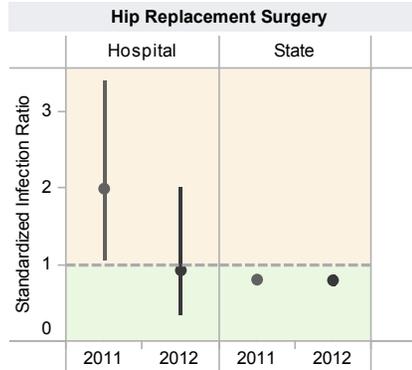
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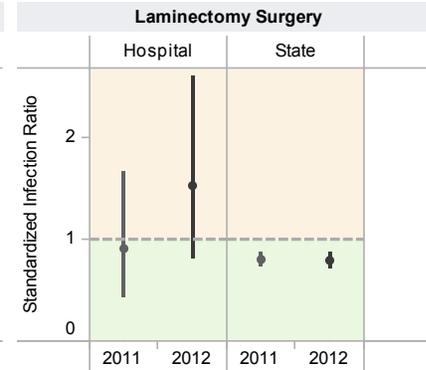
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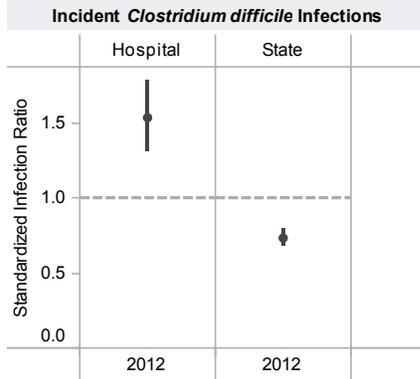
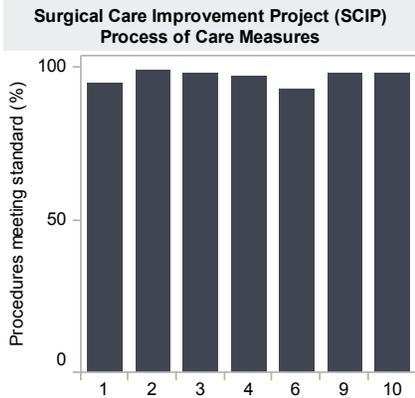
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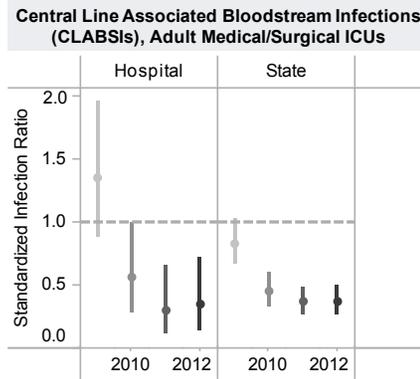
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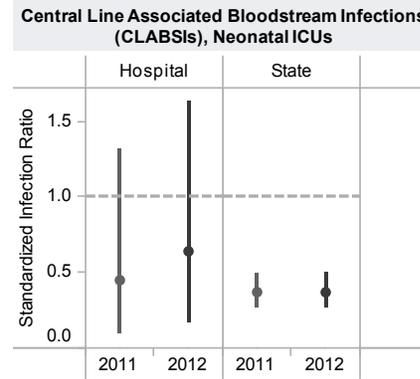
OREGON MAP



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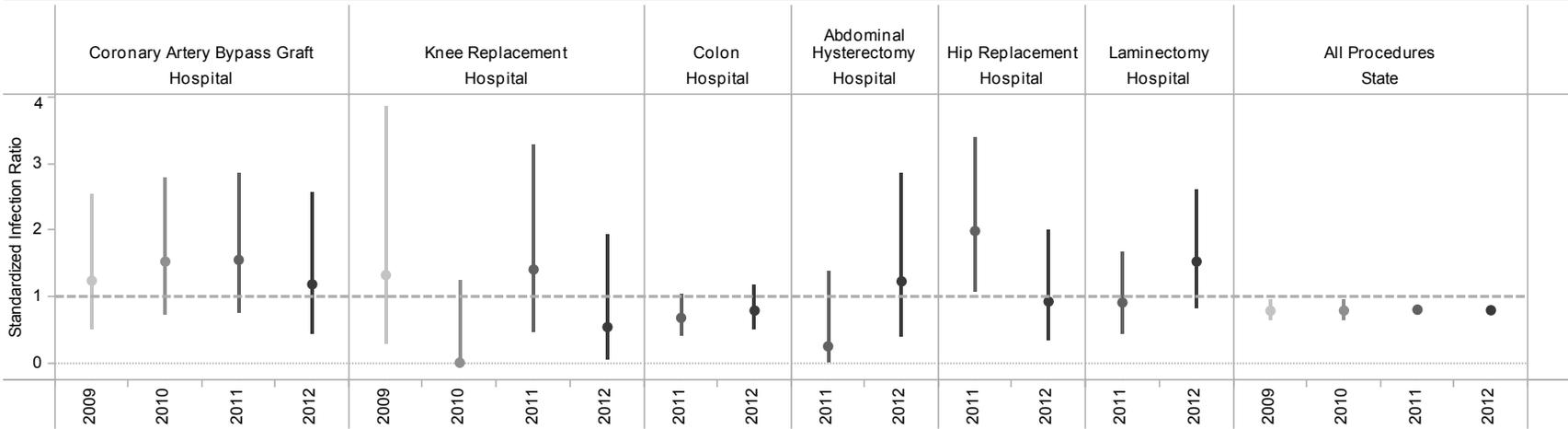


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Surgical Site Infection



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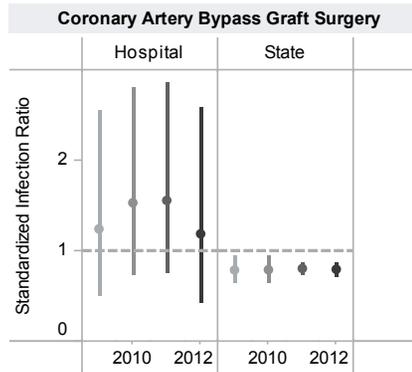
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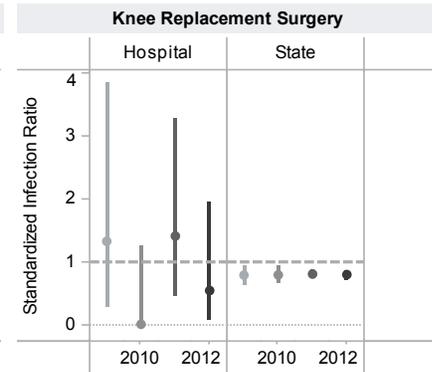
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OREGON MAP

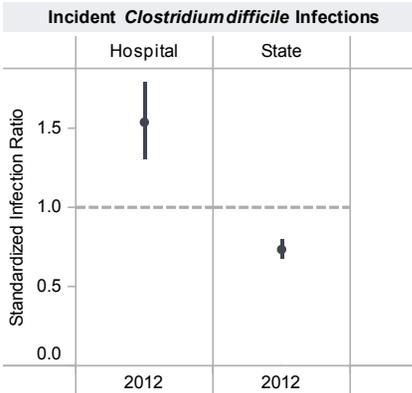
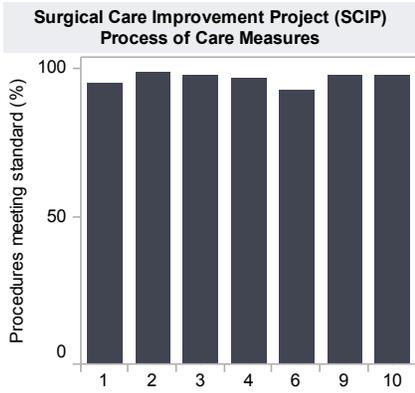
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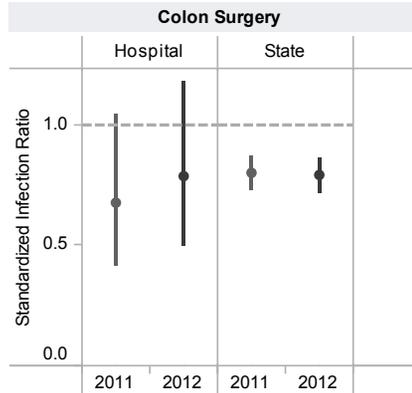
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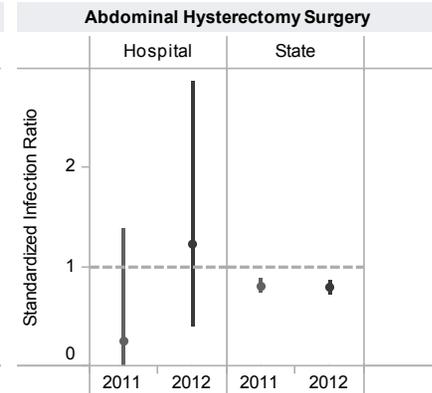
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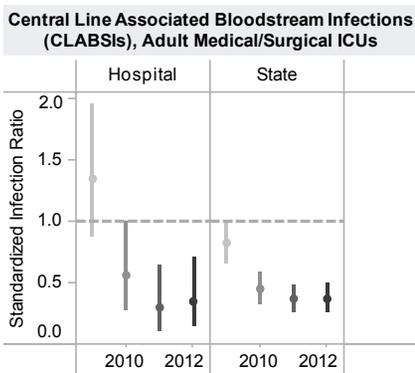
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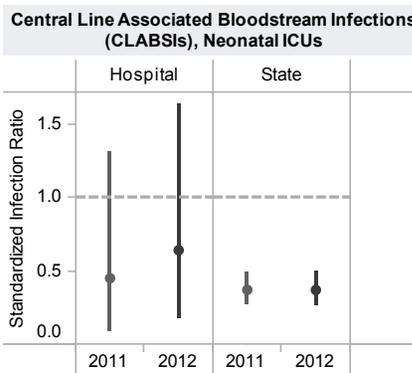
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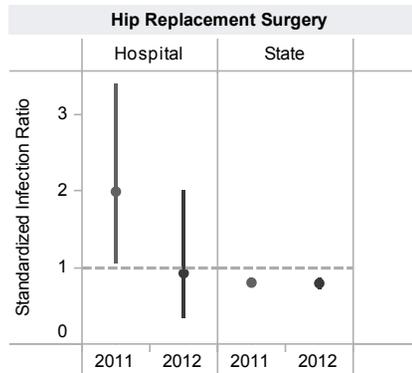
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