

HAI Reporting Program Measures using NHSN/NHSN Definitions								
NHSN Measure	Acute-care Date OR	Acute-care Date CMS	EIP (tri-county unless noted)	Facility #	CDA Usage ⁽¹⁾	Long-Term Care (Skilled Nursing)	Dialysis	ASC
MRSA bact.		1/2013	1/2005					
CBGB	1/2009			15	2			
CLABSI	1/2009 (adult med/surg ICU)	1/2011 (adult, ped, neonatal)		42	4	10/2012 CMS		
IV antimicrobial start/ + blood culture/signs of access							3 consec months; due march 2013	
KPRO	1/2009			49	4			
HYST	1/2011	1/2012		52	4			
COLO	1/2011	1/2012		53	4			
HPRO	1/2011			48	4			
LAM	1/2011			27	2			
CLABSI NICU	1/2011			7	0			
Candidemia			1/2011					
CRE	9/2011		7/2011					
CDI	1/2012 LAB-ID	1/2013 LAB-ID	1/2010 Klamath	60 ⁽²⁾	4			
CAUTI		1/2012 adult + ped ICU				10/2012 + CMS inpat. rehab		
Healthcare Worker Influenza Vaccination ⁽³⁾	2009-2010 season	2013		60 ⁽²⁾	0			
				140	0	X		
	2011-2012 season			85	0			2011 OHPR 2013 CMS (+ OP surgery)/JC
SSI								2014 CMS (+ OP surgery)
				Notes: (1) Estimated from information discussions with providers. (2) Participation estimated for 2012. (3) OHPR collects measure according to NHSN definitions; when NHSN adds this measurement, OHPR will transfer to NHSN.				

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

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

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

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

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

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

(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.

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

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

(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.

(16) "HPRO" means hip prosthesis procedure as defined in the NHSN Manual.

(17) "HYST" means abdominal hysterectomy procedure as defined in the NHSN Manual.

(18) "ICU" means an intensive care unit as defined in the NHSN Manual.

(19) "KPRO" means knee prosthesis procedure as defined in the NHSN Manual.

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

(21) "LAM" means laminectomy procedure as defined in the NHSN Manual.

(22) "LTC facility" means long term care facility as defined in ORS 442.015(16).

(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.

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

- (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.
- (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.
- (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.
- (29) “NICU” means a specialty intensive care unit that cares for neonatal patients.
- (30) “Office” means the Office for Oregon Health Policy and Research.
- (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.
- (33) “Patient information” means individually identifiable health information as defined in ORS 179.505(c).
- (34) “Person” has the meaning as defined in ORS 442.015(21).
- (35) “Procedure” means an NHSN operative procedure as defined in the NHSN Manual.
- (36) “Provider” means health care services provider as defined in ORS 179.505(b).
- (37) “QIO” means the quality improvement organization designated by CMS for Oregon.
- (38) “RHQDAPU” means the Reporting Hospital Quality Data for Annual Payment Update initiative administered by CMS.
- (39) “SCIP” means the Surgical Care Improvement Project.
- (40) “SCIP-Inf-1” means the HAI process measure published by SCIP defined as prophylactic antibiotic received within one hour prior to surgical incision.
- (41) “SCIP-Inf-2” means the HAI process measure published by SCIP defined as prophylactic antibiotic selection for surgical patients.
- (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).
- (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.
- (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.
- (46) “SCIP-Inf-10” means the HAI process measure published by SCIP defined as surgery patients with perioperative temperature management.
- (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.
- (48) “SSI” means a surgical site infection event as defined in the Patient Safety Component Protocol of the NHSN manual, version January 2008.
- (49) “Staff” means any employee of a health care facility or any person contracted to work within a health care facility.
- (50) “State agency” shall have the meaning as defined in ORS 192.410(5).
- (51) “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.

(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;

(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