



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

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TTY: 1-800-735-2989
www.dshs.state.tx.us

September 15, 2011

Name
Facility Name
Address
City, State Zip

Dear _____ :

Texas Health and Safety Code Chapter 98, regarding Healthcare-Associated Infections (HAI) reporting, requires licensed hospitals and ambulatory surgical centers to report HAIs through the Centers for Disease Control and Prevention's web-based system, the National Healthcare Safety Network (NHSN). Texas' HAI reporting program will start on **October 1, 2011**. To view the relevant rules, see 25 Texas Administrative Code, Part 1, Chapter 200 at <http://www.sos.state.tx.us/tac/>. Following the instructions below will help your facility comply with this statute:

1. Determine your facility's reporting status. Your facility is required to report if it has any intensive care units or performs any of the specified surgical procedures. Complete the appropriate form (attached) indicating your facility's reporting status. If your facility is required to report, you must:
 - a. Designate personnel who will receive and respond to all official state correspondence related to reporting, reviewing data and providing comments for the public data display. To ensure continuity of communication, please notify the Texas Department of State Health Services (DSHS) by fax or email of any staffing changes as soon as the change is effective. Communication will be primarily through secure email, so please be sure to notify your information technology department to ensure DSHS emails are allowed through computer filters/blockers.
 - b. Direct your NHSN Facility Administrator to enroll your facility in NHSN and confer rights to DSHS by **December 29, 2011**. Instructions are available at www.cdc.gov/nhsn.
2. Fax the completed form to (512) 776-7616 or scan and email to HAITEXAS@dshs.state.tx.us within 30 days from the date of this letter.

If we do not receive this form, DSHS will expect your facility to report. If no designated contact is provided, DSHS will use the NHSN Administrator contact information as your designated contact.

Thank you for your commitment to quality health care and the Texas HAI reporting program. For more information, visit www.HAITexas.org. Please direct any questions to HAITEXAS@dshs.state.tx.us.

Sincerely,

A handwritten signature in black ink, appearing to read "David L. Lakey, M.D.", written over a white background.

David L. Lakey, M.D.
Commissioner

Attachments

ATTACHMENT 1

INSTRUCTIONS

Please review the following reporting requirements to determine whether your facility is required by law to report HAIs.

- If your facility **IS NOT** required to report, fill out Attachment 2 and return it to DSHS.
- If your facility **IS** required to report, please fill out Attachment 3 and return it to DSHS.

REPORTING REQUIREMENTS: General hospitals, licensed under Chapter 241 (excluding medical rehabilitation facilities) or ambulatory surgery centers licensed under Chapter 243 are required to report central line bloodstream infections data for any adult and pediatric ICU including:

- | | | |
|-------------------------|--------------------------------|--|
| • Burn ICUs | • Neurosurgical ICUs | • Trauma ICUs |
| • Medical Cardiac ICUs | • Respiratory ICUs | • Prenatal ICUs |
| • Medical ICUs | • Surgical ICUs | • Neonatal ICUs Level II/III & Level III |
| • Medical/Surgical ICUs | • Surgical Cardiothoracic ICUs | |
| • Neurologic ICUs | | |

Pediatric & adolescent specialty care facilities report surgical site infections (SSIs) and related data for the following surgical procedure categories:

- **Spinal surgery with instrumentation** (81.00 - 81.08, 81.62 - 81.64, 03.01, 03.02, 03.09, 80.50, 80.51, 80.53, 80.54, 80.59, 84.60-84.69, 84.80 - 84.85, 81.30 - 81.39)
- **Cardiac procedures** (35.00-35.04, 35.10-35.14, 35.20 - 35.28, 35.31 - 35.35, 35.39, 35.42, 35.50, 35.51, 35.53, 35.54, 35.60 - 35.63, 35.70 - 35.73, 35.81 - 35.84, 35.91 - 35.95, 35.98, 35.99, 37.10, 37.11, 37.24, 37.31 - 37.33, 37.35, 37.36, 37.41, 37.49, 37.60, 37.51 - 37.55)
- **Ventricular shunt operations** (02.2, 02.31 - 02.35, 02.39, 02.42, 02.43, 54.95)

Adult care facilities report SSIs and related data for the following surgical procedure categories:

- **Colon surgeries** (17.3 -17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71-45.76, 45.79, 45.81-45.83, 45.92-45.95, 46.03, 46.04, 46.10, 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94)
- **Hip arthroplasties** (00.70 - 00.73, 00.85 - 00.87, 81.51 - 81.53)
- **Knee arthroplasties** (00.80 - 00.84, 81.54, 81.55)
- **Abdominal hysterectomies** (68.31, 68.39, 68.41, 68.49, 68.61, 68.69),
- **Vaginal hysterectomies** (68.51, 68.59, 68.71, 68.79),
- **Coronary artery bypass grafts** (36.10 - 36.14, 36.19, 36.15 - 36.17, 36.2)
- **Vascular procedures** (38.34, 38.44, 38.64, 38.12, 39.29)

ATTACHMENT 2
IF YOUR FACILITY IS NOT REQUIRED TO REPORT, PLEASE
FILL OUT AND RETURN THIS PAGE ONLY.

FACILITY INFORMATION: Please fill out your facility information.

Facility Name

Name of CEO/Administrator

Physical Address

City

ZIP

CEO/Administrator Telephone Number

CEO/Administrator Fax Number

CEO/Administrator E-mail Address

NHSN Facility Identification #

DSHS License #

Medicare #

I, _____ (*print CEO name*) certify that this facility does not have an ICU or perform any of the reportable surgeries for my facility type.

CEO/Administrator Signature

Date

Please complete this page and fax it to (512) 776-7616 or scan and email to
HAITEXAS@dshs.state.tx.us. Please return the form within 30 days from the date on the letter.

ATTACHMENT 3
IF YOUR FACILITY IS REQUIRED TO REPORT, PLEASE FILL OUT
AND RETURN THIS PAGE ONLY.

FACILITY INFORMATION: Please fill out your facility information.

Facility Name	Name of CEO/Administrator	
Physical Address	City ZIP	
CEO/Administrator Telephone Number	CEO/Administrator Fax Number	
CEO/Administrator E-mail Address		
NHSN Facility Identification #	DSHS License #	Medicare #

I, _____ (*print CEO name*) certify that my facility is required to report Healthcare-Associated Infections to Texas.

CEO/Administrator Signature Date

Primary Contact for DSHS Communications

Name	Title
Mailing Address	City ZIP
Telephone Number	Fax Number
E-mail Address	

Secondary/Back-up Contact for DSHS Communications

Name	Title
Mailing Address	City ZIP
Telephone Number	Fax Number
E-mail Address	

Please complete this page and fax it to (512) 776-7616 or scan and email to
HAITEXAS@dshs.state.tx.us. Please return the form within 30 days from the date on the letter.