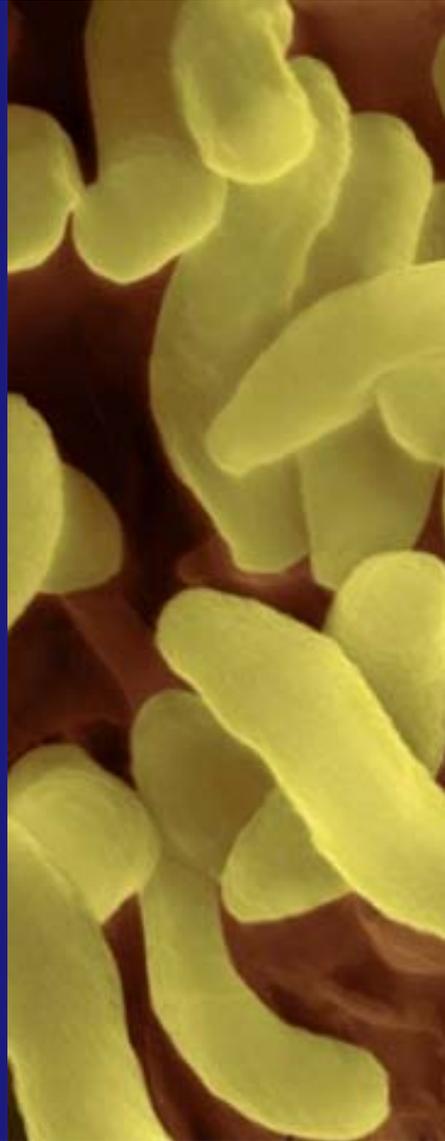# Mandatory Reporting of Healthcare Associated Infections in Texas

Texas Department of State Health Services

Healthcare Associated Infections

512.458.7111 ext. 3773

HAITexas@dshs.state.tx.us

TEXAS
Department of State Health Services

Note:

Presenter notes are available on some slides in this document. To read them, point and hover when you see this icon at the top of the page.

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Presentation Overview

1. HAI Legislation

2. Anticipated Reporting Requirements

3. Anticipated Reporting Time-Line

4. Preparation for Reporting

Disclosure of PHI
www.dshs.state.tx.us/hipaa/webmessage.shtm

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Department of State Health Services

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- Information for Providers »
- Additional HIPAA Links
- FAQs
- HIPAA Compliance Advisory Calendar
- HIPAA Glossary (pdf)
- News Items

Contact DSHS HIPAA Project Office via Email

Texas Department of State

Important message about HIPAA Privacy Standards to providers and entities that submit protected health information to the Texas Department of State Health Services

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy regulations implemented standards for how information that identifies a patient can be used and disclosed. (Title 45, Code of Federal Regulations (CFR), Parts 160 and 164) The regulations apply to "covered entities" including health-care plans, health-care clearinghouses, and health-care providers. These privacy standards go into effect on April 14, 2003.

The regulations were amended in August 2002 deleting the requirement to obtain an individual's consent for the use and disclosure of private health information for treatment, payment and health care operations. (45 CFR §164.506).

You can continue to submit information you currently submit to DSHS under one or more of the following exceptions in the HIPAA Privacy Standards:

- **USE AND DISCLOSURE REQUIRED BY LAW:**
  Section 164.512(a) allows covered entities to use and disclose private health information if the use or disclosure is required by law. For example, DSHS rules require certain diseases, injuries and conditions to be reported to DSHS. Under the "required by law" exception you can continue to comply with these mandatory reporting rules.
- **USE AND DISCLOSURE FOR PUBLIC HEALTH ACTIVITIES:**
  Section 164.512(b) permits covered entities to release private health information to a public health authority that is authorized by law to collect and receive information for preventing and controlling disease, injury, or disability. This information includes reporting of; disease, injury, vital statistics like births, deaths, marriages,

Legislation Background

➢ 78th legislative Session (2005) passed study bill

- Advisory Panel, White Paper

➢ 79th legislative Session (2007) passed SB 288

- Reporting provisions

➢ 80th legislative Session (2009) passed SB 203: Amended SB 288 (Chapter 98)

- Added two members to AP
- 28 PAE

➢ **82nd Legislative Session**

- **To allow for use of NHSN**

Reporting Requirements

➢ Who is required to report?

- Ambulatory Surgical Centers - SSIs
  - o Licensed under Chapter 243
- General Hospitals – CLABSIs & SSIs
  - o Licensed under Chapter 241
  - o Hospital that provides surgical or obstetrical services that is maintained or operated by the state.
  - o Includes LTACs and Critical Access Hospitals

- DOES <u>NOT</u> INCLUDE COMPREHENSIVE MEDICAL REHABILITATION HOSPTIAL

Reporting Requirements

➢ Reportable healthcare-associated infections

- **Central line-associated bloodstream infections** in *special care settings* (unit or hospital service that provides treatment to inpatients who require extraordinary care on a concentrated and continuous basis, such as ICUs & CCUs)

- **Surgical site infections (see ICD-9 codes in rules)**
  - o PEDS/ADOLESCENT HOSPITALS: Cardiac procedures, spinal surgery with instrumentation, and ventriculoperitoneal shunt procedures
  - o ALL OTHER HOSPITALS: Colon surgeries, hip & knee arthroplasties, abdominal & vaginal hysterectomies, vascular procedures, and coronary artery bypass grafts

Proposed Rules

Phase in reporting, beginning July 2011*

➢ All facilities report CLABSIs in specialty care areas

➢ Surgical centers and general hospitals report knee arthroplasties

- Knee arthroplasties ICD-9th Revision codes; Knee prosthesis – 00.80-00.84, 81.54 and 81.55

➢ Pediatric hospitals report ventriculoperitoneal shunts

- Ventriculoperitoneal shunts ICD-9th Revision codes; Ventriculoperitoneal shunts including revision and removal of shunt – 02.2, 02.32-02.35, 02.39, 02.42, 04.43 and 54.95

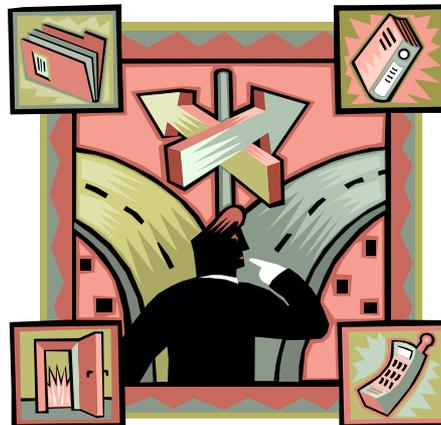*Tentative date – may include retrospective reporting*

Proposed Rules

➤ Beginning in January 2012*

- Surgical centers and general hospitals report hip arthroplasties, coronary artery bypass grafts
- Pediatric hospitals report cardiac procedures

➤ Beginning January 2013*

- Surgical centers and general hospitals report abdominal & vaginal hysterectomies, colon surgeries, and vascular procedures
- Pediatric hospitals report spinal surgeries with instrumentation

Tentative date

Alternative SSI Reporting

➢ Alternative for surgical site infections

- A facility that does not perform a least a monthly average of 50 <u>of any combination</u> of the listed reportable procedures, shall report the surgical site infections relating to the three (3) most frequently performed NHSN procedures.

What to Report?

Are you an **ambulatory surgical center** (facility licensed under Chapter 243) or a **general hospital** (hospital licensed under Chapter 241 or hospital that provides surgical or obstetrical services and maintained or operated by the State)?
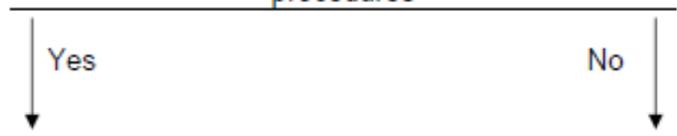
Yes

No → **Do Not Report**

Are you a pediatric or adolescent hospital (general hospital that specializes in providing services to children and adolescents, including surgery and related ancillary services)?

Yes

No

Do you perform at least a monthly average of 50 of any combination of these 3 procedures: spinal surgeries with instrumentation, cardiac procedures, ventriculoperitoneal shunts?

Yes

No

Do you perform at least a monthly average of 50 of any combination of these 7 procedures: knee arthroplasties including knee prosthesis, hip arthroplasties including hip prosthesis, coronary artery bypass grafts, abdominal and vaginal hysterectomies, colon surgeries, and vascular procedures

Yes

No

Report Ventriculoperitoneal shunts including revision and removal of shunt in 2011

Report the 3 surgical procedures most frequently performed at your facility that are also listed by the designated electronic interface

Report knee arthroplasties including knee prosthesis

Report the 3 surgical procedures most frequently performed at your facility that are also listed by the designated electronic interface
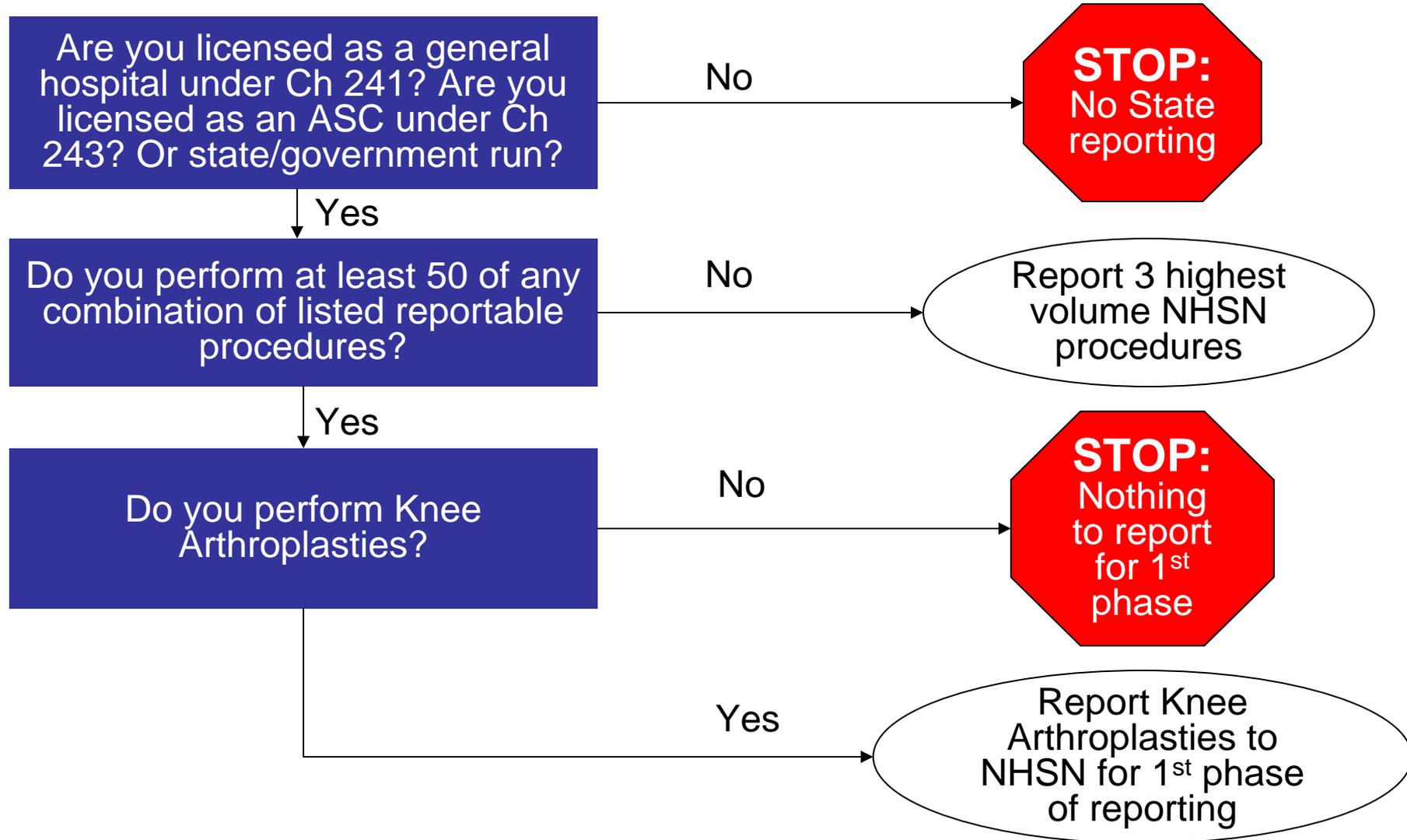
Alternative SSI Reporting

➢ Selection of surgical procedures to report (example)

- Identify NHSN procedures
  (http://www.cdc.gov/nhsn/PDFs/ImportingProcedureData_current.pdf)
  - o Cesarean section: 2
  - o **Gallbladder surgery: 12**
  - o Knee prosthesis: 1
  - o ~~Eye surgeries~~
  - o Open reduction of fracture: 5
  - o **Colon surgery: 7**
  - o ~~Pain management~~
  - o Hip prosthesis: 1
  - o Pacemaker surgery: 3
  - o **Appendix surgery: 6**

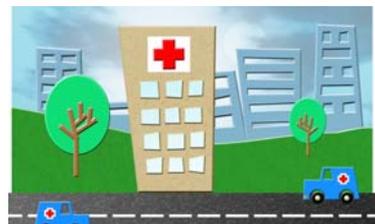- Select 3 highest volume surgical procedures to report using NHSN

4 categories for SSI reporting

Are you licensed as a general hospital under Ch 241? Are you licensed as an ASC under Ch 243? Or state/government run?

No → **STOP:** No State reporting

Yes ↓

Do you perform at least 50 of any combination of listed reportable procedures?

No → Report 3 highest volume NHSN procedures

Yes ↓

Do you perform Knee Arthroplasties?

No → **STOP:** Nothing to report for 1st phase

Yes → Report Knee Arthroplasties to NHSN for 1st phase of reporting
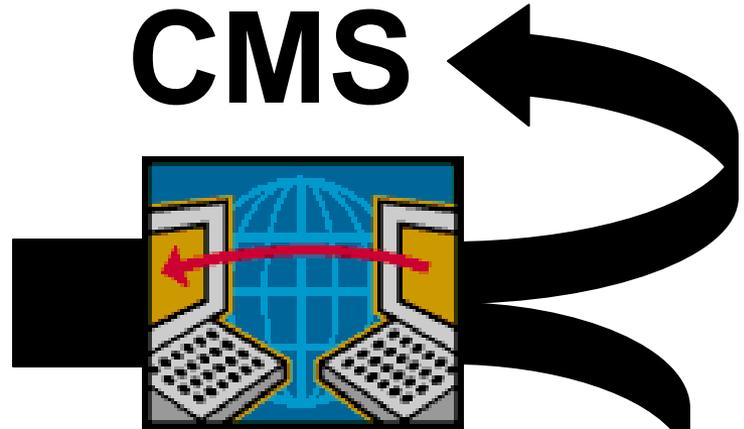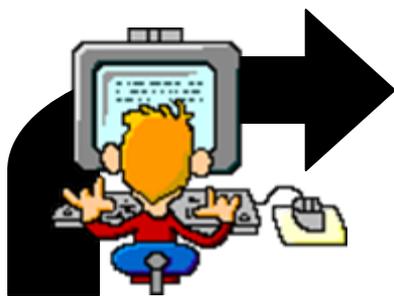
HAI Reporting

➢ National Healthcare Safety Network (NHSN) developed and sustained by the Centers for Disease Control & Prevention is the anticipated designated reporting system.

Texas vs CMS Reporting: 2011

	Texas	CMS
Who?	–General hospitals (adult, pediatric, adolescent) with ICU/CCU and/or that perform NHSN surgeries. Includes LTACs & CAHs –ASCs that perform NHSN surgical procedures	Hospitals that receive Medicare reimbursement through IPP.
Excludes?	Comprehensive medical rehabilitation hospitals Department of Veterans Affairs/ Department of Defense hospitals.	Rehab, cancer, children's, psych, VA/DOD hospitals, LTACs, and CAH
What?	CLABSIs in ICU/CCUs of general hospitals. General hospitals and ASCs will report SSI data.	CLABSI in ICUs and high risk nurseries
When?	**Q2 or Q3 2011:** CLABSIs and knee arthroplasties, VP shunts or 3 highest volume NHSN procedures (not due until end of Aug/Nov 2011)	CLABSI in ICUs & high-risk nurseries in Jan 2011 (not due until Aug 2011)

Proposed Reporting Time Line

Reporting Quarter	Jan 1 – Mar 31	April 1 – June 30	July 1 – Sept 30	Oct 1 – Dec 31
Facility data submission deadline	31-May	31-Aug	30-Nov	28-Feb
DSHS data reconciliation performed	15-Jun	15-Sep	15-Dec	15-Mar
Facility corrections due	30-Jun	30-Sep	31-Dec	31-Mar
DSHS data summary to facilities	NA	15-Oct	NA	15-Apr
Facility comment period	NA	30-Oct	NA	30-Apr
DSHS review of comments	NA	15-Nov	NA	15-May
Public posting of summary	NA	1-Dec	NA	1-Jun

Reporting Preparation

➢ Enroll your facility in NHSN **using CMS Provider #**

- May need to request an enrollment #

➢ Establish facility contacts for communication with **TEXAS**: Select a primary and secondary contact responsible for coordinating communications related to data submissions, verifications and approval of data summary.

- You may want to establish a general facility email address. For example:
  o NHSNusers@yourhospital.com

www.HAITexas.org

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D-G »

H-L »

M-Q »

R-S »

T-Z»

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Related DSHS Sites »

Staff Contact List »

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Healthcare-Associated Infections (HAI)

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FREE TRAINING ON NHSN REPORTING

TO REGISTER VISIT:

www.apic.org/TexasNHSN

Links to external sites are intended to be informational and do not have the endorsement of the Texas Department of State Health Services. These sites may also not be accessible to persons with disabilities.

Contact Information

For HAI reporting questions:

➢ Office: (512) 458-7111, extension 3773

➢ Email @ HAITexas@dshs.state.tx.us

Important Websites:

- www.HAITexas.org
- www.cdc.gov/nhsn
- https://sdn.cdc.gov/