

DFW-APIC Government Affairs Committee (GAC) -- November 2010

SPECIAL EDITION: Proposed 10/22/10 Texas HAI Reporting Rules

TEXAS REGISTER (see <http://www.sos.state.tx.us/texreg/index.shtml>)

The draft HAI Reporting Rules (CHAPTER 200. HEALTHCARE-ASSOCIATED INFECTIONS SUBCHAPTER A. CONTROL OF COMMUNICABLE DISEASES **25 TAC §§200.1 -200.10**) were published in the 10/22/10 Texas Register. A blast e-mail was sent out to the APIC-DFW membership the same day with an access link included.

This publication is not the final rule(s) as these 10/22/10 proposed rules will be published as “adopted” in a future issue of the TexasRegister before implementation; however, major changes are not anticipated.

Public comment on is open for 30-days after publication and closes on 11/20/10. Please take an active role in this process. **Please read these proposed rules for accuracy and clarity → any issue, definition, or description that is not clear please write a comment letter.**

Your comments must be forwarded to:

Comments on the proposal may be submitted to Jeff Taylor, Manager, Emerging and Acute Infectious Disease Branch, Infectious Disease Control Unit, Prevention and Preparedness Services Division, Department of State Health Services, Mail Code 1960, P.O. Box 149347, Austin, Texas 78714-9347, (512) 458-7676 or by email to Jeff.Taylor@dshs.state.tx.us.

A Guided Walk Through of the Key Elements of *DRAFT* Rules

- NOTE: All surgical procedures listed must be the ICD-9 code(s) per NHSN.
- Depending on how you are licensed is how you will report and more importantly, how you should review these proposed rules with your administration to assess FTE and/or software needs for reporting purposes:
 - Ambulatory Surgery Center (ASC): A facility licensed under the Texas Health & Safety Code , Chapter 243)
 - General Hospital: A facility licensed under the Texas Health & Safety Code, Chapter 241
 - Pediatric and Adolescent Hospital: A facility licensed under the Texas Health & Safety Code, Chapter 241.003.

- The “50 or less surgical procedures” has been defined as:
 - a facility that does not perform at least a monthly average of 50 of *any combination* of the procedures listed ... per licensed facility
 - this determination (or 50 combined procedures) is made based on the → “average number of procedures and the three most frequently performed procedures shall be determined based on the calendar year prior to the reporting year as determined by the facility contact” [see 200.4 (d)].
- There is a proposed ‘roll-out’ schedule that extends into January 2013 at which time all elements of required HAI reporting is included except RSV (that is to be determined later):

JANUARY 2011: See Sections 200.6 (a); (b) (1-3)

- ASC/General/Pediatric & Adolescent Facilities: CLABSI in Special Care Units
- ASC/General Facilities: Knee arthroplasties or the three surgical procedures most frequently performed as described in section 200.4(d)
- Pediatric & Adolescent Facilities: Ventricularoperitoneal shunts or the three surgical procedures most frequently performed as defined in section 200.4(f)

JANUARY 2012: See Sections 200.6 (c) 1-2; 200.6 (d) 1-2

- All 2011 Reporting Requirements Continue Plus
 - ASC/General Facilities: Hip arthroplasties and CABG or the three surgical procedures most frequently performed as described in section 200.4(d)
 - Pediatric & Adolescent Facilities: Cardiac Procedures or the three surgical procedures most frequently performed as defined in section 200.4(f)

JANUARY 2013: See Sections 200.6 (d) 1-2

- All 2011 and 2012 Reporting Requirements Continue Plus
 - ASC/General Facilities: Abdominal and vaginal hysterectomies, colon surgeries, and vascular procedures or the three surgical procedures most frequently performed as described in section 200.4(d)
 - Pediatric & Adolescent Facilities: Spinal surgeries with instrumentation or the three surgical procedures most frequently performed as defined in section 200.4(f)

- Your facility must determine who the Facility Contact will be. This person:
 - Is responsible for coordinating communications related to data submission, verification and approval of data summary
 - Submit comments using the format determined by the department or notify the department by email, fax, or in writing that the facility does not wish to comment

- Responsible for all communications regarding Section 200.8: Verification of Healthcare-associated Infection Data and Correction of Errors
 - Responsible for all communications regarding Section 200.9: Data Summary Display
 - Is the person who will get all updates regarding HAI reporting
- The DRAFT Reporting Schedule (see below):

Figure: 25 TAC §200.7(a)

Table 1. HAI Reporting Deadlines				
Reporting Quarter	Jan 1 - Mar 31	Apr 1 - June 30	July 1 - Sept 30	Oct 1 - Dec 31
Facility Data Submission Deadline	May 31	August 31	November 30	February 28
Departmental Data Reconciliation	June 15	September 15	December 15	March 15
Facility Correction	June 30	September 30	December 31	March 31
Departmental Data Summary	NA	October 15	NA	April 15
Facility Comment Period	NA	October 30	NA	April 30
Departmental Review of Comments	NA	November 15	NA	May 15
Posting of Summary	NA	December 1	NA	June 1

Submitted: P.Grant 2010 APIC-DFW GAC Chair

2010 APIC-DFW Committee: Patti Grant, Chair; Michelle Macaluso, Co-Chair; Brian Blausler; and, Brenda Helms