

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Division 10—Office of the Director**  
**Chapter 33—Hospital and Ambulatory Surgical Center Data Disclosure**

**PROPOSED AMENDMENT**

**19 CSR 10-33.050 Reporting of Healthcare-Associated Infection Rates by Hospitals, Ambulatory Surgical Centers, and Abortion Facilities.** The department is amending the Purpose statement and sections (1) through (5), (7) and (8); deleting sections (6) and (9); adding new sections (6)-(9); and renumbering thereafter.

*PURPOSE: This amendment adds new definitions, procedures, and metrics and changes the annual registration and reporting requirements regarding healthcare associated infections for hospitals, ambulatory surgery centers and abortion facilities.*

*PURPOSE: This rule establishes **requirements and** procedures for reporting hospital, [and] ambulatory surgical center, **and abortion facility** healthcare-associated infection incidence data to the Department of Health and Senior Services.*

(1) The following definitions shall be used in the interpretation of this rule:

**(A) Ambulatory Surgery Centers (ASCs) and Abortion Facilities (AFs) as defined in section 197.200, RSMo;**

[(A)] **(B) CDC** means the federal Centers for Disease Control and Prevention;

[(B)] **(C) [Central line as defined by the CDC] Catheter-associated urinary tract infections (CAUTI) as defined by the National Healthcare Safety Network (NHSN), or its successor;**

[(C)] **(D) Central line-associated bloodstream [(CLAB)] infection (CLABSI) as defined by [the CDC] NHSN, or its successor** means central line-related bloodstream infection as referred to in section 192.667.12(3), RSMo;

[(D)] **(E) Department** means the Missouri Department of Health and Senior Services;

**(F) HAI means Healthcare Associated Infection;**

[(E)] **(G) [Healthcare provider means h] Hospitals** as defined in section 197.020, RSMo, [and ambulatory surgical centers (ASCs) as defined in section 197.200, RSMo] **but excluding Critical Access Hospitals and Long Term Acute Care Hospitals, as designated by the Centers for Medicare and Medicaid Services;**

[(F)] **(H) Intensive care unit (ICU)** means coronary, medical, surgical, medical/surgical, pediatric **intensive care unit (PICU)**, and neonatal intensive care units (NICU) **as defined by NHSN;**

[(G)] **(I) NHSN means the National Healthcare Safety Network [(NHSN) means the CDC nosocomial], CDC's widely used healthcare-associated infection [surveillance] tracking system;**

*[(H) Neonatal Intensive Care Unit (NICU) and High Risk Nursery (HRN) are synonymous and mean that the infants in those units are critically ill and receive level III care as defined by the CDC;*

*(I) Nosocomial infection is defined in section 192.665(6), RSMo and is referred to as healthcare-associated infection (HAI) in this rule;]*

(J) Risk index means grouping patients who have operations according to the American Society of Anesthesiologists (ASA) score, length of procedure, wound class, and other criteria as defined by the CDC for the purpose of risk adjustment as required in section 192.667.3, RSMo;

**(K) The Standardized Infection Ratio (SIR) is a summary measure used to track HAIs over time at a national, state, or facility level. It adjusts for various facility and/or patient-level factors that contribute to HAI risk within each facility.**

*[(K)] (L) Surgical site infection (SSI) as defined by [the CDC] NHSN, or its successor;*  
and

*[(O) Ventilator-associated pneumonia (VAP) as defined by the CDC.]*

**(M) Ward means pediatric, medical, surgical, and medical/surgical hospital areas for the evaluation and treatment of patients, as defined by NHSN, or its successor.**

(2) All hospitals shall *[submit to the department data]* **confer rights, via NHSN, to the department to access data necessary** to compute HAI infection incidence *[rates]* **metrics** on the following:

(A) *[CLABs]* **CLABSIs** detected in **wards and [the] ICU(s) [after June 30, 2005];**

(B) SSIs from designated types of surgeries as set forth in section (4) of this rule*[, performed after December 31, 2005];* and

(C) *[VAPs in the ICU(s) detected after June 30, 2006]* **CAUTIs detected in wards and ICU(s), excluding NICUs.**

(3) All ASCs and AFs shall submit to the department **or NHSN, or its successor,** data to compute HAI incidence *[rates]* **metrics** on SSIs from designated types of surgeries as set forth in section (5) of this rule*[, performed after December 31, 2005].*

(4) Hospitals shall report SSIs *[by risk index]* **and associated denominator data to NHSN or its successor,** related to a hip prosthesis, to an abdominal hysterectomy, **to a colon surgery,** and to a coronary artery bypass graft with both chest and donor site incisions performed *[after December 31, 2005].*

(5) ASCs and AFs shall report SSIs **and associated denominator data** by risk index related to breast surgery and herniorrhaphy *[performed after December 31, 2005].*

**(6) All hospitals shall annually complete the NHSN Patient Safety Component- Annual Hospital Survey and confer rights to grant the department access to these survey results.**

**(7) Any ASC or AF who voluntarily submits HAI data via NHSN shall annually complete the NHSN Patient Safety Component- Annual Facility Survey for ASC and confer rights to grant the department access to these survey results.**

**(8) Any ASCs or AFs who do not voluntarily submit to NHSN shall complete an annual survey when prompted by the department, providing, at a minimum, the number of surgical procedures as required in section (5).**

**(9) Based on the survey information reported in section (7), ASCs and AFs that reported performing fewer than twenty (20) surgeries per surgery type, as specified in section (5), shall be exempt from reporting the SSI information regarding the surgery.**

*[(6) In order to be eligible to request a reporting exemption, healthcare providers shall report to the department by March 1, 2005, and every year thereafter the number of [central line days and ventilator days in the ICU(s) during the previous calendar year; and the] surgeries performed as required in sections (4) and (5) during the previous calendar year.*

*(A) Healthcare providers that had less than fifty (50) central line days in any ICU shall be exempt from reporting CLABs from that ICU for the reporting year starting in July.*

*(B) Healthcare providers that had less than fifty (50) ventilator days in any ICU shall be exempt from reporting VAPs from that ICU for the reporting year starting in July.*

*(C) Healthcare providers that had less than twenty (20) surgeries as specified in section[s] (4) and (5) shall be exempt from reporting the surgery that did not meet the minimum for the reporting year starting in July.*

*(D) The exemptions shall only apply if the healthcare provider has an infection control program that is in compliance with applicable statutes and regulations of the health facilities regulation unit of the department. The department shall notify the healthcare provider in writing if such provider is exempt from any reporting requirements for the reporting year starting in July.*

*(7) Healthcare providers may]* **(10) Hospitals, ASCs, and AFs who submit HAI data to NHSN or its successor, shall meet the HAI reporting requirements if [they submit their data to the CDC NHSN or its successor system and if] :**

*(A) All NHSN mandatory data items are submitted [to the CDC];*

*[(B) The healthcare provider complies with all NHSN standards and procedures;*

*(C) The healthcare provider participates in NHSN training provided by the CDC;*

*(D) The healthcare provider has policies and procedures to ensure that all HAIs as required by this rule are detected and reported. Such policies and procedures shall be consistent with appropriate guidelines of CDC, or the Society for Healthcare Epidemiology of America (SHEA), or the Association for Professionals in Infection Control and Epidemiology (APIC);*

*(E) The healthcare provider has a process to follow up for SSIs a minimum of thirty (30) days after the procedure was performed, and at a minimum review readmission data to identify potential SSIs. Hospitals shall have a system for reporting identified SSIs to the healthcare provider performing the original surgery;*

*(F)]* **(B) All data are submitted to the NHSN within sixty (60) days of the end of the reporting month; and**

**(C) All data are submitted to NHSN per NHSN guidelines.**

*[(G) The healthcare provider participates in a CDC user group that allows the department access to the data, or a data file is generated by the healthcare provider and submitted to the department; and*

*(H) The healthcare provider shall maintain records related to the information provided to the department for a minimum of two (2) years.*

(8) **(11)** If *[a healthcare provider]* **an ASC or AF** chooses to not submit the required data to *[the CDC]* NHSN, the *[healthcare provider]* **ASC or AF** may meet the HAI reporting requirements by submitting to the department numerator and denominator data on **electronic** forms provided by the department, or in a format approved by the department, for each of the infections specified in section[s (2), (3), (4), and] (5) and if:

(A) *[The healthcare provider complies with all NHSN standards and procedures]* **All mandatory data items are submitted;**

(B) *[The healthcare provider participates in NHSN training provided by the CDC;*

(C) *The healthcare provider has p]* **Policies and procedures are in place** to ensure that all HAIs as required by this rule are detected and reported. Such policies and procedures shall be consistent with appropriate guidelines of CDC, or the SHEA, or the APIC; **and**

*[(D) The healthcare provider has a process to follow up for SSIs a minimum of thirty (30) days after the procedure was performed, and at a minimum review readmission data to identify potential SSIs. Hospitals shall have a system for reporting identified SSIs to the healthcare provider performing the original surgery;*

(E) **(C)** All data are submitted to the department within sixty (60) days of the end of the **reporting** month[; and

(F) *The healthcare provider shall maintain records related to the information provided to the department for a minimum of two (2) years].*

*[(9) The healthcare provider chief executive officer or designee shall annually certify in writing to the department, on a form provided by the department, that the healthcare provider has met all conditions specified in this rule.]*

*AUTHORITY: section 192.667, RSMo Supp.[2004] 2017.\* Original rule filed Feb. 1, 2005, effective July 30, 2005.*

*\*Original authority: 192.667, RSMo 1992, amended 1993, 1995, 2004.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of*

*Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*