

BEFORE THE INDIANA STATE DEPARTMENT OF HEALTH

AN ADMINISTRATIVE RULES HEARING

LSA DOCUMENT #11-102

HEARING OFFICER REPORT

This matter came before the duly appointed Hearing Officer, Manda Clevenger, on the 19th day of August, 2011, at 10:00 a.m., at the Indiana State Department of Health (ISDH), 2 North Meridian Street, Indianapolis, Indiana.

Notice of time and place of the hearing was given as provided by law by publishing on July 27, 2011, in the *Indianapolis Star* and in the *Indiana Register*. Proof of publication of this notice has been received by the ISDH and the notice and proof are hereby incorporated into the record of this cause by reference and placed in the official files of the ISDH.

ORAL STATEMENT

Diana Korpai

President

APIC- Indiana

Diana Korpai testified at the hearing by reading a letter that she had prepared. She stated that she wanted to express her appreciation for being invited to participate in the writing of the Healthcare Associated Infection (HAI) reporting rule and that the members of APIC are pleased that the Indiana State Department of Health has been very receptive to their suggestions for improving the proposed rule. She further stated that it is important to use the CDC's National Healthcare Safety Network (NHSN) standardized definitions to identify and report HAIs in conjunction with the federal Health and Human Services reporting requirements to eliminate additional data collection burden on staff as well as ensuring consistency in data collection and comparison. She stated that reporting is important, but it alone does not reduce infections; intervention does. Diana Korpai's letter is attached and incorporated by reference as Exhibit 1.

WRITTEN STATEMENTS

Spencer L. Grover

Vice President

Indiana Hospital Association

Spencer Grover stated that the Indiana Hospital Association strongly supports continued alignment with federal reporting requirements to ensure that providers collect data in a uniform way, have access to national best practice resources, and that reports contain comparable and relevant data. As new federal reporting requirements are promulgated, IHA will be willing participants to continue to enhance Indiana's reporting requirements through national entities like the National Healthcare Safety Network. The rule will require reporting by all hospitals, which will be new to many and require significant education and training in a short period of time. IHA encourages ISDH to pursue funding and team with IHA to provide this training. Spencer Grover's comments are attached and incorporated by reference as Exhibit 2.

Erika Young, Rayanna Henderson, Ramireddy Tummuru, and Debbie Bachman

Porter Hospital

Porter Hospital recommends that the Healthcare Associated Infection reporting rule be modified so that it parallels the HHS/CMS requirements that are currently in place. With the implementation of the proposed HAI reporting by the ISDH, inconsistent and inaccurate reporting will most likely occur among facilities since definitions for some major surgical site infections and ventilator associated pneumonia have not been established in the NHSN guidelines. In order to accurately measure improvement, it is important to Porter Hospital to use definitions and processes that are consistent and have proven to be successful to ensure accurate data for comparison purposes. Porter Hospital recommends the review of data that is submitted through the existing HHS/CMS requirements and hopes that ISDH will reconsider the proposed rule to ensure a duplication of efforts is not experienced by Indiana Healthcare Facilities. Porter Hospital's comments are attached and incorporated by reference as Exhibit 3.

Community Health Network

Infection Prevention Department

Community Health Network supports all Indiana hospitals allowing the ISDH to obtain information about healthcare associated infections, but would rather see a rule written that would parallel the HHS/CMS requirements that are currently in place or being phased in. This would allow them to participate in valuable data collection by the state as well as focus their other efforts in the direction of the best infection prevention strategies for their patients. They suggested having the ISDH plan match the HHS plan that is already synced to NHSN to make the reporting less burdensome on the hospitals end. They worry that if the reporting rule goes through as proposed, it could possibly result in data that is not comparable as standardized definitions are not in place for all proposed reportable infections. The HHS plan utilizes standard NHSN definitions so that all infections reported can be compared within a category. Community Health Network's comments are attached and incorporated by reference as Exhibit 4.

Daniel Livorsi, MD

Assistant Professor, Indiana University School of Medicine

Hospital Epidemiologist, Wishard Memorial Hospital

Daniel Livorsi wrote that the Infection Control department at Wishard Memorial Hospital supports the efforts of ISDH to monitor and reduce HAIs. Additionally, they support ISDH accessing Wishard's infection rates through the National Healthcare Safety Network (NHSN). The new rules, however, should not establish requirements for reporting above and beyond what is already required by Centers for Medicare and Medicaid Services (CMS). Additional reporting to the ISDH would place significant administrative demands on their 3 Infection Control practitioners. The ISDH should use definitions for HAI that are in agreement with those of the NHSN. Inconsistent definitions for HAIs would require our practitioners to apply different sets of criteria for every hospital case they review. They encourage ISDH to work with NHSN to develop standardized definitions that, as precisely as possible, identify who truly has a HAI. Daniel Livorsi's comments are attached and incorporated by reference as Exhibit 5.

Suzanne Tucker RN, AD

Union Hospital, Inc.

Suzanne Tucker wrote that this proposed rule requires that all HAI reporting would start at the same time January 2012 and would cause a major burden to all healthcare facilities throughout the state. There are also no consistent definitions for some of the major surgical site infections. The CDC continues to refine and research these definitions as they currently are doing with ventilator associated pneumonia. They are currently submitting data to NHSN which is an electronic repository used for the HHS data and uses CDC guidelines and definitions. For consistency and ease of data collection, the state rule should not include reporting HAI data that is not accepted by NHSN. The facility would have to enter this information to the Indiana data system in addition to what the NHSN would send to the state. We support all Indiana hospitals allowing the ISDH to obtain Indiana information about HAIs, but do it thru NHSN. NHSN has standardized definitions and would allow all facilities to be evaluated with the same consistent, quality based comparison. Suzanne Tucker's comments are attached and incorporated by reference as Exhibit 6.

Judy E. Rigney, RN

Infection Prevention and Control

Westview Hospital

Judy Rigney wrote that she has been reporting to the CDC-NHSN since January 1, 2011. For her it will be impossible to comply with the HAI reporting rule. She strongly suggests that the present HAI reporting rule be modified to one that parallels the HHS/CMS requirements that they are currently ready to implement. She does not feel that the state should require reporting that is not accepted by NSHN. Judy Rigney's comments are attached and incorporated by reference as Exhibit 7.

Shannon King, RN, BSN, CHPN
Infection Prevention Coordinator
Cameron Memorial Community Hospital

Shannon King wrote to ask ISDH to consider aligning Indiana's newly proposed reporting rule with the current HHS and CMS requirements and timeline; as well as NHSN definitions. The aforementioned requirements, timelines, and definitions were all based on scientific evidence of best practice with input from APIC, CDC, HIPAC, SHEA, and other expert groups. It is her belief that Indiana hospitals support HAI reporting through NHSN and allowing ISDH to obtain specific information about "Indiana" HAIs, but feel that consistency with data collection and reporting is necessary to ensure accuracy of the data reported. Shannon King's comments are attached and incorporated by reference as Exhibit 8.

Claire Roembke RN, CIC
Manager, Infection Prevention
Franciscan St. Francis Health

Claire Roembke wrote that as an Infection Control Professional, she totally supports any efforts to reduce hospital acquired infections. Franciscan St. Francis Health has been a voluntary reporting hospital to the Centers for Disease Control and Prevention (CDC) since 1996 and a charter member of the National Health Safety Network (NHSN). It is significant that Health and Human Services (HHS) is utilizing NHSN as an electronic repository for HAI data. This allows for a standardization of criteria and reporting. It is also important to tier the reporting to allow for NHSN to assimilate the data. Some of the HAI criteria are currently under revision and this would not allow time for the implementation of refined and updated evidenced based definitions and criteria. It will be difficult to have any focus on improvement if the limited time Infection Control has is spent on data collection, on too many different fronts at the same time, and reporting alone. It is also important that the data be meaningful in order to influence improvement. We do support the reporting of hospital acquired infections. We ask that it be meaningful through the utilization of standardized and scientifically based criteria. Maximize the opportunities for improvement through tiered surveillance and reporting with opportunity for implementation of improvement plans. The process must capitalize on processes already in

place with standardized definitions and reflect the most current research through NHSN. Claire Roembke's comments are attached and incorporated by reference as Exhibit 9.

Carol Tully
Certified Infection Preventionist
Fayette Regional Health System

Carol Tully wrote that as a professional in infection prevention, she is happy to see Indiana concerned and taking action against HAI. However, she strongly urges ISDH to follow the HHS proposed requirements. She strongly encourages ISDH to consider adopting the HHS plan and timeline as it will address HAI in a methodical way that Indiana health care facilities can embrace. As is, many facilities may not be able to be compliant and those that appear to be compliant may have faulty data collection. Carol Tully's comments are attached and incorporated by reference as Exhibit 10.

Chris Shakula RN, MS, CNS-BC, CIC
Nurse Epidemiologist
Franciscan St. Anthony Health – Crown Point

Chris Shakula wrote that ISDH is requesting that several HAIs be reported starting January 2012. Reporting all of infections all at once will strain already overwhelmed resources not allowing time for any planning or adjustment for the added work load. The proposed plan would also necessitate duplicate reporting taking up additional time. The additional work will take time away from prevention activities. Another concern is that the ISDH proposed infections in Section 15 do not parallel NHSN criteria. If the proposed rule passes as is, most of my time will be spent on reporting infections and not on preventing them. I recommend that the ISDH follow the Health and Human Services (HHS) Action Plan to Prevent Health Care Associated Infections. The HHS plan allows for reporting to be implemented gradually over a 5 year period and for NHSN to finish refining definitions and implement reporting for non ICU areas. For consistency and validity, I recommend that NHSN be used for data collection. Chris Shakula's comments are attached and incorporated by reference as Exhibit 11.

Kay Gabriel, RN, BSN
Director of Quality Services
Gibson General Hospital

Kay Gabriel wrote that if this rule is enacted without changes, it will be difficult, if not impossible, for most hospitals to comply. She would like to propose modifying this rule to one that parallels the HHS/CMS requirements that are currently in place using a 5 year plan for national prevention targets that are phased in. She feels that tiered reporting is more acceptable as it also allows individual hospitals to internally report using consistent definitions for consistent, quality-based comparison. She wants to use definitions and processes that have been proven to be successful in reducing or eliminating some HAIs. She does support all Indiana hospitals allowing the ISDH to obtain Indiana information about HAIs without duplicative reporting and inconsistent definitions adding extra work. Kay Gabriel's comments are attached and incorporated by reference as Exhibit 12.

Mellodee Montgomery, MT, RN, MA, CIC
Infection Control Coordinator
Deaconess Health System

Mellodee Montgomery wrote that putting this rule into effect in 2012 will further hinder their infection prevention efforts and could lead to errors because of lack of time to adequately perform their jobs correctly. It will cause even more Infection Preventionists to leave the field of Infection Prevention and Control. She requests that the Indiana Reporting Rule of HAIs be modified to emulate that on the national level by HHS/CMS. Reporting all HAIs can eventually be accomplished through a tiered time line. We can concentrate our efforts to prevent infections collaborating with HHS/CMS using the 5-year national prevention targets. She feels that tiered reporting will be more acceptable for Infection Prevention and Control Professionals as it would allow for new science and technology that can establish more precise definitions. NHSN standardized definitions could then be used to identify and report HAIs. Mellodee Montgomery's comments are attached and incorporated by reference as Exhibit 13.

Sherry Robbins RN, BSN
Infection Preventionist
IU Health Goshen Hospital

Sherry Robbins wrote that the Department of Health and Human Services (HHS) has an action plan to prevent healthcare-associated infections that they developed with input from many expert groups, such as APIC, SHEA, CDC, and many others. It is to be phased in over 5 years, so that standardized definitions can be formulated. There is too much room for error with current definitions. The CDC is currently researching and refining definitions. Requiring reporting that cannot be completed through NHSN will take more of the time we should be using to focus on prevention activities. It would be very helpful for healthcare facilities if the reporting is phased in over time, using the HHS action plan to prevent healthcare-associated infections. This way all reporting could be through NHSN and we would not be duplicating our efforts reporting through more than one program. We could confer rights to the Indiana State Department of Health, so that any information we send to NHSN would be accessible. Sherry Robbins' comments are attached and incorporated by reference as Exhibit 14.

Gail Canganelli RN, BSN; Gaye Hutchenson RN, BSN; Anna Roe RN, BSN, CIC
Saint Joseph Regional Medical Center

Saint Joseph Regional Medical Center wrote that the state should follow the Centers for Medicare and Medicaid Services (CMS) tiered HAI reporting timeline as outlined in Health and Human Services HAI Action Plan. This plan provides hospitals the opportunity to use their data to implement prevention strategies and is supported by experts in prevention. Reporting HAI's through the CDC's National Healthcare Safety Network (NHSN), using CDC definitions, and sharing data with the ISDH provides a single repository for all Indiana hospitals and ensures consistency in data collection and comparison. Should all infections need to be reported immediately in 2012 as in the proposed rule, the burden on current resources will be vast. They are happy to work with the Indiana State Department of Health in sharing the responsibility of proving good comparative data that can be used to develop and implement solutions to help prevent infections in hospitalized patients. Saint Joseph Regional Medical Center's comments are attached and incorporated by reference as Exhibit 15.

Sonya Mauzey RN, BS, CIC

Infection Preventionist

The Women's Hospital – Newburgh, IN

Sonya Mauzey wrote that she applauds the ISDH for taking a bold stance on this facet of the healthcare crisis in this country, but thinks there needs to be much deliberation to some of the terms that are being considered for implementation that are not based on good epidemiologic principles and are going to be another taxing burden on precious resources (both human and financial) that will take away from the Infection Preventionist's time for other prevention/intervention activities. Reporting of all SSI would be entirely too laborious and cause a financial burden on facilities because in order to report SSI to NHSN it is not a matter of just reporting infection incidents. All surgery procedure data must be included in order to calculate an infection rate and to stratify them by their risks. In order to be efficient in getting this volume and type of data entered there needs to be data mining software which is an expensive added cost to health care facilities. She urges ISDH to reconsider accepting the tiered reporting approach already outlined and being implemented through the HHS Action Plan. The data can easily be made available to the state level; so why is there a need to add another time table and more confusion and opportunities for error in data, due to so many changes at once? She encourages ISDH to have experienced IPs involved in the implementation of this mandatory reporting rule, through consultation etc. to help make this a meaningful endeavor that will ultimately benefit and improve healthcare for all Hoosiers. Sonya Mauzey's comments are attached and incorporated by reference as Exhibit 16.

Lisa Lieber, RHIA

Director, Administrative Services

Harrison County Hospital

Lisa Lieber wrote that as a Critical Access Hospital, we would not have the resources for duplicate reporting to two entities for HAIs. She understands that currently this rule does not apply to non-PPS facilities but that it may in the future. She recommends the reporting be parallel with HHS reporting plan. This will allow their facility better utilization of their current resources which would allow the Infection Control staff more time to spend on intervention

activities versus reporting activities. The HHS plan to prevent HAI is a nationally recognized plan that has been designed by the field experts. Straying from the expert recommendations can reduce validity of gathered information and compound the task of reporting. Lisa Lieber's comments are attached and incorporated by reference as Exhibit 17.

Liz Couch RN, BSN, CIC

Infection Prevention Coordinator

Liz Couch wrote that she implores ISDH to consider some important issues when developing a mandatory reporting program. The Department of Health and Human Services (HHS) has an Action Plan to prevent healthcare associated infections in hospitals and other healthcare centers. This document and plan received input from APIC, CDC, HIPAC, SHEA and other expert groups. This plan has 5-year national prevention targets phased in that allows for new science and technology to establish more precise definitions. Not all HAI's have standard definitions, and if this vital infrastructure is not present prior to imposing requirements then only confusion and inaccurate data will prevail, not the prevention of infections. Data that is not accepted by the NHSN should not be included in the reporting requirements. Using the existing tiered plan of HHS for HAI reporting allows reporting to progress along with NHSN's ability to assimilate the data. This also allows individual health care facilities to internally report using consistent definitions for consistent, quality based comparison as this data should be used to promote the reduction and progress towards elimination of HAIs. For consistency and ease of data collection, the state rule should not include reporting HAI data to the Indiana data system in addition to what the NHSN would send to the state. This duplicate reporting will allow Infection Preventionists less time for intervention activities. Implementing all proposed HAI reporting at the same time will be a major burden to reporting facilities as there are no consistent definitions for some major surgical site infections. She encourages all involved in this decision making process to consider the impact of the Indiana mandatory data requirements in addition to the data that is required by HHS. Liz Couch's comments are attached and incorporated by reference as Exhibit 18.

Lorea Harris, MSN, RN, FNP-BC

Infection Prevention

Lorea Harris wrote that as an Infection Perfectionist, she has many roles in the hospital in trying to prevent infections as well as working with patients with infections. She needs something that will help her minimize her time at her desk and help her with time management in looking at what is causing infections and what they can do to prevent infections. In looking at the rules for reporting, this does not happen for her. It needs to parallel the HHS/CMS requirements that are currently in place and use the NHSN's definitions as well as expert analysis of the surveillance data. Lorea Harris' comments are attached and incorporated by reference as Exhibit 19.

Susan Kraska, RN, CIC; Kelly Jolliff, B.A.

Memorial Hospital of South Bend

Susan Kraska and Kelly Jolliff wrote that the state reporting of health-care associated infections should follow the Centers for Medicare and Medicaid Services (CMS) tiered HAI reporting timeline as outlined in Health and Human Services HAI Action Plan. This plan provides hospitals the opportunity to use their data to implement prevention strategies and is supported by experts in prevention. Reporting HAI's through the CDC's National Healthcare Safety Network (NHSN), using CDC definitions, and sharing data with the ISDH provides a single repository for all Indiana hospitals and ensures consistency in data collection and comparison. The tiered approach, use of CDC's NHSN definitions and data collection, and the ability to report without needing to dual report to the ISDH will provide valid and consistent comparisons so that good intervention strategies can be implemented. Susan Kraska and Kelly Jolliff's comments are attached and incorporated by reference as Exhibit 20.

Molly Davidson RN, CIC; Ann Carmien RN, CIC; Jayne Jones RN

Lutheran Hospital Infection Control Practitioners

Lutheran Hospital Infection Control Practitioners wrote to request that ISDH consider revising the proposed health care associated infection reporting rule to be consistent with the HHS/CMS reporting requirements that are currently in place. They are very concerned that there

would be potential for misinterpretation when comparing HAI from the various healthcare facilities. We need science based, concise infection criterion in order to have consistent and comparable data. There currently are no consistent definitions for some of the major surgical site infections. The proposed reporting requirements would decrease the time available for insuring that these best practices are fully implemented. We need to use definitions and processes that are proven to be successful in reducing the risk or elimination of some HAIs. Lutheran Hospital Infection Control Practitioners' comments are attached and incorporated by reference as Exhibit 21.

Penni Himes, RN, BSN, I.P.
Elkhart General Hospital

Penni Himes wrote that she is the sole Infection Preventionist of Elkhart General Hospital. She commented that the state reporting of health-care associated infections should follow the Centers for Medicare and Medicaid Services (CMS) tiered HAI reporting timeline as outlined in Health and Human Services HAI Action Plan. This plan provides hospitals the opportunity to use their data and helps prevention experts implement prevention strategies. Reporting HAI's through the CDC's National Healthcare Safety Network (NHSN), using CDC definitions, and sharing data with the ISDH provides a link for all Indiana hospitals and ensures consistency of how data is collected and compared. The use of CDC's NHSN definitions and data collection, and the ability to report without needing to dual report to the ISDH will provide valid and consistent comparisons so that good intervention strategies can be implemented. Penni Himes' comments are attached and incorporated by reference as Exhibit 22.

Rachel White
Certified Infection Preventionist
Infection Prevention Coordinator
Margaret Mary Community Hospital

Rachel White wrote that the proposed rule is going to make our abilities, as hospitals in Indiana, to comply nearly impossible. Public reporting for states and Health and Human Services (HHS) should be more simple if the indicators were similar and brought up for

reporting at the same time. It would help us tremendously if the state of Indiana would use NHSN and the CDC's standardized definitions as the state reporting platform as well. Bringing up new indicators should happen on a tiered type schedule to ensure Infection Preventionists have been given time to become educated and trained for the task. Reportable indicators need to be based in science and evidence based practices for patient care improvement, which makes them a valid indicator. Validity can only be accomplished if the appropriate amount of scrutiny and sufficient time can be applied to each indicator individually for acclimation into the reporting system. Rachel White's comments are attached and incorporated by reference as Exhibit 23.

Kim Knez RN, Infection Prevention
Community Hospital of Bremen

Kim Knez wrote that the state reporting of health-care associated infections should follow the Centers for Medicare and Medicaid Services (CMS) tiered HAI reporting timeline as outlined in Health and Human Services HAI Action Plan. This plan provides hospitals the opportunity to use their data to implement prevention strategies and is supported by experts in prevention. Reporting HAI's through the CDC's National Healthcare Safety Network (NHSN), using CDC definitions, and sharing data with the ISDH provides a single repository for all Indiana hospitals and ensures consistency in data collection and comparison. She is happy to work with the Indiana State Department of Health to share good comparative data that will improve patient care. Kim Knez's comments are attached and incorporated by reference as Exhibit 24.

Laura Aschenberg RN, BSN, CIC

Laura Aschenberg wrote that while she believes that it is important to monitor HAI's, please keep in mind that implementing reporting of all proposed HAI's at the same time, instead of the tiered reporting approach, will be a heavy burden to her prevention program. The tiered approach to reporting is more acceptable as it allows her time to implement or continue to improve the best practices within her facility. HHS has a 5-year plan for national prevention targets that are phased in and allows for new science and best practice to formulate standard definitions. NHSN standardized definitions should be used to identify and report HAI's. This

also allows individual health care facilities like hers to internally report using consistent definitions for consistent, quality-based comparison. This data should be used to promote the reduction and progress towards elimination of HAIs. Laura Aschenberg's comments are attached and incorporated by reference as Exhibit 25.

Laurie Fish, RN, CIC
Executive Director, Infection Prevention
Indiana University Health

Laurie Fish wrote that she is concerned that the scope and breadth of this proposed rule will impact the effectiveness of the infection prevention programs across the state. She recommends that the state of Indiana follow the Health and Human Services Action Plan and reporting schedule to prevent HAIs since it has been vetted by experts in the field of Infection Prevention and Hospital Epidemiology as well as the Center for Disease Control and Prevention. A tiered approach to reporting will allow experience with the process and allow the Infection Prevention departments to ramp up their resources to meet the reporting requirements for CMS. This plan also allows for the science to evolve in areas where there are still issues with definitions. She applauds the Indiana State Health Department's interest and efforts to improve the incidence of health care acquired infections in Indiana. Together public health and Infection preventionists can begin the work of elimination of HAI in our patients. Laurie Fish's comments are attached and incorporated by reference as Exhibit 26.

Selma L. Clark, RN, MSN/MHA, CIC
Clark Memorial Hospital

Selma Clark wrote that the rule would be burdensome and almost impossible to comply with this requirement based on the enormity of the task. They are already required to report designated HAIs based on the requirements of HHS and CMS. Their tiered approach uses the Center for Disease Control's (CDC) National Healthcare Safety Network (NHSN) definitions as well as expert analysis of the surveillance data to collect this data. The HHS HAI Action Plan for reporting specific HAIs began in January of this year. Each preceding year, facility specific reporting requirements are added. This method allows for the assimilation and analysis of data

without imposing undue burden on the Preventionists who are responsible for collecting and reporting the data. The benefit of this type of program is to assure that everyone entering data into the system is using the same definitions, which will allow for a more accurate analysis. In the interest of economic responsibility, a more acceptable plan by the ISDH would parallel the reporting requirements that HHS has already designed. Selma Clark's comments are attached and incorporated by reference as Exhibit 27.

The record was left open until close of business August 19, 2011. No comments were submitted during that time period.

Dated at Indianapolis, Indiana this 8th day of September, 2011.

A handwritten signature in cursive script, reading "Manda Clevenger", is written over a horizontal line.

Manda Clevenger

Hearing Officer

August 19, 2011

Terry Whitson
Assistant Commissioner
Health Care Quality and Regulatory Services Commission
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Comments re: LSA Document #11-102 to require hospitals and ambulatory outpatient surgical centers to report healthcare-associated infections.

Dear Terry:

As the current president of the Indiana chapter of the Association for Professionals in Infection Prevention and Epidemiology (APIC-Indiana), I want to express our appreciation for being invited to participate in the writing of the Healthcare Associated Infection (HAI) reporting rule. Our members are pleased that the Indiana State Department of Health (ISDH) has been very receptive to our suggestions for improving the proposed rule.

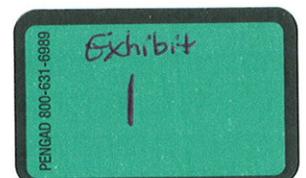
Attached are the pertinent points we discussed in our meetings; I am confident they will be addressed in the final document. We discussed the critical importance of using the CDC's National Healthcare Safety Network (NHSN) standardized definitions to identify and report HAIs in conjunction with the federal Health and Human Services (HHS) reporting requirements. This will eliminate additional data collection burden on staff as well as ensuring consistency in data collection and comparison. Healthcare professionals will be able to spend more time implementing infection prevention "best-practice" activities that can have a positive impact on patient outcomes. I believe we are all in agreement that although reporting is important, it alone does not reduce infections; intervention does.

APIC-Indiana supports your efforts to report healthcare associated infections and, as new HHS requirements are promulgated, we look forward to working with you on incorporating these into the surveillance process.

Thank you.



Diana Korpel, RN, CIC
President, APIC-Indiana (2011)



APIC-INDIANA
TALKING POINTS – RE: PROPOSED HAI REPORTING RULE

- Health and Human Services (HHS) Action Plan to Prevent Healthcare-Associated Infections had input from APIC, CDC, HIPAC, SHEA and other expert groups. Therefore the document has legitimacy in terms of its scientific base.
- The HHS plan has 5-year national prevention targets phased in so as to have the science catch up to best practices as well as to formulate standardized definitions.
- All hospitals are in line with HHS action plans due to ties to reimbursement and many already have developed plans to a projected time schedule.
- NHSN is the electronic repository used for HHS data and uses CDC guidelines and definitions. Using the tiered plan of HHS for HAI reporting will allow reporting to progress in tandem with NHSN's ability to assimilate the data.
- Implementing all proposed HAI reporting at the same time will be a major burden to reporting facilities as there are no consistent definitions for some major surgical site infections. These are currently being refined and researched under CDC, as are ventilator associated pneumonias.
- Tiered reporting is more acceptable as it allows for new science and technology that can establish more precise definitions. NHSN standardized definitions should be used to identify and report HAIs. This also allows individual health care facilities to internally report using consistent definitions for consistent, quality-based comparison. This data should be used to promote the reduction and progress towards elimination of HAIs.
- We want to improve infection rates and have been working for over 30 years to do this through establishing "best practices" for quality patient care. Duplicate reporting will allow Infection Preventionists less time for intervention activities. We want to use definitions and processes that have been proven to be successful in reducing or eliminating some HAIs.
- For consistency and ease of data collection, the state rule should not include reporting HAI data that is not accepted at NHSN. The facility would need to enter this information to the Indiana data system in addition to what the NHSN would send to the state.
- We support all Indiana hospitals allowing the ISDH to obtain Indiana information about HAIs.
- Exclusion of using MRSA data acquired through the communicable disease reporting rule from this plan. The Communicable Disease Reporting Rule for Physicians, Hospitals, and Laboratories, 410 IAC 1-2.3, <http://www.in.gov/isdh/18953.htm> requires the reporting to ISDH of Severe *Staphylococcus aureus* in a Previously Healthy Person, 410 IAC 1-2.3-98. Such reporting would include both Community acquired and Healthcare acquired invasive MRSA. The HHS plan includes reporting of MRSA Bloodstream infections starting in Jan 2013.



Indiana Hospital Association

August 17, 2011

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Terry Whitson
Assistant Commissioner
Health Care Quality and Regulatory Services Commission
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Comments re: LSA Document #11-102 to require hospitals and ambulatory outpatient surgical centers to report healthcare-associated infections.

Dear Terry:

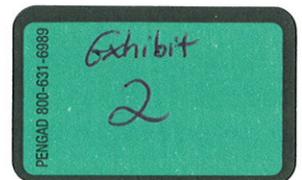
On behalf of the membership of the Indiana Hospital Association, we would like to express our appreciation for the work the Indiana State Department of Health has accomplished since the preliminary adoption of LSA Document #11-102. There have been two meetings with representatives of the Indiana Hospital Association, the Association of Professionals in Infection Control and Epidemiology - Indiana, Health Care Excel (Indiana's Quality Improvement Organization), and the professionals at the ISDH legal and epidemiology divisions to craft improvements to this proposed rule.

Attached is a revision of the proposed rule that incorporates discussions and recommendations of those meetings. This revision was consistent with federal requirements and timetables that have been nationally accepted. Since the last meeting, federal legislation and regulations have been adopted and IHA recommends adding Section 7 -1-3 and 7-1-4 to reflect those changes.

IHA strongly supports continued alignment with federal reporting requirements to ensure that providers collect data in a uniform way, have access to national best practice resources, and that reports contain comparable and relevant data. As new federal reporting requirements are promulgated, we will be willing participants to continue to enhance Indiana's reporting requirements through national entities like the National Healthcare Safety Network.

The attached proposed rule will require reporting by all hospitals, which will be new to many and require significant education and training in a short period of time. We encourage ISDH to pursue funding and team with IHA to provide this training.


Spencer L. Grover
Vice President



TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH

Proposed Rule
LSA Document #11-102

DIGEST

Adds 410 IAC 15-4 to require mandatory reporting of healthcare-associated infections by hospitals. Effective 30 days after filing with the Publisher.

410 IAC 15-4

SECTION 1. 410 IAC 15-4 IS ADDED TO READ AS FOLLOWS:

Rule 4. Reporting of Healthcare-Associated Infections

410 IAC 15-4-1 Applicability

Authority: IC 16-21-1-7; IC 16-41-2-1

Affected: IC 16-21; IC 16-41-2

Sec. 1. The definitions in this rule apply throughout this rule. (*Indiana State Department of Health; 410 IAC 15-4-1*)

410 IAC 15-4-2 “Centers for Disease Control and Prevention (CDC)” defined

Authority: IC 16-21-1-7; IC 16-41-2-1

Affected: IC 16-21; IC 16-41-2

Sec. 2. “Centers for Disease Control and Prevention (CDC)” means the federal agency established under the United States Department of Health and Human Services. (*Indiana State Department of Health; 410 IAC 15-4-2*)

410 IAC 15-4-3 “Healthcare-associated infection” defined

Authority: IC 16-21-1-7; IC 16-41-2-1

Affected: IC 16-21; IC 16-41-2

Sec. 3. “Healthcare-associated infection” means an infection associated with healthcare delivery in any setting (e.g., hospitals, long-term care facilities, ambulatory settings, home care). (*Indiana State Department of Health; 410 IAC 15-4-3*)

410 IAC 15-4-4 “National Healthcare Safety Network (NHSN)” defined

Authority: IC 16-21-1-7; IC 16-41-2-1

Affected: IC 16-21; IC 16-41-2

Sec. 4. “National Healthcare Safety Network (NHSN)” means a secure, internet-based system developed and managed by the Centers for Disease Control and Prevention (CDC) to collect, analyze, and report risk-adjusted healthcare associated infection data related to the incidence of healthcare associated infections and the process measures implemented to prevent these infections. (Indiana State Department of Health; 410 IAC 15-4-4)

410 IAC 15-4-5 Hospital data collection of healthcare-associated infections

Authority: IC 16-21-1-7; IC 16-41-2-1

Affected: IC 16-21; IC 16-41-2

Sec. 5. Hospitals shall collect surveillance data on the healthcare-associated infections and locations listed in section 7 of this rule. (Indiana State Department of Health; 410 IAC 15-4-5)

410 IAC 15-4-6 National Healthcare Safety Network (NHSN) participation

Authority: IC 16-21-1-7; IC 16-41-2-1

Affected: IC 16-21; IC 16-41-2

Sec. 6. (a) Hospitals shall do all of the following:

(1) Enroll in the NHSN by January 1, 2012.

(2) Submit data through NHSN on the healthcare-associated infections listed in section 7 of this rule.

(3) Confer to the department the NHSN access rights to their hospital specific healthcare associated infection data contained in the NHSN.

(b) Hospitals who are expelled from the NHSN shall submit the same information through alternative electronic means to the department at the sole cost of the hospital, if necessary. (Indiana State Department of Health; 410 IAC 15-4-6)

410 IAC 15-4-7 Reportable healthcare associated infections

Authority: IC 16-21-1-7; IC 16-41-2-1

Affected: IC 16-21; IC 16-41-2

Sec. 7. Hospitals shall submit all NHSN required non-identifying data to the NHSN on the following healthcare associated infections:

(1) Central line-associated bloodstream infections in all intensive care units effective January 1, 2012.

- (2) Surgical site infections for abdominal hysterectomies and colorectal surgeries as specified by the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting Program effective January 1, 2012.**
- (3) Catheter associated urinary tract infections in adult and pediatric intensive care units as specified by the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting Program effective January 1, 2012.**
- (4) Catheter associated urinary tract infections in inpatient rehabilitation facilities as specified by the Centers for Medicare and Medicaid Services Inpatient Rehabilitation Facility Prospective Payment System effective October 1, 2012.**
(Indiana State Department of Health; 410 IAC 15-4-7)

Healthcare Facility HAI Reporting to CMS via NHSN – Current and Proposed Requirements

DRAFT (8/5/2011)

HAI Event	Facility Type	Reporting Start Date
CLABSI	Acute Care Hospitals Adult, Pediatric, and Neonatal ICUs	January 2011
CAUTI	Acute Care Hospitals Adult and Pediatric ICUs	January 2012
SSI	Acute Care Hospitals Colon and abdominal hysterectomy	January 2012
I.V. antimicrobial start (<i>proposed</i>)	Dialysis Facilities	January 2012
Positive blood culture (<i>proposed</i>)	Dialysis Facilities	January 2012
Signs of vascular access infection (<i>proposed</i>)	Dialysis Facilities	January 2012
CLABSI	Long Term Care Hospitals *	October 2012
CAUTI	Long Term Care Hospitals *	October 2012
CAUTI	Inpatient Rehabilitation Facilities	October 2012
MRSA Bacteremia	Acute Care Hospitals	January 2013
<i>C. difficile</i> LabID Event	Acute Care Hospitals	January 2013
HCW Influenza Vaccination	Acute Care Hospitals	January 2013
HCW Influenza Vaccination	OP Surgery, ASCs	October 2013
SSI (<i>proposed</i>)	Outpatient Surgery/ASCs	January 2014

* Long Term Care Hospitals are called Long Term Acute Care Hospitals in NHSN



814 Laporte Avenue
Valparaiso, IN 46383
219/263-4279

August 15, 2011

Dear ISDH Executive Board,

We are asking for your consideration in modifying the HAI (Healthcare Associated Infection) reporting rule so that it parallels the HHS/CMS requirements that are currently in place.

Porter applauds and concurs with the priorities of the ISDH to reduce the number of HAI's and to that end, Porter has put itself on track to continue to follow the Health and Human Services (HHS) 5 year action plan as a national prevention strategy that is supported by APIC, CDC, HICPAC and SHEA.

With the implementation of the proposed HAI reporting by the ISDH, inconsistent and inaccurate reporting will most likely occur among facilities since definitions for some major surgical site infections and ventilator associated pneumonia have not been established in the NHSN guidelines. Additionally a system of duplicate reporting adds costs to a health care system.

In order to accurately measure improvement it is important to Porter Hospital to use definitions and processes that are consistent and have proven to be successful to ensure accurate data for comparison purposes.

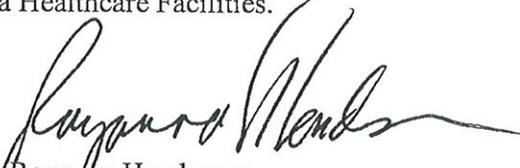
The proposed plan is allowing a four month window before implementation in January 2012. This time frame does not allow the necessary time for internal preparation to conduct meaningful surveillance and data submission. The HHS/CMS time table incorporates realistic expectations and allows time to review definitions and prepare for implementation of requirements.

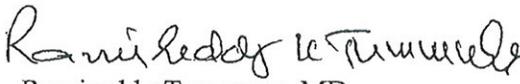
We support the importance that ISDH be involved and aware of HAI's that occur at Indiana Hospitals. This can be accomplished through review of data that is submitted through the existing HHS/CMS requirements.

With the above concerns in mind, we hope you will reconsider the proposed ISDH ruling to ensure a duplication of efforts is not experienced by Indiana Healthcare Facilities.

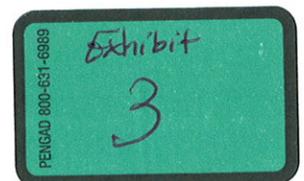
Sincerely,


Erika Young, DO
Medical Director – Infection Control


Rayanna Henderson
Chief Quality Officer


Ramireddy Tummuru, MD
Chief Medical Officer


Debbie Bachman
Patient Safety Officer





To: ISDH Executive Board

From: Community Health Network
Infection Prevention Department

Date: August 17, 2011

Subject: Proposed mandatory HAI reporting

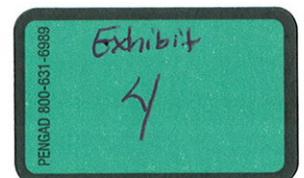
The Community Health Network Infection Prevention Department has reviewed the proposed mandatory HAI reporting rule and has some concerns. As written, the rule would require mandatory reporting of almost all HAI's. While we support all Indiana hospitals allowing the ISDH to obtain information about healthcare acquired infections, we would rather see a rule written that would parallel the HHS/CMS requirements that are currently in place or being phased in. Please consider the following in your review of this proposed rule:

1. The Health and Human Services Action Plan had input from APIC, CDC, HIPAC, SHEA and other expert groups.
2. Our network hospitals are in line with the HHS action plan and are in the process of developing a surveillance plan to support it.
3. We have recently enrolled as participants in the NHSN electronic reporting system and plan to utilize this as our reporting mechanism for the HHS action plan. Having the ISDH plan match the HHS plan that is already synced to NHSN would make the reporting less burdensome on the hospitals end.
4. If the reporting rule goes through as proposed it could possible result in data that is not comparable as standardized definitions are not in place for all proposed reportable infections. The HHS plan utilizes standard NHSN definitions so that all infections reported can be compared within a category.
5. The role of the Infection Prevention department has expanded greatly in the past few years. Mandatory reporting via one database (NHSN) can be accomplished. Having to report some infections to a different database (i.e. those not collected or defined by NHSN) would add increased burden to a department that needs to focus resources on initiatives to prevent infections, not simply report them.

The Community Health network is in support of some type of mandatory state infection reporting but would like to see the reporting mirror that which is already proposed by HHS. This would allow us to participate in valuable data collection by the state as well as focus our other efforts in the direction of the best infection prevention strategies for our patients. Thanks you for consideration of our thoughts on this matter.

Sincerely,

Community Health Network
Infection Preventionist
Kelly Manning, RN, BSN, CIC
Loretta Marsh, RN, BSN
Becky O'Connor, RN, BSN
Gayle Walsh, RN, BSN, CIC
Sally E. Young, RN, BSN, CIC



August 17, 2011

The ISDH Executive Board

I am writing to comment on the proposed reporting rules for hospital-acquired infections (HAIs). Our Infection Control department at Wishard Memorial Hospital supports the efforts of the Indiana State Health Department (ISDH) to monitor and reduce HAIs. Additionally, we support ISDH accessing Wishard's infection rates through the National Healthcare Safety Network (NHSN).

The new rules, however, should not establish requirements for reporting above and beyond what is already required by Centers for Medicare and Medicaid Services (CMS). Additional reporting to the ISDH would place significant administrative demands on our 3 Infection Control practitioners. The time and effort required for the ISDH's additional requirements would detract us from other important tasks, including hospital rounding, educating staff, and promoting patient safety.

Furthermore, the ISDH should use definitions for HAI that are in agreement with those of the NHSN. Inconsistent definitions for HAIs would require our practitioners to apply different sets of criteria for every hospital case they review. For example, some cases that meet the ISDH definition for central line-associated bloodstream infections would not meet the NHSN definition. Using different sets of definitions would be both confusing and time-consuming. We encourage ISDH to work with NHSN to develop standardized definitions that, as precisely as possible, identify who truly has a HAI.

We are not sure how ISDH plans to use the data they collect on Indiana hospitals. If there are plans to publish this data publically, we encourage ISDH to develop a method for validating hospital's HAI rates. Without such external validation, some hospitals may report falsely low rates in order to preserve their public reputation. Such false reporting would undermine the goal of reducing HAIs.

I thank you for the opportunity to comment on the proposed rule, and we at Wishard look forward to a productive relationship with ISDH.

Sincerely,



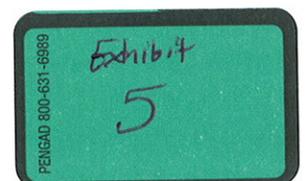
Daniel Livorsi, MD

Assistant Professor, Indiana University School of Medicine

Hospital Epidemiologist, Wishard Memorial Hospital

317-274-2835

dlivorsi@iupui.edu



Indiana State Department of Health August 17, 2011

Dear ISDH,

I am writing to you the Indiana State Department of Health in regards to Proposed Rule Reporting of Health Care-Associated Infections 410 IAC 15-4 LSA Document #11-102.

This proposed rule requires that all HAI reporting would start at the same time January 2012 and would cause a major burden to all healthcare facilities throughout the state. There are also no consistent definitions for some of the major surgical site infections. The CDC continues to refine and research these definitions as they currently are doing with ventilator associated pneumonia.

The Health and Human Services (HHS) Action Plan to Prevent Healthcare –Associated infections had input from several groups such as APIC, CDC, HIPAC, and SHEA. This allowed the document to have legitimacy in terms of its scientific base. The HHS plan also has a 5-year national prevention targets that are phased in thus allowing science and best practices to formulate standardized definitions. All facilities are currently in line with the HHS action plans due to ties with reimbursement and many have already developed plans to this projected time schedule. We are currently submitting data to NHSN which is an electronic repository used for the HHS data and uses CDC guidelines and definitions.

For consistency and ease of data collection, the state rule should not include reporting HAI data that is not accepted by NHSN. The facility would have to enter this information to the Indiana data system in addition to what the NHSN would send to the state. We support all Indiana hospitals allowing the ISDH to obtain Indiana information about HAIs, but do it thru NHSN. NHSN has standardized definitions and would allow all facilities to be evaluated with the same consistent, quality based comparison.

As Infection Preventionists we all continue to work towards improving infection rates and establishing best practices for quality patient care. Duplicate reporting will take us away from our work in trying to meet this goal.

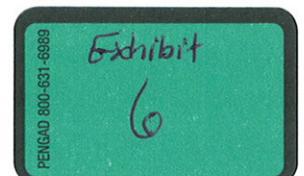
Sincerely,

Suzanne Tucker RN,AD

Union Hospital, Inc.

1606 N 7th St

Terre Haute , IN 47804



The ISDH Executive Board:

I have been reporting to The CDC-NHSN since January 1, 2011. For me it will be impossible for me to comply with the HAI reporting rule. I am a one person department that is allotted twenty – four hours per week for all my Infection Control duties. These duties include investigation, reporting, surveillance, prevention, orientation and continuing education. This does not include consultations. I am asking for additional hours.

I strongly suggest the present HAI reporting rule be modified to one that parallels the HHS/CMS requirements that we are currently ready to implement. My infection rates are excellent as we here at our hospital follow best practices and quality patient care.

I do not feel the state should require reporting that is not accepted by NSHN.

Judy E. Rigney, RN

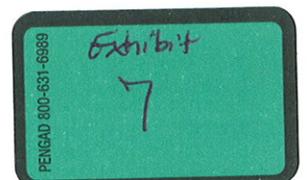
Infection Prevention and Control

Westview Hospital

3630 Guion Road

Indianapolis, Indiana 46222

317 920-7519





August 17, 2011

The ISDH Executive Board:

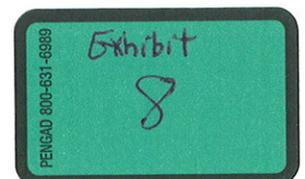
As an Infection Preventionist in the state of Indiana, this letter serves as a request to consider revising the newly proposed rule 410 IAC 15-4 requiring mandatory reporting of health care-associated infections (HAIs) by hospitals.

Hospitals are challenged with increasing demands of HAI reporting, and the workload facing Infection Preventionists has reached an all-time high. In order for hospitals to continue providing the highest standards of care and maintain compliance with HAI reporting, standardization is imperative. *I am asking you to consider aligning Indiana's newly proposed reporting rule with the current HHS and CMS requirements and timeline; as well as NHSN definitions.* The aforementioned requirements, timelines, and definitions were all based on scientific evidence of best practice with input from APIC, CDC, HIPAC, SHEA, and other expert groups.

It is my belief that Indiana hospitals support HAI reporting through NHSN and allowing ISDH to obtain specific information about "Indiana" HAIs, but feel that consistency with data collection and reporting is necessary to ensure accuracy of the data reported. I appreciate your consideration of this matter.

Sincerely,

Shannon King, RN, BSN, CHPN
Infection Prevention Coordinator
sking@cameronmch.com



Claire Roembke R.N., CIC
Manager, Infection Prevention
Franciscan St. Francis Health
1600 Albany St.
Beech Grove, IN 46107

August 17, 2011

Terry Whitson
Assistant Health Commissioner
Indiana State Department of Health

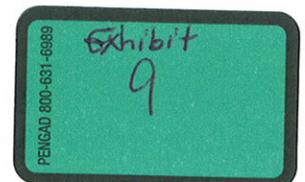
Dear Mr. Whitson:

As an Infection Control Professional I totally support any efforts to reduce hospital acquired infections. Franciscan St. Francis Health has been a voluntary reporting hospital to the Centers for Disease Control and Prevention (CDC) since 1996 and a charter member of the National Health Safety Network (NHSN).

We believe it is significant that Health and Human Services (HHS) is utilizing NHSN as an electronic repository for HAI data. This allows for a standardization of criteria and reporting. It is also important to tier the reporting to allow for NHSN to assimilate the data. Implementation of all categories of Hospital Acquired Infections (HAI) simultaneously will cause a significant burden on facilities. Additionally, some of the HAI criteria are currently under revision and this would not allow time for the implementation of refined and updated evidenced based definitions and criteria. The most significant of these is the Ventilator Associated Pneumonia (VAP) criteria. It is reported by Association for Professionals in Infection Control (APIC) and Society of Healthcare Epidemiology of America (SHEA) members to be subjective and ill defined allowing for a wide range of variability in reporting this data.

In reporting to NHSN over the last several years we have found our most important improvements when we have been able to utilized evidence based practices to make improvements in care. **Reporting alone does not reduce infections, targeted intervention does.** Intervention requires data, analysis, action plans, implementation, and evaluation. It will be difficult to have any focus on improvement if the limited time Infection Control has is spent on data collection, on too many different fronts at the same time, and reporting alone.

It is also important that the data be meaningful in order to influence improvement. For example, Methicillin Resistant *Staphylococcus aureus* (MRSA) data acquired through the communicable disease reporting rule is not exclusively hospital acquired, as it also includes community acquired MRSA. This information is not helpful in the formation or implementation of meaningful improvement processes to reduce hospital acquired



infections. HHS does include in their plan MRSA invasive bloodstream infections in January 2013 and that seems to be a logical place to begin.

We do support the reporting of hospital acquired infections. We ask that it be meaningful through the utilization of standardized and scientifically based criteria. Maximize the opportunities for improvement through tiered surveillance and reporting with opportunity for implementation of improvement plans. Reduce HAIs by utilizing HHS's tiered approach allowing for focused implementation of improvement plans. The process must capitalize on processes already in place with standardized definitions and reflect the most current research through NHSN.

Thank you for your time and consideration.

Sincerely,

Claire Roembke R.N., CIC

To: ISDH Executive Board
RE: Mandatory Reporting

August 10, 2011

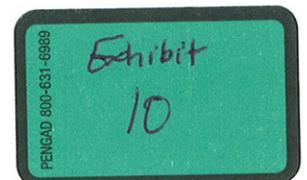
As a professional in infection prevention, I am happy to see Indiana concerned and taking action against HAI. However, I strongly urge ISDH to follow the HHS proposed requirements. There are many reasons to parallel the HHS plan:

- 1) HHS is national and allows for state to state comparisons. Several states have already adopted the HHS plan.
- 2) The tiered approach allows facilities time to gear up and put processes in place to properly collect the data.
- 3) A parallel system with HHS avoids duplication so resources can be better used to address the problem rather than having different sets of rules to follow for the same issues.
- 4) The HHS plan had input from APIC, SHEA, CDC and other experts. It is scientifically sound and has been reviewed and accepted by nationally recognized groups. This excellent work can be taken advantage of by using it in tandem.
- 5) HHS has thoroughly studied HAI and their reporting. Their system has a proven track record and full federal support (CMS).
- 6) Recent guidelines do not identify best practice for some aspects of care relating to MRSA, C. difficile, and HCW influenza vaccination. Unresolved issues exist. The staggered time line allows for those issues to be addressed.

Therefore, I strongly encourage you to consider adopting the HHS plan and timeline as it will address HAI in a methodical way that Indiana health care facilities can embrace. As is, many facilities may not be able to be compliant and those that appear to be compliant may have faulty data collection.

Sincerely,

Carol Tully
Certified Infection Preventionist
Fayette Regional Health System
Connersville, IN 47331



From: Shakula Chris [Chris.Shakula@franciscanalliance.org]
Sent: Wednesday, August 10, 2011 2:19 PM
To: 'Twhitson@isdh.IN.gov'; 'Bgarten@isdh.IN.gov.'
Subject: Mandatory reporting of Health Care Associated Infections Propose Rule
To the ISDH Executive Board:

I am writing to comment on the ISDH proposed rule for mandatory reporting of health care associated infections (HAI) which was recently posted in the Indiana Register.

I greatly appreciate the fact that the ISDH is increasing awareness of HAI's through mandatory reporting. However, I have a few concerns.

One of my concerns is that the ISDH is requesting that several HAI's be reported starting January 2012. Reporting all of infections all at once will strain already overwhelmed resources not allowing time for any planning or adjustment for the added work load. The proposed plan would also necessitate duplicate reporting taking up additional time. The additional work will take time away from prevention activities.

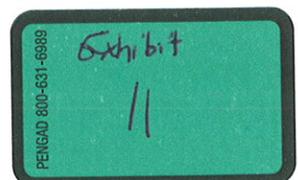
Another concern is that the ISDH proposed infections in Section 15 do not parallel NHSN criteria. Surgical Site Infections (SSI) are not reported by location through NHSN. The ISDH is proposing that we only report SSI infections for ICU. This can not be done through NHSN. Currently CLABSI, VAP and CAUTI data are only reported for ICU's in NHSN. The ISDH is proposing that we report some of these through out the hospital. Also, the ISDH of health defines a ventilator associated pneumonia as occurring greater than or equal to forty eight hours after being on a ventilator. Current NHSN definitions do not have a time frame for the development of the pneumonia once on a ventilator. NHSN is currently redefining this and several other definitions.

I have been in infection prevention for over 10 years and want to improve infection rates. If the proposed rule passes as is, most of my time will be spent on reporting infections and not on preventing them. I recommend that the ISDH follow the Health and Human Services (HHS) Action Plan to Prevent Health Care Associated Infections. The HHS plan allows for reporting to be implemented gradually over a 5 year period and for NHSN to finish refining definitions and implement reporting for non ICU areas. For consistency and validity, I recommend that NHSN be used for data collection.

Thank you for allowing me to comment on the proposed rule and please contact me with any questions.

Sincerely,
Chris Shakula RN, MS, CNS-BC, CIC
Nurse Epidemiologist
Franciscan St. Anthony Health Crown Point
1201 S. Main St.
Crown Point, IN 46307
219-757-6275

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This email is for The ISDH Executive Board.

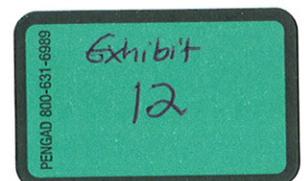
I would like to offer public comment on the proposed rule for mandatory reporting of Healthcare Associated Infections (HAI). It is my understanding that Indiana hospitals will be required to report all HAIs starting Jan. 1, 2012. If this is enacted without changes, it will be difficult, if not impossible, for most hospitals to comply. I would like to propose modifying this rule to one that parallels the HHS/CMS requirements that are currently in place using a 5 year plan for national prevention targets that are phased in. I feel that tiered reporting is more acceptable as it also allows individual hospitals to internally report using consistent definitions for consistent, quality-based comparison.

Like others in the state, I am the only Infection Preventionist at my hospital and I wear "several hats" and this duplicate reporting will allow less time for me to work on and implement those identified "best practices" to prevent these HAIs. All of us have been working very hard to reduce our infection rates and provide quality patient care. I want to use definitions and processes that have been proven to be successful in reducing or eliminating some HAIs. Finally, I do support all Indiana hospitals allowing the ISDH to obtain Indiana information about HAIs without duplicative reporting and inconsistent definitions adding extra work.

*Kay Gabriel, RN, BSN.
Director of Quality Services*

"Centered Around You"

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Response to the Rule for Mandatory Reporting of Healthcare Associated Infections

Dear ISDH Executive Board,

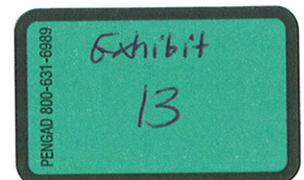
I am responding to the notice in the Indiana Registry that pertains to the **Proposed Rule for Reporting of Health Care-Associated Infections 410 IAC 15-4 LSA Document #11-102**. Our Health System is comprised of 4 in-patient hospitals (>500 total beds) and several out-patient facilities. We have 2.5 ICPs in the Infection Prevention and Control program with no additional help budgeted for next year. We are currently following healthcare associated surgical site infections that involve prosthetic devices and reporting them to NHSN; all VAPs, CAUTIs, and CLABSIs in the ICUs and reporting them to NHSN; all MDROS to include working with the State on the C. difficile associated infections and catheter associated urinary tract infections; reporting all infections/conditions required in Indiana's Communicable Disease Reporting Rule through INEDSS; plus participating in educational activities for the healthcare workers.

We are struggling now to find time to focus on infection prevention endeavors to include hand hygiene, cleaning/disinfection, isolation, personal protective equipment, bundle compliance, etc. Putting this rule into effect in 2012 will further hinder our infection prevention efforts and could lead to errors because of lack of time to adequately perform our jobs correctly. It will cause even more Infection Preventionists to leave the field of Infection Prevention and Control.

I am requesting that the Indiana Reporting Rule of HAIs be modified to emulate that on the national level by HHS/CMS. Reporting all HAIs can eventually be accomplished through a tiered time line. We can concentrate our efforts to prevent infections collaborating with HHS/CMS using the 5-year national prevention targets. I feel that tiered reporting will be more acceptable for Infection Prevention and Control Professionals as it would allow for new science and technology that can establish more precise definitions. NHSN standardized definitions could then be used to identify and report HAIs.

Please take time to consider an overall strategy for prevention of HAIs not just reporting them.

Thank you,
Mellodee Montgomery, MT, RN, MA, CIC
Infection Control Coordinator
Deaconess Health System
Evansville, Indiana





Indiana University Health

To: The Indiana State Department of Health Executive Board

In response to the proposed Healthcare-Associated Infection (HAI) Rule:

The Department of Health and Human Services (HHS) has an action plan to prevent healthcare-associated infections that they developed with input from many expert groups, such as APIC, SHEA, CDC, and many others. It is to be phased in over 5 years, so that standardized definitions can be formulated. There is too much room for error with current definitions. The CDC is currently researching and refining definitions.

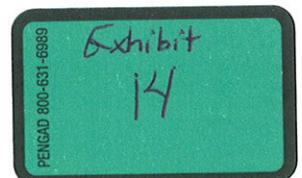
We Infection Preventionists have been working very hard along with Colleagues from our individual hospitals to improve infection rates. At this point we are very busy with surveillance duties, to the point that it takes away from our prevention activities. We establish best practices on evidence-based practices. More studies are needed in many areas to determine what best practices are.

Requiring reporting that cannot be completed through NHSN will take more of the time we should be using to focus on prevention activities.

It would be very helpful for healthcare facilities if the reporting is phased in over time, using the HHS action plan to prevent healthcare-associated infections. This way all reporting could be through NHSN and we would not be duplicating our efforts reporting through more than one program. We could confer rights to the Indiana State Department of Health, so that any information we send to NHSN would be accessible.

Thank you for your consideration,

Sherry Robbins RN, BSN
Infection Preventionist
IU Health Goshen Hospital



August 15, 2011

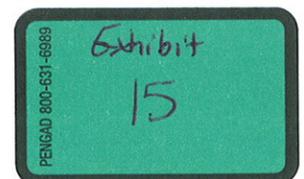
Terry Whitson
Assistant Health Commissioner
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

**Re: Proposed Rule Reporting of Health Care-Associated Infections 410 IAC 15-4 LSA
Document #11-102**

We are the Infection Preventionists of SJRMC Mishawaka/ Plymouth and are happy to have the opportunity to provide input into the proposed rule.

Our recommendations are as follows:

- The state reporting of health-care associated infections should follow the Centers for Medicare and Medicaid Services (CMS) **tiered** HAI reporting timeline as outlined in Health and Human Services HAI Action Plan. This plan provides hospitals the opportunity to use their data to implement prevention strategies and is supported by experts in prevention.
- Reporting HAI's through the CDC's National Healthcare Safety Network (NHSN), using CDC definitions, and sharing data with the ISDH provides a single repository for all Indiana hospitals and ensures consistency in data collection and comparison.
- Should **all** infections need to be reported immediately in 2012 as in the proposed rule, the burden on current resources will be vast as NHSN does not accept Surgical Site Infections by location and the Ventilator Associated Pneumonia definition is not consistent with NHSN definitions. This will necessitate dual reporting for facilities and require some support from the ISDH to develop a mechanism to accept the data not able to be entered into NHSN, electronic or other.
- MRSA currently addressed in our reporting activity through 410 IAC 1-2.3 the Communicable Disease Rule where the Severe Staphylococcus aureus in a Previously Healthy Person 410 IAC 1-2.3-98 Rule already exists so dual reporting will again be required.



We are in the business of working to prevent hospital-acquired infections in hospitalized patients every day. We are happy to work with the Indiana State Department of Health in sharing the responsibility of proving good comparative data that can be used to develop and implement solutions to help prevent infections in hospitalized patients. We believe that the above-mentioned strategies would be highly effective toward that goal. This approach would help us have time to promote and teaching interventions.

Thank you.

Sincerely,

Gail Canganelli RN, BSN
Gaye Hutchenson RN, BSN
Anna Roe RN, BSN, CIC

To the ISDH Executive Board:

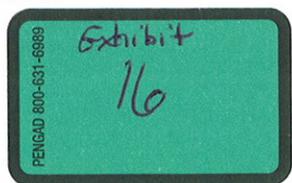
The prevention of healthcare associated infections (HAI) has long been a priority to all Infection Prevention Professionals and this priority has received the much needed attention and growing resources that it deserves in recent years. The HHS has began implementing its action plan for HAI prevention and they took into consideration the input from experienced professional organizations such as the APIC, SHEA, NSHN and others in order to make it a legitimate scientific based approach.

While I applaud the ISDH for taking a bold stance on this facet of the healthcare crisis in this country, I think there needs to be much deliberation to some of the terms that are being considered for implementation that are not based on good epidemiologic principles and are going to be another taxing burden on precious resources (both human and financial) that will take away from the Infection Preventionist's (IPs) time for other prevention/intervention activities.

The following are a few key concerns that I urge you to consider:

- VAP infections are not even being considered for the CMS required reporting plan at this time. The CDC/NHSN is in the process of developing new definitions for VAP that are expected to be published and implemented possibly by 2013. (This was presented by a CDC representative at the APIC National Conference in June and it will allow for more clearly objective data collection.) It doesn't seem to be a good use of resources to start reporting this now when the definition criteria are going to be changing soon.
- SSI reporting by ICU is not an acceptable way of surveillance. The denominator for surgical site infections has always been based on the number of procedures not where the patient was housed post operatively. When developing a good surveillance program, experts have always recommended looking at the high volume and/or high risk procedures. The CMS reporting plan already includes colon and hysterectomy surgeries that will be reported beginning in January 2012 and it is without regards to being an ICU patient. Many surgeries that are at increase risk for infection or for serious adverse outcomes should an infection occur, never even go to an ICU. You will not capture any ambulatory surgery procedures this way either.
- Furthermore reporting of *all* SSI would be entirely too laborious and cause a financial burden on facilities, because in order to report SSI to NHSN it is not a matter of just reporting infection incidents. All surgery procedure data must be included in order to calculate an infection rate and to stratify them by their risks. There are 15 to 25+ data elements on each and every surgery not just those with an infection that must be loaded into the NHSN system. In order to be efficient in getting this volume and type of data entered there needs to be data mining software which is an expensive added cost to health care facilities.

In conclusion, I urge you to reconsider accepting the tiered reporting approach already outlined and being implemented through the HHS Action Plan. The data can easily be made



available to the state level; so why is there a need to add another time table and more confusion and opportunities for error in data, due to so many changes at once? I would encourage you to have experienced IPs involved in the implementation of this mandatory reporting rule, through consultation etc. to help make this a meaningful endeavor that will ultimately benefit and improve healthcare for all Hoosiers.

Respectfully submitted,

Sonya Mauzey RN, BS, CIC
Infection Preventionist
The Women's Hospital
4199 Gateway Blvd
Newburgh, IN 47630
812-842-4262

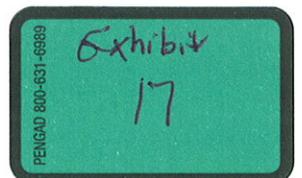
ISDH Executive Board:

As a Critical Access Hospital, we would not have the resources for duplicate reporting to two entities for HAIs. I understand that currently this rule does not apply to non-PPS facilities but that it may in the future. I would recommend the reporting be parallel with HHS reporting plan. This will allow our facility better utilization of our current resources which would allow the Infection Control staff more time to spend on intervention activities versus reporting activities. The HHS plan to prevent HAI is a nationally recognized plan that has been designed by the field experts. Straying from the expert recommendations can reduce validity of gathered information and compound the task of reporting.

Our goal is improving patient care. Allow us to work toward this goal by utilizing the national standards as a guide.

Thank you,

Lisa Lieber, RHIA
Director, Administrative Services
Harrison County Hospital
812-738-7884



Terry Whitson-Assistant Commissioner
Indiana State Department of Health
Health Care Quality and Regulatory Commission
2 North Meridian Street, 5-A
Indianapolis, IN 46204

The ISDH Executive Board.

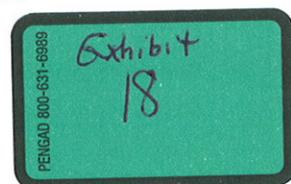
I am writing you in response to the proposed Indiana Registry rule for mandatory reporting of all healthcare associated infections (HAIs). As an Infection Preventionist (IP), I believe that it is the responsibility of healthcare facilities to provide safe, quality care to all who enter their institutions. It is also the right of all who enter our institutions to expect this type of care. The essence of my profession as a Registered Nurse as well as a Certified Infection Control Practitioner is to prevent infections and to improve infection rates in all areas. This being said, I implore you to consider some important issues when developing a mandatory reporting program.

As you know the Department of Health and Human Services (HHS) has an Action Plan to Prevent healthcare associated Infections in hospitals and other healthcare centers. This document and plan received input from APIC, CDC, HIPAC, SHEA and other expert groups. This plan has 5-year national prevention targets phased in that allows for new science and technology to establish more precise definitions. Not *all* HAI's have standard definitions, and if this vital infrastructure is not present prior to imposing requirements then only confusion and inaccurate data will prevail, not the prevention of infections. NHSN is the electronic repository used for HHS data and uses CDC guidelines and definitions that govern the HAI data. Therefore data that is not accepted by the NHSN should not be included in the reporting requirements.

Using the existing tiered plan of HHS for HAI reporting allows reporting to progress along with NHSN's ability to assimilate the data. This also allows individual health care facilities to internally report using consistent definitions for consistent, quality based comparison as this data should be used to promote the reduction and progress towards elimination of HAIs.

Hospitals have already developed plans and projected time schedules to be able to comply with the HHS action plans. For consistency and ease of data collection, the state rule should not include reporting HAI data to the Indiana data system in addition to what the NHSN would send to the state. This duplicate reporting will allow Infection Preventionists less time for intervention activities. Implementing all proposed HAI reporting at the same time will be a major burden to reporting facilities as there are no consistent definitions for some major surgical site infections (SSI). The SSI definitions are currently being refined and researched under CDC, as is ventilator associated pneumonia.

I encourage all involved in this decision making process to consider the impact of the Indiana mandatory data requirements in addition to the data that is required by HHS. This data reporting is already in progress and can be obtained using the NHSN system. This



would, at least, not take additional time away form the prevention activities of the IP.

Liz Couch RN, BSN, CIC
Infection Prevention Coordinator

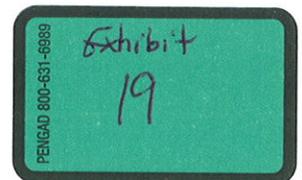
August 17, 2011

To The ISDH Executive Board:

I am writing in concern to the mandatory reporting of Healthcare Associated Infections in the state of Indiana. As an Infection Perfectionist, I have many roles in the hospital in trying to prevent infections as well as working with patients with infections. I need something that will help me minimize my time at my desk and help me with time management in looking at what is causing infections and what we can do to prevent infections. I need to be out on the units with the staff and the patients using my expertise teaching and exploring new avenues in keeping the rates of infections to a minimum or zero if we can do this. In looking at your rules for reporting, this does not happen for me. It needs to parallel the HHS/CMS requirements that are currently in place and use the NHSN's definitions as well as expert analysis of the surveillance data. Thank you very much for listening to me and I hope we can come to an agreement that will work.

Sincerely

Lorea Harris, MSN, RN, FNP-BC
Infection Prevention



Memorial

Hospital of South Bend*

August 10, 2011

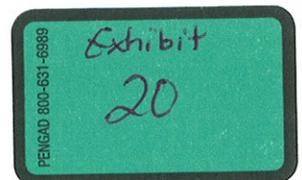
Terry Whitson
Assistant Health Commissioner
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

**Re: Proposed Rule Reporting of Health Care-Associated Infections 410 IAC 15-4 LSA
Document #11-102**

As the Infection Preventionists of Memorial Hospital of South Bend we appreciate the opportunity to provide input into this proposed rule and the efforts of the Indiana State Department of Health to improve the health of the patients we both serve.

Our recommendations are as follows:

- The state reporting of health-care associated infections should follow the Centers for Medicare and Medicaid Services (CMS) **tiered** HAI reporting timeline as outlined in Health and Human Services HAI Action Plan. This plan provides hospitals the opportunity to use their data to implement prevention strategies and is supported by experts in prevention.
- Reporting HAI's through the CDC's National Healthcare Safety Network (NHSN), using CDC definitions, and sharing data with the ISDH provides a single repository for all Indiana hospitals and ensures consistency in data collection and comparison.
- Should **all** infections need to be reported immediately in 2012 as in the proposed rule, the burden on current resources will be vast as NHSN does not accept SSI's by location and the VAP definition is not consistent with NHSN definitions. This will necessitate dual reporting for facilities and require some support from the ISDH to develop a mechanism to accept the data not able to be entered into NHSN, electronic or other.
- MRSA currently addressed in our reporting activity through 410 IAC 1-2.3 the Communicable Disease Rule where the Severe Staphylococcus aureus in a Previously Healthy Person 410 IAC 1-2.3-98 Rule already exists so dual reporting will again be required.



We have more than 25 years infection prevention experience and we work daily to decrease the risk of infections for our patients. The tiered approach, use of CDC's NHSN definitions and data collection, and the ability to report without needing to dual report to the ISDH will provide valid and consistent comparisons so that good intervention strategies can be implemented.

Thank you.

Sincerely,

Susan Kraska, RN, CIC

Kelly Jolliff, B.A.

Dear Sirs,

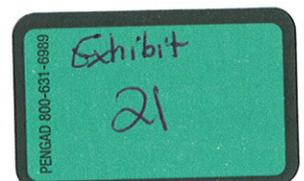
We request that you consider revising the ISDH proposed health care associated infection reporting rule to be consistent with the HHS/CMS reporting requirements that are currently in place.

We are very concerned that there would be potential for misinterpretation when comparing HAI from the various healthcare facilities. We need science based, concise infection criterion in order to have consistent and comparable data.

The NHSN infection surveillance definitions are continuing to evolve. There currently are no consistent definitions for some of the major surgical site infections. NHSN has acknowledged that ventilator associated pneumonia definitions are too open to individual interpretation and thus, they are researching and redefining those definitions.

We continue to fine tune infection prevention by using evidence based "best practices" for patient care and maintain 0 infections as the target goal. The proposed reporting requirements would decrease the time available for insuring that these best practices are fully implemented. We need to use definitions and processes that are proven to be successful in reducing the risk or elimination of some HAIs.

Respectfully,
Lutheran Hospital Infection Control Practitioners:
Molly Davidson RN, CIC
Ann Carmien RN, CIC
Jayne Jones RN



August 17, 2011

Terry Whitson
Assistant Health Commissioner
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

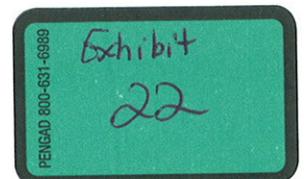
**Re: Proposed Rule Reporting of Health Care-Associated Infections 410 IAC 15-4 LSA
Document #11-102**

I am the sole Infection Preventionist of Elkhart General Hospital I appreciate the opportunity to provide input into this proposed rule and the efforts of the Indiana State Department of Health to improve the health of the patients our area serves.

Recommendations are as follows:

- The state reporting of health-care associated infections should follow the Centers for Medicare and Medicaid Services (CMS) tiered HAI reporting timeline as outlined in Health and Human Services HAI Action Plan. This plan gives hospitals the opportunity to use their data and helps prevention experts implement prevention strategies.
- Reporting HAI's through the CDC's National Healthcare Safety Network (NHSN), using CDC definitions, and sharing data with the ISDH provides a link for all Indiana hospitals and ensures consistency of how data is collected and compared.
- Should all infections need to be reported in 2012 as the proposed rule, states current resources will be greatly burdened. NHSN does not accept SSI's by location and VAP definitions not consistent with NHSN definitions. There will then be a need for dual reporting for facilities and will require some support from the ISDH to develop a system.
- MRSA currently addressed in our reporting activity through 410 IAC 1-2.3 the Communicable Disease Rule where the Severe Staphylococcus aureus in a Previously Healthy Person 410 IAC 1-2.3-98 Rule already exists so, again, dual reporting will be required.

As Elkhart General's Infection Preventionist, I work daily to decrease the risk of infections for our patients. I collaborate with all levels of nursing to insure Elkhart General's adherence to best practice. The use of CDC's NHSN definitions and data collection, and the ability to report without needing to dual report to the ISDH will provide valid and consistent comparisons so that good intervention strategies can be implemented.



Thank you.

Sincerely,

Penni Himes, RN, BSN, I.P.

The ISDH Executive Board:

I am writing you as an Infection Preventionist with great concerns about Healthcare-Associated Infections Rule. The proposed rule is going to make our abilities, as hospitals in Indiana, to comply nearly impossible. Public reporting for states and Health and Human Services (HHS) would be more simple if the indicators were similar and brought up for reporting at the same time.

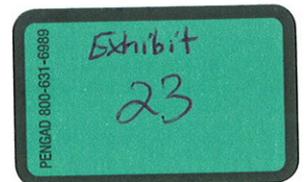
The HHS reporting is already done through the National Healthcare Safety Network (NHSN) and using those standard definitions. It would help us tremendously if the state of Indiana would use NHSN and the CDC's standardized definitions as the state reporting platform as well.

Most hospitals only have one or two individuals doing the work required to make reporting possible. There is a significant learning curve in beginning to report any indicator and thus bringing up new indicators should happen on a tiered type schedule to ensure Infection Preventionist have been giving time to become educated and trained for the task. Reportable indicators need to be based in science and evidence based practices for patient care improvement, which makes them a valid indicator. Validity can only be accomplished if the appropriate amount of scrutiny and sufficient time can be applied to each indicator individually for acclimation into the reporting system.

This needs to happen and if Indiana is going to do it lets make it doable.

Thank You,

*Rachel White, MLS(ASCP)^{CM}, CHC, CIC
Certified Infection Preventionist
Infection Prevention Coordinator
Margaret Mary Community Hospital
812.933.5474
rachel.white@mmch.org*



August 10, 2011
ISDH Executive Board
Terry Whitson
Assistant Health Commissioner
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

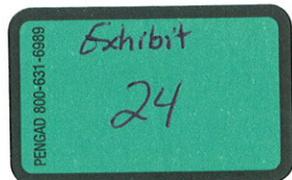
**Re: Proposed Rule Reporting of Health Care-Associated Infections 410 IAC 15-4 LSA
Document #11-102**

As the Infection Preventionist of Community Hospital of Bremen, I appreciate the opportunity to comment on this proposed rule and the efforts of the Indiana State Department of Health to improve the health of the patients we both serve.

My recommendations are as follows:

- The state reporting of health-care associated infections should follow the Centers for Medicare and Medicaid Services (CMS) **tiered** HAI reporting timeline as outlined in Health and Human Services HAI Action Plan. This plan provides hospitals the opportunity to use their data to implement prevention strategies and is supported by experts in prevention.
- Reporting HAI's through the CDC's National Healthcare Safety Network (NHSN), using CDC definitions, and sharing data with the ISDH provides a single repository for all Indiana hospitals and ensures consistency in data collection and comparison.
- Should **all** infections need to be reported immediately in 2012 as in the proposed rule, the burden on current resources will be vast as NHSN does not accept SSI's by location and the VAP definition is not consistent with NHSN definitions. This will necessitate dual reporting for facilities and require some support from the ISDH to develop a mechanism to accept the data not able to be entered into NHSN, electronic or other.
- MRSA currently addressed in our reporting activity through 410 IAC 1-2.3 the Communicable Disease Rule where the Severe Staphylococcus aureus in a Previously Healthy Person 410 IAC 1-2.3-98 Rule already exists so dual reporting will again be required.

I am happy to work with the Indiana State Department of Health to share good comparative data that will improve patient care. I believe that strategies mention above will improve



patient outcomes that will be extremely effective, in preventing infections. The Infection Preventionist will be able to spend additional time training staff on evidence based infection prevention strategies. Our goal is to prevent infections and when we work in collaboration with ISDH I believe everyone will win, especially the patient

Sincerely,

Kim Knez RN, Infection Prevention.

ISDH Executive Board,

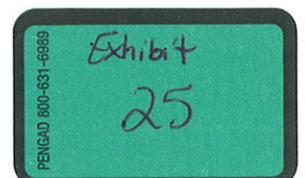
The citizens of Indiana and those who seek care in our great State deserve to receive the highest quality of care. While I believe it is important to monitor HAI's please keep in mind that implementing reporting of all proposed HAI's at the same time, instead of the tiered reporting approach, will be a heavy burden to my prevention program. The tiered approach to reporting is more acceptable as it allows me time to implement or continue to improve the best practices within my facility.

I want to improve infection rates and have been working for over 7 years in Infection Control and Prevention doing just that. I know that an organized approach to definitions and data collection is essential for quality comparison data. HHS has a 5 year plan for national prevention targets that are phased in and allows for new science and best practice to formulate standard definitions. NHSN standardized definitions should be used to identify and report HAI's. This also allows individual health care facilities like mine to internally report using consistent definitions for consistent, quality-based comparison. This data should be used to promote the reduction and progress towards elimination of HAIs.

I sincerely hope that our reporting rule will reflect the use of the NHSN electronic repository system and that you change it to use the same tiered approach.as HHS so I can spend my main efforts on Prevention not duplication.

Thank you for your time,

Laura Aschenberg RN, BSN, CIC



To: Indiana State Department of Health Executive Board

Date: August 17, 2011

From: Laurie Fish, RN, CIC
Executive Director, Infection Prevention
Indiana University Health

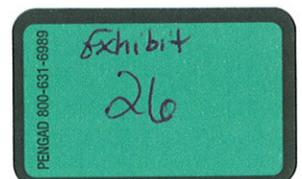
Subject: Proposed HAI rule

I am writing in regard to the proposed rule for mandatory reporting of healthcare acquired infections (HAI). I support mandatory reporting and transparency of HAIs however, I am concerned that the scope and breadth of this proposed rule will impact the effectiveness of the infection prevention programs across the state. I recommend that the state of Indiana follow the Health and Human Services Action Plan and reporting schedule to prevent HAIs since it has been vetted by experts in the field of Infection Prevention and Hospital Epidemiology as well as the Center for Disease Control and Prevention.

A tiered approach to reporting will allow experience with the process and allow the Infection Prevention departments to ramp up their resources to meet the reporting requirements for CMS. This plan also allows for the science to evolve in areas where there are still issues with definitions for example ventilator associated pneumonia.

Additionally Infection Prevention departments need to have the resources and capacity to lead improvement efforts and respond to emerging issues like 2009 H1N1 pandemic. If total whole house surveillance was required of all hospitals such as the proposed rule encompasses, the infection preventionist would once again become data collectors and not interventionist leading improvements.

I applaud the Indiana State Health Department's interest and efforts to improve the incidence of health care acquired infections in Indiana. Together public health and Infection preventionist can begin the work of elimination of HAI in our patients. Thanks for your time and attention to this matter.



To: The ISDH Executive Board

This letter is concerning the rule for mandatory reporting of Healthcare Associated Infections (HAI) in Indiana. My interpretation is that if this ruling is passed, the Indiana hospitals will be required to report all HAI's beginning January 1, 2012. As an Infection Preventionist, who is committed to doing what is in the best interest for the public, I wanted to voice my concern regarding this action. It would be burdensome and almost impossible to comply with this requirement based on the enormity of the task.

We are already required to report designate HAIs based on the requirements of HHS and CMS. Their tiered approach uses the Center's for Disease Control's (CDC) National Healthcare Safety Network (NHSN) definitions as well as expert analysis of the surveillance data to collect this data. The HHS HAI Action Plan for reporting specific HAIs began in January of this year. Each preceding year, facility specific reporting requirements are added. This method allows for the assimilation and analysis of data without imposing undue burden on the Preventionists who are responsible for collecting and reporting the data.

The benefit of this type of program is to assure that everyone entering data into the system is using the same definitions, which will allow for a more accurate analysis. In the interest of economic responsibility, a more acceptable plan by the ISDH would parallel the reporting requirements that HHS has already designed.

Again, I applaud your understanding of the enormity of the situation regarding HAIs, and I just want to make sure that you have the facts and realize the importance of making a ruling that we all can work with.

Sincerely,

Selma L. Clark, RN, MSN/MHA, CIC
Clark Memorial Hospital
Jeffersonville, Indiana 47130

