NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

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Notice of exclusions of certain hospitals from Public Health Law (PHL) § 2819's hospital acquired infection reporting requirements

Public Health Law (PHL) § 2819 was designed to support quality improvement and infection control activities at hospitals through the public reporting of select hospital acquired infection (HAI) data. Hospitals are required to maintain a program that can identify, track, and report the selected data to the National Healthcare Safety Network (NHSN), a widely-used secure, web-based surveillance system managed by the Centers for Disease Control and Prevention (CDC), in which the New York State (NYS) HAI Reporting program can view and analyze data from NYS hospitals. In accordance with the parameters set forth in PHL § 2819, hospitals are currently required to report central line-associated bloodstream infections (CLABSIs) from intensive care units, medical/surgical wards, and step-down units; surgical site infections (SSIs) following colon, hip replacement, coronary artery bypass graft, and abdominal hysterectomy procedures; laboratory-identified *Clostridium difficile* infections (CDI); and laboratory-identified carbapenem-resistant Enterobacteriaceae (CRE) infections. In 2019, hospitals will also report SSIs following spinal fusion procedures, and CLABSIs in oncology and mixed wards. All reporting must follow the NHSN protocols.

Pursuant to PHL § 2819(2)(c) and (f), hospitals will be excluded from reporting that do not have enough data to produce statistically meaningful rates. The following outlines the proposed criteria for exclusion the Department will use:

Criterion 1. Critical Access Hospital (CAH) or $\leq$ 25 acute care beds

Criterion 2. Performing < 20 combined reportable surgeries
AND
< 50 central line days annually
AND
Average length of stay < 3.0 days

Criterion 3. Certain types of hospitals: exclusively research, psychiatric, addiction recovery (alcohol or drugs), freestanding rehabilitation.

Rationale for excluding in accordance with the criteria set forth above:

1. Due to lack of operative procedures, device days, and length of stay at hospitals with 25 or less acute care beds or CAHs, rates that could reasonably be used to institute quality improvement measures cannot be determined.
2. Certain types of hospitals that are exclusively used to conduct clinical research, specialize in treatment of mental disorders, addiction recovery, or are a freestanding rehabilitation hospital do not perform the surgical procedures, do not have the critical care or nursing units selected, or do not perform cultures to detect the reportable multi-drug resistant organisms.

3. Minimum numbers are required to calculate reliable infection rates or standardized infection ratios (SIRs) for reporting. Small numbers are suppressed in the annual HAI public report: this has included CLABSI data where fewer than 50 central line days are reported annually; SSIs where fewer than 20 procedures are performed annually; and CDI and CRE where fewer than 50 patient days or 20 admissions are reported annually. In addition, CDI risk adjustment is not performed for specialty hospitals (children's, maternity, orthopedic/surgical, oncology, long term acute care, and freestanding rehabilitation) where there are insufficient data for comparison.
4. Requiring hospitals to report data when they fall under acceptable statistical thresholds is not consistent with the intent of PHL § 2819, which was enacted to provide the public with reliable, accurate information about HAIs.
5. Participating in NHSN reporting requires trained and dedicated staff to perform surveillance and collect and enter the data. This may be an unreasonable and unnecessary burden to small hospitals.

Additional Points:

1. **All** hospitals, whether or not excluded from reporting pursuant to PHL § 2819, are still required to report outbreaks and/or diseases in accordance with Part 2 of the State Sanitary Code (SSC) and 10 NYCRRR § 405.11.
2. The Department consulted with the Technical Advisory Workgroup (TAW) at its May 2017 meeting regarding the proposed criteria and rationale for these exclusions. During group discussion, TAW members agreed that the reporting exclusions described above are reasonable.
3. Hospitals will be asked to communicate with their HAI Regional Representative any change in level of care, such as increase in bed size, opening of critical care units, or increase in number of surgical procedures that are part of the mandatory reporting. If it is determined that an excluded hospital is likely to have sufficient data for a specific reporting indicator, the NYS HAI Reporting Program will notify the hospital that they are no longer excluded and are required to report.

Based on the criteria set forth above, the Department will determine which hospitals will be excluded from reporting pursuant to PHL § 2819; these hospitals will be notified in writing. As noted above, if at any time the hospital data changes and no longer meets the exclusion criteria, the hospital will be notified in writing to resume participation in mandatory reporting.

Submission of comments: Third parties or hospitals desiring to express their views concerning any of the above proposed criteria for exclusion may do so by submitting comments by mail or email, not later than February 15, 2019. Comments should be addressed to: Hospital Acquired Infection Reporting Program, New York State Department of Health, Corning Tower Room 523, Albany NY, 12237, or emailed to HAI@health.ny.gov.

Additional information regarding HAI reporting, including information on PHL § 2819, is provided below:

1. Hospital-Acquired Infection (HAI) Rates in NYS Hospitals: http://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/

2. National Healthcare Safety Network (NHSN): https://www.cdc.gov/nhsn/acute-care-hospital/index.html