

Texas HAI Reporting Summary

SB 288 became Effective June 15, 2007

But was not funded - estimated they would need \$4.5 million with 36 new FTEs, nothing implemented except advisory panel

16 member advisory panel (2 year terms)

Use secure web-based reporting – recommend using NSHN

Use CDC case definitions for HAIs

Pediatric and Adult hospitals

- SSI Cardiac procedures excluding thoracic cardiac procedures
 Ventriculoperitoneal shunts procedures
 Spinal surgeries with instrumentation

General hospital

- Lab confirmed CLABSI from special care settings (ICUs)
- **RSV in any pediatric unit**

Surgical centers (not in NSHN)

- SSI Colon, hip/knee arthroplasties, hysterectomies, CABG, and vascular procedures

SSI alternative for lower volume facilities

If average less than 50 procedures per month

Then report the 3 most common procedures based on NHSN list

Summary Report at least annually, Risk adjusted

HB1082 MRSA Reporting Procedures Pilot Program

- Require all labs in a health authority to report (San Antonio, and two smaller counties: Amarillo and Brian College Station (Texas A&M) <100,000)
- Track the prevalence
- Study feasibility and cost of expanding reporting for MRSA
- Develop a method for electronic exchange of
- Collect and analyze data regarding sources and prevention
- Report to the public, summarize by location and make available
- Final report on effectiveness of the pilot program by September 1, 2009

San Antonio – estimated to get 12,000 for in a year, so decided to do it only for one month – March 09 for all three counties. Reporting all culture positive infections only.

Amarillo= 1,200 reports

Made recommendations – use CDC system, only doing hospitals (on the web)
518 acute care, >300 ambulatory surgicenters
Some leeway given to the commissioner
VAP and UTI not mentioned in the law