DRAFT

HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE

June 26, 2013
1:00 pm to 3:00 pm

Portland State Office Building, Room 1C
800 NE Oregon Street
Portland, OR 97232

MEMBERS PRESENT:
Bruce Bayley, PhD
Paul Cieslak, MD
Tara Gregory, MS, FNP
Laurie Murray-Snyder (phone – in place of Stacy Moritz, RN, MBA)
Kecia Norling, RN
Pat Preston, MS
Angel Wynia

MEMBERS EXCUSED:
Susan Mullaney
Nancy O'Connor, RN, BSN, MBA, CIC
Dana Selover, MD, MPH
Dee Dee Vallier
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC
Bethany Walmsley, CPHQ, CPPS

STAFF PRESENT:
Zintars Beldavs, MS, Healthcare-Associated Infections Program Manager
Monika Samper, RN, Healthcare-Associated Infections Reporting Coordinator
Ann Thomas, MD, MPH, Acute and Communicable Disease Medical Epidemiologist

ISSUES HEARD:

- Call to Order
- Approval of Minutes
- Review Oregon HAI Prevention Plan
- Standing Agenda: OPSC
- Standing Agenda: ASCs
- Standing Agenda: LTCFs
- Standing Agenda: Dialysis Centers
- Standing Agenda: Birthing Centers
- Update from Hospital Association
- Standing Agenda: Acumentra
- Standing Agenda: Public Health
- Discussion on Areas of Potential Collaboration

- **Frequency of Meetings**
- **Public Comment / Adjourn**

These minutes are in compliance with Legislative Rules. Only text enclosed in italicized quotation marks reports a speaker's exact words. For complete contents, please refer to the recordings.

Item	Discussion	Follow-Up
Call to Order	The meeting was called to order at approximately 1:00 pm. There was a quorum.	
Approval of Minutes	The minutes for February 27, 2013 and April 24, 2013 meetings were unanimously approved.	
Review Oregon HAI Prevention Plan Staff	To gain a better understanding of the role of the committee, members at the April meeting requested for Oregon Public Health Division (OHPD) staff to review the Oregon HAI Prevention Plan at the next meeting. So, Monika Samper presented a synopsis of the plan and discussed obstacles preventing the committee from reaching some of the goals. The original document, dated December 2009, was developed by the Oregon Public Health Division, Oregon Health Policy and Research (OHPR), and the Oregon Patient Safety Commission. Derived from a federal grant application template, consisting of a list of choices and blank lines for selecting/filling in statewide objectives, the plan is very basic. Of particular interest is section 1, which details infrastructure planning for HAI surveillance, prevention, and control. Although most of the items under this section have been completed, implementation of some of the objectives has not been possible because the National Healthcare Safety Network (NHSN) system lacks the necessary functionality. The items that are incomplete include: • Integrate laboratory activities with HAI surveillance, prevention, and control efforts (page 4, Level I, item 3) – The CDC is gradually working toward upgrading NHSN, but this software application does not currently support outbreak investigations, provide health level 7 (HL7) messaging of lab results, or offer other related functions. However, OPHD has addressed the coordination of lab testing with HAI reduction endeavors in a recently published toolkit that provides guidance to labs and healthcare personnel for controlling CRE, a reportable HAI pathogen.	Monika Samper will summarize the status of items in the HAI Prevention Plan and compose a list of future goals for the next meeting.

Item	Discussion	Follow-Up
	Note: Level I plans encompasses state activities that are being funded by the federal government. • Facilitate use of standards-based formats by healthcare facilities for purposes of electronic reporting of HAI data (Level II ,item 5) Although some of the larger electronic medical record (EMR) vendors are working with NHSN to integrate laboratory activities through the electronic transfer of hospital EMR data directly into the NHSN system, currently infection preventionists must manually enter all information. It's not known whether EPIC, a healthcare software company with an EMR system used by most Oregon facilities, is collaborating with NHSN at this time. Therefore, OHPD is making an effort to establish a relationship with EPIC to encourage and facilitate the development of an interface with NHSN. The Oregon Public Health Division is investigating electronic laboratory reporting for multi-drug resistant organisms (MDROs). Creating a computerized method to identify MDROs and transmit the information to NHSN, though, is not an easy task. First, the transfer of data will be difficult because the structure of the database and content/format of fields will differ between the EMR and NHSN. Second, unlike many reportable infections, identifying an MDRO involves complex program code to select the correct organism. For example, CRE encompasses: 38 kinds of bacteria from the *Enterobacteriaceae* family that are non-susceptible to any carbapenem, resistant to 3rd generation cephalosportins, possess a gene sequence specific for cabapenemase, test positive for cabapenemase production, etc. After reviewing the State Plan, members decided that the document needed to be rewritten and reformatted to improve readability. A summary of the accomplishments and outstanding items for each goal would facilitate the development of future goals. A revised plan and a list of proposed objectives will be presented by the HAI program at the next meeting scheduled in September.	
Standing Agenda : OPSC Bethany Walmsley	Bethany Walmsley from the Oregon Patient Safety Commission was unable to attend the meeting today.	

Item	Discussion	Follow-Up
Standing Agenda: ASCs Kecia Norling	The approximately 100 ambulatory surgery centers (ASCs) in Oregon, of which about 83 are Medicare certified, have been ramping up their infection control and reporting efforts: • Oregon, Colorado, South Carolina, and some United Surgical Partners International centers are part of the first phase of the Agency for Healthcare Research and Quality's (AHRQ) initiative to promote a culture of safety in ambulatory surgery centers through the implementation of AHRQ's surgical safety checklist. In addition to a focus on safety, the AHRQ program for ASCs also entails an HAI component, including training on evidence-based infections and reporting of surgical site infections. The surgical procedures that ASCs will gather infection data for have not yet been determined because HAI reporting is part of the pilot project and identifying appropriate procedures in a surgery setting is difficult. • The national Ambulatory Surgery Center Association (ASCA), which Ms. Norling is a board member of, just approved the funding for a registry, indicating a commitment at the national level. The association already has 6 quality measures sanctioned by the National Quality Forum that many centers are reporting online. Consequently, ASCA is now ready to fund the national registry and to truly begin data collection. • ASCs are now reporting data to CMS, including quality data G-codes on five outcome measures. On July 1, 2013, ASCs will begin submitting data for additional measures: o ASC-6 – Does/did your facility use a safe surgery checklist based on accepted standards of practice during the designated period? o ASC-7 – What was the aggregate count of selected surgical procedures per category? • Centers will most likely report data to CDC via NHSN, once the ASC component is available. The Oregon Patient Safety Commission just released the 2012 ASC Annual Summary (available on their website), which provides an aggregate overview of reported adverse events. This document reveals a nice increase in reporting: the commission received 177 reports that included 180 events. Healthcare-associated infections (HAIs), totaling 31 or 17%, were the second most frequently reported adverse event type in 2012. Out	

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	of the 31 HAIs, 16 were considered serious events (e.g., required a return to surgery, an admission to a hospital, etc.)--a detail not included in the report. Nonetheless, 31 HAIs is not a huge number. In particular, surgical site infections (SSIs) have been very low because historically the top three procedures--cataract extraction, upper GI endoscopy/biopsy, and colonoscopy—rarely have infections. While the data is favorable, the number of facilities not reporting to OPSC is unknown because participation is voluntary; only the fee is mandatory. Oregon is being swept up in national CMS reporting more quickly due to the efforts of OPSC. Willing to take on more than other states, Oregon ASCs are pushing for CMS to allow total joint replacements, a definitely reportable SSI, to be performed on Medicare patients in the ASC setting. This serious step demonstrates that Oregon is not afraid of providing data. The National Association is pressing for reporting from all states and Oregon is willing to comply.	
Standing Agenda: LTCFs Pat Preston	In the past 18 months, the long-term care industry has been very active: • Long-term care facilities (LTCFs) are partnering with two trade organizations that represent all nursing homes: the Oregon Healthcare Association and Leading Age. These organizations sponsored a daylong workshop, incorporating HAI materials, in 2012 and will offer another workshop on September 11, 2013. • The Oregon Patient Safety Commission developed an all-day workshop—scheduled in five cities from October 2012 through October 2013--for long-term care focused on HAIs and vaccination. • Payless, a long-term care pharmacy under the ownership of Moda Health (formerly ODS), presents all-day workshops with an HAI educational component. • The Oregon Public Health Division is working with corporations to identify outbreaks, not just transmission and colonization, but also clinically defined HAIs within a nursing home. As a result of one investigation, a corporate training webinar was produced on *Acinetobacter*. • CMS' latest release of the "National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination" on April 13, 2013 includes a new section specific to infection reduction in LTCFs. The three organisms that LTCFs routinely contend with are MRSA, *Clostridium difficile*	

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	(C. diff), and *Acinetobacter. C. diff,* a much more prevalent and transmissible organism than MRSA, is the biggest issue followed by *Acinetobacter*, an easily spread organism as evidenced by a small outbreak in Oregon. As a result of continually increasing high levels of morbidity, mortality and dollar cost, *C. diff*, and *Acinetobacter* should be targeted if the committee considers mandating the reporting of additional HAIs. If not deemed mandatory, LTCFs will be reluctant to disclose these cases. On the other hand, if punitive measures are employed when a facility reports an outbreak, a backlash may occur. In the case of norovirus outbreaks, local county health departments are now required to answer inquiries from news outlets and to contact the Oregon Health Authority, which leads to the public, family members, and state officials notifying CMS and OSHA. These agencies may then stop admissions and fine facilities. If carried over to HAIs, these disciplinary actions may cause reporting to diminish. Nevertheless, the role of the committee is to reduce HAIs by promoting transparency and mandating reporting, so members wondered how this problem might be solved. A staff member offered that Tom Eversole, the Administrator for the Center for Public Health Practice, would like to create a statewide work group, comprised of representatives from public health and long-term care facilities, to develop a plan to reduce the burden on nursing homes, patients, and public health agencies. An easy way for the committee to help, Pat Preston offered, would be to encourage inter-facility communication between hospitals and long-term care about any identified active infections or colonization of disease-producing organisms on discharge of a patient. LTCFs still admit patients with *C. diff*, MRSA, and other MDROs without any knowledge that the patient had been in isolation during their hospital stay. A statewide needs assessment survey sent to labs, hospital infection preventionists (IPs), and LTCFs by OHPD revealed that only 55% of IPs are aware of MDRO status on admission. To improve communication, Pat Preston would like the committee to endorse and drive the inter-facility transfer form published recently in the DROP-CRE toolkit by the Oregon Health Authority. Currently, hospitals and independent corporations are creating and using their own forms. One committee member liked the idea and agreed that a universal form was a worthwhile endeavor, but questioned whether it was within the purview of the committee. Perhaps, the committee might lend its voice or the	

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	endeavor might be incorporated into the Patient Safety Commission's activities to reduce healthcare-acquired conditions.	
Standing Agenda: Dialysis Centers	The Northwest Dialysis Blood Stream Infection Prevention Collaborative, comprised of staff from The Oregon Patient Safety Commission, Northwest Renal Network, and Washington State Department of Health, are currently providing learning sessions to 28 dialysis centers in Oregon and Southwest Washington in an effort to reduce blood stream infections. After the last session in July, analysis of outcome data will hopefully offer definitive answers regarding the progress of the collaborative. An application has been submitted to extend the grant money received from the CDC to enable the collaborative to continue their endeavor through December 2013.	
Standing Agenda: Birthing Centers	Kecia Norling, a new board member of the Oregon Patient Safety Commission, informed the committee that the commission will not likely require birthing centers to report infections in 2014.	
Update from Hospital Association Diane Waldo	Diane Waldo was unable to attend the meeting, so Bruce Bayley offered an update on the Oregon Association of Hospitals and Health Systems' (OAHHS) recent activities. The association continues to be involved with the national Centers for Medicare and Medicaid Services (CMS) Partnership for Patients (PfP) initiative. To assist hospitals with improving safety, OAHHS has been providing statewide lean training, utilizing tools designed to increase efficiency and improve processes, to optimize healthcare delivery. Hospitals have been excited about participating in this training. In addition, Ms. Waldo has set up quarterly meetings for the 4 statewide healthcare engagement networks — HRET/ OAHHS, Intermountain Healthcare, Premier, and Washington State Hospital Association—to furnish hospitals with a forum to discuss their activities and goals and to provide a means to sustain the group and their efforts.	
Standing Agenda: Acumentra Laurie Murray-Snyder	Acumentra is working with CMS on 3 healthcare-associated infections—catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI), and *Clostridium difficile (C. diff)* infections—and antimicrobial stewardship. • CAUTIs – Data from eight hospitals currently reporting CAUTIs reveals a 7% relative improvement in infection rates in the first quarter of 2013 compared to the fourth quarter of 2012. However, this improvement is not necessarily indicative of a trend because rates fluctuate across quarters. Both nationally and in Oregon, CAUTI and device utilization	

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	rates have remained about the same for the last three quarters. Oregon's catheter days, though, have been 12.5% lower than national rates. Although overall rates have been steady, CMS is asking for a relative improvement rate of 25% for CAUTIs and 10% for catheter days by the end of July 2014. • *C. difficile* – Rates, of the six Oregon hospitals reporting *C. diff* data, have increased 4.2% from the fourth quarter of 2012 to the first quarter of 2013. CMS is requesting an 8% relative improvement rate by the end of July 2014 and Acumentra is asking for a 10% improvement (which was the original goal set by CMS, but 3 months ago the center reduced the improvement rate to 8% possibly because CMS did not perceive 10% as an achievable goal; Acumentra kept the 10% goal to provide an incentive for hospitals to improve infection rates). • SSIs – While CMS does not have an official goal, Acumentra is asking the 11 hospitals they're working with for a relative improvement rate of 25% by the end of July 2014.	
Standing Agenda: Public Health Staff	<u>State Report</u> The Public Health Division has submitted the first rough draft of the state report of 2009-2012 reportable HAI infections to the publications department. The first 34 pages include an executive summary, the history of HAI reporting, the rationale for producing the report, and a summary of each individual mandated reporting measure. In the subsequent pages, infection statistics for each hospital will be presented in graph format; these are currently not available because the publications department has not yet finalized the data. New to the report, as discussed in previous committee meetings, is the use of the CDC standardized infection ratio (SIR). To accommodate the general public, on page 10, an explanation of the SIR—what the ratio means and how to interpret it--is explained in layman's terms. The mandated measures section of the report show some interesting trends:	

Item	Discussion	Follow-Up
	• Adult ICU CLABSIs (central line-associated blood stream infections) have continued to decrease. However, only CLABSIs reported by hospitals for 2009 have been validated by OHPD, so the actual number of infections may be slightly higher. The percentage of facilities that reported no infections remained the same from 2011 to 2012, but is still higher than figures reported in 2009 and 2010. • CLABSIs in neonatal ICUs have increased from 9 in 2011 to 11 in 2012, but the number of hospitals reporting no infections almost doubled. Nonetheless, 2012 CLABSIs for Oregon NICUs are 42% lower than the national expected number of infections. • Abdominal hysterectomy SSIs (surgical site infections) SIRs have dropped 4.5% from 2011 to 2012, and hospitals reporting no infections decreased 10% during the same time period. This improvement may be due to a reduction in number of abdominal hysterectomies performed: 3,694 in 2011 and 3,502 in 2012. • Colon SSIs have remained relatively stable during the two-year data period. • CBGB (coronary artery bypass graft) SSIs counts since 2009 have gradually decreased, and the percentage of facilities with no reported infections has gradually increased. • Hip replacement infection data from 2011 to 2012 indicate that the number of SSIs fell slightly and the percentage of facilities reporting no infections rose. • Knee replacement standardized infection ratios, which incorporate the number of procedures as part of the calculation, have been consistent during 2009-2012, but infection counts have increased somewhat with the growth in the number of knee replacements being performed. • Laminectomy SSIs counts were similar for the 2 years of reported data: 67 infections in 2011 and 63 infections in 2012, but the percentage of facilities reporting no infections remained the same, 36%.	

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	• *Clostridium difficile* infection measures are new this year consequently no comparative data is available. In 2012, hospitals reported 646 cases of *C. difficile*, which is 27% lower than the expected number based on the calculated SIR. On page 23, a chart shows a comparison between the rates of healthcare facility onset infections and community-onset healthcare facility-associated infections of *C. diff* per 1,000 patient days. Corrections and suggested modifications to the mandated measures section of the report included: • Page 17, figure 6 – change title from abdominal hysterectomy to colon • Page 20, knee replacement SSIs – add comment that the increase in infection counts is due to a growth in the number of procedures • Page 24 – remove SCIP-Inf-6 from list of Surgical Care Improvement Project measures tracked by Oregon • Page 25 - change graph heading from *Clostridium difficile* infections to Surgical Care Improvement Project • Page 26, figure 20 – Y axis headings and labels for chart symbols incorrectly specify infection counts and facilities reporting no infections. In actuality, the bars illustrate the percentage of healthcare workers vaccinated and the hexagon shapes represent the percentage of hospitals meeting or exceeding the 70% goal of vaccinated healthcare workers by 2015. • For each procedure, include the number of hospitals performing the procedure, total number of procedures, and the percentage of procedures resulting in an SSI. When reviewing the state report, the reader should be aware of two significant limitations: the data is self-reported by facilities and hospitals vary in their ability to detect HAI cases. For example, Kaiser, a closed system with both an inpatient and outpatient EMR, is able to obtain almost all of post-discharge	

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	surveillance of surgical procedures. In contrast, other hospitals may be limited to searching through inpatient readmission records for SSIs and asking surgeons to report SSIs treated in an outpatient setting. Nonetheless, a committee member commented, hospitals need to employ the highest standards of auditing to ensure quality data, and the committee needs to reinforce this message. Accurate and complete reporting is encouraged by the Oregon Public Health Division through audits of hospital medical records. A statewide validation of all 58 Hospitals required to report CLABSIs in 2009 was done in 2011 and a validation of all 14 hospitals required to report 2009-2010 CABG-associated SSI events was performed in 2012. Results from the CLABSI audit have been published, and data from the SSI audit will be made available once analysis has been completed. While good surveillance is desirable, reputations of healthcare facilities must be protected. Larger hospitals, particularly OHSU with the only burn unit in the state, treat patients at a higher risk for infections due to the nature, severity, and complexity of their conditions. The committee needs to advocate for these facilities by enumerating the variables that may affect the number of HAIs reported by a hospital. <u>CRE Toolkit</u> OHPD recently published the "Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE)" toolkit. A meeting scheduled in September will focus on realistic and workable methods for encouraging healthcare facilities to follow these guidelines. One option, already implemented by one state, might be to mandate the transfer of information to appropriate healthcare and public health personnel	
Discussion on Areas of Potential Collaboration Staff	To facilitate further discussions regarding the objectives of the committee, OHPD will compile a list of suggestions for future goals, to be incorporated in the state plan, for September's meeting. A finalized plan will provide a framework for members to work collaboratively toward the reaching objectives.	
Frequency of Meetings	In the last meeting, the committee discussed changing back to quarterly	

Item	Discussion	Follow-Up
Staff	meetings, but no decision was reached. So, the change was put to a vote, and members approved quarterly meetings. The next meeting scheduled in August will be moved to September 25, 2013 from 1:00 pm to 3:00 pm.	
Public Comment / Adjourn	No public comments	

Next meeting will be September 25, 2013, 1:00 pm to 3:00 pm, at the Portland State Office Building, Room 1C.

Submitted By: Diane Roy

Reviewed By: Monika Samper
Zintars Beldavs

EXHIBIT SUMMARY

A – Agenda
B – February 27, 2013 Minutes
C – April 24, 2013 Minutes
D – Oregon HAI Prevention Plan
E - Draft of Healthcare Acquired Infections 2009-2012 Oregon Report

DRAFT

HEALTHCARE-ASSOCIATED INFECTIONS ADVISORY COMMITTEE

September 25, 2013
1:00 pm to 3:00 pm

Portland State Office Building, Room 1C
800 NE Oregon Street
Portland, OR 97232

MEMBERS PRESENT:
Paul Cieslak, MD
Kelli Coelho, RN, CNOR
Jon Furuno, PhD
Jamie Grebosky, MD (phone)
Tara Gregory, MS, FNP
Karen Kellar, RN, MSN, CENP
Csaba Mera, MD
Daniel Mitten
Laurie Murray-Snyder
Rachel Plotinsky, MD
Janet Sullivan, RN
Dee Dee Vallier
Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC

MEMBERS EXCUSED:
Shantell Mason
Nancy O'Connor, RN, BSN, MBA, CIC
Pat Preston, MS
Dana Selover, MD, MPH
Bethany Walmsley, CPHQ, CPPS

STAFF PRESENT:
Zintars Beldavs, MS, Healthcare-Associated Infections Program Manager
Monika Samper, RN, Healthcare-Associated Infections Reporting Coordinator
Ann Thomas, MD, MPH, Acute and Communicable Disease Medical Epidemiologist

ISSUES HEARD:
- Call to Order
- Approval of Minutes
- Introduce New Committee Members
- Share HAI Report and Legislation PowerPoint
- Discussion/approval of New HAI Rules and SFNI
- Discuss proposed Oregon HAI Prevention Plan

- **Update from Hospital Association**
- **Public Comment / Adjourn**

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Item	Discussion	Follow-Up
Call to Order	The meeting was called to order at approximately 1:00 pm. There was a quorum.	
Approval of Minutes Chair	Approval of the June 26, 2013 minutes will be deferred until the next meeting in December because the new committee members have not yet been appointed by Dr. Bruce Goldberg, the administrator for the Oregon Health Authority.	
Introduce New Committee Members OHA Staff	Monika Samper introduced all 18 committee members, of which 9 are new to the group. Each member was recruited to fill a specific and crucial role on the committee based on their expertise and interests as mandated by the Statutory Requirements of OHA, ORS 442.851. The list of members, along with their organizational affiliation and role on the committee, is provided below: 1. Paul Cieslak, MD, Manager of Acute and Communicable Disease Prevention section of the Oregon Public Health Division - State epidemiologist (designated representative for Katrina Hedberg) 2. Kelli Coelho , Clinical Director at RiverBend Ambulatory Surgery Center – representative for a physician who practices in an ambulatory surgical center who has an interest and involvement in infection control 3. Jon Furuno, Associate Professor with the Department of Pharmacy Services at OHSU and the Department of Pharmacy Practice at OSU - academic researcher 4. Jamie Grebosky, MD, Vice President of Medical Affairs at Asante Rogue Regional Medical Center – hospital administrator who has expertise in infection control and who represents a hospital that contains 100 or more beds 5. Tara Gregory, Nursing Practice Consultant at the Oregon Nurses Association - labor representative 6. Karen Kellar, Vice President of Patient Care Services at Tillamook Regional Medical Center - hospital administrator who has expertise in infection control and who	

Item	Discussion	Follow-Up
	represents a hospital that contains fewer than 100 beds. 7. Shantell Mason, Director of Nursing at Nehalem Valley Care Center - long-term care administrator 8. Csaba Mera, MD, Deputy Chief Medical Officer at Regence BlueCross BlueShield of Oregon - health insurer representative 9. Daniel Mitten, Executive Director at the Oregon Coalition of Health Care Purchasers - healthcare purchasing representative 10. Laurie Murray-Snyder, Quality Improvement Specialist and HAI Lead at Acumentra (ad hoc committee member) - representative of a quality improvement organization 11. Nancy O'Connor, Manager of Infection Prevention at Salem Hospital (ad hoc committee member) - registered nurse with interest and involvement in infection control 12. Rachel Plotinsky, MD, Medical Director of Infection Prevention Program at Providence St. Vincent Medical Center - physician with expertise in infectious disease 13. Pat Preston, Executive Director of Geriatric Infection Control, Inc - representative of the business community 14. Dana Selover, MD, Manager of Healthcare Regulation and Quality Improvement at the Oregon Public Health Division - representative of the Oregon Health Authority 15. Janet Sullivan, Infection Preventionist at Oregon Health and Science University - registered nurse with interest and involvement in infection control; also serving as chair for the committee 16. Dee Dee Vallier - consumer representative 17. Diane Waldo, Director of Quality and Clinical Services at the Oregon Association of Hospitals and Health Systems - hospital quality director 18. Bethany Walmsley, Executive Director of Oregon Patient Safety Commission - representative of the Oregon Patient Safety Commission who does not represent a healthcare provider on the commission.	
Share HAI Report and Legislation Power Point OHA Staff	The Healthcare-Associated Infection (HAI) program of the Oregon Public Health Division (OHPD) worked extremely hard to develop the HAI annual report that encompasses four years of data collected since 2009. This data, which is mandated by CMS and the State of Oregon, is entered by hospitals into the National Healthcare	

Item	Discussion	Follow-Up
	Safety Network (NHSN) database and extracted by OHPD for reporting purposes. When analyzed, the NHSN data revealed an exciting discovery: Oregon is below the national norm on almost every HAI measure. Katrina Hedberg, MD, epidemiologist for the State of Oregon, had the opportunity to present this report to the House and Senate Healthcare committees several weeks ago. A PowerPoint outlining Dr. Hedberg's talk is included in the packet of meeting materials and is discussed below. <u>ICU CLABSIs – page 11</u> The first chart displays the rate of CLABSIs per 1,000 central line days and the second chart denotes the percentage of hospital ICUs reporting any central line-associated blood stream infections (CLABSIs). Particularly in the latter graph, the incidence of infections is high in 2009, but drops dramatically in subsequent years. This drop is promising but might also be partially explained by the fact that 2009 data have been validated, whereas other years have not. In statewide validation of 2009 CLABSI data for all 58 hospitals reporting, OPHD previously identified a significant number of CLABSIs that had not been reported by facilities. OPHD validators determined that discrepancies resulted from misinterpretation of CDC criterion, relying on clinical judgment instead of applying NHSN surveillance definitions, or missing relevant information when examining patient charts, as well as other reasons. Validation therefore is very important to obtain accurate data. OPHD is currently initiating validation of 2012 CLABSIs through a recent grant award. A subset of medical records **at targeted hospitals** will be reviewed: • All patients with a reported CLABSI in 2012 • A random sample of patients with a positive blood culture in 2012 but no reported CLABSI Although some of the reduction in CLABSIs between 2010 and 2012 may reflect under-reporting, the low numbers are likely also attributable to the concerted efforts by hospitals to reduce HAIs. The Oregon Association of Hospitals and Health Systems (OAHHS), the first organization to spearhead CLABSI prevention efforts, has observed a sharp decrease in reported infections since new clinical practices have been implemented thanks to collaborative endeavors and other factors.	

Item	Discussion	Follow-Up
	NICU CLABSIs – page 12 Between 2011 and 2012, NICU central-line associated blood stream infections increased slightly while the percentage of hospitals reporting infections decreased. Despite only two years of data for the seven hospital NICUs in Oregon, the decrease is noteworthy. Colon SSIs - page 14 Colon surgical site infections show a trend similar to NICU CLABSIs. From 2011 to 2012, the percentage of procedures with SSIs rose somewhat while the percentage of hospitals reporting any infections dropped slightly. CABG SSIs – page 15 Coronary artery bypass graft surgical site infections fell in 2012 and hospitals reporting infections declined in both 2011 and 2012. However, the higher number of infections for 2009 and 2010 are more likely to be accurate because the data was verified by OPHD. Hip Replacement SSIs – page 16 The number of procedures resulting in an SSI and the number of hospitals reporting infections exhibit a modest reduction from 2011 to 2012. Knee Replacement SSIs – page 17 Hospitals reporting SSIs only decreased slightly between 2009 and 2012, but the quantity of knee replacement surgeries performed increased 20%; one hypothesis was that this change might be due to the growth of the aging population. The number of procedures increased from 7712 in 2009 to 9149 in 2012, but only an additional 9% of hospitals reported any infections. Laminectomy SSIs – page 18 Very little change occurred between 2011 and 2012 in the percentage of procedures with SSIs and the percentage of hospitals reporting infections. *Clostridium Difficile* Infections (CDI) – page 19 Only 2012 Oregon data has been collected, so no comparative numbers exist. Nonetheless, Oregon's incidence of CDI is below the national norm. Healthcare Worker Influenza Vaccination – page 20	

Item	Discussion	Follow-Up
	The percentage of workers vaccinated dropped from 2011-2012 for unknown reasons. *Note that this report was created prior to the final healthcare worker influenza vaccination report, which will be completed soon and should be considered final for these measures.* Rates used in the legislature presentation—CLABSIs per 1000 central line days and number of infections per 100 procedures—are common and easy for the general public to understand. However, simple rates do not take into account risk factors, such as procedure duration and ASA scores and thus do not provide an ideal method to compare facilities to expected norms. To address this issue, the standard infection ratio (SIR), a calculation developed by the CDC, was introduced in the most recently published annual report. The downside of the SIR is that it is not intuitive. Readers will most likely need to peruse the explanation of the SIR provided at the beginning of the report to understand how to interpret it, and those with little or no statistical knowledge may have difficulty grasping the explanation. (The SIR is discussed in more detail later in the HAI Prevention Plan section.)	
Discuss and Approve New HAI Rules & SFNI OHA Staff	The Oregon Health Authority (OHA) revised some of the Oregon Administrative Rules (OAR 333-018-0100 – 333-018-0145), which align with Centers for Medicare and Medicaid Services' (CMS) requirements by mandating the reporting of methicillin-resistant Staphylococcus aureus (MRSA) lab ID bacteremias and catheter-associated urinary tract infections (CAUTIs). These changes were already approved by the HAI Advisory committee at the April 24, 2013 meeting, but OHA attorneys and the legislative policy analyst requested for the document to be reviewed one more time by members. OARs revisions were also made with the help of attorneys, on September 23, 2013, to the reporting specifications for outpatient dialysis facilities on page 9 under OAR 333-018-012. The previous dialysis reporting rule was possibly overly vague: "Dialysis facilities shall begin collecting data for the HAI reporting program for services provided on and after January 1, 2013 pursuant to rules amended no later than July 1, 2012". The amended rule stipulates that facilities reporting events to CMS must provide the same information to OHA. As explicated in the Statement of Need and Fiscal Impact, the inclusion of the MRSA Lab ID bacteremias and CAUTIs to OARs reporting requirements will not significantly impact healthcare facilities because they are already reporting these infections to CMS.	

Item	Discussion	Follow-Up
	Similarly, the clarification of reporting rules for dialysis centers does not change data previously mandated by OHA and therefore will not affect facilities.	
HAI Prevention Plan OHA Staff	The Healthcare-Associated Infections (HAIs) Prevention Plan, dated December 31, 2009, was created in response to House Bill 2524. Derived from the template of a federal grant application, from which Oregon received funds to establish an HAI reporting program, the basic components of the plan are: • Implement an HAI reporting program • Establish an HAI Advisory Committee to advise OHA regarding reporting • Enroll healthcare facilities in the National Healthcare Safety Network (NHSN) • Compile and report data in a usable format • Make reports available to the public • Develop preventative efforts OHA and the advisory committee have met most of the goals in the HAI Prevention Plan, so new objectives are being sought. HAI program staff mentioned some preliminary analyses of preliminary large-scale studies indicate that most HAIs may not be related to devices or procedures and also that CDC and other priorities appear to point to the importance of C*lostridium* difficile (*C. diff*), multi-drug resistant organisms (MDROs), and antimicrobial stewardship as priorities. Infection prevention measures will need to include: • Development of evidence-based standardized infection control processes • Improvement of environmental cleaning standards • Enhanced surveillance of HAIs in nonhospital settings • Regular validations of data reported by facilities to ensure accuracy • Promotion of inter-facility transfer communication Hospitals and agencies are already working hard on these issues. Acumentra formed a coalition with 6 hospitals to reduce *C. diff,* the Oregon Patient Safety Commission (OPSC) and Oregon Association of Hospitals and Health Systems (OAHHS) are focusing on antimicrobial stewardship, and OHSU has begun an initiative to avoid *C. diff* infections through environmental cleaning, antibiotic stewardship, and appropriate hand hygiene. OPSC also has an upcoming project with infection prevention staff from three to five hospitals who will collaborate with surrounding long-term care facilities on MDRO *C. diff* prevention.	

Item	Discussion	Follow-Up
	Hand washing, a crucial infection control measure, is a priority in healthcare facilities as evidenced by the allocation of considerable resources to improve compliance. Although easy to perform, surveillance has shown that hand washing does not always take place due to a variety of reasons. A Joint Commission surveillance toolkit implemented by OAHHS has provided insight into obstacles preventing hand hygiene; the resulting data has been used to devise appropriate education for targeted groups and departments with low compliance rates. Another surveillance technique employed by hospitals entailed measuring product usage to ascertain hand hygiene adherence and, surprisingly, the findings closely matched those obtained from application of the Joint Commission toolkit. To supplement employee surveillance and education, patients are being taught to expect and demand hand washing from healthcare staff. Although substantial efforts are being put into this infection prevention method, hand hygiene continues to be an ongoing issue. Inter-facility transfer communication has recently moved to the forefront of concerns due to the growing awareness of the frequency that patients arrive at a healthcare facility without crucial medical information such as: the originating facility, current medications, and MDRO status. To improve communication, OHA is collaborating with stakeholders to establish protocols and devise a comprehensive standardized form to ensure optimal patient care. Transfer policies will broadly define a healthcare facility and will include a provision directing healthcare staff to notify the originating facility of missing paperwork. As a starting point, OHA is requesting any documents that might prove useful in the development of an inter-facility communication form from committee members. While members concurred on goals, opinions on the role of the committee in assisting healthcare organizations with prevention of reportable conditions were varied. Many attendees expressed a desire to move beyond surveillance and reporting, the original scope of the HAI Prevention Plan, in order to make a significant contribution to the community. Ideas included: • Identify HAI priorities informed by analysis of NHSN data • Ascertain best practices—for surveillance, empowering patients, and educating and motivating staff—by researching efforts taking place across the country. • Develop small programs, incorporating clear and simple information, to	

Item	Discussion	Follow-Up
	disseminate best practices to healthcare organizations • Utilize the expertise and resources of members to organize and implement collaborative projects focused on best practices • Provide guidance on the establishment of policies. The committee, comprised of members with varying employment histories and areas of proficiency, would be able to offer valuable insights and perspectives. Although the aforementioned ideas are commendable , the purpose of the committee as defined by OARs is to advise the director of the Oregon Health Authority on what conditions ought to be reportable and what the annual report should look like. So, how can both the established role of the committee and the aspirations of members be incorporated into meetings? A viable compromise, agreed upon by attendees, is to perform mandated work first followed by a roundtable discussion focused on developing recommendations. When the committee begins to evaluate options for the format and content of the next report, Oregon rules and legislation need to be taken into account. Oregon House Bill 2524 was established as a result of consumer demand for infection data that would enable the general public to make informed decisions about their healthcare. Subsequently, Oregon Administrative Rules were modified to include regulations requiring the reporting of specific healthcare-associated infections. Particularly relevant to the committee is OARS 333-018-0130, HAI Public Disclosure, which directs OHA to "disclose data and accompanying explanatory documentation in a format which facilitates access and use by the general public and healthcare providers". In light of these objectives, many members expressed dissatisfaction with the last report because the graphs, which differ substantially from commonly used bar or line charts, are difficult for most people to understand. The graphs employ horizontal lines and circles with intersecting vertical lines to display each hospital's Standard Infection Ratio (SIR) and confidence interval for various HAIs in relation to the national average: • The horizontal dashed line illustrates the national average SIR for comparison with other data (individual hospitals, state averages, etc.) • The circles signify the hospital SIR: $\frac{\text{number of reported infections}}{\text{number of predicted infections (based on national average)}}$	

Item	Discussion	Follow-Up
	○ SIR below 1 – fewer infections reported than predicted ○ SIR equal to 1 –reported infections equals predicted infections ○ SIR above 1 – more infections reported than predicted • The solid vertical lines represent the 95% confidence interval (i.e., there is a 95% chance that the true value of the SIR is within the designated confidence interval). ○ The longer the line, the fewer infections reported by a hospital and less the SIR can be relied on as an accurate measure. ○ A confidence interval running through both colors indicates that the infection rate is not significantly different than predicted whereas one entirely in one color indicates that there is a significant difference. If the vertical line/confidence interval is entirely in the orange portion of the graph, more infections were reported than predicted; conversely, if the vertical line/confidence interval is entirely in the green portion of the graph, fewer infections were reported than predicted. The height of the confidence interval therefore is not indicative of the actual value of the SIR. Nonetheless, the vertical lines can be easily confused with bars used in traditional bar charts. To fix the problem, OHA staff suggested color-coded bar charts to illustrate standard infection ratios: red for SIRs worse than national average, green for SIRs better than the national average, and blue for SIRs statistically the same as the national average. Members proposed: • Display graphs by condition rather than by hospital to reduce the number of charts and to facilitate comparisons among hospitals. Different colors might be incorporated to distinguish high performers from low performers. • Use symbols (e.g., stars) or text (e.g., above expected, expected, and below expected) to indicate the rating of facilities for each reportable condition. For example, stars might be used to show a hospital's standing on CAUTIs: three stars for above expected, two stars for expected, and one star for below expected. • Create a web-based tool to search for facility ratings by condition. Since the charter of the committee is to publish a report in a format that facilitates use by healthcare providers and the general public, OHA staff requested volunteers for a	

Item	Discussion	Follow-Up
	subcommittee dedicated solely to the basic design of the report. Diane Waldo and Karen Kellar generously volunteered their time. Meeting attendees offered these suggestions for the annual report: • At the beginning of the document, provide simple, easy-to-use tables comparing hospitals for each HAI; in the remainder of the report, if necessitated, present SIRs with confidence intervals. • Include gross numbers to enhance utility. Readers may be interested, for example, in the total number of hip replacements performed at each facility as an indicator of expertise. • Add a resource section for hospitals excelling in HAI prevention to share their best practices. • Consider reducing the size of the report due to limited OHA resources available for the project OARs mandates publication of the report no later than April 30th of each year, an impossible deadline. Facilities have until April 15th to enter their infection data into the National Healthcare Safety Network (NHSN), database, which only leaves April 16 through April 30 for OHA staff to: extract data from NHSN, validate the data, send data to hospitals for review, wait up to 30 days for hospitals to respond as required by OARS, and work with facilities to resolve discrepancies. The statute needs to be changed, but this entails a long process. Once published, OARs specifies that the report should be easily accessible to the intended audience. Members proposed: making the report available online and placing hardcopies, such as a 3-fold informational sheet, in hospitals and clinics to allow patients to look at facility infection rates before agreeing to a procedure.	
Standing Agenda: Oregon Association of Hospital & Health Systems (OAHHS) Diane Waldo	The Oregon Association of Hospital & Health Systems (OAHHS), in partnership with the Health Research and Educational Trust (HRET), is working with 31 hospitals through the OAHHS/HRET Health Engagement Network (HEN), which is part of a nationwide coalition aimed at eliminating hospital-acquired conditions. The remaining Oregon hospitals currently participating in a HEN belong to Intermountain Healthcare Network, Premier Network, or Washington State Hospital Association (WSHA) Network. All four networks are focused on standardizing best practices to avoid hospital-acquired infections. Specific focus areas being addressed are:	

Item	Discussion	Follow-Up
	• Adverse drug events (ADE) • Catheter-associated urinary tract infections (CAUTI) • Central line-associated blood stream infections (CLABSI) • Injuries from falls and immobility • Obstetrical adverse events/early elective deliveries (EED) • Hospital-acquired pressure ulcers (HAPU) • Surgical site infections (SSI) • Venous thromboembolism (VTE) • Ventilator-associated pneumonia (VAP) • Preventable readmissions 90% of hospitals participating in the OAHHS/HRET Health Engagement Network have undertaken one or more of these target areas. Initially, CMS, in an attempt to encourage hospitals to join the network, did not have minimum requirements. Now the motto is for hospitals to participate in two to five HAI targets and better yet, all ten focus areas. Ten areas though is a difficult goal to sell. To facilitate success, hospitals are advised by OAHHS to select targets that would most benefit their facility and patient population. The efforts of the network have indeed been worthwhile as indicated by data collected: 30% improvement in CLABSI, CAUTI, EED, and SSI. In 2014, OAHHS plans to shift away from the 10 focus areas to concentrate on HAIs showing little or no improvement such as CDI, adverse drug events, VTE, and falls with injury. Continuation of the program is contingent on funding from HRET.	
Public Comment / Adjourn	No public comments	

Next meeting will be December 18, 2013, 1:00 pm to 3:00 pm, at the Portland State Office Building, Room 1C.

Submitted By: Diane Roy

Reviewed By: Monika Samper
Zintars Beldavs

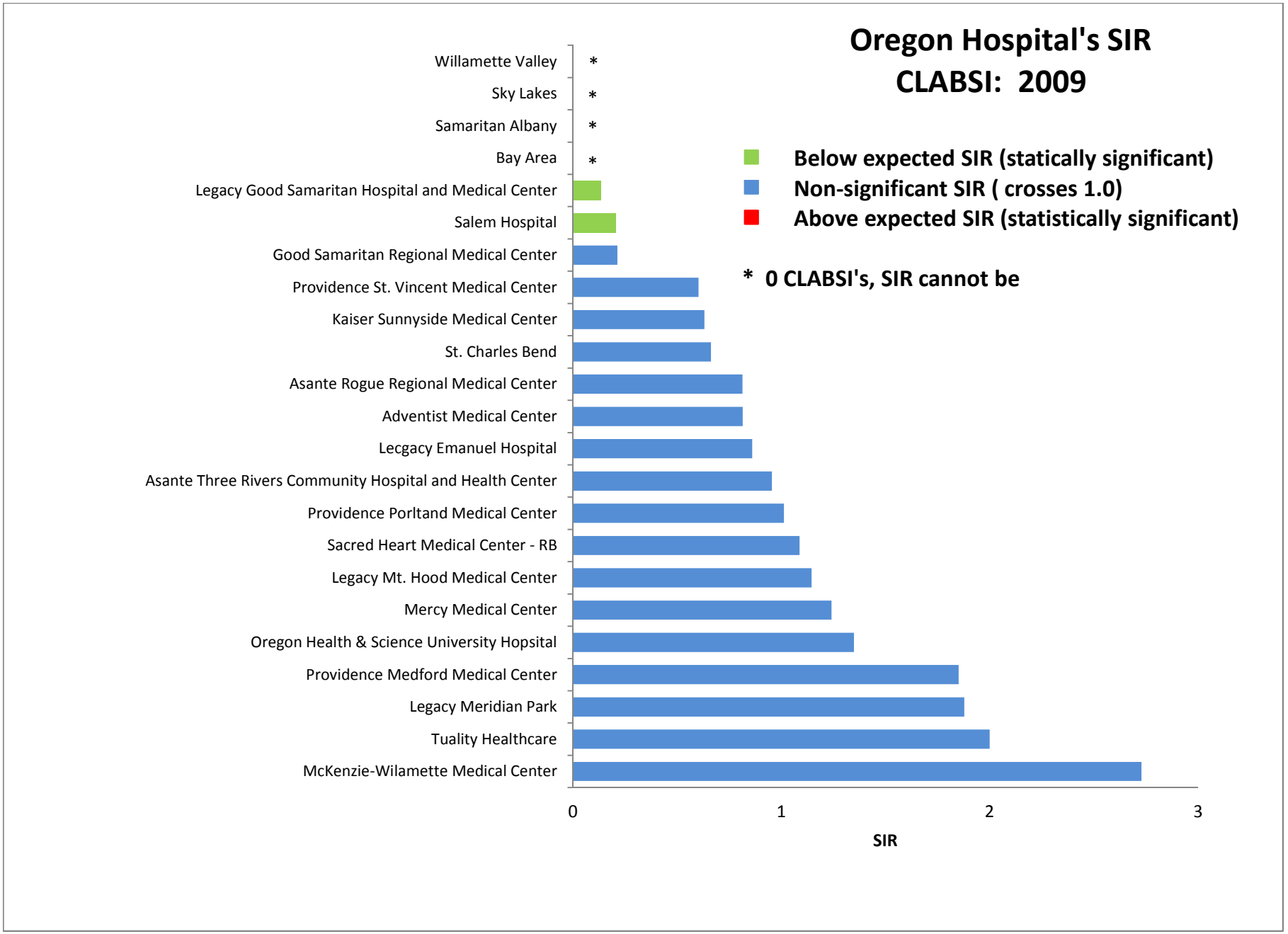
EXHIBIT SUMMARY

A – Agenda
B – June 26, 2013 Minutes
C – Healthcare-Associated Infections in Oregon
D – Oregon Administrative Rules
E - Statement of Need and Fiscal Impact
F – Healthcare Acquired Infection Prevention Plan

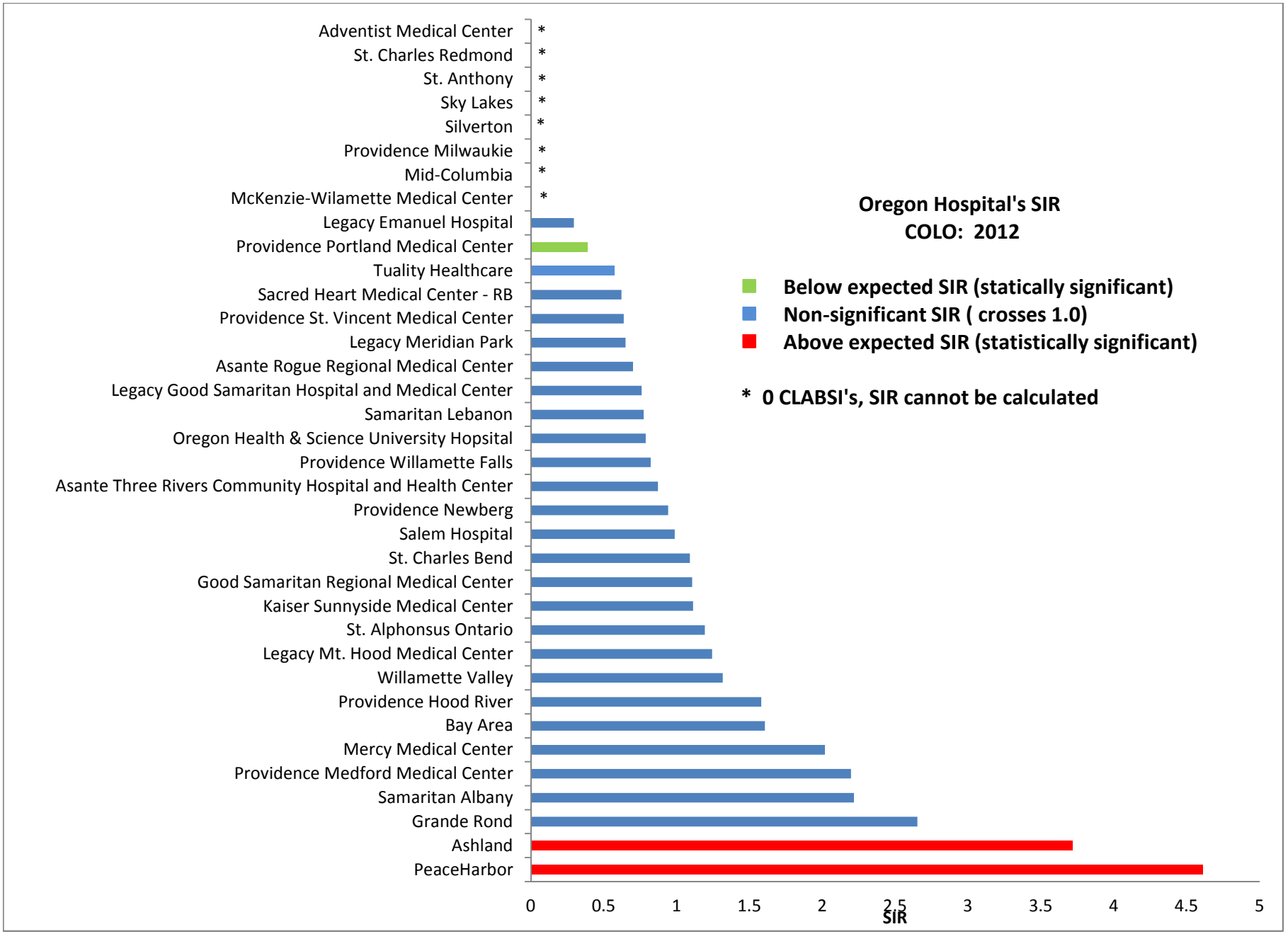
During the September, 2013 HAIAC meeting, members discussed possible changes to the Healthcare Acquired Infection Oregon Report. Some of the proposed changes are listed below

- At the beginning of the document, provide simple, easy-to-use tables comparing hospitals for each HAI; in the remainder of the report, if necessitated, present SIRs with confidence intervals.
- Include gross numbers to enhance utility. Readers may be interested, for example, in the total number of hip replacements performed at each facility as an indicator of expertise.
- Add a resource section for hospitals excelling in HAI prevention to share their best practices.
- Consider reducing the size of the report due to limited OHA resources available for the project

In response to these suggestions, we have created some examples of ways to report HAI's in the HAI Oregon Report. Please note that the data used was to illustrate reporting and may not accurately reflect the rates/SIR reported to NHSN.


Oregon Hospital's SIR
CLABSI: 2009
Below expected SIR (statically significant)
Non-significant SIR (crosses 1.0)
Above expected SIR (statistically significant)
* 0 CLABSI's, SIR cannot be
Willamette Valley
Sky Lakes
Samaritan Albany
Bay Area
Legacy Good Samaritan Hospital and Medical Center
Salem Hospital
Good Samaritan Regional Medical Center
Providence St. Vincent Medical Center
Kaiser Sunnyside Medical Center
St. Charles Bend
Asante Rogue Regional Medical Center
Adventist Medical Center
Lecgacy Emanuel Hospital
Asante Three Rivers Community Hospital and Health Center
Providence Porltand Medical Center
Sacred Heart Medical Center - RB
Legacy Mt. Hood Medical Center
Mercy Medical Center
Oregon Health & Science University Hopsital
Providence Medford Medical Center
Legacy Meridian Park
Tuality Healthcare
McKenzie-Wilamette Medical Center
0
1
2
3
SIR

Hospital	Too few procedures to report	SIR values only calculated if expected infection ≥1	Hospital does not have an ICU	Hospital does not perform this procedure	No report for this year
Blue Mountain	x				
Columbia		x			
Coquille	x				
Cottage Grove			x		
Curry General				x	
Good Shepherd		x			
Grande Rond		x			
Harney District				x	
Lake District Hospital			x		
Lower Umpqua				x	
Mid-Columbia		x			
PeaceHarbor		x			
Pioneer Memorial Heppner				x	
Pioneer Memorial Prineville		x			
Providence Hood River		x			
Providence Milwaukie		x			
Providence Newberg		x			
Providence Seaside	x				
Providence Willamette Falls		x			
Sacred Heart Medical Center - UD			x		
Samaritan North Lincoln Hospital	x				
Samaritan Pacific Communities Hopsital		x			
Santiam Memorial			x		
Shriners			x		
Silverton		x			x
Southern Coos			x		
St. Alphonsus Baker	x				
St. Alphonsus Ontario		x			
St. Anthony		x			
St. Chalres Madras	x				
St. Charles Redmond		x			
Tillamook		x			
Vibra			x		
Wallowa			x		
West Valley			x		
Ashland		x			
Samaritan Lebanon		x			


Adventist Medical Center
St. Charles Redmond
St. Anthony
Sky Lakes
Silverton
Providence Milwaukie
Mid-Columbia
McKenzie-Wilamette Medical Center
Legacy Emanuel Hospital
Providence Portland Medical Center
Tuality Healthcare
Sacred Heart Medical Center - RB
Providence St. Vincent Medical Center
Legacy Meridian Park
Asante Rogue Regional Medical Center
Legacy Good Samaritan Hospital and Medical Center
Samaritan Lebanon
Oregon Health & Science University Hopsital
Providence Willamette Falls
Asante Three Rivers Community Hospital and Health Center
Providence Newberg
Salem Hospital
St. Charles Bend
Good Samaritan Regional Medical Center
Kaiser Sunnyside Medical Center
St. Alphonsus Ontario
Legacy Mt. Hood Medical Center
Willamette Valley
Providence Hood River
Bay Area
Mercy Medical Center
Providence Medford Medical Center
Samaritan Albany
Grande Rond
Ashland
PeaceHarbor
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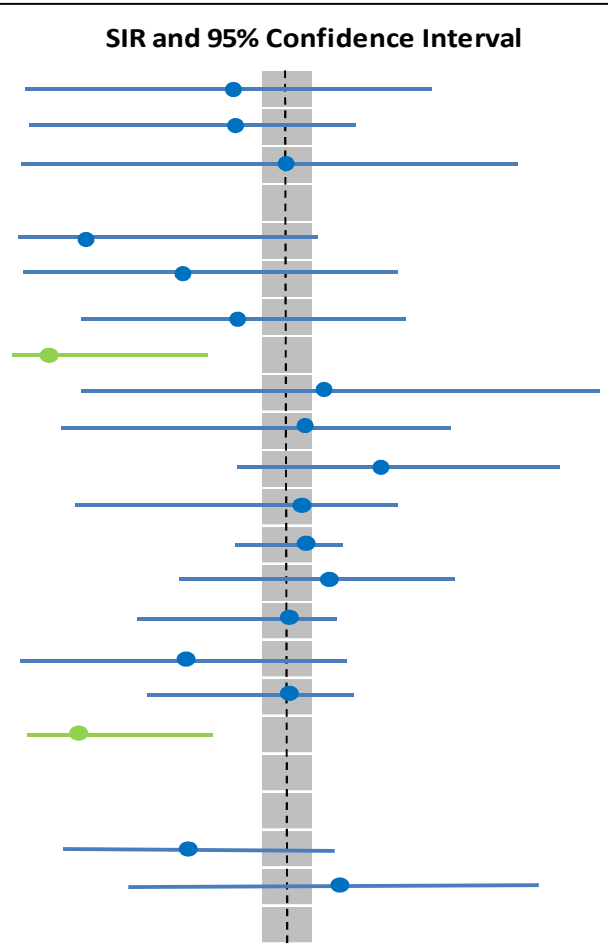
0
0.5
1
1.5
2
2.5
3
3.5
4
4.5
5
SIR
Oregon Hospital's SIR
COLO: 2012
Below expected SIR (statically significant)
Non-significant SIR (crosses 1.0)
Above expected SIR (statistically significant)
* 0 CLABSI's, SIR cannot be calculated

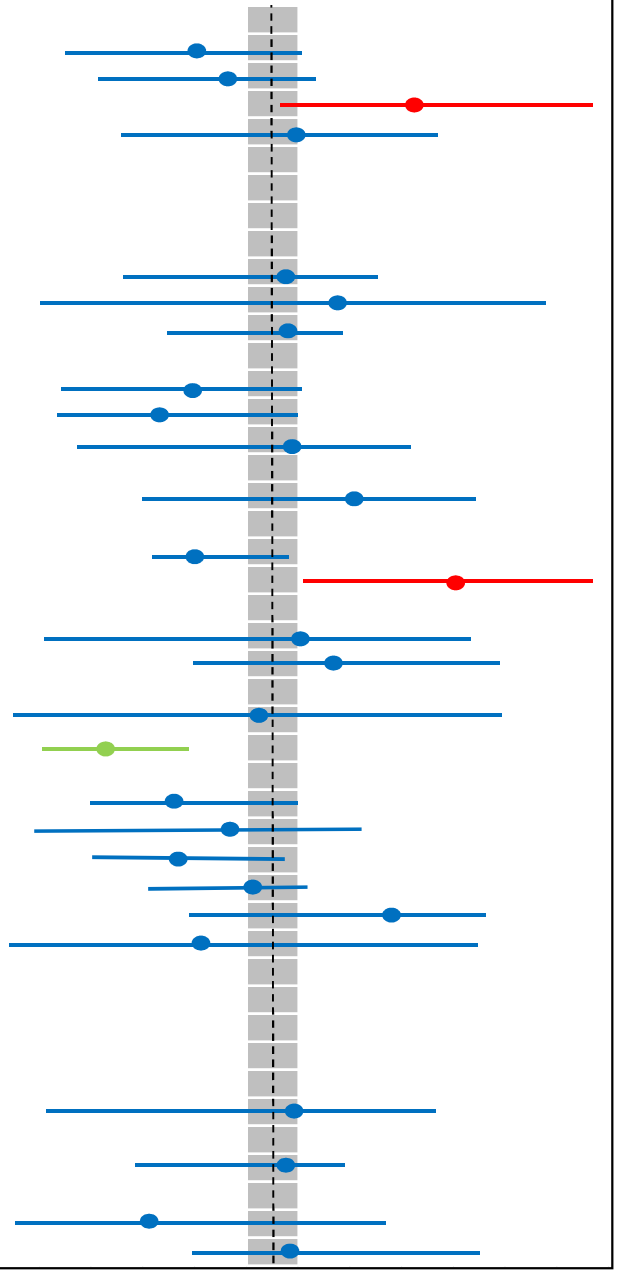
Hospital	Too few procedures to report	Hospital does not perform this procedure
Blue Mountain	x	
Columbia	x	
Coquille	x	
Cottage Grove		x
Curry General	x	
Good Shepherd	x	
Harney District	x	
Lake District Hospital		x
Lower Umpqua	x	
Pioneer Memorial Heppner		x
Pioneer Memorial Prineville	x	
Providence Seaside	x	
Sacred Heart Medical Center - UD		x
Samaritan North Lincoln Hospital	x	
Samaritan Pacific Communities Hopsital	x	
Shriners		x
Southern Coos		x
St. Alphonsus Baker	x	
St. Chalres Madras	x	
Tillamook	x	
Vibra		x
Wallowa	x	
West Valley		x

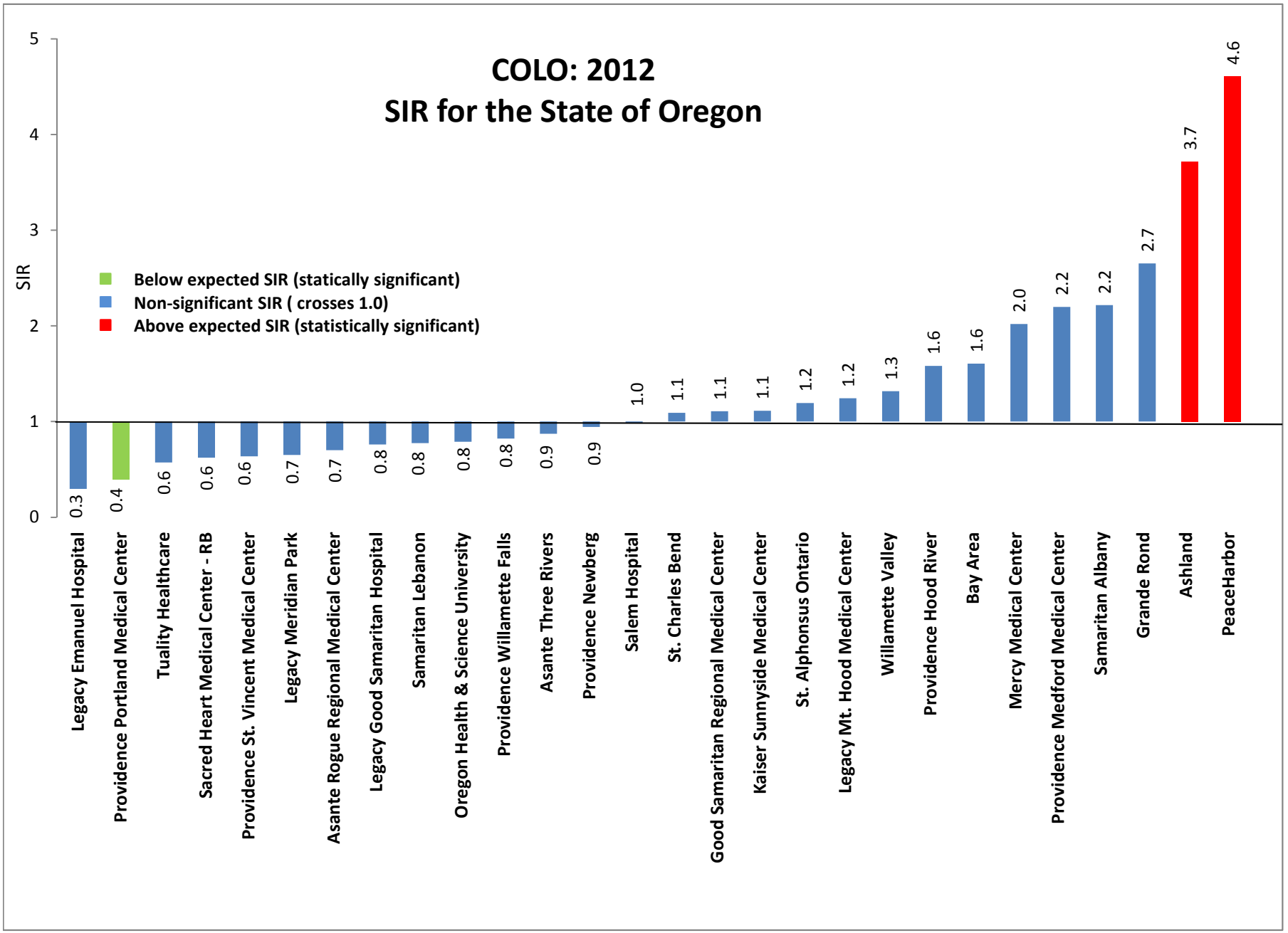
Hospital	CLABSI Total	Central Line Days	CLABSI Rate
Adventist Medical Center	2	1637	1.2
Asante Rogue Regional Medical Center	3	2459	1.2
Asante Three Rivers Community Hospital and Health Center	1	698	1.4
Bay Area	0	825	0.0
Good Samaritan Regional Medical Center	1	2239	0.4
Kaiser Sunnyside Medical Center	2	2112	0.9
Lecgacy Emanuel Hospital	4	2023	2.0
Legacy Good Samaritan Hospital and Medical Center	1	4956	0.2
Legacy Meridian Park	2	710	2.8
Legacy Mt. Hood Medical Center	2	1164	1.7
McKenzie-Wilamette Medical Center	5	1222	4.1
Mercy Medical Center	3	1612	1.9
Oregon Health & Science University Hopsital	27	8285	3.3
Providence Medford Medical Center	5	1802	2.8
Providence Porltand Medical Center	8	5271	1.5
Providence St. Vincent Medical Center	2	2215	0.9
Sacred Heart Medical Center - RB	9	5031	1.8
Salem Hospital	2	6513	0.3
Samaritan Albany	0	868	0.0
Sky Lakes	0	2875	0.0
St. Charles Bend	3	3021	1.0
Tuality Healthcare	3	1000	3.0
Willamette Valley	0	852	0.0

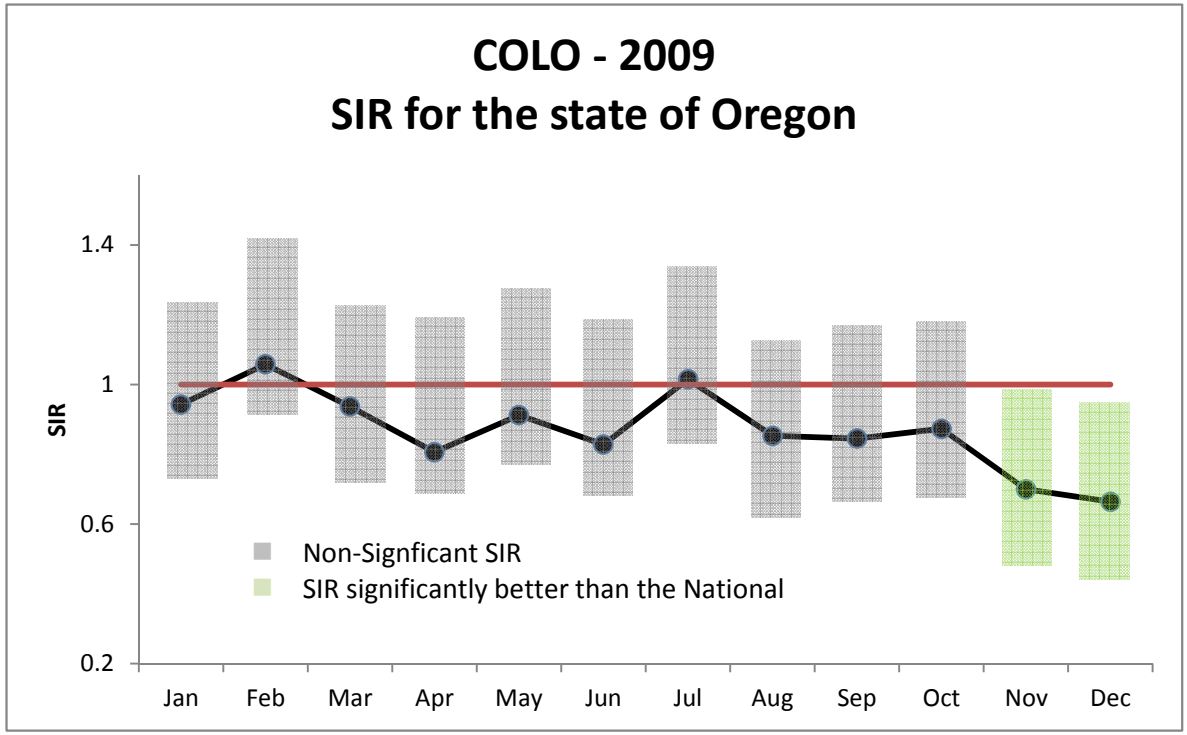


- SIR is < 1.0 and is statistically significant
- SIR is not statistically significant
- SIR is > 1.0 and is statistically significant

Hospital	SSI Total	# COLO	SSI Rate
Adventist Medical Center	0	80	0.0
Asante Rogue Regional Medical Center	7	191	36.6
Asante Three Rivers Community Hospital and Health Center	6	126	47.6
Ashland	4	17	235.3
Bay Area	4	55	72.7
Blue Mountain	0	6	0.0
Columbia	0	5	0.0
Coquille	0	3	0.0
Curry General	0	4	0.0
Good Samaritan Regional Medical Center	6	99	60.6
Grande Rond	4	29	137.9
Kaiser Sunnyside Medical Center	17	297	57.2
Legacy Emanuel Hospital	1	54	18.5
Legacy Good Samaritan Hospital and Medical Center	6	144	41.7
Legacy Meridian Park	4	113	35.4
Legacy Mt. Hood Medical Center	3	35	85.7
McKenzie-Wilamette Medical Center	0	71	0.0
Mercy Medical Center	5	45	111.1
Mid-Columbia	0	27	0.0
Oregon Health & Science University Hopsital	23	395	58.2
PeaceHarbor	6	22	272.7
Pioneer Memorial Prineville	2	7	285.7
Providence Hood River	2	24	83.3
Providence Medford Medical Center	5	43	116.3
Providence Milwaukie	0	27	0.0
Providence Newberg	1	22	45.5
Providence Portland Medical Center	9	390	23.1
Providence Seaside	0	1	0.0
Providence St. Vincent Medical Center	15	396	37.9
Providence Willamette Falls	2	41	48.8
Sacred Heart Medical Center - RB	12	315	38.1
Salem Hospital	16	255	62.7
Samaritan Albany	5	39	128.2
Samaritan Lebanon	1	24	41.7
Samaritan North Lincoln Hospital	0	1	0.0
Samaritan Pacific Communities Hopsital	0	17	0.0
Santiam Memorial	0	11	0.0
Silverton	0	53	0.0
Sky Lakes	0	37	0.0
St. Alphonsus Ontario	2	29	69.0
St. Anthony	0	18	0.0
St. Charles Bend	8	132	60.6
St. Charles Redmond	0	51	0.0
Tuality Healthcare	1	36	27.8
Willamette Valley	2	31	64.5




COLO: 2012
SIR for the State of Oregon
SIR
0
1
2
3
4
5
Below expected SIR (statically significant)
Non-significant SIR (crosses 1.0)
Above expected SIR (statistically significant)
Legacy Emanuel Hospital 0.3
Providence Portland Medical Center 0.4
Tuality Healthcare 0.6
Sacred Heart Medical Center - RB 0.6
Providence St. Vincent Medical Center 0.6
Legacy Meridian Park 0.7
Asante Rogue Regional Medical Center 0.7
Legacy Good Samaritan Hospital 0.8
Samaritan Lebanon 0.8
Oregon Health & Science University 0.8
Providence Willamette Falls 0.8
Asante Three Rivers 0.9
Providence Newberg 0.9
Salem Hospital 1.0
St. Charles Bend 1.1
Good Samaritan Regional Medical Center 1.1
Kaiser Sunnyside Medical Center 1.1
St. Alphonsus Ontario 1.2
Legacy Mt. Hood Medical Center 1.2
Willamette Valley 1.3
Providence Hood River 1.6
Bay Area 1.6
Mercy Medical Center 2.0
Providence Medford Medical Center 2.2
Samaritan Albany 2.2
Grande Rond 2.7
Ashland 3.7
PeaceHarbor 4.6


COLO - 2009
SIR for the state of Oregon
SIR
1.4
1
0.6
0.2
Non-Signficant SIR
SIR significantly better than the National
Jan
Feb
Mar
Apr
May
Jun
Jul
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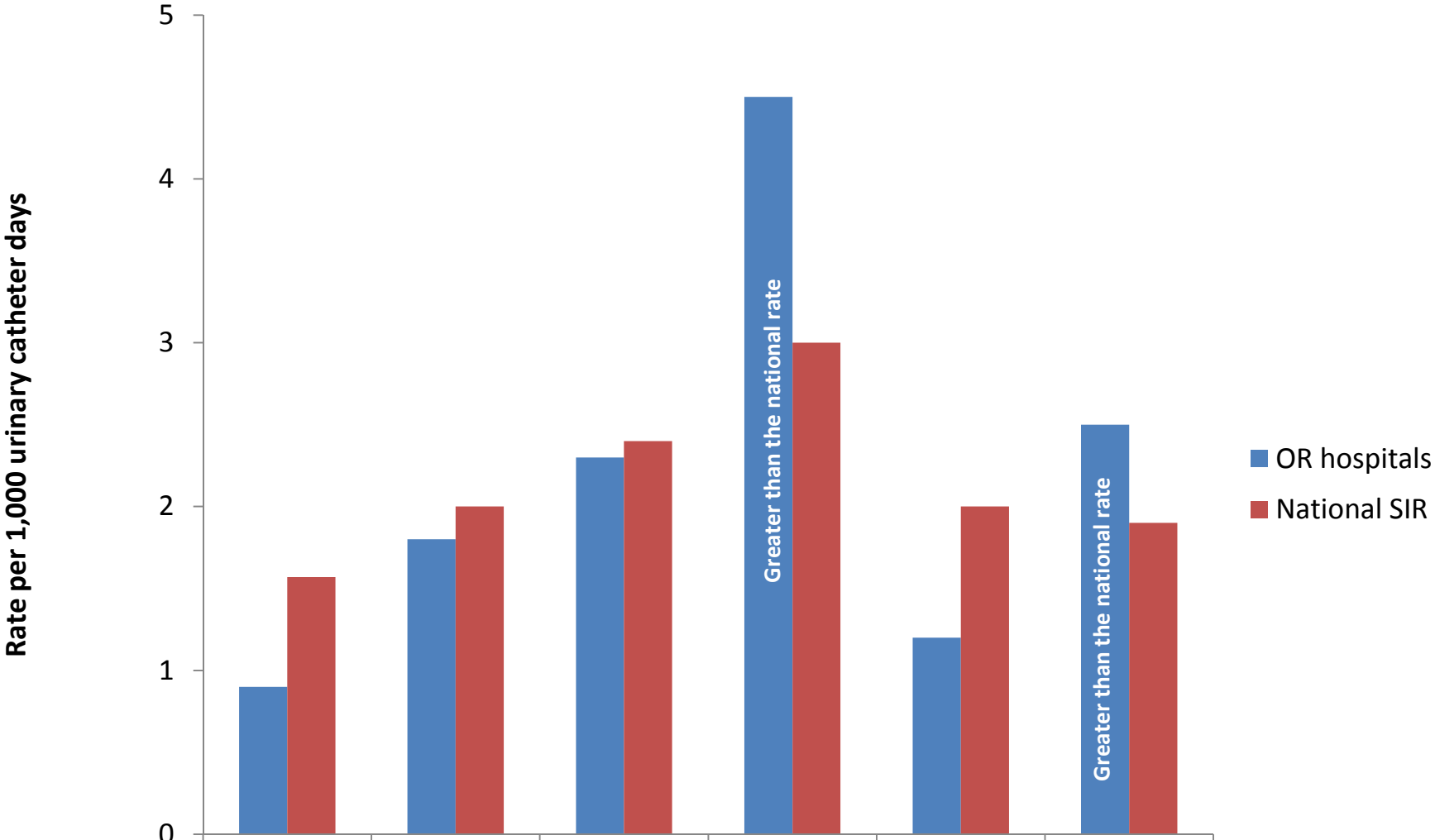
Sep
Oct
Nov
Dec

CAUTI rates in Oregon compared to national rates for 2012



	MICU	SICU	MedSurg	Step	Med	Surg
OR hospitals	0.9	1.8	2.3	4.5	1.2	2.5
National SIR	1.57	2	2.4	3	2	1.9

Local health department information
For a list of local health department phone numbers go to: www.healthoregon.org/lhd

OREGON PUBLIC HEALTH DIVISION REPORTING

HEALTHCARE ACQUIRED INFECTIONS

House Bill 2524 established a mandatory Healthcare Acquired Infections (HAI) Reporting Program. The program was created to raise awareness of the problem, to promote a transparent means of informing consumers, and to aid health care facilities in reducing and preventing HAIs. The following table compares the Oregon HAI reporting requirements and the CMS prospective Payment System requirements.

HAI MEASUREMENT TYPE	HOSPITALS	
	CMS REQUIREMENTS*	OREGON REQUIREMENTS**
NHSN ANNUAL SURVEY	*NHSN Annual Survey (2010)*	*NHSN Annual Survey (2009)*
CLABSI (CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS)	*Adult, pediatric, and neonatal ICUs (2011)*	*Adult, medical, surgical and medical/surgical ICUs (2009) Neonatal ICUs (2011)*
SSI (SURGICAL SITE INFECTIONS)	*Colon surgery (2012)*	*Colon surgery (2011)*
	Abdominal hysterectomies (2012)	*Abdominal hysterectomies (2011)*
	N/A	*Coronary artery bypass graft surgery (2009) /CBGB only as of 2011*
	N/A	*Knee replacement (2009)*
	N/A	*Hip replacement (2011)*
	N/A	*Laminectomy (2011)*
C. DIFFICILE LAB ID EVENT	*Facility Wide, inpatient (2013) – excluding Neonatal and Well-Baby*	*Facility Wide, inpatient (2013)*
MRSA BACTEREMIA LAB ID EVENT	*Facility Wide, inpatient (2013)*	*Facility Wide, inpatient (2014)*
SCIP (SURGICAL CARE IMPROVEMENT PROJECT MEASURES)	*In order for hospitals to get their full Medicare payment, there are many inpatient hospital measures that must be reported to CMS. See qualitynet.org and attached lists. For the ICD-9 codes associated with SCIP measurements, see the Specification Manual on www.qualitynet.org. Hospital IQWR Changes 2012. Hospital Outpatient Quality CY 2012-2015*	*SCIP Reporting:* *SCIP-INF-1 (2009)* *SCIP-INF-2 (2009)* *SCIP-Inf-3 (2009)* *SCIP-Inf-4 (2011)* *SCIP-Inf-6 (2010) – CMS stopped collecting at the end of 2011* *SCIP-Inf-9 (2012)* *SCIP-Inf-10 (2011)*

HAI MEASUREMENT TYPE	LONG-TERM CARE FACILITIES		AMBULATORY SURGERY CENTERS		DIALYSIS FACILITIES	
	CMS REQUIREMENTS*	OREGON REQUIREMENTS**	CMS REQUIREMENTS*	OREGON REQUIREMENTS**	CMS REQUIREMENTS*	OREGON REQUIREMENTS**
CAUTI (CATHETER-ASSOCIATED URINARY TRACT INFECTIONS)	*Adult and pediatric inpatient rehabilitation facilities (Oct. 2012)*	*Adult and pediatric (2014)*	*N/A*	*N/A*	*N/A*	*N/A*
HEALTHCARE WORKER INFLUENZA VACCINATION	*Healthcare Worker Influenza Vaccination Survey (Oct. 2014)*	*Healthcare Worker Influenza Vaccination Survey (2010)*	*Healthcare Worker Influenza Vaccination Survey (Oct. 2014)*	*Healthcare Worker Influenza Vaccination Survey (2011)*	*N/A*	*N/A*
DIALYSIS EVENT	*N/A*	*N/A*	*N/A*	*N/A*	*Dialysis Event (includes Positive blood culture, IV antimicrobial start, and signs of vascular access infection) (2012)*	*Dialysis Event (includes Positive blood culture, IV antimicrobial start, and signs of vascular access infection) (2014)*

ADDITIONAL MANDATORY REPORTING

Interfacility transfer communication of MDROs and communicable diseases: when a referring facility transfers or discharges a patient who is infected or colonized with a multidrug-resistant organism (MDRO) or pathogen which warrants Transmission Based Precautions, it must include written notification of the infection or colonization to the receiving facility in transfer documents. The referring facility must ensure that the documentation is readily accessible to all parties involved in patient transfer (for example, referring facility, medical transport, emergency department, receiving facility).

Multidrug-resistant organism (MDRO): an organism that causes human disease which has acquired antibiotic resistance, as listed and defined in the Centers for Disease Control and Prevention's Antibiotic Resistance Threats in the United States, 2013 (Atlanta, GA; 2013). MDROs include but are not limited to:

a) Methicillin-resistant *Staphylococcus aureus* (MRSA)
b) Vancomycin-resistant *Enterococcus* (VRE)
c) Carbapenem-resistant *Enterobacteriaceae* (CRE)
d) Multidrug-resistant *Acinebacter baumannii*
e) Multidrug-resistant *Pseudomonas aeruginosa*,
f) Drug-resistant *Streptococcus pneumoniae*
g) Other Gram-negative bacteria producing extended-spectrum beta-lactamases (ESBL), and
h) Toxin-producing *Clostridium difficile*

Oregon Health Authority
PUBLIC HEALTH DIVISION
Office of Disease Prevention and Epidemiology
971-673-1111 (phone)
971-673-1100 (fax)
www.healthoregon.org/acd

FOOTNOTES

*CMS HAI Requirements: For prospective Payment System Hospitals (not critical access hospitals; not children's hospitals)
**Oregon HAI Requirements: All Oregon hospitals except those with waiver from HAI Reporting Program. (Waivers are granted for CLABSI Reporting for facilities with less than 50 central line days per month and for SSI Reporting for facilities which perform less than 20 of mandatory reporting procedures)
[i] Infection control practices that are implemented in addition to Standard Precautions in patients with known or suspected colonization or infection of highly transmissible or epidemiologically important infectious pathogens or syndromes when there is strong evidence the pathogen or syndrome may be transmitted person-to-person via droplet, contact, or airborne routes in health care or non-health care settings.

OHA 8574 (Rev. 12/2013)

NEW OAR 330-019
In effect January 1, 2014

OREGON ADMINISTRATIVE RULES
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 19

INVESTIGATION AND CONTROL OF DISEASES: GENERAL POWERS AND RESPONSIBILITIES

Disease-Related School, Child Care, and Worksite Restrictions

333-019-0010

Imposition of Restrictions

(1) To protect the public health, persons who attend or work at schools or child care facilities or who work at health care facilities or food service facilities shall not attend or work at these facilities whilst in a communicable stage of any restrictable diseases unless authorized to do so as hereunder specified.

(2) At all such facilities, restrictable diseases include: diphtheria, measles, *Salmonella enterica* serotype Typhi infection, shigellosis, Shiga-toxigenic *Escherichia coli* (STEC) infection, hepatitis A, tuberculosis, open or draining skin lesions infected with *Staphylococcus aureus* or *Streptococcus pyogenes*, and any illness accompanied by diarrhea or vomiting.

(3) At schools, child care, and health care facilities, such restrictable diseases shall also include: chickenpox, mumps, pertussis, rubella, and scabies. Children in the communicable stages of hepatitis B infection may be excluded from attending school or child care if, in the opinion of the local health officer, the child poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting).

(4) At the discretion of local school authorities or the local public health authority, pediculosis may be considered a school-restrictable condition.

(5) Nothing in these rules prohibits the adoption of more stringent rules regarding exclusion from schools or child care facilities. Such additional restrictions shall require formal certification that the disease or condition in question presents a significant public health risk in that setting. For schools, this action may be taken by the local public health authority or the local school governing body. For child care facilities, this action may be taken by the local public health authority.

(6) The infection control committee at all health care facilities shall adopt policies to restrict the work of employees with restrictable diseases in accordance with recognized principles of infection control. Nothing in these rules prohibits health care facilities or the local public health authority from adopting additional or more stringent rules for exclusion from these facilities.

Stat. Auth.: ORS 413.042, 431.110, 433.004, , 433.329, 433.332, 616.750, & 624.005
Stats. Implemented: ORS 433.260, 433.407, 433.411 & 433.419

333-019-0014

Removal of Restrictions

(1) Worksite, child care, and school restrictions can be removed by statement of the local public health administrator that the disease is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission.

(2) School or child care restrictions for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea, or vomiting may also be removed by a school nurse or health care provider.

(3) Restrictions at health care facilities for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea, or vomiting may also be removed by the facility's infection control committee when sufficient measures have been taken to prevent or minimize the transmission of disease, in accordance with written procedures approved by the committee.

(4) In general, restrictions on persons diagnosed with shigellosis or Shiga-toxigenic Escherichia coli (STEC) infection, including E. coli O157 infection shall not be lifted until no pathogens are identified by a licensed laboratory in two consecutive approved fecal specimens collected not less than 24 hours apart. Such restrictions may be waived or modified at the discretion of the local public health administrator.

(5) Individuals infected with *Salmonella enterica* serotype Typhi (with or without symptoms), hereinafter referred to as "typhoid cases," must, before having a restriction removed, submit fecal specimens and one urine specimen to a licensed laboratory for testing on a schedule specified by the local public health administrator.

(6) A restriction on a typhoid case who is not a chronic carrier must be lifted by the local public health administrator when *Salmonella enterica* serotype Typhi is not identified by a licensed laboratory in any of four successive approved fecal specimens, collected at least 24 hours apart and not earlier than one month after illness onset, and one urine specimen.

(7) A “chronic carrier” is an individual who has fecal specimens test positive for *Salmonella enterica* serotype Typhi more than one year after onset or first diagnosis or on two occasions at least one year apart. A restriction on a chronic carrier may only be removed when *Salmonella enterica* serotype Typhi is not identified by a licensed laboratory in any of six successive approved fecal specimens, collected at least 72 hours apart, and one urine specimen.

Stat. Auth.: ORS 413.042, 431.110, 433.004, 616.010 & 624.005
Stats. Implemented: ORS 433.004, 433.260 & 433.273

Other Disease-Specific Provisions

333-019-0031

Acquired Immunodeficiency Syndrome/Human Immunodeficiency Virus

Investigation of cases of HIV infection or AIDS. Investigations of HIV infection or AIDS shall be conducted to the extent that resources permit. The Authority, or the local public health administrator, will ensure that each identified case is offered prevention, care, and partner counseling and referral services.

NOTE: Specific rules regarding reporting requirements for HIV and AIDS may be found in OAR 333-018-0015. Rules regarding informed consent for HIV testing and confidentiality of HIV test results may be found in OAR 333-022-0200 through 333-022-0315.

Stat. Auth.: ORS 431.110, 433.004
Stats. Implemented: ORS 431.110, 433.004

333-019-0052

Communication during Patient Transfer of Multidrug-Resistant Organisms

(1) As used in this rule:

(a) “Facility” means:

(A) A healthcare facility as that term is defined in ORS 442.015;

(B) An infirmary (for example, in a jail or prison);

(C) A residential facility or assisted living facility as those terms are defined in ORS 443.400;

(D) An adult foster home as that term is defined in ORS 443.705;

(E) A hospice program as that term is defined in ORS 443.850; and

(F) Any other facility that provides 24-hour patient care.

(b) “Multidrug-resistant organism” (MDRO) means an organism causing human disease which has acquired antibiotic resistance, as listed and defined in the Centers for Disease Control and

Prevention's *Antibiotic Resistance Threats in the United States, 2013* (Atlanta, GA; 2013). MDROs include but are not limited to:

(A) Methicillin-resistant *Staphylococcus aureus* (MRSA);

(B) Vancomycin-resistant *Enterococcus* (VRE);

(C) Carbapenem-resistant *Enterobacteriaceae* (CRE), as that term is defined in OAR 333-017-0000 sections (10) and (24);

(D) Multidrug-resistant *Acinetobacter baumannii;*

(E) Multidrug-resistant *Pseudomonas aeruginosa;*

(F) Drug-resistant *Streptococcus pneumoniae;*

(G) Other Gram-negative bacteria producing extended-spectrum beta-lactamases (ESBL); and

(H) Toxin-producing *Clostridium difficile*.

(c) "Receiving facility" means the facility receiving or admitting the case patient into their care from another facility's care.

(d) "Referring facility" means the facility transferring or discharging the case patient out of its care and into another facility's care.

(e) "Standard Precautions" means the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. Standard Precautions include:

(A) Hand hygiene;

(B) Use of personal protective equipment (for example, gloves, gowns, facemasks), depending on the anticipated exposure;

(C) Respiratory hygiene and cough etiquette;

(D) Safe injection practices; and

(E) Safe handling of potentially contaminated equipment or surfaces in the patient environment.

(f) "Transmission Based Precautions" means infection control practices that are implemented in addition to Standard Precautions in patients with known or suspected colonization or infection of highly transmissible or epidemiologically important infectious pathogens (for example, CRE, norovirus, *Neisseria meningitidis*) or syndromes (for example, diarrhea) when there is strong evidence that the pathogen or syndrome may be transmitted from person to person via droplet,

contact, or airborne routes in healthcare or non-healthcare settings (Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, 2007).

(2) When a referring facility transfers or discharges a patient who is infected or colonized with a multidrug-resistant organism (MDRO) or pathogen which warrants Transmission Based Precautions, it must include written notification of the infection or colonization to the receiving facility in transfer documents. The referring facility must ensure that the documentation is readily accessible to all parties involved in patient transfer (for example, referring facility, medical transport, emergency department, receiving facility).

(3) When a facility becomes aware that it received in transfer one or more patients with an MDRO or pathogen that warrants Transmission Based Precautions, and that was isolated from a patient specimen collected within 48 hours after transfer, it must notify the referring facility.

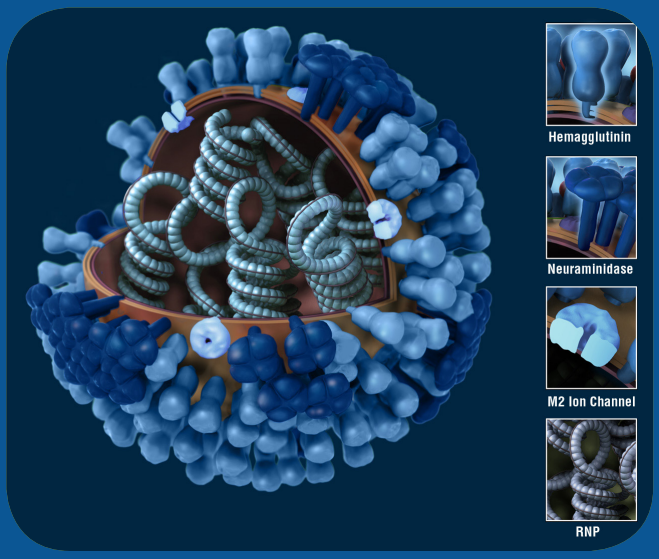
(4) When a facility becomes aware that it transferred or discharged one or more patients who have an MDRO or pathogen that warrants Transmission Based Precautions, the referring facility must notify the receiving facility.

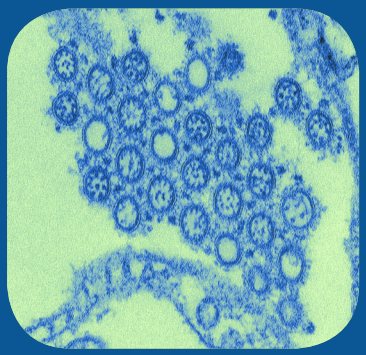
(5) If a facility transfers or discharges a patient with *laboratory-confirmed, carbapenemase-producing Enterobacteriaceae*, the facility must notify the local health department communicable disease staff within one working day of the date and destination of the transfer or discharge.

Stat. Auth.: ORS 413.042, 431.110, 433.004, 433.010
Stats. Implemented: ORS 433.004, 433.006, 433.010, 433.110, 442.015, 443.400, 443.705, 443.850,

Healthcare Acquired Infection Reporting Program

Healthcare Worker Influenza Vaccination Rates 2012–2013 Season





Oregon Health Authority
PUBLIC HEALTH DIVISION
CENTER FOR PUBLIC HEALTH PRACTICE
Acute and Communicable Disease Prevention

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Cover photograph courtesy of the US Centers for Disease Control and Prevention, available at http://phil.cdc.gov/phil/details.asp
Photo caption: This poto displays the ultrastructural details of a number of influenza virus particles, or "virions". A member of the taxonomic family *Orthomyxoviridae*, the influenza virus is a single-stranded RNA organism. The flu is a contagious respiratory illness caused by influenza viruses.

Executive Summary

Infection with the influenza virus causes thousands of hospitalizations and deaths annually in the United States, the majority occurring among vulnerable populations including persons with chronic medical conditions, infants, young children, seniors, and pregnant women (1,2,3). Healthcare workers (HCW) can acquire influenza from patients or transmit influenza to patients and other staff (4,5). Annual vaccination against the predominant circulating virus can prevent influenza transmission. This report presents the results of the fourth year of reporting on HCW influenza vaccination for 60 Oregon hospitals and 131 long-term care facilities, and the second year of reporting on HCW influenza vaccination for 85 ambulatory surgery centers. The percentages of vaccinated HCWs by facility category for the 2012—2013 influenza season are as follows (data is found in Table 5, page 8):

Facility Category	Overall Facility	Employee	Non-Employee, Credentialed	Non-Employee, Other
Hospitals	71%	77%	43%	52%
LTCs	54%	57%	48%	33%
ASCs	67%	70%	57%	79%

Report highlights include:

- During the 2012—2013 influenza season, 52% of hospitals, 27% of long-term care facilities, and 41% of ambulatory surgery centers met the overall 75% vaccination goal for Healthy People 2015 for all HCWs; 70% of hospitals, 27% of long-term care facilities, and 45% of ambulatory surgery centers met the 75% vaccination goal for Healthy People 2015 for employees (Table 7, page 15).
- The proportion of vaccinated hospital employees increased from 69% for the 2011—2012 influenza season to 77% for the 2012—2013 influenza season (Figure 1, page 9); the overall vaccinated HCW percentage for hospitals increased from 59% for the 2011—2012 influenza season to 71% for the 2012—2013 influenza season (Table 5, page 8).
- The proportion of vaccinated long-term care facility employees increased from 51% for the 2011—2012 influenza season to 57% for the 2012—2013 influenza season (Figure 1, page 9); the overall vaccinated HCW percentage for long-term care facilities increased from 47% for the 2011—2012 influenza season to 54% for the 2012—2013 influenza season (Table 5, page 8).
- The proportion of vaccinated ambulatory surgery center employees increased from 64% for the 2011—2012 influenza season to 70% for the 2012—2013 influenza season (Figure 1, page 9); the overall vaccinated HCW percentage for ambulatory surgery centers increased from 51% for the 2011—2012 influenza season to 67% for the 2012-2013 influenza season (Table 5, page 8).
- Nearly all hospitals promoted influenza vaccination by sending reminders to HCWs (95%) and through vaccination campaigns (83%) (Figure 8, page 19). Both long-term care facilities and ambulatory surgery centers reported an increase in formal education programs to promote and deliver vaccinations to HCWs (Figure 9, page 20).

Background

Infection with the influenza virus causes an average of more than 200,000 hospitalizations and a range of 3,000-49,000 influenza-associated deaths annually in the United States (1,2). The majority of these hospitalizations and deaths occur among vulnerable populations including persons with chronic medical conditions, infants, young children, seniors, and pregnant women (1,2,3). Healthcare workers (HCW) can acquire influenza from patients or transmit influenza to patients and other staff (4,5). Annual vaccination against the predominant circulating virus can prevent influenza transmission. Increased vaccination of HCWs has been shown to be associated with a decrease in outbreaks of influenza and influenza-like illness in healthcare facilities, as well as a decrease in patient mortality (5,6). A recent systematic review concluded that the benefits of HCW vaccination outweigh the potential harms and that HCW vaccination can enhance patient safety (6). Furthermore, vaccination of HCW can specifically benefit patients who cannot receive a vaccination themselves such as infants less than 6 months of age, persons aged 85 years or older, immune-compromised persons, and persons with medical contraindications (7). Current recommendations from the Centers for Disease Control and Prevention state that all healthcare workers, including those without direct patient care, should receive an influenza vaccination annually (7,8).

The Oregon state legislature passed House Bill 2524 in 2007 to create a mandatory healthcare acquired infection (HAI) reporting program in an effort to raise awareness, promote transparency for healthcare consumers, and motivate health care providers to prioritize prevention. The Oregon Health Authority (OHA) administers the HAI reporting program and is advised by a 16-member committee.

This report presents the results of the fourth year of reporting on HCW influenza vaccination for 60 Oregon hospitals and 139 long-term care facilities, and the second year of reporting on HCW influenza vaccination for 85 ambulatory surgery centers.

Methods

HCW vaccination counts were collected using a survey created by the Oregon Health Authority (see Appendix I). Facilities were asked to report the number of HCW who were vaccinated at the facility; were vaccinated elsewhere; had a medical contraindication to the influenza vaccine; declined the vaccine; and had an unknown vaccination status. HCW were required to provide a written report or documentation of influenza vaccination to confirm vaccination outside their facility. Furthermore, facilities were also asked to report their methods of vaccination delivery and promotion as well as reasons for HCW vaccination declination.

Definition of HCW was identical to previous years, including three categories of HCW:

Employee: all persons who receive a paycheck from the healthcare institution, whether or not they have direct patient care duties.

Non-employees, credentialed: licensed practitioners affiliated with the healthcare institution who do not receive a paycheck from the institution. These include physicians or other midlevel providers (including nurses) with clinical or admitting privileges at the healthcare institution, or technicians or therapists with professional credentialing.

Non-employees, other: non-credentialed persons affiliated with the healthcare institution but who do not receive a paycheck from the institution. These include students or trainees, volunteers, resident physicians or fellows (if not paid by the institution), or non-clinical agency staff or contract laborers (if paid directly by their contracting agency).

Prior to the 2011-2012 influenza season, ambulatory surgery centers did not report HCW influenza vaccination data, and the majority of hospitals and long-term care facilities were not able to report data for non-employees. However, beginning with the 2011-2012 influenza season, the majority of hospitals, long-term care facilities, and ambulatory surgery centers reported data for all three HCW categories.

A web-based survey was sent to 60 hospitals, 139 long-term care facilities and 85 ambulatory surgery centers. The survey was sent to the hospital human resource directors and infection control professionals, the long-term care facility administrators and nursing directors, and the ambulatory surgery center administrators. Facilities were given the influenza season to collect their data and were to complete the survey by May 20, 2013. Follow-up was conducted via telephone and email to obtain a survey from each facility and to address discrepancies reported in the surveys. The facilities were given the opportunity to verify their data prior to publication.

OHA received surveys from 60 hospitals, 139 long-term care facilities, and 85 ambulatory surgery centers.

Results

Reporting Ability

The ability of facilities to report HCW vaccination data was evaluated in two ways: (1) by determining the percentage of facilities that were able to document vaccination status for all three HCW subgroups and (2) by calculating the percentage of HCWs that had a documented vaccination status (either vaccinated or unvaccinated) as opposed to unknown.

A facility that reported at least one HCW with documented vaccination status was considered as able to report vaccination data for that HCW subgroup. Reporting ability was excluded for facilities that reported no HCWs in a subgroup.

All hospitals and long-term care facilities, and 95% of ambulatory surgery centers were able to report on the vaccination status of employees (Table 1). The vaccination status of credentialed and other non-employees was reported by 91% and 100% of hospitals, respectively, 86% and 94% of ambulatory surgery centers, and 56% and 69% of long-term care facilities, respectively. Employees represent the largest subgroup of healthcare workers for all three facility types with 1,147, 100, and 37 average employees, respectively.

Table 1: Reporting ability for three subgroups of healthcare workers, 2012–2013 season

	Employees				Non-Employees, Credentialed				Non-Employees, Other			
Facility Category	Facility Count	Reporting Facilities		Average # HCWs	Facility Count	Reporting Facilities		Average # HCWs	Facility Count	Reporting Facilities		Average # HCWs
		Count	Percent			Count	Percent			Count	Percent	
Hospitals	60	60	100%	1,147	56	51	91%	180	54	54	100%	164
Long-Term Care Facilities	139	139	100%	100	66	37	56%	4	83	57	69%	16
Ambulatory Surgery Centers	84	80	95%	37	72	62	86%	19	17	16	94%	8

Another method used to gauge a facility's ability to report vaccination data is to calculate the percentage of workers with a documented vaccination status (either vaccinated or unvaccinated versus unknown vaccination status). Two facility categories reported an increase in the percent of employees with a documented vaccination status compared with the previous season (Table 2); Hospitals reported a 9 percentage point increase for employees with a documented status (82% to 91%) and long-term care facilities reported a 12 percentage point increase (67% to 79%). Ambulatory surgery centers reported a slight decrease in the percentage of employees with a documented status (86% to 85%).

Table 2: Employees with documented influenza vaccination, 2010–2013 seasons

Facility Category	A Total No. Employees	B No. Employees with Documented Vaccination Status	C No. Employees Without Documented Vaccination Status	D Percent With Documented Status
Hospitals				
2010-2011	71,679	47,879	23,791	67%
2011-2012	71,912	58,657	13,256	82%
2012-2013	68,845	62,601	6,252	91%
Long-Term Care Facilities				
2010-2011	12,875	8,665	4,210	67%
2011-2012	14,562	9,723	4,851	67%
2012-2013	13,894	11,023	2,636	79%
Ambulatory Surgery Center				
2010-2011	*Not Collected*			
2011-2012	2,920	2,499	421	86%
2012-2013	3,138	2,682	260	85%
Total				
2010-2011	84,545	56,544	28,001	67%
2011-2012	89,394	70,879	18,528	79%
2012-2013	85,877	76,306	9,148	89%

The percentage of HCWs with a documented vaccination status was evaluated by worker subgroup for the 2012—2013 influenza season and an overall facility percentage was calculated (Table 3). Among hospitals, long-term care facilities, and ambulatory surgery centers, the proportion of credentialed non-employees with documented vaccination status was 46%, 55%, and 66%, respectively, while the proportion of other non-employees was 56%, 38%, and 98%. Many non-employees have an undocumented vaccination status, driving the percentage with a documented status lower for these HCW categories.

The proportions of HCWs with a documented vaccination status for the overall facility are 82% for hospitals, 75% for long-term care facilities, and 80% for ambulatory surgery centers.

Table 3: Documentation of HCW influenza vaccination status, 2012–2013 season

HCW category	A Total No. HCW	B No. HCW With Documented Vaccination Status	C No. HCW Without Documented Vaccination Status	D Percent With Documented Status D=B/A
Employees				
Hospitals	68,845	62,601	6,252	91%
Long-Term Care Facilities	13,894	11,023	2,636	79%
Ambulatory Surgery Centers	3,138	2,682	260	85%
Non-Employees, Credentialed				
Hospitals	10,090	4,664	5,426	46%
Long-Term Care Facilities	257	141	80	55%
Ambulatory Surgery Centers	1,375	902	391	66%
Non-Employees, Other				
Hospitals	8,836	4,941	3,891	56%
Long-Term Care Facilities	1,318	504	612	38%
Ambulatory Surgery Centers	131	129	5	98%
Overall Facility				
Hospitals	87,771	72,206	15,569	82%
Long-Term Care Facilities	15,469	11,668	3,328	75%
Ambulatory Surgery Centers	4,644	3,713	656	80%

Staff Vaccination

The survey included questions on how many HCWs were vaccinated at the facility, how many were vaccinated elsewhere, how many declined for medical contraindications, and how many refused to be vaccinated. The proportion of vaccinated HCWs was calculated by adding the number of HCW vaccinated at the facility and the number of HCW vaccinated elsewhere and dividing by the total number of HCW, excluding those with medical contraindications. The proportion of vaccinated HCWs was calculated for each category of HCW as well as an overall percentage. HCW vaccination data from the 2009—2010 influenza season are not used for annual comparisons due to differences in the definition of HCW.

The proportion of vaccinated employees increased for all three categories of healthcare facilities (Table 4). The proportion of hospital employees that were vaccinated increased from 65% for the 2010—2011 influenza season to 77% for the 2012—2013 influenza season. The proportion of vaccinated long-term care facility employees also increased from 52% for the 2010—2011 influenza season to 57% for the 2012—2013 influenza season. Finally, the proportion of vaccinated ambulatory surgery center employees increased six percentage points from 64% for the 2011—2012 influenza season to 70% for the 2012—2013 influenza season.

Table 4: Employee influenza vaccinations, 2010–2013 seasons

Facility Category	Count of Facilities	A HCW Vaccinated at Facility	B HCW Vaccinated Elsewhere	C Total HCW	D HCW With Medical Contraindication	E Percent Vaccinated E=(A+B)/(C-D)
Hospitals						
2010-2011	60	44,671	1,078	71,679	775	65%
2011-2012	60	46,906	2,546	71,912	688	69%
2012-2013	60	49,180	3,306	68,845	910	77%
Long-Term Care Facilities						
2010-2011	129	6,065	546	12,875	85	52%
2011-2012	140	6,576	726	14,562	187	51%
2012-2013	139	6,980	759	13,894	200	57%
Ambulatory Surgery Center						
2010-2011	*Not collected*					
2011-2012	87	1,519	334	2,920	46	64%
2012-2013	85	1,910	267	3,138	38	70%
Total						
2010-2011	189	50,736	1,624	84,554	860	63%
2011-2012	287	55,001	3,606	89,394	921	66%
2012-2013	284	58,070	4,332	85,877	1,148	74%

The percentage of vaccinated non-employees was lower than the percentage of vaccinated employees for all three types of facilities, with the exception of other non-employees working in ambulatory surgery centers (Table 5). HCWs with unknown vaccination status are included in the denominator when calculating the percent vaccinated, contributing to the lower percentage of vaccinated HCWs seen in the two non-employee categories. However, it should be noted that the percentage of all vaccinated HCWs increased across facility category compared with the 2011—2012 influenza season. Appendix II provides influenza vaccination percentages for each facility for the 2012—2013 influenza season.

Table 5: Healthcare worker influenza vaccinations, 2012–2013 season

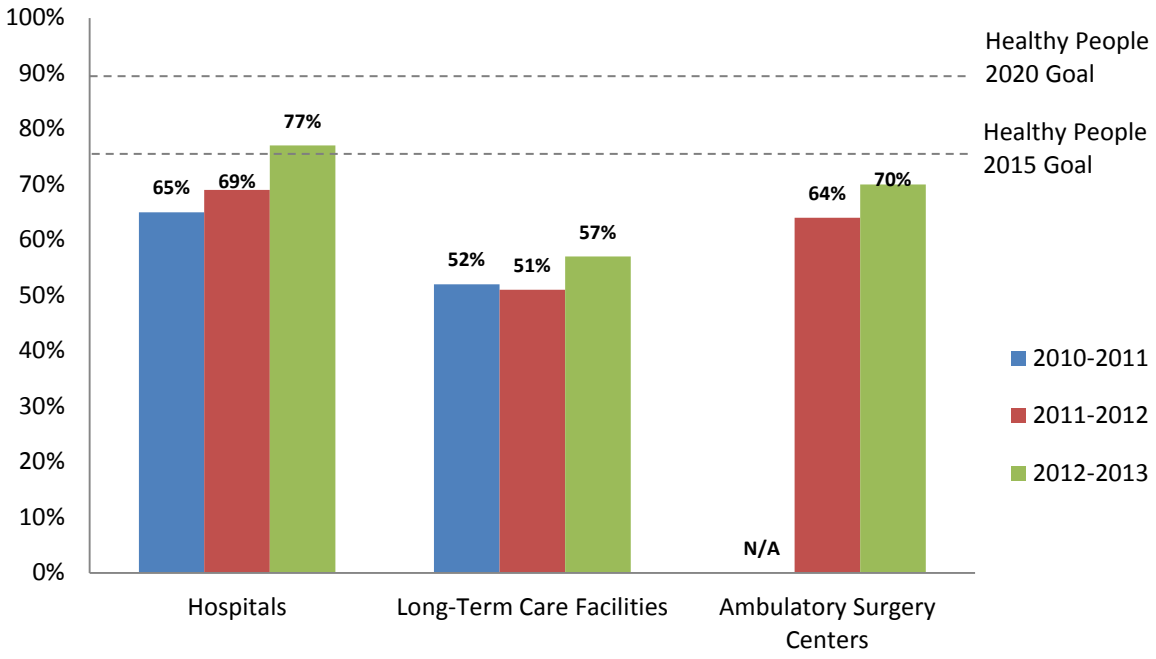
	Count of Facilities	A HCW Vaccinated at Facility	B HCW Vaccinated Elsewhere	C Total HCW	D HCW With Medical Contraindication	E Percent Vaccinated E=(A+B)/(C-D)
Employees						
Hospitals	60	49,180	3,306	68,845	910	77%
Long-Term Care Facilities	139	6,980	759	13,894	200	57%
Ambulatory Surgery Centers	84	1,910	267	3,138	38	70%
Non-Employees, Credentialed						
Hospitals	56	3,014	1,351	10,090	22	43%
Long-Term Care Facilities	66	44	79	257	2	48%
Ambulatory Surgery Centers	71	494	290	1,375	4	57%
Non-Employees, Other						
Hospitals	54	3,525	1,029	8,836	19	52%
Long-Term Care Facilities	83	211	219	1,318	2	33%
Ambulatory Surgery Centers	17	58	46	131	0	79%
Overall Facility						
Hospitals	60	55,719	5,686	87,771	951	71%
Long-Term Care Facilities	139	7,235	1,057	15,469	204	54%
Ambulatory Surgery Centers	85	2,462	603	4,644	42	67%

Healthy People Targets

The proportion of vaccinated HCWs was compared to the benchmarks set by the U.S. Department of Health and Human Services (HHS) Healthy People program. Healthy People provide 10-year national objectives for improving the health of all Americans. The Healthy People 2010 goal for healthcare worker influenza vaccination was 60%. An interim goal of 75% vaccination coverage was set for 2015 with a goal of 90% by 2020 (10).

The 2012—2013 influenza season marks the first time hospitals met the 75% vaccination goal for Healthy People 2015 (Figure 1). This represents an increase in vaccination coverage of 8 percentage points for hospitals compared with 2011—2012 influenza season data. Though they do not yet meet the Healthy People 2015 goal, long-term care facilities and ambulatory surgery centers improved vaccination coverage, with each facility type increasing 6 percentage points compared with 2011—2012 influenza season data. Long-term care facilities are below the 60% vaccination goal for Healthy People 2010 by 3 percentage points, while ambulatory surgery centers exceeded the Healthy People 2010 goal. All three facility categories are below the 90% vaccination goal for Healthy People 2020 by at least 13 percentage points.

Figure 1: Employee influenza vaccination percentages, 2010–2013 seasons

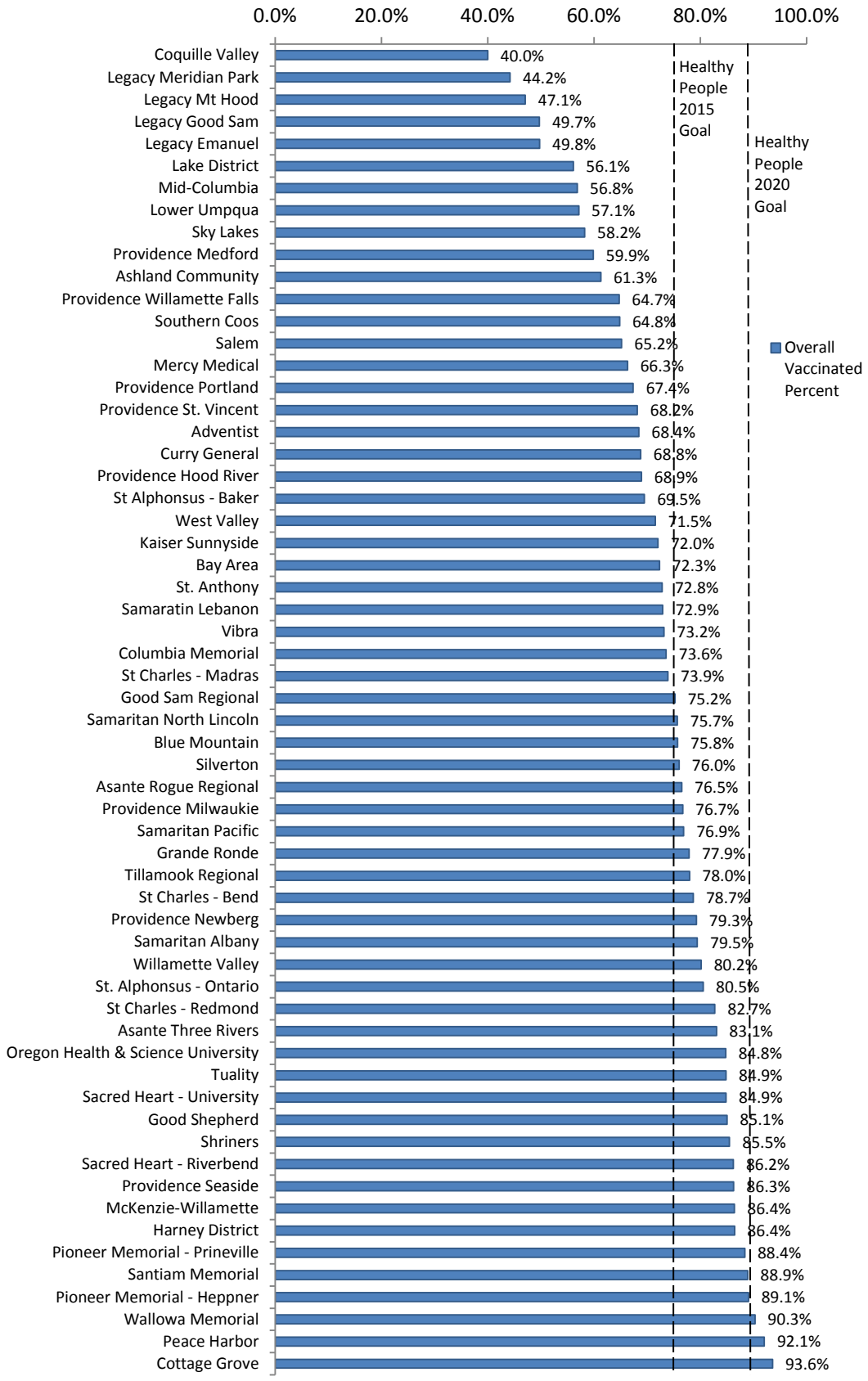


The proportion of all three facility categories meeting the 75% vaccination goal for Healthy People 2015 for employees changed little from the previous influenza season (Table 6). The proportion of hospitals meeting the 75% Healthy People 2015 target for employees decreased slightly from 72% during the 2011—2012 season to 70% during the 2012—2013 season. The proportion of long-term care facilities meeting the 75% Healthy People 2015 target for employees increased slightly from 26% during the 2011—2012 season to 27% during the 2012—2013 season. Finally, the proportion of ambulatory surgery centers meeting the 75% Healthy People 2015 target for employees increased slightly from 44% during the 2011—2012 season to 45% during the 2012—2013 season. Ambulatory surgery centers also reported the highest percentage of employees meeting the 90% vaccination goal for Healthy People 2020. However, ambulatory surgery centers, along with long-term care facilities also had a lower percentage of facilities meeting the 60% vaccination goal for Healthy People 2010 compared with hospitals. The proportion of hospitals meeting the 90% vaccination goal for Healthy People 2020 increased slightly, while the proportion of long-term care facilities remained steady compared with the previous season.

Table 6: Facilities meeting Healthy People targets for employees, 2010–2013 seasons

Facility Category	Count of Facilities	60% or Greater Vaccination		75% or Greater Vaccination		90% or Greater Vaccination	
		Count	Percent	Count	Percent	Count	Percent
Hospitals							
2010-2011	60	44	73%	29	48%	4	7%
2011-2012	60	55	92%	43	72%	4	7%
2012-2013	60	57	95%	42	70%	5	8%
Long-Term Care Facilities							
2010-2011	128	48	38%	35	27%	3	2%
2011-2012	140	54	39%	36	26%	8	6%
2012-2013	139	82	59%	37	27%	8	6%
Ambulatory Surgery Center							
2010-2011	*Not Collected*						
2011-2012	87	51	59%	38	44%	7	8%
2012-2013	84	55	65%	38	45%	17	20%

Figure 2: Hospital overall influenza vaccination percentages, 2012–2013 season



Fifty-two percent (31/60) of hospitals met the 75% overall vaccination goal for Healthy People 2015 (Figure 2). In addition, 5% (3/60) of hospitals met the 90% overall vaccination goal for 2020.

As for long-term care facilities, 27% (37/139) met the vaccination goal for 2015, while 6.5% (9/139) met the 2020 goal (Figure 3). Ambulatory surgery centers had 41% (35/85) of facilities meet the 2015 vaccination goal. Fifteen percent (13/85) of ASCs met the 2020 goal (Figure 4).

The vaccination rankings for hospital, long-term care, and ambulatory surgery center employees, non-employee credentialed, and non-employee other are found in Appendix II.

Figure 3: Long-term care facility overall influenza vaccination percentages, 2012–2013 season

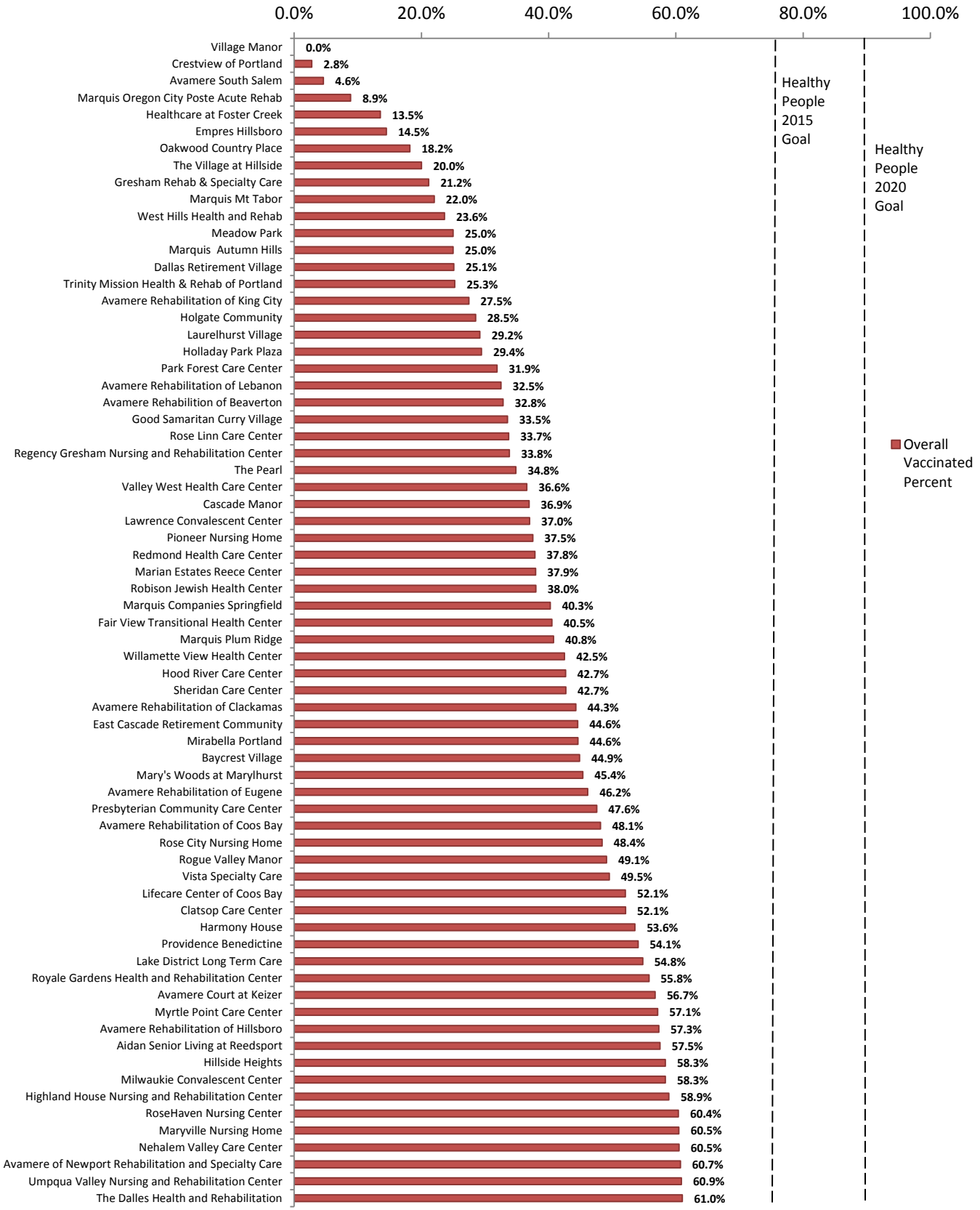


Figure 3: Long-term care facility overall influenza vaccination percentages, 2012–2013 season, continued

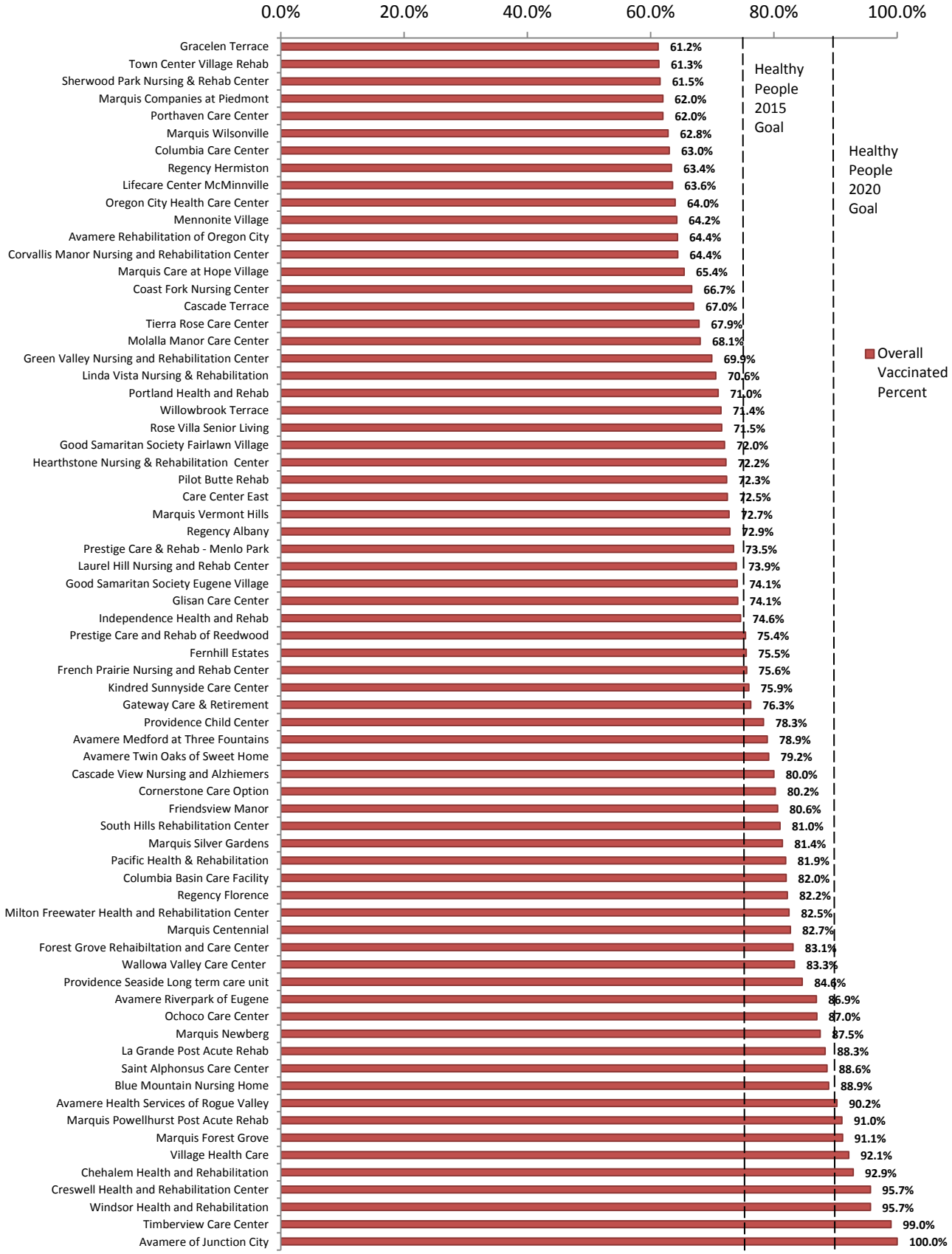
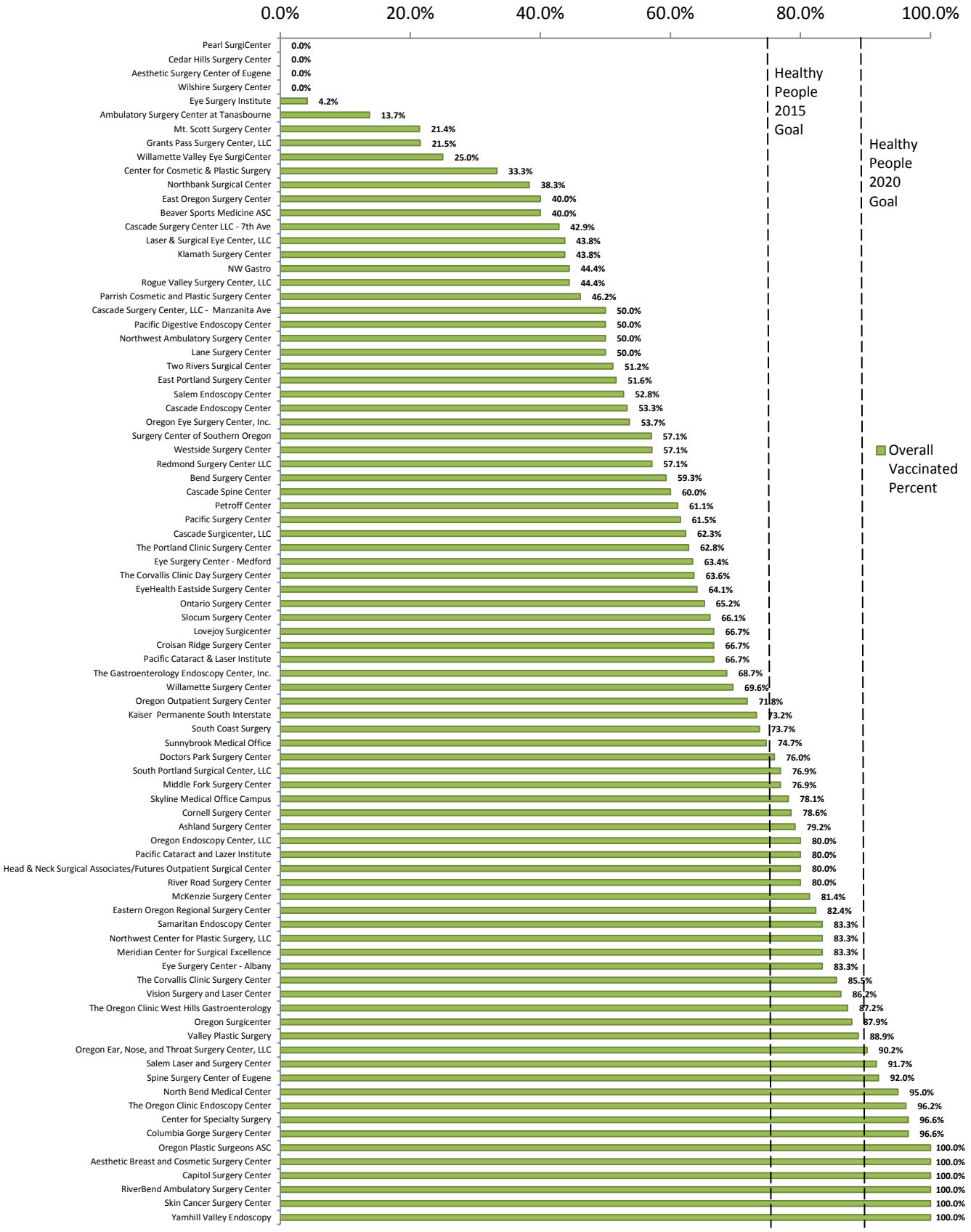


Figure 4: Ambulatory surgery center overall influenza vaccination percentages, 2012–2013 season



Among hospitals, 70% met the 75% vaccination goal for Healthy People 2015 for employees, while 30% met the goal for credentialed non-employees and 44% met the goal for other non-employees (Table 7). Among long-term care facilities, 27% met the 75% vaccination goal for Healthy People 2015 for employees, while 52% met the goal for credentialed non-employees and 43% met the goal for other non-employees. Finally, among ambulatory surgery centers, 45% met the 75% vaccination goal for Healthy People 2015 for employees, while 49% met the goal for credentialed non-employees and 82% met the goal for other non-employees. Hospitals had the highest proportion of facilities meeting the 75% vaccination goal for Healthy People 2015 for all HCWs at 52%, while 37% of long-term care facilities and 41% of ambulatory surgery centers met the goal.

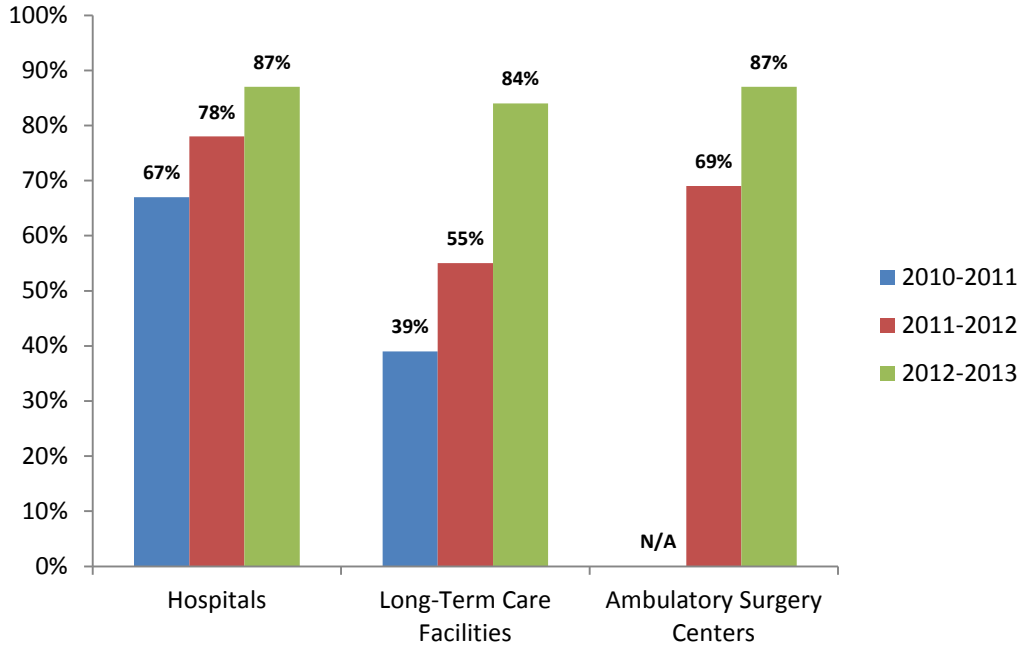
Table 7: Facilities meeting Healthy People targets, 2012–2013 season

Facility Category	Count of Facilities	60% or Greater Vaccination		75% or Greater Vaccination		90% or Greater Vaccination	
		Count	Percent	Count	Percent	Count	Percent
Employees							
Hospitals	60	57	95%	42	70%	5	8%
Long-Term Care Facilities	139	82	59%	37	27%	8	6%
Ambulatory Surgery Centers	84	55	65%	38	45%	17	20%
Non-Employees, Credentialed							
Hospitals	56	23	41%	17	30%	7	13%
Long-Term Care Facilities	66	35	53%	34	52%	34	52%
Ambulatory Surgery Centers	71	43	61%	35	49%	27	38%
Non-Employees, Other							
Hospitals	54	32	59%	24	44%	13	24%
Long-Term Care Facilities	83	38	46%	36	43%	33	40%
Ambulatory Surgery Centers	17	15	88%	14	82%	13	76%
Overall Facility							
Hospitals	60	50	83%	31	52%	3	5%
Long-Term Care Facilities	139	76	55%	37	27%	9	6%
Ambulatory Surgery Centers	85	53	62%	35	41%	13	15%

Healthcare Worker's Vaccination Attitudes

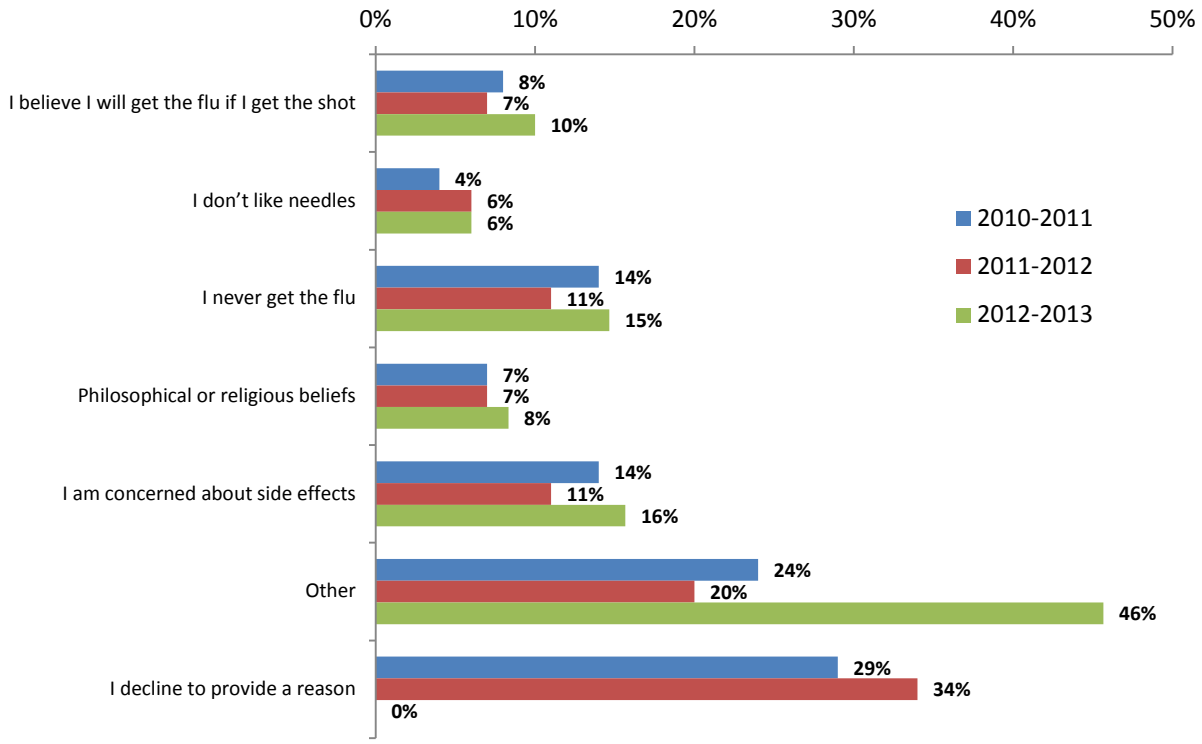
The proportion of hospitals that provided data on the reasons for vaccination declination increased from 67% for the 2010—2011 season to 87% (52/60 facilities) for the 2012—2013 season (Figure 5) from 39% to 84% (117/139) for the long term care facilities, and from 69% to 87% (74/85)for the ambulatory surgery centers.

Figure 5: Percentage of facilities that provided data on HCW declination reasons, 2010–2013 seasons



The reason most commonly reported by HCWs (46%) for declining vaccination was "other" during the 2012—2013 season (Figure 6). This report marks the first year responding facilities were not able to enter data on the number of healthcare workers who declined to provide a reason for their vaccination refusal; facilities were encouraged to gather as much data on reasons for declination as possible. However, it is possible that some of those previously captured in the "I decline to provide a reason" category are now captured in the "other" category. "Other" comments included: I decline to provide a reason, personal choice, not medically necessary, too late in the season, and already had the flu. Additional common reasons for declination included concerns about side effects (16%), denying ever getting the flu (15%), and believing the vaccination will cause the flu (10%).

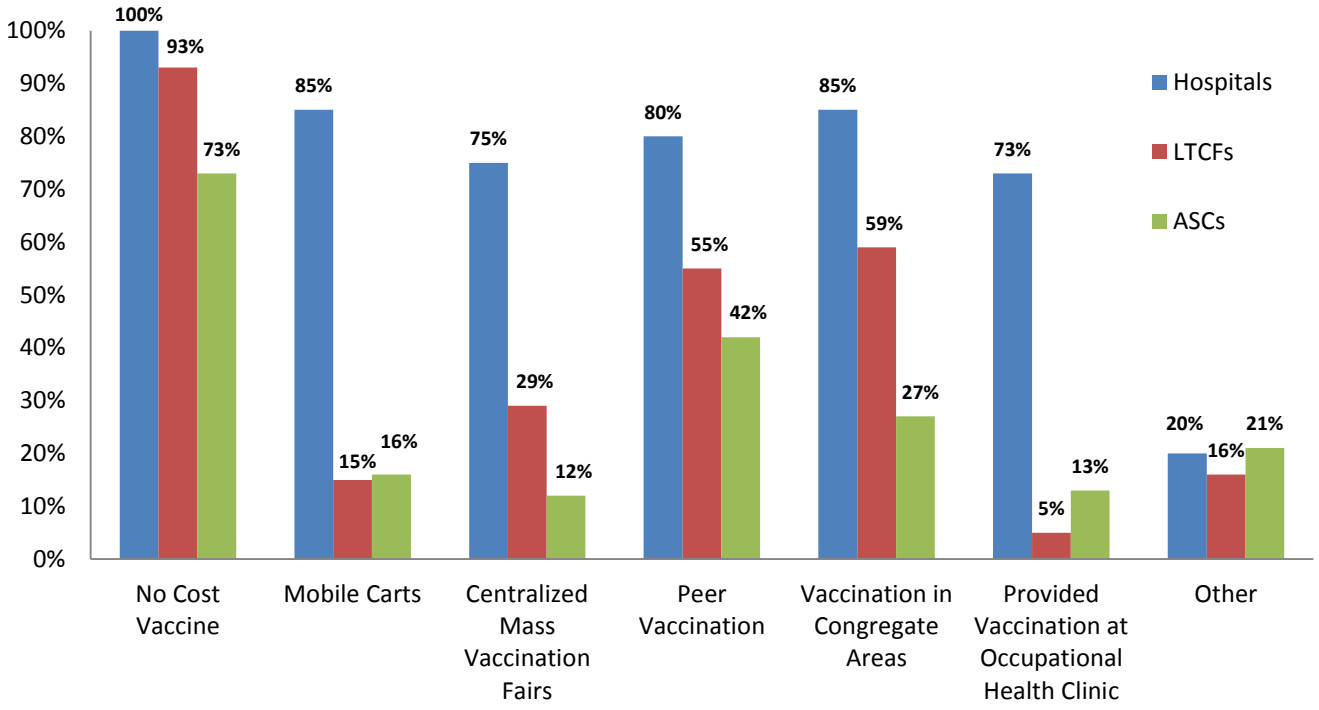
Figure 6: Healthcare worker's reasons for influenza vaccine declinations, 2010–2013 seasons



Promotion, Delivery, and Formal Education

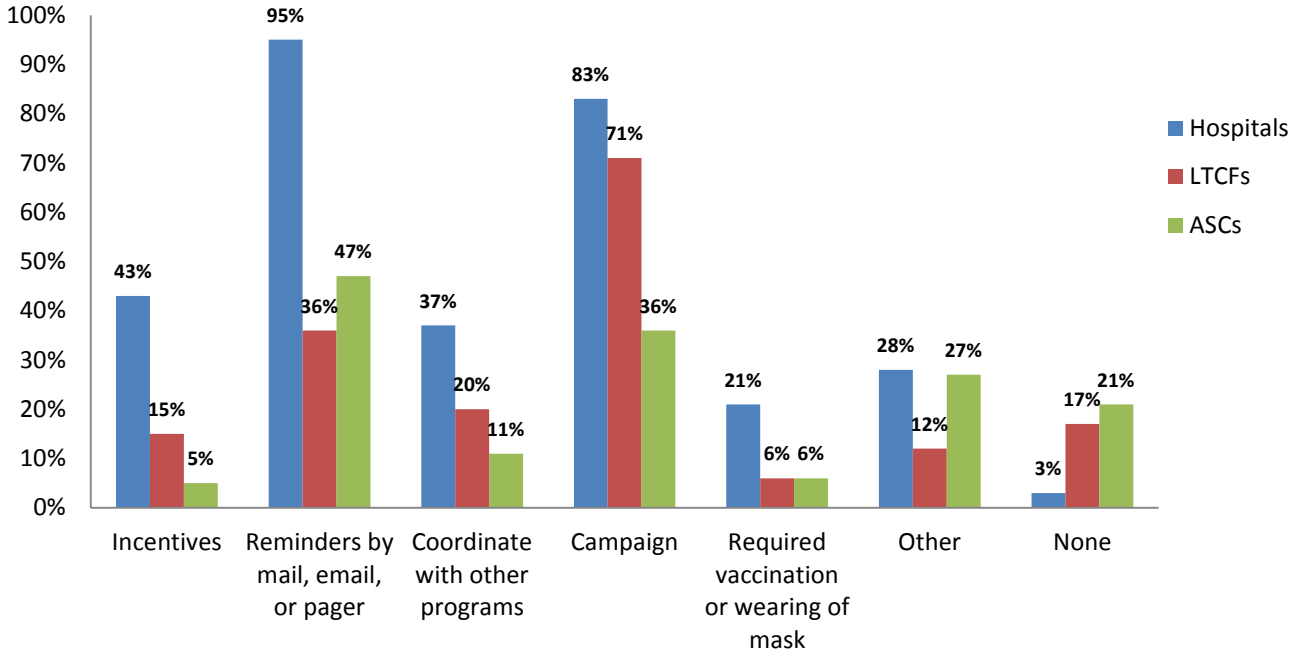
The survey included questions to address what activities facilities used to promote and deliver vaccines and to formally educate its workers about the influenza vaccine. All hospitals provided no cost vaccines while 93% of long-term care facilities and 73% of ambulatory care facilities provided no cost vaccines (Figure 7). Additionally, hospitals used other vaccine delivery methods including mobile carts (85%), centralized mass vaccination fairs (75%), peer vaccination (80%), vaccination in congregate areas (85%), and vaccination at occupational health clinics (73%). Both long-term care facilities and ambulatory surgery centers used these additional methods, but to a lesser extent than hospitals. Vaccination in congregate areas was the second most utilized delivery method among long-term care facilities (59%), while peer vaccination was the second most utilized delivery method among ambulatory surgery centers (42%).

Figure 7: Influenza vaccination delivery methods, 2012–2013 season



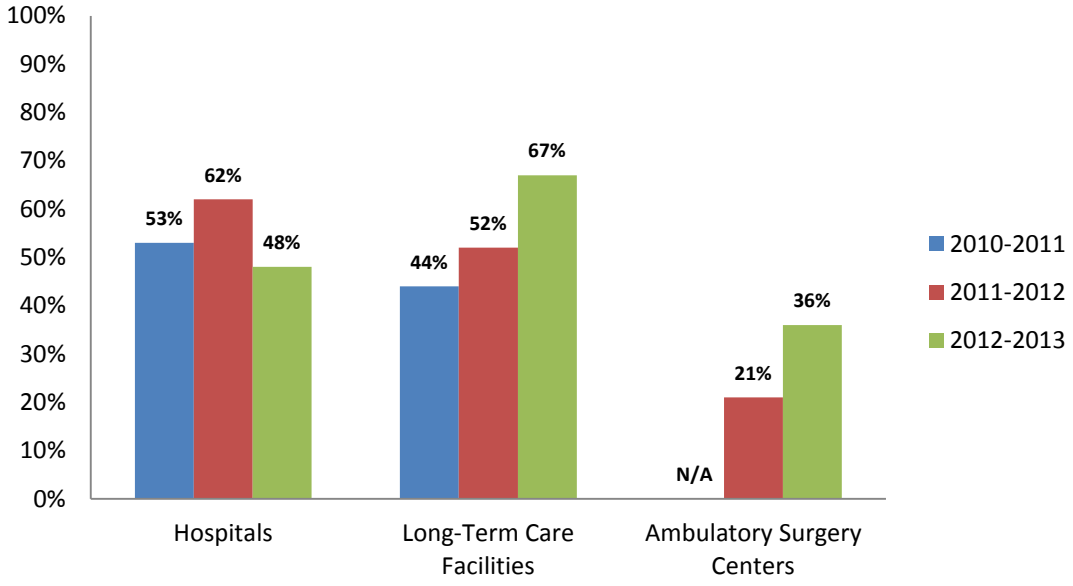
Hospitals, long-term care facilities, and ambulatory surgery centers continue to favor reminders and campaigns (including posters, flyers, and buttons) as the top method of promoting HCW influenza vaccination (Figure 8). The proportion of facilities that had no formal promotional activities remained steadily low (3%) for hospitals, yet 17% of long term care facilities and 21% of ambulatory surgery centers reported no formal promotional activities.

Figure 8: Influenza vaccination promotion methods, 2012–2013 season



Finally, facilities were asked if they had a formal educational program on influenza vaccination. The proportion of long-term care facilities and ambulatory surgery centers that reported having a formal education program in place increased from the previous influenza season to 67% and 36%, respectively (Figure 9). However, the proportion of hospitals that reported having a formal education program in place decreased from 62% in the 2011—2012 season to 48% in the 2012—2013 season.

Figure 9: Formal education on influenza vaccination for healthcare workers, 2010–2013 seasons



Limitations

These data are self-reported by the facilities. Surveillance methods and resources vary across facilities, which may affect a facility's ability to report vaccination percentages. A facility's surveillance activities may have more of an impact on their vaccination percentage rather than the number of HCWs being vaccinated. The data collection method has changed over the years to align with evolving federal standards for this measurement, which has affected the comparability of the data over time.

Future Activities

The Oregon Health Authority will distribute data collection forms for HCW vaccination coverage for the 2013—2014 influenza season to hospitals, long-term care facilities, and ambulatory surgery centers. The data will be requested from the facilities in the spring of 2014 and will be released during 2014. The data from this report will also be used by the Healthcare Worker Vaccination Workgroup for its work to promote patient safety through annual healthcare worker vaccination.

References

1. CDC. Estimates of deaths associated with seasonal influenza – United States, 1976-2007. MMWR 2010; 59:1057-1062.
2. Thompson WW, Shay DK, Weintraub E, et al. Influenza-associated hospitalizations in the United States. JAMA 2004; 292:1333-1340.
3. CDC. Prevention and control of influenza with vaccines: recommendations odf the Advisory Committee on Immunization Practices (ACIP), 2010. MMWR 2010(No.RR-8).
4. Talbot TR, Babcock H, Caplan AL, et al. Revised SHEA position paper: Influenza vaccination of healthcare personnel. Infect Control Hosp Epidemiol 2010;31(10):987-995.
5. Wendelboe AM, Avery C, Andarade B, Baumbach J, Landen MG. Importance of employee vaccination against influenza in preventing cases in long-term care facilities. Infect Control Hosp Emidemiol 2011; 32(10):990-997.
6. Ahmed F, Lindley MC, Allred N, Weinbaum CM, Grohskopf L. Effect of influenza vaccination of health care personnel on morbidity and mortality among patients: systematic review and grading of evidence. Clin Infect Dis 2012;doi: 10.1093/cid/cit580.
7. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60(No. SS-7):8-10.
8. CDC. Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. MMWR 2010(No.RR-8).
9. The U.S. HHS Action Plan to Prevent Healthcare Associated Infections: Influenza Vaccination of Healthcare Personnel: http://www.hhs.gov/ash/initiatives/hai/actionplan/hai-action-plan-hcp-flu.PDF

Appendices

Appendix I: Healthcare worker influenza vaccination survey materials

PUBLIC HEALTH DIVISION
Office of Disease Prevention and Epidemiology
John A. Kitzhaber, MD, Governor

Oregon Health Authority

800 NE Oregon Street
Portland, OR 97232-2162
(971) 673-1111 – Phone
(971) 673-1100 – Fax
(971) 673-0372 – TTY Nonvoice

October 16, 2012

TO: Hospitals, Long-Term Care Skilled Nursing Facilities, and Free-Standing Ambulatory Surgical Centers

SUBJECT: Annual Survey on Influenza Vaccination of Staff for 2012-2013

We are writing to provide you with the content for the 2012-2013 healthcare worker influenza survey, so you can prepare to collect this data for the survey. We have revised the survey to include definition updates from the Centers for Disease Control and Prevention (CDC).

Healthcare facilities are required to report influenza vaccination, documented contraindication, and informed declination rates for staff in accordance with ORS 442.851 and OARs 409-023-0000 through 409-023-035. All facilities were notified of this reporting requirement in September 2011.

We have attached three documents to assist you in collecting data during the 2012-2013 flu season:

- **Attachment A** represents the content of the annual healthcare worker influenza vaccination survey. We are sending you this form so you can understand the data that will be collected in the survey.
- **Attachment B** includes definitions for the data fields in the survey form (Attachment A).
- **Attachment C** is a **sample** influenza consent/declination form that can be used to support the data to be collected for the survey. Note that influenza vaccination, medical contraindication, and refusal of vaccination must be documented. In addition, if your staff members are vaccinated outside of your facility, you need to document this fact so that these staff can be counted as vaccinated. The sample form in Attachment C provides a means to document this information.

This survey is being distributed to multiple contacts per facility, and each facility needs to designate one person to complete the form. This required survey for the 2012-2013 flu season is due **May 20, 2013**.

The survey is available at www.healthoregon.org/hai. If your facility uses the National Healthcare Safety Network (NHSN), questions 1 through 6 may be answered using the Flu Summary module in the NHSN Personnel Safety Component; questions 7 through 10 regarding vaccine delivery and promotion strategies will still need to be answered online at www.healthoregon.org/hai.

If you have any question about this survey, please contact Valerie Ocampo at valerie.l.ocampo@state.or.us or phone 971-673-1111.

Sincerely,

Zintars Beldavs
Healthcare-Associated Infections Program Manager
Center for Public Health Practice, Oregon Health Authority

ATTACHMENT A

Influenza Vaccination/Declination Surveillance

Collection Start Date: October 1, 2012; End Date: March 31, 2013

Facility Name: _____

Facility Address/City: _____

Name and Title of Person Completing Form: _____

Facility Type: ☐ Hospital (including acute, critical access and long-term acute care)
☐ Long-term Care Facility (including assisted living, skilled nursing, and inpatient rehab)
☐ Free-standing Ambulatory Surgical Center

The undersigned certifies that the information in this form is accurate and true to the best of their knowledge.

Signature of Person Completing Form: _____ Date: _____

Contact Information: Email: _____ Phone: _____

Record the number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

*Vaccination type: Influenza	*Influenza subtype[a]: Seasonal	*Influenza Season[b]: 2012/2013	**CMS ID#:**

	Employee HCP	**Non-Employee HCP**		
	*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	*Adult students/ trainees & volunteers	Other contract personnel (optional)
Denominator Information 1. Number of HCP who worked at this healthcare facility for at least 30 days between October 1 & March 31				
Numerator Information 2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season[b]				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season[b]				
4. Number of HCP who have a medical contraindication[c] to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine this season[b]				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above) this season[b]				

*required

[a] For the purposes of NHSN, influenza subtype refers to whether seasonal or non-seasonal vaccine is used. Seasonal is the default and only current choice.

[b] For the purposes of NHSN, a flu season is defined as July 1 to June 30.

[c] Among those receiving trivalent influenza vaccine (TIV), a medical contraindication is a condition of severe allergic reaction (anaphylactic hypersensitivity) to eggs or to other components of the vaccine. Among those receiving live, attenuated influenza vaccine (LAIV), medical contraindications also include asthma or a history of Guillian-Barré Syndrome.

Questions 7-10: Oregon-specific requirements

Facility Name:	**CMS ID#:**

7. Which of the following methods did you use during the influenza season to deliver vaccine to your healthcare workers? (check all that apply)
   - ☐ No cost vaccine
   - ☐ Mobile carts
   - ☐ Centralized mass vaccination fairs
   - ☐ Peer vaccinators
   - ☐ Provided vaccination in congregate areas (e.g. conferences/meetings or cafeteria)
   - ☐ Provided vaccination at occupational health clinic
   - ☐ Other, specify: _____

8. Which of the following strategies did you use to promote healthcare worker influenza vaccination at your facility? (check all that apply)
   - ☐ No formal promotional activities were conducted
   - ☐ Incentives
   - ☐ Reminders by mail, email, or pager
   - ☐ Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
   - ☐ Required receipt of vaccination for credentialing (if no contraindications)
   - ☐ Campaign including posters, flyers, buttons, fact sheets
   - ☐ Required vaccination or wearing of mask during influenza season
   - ☐ Required declination form
   - ☐ Other, specify: _____
     _____

9. Did you conduct any formal educational programs (i.e., a course or program) on influenza or influenza vaccination for your healthcare workers?
   - ☐ Yes
   - ☐ No

10. For declinations other than for medical contraindication, input the following counts (optional):

Counts	Reason checked
	I believe I will get the flu if I get the shot
	I don't like needles
	I never get the flu
	My philosophical or religious beliefs prohibit vaccination
	I am concerned about side effects
	Other

List reasons for Other:

11. Comments:

If you have any questions regarding data collection for this form, contact Valerie Ocampo at valerie.l.ocampo@state.or.us or (971) 673-1111.

ATTACHMENT B

Definitions for Influenza Vaccination/Declination Survey 2012-2013

Denominator Statement: Number of healthcare personnel (HCP) who are working in the healthcare facility for at least 30 working days between October 1, 2012, and March 31, 2013, regardless of clinical responsibility or patient contact.

Denominators are to be calculated separately for:

a. Employees: All persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll).

b. Licensed independent practitioners: Include physicians (MD, DO, MBBS), advanced practice nurses, and physician assistants who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility (i.e., they are not on the facility's payroll).

c. Adult students, trainees and volunteers: Include all students, trainees and volunteers aged 18 or older who do not receive a direct paycheck from the reporting facility.

d. Other contract personnel (optional): Persons providing care, treatment, or services at the facility through a contract who do not fall into any of the above-mentioned denominator categories. This category is optional at this time.

Numerator Statement: HCP in the denominator population who, after the influenza vaccine became available this season:

a. received an influenza vaccination administered at the healthcare facility;

b. reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere;

c. were determined to have a medical contraindication of severe allergic reaction (anaphylactic hypersensitivity) to eggs or to other component(s) of the vaccine, or history of Guillian-Barré Syndrome within 6 weeks after a previous influenza vaccination;

d. were offered but declined the vaccination; or

e. had an unknown vaccination status or did not otherwise meet any of the definitions of the above-mentioned numerator categories.

Numerators are to be calculated separately for each of the above groups.

Exclusions: None.

Data Source: Medical or administrative records.

Denominator Categories:

1. Include all HCP in each of the three denominator categories who have worked at the facility between October 1 and March 31 for at least 30 working days. This includes persons who joined after October 1 or who left before March 31, or who were on extended leave during part of the reporting period. Work for any number of hours a day should be counted as one working day.

2. Include both full-time and part-time persons. If a person works in two or more facilities, each facility should include the person in their denominator.

3. Count persons as individuals rather than full-time equivalents.

4. Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.

5. The denominator categories are mutually exclusive. The numerator data are to be reported separately for each of the three denominator categories.

Numerator Categories:

1. Persons who declined vaccination because of conditions other than those specified as medical contraindications should be categorized as "declined vaccination."

2. Persons who declined vaccination and did not provide any other information should be categorized as "declined vaccination."

3. Persons who did not receive vaccination because of religious or philosophical exemptions should be categorized as "declined vaccination."

4. Persons who deferred vaccination all season should be categorized as "declined vaccination."

5. The numerator categories are mutually exclusive. The sum of the four numerator categories should be equal to the denominator.

ATTACHMENT C

INFLUENZA VACCINE CONSENT

Name (print): _____ **Employer:** _____

Department: _____ **Profession:** _____

Date of Birth: _____ **Gender (Please circle):** **M** **F**

Response 1	**I request that the vaccine be given to me.** Signature: _____ Date: _____
Response 2	**I decline the vaccine today because I have already had a flu shot for the 2012-2013 flu season.** Clinic where vaccinated: _____ Date vaccinated: _____ (Approximate is OK.) Signature: _____ Date: _____
Response 3	**I decline the vaccine today because I have a medical contraindication.** I have been determined to have a medical contraindication condition of severe allergic reaction (anaphylactic hypersensitivity) to eggs or to other component(s) of the vaccine, or history of Guillian-Barré Syndrome within 6 weeks after a previous influenza vaccination. Signature: _____ Date: _____
Response 4	**I decline the vaccine today. If Response 4 is selected, *complete the declination form on page 2.***

For Facility Use Only : STAFF TYPE

- ☐ Employees (receives paycheck from healthcare facility)
- ☐ Non-employees, Credentialed
- ☐ Non-employees, Other
- ☐ Other contract personnel

Declination of Influenza Vaccination

My employer, the Centers for Disease Control and Prevention (CDC), and the Infectious Disease Society of America (IDSA) have recommended that I receive influenza vaccination in order to protect myself and the patients I serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 23,607 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza infection to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get influenza disease from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:
    - patients in this healthcare setting
    - my coworkers
    - my family
    - my community

Despite these facts, I am choosing to decline influenza vaccination right now. I understand that I may change my mind at any time and accept influenza vaccination, if the vaccine is available.

Signature:_____ **Date:**_____

I decline the vaccination for the following reason(s). Please check all that apply:

- ☐ I believe I will get the flu if I get the shot
- ☐ I don't like needles
- ☐ I never get the flu
- ☐ My philosophical or religious beliefs prohibit vaccination
- ☐ I am concerned about side effects
- ☐ Other: _____

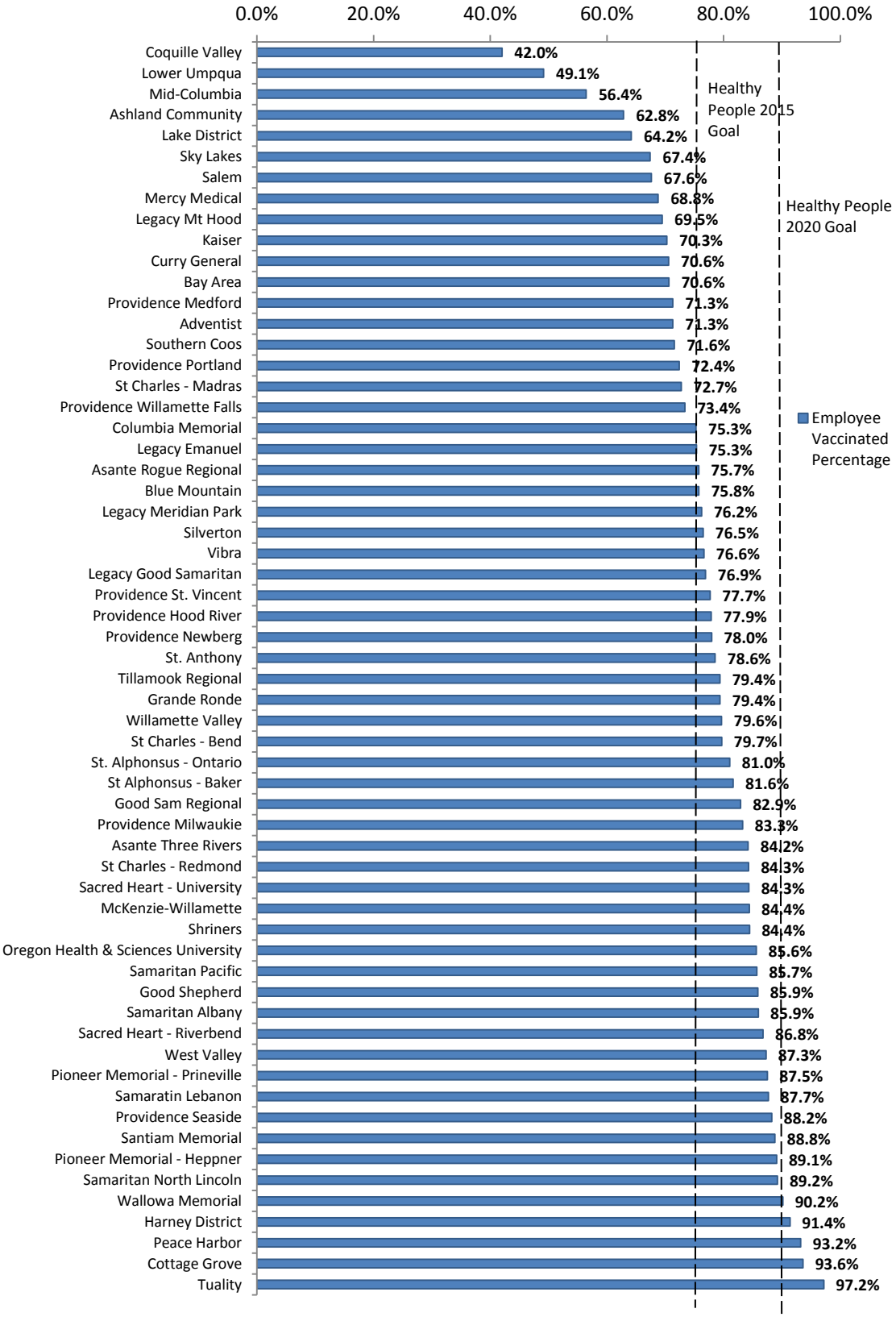
Have you received information about influenza vaccine? (Please circle): Y N

If yes, please indicate where you received that information:

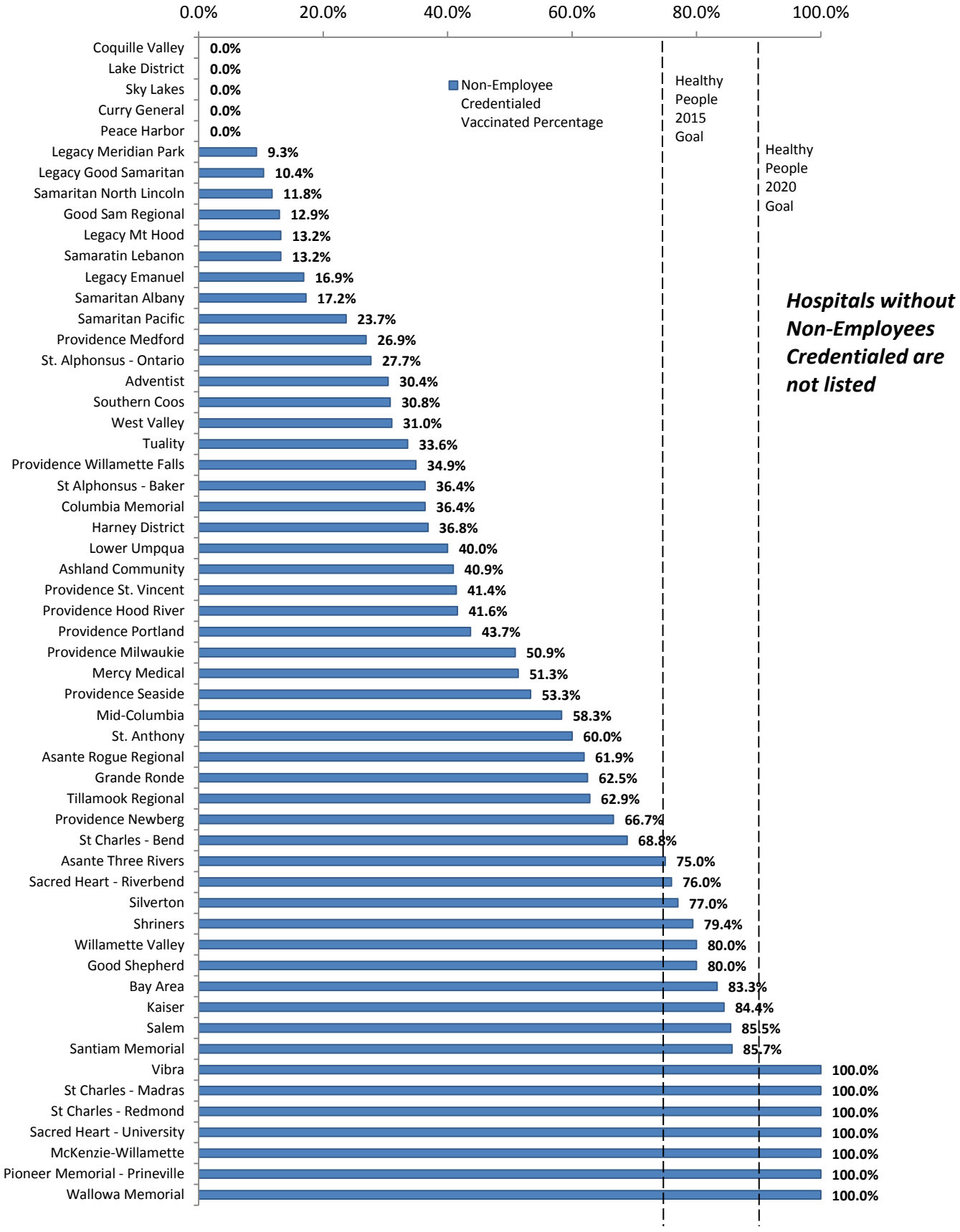
_____

Appendix II: HCW vaccination counts and percentages, 2012–2013 season

Hospital Employee Vaccinated Percentages

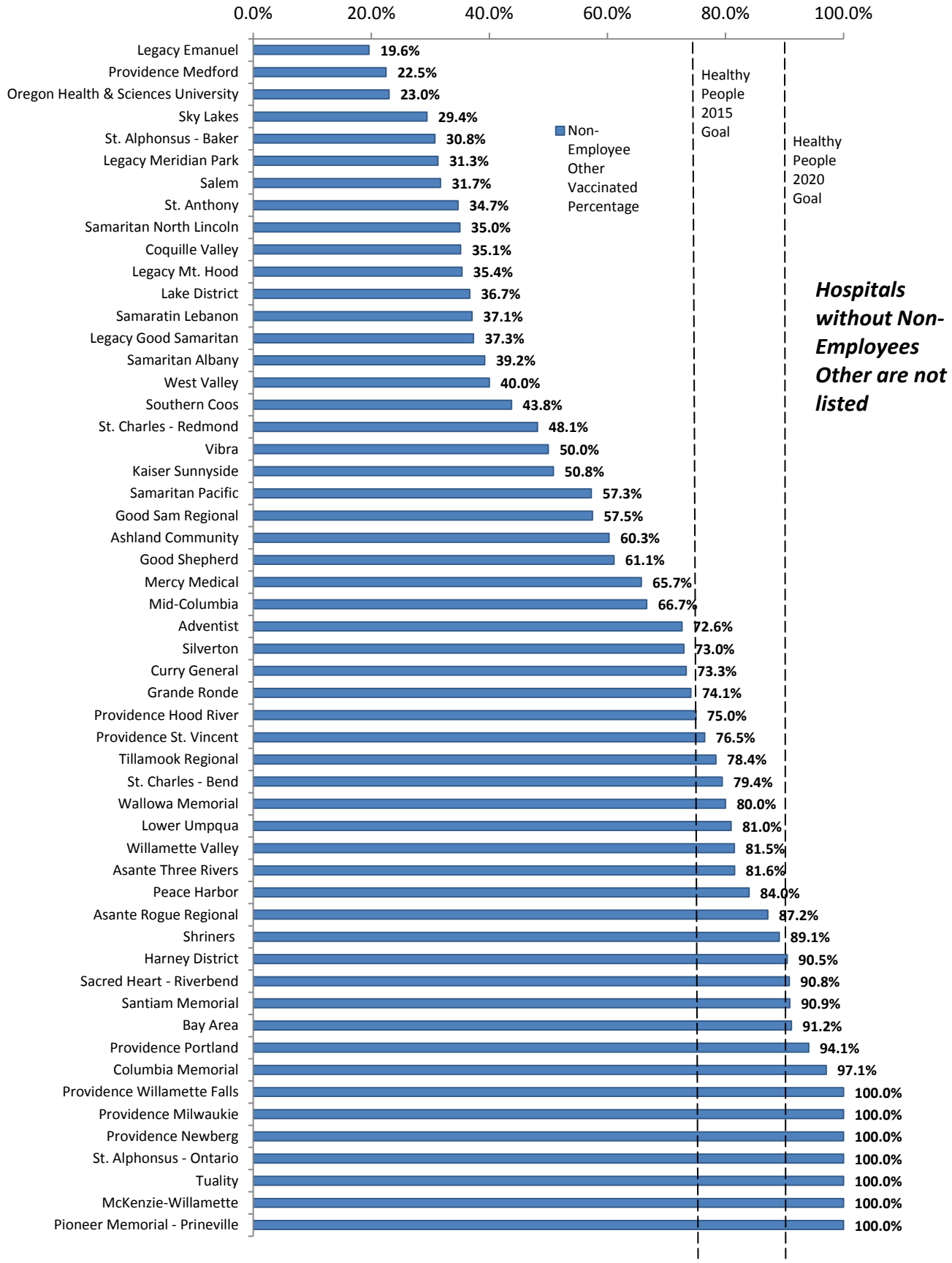


Hospital Non-Employee Credentialed Vaccinated Percentages

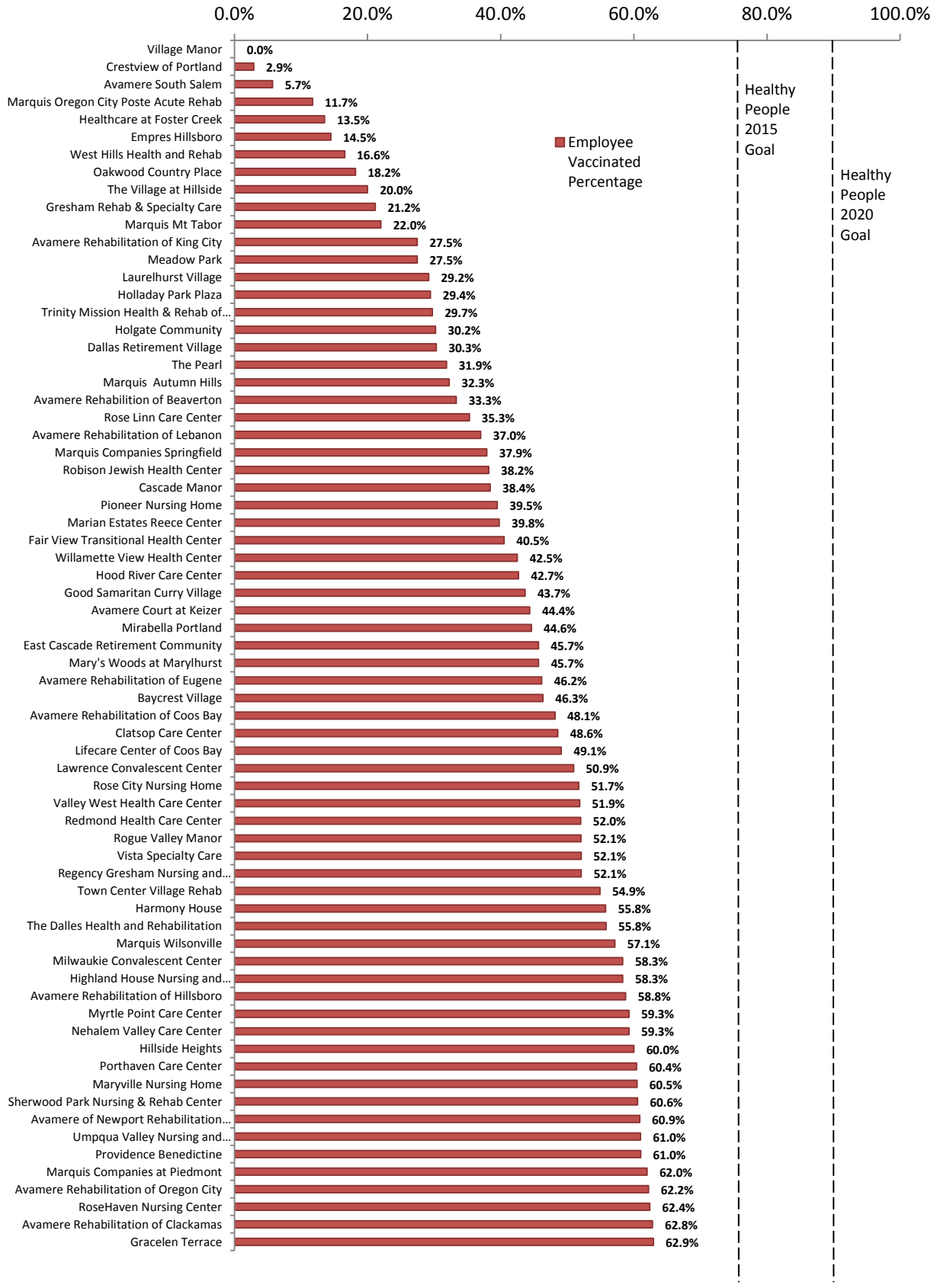


Hospitals without Non-Employees Credentialed are not listed

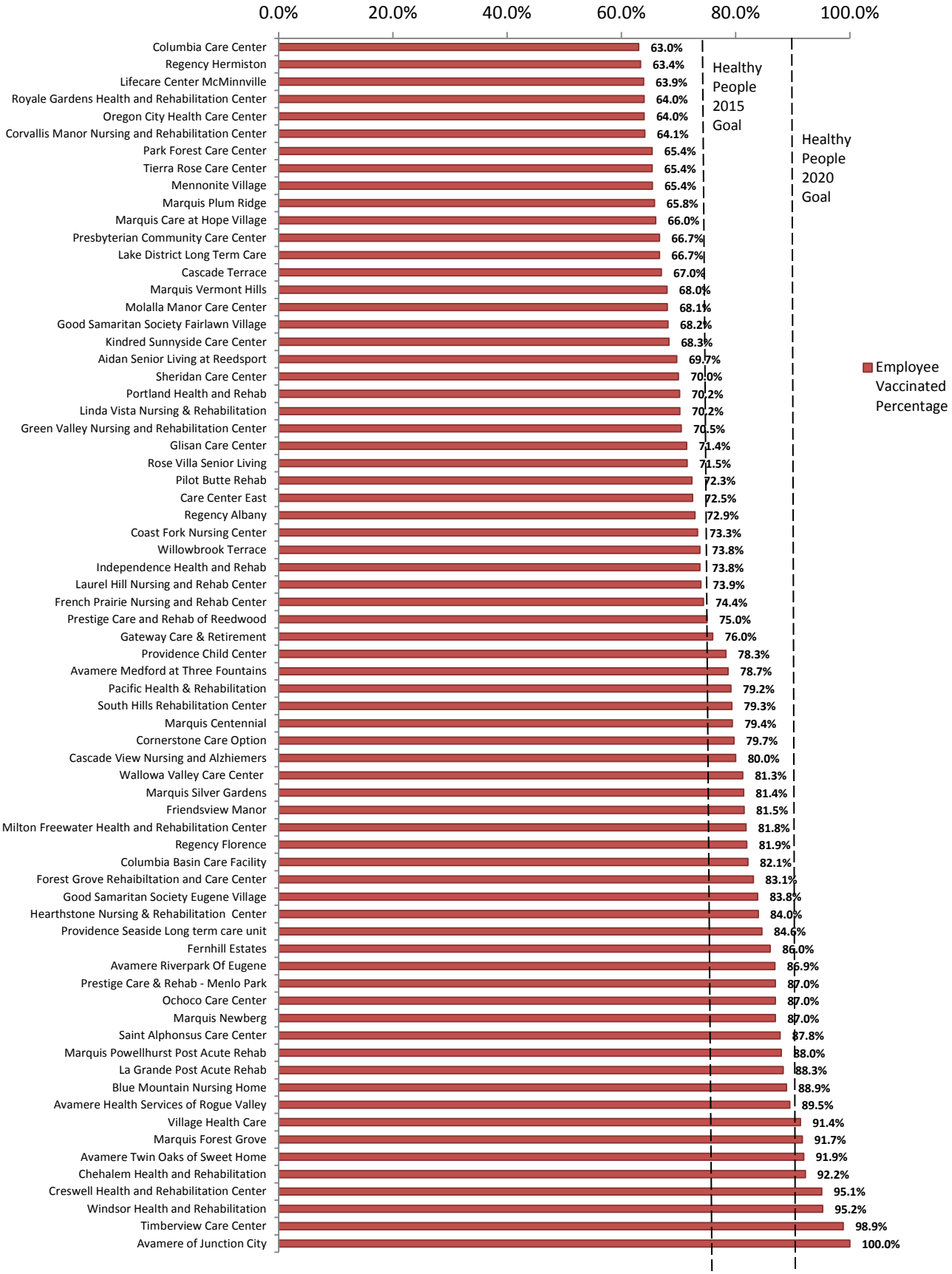
Hospital Non-Employee Other Vaccinated Percentages



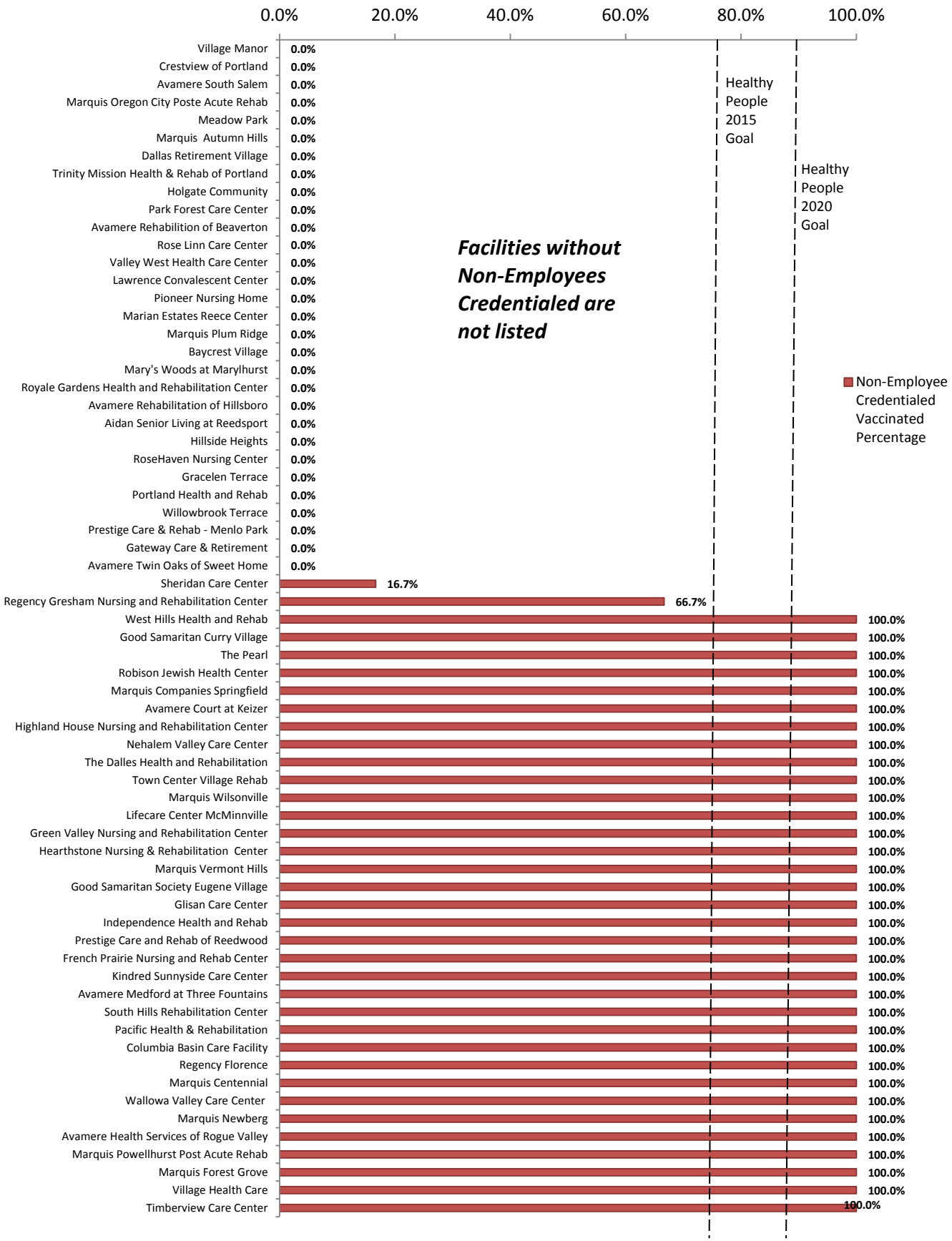
Long-term Care Facilities Employee Vaccinated Percentages



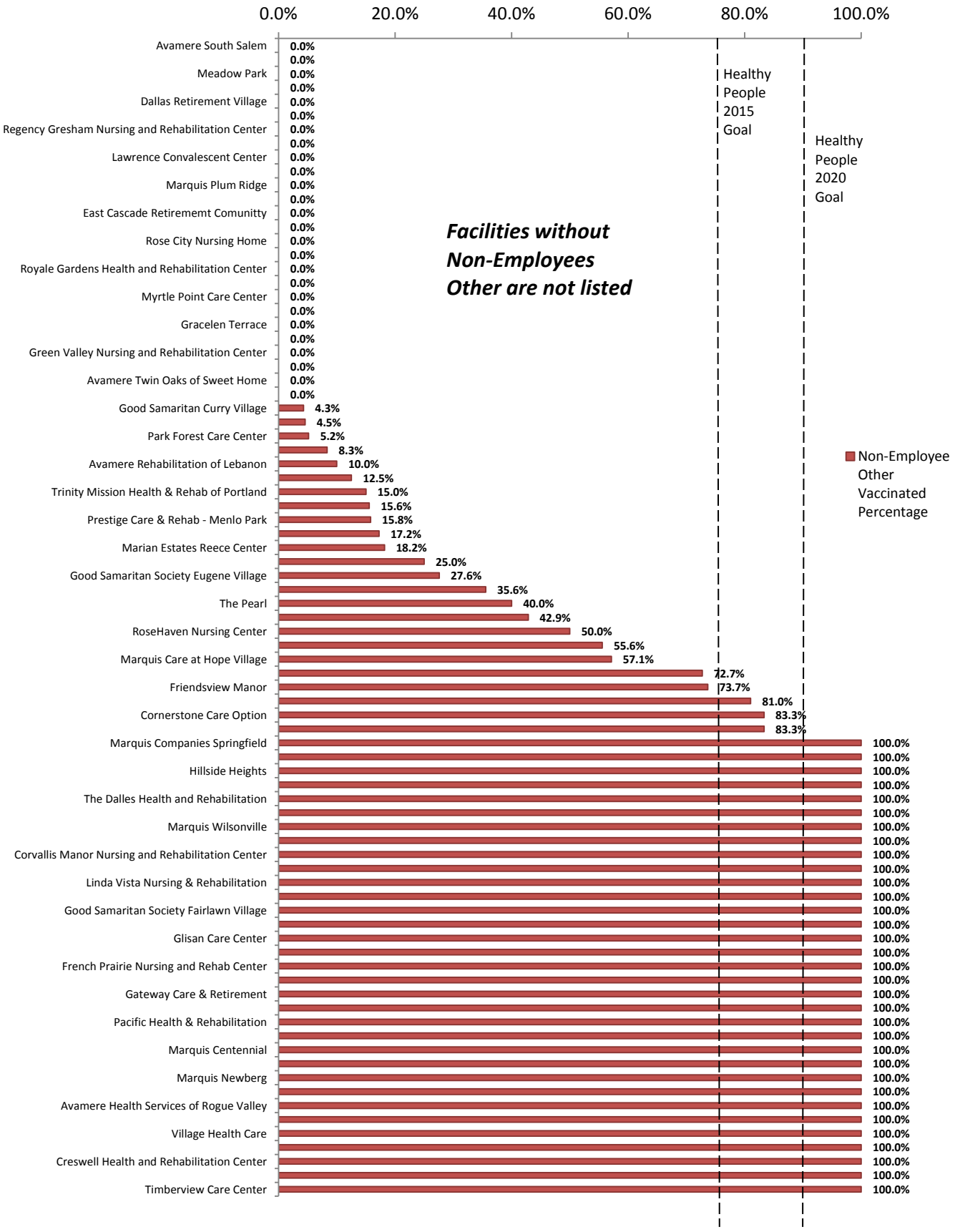
Long-term Care Facilities Employee Vaccinated Percentages, continued



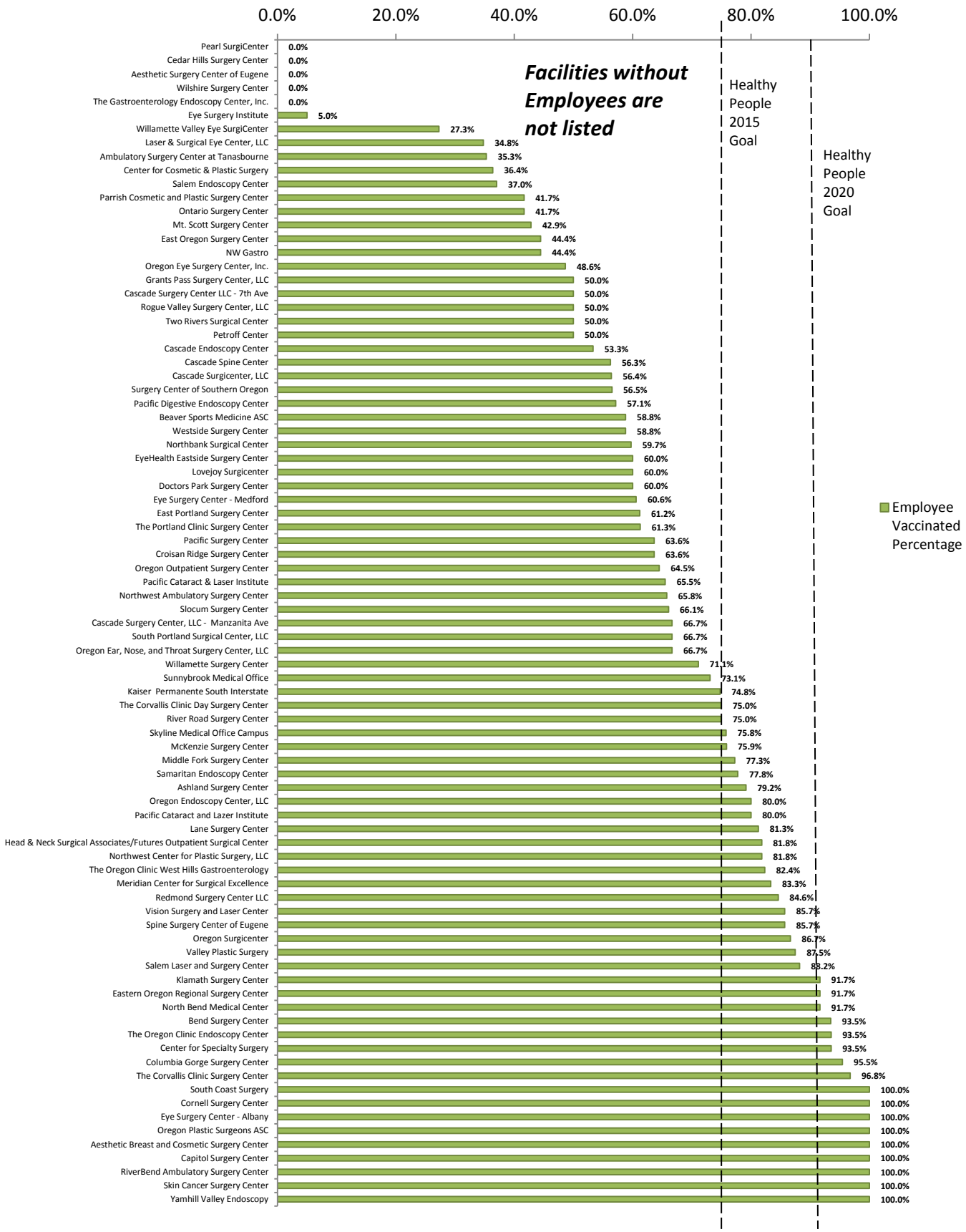
Long-term Care Facilities Non-Employees Credentialed Vaccinated Percentages



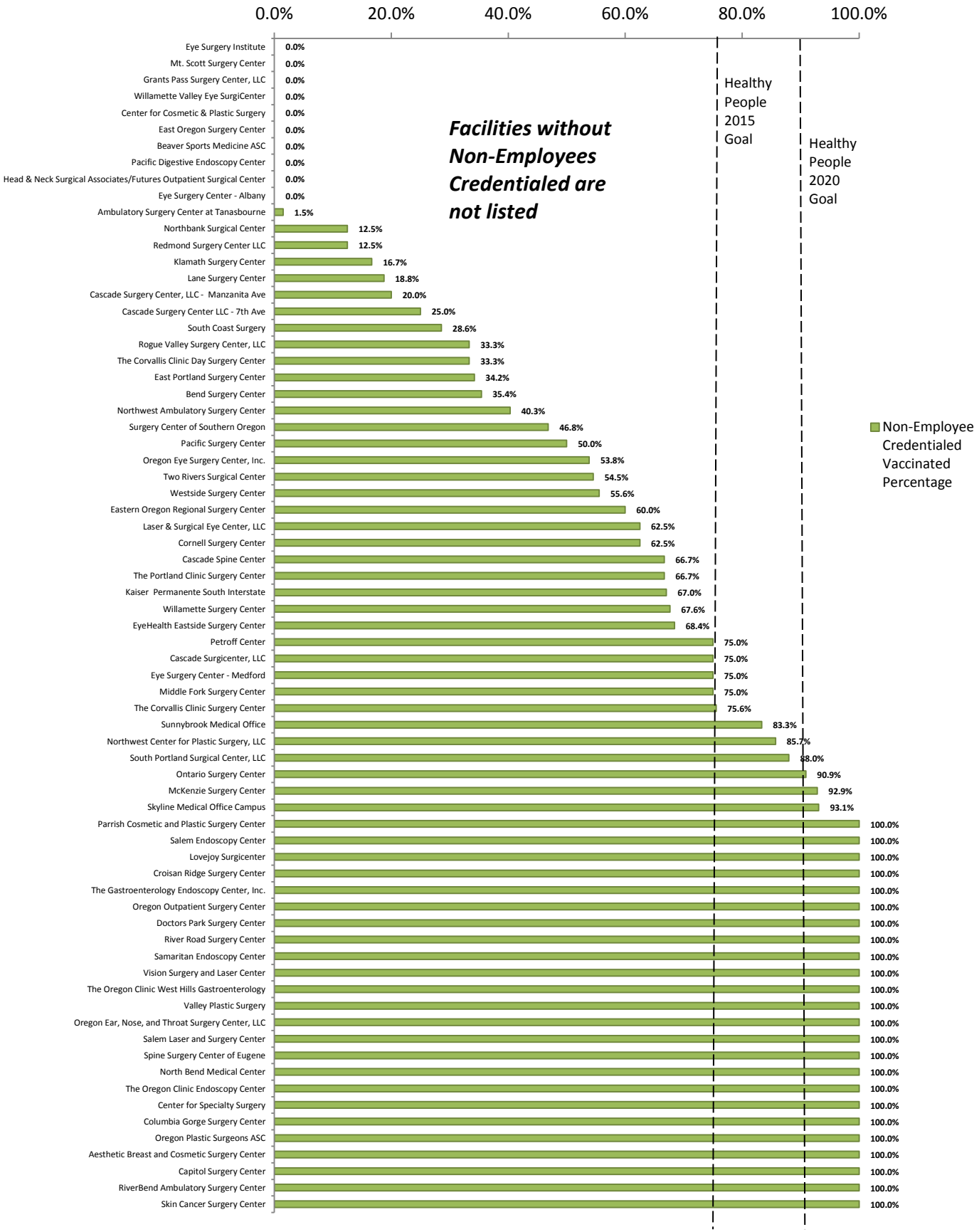
Long-term Care Facilities Non-Employees Other Vaccinated Percentages



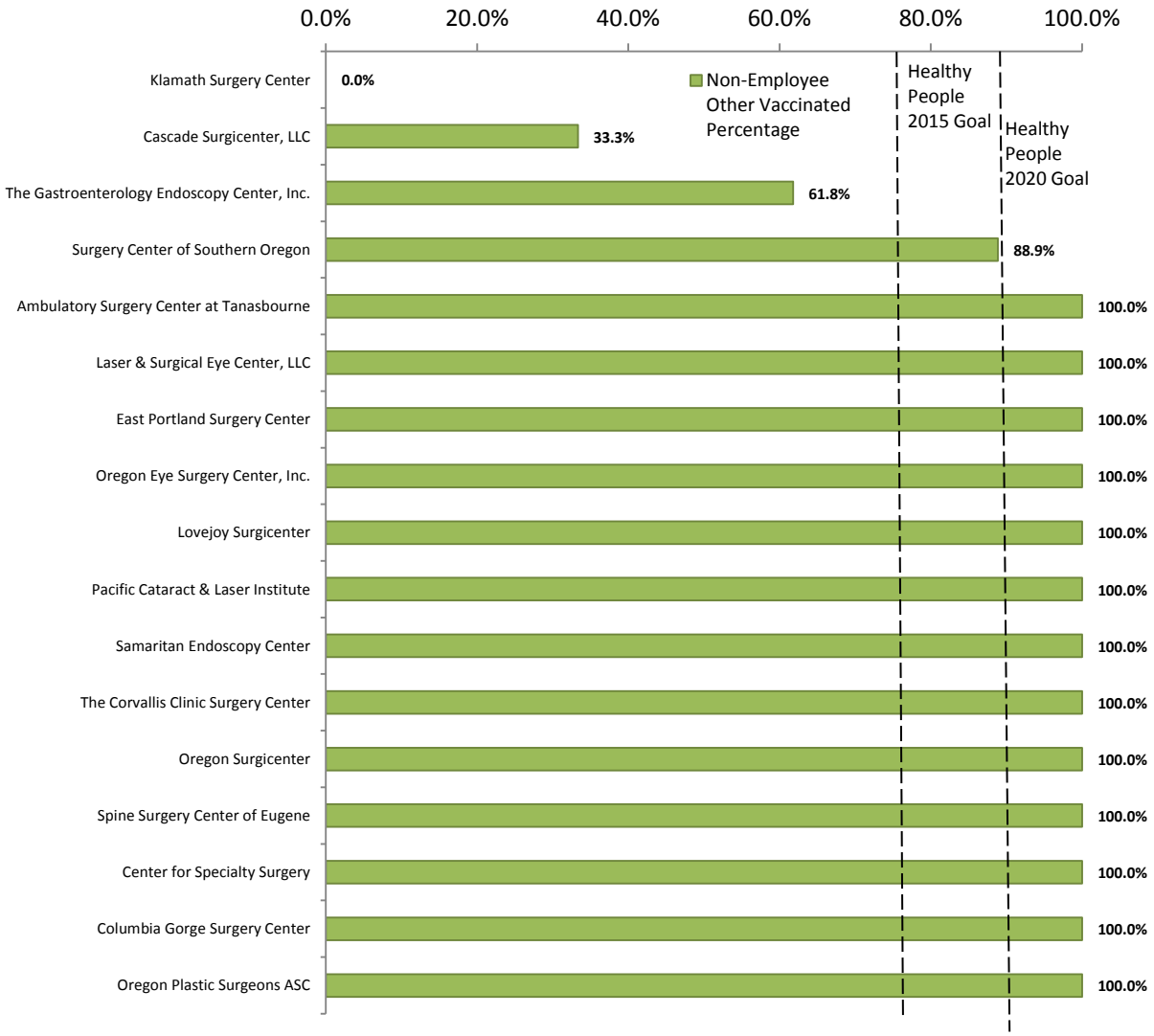
Ambulatory Surgery Centers Employee Vaccinated Percentages



Ambulatory Surgery Centers Non-Employees Credentialed Vaccinated Percentages



Ambulatory Surgery Centers Non-Employees Other Vaccinated Percentages



Facilities without Non-Employees Other are not listed

Appendix III: HCW vaccination counts and percentages, 2012–2013 season

Hospitals

Hospital	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Adventist	68%	1668	71%	1312	30%	56	73%	300
Asante Rogue Regional Medical Center	77%	2994	76%	2131	62%	231	87%	632
Asante Three Rivers Community Hospital	83%	1137	84%	816	75%	60	82%	261
Ashland Community Hospital	61%	258	63%	208	41%	9	60%	41
Bay Area Hospital	72%	719	71%	623	83%	65	91%	31
Blue Mountain Hospital	76%	125	76%	125	-	0	-	0
Columbia Memorial Hospital	74%	420	75%	371	36%	16	97%	33
Coquille Valley Hospital	40%	76	42%	63	0%	0	35%	13
Cottage Grove Community Hospital	94%	161	94%	161	-	0	-	0
Curry General Hospital	69%	172	71%	139	0%	0	73%	33
Good Sam Regional Medical Center	75%	2439	83%	2202	13%	29	57%	208
Good Shepherd Medical Center	85%	507	86%	492	80%	4	61%	11
Grande Ronde Hospital	78%	536	79%	435	63%	15	74%	86
Harney District Hospital	86%	185	91%	159	37%	7	90%	19
Kaiser Sunnyside Medical Center	72%	8730	70%	7351	84%	1349	51%	30
Lake District Hospital	56%	142	64%	120	0%	0	37%	22
Legacy Emanuel Hospital	50%	2979	75%	2481	17%	187	20%	311
Legacy Good Samaritan Hospital	50%	1728	77%	1315	10%	95	37%	318
Legacy Meridian Park	44%	895	76%	670	9%	56	31%	169
Legacy Mt Hood Medical Center	47%	638	69%	464	13%	41	35%	133
Lower Umpqua Hospital	57%	92	49%	56	40%	2	81%	34
McKenzie-Willamette Medical Center	86%	778	84%	660	100%	32	100%	86
Mercy Medical Center	66%	994	69%	683	51%	77	66%	234
Mid-Columbia Medical Center	57%	270	56%	241	58%	21	67%	8

Hospital	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Oregon Health & Science University Hospital	85%	6370	86%	6347	-	0	23%	23
Peace Harbor Hospital	92%	255	93%	234	0%	0	84%	21
Pioneer Memorial Hospital - Heppner	89%	49	89%	49	-	0	-	0
Pioneer Memorial Hospital - Prineville	88%	152	88%	140	100%	6	100%	6
Providence Hood River Memorial Hospital	69%	284	78%	239	42%	42	75%	3
Providence Medford Medical Center	60%	743	71%	660	27%	74	23%	9
Providence Milwaukie Hospital	77%	438	83%	378	51%	59	100%	1
Providence Newberg Medical Center	79%	394	78%	336	67%	16	100%	42
Providence Portland Medical Center	67%	2477	72%	2131	44%	298	94%	48
Providence Seaside Hospital	86%	233	88%	225	53%	8	-	0
Providence St. Vincent Medical Center	68%	2934	78%	2442	41%	466	76%	26
Providence Willamette Falls Medical Center	65%	448	73%	369	35%	59	100%	20
Sacred Heart Medical Center at Riverbend	86%	2890	87%	2555	76%	177	91%	158
Sacred Heart Medical Center at University	85%	454	84%	436	100%	18	-	0
Salem Hospital	65%	3014	68%	2658	85%	218	32%	138
Samaritan Albany General Hospital	79%	1071	86%	1021	17%	10	39%	40
Samaritan Lebanon Community Hospital	73%	625	88%	570	13%	12	37%	43
Samaritan North Lincoln Hospital	76%	377	89%	340	12%	2	35%	35
Samaritan Pacific Communities Hospital	77%	495	86%	419	24%	9	57%	67
Santiam Memorial Hospital	89%	313	89%	277	86%	6	91%	30
Shriners Hospital for Children	86%	413	84%	255	79%	27	89%	131
Silverton Hospital	76%	840	76%	657	77%	67	73%	116
Sky Lakes Medical Center	58%	842	67%	782	0%	0	29%	60
Southern Coos Hospital	65%	94	72%	83	31%	4	44%	7
St Alphonsus Medical Center - Baker	69%	246	82%	218	36%	8	31%	20
St. Alphonsus Medical Center - Ontario	81%	592	81%	466	28%	13	100%	113

Hospital	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
St. Anthony Hospital	73%	308	79%	282	60%	9	35%	17
St Charles Medical Center - Bend	79%	2261	80%	1970	69%	179	79%	112
St Charles Medical Center - Madras	74%	170	73%	160	100%	10	0%	0
St Charles Medical Center - Redmond	83%	369	84%	338	100%	18	48%	13
Tillamook Regional Medical Center	78%	347	79%	296	63%	22	78%	29
Tuality Healthcare	85%	1132	97%	1037	34%	87	100%	8
Vibra Specialty Hospital	73%	202	77%	177	100%	5	50%	20
Wallowa Memorial Hospital	90%	121	90%	110	100%	7	80%	4
West Valley Community Hospital	72%	171	87%	144	31%	9	40%	18
Willamette Valley Medical Center	80%	638	80%	407	80%	68	82%	163

Long-term Care Facilities

Long-Term Care Facility	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Aidan Senior Living at Reedsport	58%	23	70%	23	0%	0	0%	0
Avamere Court at Keizer	57%	118	44%	63	100%	8	81%	47
Avamere Health Services of Rogue Valley	90%	74	89%	68	100%	2	100%	4
Avamere Medford at Three Fountains	79%	206	79%	203	100%	3	-	0
Avamere of Junction City	100%	46	100%	42	-	4	0%	0
Avamere of Newport Rehabilitation and Specialty Care	61%	42	61%	42	-	0	-	0
Avamere Rehabilitation of Beaverton	33%	22	33%	22	0%	0	-	-
Avamere Rehabilitation of Clackamas	44%	27	63%	27	-	0	0%	0
Avamere Rehabilitation of Coos Bay	48%	26	48%	26	-	0	-	0
Avamere Rehabilitation of Eugene	46%	30	46%	30	-	0	-	0
Avamere rehabilitation of Hillsboro	57%	47	59%	47	0%	0	-	0
Avamere Rehabilitation of King City	27%	28	27%	28	-	0	-	0
Avamere Rehabilitation of Lebanon	33%	39	37%	37	-	0	10%	2
Avamere Rehabilitation of Oregon City	64%	56	62%	51	-	0	100%	5
Avamere Riverpark Of Eugene	87%	126	87%	126	-	0	-	0
Avamere South Salem	5%	4	6%	4	0%	0	0%	0
Avamere Twin Oaks of Sweet Home	79%	57	92%	57	0%	0	0%	0
Baycrest Village	45%	118	46%	114	0%	0	25%	4
Blue Mountain Nursing Home	89%	40	89%	40	-	0	-	0
Care Center East	72%	50	72%	50	-	0	-	0
Cascade Manor	37%	48	38%	48	-	0	0%	0
Cascade Terrace	67%	69	67%	69	-	0	-	0
Cascade View Nursing and Alzheimer's	80%	36	80%	36	-	0	-	0
Chehalem Health and Rehabilitation	93%	78	92%	71	-	0	100%	7
Clatsop Care Center	49%	53	49%	51	-	0	100%	2

Long-Term Care Facility	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Coast Fork Nursing Center	67%	44	73%	44	-	0	0%	0
Columbia Basin Care Facility	82%	82	82%	69	100%	5	73%	8
Columbia Care Center	63%	29	63%	29	-	0	-	0
Cornerstone Care Option	80%	65	80%	55	-	0	83%	10
Corvallis Manor Nursing and Rehabilitation Center	64%	76	64%	75	-	0	100%	1
Crestview of Portland	3%	3	3%	3	0%	0	-	0
Creswell Health and Rehabilitation Center	96%	66	95%	58	-	0	100%	8
Dallas Retirement Village	25%	60	30%	60	0%	0	0%	0
East Cascade Retirement Community	45%	37	46%	37	-	0	0%	0
Empres Hillsboro	14%	10	14%	10	-	0	-	0
Fair View Transitional Health Center	41%	32	41%	32	-	0	-	0
Fernhill Estates	76%	37	86%	37	-	0	0%	0
Forest Grove Rehabilitation and Care Center	83%	59	83%	59	-	-	-	-
French Prairie Nursing and Rehab Center	76%	65	74%	61	100%	2	100%	2
Friendsview Manor	81%	133	82%	119	-	0	74%	14
Gateway Care & Retirement	76%	61	76%	57	0%	0	100%	4
Glisan Care Center	74%	63	71%	55	100%	3	100%	5
Good Samaritan Curry Village	34%	54	44%	31	100%	20	4%	3
Good Samaritan Society Eugene Village	74%	120	84%	109	100%	3	28%	8
Gracelen Terrace	61%	73	63%	73	0%	0	0%	0
Green Valley Nursing and Rehabilitation Center	70%	100	71%	98	100%	2	0%	0
Gresham Rehab & Specialty Care	21%	33	21%	33	-	0	-	0
GSS Fairlawn Village	72%	108	68%	90	-	0	100%	18
Harmony House	56%	29	56%	29	-	0	-	0
Healthcare at Foster Creek	14%	21	14%	21	-	-	-	-
Hearthstone Nursing & Rehabilitation Center	72%	117	84%	110	100%	2	17%	5

Long-Term Care Facility	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Highland House Nursing and Rehabilitation Center	59%	86	58%	84	100%	2	-	0
Hillside Heights	58%	35	60%	33	0%	0	100%	2
Holgate Community	29%	77	30%	77	0%	0	-	0
Holladay Park Plaza	29%	58	29%	58	-	0	-	0
Hood River Care Center	43%	35	43%	35	-	0	-	0
Independence Health and Rehab	75%	47	74%	45	100%	1	100%	1
Kindred Sunnyside Care Center	76%	101	68%	69	100%	3	100%	29
La Grande Post Acute Rehab	88%	53	88%	53	-	0	-	0
Lake District Long Term Care	54%	20	67%	20	-	0	0%	0
Laurel Hill Nursing and Rehab Center	74%	34	74%	34	-	0	-	0
Laurelhurst Village	29%	61	29%	61	-	-	-	-
Lawrence Convalescent Center	37%	27	51%	27	0%	0	0%	0
Lifecare Center McMinnville	64%	75	64%	69	100%	1	56%	5
Lifecare Center of Coos Bay	49%	54	49%	54	-	-	-	-
Linda Vista Nursing & Rehabilitation	71%	60	70%	59	-	0	100%	1
Marian Estates Reece Center	38%	74	40%	72	0%	0	18%	2
Marquis Autumn Hills	25%	20	32%	20	0%	0	0%	0
Marquis Care at Hope Village	65%	70	66%	66	-	0	57%	4
Marquis Centennial	83%	105	79%	85	100%	5	100%	15
Marquis Companies at Piedmont	62%	75	62%	75	-	0	-	0
Marquis Companies Springfield	40%	64	38%	58	100%	3	100%	3
Marquis Forest Grove	91%	72	92%	66	100%	1	83%	5
Marquis Mt Tabor	22%	35	22%	35	-	0	-	0
Marquis Newberg	88%	42	87%	40	100%	1	100%	1
Marquis Oregon City Post Acute Rehab	9%	15	12%	15	0%	0	0%	0
Marquis Plum Ridge	41%	75	66%	75	0%	0	0%	0

Long-Term Care Facility	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Marquis Powellhurst Post Acute Rehab	91%	61	88%	44	100%	3	100%	14
Marquis Silver Gardens	81%	35	81%	35	-	0	-	0
Marquis Vermont Hills	73%	64	68%	51	100%	1	100%	12
Marquis Wilsonville	63%	71	57%	56	100%	3	100%	12
Mary's Woods at Marylhurst	45%	127	46%	127	0%	0	0%	0
Maryville Nursing Home	60%	150	60%	150	-	0	-	0
Meadow Park	25%	25	27%	25	0%	0	0%	0
Mennonite Village	64%	255	65%	246	-	0	43%	9
Milton Freewater Health and Rehabilitation Center	82%	47	82%	45	-	0	100%	2
Milwaukie Convalescent Center	58%	49	58%	49	-	0	-	0
Mirabella Portland	45%	95	45%	95	-	0	-	0
Molalla Manor Care Center	68%	49	68%	49	-	0	-	0
Myrtle Point Care Center	57%	32	59%	32	-	0	0%	0
Nehalem Valley Care Center	61%	34	59%	32	100%	1	100%	1
Oakwood Country Place	18%	22	18%	22	-	-	-	-
Ochoco Care Center	87%	40	87%	40	-	0	-	0
Oregon City Health Care Center	64%	32	64%	32	-	0	-	0
Pacific Health & Rehabilitation	82%	68	79%	57	100%	1	100%	10
Park Forest Care Center	32%	37	65%	34	0%	0	5%	3
Pilot Butte Rehab	72%	34	72%	34	-	0	-	0
Pioneer Nursing Home	38%	30	39%	30	0%	0	0%	0
Porthaven Care Center	60%	61	60%	61	-	0	-	0
Portland Health and Rehab	71%	44	70%	40	0%	0	100%	4
Presbyterian Community Care Center	48%	68	67%	66	-	0	5%	2
Prestige Care & Rehab - Menlo Park	73%	83	87%	80	0%	0	16%	3
Prestige Care and Rehab of Reedwood	75%	49	75%	48	100%	1	-	0

Long-Term Care Facility	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Providence Benedictine	54%	180	61%	180	-	0	0%	0
Providence Child Center	78%	148	78%	148	-	0	-	0
Providence Seaside- Long term care unit	85%	22	85%	22	-	0	-	0
Redmond Health Care Center	38%	28	52%	26	-	0	8%	2
Regency Albany	73%	43	73%	43	-	-	-	-
Regency Florence	82%	60	82%	59	100%	1	-	0
Regency Gresham Nursing and Rehabilitation Center	34%	70	52%	62	67%	8	0%	0
Regency Hermiston	63%	45	63%	45	-	0	-	0
Robison Jewish Health Center	38%	98	38%	63	100%	3	36%	32
Rogue Valley Manor	52%	76	52%	76	-	0	-	0
Rose City Nursing Home	48%	15	52%	15	-	0	0%	0
Rose Linn Care Center	34%	30	35%	30	0%	0	0%	0
Rose Villa Senior Living	72%	98	72%	98	-	0	-	0
RoseHaven Nursing Center	60%	78	62%	73	0%	0	50%	5
Royale Gardens Health and Rehabilitation Center	55%	103	64%	103	0%	0	0%	0
Saint Alphonsus Care Center	89%	39	88%	36	-	0	100%	3
Sheridan Care Center	43%	41	70%	35	17%	1	13%	5
Sherwood Park Nursing & Rehab Center	62%	44	61%	43	-	0	-	1
South Hills Rehabilitation Center	81%	81	79%	73	100%	3	100%	5
The Dalles Health and Rehabilitation	61%	30	56%	24	100%	2	100%	4
The Pearl	35%	46	32%	36	100%	4	40%	6
The Village at Hillside	20%	6	20%	6	-	0	-	0
Tierra Rose Care Center	68%	76	65%	68	-	0	100%	8
Timberview Care Center	99%	100	99%	86	100%	1	100%	13
Town Center Village Rehab	62%	88	55%	67	100%	1	100%	20

Long-Term Care Facility	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Trinity Mission Health & Rehab of Portland, LLC	25%	25	30%	22	0%	0	15%	3
Umpqua Valley Nursing and Rehabilitation Center	61%	61	61%	61	-	0	-	0
Valley West Health Care Center	37%	68	52%	56	0%	0	16%	12
Village Health Care	92%	82	91%	74	100%	3	100%	5
Village Manor	0%	0	0%	0	0%	0	-	0
Vista Specialty Care	52%	25	52%	25	-	0	-	0
Wallowa Valley Care Center	83%	30	81%	26	100%	1	100%	3
West Hills Health and Rehab	24%	39	17%	25	100%	14	-	0
Willamette View Health Center	43%	34	43%	34	-	0	-	0
Willowbrook Terrace	71%	45	74%	45	0%	0	-	0
Windsor Health and Rehabilitation	96%	66	95%	60	-	0	100%	6

Ambulatory Surgery Centers

Ambulatory surgery center	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Aesthetic Breast and Cosmetic Surgery Center	100%	11	100%	9	100%	2	-	0
Aesthetic Surgery Center of Eugene	0%	0	0%	0	-	0	-	0
Ambulatory Surgery Center at Tanasbourne	14%	14	35%	12	1%	1	100%	1
Ashland Surgery Center	79%	19	79%	19	-	0	-	0
Beaver Sports Medicine ASC	40%	10	59%	10	0%	0	-	0
Bend Surgery Center	59%	140	93%	86	35%	51	-	3
Capitol Surgery Center	100%	4	100%	3	100%	1	-	0
Cascade Endoscopy Center	53%	8	53%	8	-	0	-	0
Cascade Spine Center	60%	15	56%	9	67%	6	-	0
Cascade Surgery Center LLC – 7th Avenue, Grants Pass	50%	7	67%	6	20%	1	-	0
Cascade Surgery Center, LLC – Manzanita Ave, Grants Pass	43%	6	50%	5	25%	1	-	0
Cascade Surgicenter, LLC	62%	48	56%	22	75%	24	33%	2
Cedar Hills Surgery Center	0%	0	0%	0	0%	0	-	0
Center for Cosmetic & Plastic Surgery	33%	4	36%	4	0%	0	-	0
Center for Specialty Surgery	97%	56	94%	29	100%	24	100%	3
Columbia Gorge Surgery Center	97%	28	95%	21	100%	6	100%	1
Cornell Surgery Center	79%	33	100%	18	63%	15	-	0
Croisan Ridge Surgery Center	67%	16	64%	14	100%	2	-	0
Doctors Park Surgery Center	76%	19	60%	9	100%	10	-	0
East Oregon Surgery Center	40%	4	44%	4	0%	0	-	0
East Portland Surgery Center	52%	47	61%	30	34%	13	100%	4
Eastern Oregon Regional Surgery Center	82%	14	92%	11	60%	3	-	0
Eye Surgery Center - Albany	83%	6	100%	5	0%	1	-	0
Eye Surgery Center - Medford	63%	26	61%	20	75%	6	-	0
Eye Surgery Institute	4%	1	5%	1	0%	0	-	0

Ambulatory surgery center	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
EyeHealth Eastside Surgery Center	64%	25	60%	12	68%	13	-	0
Grants Pass Surgery Center, LLC	22%	14	50%	14	0%	0	-	0
Head & Neck Surgical Associates/Futures Outpatient Surgical Center	80%	36	82%	36	0%	0	-	0
Kaiser Permanente South Interstate	73%	331	75%	270	67%	61	-	0
Klamath Surgery Center	44%	14	92%	11	17%	3	0%	0
Lane Surgery Center	50%	16	81%	13	19%	3	-	0
Laser & Surgical Eye Center, LLC	44%	14	35%	8	63%	5	100%	1
Lovejoy Surgicenter	67%	20	60%	15	100%	4	100%	1
McKenzie Surgery Center	81%	35	76%	22	93%	13	-	0
Meridian Center for Surgical Excellence	83%	10	83%	10	-	0	-	0
Middle Fork Surgery Center	77%	20	77%	17	75%	3	-	0
Mt. Scott Surgery Center	21%	9	43%	9	0%	0	-	0
North Bend Medical Center	95%	38	92%	22	100%	16	-	0
Northbank Surgical Center	38%	54	60%	46	13%	8	-	0
Northwest Ambulatory Surgery Center	50%	50	66%	25	40%	25	-	0
Northwest Center for Plastic Surgery, LLC	83%	15	82%	9	86%	6	-	0
NW Gastro	44%	8	44%	8	-	0	-	0
Ontario Surgery Center	65%	15	42%	5	91%	10	-	0
Oregon Ear, Nose, and Throat Surgery Center, LLC	90%	37	67%	8	100%	29	-	0
Oregon Endoscopy Center, LLC	80%	24	80%	24	-	0	-	0
Oregon Eye Surgery Center, Inc.	54%	29	49%	18	54%	7	100%	4
Oregon Outpatient Surgery Center	72%	28	65%	20	100%	8	-	0
Oregon Plastic Surgeons ASC	100%	23	100%	13	100%	2	100%	8
Oregon Surgicenter	88%	29	87%	26	-	0	100%	3
Pacific Cataract and Laser Institute - Portland	67%	20	66%	19	-	0	100%	1
Pacific Cataract and Laser Institute - Tualatin	80%	8	80%	8	-	0	-	0

Ambulatory surgery center	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Pacific Digestive Endoscopy Center	50%	4	57%	4	0%	0	-	0
Pacific Surgery Center	62%	8	64%	7	50%	1	-	0
Parrish Cosmetic and Plastic Surgery Center	46%	6	42%	5	100%	1	-	0
Pearl SurgiCenter	-	0	-	0	-	0	-	0
Petroff Center	61%	11	50%	5	75%	6	-	0
Redmond Surgery Center LLC	57%	12	85%	11	13%	1	-	0
River Road Surgery Center	80%	24	75%	18	100%	6	-	0
RiverBend Ambulatory Surgery Center	100%	80	100%	50	100%	30	-	0
Rogue Valley Surgery Center, LLC	44%	4	50%	3	33%	1	-	0
Salem Endoscopy Center	53%	19	37%	10	100%	9	-	0
Salem Laser and Surgery Center	92%	22	88%	15	100%	7	-	0
Samaritan Endoscopy Center	83%	20	78%	14	100%	5	100%	1
Skin Cancer Surgery Center	100%	5	100%	4	100%	1	-	0
Skyline Medical Office Campus	78%	336	76%	282	93%	54	-	0
Slocum Surgery Center	66%	37	66%	37	-	0	-	0
South Coast Surgery	74%	14	100%	12	29%	2	-	0
South Portland Surgical Center, LLC	77%	40	67%	18	88%	22	-	0
Spine Surgery Center of Eugene	92%	23	86%	12	100%	5	100%	6
Sunnybrook Medical Office	75%	420	73%	345	83%	75	-	0
Surgery Center of Southern Oregon	57%	113	57%	52	47%	37	89%	24
The Corvallis Clinic Day Surgery Center	64%	7	75%	6	33%	1	-	0
The Corvallis Clinic Surgery Center	86%	71	97%	30	76%	34	100%	7
The Gastroenterology Endoscopy Center, Inc.	69%	46	-	0	100%	12	62%	34
The Oregon Clinic Endoscopy Center	96%	51	94%	29	100%	22	-	0
The Oregon Clinic West Hills Gastroenterology	87%	41	82%	28	100%	13	-	0
The Portland Clinic Surgery Centers	63%	54	61%	38	67%	16	-	0

Ambulatory surgery center	Overall Facility Vaccination		Vaccination for Worker Sub Groups					
			Employees		Non-Employees, Credentialed		Non-Employees, Other	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Two Rivers Surgical Center	51%	22	50%	16	55%	6	-	0
Valley Plastic Surgery	89%	8	88%	7	100%	1	-	0
Vision Surgery and Laser Center	86%	25	86%	24	100%	1	-	0
Westside Surgery Center	57%	20	59%	10	56%	10	-	0
Willamette Surgery Center	70%	55	71%	32	68%	23	-	0
Willamette Valley Eye SurgiCenter	25%	3	27%	3	0%	0	-	0
Wilshire Surgery Center	0%	0	0%	0	-	0	-	0
Yamhill Valley Endoscopy	100%	7	100%	7	-	0	-	0

Appendix IV: Percentage of HCW with vaccinated, declined, or unknown vaccination status, 2012—2013 season

Hospitals

	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
Hospital	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
Adventist	68%	13%	19%	71%	12%	16%	30%	3%	67%	73%	17%	10%
Asante Rogue Regional	77%	14%	9%	76%	17%	7%	62%	4%	34%	87%	10%	3%
Asante Three Rivers	83%	14%	3%	84%	15%	1%	75%	19%	6%	82%	10%	8%
Ashland Community	61%	28%	11%	63%	34%	4%	41%	0%	59%	60%	10%	29%
Bay Area	72%	27%	1%	71%	28%	1%	83%	15%	1%	91%	9%	0%
Blue Mountain	76%	14%	10%	76%	14%	10%	-	-	-	-	-	-
Columbia Memorial	74%	22%	5%	75%	25%	0%	36%	5%	59%	97%	3%	0%
Coquille Valley	40%	4%	57%	42%	3%	59%	0%	100%	0%	35%	0%	54%
Cottage Grove	94%	2%	5%	94%	2%	5%	-	-	-	-	-	-
Curry General	69%	14%	17%	71%	18%	12%	0%	0%	100%	73%	2%	24%
Good Sam Regional	75%	9%	16%	83%	10%	7%	13%	0%	87%	57%	6%	37%
Good Shepherd	85%	11%	4%	86%	10%	4%	80%	0%	20%	61%	22%	17%
Grande Ronde	78%	17%	5%	79%	19%	2%	63%	29%	8%	74%	3%	22%
Harney District	86%	6%	7%	91%	6%	2%	37%	5%	58%	90%	5%	5%
Kaiser Sunnyside	72%	17%	11%	70%	19%	11%	84%	6%	9%	51%	0%	49%
Lake District	56%	1%	43%	64%	2%	34%	0%	0%	100%	37%	0%	63%
Legacy Emanuel	50%	3%	47%	75%	6%	18%	17%	0%	83%	20%	0%	80%
Legacy Good Sam	50%	3%	48%	77%	5%	18%	10%	0%	90%	37%	1%	62%
Legacy Meridian Park	44%	3%	53%	76%	7%	17%	9%	0%	91%	31%	0%	69%
Legacy Mt Hood	47%	5%	48%	69%	9%	21%	13%	0%	87%	35%	0%	65%
Lower Umpqua	57%	37%	6%	49%	46%	4%	40%	0%	60%	81%	14%	5%
McKenzie-Willamette	86%	14%	0%	84%	16%	0%	100%	0%	0%	100%	0%	0%
Mercy Medical	66%	17%	17%	69%	20%	12%	51%	6%	43%	66%	14%	20%
Mid-Columbia	57%	3%	41%	56%	3%	41%	58%	3%	39%	67%	0%	33%
OHSU	85%	8%	7%	86%	8%	6%	-	-	-	23%	1%	76%

	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
Hospital	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**
Peace Harbor	92%	6%	2%	93%	7%	0%	0%	0%	100%	84%	0%	16%
Pioneer Memorial - Heppner	89%	7%	0%	89%	7%	0%	-	-	-	-	-	-
Pioneer Memorial - Prineville	88%	8%	4%	88%	8%	4%	100%	0%	0%	100%	0%	0%
Prov Willamette Falls	65%	17%	18%	73%	23%	3%	35%	1%	64%	100%	0%	0%
Prov Hood River	69%	11%	20%	78%	15%	7%	42%	0%	58%	75%	25%	0%
Prov Medford	60%	19%	21%	71%	25%	4%	27%	1%	72%	23%	13%	65%
Prov Milwaukie	77%	13%	11%	83%	16%	1%	51%	2%	47%	100%	0%	0%
Prov Newberg	79%	17%	4%	78%	19%	3%	67%	4%	29%	100%	0%	0%
Prov Portland	67%	13%	20%	72%	16%	12%	44%	2%	55%	94%	0%	6%
Prov Seaside	86%	10%	4%	88%	10%	2%	53%	7%	40%	-	-	-
Prov St. Vincent	68%	13%	19%	78%	18%	5%	41%	2%	57%	76%	0%	24%
Sacred Heart - Riverbend	86%	4%	10%	87%	4%	9%	76%	1%	23%	91%	4%	5%
Sacred Heart - University	85%	6%	9%	84%	6%	9%	100%	0%	0%	-	-	-
Salem	65%	21%	14%	68%	24%	8%	85%	5%	10%	32%	0%	68%
Samaritan Lebanon	73%	3%	24%	88%	4%	9%	13%	0%	87%	37%	0%	63%
Samaritan Albany	79%	4%	17%	86%	4%	10%	17%	0%	83%	39%	0%	61%
Samaritan North Lincoln	76%	5%	19%	89%	6%	5%	12%	0%	88%	35%	2%	63%
Samaritan Pacific	77%	3%	20%	86%	4%	10%	24%	0%	76%	57%	0%	43%
Santiam Memorial	89%	9%	2%	89%	10%	2%	86%	14%	0%	91%	0%	9%
Shriners Hospital for Children	86%	6%	8%	84%	7%	8%	79%	3%	18%	89%	4%	7%
Silverton	76%	20%	4%	76%	22%	1%	77%	14%	9%	73%	9%	18%
Sky Lakes	58%	6%	35%	67%	8%	25%	0%	0%	100%	29%	0%	71%
Southern Coos	65%	13%	22%	72%	16%	12%	31%	0%	69%	44%	0%	56%
St Alphonsus - Baker	69%	14%	18%	82%	18%	1%	36%	0%	64%	31%	0%	69%

Hospital	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
St. Alphonsus - Ontario	81%	5%	15%	81%	6%	13%	28%	0%	72%	100%	0%	0%
St. Anthony	73%	17%	10%	79%	19%	2%	60%	13%	27%	35%	0%	65%
St Charles - Bend	79%	10%	12%	80%	10%	11%	69%	12%	19%	79%	6%	15%
St Charles - Madras	74%	23%	3%	73%	25%	3%	100%	0%	0%	-	-	-
St Charles - Redmond	83%	6%	11%	84%	6%	9%	100%	0%	0%	48%	4%	48%
Tillamook Regional	78%	18%	4%	79%	21%	0%	63%	9%	29%	78%	0%	22%
Tuality	85%	2%	13%	97%	3%	0%	34%	0%	66%	100%	0%	0%
Vibra	73%	21%	6%	77%	23%	1%	100%	0%	0%	50%	15%	35%
Wallowa Memorial	90%	9%	1%	90%	9%	1%	100%	0%	0%	80%	20%	0%
West Valley	72%	9%	20%	87%	12%	1%	31%	0%	69%	40%	2%	58%
Willamette Valley	80%	19%	1%	80%	20%	0%	80%	11%	9%	82%	19%	0%

Long-term Care Facilities

	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
Long-Term Care Facility	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**
Aidan Senior Living at Reedsport	58%	23%	18%	70%	27%	0%	0%	0%	100%	0%	0%	100%
Avamere Court at Keizer	57%	28%	15%	44%	42%	14%	100%	0%	0%	81%	0%	19%
Avamere Health Services of Rogue Valley	90%	10%	0%	89%	11%	0%	100%	0%	0%	100%	0%	0%
Avamere Medford at Three Fountains	79%	18%	3%	79%	19%	3%	100%	0%	0%	-	-	-
Avamere of Junction City	100%	7%	0%	100%	7%	0%	-	-	-	0%	0%	0%
Avamere of Newport Rehabilitation and Specialty Care	61%	3%	36%	61%	3%	36%	-	-	-	-	-	-
Avamere Rehabilitation of Beaverton	33%	22%	45%	33%	23%	44%	0%	0%	100%	-	-	-
Avamere Rehabilitation of Clackamas	44%	5%	26%	63%	7%	37%	-	-	-	0%	0%	0%
Avamere Rehabilitation of Coos Bay	48%	6%	46%	48%	6%	46%	-	-	-	-	-	-
Avamere Rehabilitation of Eugene	46%	23%	14%	46%	23%	14%	-	-	-	-	-	-
Avamere rehabilitation of Hillsboro	57%	10%	40%	59%	10%	39%	0%	0%	100%	-	-	-
Avamere Rehabilitation of King City	27%	29%	43%	27%	29%	43%	-	-	-	-	-	-
Avamere Rehabilitation of Lebanon	33%	68%	0%	37%	63%	0%	-	-	-	10%	90%	0%
Avamere Rehabilitation of Oregon City	64%	6%	23%	62%	6%	24%	-	-	-	100%	0%	0%
Avamere Riverpark Of Eugene	87%	14%	3%	87%	14%	3%	-	-	-	-	-	-
Avamere South Salem	5%	7%	0%	6%	9%	0%	0%	0%	0%	0%	0%	0%
Avamere Twin Oaks of Sweet Home	79%	14%	14%	92%	0%	0%	0%	100%	100%	0%	100%	100%
Baycrest Village	45%	12%	5%	46%	13%	0%	0%	0%	0%	25%	0%	75%
Blue Mountain Nursing Home	89%	16%	0%	89%	16%	0%	-	-	-	-	-	-
Care Center East	72%	28%	0%	72%	28%	0%	-	-	-	-	-	-
Cascade Manor	37%	0%	63%	38%	0%	62%	-	-	-	0%	0%	100%
Cascade Terrace	67%	33%	1%	67%	33%	1%	-	-	-	-	-	-
Cascade View Nursing and Alzheimer's	80%	20%	0%	80%	20%	0%	-	-	-	-	-	-
Chehalem Health and Rehabilitation	93%	6%	0%	92%	6%	0%	-	-	-	100%	0%	0%
Clatsop Care Center	50%	14%	36%	49%	14%	37%	-	-	-	100%	0%	0%

Long-Term Care Facility	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
Coast Fork Nursing Center	67%	33%	0%	73%	27%	0%	-	-	-	0%	100%	0%
Columbia Basin Care Facility	82%	12%	1%	82%	11%	1%	100%	0%	0%	73%	27%	0%
Columbia Care Center	63%	37%	0%	63%	37%	0%	-	-	-	-	-	-
Cornerstone Care Option	80%	17%	0%	80%	20%	0%	-	-	-	83%	0%	0%
Corvallis Manor Nursing and Rehabilitation Center	64%	8%	27%	64%	9%	27%	-	-	-	100%	0%	0%
Crestview of Portland	3%	97%	0%	3%	97%	0%	0%	100%	0%	-	-	-
Creswell Health and Rehabilitation Center	96%	4%	0%	95%	5%	0%	-	-	-	100%	0%	0%
Dallas Retirement Village	25%	5%	69%	30%	7%	63%	0%	0%	100%	0%	0%	100%
East Cascade Retirement Community	45%	11%	42%	46%	11%	43%	-	-	-	0%	0%	0%
Empres Hillsboro	14%	0%	86%	14%	0%	86%	-	-	-	-	-	-
Fair View Transitional Health Center	41%	59%	0%	41%	59%	0%	-	-	-	-	-	-
Fernhill Estates	76%	8%	4%	86%	9%	5%	-	-	-	0%	0%	0%
Forest Grove Rehabilitation and Care Center	83%	14%	3%	83%	14%	3%	--	-	-	-	-	-
French Prairie Nursing and Rehab Center	76%	17%	6%	74%	18%	6%	100%	0%	0%	100%	0%	0%
Friendsview Manor	81%	24%	0%	82%	24%	0%	-	-	-	74%	26%	0%
Gateway Care & Retirement	76%	25%	3%	76%	27%	1%	0%	0%	100%	100%	0%	0%
Glisan Care Center	74%	26%	0%	71%	29%	0%	100%	0%	0%	100%	0%	0%
Good Samaritan Curry Village	34%	25%	42%	44%	56%	0%	100%	0%	0%	4%	0%	96%
Good Samaritan Society Eugene Village	74%	9%	15%	84%	8%	8%	100%	0%	0%	28%	10%	52%
Gracelen Terrace	61%	36%	0%	63%	37%	0%	0%	0%	0%	0%	0%	0%
Green Valley Nursing and Rehabilitation Center	70%	30%	0%	71%	31%	0%	100%	0%	0%	0%	0%	0%
Gresham Rehab & Specialty Care	21%	7%	72%	21%	7%	72%	-	-	-	-	-	-
GSS Fairlawn Village	72%	28%	0%	68%	32%	0%	-	-	-	100%	0%	0%
Harmony House	56%	10%	35%	56%	10%	35%	-	-	-	-	-	-

Long-Term Care Facility	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
Healthcare at Foster Creek	14%	52%	35%	14%	52%	35%	-	-	-	-	-	-
Hearthstone Nursing & Rehabilitation Center	72%	9%	4%	84%	11%	5%	100%	0%	0%	17%	0%	0%
Highland House Nursing and Rehabilitation Center	59%	41%	0%	58%	42%	0%	100%	0%	0%	-	-	-
Hillside Heights	58%	30%	0%	60%	33%	0%	0%	0%	0%	100%	0%	0%
Holgate Community	29%	13%	59%	30%	13%	56%	0%	0%	100%	-	-	-
Holladay Park Plaza	29%	15%	56%	29%	15%	56%	-	-	-	-	-	-
Hood River Care Center	43%	60%	0%	43%	60%	0%	-	-	-	-	-	-
Independence Health and Rehab	75%	25%	0%	74%	26%	0%	100%	0%	0%	100%	0%	0%
Kindred Sunnyside Care Center	76%	24%	16%	68%	32%	0%	100%	0%	0%	100%	0%	72%
La Grande Post Acute Rehab	88%	12%	0%	88%	12%	0%	-	-	-	-	-	-
Lake District Long Term Care	54%	5%	49%	67%	7%	37%	-	-	-	0%	0%	100%
Laurel Hill Nursing and Rehab Center	74%	30%	0%	74%	30%	0%	-	-	-	-	-	-
Laurelhurst Village	29%	12%	58%	29%	12%	58%	-	-	-	-	-	-
Lawrence Convalescent Center	37%	3%	62%	51%	4%	47%	0%	0%	100%	0%	0%	100%
Lifecare Center McMinnville	64%	33%	9%	64%	32%	6%	100%	0%	0%	56%	44%	44%
Lifecare Center of Coos Bay	49%	34%	17%	49%	34%	17%	-	-	-	-	-	-
Linda Vista Nursing & Rehabilitation	71%	27%	2%	70%	27%	2%	-	-	-	100%	0%	0%
Marian Estates Reece Center	38%	13%	49%	40%	14%	46%	0%	0%	100%	18%	0%	82%
Marquis Autumn Hills	25%	58%	0%	32%	74%	0%	0%	0%	0%	0%	0%	0%
Marquis Care at Hope Village	65%	7%	25%	66%	7%	24%	-	-	-	57%	0%	43%
Marquis Centennial	83%	17%	0%	79%	21%	0%	100%	0%	0%	100%	0%	0%
Marquis Companies at Piedmont	62%	38%	0%	62%	38%	0%	-	-	-	-	-	-
Marquis Companies Springfield	40%	10%	50%	38%	10%	52%	100%	0%	0%	100%	0%	0%
Marquis Forest Grove	91%	9%	0%	92%	8%	0%	100%	0%	0%	83%	17%	0%
Marquis Mt Tabor	22%	72%	6%	22%	72%	6%	-	-	-	-	-	-
Marquis Newberg	88%	13%	0%	87%	13%	0%	100%	0%	0%	100%	0%	0%

Long-Term Care Facility	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
Marquis Oregon City Post Acute Rehab	9%	67%	24%	12%	88%	0%	0%	100%	100%	0%	0%	100%
Marquis Plum Ridge	41%	5%	16%	66%	9%	25%	0%	0%	0%	0%	0%	0%
Marquis Powellhurst Post Acute Rehab	91%	13%	0%	88%	18%	0%	100%	0%	0%	100%	0%	0%
Marquis Silver Gardens	81%	5%	14%	81%	5%	14%	-	-	-	-	-	-
Marquis Vermont Hills	73%	3%	0%	68%	4%	0%	100%	0%	0%	100%	0%	0%
Marquis Wilsonville	63%	17%	2%	57%	19%	2%	100%	0%	0%	100%	0%	0%
Mary's Woods at Marylhurst	45%	8%	46%	46%	8%	46%	0%	0%	0%	0%	0%	0%
Maryville Nursing Home	60%	16%	0%	60%	16%	0%	-	-	-	-	-	-
Meadow Park	25%	1%	73%	27%	1%	71%	0%	0%	100%	0%	0%	67%
Mennonite Village	64%	20%	14%	65%	21%	12%	-	-	-	43%	0%	57%
Milton Freewater Health and Rehabilitation Center	82%	16%	4%	82%	16%	4%	-	-	-	100%	0%	0%
Milwaukie Convalescent Center	58%	42%	0%	58%	42%	0%	-	-	-	-	-	-
Mirabella Portland	45%	29%	29%	45%	29%	29%	-	-	-	-	-	-
Molalla Manor Care Center	68%	18%	0%	68%	18%	0%	-	-	-	-	-	-
Myrtle Point Care Center	57%	34%	5%	59%	35%	6%	-	-	-	0%	0%	0%
Nehalem Valley Care Center	61%	16%	23%	59%	17%	24%	100%	0%	0%	100%	0%	0%
Oakwood Country Place	18%	13%	69%	18%	13%	69%	-	-	-	-	-	-
Ochoco Care Center	87%	15%	0%	87%	15%	0%	-	-	-	-	-	-
Oregon City Health Care Center	64%	42%	0%	64%	42%	0%	-	-	-	-	-	-
Pacific Health & Rehabilitation	82%	7%	10%	79%	8%	11%	100%	0%	0%	100%	0%	0%
Park Forest Care Center	32%	16%	26%	65%	35%	27%	0%	0%	100%	5%	0%	17%
Pilot Butte Rehab	72%	15%	13%	72%	15%	13%	-	-	-	-	-	-
Pioneer Nursing Home	38%	48%	18%	39%	50%	13%	0%	0%	100%	0%	0%	100%
Porthaven Care Center	60%	44%	0%	60%	44%	0%	-	-	-	-	-	-
Portland Health and Rehab	71%	27%	5%	70%	30%	5%	0%	0%	0%	100%	0%	0%
Presbyterian Community Care Center	48%	1%	29%	67%	1%	42%	-	-	-	5%	0%	0%

Long-Term Care Facility	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
Prestige Care & Rehab - Menlo Park	73%	11%	16%	87%	13%	0%	0%	0%	100%	16%	0%	84%
Prestige Care and Rehab of Reedwood	75%	25%	0%	75%	25%	0%	100%	0%	0%	-	-	-
Providence Benedictine	54%	14%	33%	61%	16%	23%	-	-	-	0%	0%	100%
Providence Child Center	78%	13%	8%	78%	13%	8%	-	-	-	-	-	-
Providence Seaside - Long term care unit	85%	15%	0%	85%	15%	0%	-	-	-	-	-	-
Redmond Health Care Center	38%	18%	47%	52%	26%	22%	-	-	-	8%	0%	100%
Regency Albany	73%	19%	8%	73%	19%	8%	-	-	-	-	-	-
Regency Florence	82%	16%	1%	82%	17%	1%	100%	0%	0%	-	-	-
Regency Gresham Nursing and Rehabilitation Center	34%	14%	53%	52%	22%	26%	67%	8%	25%	0%	1%	99%
Regency Hermiston	63%	37%	0%	63%	37%	0%	-	-	-	-	-	-
Robison Jewish Health Center	38%	0%	62%	38%	0%	62%	100%	0%	0%	36%	0%	64%
Rogue Valley Manor	52%	0%	48%	52%	0%	48%	-	-	-	-	-	-
Rose City Nursing Home	48%	45%	10%	52%	48%	3%	-	-	-	0%	0%	100%
Rose Linn Care Center	34%	62%	22%	35%	65%	18%	0%	0%	100%	0%	0%	133%
Rose Villa Senior Living	72%	11%	28%	72%	11%	28%	-	-	-	-	-	-
RoseHaven Nursing Center	60%	37%	6%	62%	37%	1%	0%	0%	100%	50%	50%	50%
Royale Gardens Health and Rehabilitation Center	55%	31%	14%	64%	36%	0%	0%	0%	100%	0%	0%	100%
Saint Alphonsus Care Center	89%	11%	0%	88%	12%	0%	-	-	-	100%	0%	0%
Sheridan Care Center	43%	27%	30%	70%	28%	2%	17%	17%	67%	13%	28%	60%
Sherwood Park Nursing & Rehab Center	62%	39%	4%	61%	39%	0%	-	-	-	-	-	-
South Hills Rehabilitation Center	81%	20%	0%	79%	22%	0%	100%	0%	0%	100%	0%	0%
The Dalles Health and Rehabilitation	61%	39%	0%	56%	44%	0%	100%	0%	0%	100%	0%	0%
The Pearl	35%	0%	58%	32%	0%	68%	100%	0%	0%	40%	0%	0%
The Village at Hillside	20%	37%	43%	20%	37%	43%	-	-	-	-	-	-
Tierra Rose Care Center	68%	25%	8%	65%	27%	9%	-	-	-	100%	0%	0%

Long-Term Care Facility	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
Timberview Care Center	99%	3%	0%	99%	3%	0%	100%	0%	0%	100%	0%	0%
Town Center Village Rehab	62%	29%	10%	55%	34%	11%	100%	0%	0%	100%	0%	0%
Trinity Mission Health & Rehab of Portland, LLC	25%	48%	27%	30%	47%	23%	0%	0%	100%	15%	65%	25%
Umpqua Valley Nursing and Rehabilitation Center	61%	29%	10%	61%	29%	10%	-	-	-	-	-	-
Valley West Health Care Center	37%	4%	56%	52%	7%	47%	0%	0%	100%	16%	0%	69%
Village Health Care	92%	8%	0%	91%	9%	0%	100%	0%	0%	100%	0%	0%
Village Manor	0%	74%	95%	0%	78%	100%	0%	0%	0%	-	-	-
Vista Specialty Care	52%	48%	0%	52%	48%	0%	-	-	-	-	-	-
Wallowa Valley Care Center	83%	17%	3%	81%	19%	3%	100%	0%	0%	100%	0%	0%
Willamette View Health Center	43%	0%	56%	43%	0%	56%	-	-	-	-	-	-
Willowbrook Terrace	71%	25%	3%	74%	26%	0%	0%	0%	100%	-	-	-
Windsor Health and Rehabilitation	96%	4%	0%	95%	5%	0%	-	-	-	100%	0%	0%

Ambulatory Surgery Centers

Ambulatory surgery center	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
Aesthetic Breast and Cosmetic Surgery Center	100%	0%	0%	100%	0%	0%	100%	0%	0%	-	-	-
Aesthetic Surgery Center of Eugene	0%	67%	33%	0%	67%	33%	-	-	-	-	-	-
Ambulatory Surgery Center at Tanasbourne	14%	11%	75%	35%	29%	35%	1%	1%	97%	100%	0%	0%
Ashland Surgery Center	79%	17%	0%	79%	17%	0%	-	-	-	-	-	-
Beaver Sports Medicine ASC	40%	44%	32%	59%	65%	0%	0%	0%	100%	-	-	-
Bend Surgery Center	59%	8%	33%	93%	5%	0%	35%	10%	55%	-	-	-
Capitol Surgery Center	100%	0%	0%	100%	0%	0%	100%	0%	0%	-	-	-
Cascade Endoscopy Center	53%	47%	0%	53%	47%	0%	-	-	-	-	-	-
Cascade Spine Center	60%	36%	4%	56%	44%	6%	67%	22%	0%	-	-	-
Cascade Surgery Center LLC – 7th Avenue, Grants Pass	50%	50%	0%	67%	33%	0%	20%	80%	0%	-	-	-
Cascade Surgery Center, LLC – Manzanita Avenue, Grants Pass	43%	29%	0%	50%	30%	0%	25%	25%	0%	-	-	-
Cascade Surgicenter, LLC	62%	38%	0%	56%	44%	0%	75%	25%	0%	33%	67%	0%
Cedar Hills Surgery Center	0%	100%	0%	0%	100%	0%	0%	0%	0%	-	-	-
Center for Cosmetic & Plastic Surgery	33%	58%	0%	36%	55%	0%	0%	100%	0%	-	-	-
Center for Specialty Surgery	97%	5%	0%	94%	10%	0%	100%	0%	0%	100%	0%	0%
Columbia Gorge Surgery Center	97%	0%	0%	95%	0%	0%	100%	0%	0%	100%	0%	0%
Cornell Surgery Center	79%	14%	7%	100%	0%	0%	63%	25%	13%	-	-	-
Croisan Ridge Surgery Center	67%	33%	0%	64%	36%	0%	100%	0%	0%	-	-	-
Doctors Park Surgery Center	76%	24%	20%	60%	40%	33%	100%	0%	0%	-	-	-
East Oregon Surgery Center	40%	60%	0%	44%	56%	0%	0%	100%	0%	-	-	-
East Portland Surgery Center	52%	10%	38%	61%	16%	22%	34%	3%	63%	100%	0%	0%

	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
Ambulatory surgery center	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**
Eastern Oregon Regional Surgery Center	82%	12%	6%	92%	8%	0%	60%	20%	20%	-	-	-
Eye Surgery Center - Albany	83%	17%	0%	100%	0%	0%	0%	100%	0%	-	-	-
Eye Surgery Center - Medford	63%	37%	0%	61%	39%	0%	75%	25%	0%	-	-	-
Eye Surgery Institute	4%	96%	0%	5%	95%	0%	0%	100%	0%	-	-	-
EyeHealth Eastside Surgery Center	64%	33%	0%	60%	35%	0%	68%	32%	0%	-	-	-
Grants Pass Surgery Center, LLC	22%	15%	63%	50%	36%	14%	0%	0%	100%	-	-	-
Head & Neck Surgical Associates/Futures Outpatient Surgical Center	80%	18%	2%	82%	16%	2%	0%	100%	0%	-	-	-
Kaiser Permanente South Interstate	73%	0%	31%	75%	0%	31%	67%	0%	34%	-	-	-
Klamath Surgery Center	44%	3%	53%	92%	8%	0%	17%	0%	83%	0%	0%	100%
Lane Surgery Center	50%	6%	44%	81%	13%	6%	19%	0%	81%	-	-	-
Laser & Surgical Eye Center, LLC	44%	56%	0%	35%	65%	0%	63%	38%	0%	100%	0%	0%
Lovejoy Surgicenter	67%	40%	10%	60%	48%	12%	100%	0%	0%	100%	0%	0%
McKenzie Surgery Center	81%	7%	0%	76%	7%	0%	93%	7%	0%	-	-	-
Meridian Center for Surgical Excellence	83%	17%	0%	83%	17%	0%	-	-	-	-	-	-
Middle Fork Surgery Center	77%	23%	0%	77%	23%	0%	75%	25%	0%	-	-	-
Mt. Scott Surgery Center	21%	7%	71%	43%	14%	43%	0%	0%	100%	-	-	-
North Bend Medical Center	95%	8%	0%	92%	13%	0%	100%	0%	0%	-	-	-
Northbank Surgical Center	38%	9%	13%	60%	16%	25%	13%	0%	0%	-	-	-
Northwest Ambulatory Surgery Center	50%	13%	37%	66%	26%	8%	40%	5%	55%	-	-	-
Northwest Center for Plastic Surgery, LLC	83%	17%	0%	82%	18%	0%	86%	14%	0%	-	-	-
NW Gastro	44%	22%	33%	44%	22%	33%	-	-	-	-	-	-
Ontario Surgery Center	65%	26%	9%	42%	50%	8%	91%	0%	9%	-	-	-

	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
Ambulatory surgery center	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**	**Vaccinated**	**Declined**	**Unknown**
Oregon Ear, Nose, and Throat Surgery Center, LLC	90%	10%	0%	67%	33%	0%	100%	0%	0%	-	-	-
Oregon Endoscopy Center, LLC	80%	17%	3%	80%	17%	3%	-	-	-	-	-	-
Oregon Eye Surgery Center, Inc.	54%	31%	15%	49%	32%	19%	54%	38%	8%	100%	0%	0%
Oregon Outpatient Surgery Center	72%	23%	5%	65%	29%	6%	100%	0%	0%	-	-	-
Oregon Plastic Surgeons ASC	100%	0%	0%	100%	0%	0%	100%	0%	0%	100%	0%	0%
Oregon Surgicenter	88%	12%	0%	87%	13%	0%	-	-	-	100%	0%	0%
Pacific Cataract and Laser Institute - Portland	67%	37%	0%	66%	38%	0%	-	-	-	100%	0%	0%
Pacific Cataract and Laser Institute - Tualatin	80%	20%	0%	80%	20%	0%	-	-	-	-	-	-
Pacific Digestive Endoscopy Center	50%	75%	0%	57%	71%	0%	0%	100%	0%	-	-	-
Pacific Surgery Center	62%	38%	0%	64%	36%	0%	50%	50%	0%	-	-	-
Parrish Cosmetic and Plastic Surgery Center	46%	54%	0%	42%	58%	0%	100%	0%	0%	-	-	-
Pearl SurgiCenter	-	-	-	-	-	-	-	-	-	-	-	-
Petroff Center	61%	39%	0%	50%	50%	0%	75%	25%	0%	-	-	-
Redmond Surgery Center LLC	57%	10%	43%	85%	15%	0%	13%	0%	113%	-	-	-
River Road Surgery Center	80%	20%	0%	75%	25%	0%	100%	0%	0%	-	-	-
RiverBend Ambulatory Surgery Center	100%	0%	0%	100%	0%	0%	100%	0%	0%	-	-	-
Rogue Valley Surgery Center, LLC	44%	22%	0%	50%	17%	0%	33%	33%	0%	-	-	-
Salem Endoscopy Center	53%	33%	3%	37%	44%	4%	100%	0%	0%	-	-	-
Salem Laser and Surgery Center	92%	8%	0%	88%	12%	0%	100%	0%	0%	-	-	-
Samaritan Endoscopy Center	83%	17%	0%	78%	22%	0%	100%	0%	0%	100%	0%	0%
Skin Cancer Surgery Center	100%	0%	0%	100%	0%	0%	100%	0%	0%	-	-	-
Skyline Medical Office Campus	78%	0%	0%	76%	0%	0%	93%	0%	0%	-	-	-
Slocum Surgery Center	66%	18%	18%	66%	18%	18%	-	-	-	-	-	-
South Coast Surgery	74%	16%	0%	100%	0%	0%	29%	43%	0%	-	-	-

Ambulatory surgery center	Overall Facility Vaccination			Vaccination for Worker Subgroups								
				Employee			Non-Employee, Credentialed			Non-Employee, Other		
	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown	Vaccinated	Declined	Unknown
South Portland Surgical Center, LLC	77%	19%	4%	67%	37%	7%	88%	0%	0%	-	-	-
Spine Surgery Center of Eugene	92%	0%	8%	86%	0%	14%	100%	0%	0%	100%	0%	0%
Sunnybrook Medical Office	75%	0%	0%	73%	0%	0%	83%	0%	0%	-	-	-
Surgery Center of Southern Oregon	57%	19%	24%	57%	34%	10%	47%	8%	46%	89%	0%	11%
The Corvallis Clinic Day Surgery Center	64%	36%	0%	75%	25%	0%	33%	67%	0%	-	-	-
The Corvallis Clinic Surgery Center	86%	14%	0%	97%	3%	0%	76%	24%	0%	100%	0%	0%
The Gastroenterology Endoscopy Center, Inc.	69%	31%	0%	-	-	-	100%	0%	0%	62%	38%	0%
The Oregon Clinic Endoscopy Center	96%	4%	0%	94%	6%	0%	100%	0%	0%	-	-	-
The Oregon Clinic West Hills Gastroenterology	87%	13%	0%	82%	18%	0%	100%	0%	0%	-	-	-
The Portland Clinic Surgery Centers	63%	15%	12%	61%	21%	5%	67%	0%	29%	-	-	-
Two Rivers Surgical Center	51%	37%	12%	50%	38%	13%	55%	36%	9%	-	-	-
Valley Plastic Surgery	89%	22%	0%	88%	25%	0%	100%	0%	0%	-	-	-
Vision Surgery and Laser Center	86%	14%	0%	86%	14%	0%	100%	0%	0%	-	-	-
Westside Surgery Center	57%	43%	0%	59%	41%	0%	56%	44%	0%	-	-	-
Willamette Surgery Center	70%	27%	6%	71%	33%	0%	68%	18%	15%	-	-	-
Willamette Valley Eye SurgiCenter	25%	75%	0%	27%	73%	0%	0%	100%	0%	-	-	-
Wilshire Surgery Center	0%	0%	100%	0%	0%	100%	-	-	-	-	-	-
Yamhill Valley Endoscopy	100%	0%	0%	100%	0%	0%	-	-	-	-	-	-

Appendix V: Reported vaccine delivery and promotion methods, 2012–2013 season

Hospitals

Hospital	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Adventist Medical Center	5	4	Yes
Asante Rogue Regional Medical Center	6	6	Yes
Asante Three Rivers Medical Center	6	4	Yes
Ashland Community Hospital	5	3	No
Bay Area Hospital	6	5	Yes
Blue Mountain Hospital	5	4	No
Columbia Memorial Hospital	7	4	No
Coquille Valley Hospital	2	0	No
Cottage Grove Community Hospital	6	4	Yes
Curry Health Network	2	2	No
Good Samaritan Regional Medical Center	6	6	Yes
Good Shepherd Healthcare System	5	4	Yes
Grande Ronde Hospital	6	4	Yes
Harney District Hospital	3	4	No
Kaiser Sunnyside Medical Center	4	3	Yes
Lake District Hospital	3	3	No
Legacy Emanuel Medical Center and Randall Children's Hospital	7	5	Yes
Legacy Good Samaritan Medical Center	7	5	Yes
Legacy Meridian Park Medical Center	7	5	Yes
Legacy Mt. Hood Medical Center	7	5	Yes
Lower Umpqua Hospital	4	3	No
McKenzie-Willamette Medical Center	5	4	Yes
Mercy Medical Center	7	4	No
Mid Columbia Medical Center	7	2	No
Oregon Health & Science University Hospital	6	6	No

Hospital	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
PeaceHealth Peace Harbor Medical Center	5	6	No
Pioneer Memorial Hospital	4	3	No
Pioneer Memorial Hospital Prineville	6	5	Yes
Providence Hood River Memorial Hospital	6	4	No
Providence Medford Medical Center	6	4	No
Providence Milwaukie Hospital	6	4	No
Providence Newberg Medical Center	6	4	No
Providence Portland Medical Center	6	4	No
Providence St Vincent Medical Center	6	4	No
Providence Willamette Falls Medical Center	6	4	No
Providence Seaside Hospital	6	4	No
Sacred Heart Medical Center at RiverBend	6	4	Yes
Sacred Heart Medical Center University District	6	4	Yes
Saint Alphonsus Medical Center-Baker City	4	4	Yes
Saint Alphonsus Medical Center-Ontario	6	5	Yes
Salem Hospital	6	2	No
Samaritan Albany General Hospital	6	6	Yes
Samaritan Leba0n Community Hospital	4	6	Yes
Samaritan 0rth Lincoln Hospital	3	5	Yes
Samaritan Pacific Health Systems	3	3	Yes
Santiam Hospital	3	3	No
Shriners Hospital for Children	5	4	Yes
Silverton Health	5	3	No
Sky Lakes Medical Center	4	3	No
Southern Coos Hospital	2	2	No
St. Anthony Hospital	3	3	No
St. Charles Medical Center - Bend	6	5	Yes

Hospital	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
St. Charles Medical Center - Madras	6	4	No
St. Charles Medical Center - Redmond	6	5	Yes
Tillamook Regional Medical Center	7	5	Yes
Tuality Healthcare	6	5	Yes
Vibra Specialty Hospital Portland	4	4	No
Wallowa Memorial Hospital	2	3	No
West Valley Hospital	5	5	No
Willamette Valley Medical Center	6	4	Yes

Long-term Care Facilities

Long-Term Care Facility	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Aidan Senior Living at Reedsport	2	0	No
Avamere Court at Keizer	5	5	Yes
Avamere Health Services of Rogue Valley	2	3	Yes
Avamere of Junction City	1	2	Yes
Avamere Medford at Three Fountains	2	2	No
Avamere of Newport Rehabilitation and Specialty Care	2	0	Yes
Avamere Rehabilitation of Beaverton	1	1	No
Avamere Rehabilitation of Clackamas	1	1	No
Avamere Rehabilitation of Coos Bay	1	3	No
Avamere Rehabilitation of Eugene	1	2	No
Avamere Rehabilitation of Hillsboro	1	0	No
Avamere Rehabilitation of King City	3	2	Yes
Avamere Rehabilitation of Lebanon	3	1	No
Avamere Rehabilitation of Oregon City	3	3	Yes
Avamere Riverpark of Eugene	3	4	Yes
Avamere South Salem	1	5	Yes
Avamere Twin Oaks of Sweet Home	1	0	No
Baycrest Village	4	2	Yes
Blue Mountain Nursing Home	4	1	Yes
Care Center East	2	2	Yes
Cascade Manor	3	1	No
Cascade Terrace	2	2	Yes
Cascade View Nursing and Alzheimer's	1	1	Yes
Chehalem Health and Rehabilitation	5	3	Yes
Clatsop Care Center	3	3	Yes
Coast Fork Nursing Center	4	2	Yes

Long-Term Care Facility	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Columbia Basin Care Facility	3	4	Yes
Columbia Care Center	1	1	Yes
Cornerstone Care Option	2	2	Yes
Corvallis Manor Nursing and Rehabilitation Center	4	4	Yes
Crestview of Portland	2	0	No
Creswell Health and Rehabilitation Center	1	2	Yes
Dallas Retirement Village	2	2	No
East Cascade Retirement Community	1	2	Yes
Empres Hillsboro	2	0	No
Fair View Transitional Health Center	3	2	No
Fernhill Estates	3	2	Yes
Forest Grove Rehabilitation and Care Center	1	0	Yes
French Prairie Nursing and Rehab Center	1	1	Yes
Friendsview Manor	6	3	Yes
Gateway Care & Retirement	3	3	Yes
Glisan Care Center	2	3	Yes
Good Samaritan Curry Village	4	4	Yes
Good Samaritan Society Eugene Village	4	3	No
Gracelen Terrace	2	1	Yes
Green Valley Nursing and Rehabilitation Center	3	3	Yes
Gresham Rehab & Specialty Care	2	0	No
GSS Fairlawn Village	1	0	Yes
Harmony House	2	1	Yes
Healthcare at Foster Creek	1	2	Yes
Hearthstone Nursing & Rehabilitation Center	5	3	Yes
Highland House Nursing and Rehabilitation Center	4	4	Yes
Hillside Heights	2	2	Yes

Long-Term Care Facility	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Holgate Community	4	3	Yes
Holladay Park Plaza	2	2	Yes
Hood River Care Center	1	1	No
Independence Health and Rehab	3	1	Yes
Kindred Sunnyside Care Center	3	3	No
La Grande Post Acute Rehab	2	2	Yes
Lake District Long Term Care	2	2	No
Laurel Hill Nursing and Rehab Center	2	0	Yes
Laurelhurst Village	4	5	Yes
Lawrence Convalescent Center	3	1	No
Lifecare Center of Coos Bay	3	2	No
Lifecare Center McMinnville	3	2	Yes
Linda Vista Nursing & Rehabilitation	2	3	No
Marian Estates Reece Center	2	4	No
Marquis Autumn Hills	4	2	Yes
Marquis Care at Hope Village	2	3	Yes
Marquis Centennial	2	2	Yes
Marquis Companies at Piedmont	4	0	No
Marquis Companies Springfield	4	3	No
Marquis Forest Grove	2	2	Yes
Marquis Mt Tabor	2	2	Yes
Marquis Newberg	3	2	Yes
Marquis Oregon City Post Acute Rehab	3	0	Yes
Marquis Plum Ridge	3	3	Yes
Marquis Powellhurst Post Acute Rehab	2	1	Yes
Marquis Silver Gardens	2	2	Yes
Marquis Vermont Hills	2	2	No

Long-Term Care Facility	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Marquis Wilsonville	1	1	Yes
Mary's Woods at Marylhurst	3	4	Yes
Maryville Nursing Home	4	3	Yes
Meadow Park	3	3	No
Mennonite Village	3	3	Yes
Milton Freewater Health and Rehabilitation Center	2	3	Yes
Milwaukie Convalescent Center	3	3	Yes
Mirabella Portland	4	2	Yes
Molalla Manor Care Center	4	3	Yes
Myrtle Point Care Center	2	2	No
Nehalem Valley Care Center	2	1	No
Oakwood Country Place	3	1	No
Ochoco Care Center	2	3	Yes
Oregon City Health Care Center	2	1	No
Pacific Health & Rehabilitation	4	4	Yes
Park Forest Care Center	2	2	Yes
Pilot Butte Rehab	3	3	Yes
Pioneer Nursing Home	2	0	No
Porthaven Care Center	3	4	Yes
Portland Health and Rehab	1	3	Yes
Presbyterian Community Care Center	4	2	Yes
Prestige Care & Rehab - Menlo Park	3	2	Yes
Prestige Care and Rehab of Reedwood	1	0	No
Providence Benedictine	5	3	No
Providence Child Center	6	3	No
Providence Seaside- Long term care unit	6	3	No
Redmond Health Care Center	1	0	Yes

Long-Term Care Facility	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Regency Albany	1	2	No
Regency Florence	4	3	Yes
Regency Gresham Nursing and Rehabilitation Center	4	5	Yes
Regency Hermiston	3	3	Yes
Robison Jewish Health Center	5	3	Yes
Rogue Valley Manor	4	4	Yes
Rose City Nursing Home	2	1	No
Rose Linn Care Center	4	2	Yes
Rose Villa Senior Living	5	3	Yes
RoseHaven Nursing Center	4	2	Yes
Royale Gardens Health and Rehabilitation Center	3	2	No
Saint Alphonsus Care Center	4	4	Yes
Sheridan Care Center	2	1	No
Sherwood Park Nursing & Rehab Center	2	4	Yes
South Hills Rehabilitation Center	3	2	Yes
The Dalles Health and Rehabilitation	3	2	No
The Pearl	5	4	Yes
The Village at Hillside	1	2	Yes
Tierra Rose Care Center	3	4	Yes
Timberview Care Center	4	2	Yes
Town Center Village Rehab	4	3	Yes
Trinity Mission Health & Rehab of Portland, LLC	3	2	Yes
Umpqua Valley Nursing and Rehabilitation Center	4	3	No
Valley West Health Care Center	2	5	Yes
Village Health Care	4	2	Yes
Village Manor	1	0	No

Long-Term Care Facility	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Vista Specialty Care	3	2	No
Wallowa Valley Care Center	2	2	No
West Hills Health and Rehab	3	4	Yes
Willamette View Health Center	4	2	No
Willowbrook Terrace	3	3	Yes
Windsor Health and Rehabilitation	1	2	Yes

Ambulatory Surgery Centers

Ambulatory Surgery Center	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Aesthetic Breast and Cosmetic Surgery Center	1	2	Yes
Aesthetic Surgery Center of Eugene	1	2	No
Ambulatory Surgery Center at Tanasbourne	2	3	Yes
Ashland Surgery Center	2	2	Yes
Beaver Sports Medicine ASC	4	2	Yes
Bend Surgery Center	5	4	Yes
Capitol Surgery Center	3	2	Yes
Cascade Endoscopy Center	2	2	No
Cascade Spine Center	1	1	Yes
Cascade Surgery Center LLC – 7th Avenue, Grants Pass	1	0	No
Cascade Surgery Center, LLC – Manzanita Avenue, Grants Pass	1	2	Yes
Cascade Surgicenter, LLC	3	3	No
Cedar Hills Surgery Center	0	3	Yes
Center for Cosmetic & Plastic Surgery	2	1	No
Center for Specialty Surgery	3	2	No
Columbia Gorge Surgery Center	1	1	No
Cornell Surgery Center	1	1	No
Croisan Ridge Surgery Center	1	1	Yes
Doctors Park Surgery Center	2	1	No
East Oregon Surgery Center	0	0	No
East Portland Surgery Center	2	2	No
Eastern Oregon Regional Surgery Center	2	1	No
Eye Surgery Center - Albany	2	1	No
Eye Surgery Center - Medford	0	2	Yes
Eye Surgery Institute	1	1	Yes
EyeHealth Eastside Surgery Center	2	3	Yes

Ambulatory Surgery Center	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Grants Pass Surgery Center, LLC	1	1	No
Head & Neck Surgical Associates/Futures Outpatient Surgical Center	3	2	No
Kaiser Permanente South Interstate	1	5	Yes
Klamath Surgery Center	3	2	No
Lane Surgery Center	4	2	No
Laser & Surgical Eye Center, LLC	1	1	Yes
Lovejoy Surgicenter	2	3	No
McKenzie Surgery Center	1	2	Yes
Meridian Center for Surgical Excellence	4	4	No
Middle Fork Surgery Center	4	3	Yes
Mt. Scott Surgery Center	0	0	No
North Bend Medical Center	5	2	No
Northbank Surgical Center	3	4	No
Northwest Ambulatory Surgery Center	3	1	No
Northwest Center for Plastic Surgery, LLC	1	2	No
NW Gastro	2	1	No
Ontario Surgery Center	0	3	No
Oregon Ear, Nose, and Throat Surgery Center, LLC	1	1	No
Oregon Endoscopy Center, LLC	2	2	Yes
Oregon Eye Surgery Center, Inc.	2	2	No
Oregon Outpatient Surgery Center	4	3	Yes
Oregon Plastic Surgeons ASC	2	3	Yes
Oregon Surgicenter	1	2	Yes
Pacific Cataract and Laser Institute - Portland	2	1	Yes
Pacific Cataract and Laser Institute - Tualatin	2	0	Yes
Pacific Digestive Endoscopy Center	1	1	No
Pacific Surgery Center	1	1	No

Ambulatory Surgery Center	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Parrish Cosmetic and Plastic Surgery Center	2	1	No
Pearl SurgiCenter	1	3	No
Petroff Center	1	3	No
Redmond Surgery Center LLC	3	3	No
River Road Surgery Center	1	2	Yes
RiverBend Ambulatory Surgery Center	2	2	No
Rogue Valley Surgery Center, LLC	1	4	No
Salem Endoscopy Center	1	3	Yes
Salem Laser and Surgery Center	3	2	No
Samaritan Endoscopy Center	2	4	Yes
Skin Cancer Surgery Center	1	1	No
Skyline Medical Office Campus	6	2	Yes
Slocum Surgery Center	3	1	No
South Coast Surgery	1	1	No
South Portland Surgical Center, LLC	1	2	No
Spine Surgery Center of Eugene	2	1	No
Sunnybrook Medical Office	6	3	Yes
Surgery Center of Southern Oregon	5	2	No
The Corvallis Clinic Day Surgery Center	3	2	No
The Corvallis Clinic Surgery Center	4	2	No
The Gastroenterology Endoscopy Center, Inc.	3	3	No
The Oregon Clinic Endoscopy Center	4	3	No
The Oregon Clinic West Hills Gastroenterology	2	2	No
The Portland Clinic Surgery Centers	4	2	No
Two Rivers Surgical Center	2	1	No
Valley Plastic Surgery	1	1	No
Vision Surgery and Laser Center	2	3	Yes

Ambulatory Surgery Center	No. of Reported Vaccine Delivery Methods	No. of Reported Vaccine Promotion Methods	Formal Education Conducted?
Westside Surgery Center	1	1	No
Willamette Surgery Center	4	4	Yes
Willamette Valley Eye SurgiCenter	0	2	Yes
Wilshire Surgery Center	0	0	No
Yamhill Valley Endoscopy	1	1	No

CENTER FOR PUBLIC HEALTH PRACTICE
Acute and Communicable Disease Prevention Section
Healthcare Associated Infections Program

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http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Pages/index.aspx

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