

PROPOSED REGULATIONS OF THE STATE BOARD OF HEALTH

These regulations are being proposed in accordance with Senate Bill 319 of the 2009 legislative session.

EXPLANATION – Matter *in italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

Chapter 439 of NAC is hereby amended by adding thereto the provisions set forth as sections 10 to 15, inclusive, of this regulation.

NAC 439.900 Definitions. (NRS 439.890) As used in NAC 439.900 to 439.920, inclusive, unless the context otherwise requires, the words and terms defined in NAC 439.902 to 439.912, inclusive, have the meanings ascribed to them in those sections. (Added to NAC by Health Div. by R118-04, eff. 11-4-2004)

NAC 439.902 “Division” defined. (NRS 439.890) “Division” means the Health Division of the Department of Health and Human Services. (Added to NAC by Health Div. by R118-04, eff. 11-4-2004)

Section 1. “Facility-acquired infection” defined. “Facility-acquired infection” has the meaning ascribed to it in NRS 439.802.

NAC 439.904 “Medical facility” defined. (NRS 439.890) “Medical facility” has the meaning ascribed to it in NRS 439.805. (Added to NAC by Health Div. by R118-04, eff. 11-4-2004)

Sec 2. “Medical intervention” defined. “Medical intervention” means services which are required to treat an injury and which must be provided by a licensed healthcare professional and which would normally be provided in a clinical setting, other than first aid services. The term includes, without limitation, services which are required to treat an injury, but which are not provided because:

- (a) The patient refuses the services;
- (b) The services are unintentionally omitted;
- (c) The services are unavailable, but would be provided if available; or
- (d) The risk of providing the services outweighs the negative consequences of the injury.

Sec 3. *“National Healthcare Safety Network” defined. The “National Healthcare Safety Network” (NHSN) means the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion of the Centers for Disease Control and Prevention (CDC) of the United States Department of Health and Human Services that integrates patient and health care personnel safety surveillance systems until a derivative or successor system is adopted by CDC.*

Sec 4. *“National Healthcare Safety Network Facility Administrator” defined. “National Safety Network Facility Administrator” means the person at a medical facility assigned to have:*

- (a) All rights to the medical facility’s data for reporting to NHSN;*
- (b) The ability to create authorized users and confer rights to them in NHSN;*
- (c) The ability to nominate groups with which the medical facility wants to share some or all of its data reported in NHSN; and*
- (d) The responsibility for accepting official documents regarding NHSN.*

Sec 5. *“National Healthcare Safety Network Authorized User” defined. “National Healthcare Safety Network Authorized User” means any person the NHSN Facility Administrator designates through NHSN to submit information to, receive information from, or access or review information contained in NHSN, on behalf of his or her health care facility.*

NAC 439.906 “Patient” defined. (NRS 439.890) “Patient” has the meaning ascribed to it in NRS 439.810. (Added to NAC by Health Div. by R118-04, eff. 11-4-2004)

NAC 439.908 “Patient safety officer” defined. (NRS 439.890) “Patient safety officer” has the meaning ascribed to it in NRS 439.815. (Added to NAC by Health Div. by R118-04, eff. 11-4-2004)

Sec 6. *“Physician” defined. “Physician” means a person who is licensed to practice medicine pursuant to chapter 630 of NRS, chiropractic physicians licensed pursuant to chapter 634 of NRS, homeopathic physicians licensed pursuant to chapter 630A of NRS, a person who is licensed to practice osteopathic medicine pursuant to chapter 633 of NRS or to practice podiatric medicine pursuant to chapter 635 of NRS.*

NAC 439.910 “Provider of health care” defined. (NRS 439.890) “Provider of health care” has the meaning ascribed to it in NRS 439.820. (Added to NAC by Health Div. by R118-04, eff. 11-4-2004)

NAC 439.912 “Sentinel event” defined. (NRS 439.890) “Sentinel event” has the meaning ascribed to it in NRS 439.830. (Added to NAC by Health Div. by R118-04, eff. 11-4-2004)

Sec 7. “Serious physical injury” defined. “Serious physical injury” means:

- (a) A physical impairment that substantially limits the major life activities of a patient;
- (b) Any unnecessary procedure or procedure performed in error; or
- (c) Any injury that requires medical intervention.

Sec 8. “Serious psychological injury” defined. “Serious psychological injury” means:

- (a) A mental impairment that substantially limits the major life activities of a patient;
or
- (b) Requires medical intervention to remedy the injury.

Sec 9. “Standard of Practice” defined. “Standard of Practice” means approaches to care, procedures, techniques, treatments, etc., that are based on research and/or expert consensus and that are contained in current manuals, textbooks, or publications, or that are accepted, adopted or promulgated by recognized professional organizations or national accrediting bodies.

Sec 10. Sentinel Events: Inclusions and Exclusions

For the purposes of determining whether a sentinel event has occurred:

1. An unexpected occurrence involving a facility-acquired infection is a facility-acquired infection which meets the National Healthcare Safety Network definitions and criteria for an infection, and:
 - (a) In which a break in the facility’s policies and procedures was identified;
 - (b) In which infection control standards of practice were not met;
 - (c) In which the facility’s policies and procedures did not meet current standards of practice; or
 - (d) Which results in death or a serious physical injury which would not have occurred if not for the infection.

- The definitions and criteria of the National Healthcare Safety Network are hereby incorporated by reference, as amended and supplemented, and are available electronically free of charge at the NHSN website: <http://www.cdc.gov/nhsn/>.
2. An unexpected death or serious physical or psychological injury does not include events that are solely the result of the patient's disease, in the absence of any contributing factors.
 3. A sentinel event may include an event in which there were no contributing factors, no errors in the care provided, or in which the exact cause or mechanism which led to the event is not apparent.
 4. Includes events, situations and/or facility-acquired infections which occur after transfer or discharge of a patient that are directly related to a surgery, procedure, situation or event that occurred at the transferring/discharging medical facility.
 5. A sentinel event includes events, situations or facility-acquired infections which hasten death, may be a contributing cause of death, serious physical or serious psychological injury or the risk thereof, or exacerbate a pre-existing injury leading to death or a serious physical or psychological injury or risk thereof.
 6. A delay in treatment or diagnosis is considered a sentinel event if it results in an unexpected facility-acquired infection, serious physical or psychological injury or has the risk there of.
 7. An unexpected occurrence is from the perspective of the patient and/or provider of health care. Complications that are rarely anticipated by the patient and/or health care provider (unless the patient is somehow at increased risk) are considered unexpected occurrences, regardless of whether the patient was informed of them or not.
 8. An event, situation or facility-acquired infection which meets the definition of a sentinel event must be reported as required pursuant to NRS 439.835, regardless of whether the event, situation, and/or facility-acquired infection is within statistical norms or within benchmarks available in current, evidence-based clinical literature.
 9. Sentinel events shall include the "serious reportable events", including the criteria used to determine a serious reportable event, published by the National Quality Forum (NQF), adopted by reference and as amended and supplemented. The Health Division will maintain a current list of the NQF "serious reportable

events” in the report forms described in subsection 6 of Section 11. The Health Division shall notify all medical facilities required to report sentinel events of any updates to the report forms described in subsection 6 of Section 11 within 30 days of the change.

10. In addition, sentinel events which occur at a surgical center for ambulatory patients as that term is defined in NRS 449.019, include, without limitation:

(a) All patients transferred or discharged to a hospital; and

(b) All patient deaths

Sec. 11. NAC 439.915 Mandatory reports of sentinel events: Submission; form and contents. (NRS 439.835, 439.890)

1. A report submitted pursuant to NRS 439.835 must be submitted on the form prescribed pursuant to ~~[subsection 4]~~ subsection 6 of Section 11 and must include:
 - a. The unique identification code assigned to the medical facility by the Division pursuant to ~~[subsection 5]~~ subsection 7 of Section 11;
 - b. The name of the person who is making the report;
 - c. The date on which the sentinel event occurred;
 - d. The date and time that the medical facility was notified of the occurrence of the sentinel event;
 - e. If the patient resides in this State, the county in which the patient resides;
 - f. If the patient does not reside in this State, the state or country in which the patient resides;
 - g. The date of birth of the patient;
 - h. The gender of the patient;
 - i. A description of the sentinel event; and
 - j. The department of the medical facility at which the sentinel event occurred.
2. Within 45 days after receiving notification or becoming aware of the occurrence of a sentinel event pursuant to subsection 1 or 2 of NRS 439.835, the patient safety officer of the medical facility in which the sentinel event occurred must

submit a second report to the Division. A report required by this subsection must be submitted on the form prescribed pursuant to ~~[subsection 4]~~ subsection 6 of Section 11 and must include: a copy of the root cause analysis required by subsection 3 of Section 11, and the corrective action plan or written explanation for the reasons for not creating a corrective action plan pursuant to subsection 4 of Section 11.

3. Within 45 days after receiving notification or becoming aware of the occurrence of a sentinel event pursuant to subsection 1 or 2 of NRS 439.835, the medical facility at which the sentinel event occurred must conduct an investigation of the causes or contributing factors, or both of sentinel events using a root cause analysis of each sentinel event, to determine whether system changes would likely prevent a sentinel event in similar circumstances, following the procedures and methods of:

(a) The Joint Commission;

(b) The Department of Veterans Affairs National Center for Patient Safety; or

(c) Another nationally recognized root cause analysis methodology found acceptable by the Administrator;

(1) The root cause analysis shall:

(a) Focus primarily on systems and processes, not individual performance;

(b) Progress from specific, direct causes in clinical processes to contributing causes in organizational processes;

(c) Seek to determine related and underlying causes for identified causes; and

(d) Identify changes which could be made in systems and processes, either through redesign or development of new systems or processes that would reduce the risk of such events occurring in the future.

~~[(a) The factors that contributed to the sentinel event, including, without limitation:]~~

(2) The root cause analysis shall identify the factors that contributed to the sentinel event, including, without limitation:

(a) ~~[(1)]~~ Any medical or other condition of the patient;

- (b) [~~2~~] Any policy, procedure or process of the medical facility;
 - (c) [~~3~~] Any environmental condition of the medical facility;
 - (d) [~~4~~] Any behavior of a member of the staff of the medical facility;
 - (e) [~~5~~] Any situation present at the medical facility; and
 - (f) [~~6~~] Any problem involving communication or documentation at the medical facility.
- (3) The root cause analysis must be thorough. The Health Division shall determine the root cause analysis to be thorough if it:
- (a) Involves a complete review of the sentinel event including interviews with all readily identifiable witnesses and participants and a review of all related documentation;
 - (b) Identifies the human and other factors in the chain of events leading to the final sentinel event, and the process and system limitations related to their occurrence;
 - (c) Searches readily retrievable records to analyze the underlying systems and processes to determine where redesign might reduce risk; and
 - (d) Inquires into all areas appropriate to the specific type of event as described in the Joint Commission for the Accreditation of Healthcare Organizations' "Root Cause Analysis Matrix, Minimum Scope of Root Cause Analysis for Specific Types of Sentinel Events - October 2005" found for free at http://www.jointcommission.org/NR/rdonlyres/3CB064AC-2CEB-4CBF-85B8-CFC9E7837323/0/se_root_cause_analysis_matrix.pdf, which is incorporated by reference.
 - (e) Makes reasonable attempts to identify and analyze trends of similar events which have occurred at the facility in the past;
 - (f) Identifies risk points and their potential contributions to this type of event; and
 - (g) Determines potential improvement in processes or systems that would tend to decrease the likelihood of such events in the future, or

determine, after analysis, that no such improvement opportunities exist.

- (4) The root cause analysis must be credible. The Health Division shall determine the root cause analysis to be credible if it:
- (a) Is led by someone with training in root cause analysis processes and who was not involved in the sentinel event;
 - (b) Involves, if necessary, consultation with either internal or external experts in the processes in question who were not involved in the sentinel event;
 - (c) Includes participation by the leadership of the organization and by the individuals most closely involved in the processes and systems under review;
 - (d) Is internally consistent, i.e., not contradicting itself or leaving obvious questions unanswered;
 - (e) Provides an explanation for all findings of "not applicable," "no problem," or "no contributing factors;" and
 - (f) Includes consideration of relevant, available literature.

~~[(b) The corrective actions, if any, taken by the medical facility to address the factors that contributed to the sentinel event, including, without limitation:]~~

4. Within 45 days after receiving notification or becoming aware of the occurrence of a sentinel event pursuant to subsection 1 or 2 of NRS 439.835, the medical facility at which the sentinel event occurred must:
- (a) Create and implement a corrective action plan for the sentinel event that is based on the findings of the root cause analysis; or
 - (b) If the medical facility determines there is no need to create a corrective action plan for the sentinel event, provide a written explanation of the reasons for not creating a corrective action plan to the Health Division.
- (1) The corrective action plan will include, without limitation:
- (a) How each finding of the root cause analysis will be addressed and corrected;

- (b) When each correction will be completed;
- (c) Who is responsible for making the corrections;
- (d) What action will be taken to prevent each finding from reoccurring, including, without limitation:
- (1) A review of the standards set by the medical facility including policies, procedures or processes of the medical facility; and
 - (2) A review of current patient safety science and current standards of practice;
 - (3) ~~[(2)]~~ Any change or development of the policies, procedures or processes of the medical facility based on the findings of the root cause analysis, review of the standards set by the medical facility, review of current patient safety science and current standards of practice;
 - (4) Identification of changes/corrective actions that can be implemented to reduce risk, or formulation of a rationale for not implementing changes/corrective actions;
 - (5) Identification of who is responsible for implementation of the identified changes/corrective actions and when the changes will be implemented;
 - (6) Evaluation of the effectiveness of the corrective action plan and implementation of necessary changes to the plan based on the outcome of the plan's evaluation; and
 - (7) Establishment of a monitoring schedule for assessing the effectiveness of the corrective action plan including who is responsible for the monitoring schedule.

~~[(3) Any disciplinary actions taken against a member of the staff of the medical facility by the medical facility;]~~

~~[(4) Any environmental or equipment changes made in the medical facility; and]~~

~~[(5) Any education or retraining provided to the staff of the medical facility.]~~

5. ~~{3-}~~ A report submitted pursuant to subsection 1 must indicate the date and time that the report was submitted to the Division. Proof satisfactory to the Division of the date and time that a report was submitted includes:
- (a) The postmark on the package in which the report was submitted to the Division;
 - (b) The time stamp created by a facsimile machine used to transmit the report to the Division;
 - (c) The electronic time stamp created by a program of electronic mail used to transmit the report to the Division; and
 - (d) Any other evidence acceptable to the Division, as indicated on the form created by the Division pursuant to ~~subsection 4~~ subsection 6 of Section 11.
6. ~~{4-}~~ The Division will develop a form for each report required by subsection 1 or 2, in a manner prescribed by the State Board of Health. A copy of the root cause analysis required by subsection 3 of Section 11 and corrective action plan required by subsection 4 of Section 11 must be attached and submitted with the second form.

Specific forms will be used to report the following events:

- (a) Blood or Blood Product Form•
- (b) Device or Medical/Surgical Supply Form•
- (c) Fall Form•
- (d) Healthcare-associated Infection Form•
- (e) Medication or Other Substance Form•
- (f) Perinatal Form•
- (g) Pressure Ulcer Form•
- (h) Surgery or Anesthesia Form•

The specific form(s) will be submitted in place of the second form if a specific form is required.

The Division will distribute copies of the forms created pursuant to this subsection to each medical facility in this State.

7. ~~[5]~~ The Division will assign a unique identification code to each medical facility in this State, to be used on the reports required by subsections 1 and 2. (Added to NAC by Health Div. by R118-04, eff. 11-4-2004)
8. *If a facility suspects that a sentinel event may have occurred to a patient who was transferred or discharged from another facility, the receiving facility shall report the suspected sentinel event to the facility that initiated the transfer or discharge. The facility in which the sentinel event occurred will report the sentinel event to the sentinel event registry.*

Sec. 12. NAC 439.920 Patient safety committee: Establishment; composition; meetings. (NRS 439.875, 439.890)

1. A medical facility that has fewer than 25 employees and contractors shall establish a patient safety committee composed of:
 - (a) The patient safety officer of the medical facility;
 - (b) At least two providers of health care who treat patients at the medical facility, including, without limitation, one member of the medical staff and one member of the nursing staff of the medical facility; and
 - (c) The chief executive officer or chief financial officer of the medical facility.
2. A patient safety committee established pursuant to this section must meet at least once every calendar quarter. (Added to NAC by Health Div. by R118-04, eff. 11-4-2004)

Sec. 13. National Healthcare Safety Network (NHSN):

Enrollment and Training Requirements; Confidentiality of Data

1. *Each medical facility that participates in NHSN shall comply with all NHSN requirements that are necessary to maintain enrollment in NHSN.*
2. *Each NHSN Facility Administrator shall:*
 - (a) *Complete the NHSN enrollment process established in the NHSN Facility Administrator Enrollment Guide, incorporated herein by reference, as amended and supplemented and are available for free, electronically at the NHSN website: <http://www.cdc.gov/nhsn/>;*

- (b) Adhere to the NHSN training set forth at Centers for Disease Control and Prevention's (CDC) website entitled National Healthcare Safety Network, NHSN Training Requirements (Facility Administrator), incorporated herein by reference, as amended and supplemented and are available for free, electronically at the NHSN website: <http://www.cdc.gov/nhsn/>;
- (c) Designate NHSN authorized users for his or her medical facility; and
- (d) Join the Health Division user group that allows the Health Division to access facility-acquired infection data that his or her medical facility submits to NHSN.
3. Except as otherwise provided in NRS 239.0115, any information provided to the Health Division relating to facility-acquired infection data or procedures that the Health Division retrieves from NHSN is confidential, not subject to subpoena or discovery and not subject to inspection by the general public. The confidentiality of data provided to the Health Division in this section, does not preclude the Health Division from making available the public reports described in this section.
- (a) Annual public reports, using data collected from NHSN, will be posted on the Health Division's website at: http://health.nv.gov/HCOC_HealthFacilities.htm. The Health Division will ensure that the information does not reveal the identity of a specific person. The report may include, but will not be limited to:
- (1) the name of the specific medical facilities;
 - (2) an analysis of trends;
 - (3) the types of procedures and infections being reported on;
 - (4) rates of infection;
 - (5) medical facility rate comparisons; and/or
 - (6) recommendations for improvement.

If figures generated from public health data pose the risk of compromising the identity of a patient or patients, the Health Division will adhere to standard methods of data suppression and reporting to assure patient confidentiality.

4. Each NHSN Authorized User shall:

- (a) Complete the NHSN enrollment process established in the NHSN User Start-up Guide, Updated June 17, 2009, incorporated herein by reference, as amended and supplemented and is available free of charge, electronically at the NHSN website at: <http://www.cdc.gov/nhsn/>; and
- (b) Adhere to the NHSN training set forth at CDC's website entitled National Healthcare Safety Network (NHSN), NHSN Training Requirements (User, other than Facility or Group Administrator), incorporated herein by reference, as amended and supplemented and are available free of charge, electronically at the NHSN website <http://www.cdc.gov/nhsn/>.

Sec 14. Collection and Reporting of Data

1. A medical facility that meets the criteria prescribed in subsection (1) of Section 4 of Senate Bill 319 of the 2009 legislative session shall routinely collect and submit the data required to be collected under Section 14 (Collection and Reporting of Data) to NHSN in accordance with NHSN definitions, methods, requirements, and procedures.
2. A medical facility that meets the criteria prescribed in subsection (2) of Section 4 of Senate Bill 319 of the 2009 legislative session may routinely collect and submit data to NHSN. The data collected and submitted shall be collected and submitted as prescribed under Section 14 (Collection and Reporting of Data) and in accordance with NHSN definitions, methods, requirements, and procedures.
 - (a) For hospitals, the requirement to report through NHSN will be determined by dividing the total number of acute inpatient days by 365.
 - (b) For all other medical facilities, this will be determined by dividing the total number of patients seen each day by the total number of business days open that calendar year.
 - (c) Medical facilities which meet the criteria prescribed in subsection (2) of Section 4 of Senate Bill 319 of the 2009 legislative session using NHSN to report only on MRSA may be excluded from reporting on subsections 3, 5, 6, 7, 8, and 9, of Section 14.
3. A hospital, which meets the criteria prescribed in subsection (1) of Section 4 of Senate Bill 319 of the 2009 legislative session, shall collect and submit data related to central line-associated bloodstream infections in the following areas:
 - (a) Intensive care units;

- (b) Specialty care areas including: Hematology/oncology wards; bone marrow transplant units, solid organ transplant units, inpatient dialysis units, and long term acute care areas;
 - (c) Neonatal intensive care units; and
 - (d) Any other inpatient location in the institution where denominator data can be collected such as surgical or medical wards.
- 4. A hospital, which meets the criteria prescribed in subsection (1) of Section 4 of Senate Bill 319 of the 2009 legislative session shall collect and submit data related to methicillin-resistant staphylococcus aureus (MRSA). The hospital shall, at a minimum, report MRSA Metric 1 and Metric 2, for each specific location in the institution where denominator data can be collected.
- 5. Beginning January 1, 2011, a hospital which meets the criteria in subsection (1) of Section 4 of Senate Bill 319 of the 2009 legislative session, shall implement the Patient Safety Component, Medication-Associated, Antimicrobial use and resistance option of NHSN.
- 6. Beginning June 1, 2011, a hospital which meets the criteria in subsection (1) of Section 4 of Senate Bill 319 of the 2009 legislative session, shall collect and submit data related to the following surgical site infections:
 - (a) Deep sternal wound for cardiac surgery, including coronary artery bypass graft;
 - (b) Total hip and knee replacement surgery;
 - (c) Hysterectomy, abdominal and vaginal; and
 - (d) Laminectomy.
 - (e) The ICD 9 code, derivative, or successor system shall be reported in NHSN when reporting a surgical site infection.
- 7. Beginning October 1, 2010, a surgical center for ambulatory patients, which meets the criteria in subsection (1) of Section 4 of Senate Bill 319 of the 2009 legislative session, shall collect and submit data related to surgical site infections for the following clinical procedures:
 - (a) Gallbladder surgery;
 - (b) Open reduction of fracture(s);

- (c) Herniorrhaphy; and
 - (d) Breast Surgery.
 - (e) The ICD 9 code, derivative, or successor system shall be reported in NHSN when reporting a surgical site infection.
- 8. Beginning October 1, 2010, an independent center for emergency medical care as that term is defined in NRS 449.013, which meets the criteria in subsection (1) of Section 4 of Senate Bill 319 of the 2009 legislative session, shall collect and submit data for the following:
 - (a) Healthcare personnel influenza vaccination rates; and
 - (b) Surveillance monitoring adherence to hand hygiene
- 9. Upon opening, an obstetric center as that term is defined in NRS 449.0155, which meets the criteria in subsection (1) of Section 4 of Senate Bill 319 of the 2009 legislative session, shall, within 120 days after becoming eligible, collect and submit data for the following:
 - (a) Healthcare personnel influenza vaccination rates; and
 - (b) Surveillance monitoring adherence to hand hygiene.
- 10. The Health Division in consultation with medical facilities, infection preventionists, and medical facility associations may revise, add, or delete categories of infections, procedures, and NHSN components and sections set forth under Section 14, Collection and Reporting of Data. The Health Division shall provide written notification to each medical facility's chief executive officer and NHSN Facility Administrator stating the revisions, additions, or deletions that were made. The medical facility will have 120 days, after receipt of the letter, to implement any required changes. An updated list of reporting requirements will be kept on the Health Division's Bureau of Health Care Quality and Compliance website at <http://www.health.nv.gov/hcqc.htm>.
- 11. Each physician employed, credentialed and/or under contract with a medical facility, who performs a clinical procedure listed in Section 14, Collection and Reporting of Data, shall report to the medical facility at which the clinical procedure was performed a facility-acquired infection that the physician diagnoses at a follow-up appointment with the patient.

12. For facility-acquired infections for which the Health Division requires tracking and reporting as permitted in Section 14, Collection and Reporting of Data, medical facilities shall be required to report a suspected or confirmed facility-acquired infection associated with another medical facility to the originating medical facility. Documentation of reporting should be maintained for a minimum of three years.

Sec. 15. Data Accuracy And Retention

1. The chief executive officer, or his or her designee, of each medical facility shall submit in writing to the Health Division, by March 1st annually, a signed statement certifying that the facility has processes in place to ensure accurate submission of facility-acquired infection data in accordance with NHSN requirements during the current reporting year.

(a) The mailing address to which the chief executive officer, or his or her designee, shall submit the written certification is to: The Bureau of Health Care Quality and Compliance, 1550 College Parkway, Suite 158, Carson City, NV, 89706.

(b) Each medical facility shall retain, for a period of three years, all NHSN worksheets, test results, and records that each NHSN Facility Administrator and/or NHSN Authorized User utilizes to submit facility-acquired infection data to NHSN.

(c) The Health Division may conduct audits of each medical facility's facility-acquired infection data on a routine or as needed basis.