

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Draft Guideline for Hand Hygiene in Healthcare Settings

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

ACTION: Notice of availability and request for public comment.

SUMMARY: This notice is a request for review of and comment on the Draft Guideline for Hand Hygiene in Healthcare Settings, available on the CDC website at www.cdc.gov/ncidod/hip/hhguide.htm. The guideline has been developed for practitioners who provide care for patients and who are responsible for monitoring and preventing infections in healthcare settings. The guideline is intended to replace the hand hygiene recommendations in Guideline for Handwashing and Hospital Environmental Control, 1985.

DATES: Comments on the Draft Guideline for Hand Hygiene in Healthcare Settings must be received in writing on or before December 24, 2001.

FOR FURTHER INFORMATION CONTACT: Requests for copies of the Draft Guideline for Hand Hygiene in Healthcare Settings should be submitted to the Resource Center, Attention: HHGuide, Division of Healthcare Quality Promotion, CDC, Mailstop E-68, 1600 Clifton Rd., NE., Atlanta, Georgia 30333; fax 404 498-1244; e-mail: hhrequests@cdc.gov; or Internet: www.cdc.gov/ncidod/hip/hhguide.htm.

ADDRESSES: Comments on the Draft Guideline for Hand Hygiene in Healthcare Settings should be submitted to the Resource Center, Attention: HHGuide, Division of Healthcare Quality Promotion, CDC, Mailstop E-68, 1600 Clifton Road, NE., Atlanta, Georgia 30333; fax 404 498-1244; e-mail: hhcomments@cdc.gov; or Internet: www.cdc.gov/ncidod/hip/hhguide.htm.

SUPPLEMENTARY INFORMATION: The Draft Guideline for Hand Hygiene in Healthcare Settings is designed to provide healthcare practitioners with (1) a thorough review of evidence dealing with handwashing and hand antisepsis in healthcare settings and (2) specific recommendations to promote improved hand hygiene practices and reduce transmission of pathogenic microorganisms to patients and personnel in healthcare settings. Part I: Review of Scientific Data on Hand Hygiene Practices in Healthcare Settings

provides a historical perspective on hand hygiene and reviews in detail the efficacy of various agents used for handwashing and hand antisepsis and factors affecting adherence of healthcare personnel to recommended hand hygiene practices. Part I also discusses evidence documenting transmission of pathogens on hands, the relation between hand hygiene and acquisition of healthcare-acquired pathogens, and methods for improving hand hygiene. Part II: Recommendations provides consensus recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and other professional societies for the practice of hand hygiene in healthcare settings, including hospitals and ambulatory care, home care, and long-term care settings.

HICPAC was established in 1991 to provide advice and guidance to the Secretary and the Assistant Secretary for Health, DHHS; the Director, CDC; and the Director, National Center for Infectious Diseases, regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections in U.S. healthcare facilities. The committee advises CDC on guidelines and other policy statements regarding prevention of healthcare-associated infections and related adverse events.

Dated: November 5, 2001.

Karen Groux,

Deputy Associate Director for Management and, Operations Centers for Disease Control and Prevention.

[FR Doc. 01-28146 Filed 11-8-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Notice of Hearing: Reconsideration of Disapproval of Louisiana State Plan Amendment (SPA) 01-03

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing to reconsider our decision to disapprove Louisiana SPA 01-03 on December 19, 2001, at 10 a.m.; at 1301 Young Street; Conference Room 1113; Dallas, Texas 75202.

Closing Date: Requests to participate in the hearing as a party must be received by the presiding officer by 15 days after publication.

FOR FURTHER INFORMATION CONTACT:

Kathleen Scully-Hayes, Office of Hearings, Centers for Medicare & Medicaid Services, Suite L, 2520 Lord Baltimore Drive, Baltimore, Maryland 21244-2670, Telephone: (410) 786-2055.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider our decision to disapprove Louisiana SPA 01-03.

Section 1116 of the Social Security Act (the Act) and 42 CFR part 430 establish HHS procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. The Centers for Medicare & Medicaid Services (CMS) is required to publish a copy of the notice to a State Medicaid agency that informs the agency of the time and place of the hearing and the issues to be considered.

If we subsequently notify the agency of additional issues that will be considered at the hearing, we will also publish that notice.

Any individual or group that wants to participate in the hearing as a party must petition the presiding officer within 15 days after publication of this notice, in accordance with the requirements contained at 42 CFR 430.76(b)(2). Any interested person or organization that wants to participate as *amicus curiae* must petition the presiding officer before the hearing begins in accordance with the requirements contained at 42 CFR 430.76(c). If the hearing is later rescheduled, the presiding officer will notify all participants.

At issue is whether Louisiana may include in the calculation of disproportionate share hospital (DSH) payments the uncompensated costs of providing certain health care services that were not within the regulatory definition of hospital services and are not treated as hospital services for any other purpose. This amendment proposed including rural health clinic uncompensated care costs in a hospital's DSH payment calculation.

Section 1923(g)(1) of the Act sets forth a hospital-specific limit on DSH payments and permits only the costs of "hospital services" furnished by a hospital to be included in calculating this limit. Medicaid outpatient hospital services are defined in Federal regulations at 42 CFR 440.20(a). This regulation requires the services to be provided by an institution that is licensed or formally approved as a hospital by an officially designated authority for state standard setting. The institution also must meet the

conditions of participation in the Medicaid program. This means that a state may not include costs or revenues in the DSH calculation which are attributable to services rendered in a separately licensed/certified entity, even if that entity is owned by the same institution. Such health services are not "hospital services."

Louisiana SPA 01-03 is not consistent with either section 1923(g)(1) of the Act or 42 CFR 440.20, because it would include as hospital services (for purposes of the DSH calculations) health services that were not within the regulatory definition of hospital services or otherwise characterized as hospital services. Therefore, the CMS Administrator, after consulting with the Secretary as required by 42 CFR 430.15, informed Louisiana that Louisiana SPA 01-03 was disapproved.

The notice to Louisiana announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Mr. David W. Hood,
Secretary, Louisiana Department of Health
and Hospitals, 1201 Capitol Access
Road, P.O. Box 91030, Baton Rouge, LA
70821-9030

Dear Mr. Hood: I am responding to your request for reconsideration of the decision to disapprove Louisiana State Plan Amendment (SPA) 01-03.

At issue is whether Louisiana may include in the calculation of disproportionate share hospital (DSH) payments the uncompensated costs of providing certain health care services that were not within the regulatory definition of hospital services and are not treated as hospital services for any other purpose. This amendment proposed including rural health clinic uncompensated care costs in a hospital's DSH payment calculation.

Section 1923(g)(1) of the Social Security Act (the Act) sets forth a hospital-specific limit on DSH payments and permits only the costs of "hospital services" furnished by a hospital to be included in calculating this limit. Medicaid outpatient hospital services are defined in Federal regulations at 42 CFR 440.20(a). This regulation requires the services to be provided by an institution that is licensed or formally approved as a hospital by an officially designated authority for state standard setting. The institution also must meet the conditions of participation in the Medicaid program. This means that a state may not include costs or revenues in the DSH calculation which are attributable to services rendered in a separately licensed/certified entity, even if that entity is owned by the same institution. Such health services are not "hospital services."

Louisiana SPA 01-03 is not consistent with either section 1923(g)(1) of the Act or 42 CFR 440.20 because it would include as hospital services (for purposes of the disproportionate share calculations) health services that were not within the regulatory definition of hospital services or otherwise characterized as hospital services. Therefore, the Centers

for Medicare & Medicaid Services' Administrator, after consulting with the Secretary as required by 42 CFR 430.15, informed Louisiana that Louisiana SPA 01-03 was disapproved.

I am scheduling a hearing on your request for reconsideration to be held on December 19, 2001, at 10 a.m.; 1301 Young Street; Conference Room 1113; Dallas, Texas 75202.

If this date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed at 42 CFR, part 430.

I am designating Ms. Kathleen Scully-Hayes as the presiding officer. If these arrangements present any problems, please contact the presiding officer. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the presiding officer to indicate acceptability of the hearing date that has been scheduled and provide names of the individuals who will represent the State at the hearing. The presiding officer may be reached at (410) 786-2055.

Sincerely,
Thomas A. Scully,
Administrator.

(Sec. 1116 of the Social Security Act (42 U.S.C. 1316); 42 CFR 430.18)
(Catalog of Federal Domestic Assistance Program No. 13.714, Medicaid Assistance Program)

Dated: November 5, 2001.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 01-28220 Filed 11-8-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Report of New System

AGENCY: Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (formerly the Health Care Financing Administration).

ACTION: Notice of New System of Records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we are proposing to establish a new system of records. The proposed system is titled "Inpatient Rehabilitation Facilities Patient Assessment Instrument (IRF-PAI), HHS/CMS/CMSO, 09-70-1518." CMS proposes to establish a new system of records containing data on the physical, cognitive, functional, and psychosocial status of all patients receiving the services of Inpatient Rehabilitation

Facilities (IRF) that are approved to participate in the Medicare program. Information will not be retained in this system for those individuals who have non-Medicare payment sources.

The primary purpose of the IRF system of records is to support the IRF prospective payment system (PPS) for payment of the IRF Medicare Part A fee-for-services furnished by the IRF to Medicare beneficiaries. Other purposes for the system of records are to: (1) Help validate and refine the Medicare IRF-PPS; (2) study and help ensure the quality of care provided by IRFs; (3) enable CMS and its agents to provide IRFs with data for their own quality assurance and, (4) ultimately, quality improvement activities; (5) support agencies of the State government, deeming organizations or accrediting agencies to determine, evaluate and assess overall effectiveness and quality of IRF services provided in the State; (6) provide information to consumers to allow them to make better informed selections of providers; (7) support regulatory and policy functions performed within the IRF or by a contractor or consultant; (8) support constituent requests made to a Congressional representative; (9) support litigation involving the facility; and (10) support research on the utilization and quality of inpatient rehabilitation services; as well as, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health for understanding and improving payment systems. We have provided background information about the proposed system in the "Supplementary Information" section below. Although the Privacy Act requires only that the "routine use" portion of the system be published for comment, CMS invites comments on all portions of this notice. See "Effective Dates section for comment period.

EFFECTIVE DATES: CMS filed a new system report with the Chair of the House Committee on Government Reform and Oversight, the Chair of the Senate Committee on Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget (OMB) on November 2, 2001. In any event, we will not disclose any information under a routine use until 40 days after publication. We may defer implementation of this system of records or one or more of the routine use statements listed below if we receive comments that persuade us to defer implementation.