

**ARIZONA DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH SERVICES
BUREAU OF EPIDEMIOLOGY AND DISEASE CONTROL SERVICES
#SP-058-PHS-EDC**

HEALTH CARE INSTITUTION ADMINISTRATOR REPORTING

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties, you may petition the agency under Arizona Revised Statutes Section 41-1033 for a review of the statement.

The purpose of this substantive policy statement is to notify the public how the Arizona Department of Health Services (Department) interprets the reporting requirements in Arizona Administrative Code (A.A.C.) R9-6-202(B) for an administrator of a health care institution (HCI) in which a case or suspect case of a reportable disease is diagnosed, treated, or detected or a reportable occurrence is detected.

A.A.C. R9-6-201(5) defines:

“Health care provider required to report” means a physician, physician assistant, registered nurse practitioner, or dentist who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 1 or detects an occurrence listed in Table 1.

A.A.C. R9-6-202(A) states:

A health care provider required to report shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).

A.A.C. R9-6-202(B) states:

An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 1 is diagnosed, treated, or detected or an occurrence listed in Table 1 is detected shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).

Table 1 lists those diseases and occurrences for which reporting is required and provides time limitations for reporting for each.

The Department understands that in the context of a HCI, A.A.C. R9-6-202 requires two distinct individuals to report each disease diagnosed, treated, or detected or each occurrence detected at the HCI: the health care provider required to report (HCP) and the administrator of the HCI in which the diagnosis, treatment, or detection of a case, suspect case, or occurrence takes place. The Department is also aware that the administrator of a HCI often does not have actual knowledge of the diagnosis or treatment of a case or suspect case of a reportable disease or the detection of a reportable occurrence. Instead, the administrator of a HCI often relies upon the HCI’s personnel assigned to prevent, detect, and control infection (infection preventionists) to complete the reporting required of the HCI administrator. For those diseases for which there is a definitive diagnostic test, this can be done simply based upon clinical laboratory test results. This is more complicated, however, for those diseases or occurrences that are diagnosed or detected based upon a HCP’s clinical judgment. In the context of a HCI, the Department

interprets the requirement for both a HCP and a HCI administrator to report a case, suspect case, or occurrence to mean that each reportable case, suspect case, or occurrence diagnosed, treated, or detected at the HCI needs to be reported to the local health agency at least once. The Department expects an administrator of a HCI to have a system in place to ensure that each reportable case, suspect case, and occurrence diagnosed, treated, or detected in the HCI is reported at least once, within the required time and including all required information.

A.A.C. R9-6-202(A) and (B) allow for HCP and HCI administrator reporting to be done either personally or through a representative, so it is permissible for a HCI administrator to establish a policy and procedure explaining how the reporting requirements for both the HCI administrator and the HCP are to be satisfied through a single report. For example, a policy and procedure could require HCPs to report internally to HCI's infection preventionists so that the infection preventionists can complete all reporting on behalf of the HCI administrator and the HCPs. This is the most commonly used procedure currently, and it carries the added benefit of ensuring that the HCI's infection preventionists are aware of all reportable diagnoses made in the HCI. Alternatively, a policy and procedure could require HCPs to report cases, suspect cases, or occurrences on behalf of themselves and the HCI administrator. Another alternative would be for a policy and procedure to require HCPs who diagnose, treat, or detect reportable cases, suspect cases, or occurrences for which there are no definitive diagnostic tests, and for which diagnosis is made on the basis of clinical judgment, to report those to the local health agency on behalf of themselves and the HCI administrator, but to require that all other reporting on behalf of the HCPs and the HCI administrator be done by the HCI's infection preventionists.

For those conditions for which a definitively diagnostic laboratory test does exist, and diagnosis is made on the basis of a test result from the HCI's clinical laboratory, another distinct individual, the clinical laboratory director, is required to report under A.A.C. R9-6-204 and Table 3. In the context of a HCI, the Department again interprets the requirement for both a HCI administrator and the HCI's clinical laboratory director to report to the local health agency at least once. However, the information required to be reported under A.A.C. R9-6-202 differs from the information required to be reported under A.A.C. R9-6-204, and, for some specified agents of disease, a clinical laboratory director is required to report not only test results but also receipt of a specimen and an order to test the specimen for the agent. If a HCI administrator establishes a system to satisfy both reporting requirements through a single report, the HCI administrator needs to ensure that all the information required in both A.A.C. R9-6-202 and A.A.C. R9-6-204 is contained in the single report and that all reports required by either A.A.C. R9-6-202 or A.A.C. R9-6-204 are made within the shorter of the required times.

Although the Department does not expect a HCI administrator to have personal knowledge of every reportable case, suspect case, or occurrence at the HCI, the Department does expect a HCI administrator to make every effort to ensure that there is an effective system in place to ensure that cases, suspect cases, and occurrences are reported to the local health agency as required under A.A.C. R9-6-202 and Table 1 and, if applicable, A.A.C. R9-6-204 and Table 3, and to educate each HCP and, if applicable, clinical laboratory director in the HCI of their responsibilities under the rules and the HCI's reporting system.

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