SIR – CLABSI Data for CMS IPPS (2015 Baseline)

The NHSN Analysis Output Option, "SIR - CLAB Data for Hospital IQR" was created in order to allow facilities to review those data that would be submitted to CMS on their behalf. It's important to keep in mind the following as you begin to use this report:

- a. These data will only be submitted for those facilities that are participating in the CMS IPPS Hospital IQR Program, as indicated by their CCN recorded in NHSN.
- b. This report will only include in-plan CLABSI data for each adult, pediatric, and neonatal ICU beginning with 2015 data and in-plan CLABSI data for each adult and pediatric medical, surgical, and medical/surgical ward beginning with 2015 data. Other locations/earlier years for which you may have reported CLABSI data will not be included in this output.
- c. **IMPORTANT!** Facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified.
- d. This output option represents an SIR for each hospital, <u>not</u> each CCN. If your hospital shares a CCN, this SIR will only represent the data that your hospital has contributed to the overall SIR for all hospitals that share the CCN. You may wish to use the Group feature in NHSN to obtain a single SIR for all the hospitals that share a CCN. More information about the Group feature can be found here: http://www.cdc.gov/nhsn/group-users/index.html.
- e. The data in this report will represent data current as of the last time you generated datasets. Note that data in the Quality Net Provider Participation Report are not updated simultaneously with your data in NHSN. Data changes made in NHSN will be reflected in the next monthly submission to CMS.
 EXCEPTION: Quarterly data are frozen as of the final submission date for that quarter (e.g., Q1 data will be frozen as of 3am ET on August 16th); any changes made to these data in NHSN after the final submission deadline will not be reflected in later months on the Provider Participation Report or on Hospital Compare.
- f. To learn more about the standardized infection ratio (SIR), including how it is calculated for CLABSI data, please see the NHSN SIR Guide at <u>https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf</u>
- g. The information in this document should be used in conjunction with the document, "Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program)", available from: <u>http://www.cdc.gov/nhsn/cms/index.html#clabsi</u>.



Example of the "SIR – CLABSI Data for CMS IPPS (2015 Baseline)": Interpretation and Data Checking

Before running this output option, remember to generate your datasets for the most up-to-date data reported to NHSN by your facility! To generate datasets, go to Analysis > Generate Data Sets, then click "Generate New".

1. After selecting Analysis > Reports, navigate through the following folders: CMS Reports > Acute Care Hospitals (ACHs). Click "Run" next to "SIR – CLABSI Data for CMS IPPS (2015 Baseline)", as shown below:

📡 Analysis Reports	
Expand All Collapse All Search	
🖙 📴 HAI Risk Adjusted Measure Reports (SIRs, SURs)	
🖙 📴 HAI Detailed Reports (Line Lists, Rate Tables, etc.)	
🕬 📴 HAI Digital Measures	
🚛 📴 CMS Reports	
🚛 📴 Acute Care Hospitals (ACHs)	
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Run Report SSI Data for CMS IPPS	(2015 Baseline)
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Modify Report .abID Data for CMS IPP	S (2015 Baseline)
🕬 🔁 Export Data Set s)	
🕬 inpatient Renabilitation Facilities (IRFs)	
🖙 📴 Long Term Acute Care Hospitals (LTACs)	
🖙 📴 PPS-Exempt Cancer Hospitals (PCHs)	
🖙 📴 Targeted Assessment for Prevention (TAP) Reports	
🖙 📴 Antimicrobial Use and Resistance Module	
🖙 📴 COVID-19 Module	
🖙 📴 Nursing Hours Per Patient Day (NHPPD)	
🖙 📴 Supplemental Reports	
🖙 📴 Device-Associated (DA) Module	
🗁 🚔 My Custom Reports	
🔤 🙀 Published Reports	

- By default, the results will appear in an HTML window. If a second window does not pop-up, please be sure to check your pop-up blocker and allow pop-ups from *.cdc.gov.
 Within the output, there will be 4 tables, each described below:
 - SIR CLAB Data for Hospital IQR (2015 Baseline) By OrgID The first table represents an overall, single SIR for your facility, per calendar-year quarter, as shown below. This is the information that will be submitted to CMS for each IPPSparticipating facility, as indicated by the facility's CCN.



National Healthcare Safety Network

SIR for Urinary Catheter-associated UTI Data in Acute Care Hospitals for CMS IPPS (2015 Baseline) - By OrgID

As of: January 17, 2024 at 5:38 PM

Date Range: All BS2 CAU RATES CMS

if (((utiPlan = "Y") AND (locationType IN ("CC", "CC_ONC"))) OR ((utiPlan = "Y") AND (locCDC IN ("IN:ACUTE:WARD:M", "IN:ACUTE:WARD:MS", "IN:ACUTE:WARD:S", "IN:ACUTE:WARD:M_PED", "IN:ACUTE:WARD:MS_PED", "IN:ACUTE:WARD:S_PED"))))

orgID=10000 medType=' '

orgID	ccn	summaryYQ	infCount	numPred	numucathdays	SIR	SIR_pval	sir95ci
10000	012345678	2021Q1	2	1.051	919	1.903	0.3729	0.319, 6.287
10000	012345678	2021Q2	1	0.165	150		-	

Notice that the SIR will not be calculated if the number of predicted infection (numPred) is <1. Using the above table, one can conclude the following:

- a. This facility identified 2 CLABSIs (infCount) among 919 central line days (numCLDays) during the 1st quarter of 2021 (2021Q1).
- b. The number of CLABSIs predicted (numPred), based on national data, was 1.051.
- c. The overall SIR for this facility during this time period is 1.903, indicating that this facility observed approximately 90% more infections than expected.
- d. Based on the p-value (SIR pval) and the 95% confidence interval (SIR95CI), the SIR for this facility is not statistically different from 1, indicating that there were not significantly fewer infections identified than were expected.

SIR CLAB Data for Hospital IQR (2015 Baseline)- By OrgID/Location Type ii.

The second table provides an SIR for each quarter and location type (e.g., ICU, NICU) with reported in-plan CLABSI data during each time period. "CC" in this table will represent all adult and pediatric ICUs; "CC N" will include all level 2/3 and level 3 neonatal ICUs; and "WARD" will include all adult and pediatric medical, surgical, and medical/surgical wards.



National Healthcare Safety Network

SIR for Urinary Catheter-associated UTI Data in Acute Care Hospitals for CMS IPPS (2015 Baseline) - By OrgID/Location Type

As of: January 17, 2024 at 5:38 PM

Date Range: All BS2_CAU_RATES_CMS

if (((utiPlan = "Y") AND (locationType IN ("CC", "CC_ONC"))) OR ((utiPlan = "Y") AND (locCDC IN ("IN:ACUTE:WARD:M", "IN:ACUTE:WARD:MS", "IN:ACUTE:WARD:S", "IN:ACUTE:WARD:M_PED", "IN:ACUTE:WARD:MS_PED", "IN:ACUTE:WARD:S_PED"))))

orgID=10000	medType=M	

orgID	ccn	locationType	summaryYQ	infCount	numPred	numucathdays	SIR	SIR_pval	sir95ci
10000	012345678	СС	2021Q1	2	0.810	718			
10000	012345678	CC_N	2021Q1	0	0.731	201			
10000	012345678	CC_N	2021Q2	0	0.061	65			
10000	012345678	WARD	2021Q2	1	0.060	63			

The data in this table can be interpreted similar to the first SIR table, described above. Note that this table will allow you to see the how many CLABSIs and device days were reported in each location type, as defined by CDC.

 SIR for CLAB Data for Hospital IQR (2015 Baseline) – By OrgID/CDC Location Code The third table provides an SIR for each quarter and CDC location (e.g., adult medical ICU, pediatric medical/surgical ICU). Note that if your facility reports data for more than one location of the same CDC type (for example, 2 medical ICUs), these locations will be grouped into one SIR in this table.

National Healthcare Safety Network

SIR for Urinary Catheter-associated UTI Data in Acute Care Hospitals for CMS IPPS (2015 Baseline) - By OrgID/CDC Location Code

As of: January 17, 2024 at 5:38 PM

Date Range: All BS2_CAU_RATES_CMS

if (((utiPlan = "Y") AND (locationType IN ("CC", "CC_ONC"))) OR ((utiPlan = "Y") AND (locCDC IN ("IN:ACUTE:WARD:M", "IN:ACUTE:WARD:MS", "IN:ACUTE:WARD:S", "IN:ACUTE:WARD:M_PED", "IN:ACUTE:WARD:MS_PED", "IN:ACUTE:WARD:S_PED"))))

orgID=10000 medType=G

orgID	ccn	loccdc	summaryYQ	infCount	numPred	numucathdays	SIR	SIR_pval	sir95ci
10000	012345678	IN:ACUTE:CC:C	2021Q1	2	0.810	718			
10000	012345678	IN:ACUTE:CC:NURS	2021Q1	0	0.731	201			
10000	012345678	IN:ACUTE:CC:NURS	2021Q2	0	0.061	65			
10000	012345678	IN:ACUTE:WARD:M	2021Q2	1	0.060	63			



iv. SIR for CLAB Data for Hospital IQR (2015 Baseline) – By OrgID/Location
 The fourth table provides an SIR for each quarter and individual location within your facility.
 This is also the only table that will allow you to see how many months of data are included in each location's quarterly SIR.

For example, looking at the MH NICU location below, we can see that the "months" column shows a value of 1, indicating that only 1 month of data have contributed to the quarterly SIR for this location. This will indicate that the SIRs in this output option are incomplete and additional data checking is needed.

National Healthcare Safety Network SIR for Urinary Catheter-associated UTI Data in Acute Care Hospitals for CMS IPPS (2015 Baseline) - By OrgID/Location

As of: January 17, 2024 at 5:38 PM

Date Range: All BS2_CAU_RATES_CMS

if (((utiPlan = "Y") AND (locationType IN ("CC", "CC_ONC"))) OR ((utiPlan = "Y") AND (locCDC IN ("IN:ACUTE:WARD:M", "IN:ACUTE:WARD:MS", "IN:ACUTE:WARD:S", "IN:ACUTE:WARD:M_PED", "IN:ACUTE:WARD:MS_PED", "IN:ACUTE:WARD:S_PED"))))

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orgid	ccn	location	summaryYQ	months	infcount	numPred	numucathdays	SIR	SIR_pval	SIR95CI
10000	012345678	ICU	2021Q1	3	2	0.810	718	•		
10000	012345678	LOTEAC	2021Q2	3	1	0.060	63	•		
10000	012345678	MH NICU	2021Q2	1	0	0.061	65			
10000	012345678	NICU	2021Q1	3	0	0.731	201	·		

orgid=10000 medType=' '

- 3. What can be done if data are incomplete, as in the MH NICU example above, or if the number of infections or central line days is incorrect?
 - i. Check that the summary data for this location have been entered for each month in the quarter. This includes central line days and patient days.
 - ii. If summary data have been entered, double-check your monthly reporting plan for each month in the quarter. Check to make sure that each location is included in your monthly reporting plan, with the CLABSI box checked.
 - iii. If summary data have been entered and no CLABSIs have been identified, be sure to check the 'Report No Events' box on the summary record, next to the Central Line days count.
 - iv. If the number of infections is less than you reported *and* you've confirmed that the summary data have been entered in-plan, double check the BSI events in NHSN: if central line is entered as "No", the event is *not* considered a CLABSI and will not appear in this report. Note that you can edit the event with the correct information.



REMEMBER: If you have made any changes to your data, regenerate your datasets in order to review your output options with the most up-to-date data in NHSN.

Additional Resources

CMS Resources for NHSN Users: <u>http://www.cdc.gov/nhsn/cms/index.html</u>

Operational Guidance: <u>http://www.cdc.gov/nhsn/PDFs/FINAL-ACH-CLABSI-Guidance.pdf</u>

Analysis Quick Reference Guides: http://www.cdc.gov/nhsn/PS-Analysis-resources/reference-guides.html

