

## **Using the “Rate Table - CLAB Data for CMS PPS-Exempt Cancer Hospitals”**

### **Output Option**

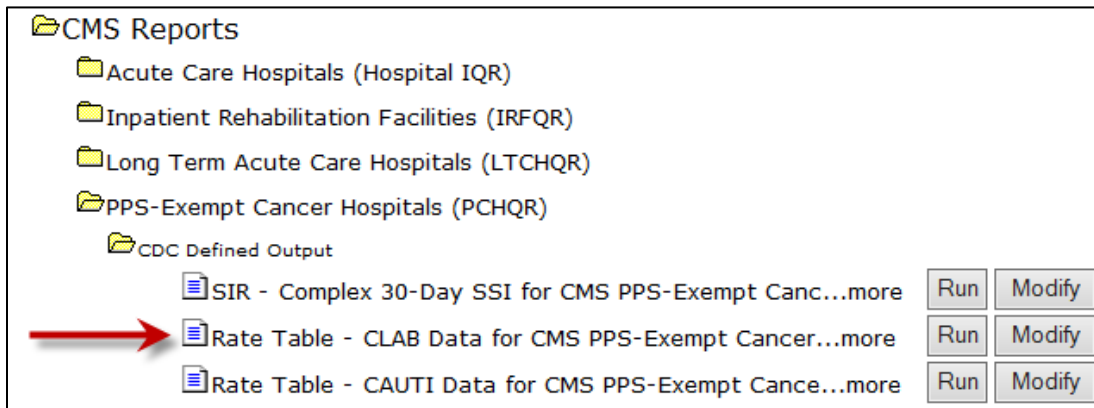
The NHSN Analysis Output Option, “Rate Table - CLAB Data for CMS PPS-Exempt Cancer Hospitals” was created in order to allow facilities to review those data that would be submitted to CMS on their behalf. It’s important to keep in mind the following as you begin to use this report:

- a. These data will only be submitted for those facilities that are participating in the CMS PPS-Exempt Cancer Hospital Reporting (PCHQR) Program, as indicated by their CCN recorded in NHSN.
- b. This report will only include **in-plan CLABSI data for each oncology intensive care unit (ICU), ward, and step-down unit beginning with 2013 data**. Other locations/earlier years for which you may have reported CLABSI data, as well as off-plan 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. The data in this report will represent data current as of the last time you generated datasets.  
**REMINDER:** Quarterly data submitted to CMS are frozen as of the final submission date for that quarter (e.g., Q1 data will be frozen as of 1am ET on August 16th); any changes made to these data in NHSN after the final submission deadline will only be reflected within NHSN.
- e. 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’ PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program” available at:  
<http://www.cdc.gov/nhsn/cms/index.html>.

**Example of the “Rate Table – CLAB Data for CMS PPS-Exempt Cancer Hospitals”: 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 > Output Options, navigate through the following folders: CMS Reports > PPS-Exempt Cancer Hospitals (PCHQR)> CDC-Defined Output. Click “Run” next to “Rate Table – CLAB Data for CMS PPS-Exempt Cancer...”, as shown below:



2. 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 a single rate table that provides quarterly rates per CDC Location code. The data in this table will mirror the data that will be submitted to CMS.

**For Example:**

<b>National Healthcare Safety Network</b>						
<b>Rate Table for CLAB Data for CMS PPS-Exempt Cancer Hospitals</b>						
As of: August 19, 2013 at 8:15 AM						
Date Range: All CLAB_RATESONC						
orgID=11305						
loccdc	summaryYQ	months	CLABCount	numcldays	CLABRate	rate95ci
IN:ACUTE:CC:ONC_M	2013Q1	3	3	385	7.792	1.982, 21.207
IN:ACUTE:CC:ONC_MS	2013Q1	2	1	152	6.579	0.329, 32.447
IN:ACUTE:CC:ONC_S	2013Q1	3	1	193	5.181	0.259, 25.554
IN:ACUTE:WARD:ONC_HONC	2013Q1	3	0	199	0.000	0.000, 15.054
IN:ACUTE:WARD:ONC_HSCT	2013Q1	2	0	179	0.000	0.000, 16.736

Source of aggregate data: Not available  
 Data contained in this report were last generated on August 19, 2013 at 8:13 AM.  
 Includes in-plan CLABSI data from oncology locations only. Excludes oncology mixed acuity locations.

When reviewing the rate table, please note the following:

- a. Rates are provided per CDC location code; if your facility has more than one location of the same CDC location code/designation, their data will be combined in this table.
  - b. **summaryYQ** refers to calendar-year quarter (i.e., 2013Q1 includes January thru March, 2013).
  - c. The **months** column will include the number of location months that are contributing to the quarterly rate.
  - d. The **CLABcount** column is inclusive of all CLABSI (i.e., TCLAB and PCLAB) reported for that CDC location code.
  - e. The **numcldays** column is inclusive of all central line days (i.e., temporary and permanent) reported for that CDC location code.
  - f. The **CLABRate** is calculated as:  $(\text{CLABCount}/\text{numcldays}) * 1,000$
  - g. The **rate95ci** is a 95% confidence interval provided as an indicator of precision around the rate; it is not the result of a statistical test comparing your hospital's rate to an external benchmark.
3. What can be done if data are incomplete or inaccurate?
- 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.



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- Check that the summary data for each location have been entered for each month in the quarter. This includes temporary central line days, permanent central line days, and patient days.
- 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 each central line day count.
- 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 both permanent central line and temporary central line are 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: <http://www.cdc.gov/nhsn/cms/index.html>

Operational Guidance: [http://www.cdc.gov/nhsn/PDFs/CMS/FINAL\\_PCHQR\\_CLABSI\\_Guidance.pdf](http://www.cdc.gov/nhsn/PDFs/CMS/FINAL_PCHQR_CLABSI_Guidance.pdf)

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

