

Operational Guidance for Applicable Cancer Hospitals to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's PPS-Exempt Cancer Hospital Quality Reporting Program Requirements

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The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 31, 2012 that include central line-associated bloodstream infection (CLABSI) reporting from applicable cancer hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) program requirements for 2013. More specifically, the rule announced a reporting requirement for CLABSI data from applicable cancer hospitals beginning on January 1, 2013. This operational guidance provides additional information about reporting CLABSIs to NHSN as part of the PCHQR program. The requirements for CLABSI reporting to NHSN for this CMS program do not preempt or supersede any state mandates for CLABSI reporting to NHSN (i.e., hospitals in states with a SSI reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

NHSN users reporting CLABSI data to the system must adhere to the definitions and reporting requirements for CLABSIs as specified in the NHSN Patient Safety Component Protocol at <http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html>. This includes reporting of denominator data (patient days, temporary and permanent central line days), as well as CLABSIs, which are defined as primary bloodstream infections, i.e., not secondary to an infection at another body site, that are laboratory-confirmed and occur when a central line or umbilical catheter is in place or was in place for > 2 calendar days on the date of the event (with the day of device placement being day 1). CLABSI data must be reported from each patient care location in which facilities are required to monitor and report CLABSIs.



Applicable cancer hospitals must report CLABSIs and associated denominator data for infections that occur on or after January 1, 2013 from all inpatient care locations (i.e., adult and pediatric oncology intensive care units (ICUs), oncology wards and step-down units.)

Monthly reporting plans must be created or updated to include CLABSI surveillance in all locations from which reporting is required, i.e., CLABSI surveillance must be “in-plan” in order for data to be shared with CMS. All data fields required for both numerator and denominator data collection must be submitted to NHSN, including the “no events” field for any month during which no CLABSI events were identified. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format for numerator and denominator data (resources available at <http://www.cdc.gov/nhsn/cda/index.html>).

Although CDC/NHSN requires that data be submitted on a monthly basis and strongly encourages healthcare facilities to enter each month’s data within 30 days of the end of the month in which it is collected (e.g., all March data should be entered by April 30) so it has the greatest impact on infection prevention activities, each quarter’s data must be entered into NHSN no later than 4 ½ months after the end of the quarter in order for it to be shared with CMS. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 must be entered by November 15, Q3 must be entered by February 15, and Q4 must be entered by May 15 in order for data to be shared with CMS.

CLABSI data submitted to NHSN by PCHQR hospitals will be reported by CDC to CMS for each hospital. CDC will share all in-plan CLABSI data from locations that are required to report CLABSIs. CDC will provide location-specific CLABSI rates for each CDC location within the reporting hospital.

