Operational Guidance for Long Term Care Hospitals* to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Quality Reporting Requirements

**Note that Long Term Care Hospitals are called Long Term Acute Care Hospitals in NHSN.*

Updated September 2016

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 18, 2011 that include central line-associated bloodstream infection (CLABSI) reporting from long term care hospitals (LTCHs) via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the Long Term Care Hospital Quality Reporting Program requirements for 2012. More specifically, the rule announced a reporting requirement for CLABSI data from LTCHs beginning on October 1, 2012. This operational guidance provides additional information about reporting CLABSIs to NHSN as part of the Long Term Care Hospital Quality Reporting 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 CLABSI reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

Each licensed LTCH should enroll in NHSN as a separate facility (i.e., they will have a unique NHSN orgID), even if they are currently defined as locations within an acute care facility. During enrollment they should identify themselves as a HOSP-LTAC or HOSP-PEDLTAC and complete their LTCH facility survey, and they should accurately enter their CMS certification number (CCN) either when it is requested on enrollment or by entering it on the Facility Information screen after enrollment. After enrollment is complete they should map each of their inpatient locations to the appropriate CDC-defined location type.

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 https://www.cdc.gov/nhsn/LTACH/clabsi/index.html. This includes reporting of denominator

data (patient days and 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), from each patient care location in which facilities are required to monitor and report CLABSIs.

LTCHs must report CLABSIs and associated denominator data for infections that occur on or after October 1, 2012 from all inpatient locations.

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" 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 https://www.cdc.gov/nhsn/cdaportal/index.html).

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. For purposes of fulfilling CMS quality measurement reporting requirements, beginning with Q4 2015 data submissions, each facility's data must be entered into NHSN no later than 4½ months after the end of the reporting quarter. 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 for data to be shared with CMS.

CLABSI data submitted to NHSN hospitals that participate in the Long Term Care Hospital Quality Reporting Program 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 (all inpatient locations for LTCHs). CDC will provide hospital-specific CLABSI standardized infection ratios (SIR) for each reporting hospital by CMS Certification Number (CCN).