

FAQs: NHSN CLABSI Definition & Rebaseline

This document contains frequently asked questions regarding the central line-associated bloodstream infections (CLABSI) definition change and the 2015 standardized infection ratio (SIR) baseline. CDC is updating the baseline to continue driving the progress of preventing HAIs. The current risk adjustment methods and original baselines which vary by HAI type and/or healthcare facility type, have been updated using data entered into NHSN in 2015 as the source of aggregate data.

For more information about the rebaseline, please visit: <http://www.cdc.gov/nhsn/2015rebaseline>.

When will Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infections (MBI-LCBI) be removed from the CLABSI SIR?

CLABSI events reported to NHSN as MBI-LCBI will be excluded from the numerator when performing risk-adjustment of 2015 CLABSI data. MBI-LCBIs will continue to be included in the CLABSI numerator for CLABSI SIRs that use the original baselines (2006-2008 for acute care hospitals, 2013 for long-term acute care hospitals).

With the removal of MBI-LCBIs from the CLABSI SIR, will hospitals be required to report MBI-LCBIs?

Yes, MBI-LCBIs will remain a reportable event under the CLABSI protocol. Separate MBI measures will be available in early 2017 in NHSN for data analysis after the removal of MBI-LCBIs from the CLABSI measures. The MBI measures will include rate tables, and SIRs for acute care hospitals.

What percentage of CLABSIs are MBI-LCBIs?

The percentage of CLABSIs that meet the MBI-LCBI definition can vary by patient population. A recent analysis of the 2013 NHSN data showed that there were a total of 17,217 CLABSIs reported to NHSN, of which 8.2% met the MBI-LCBIs definition. However, the impact of the MBI-LCBI definition on CLABSI events was greater in oncology locations. CDC will perform additional analyses on 2014 and 2015 data to assess the distribution of MBI-LCBIs reported as CLABSI among various inpatient healthcare settings.

How will the changes of removing MBI-LCBIs from the CLABSI numerator be reported to CMS?

Data sent to CMS on and after August 16, 2016, will use the CLABSI SIRs (with MBI-LCBIs removed) created from the 2015 rebaseline. In addition, previously submitted 2015 data from acute care hospitals will be *resubmitted* to CMS using the 2015 rebaseline data to create CLABSI SIRs (with MBI-LCBIs removed) for use in future CMS program years.

Details regarding the use of SIRs for CMS programs (e.g., Hospital Value Based Purchasing) can be found in the Final Rule, as published in the Federal Register on August 17, 2015: <http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf>.

When will CDC publish updated CLABSI rates and/or SIRs that reflect this definition change?

CDC will update the risk-adjustment for HAIs using the event and denominator data reported to NHSN for 2015. Beginning in 2015, HAI prevention progress will be measured in comparison to infection data reported to NHSN in 2015, using updated risk-adjustment models. The SIRs using the 2015 baseline are scheduled to be available in NHSN in January 2017.

What can hospitals and other organizations expect to happen to their SIRs after the 2015 rebaseline?

The data included in the 2015 baseline will serve as a new “reference point” for comparing progress. CDC expects that hospital SIRs will increase and shift closer to 1, especially for SIRs that will be calculated for 2015.

Questions about the rebaseline may be directed to nhsn@cdc.gov.