



New CLABSI-Onc and CAUTI-Onc Measures for CMS HIQR Program

2026 Patient Safety Component Annual Training

Thursday April 9, 2026

Clay Bryant

Public Health Analyst

NHSN Acute Care Analytics Team

Division of Healthcare Quality Promotion, CDC

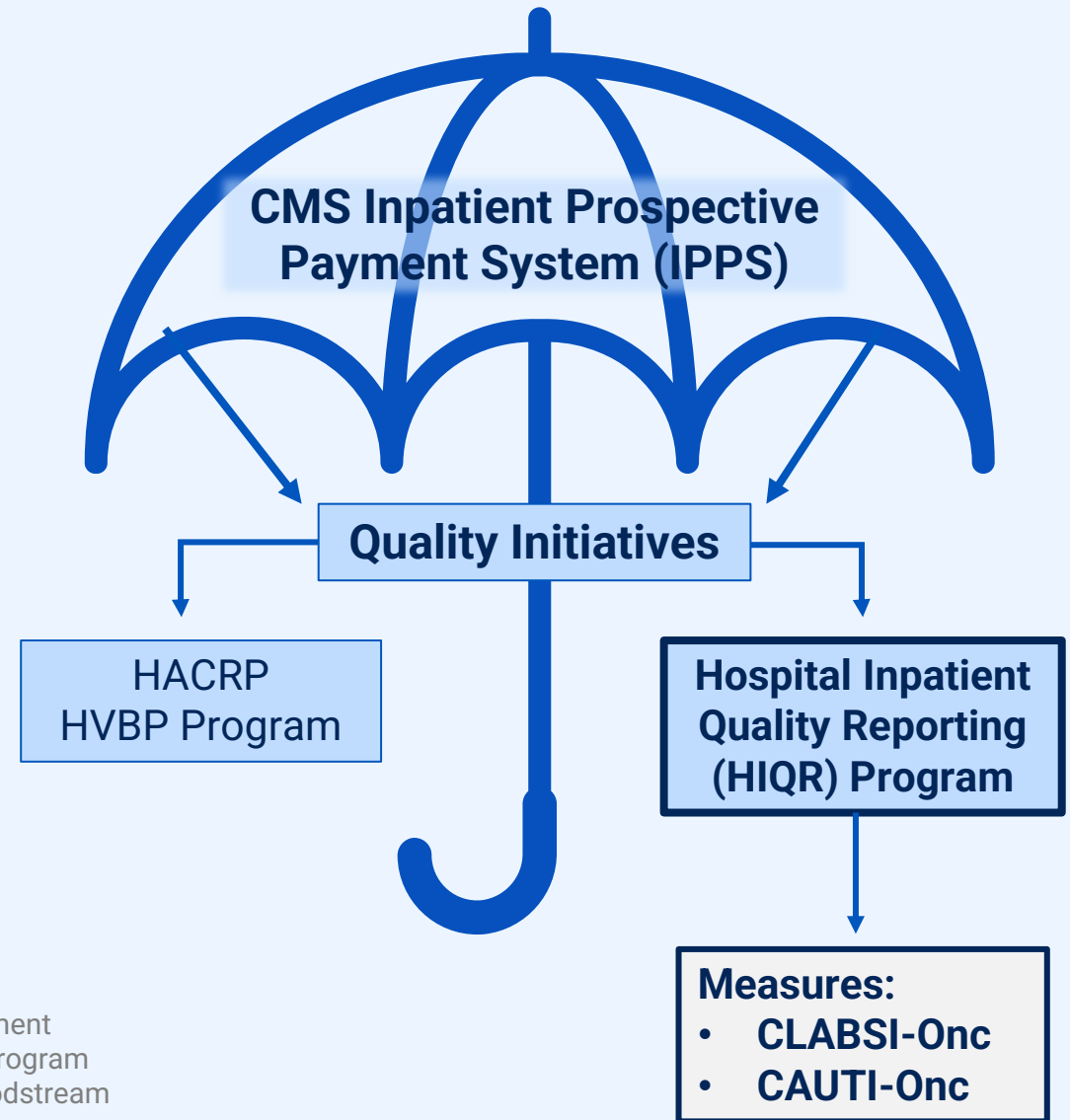
Acronyms: Central Line-Associated Bloodstream infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Centers for Medicare & Medicaid Services (CMS), Hospital Inpatient Quality Reporting (HIQR)

Objectives

- Provide a brief overview of the Centers for Medicare and Medicaid Services (CMS) Hospital Inpatient Quality Reporting (HIQR) Program
- Describe CLABSI-Onc and CAUTI-Onc measure, including reporting requirements, included locations, and SIR report structure
- Summarize answers to common questions

Background

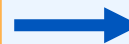
- On August 28, 2024, CMS published their [FY 2025 IPPS/LTCH PPS final rules](#) which expanded HAI (Healthcare-Associated Infection) reporting requirements under the IPPS.
- Under the [HIQR Program](#), these rules established new, separate measures for oncology locations to close a reporting gap and improve safety for vulnerable patients.
- This training will cover the specifics of the CLABSI-Onc and CAUTI-Onc measures, which became a mandatory measure under the HIQR program effective January 1, 2026.



Acronyms: Centers for Medicare and Medicaid Services (CMS), Inpatient Prospective Payment System (IPPS), Hospital Inpatient Quality Reporting (HIQR), Hospital-Acquired Reduction Program (HACRP), Hospital Value-Based Purchasing (HVBP) Program, Central Line-Associated Bloodstream Infection (CLABSI), Catheter-Associated Urinary Tract Infection (CAUTI), Oncology (Onc)

Q1: What are the new CMS reporting requirements for the CLABSI-Onc and CAUTI-Onc measures, beginning January 1, 2026?

- Starting January 1, 2026, hospitals participating in the CMS HIQR program must report CLABSI and CAUTI data (i.e., numerator and denominator) for **all inpatient oncology** locations.
- IMPORTANT** – All oncology locations must be added as "in-plan" in the NHSN Monthly Reporting Plan.
- This is an expansion of the existing CLABSI and CAUTI reporting, which already includes ICUs and medical/surgical wards.



View Monthly Reporting Plan

Plan saved successfully. SCA summary data have been updated.

Mandatory fields marked with *

Facility ID *: DHQP University Hospital (ID 17972)

Month *: January

Year *: 2026

No NHSN Patient Safety Modules Followed this Month

Section 1: Device-Associated Module

Locations	CLABSI	VAE	CAUTI	PedVAP	PedVAE
ONC_MIXED - IN:ACUTE:MIXED:ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONC_STEP - IN:ACUTE:STEP:ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ONC_HONC - IN:ACUTE:WARD:ONC_HONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For additional guidance on monthly reporting plans, refer to: [Monthly Reporting Plan](#)

Q2: Which oncology locations are included in the CLABSI-Onc and CAUTI-Onc measures?

- CMS and CDC/NHSN will use the following CDC location codes for the new oncology-stratified measures:

Location Name	NHSN Location Code
Oncology Medical Critical Care	IN:ACUTE:CC:ONC_M
Oncology Medical-Surgical Critical Care	IN:ACUTE:CC:ONC_MS
Oncology Pediatric Critical Care	IN:ACUTE:CC:ONC_PED
Oncology Surgical Critical Care	IN:ACUTE:CC:ONC_S
Oncology Leukemia Ward	IN:ACUTE:WARD:ONC_LEUK
Oncology Lymphoma Ward	IN:ACUTE:WARD:ONC_LYMPH
Oncology Leukemia/Lymphoma Ward	IN:ACUTE:WARD:ONC_LL
Oncology Solid Tumor Ward	IN:ACUTE:WARD:ONC_ST
Oncology Hematopoietic Stem Cell Transplant Ward	IN:ACUTE:WARD:ONC_HSCT
Oncology Pediatric Hematopoietic Stem Cell Transplant Ward	IN:ACUTE:WARD:ONC_HSCT_PED
Oncology General Hematology-Oncology Ward	IN:ACUTE:WARD:ONC_HONC
Oncology Pediatric General Hematology/Oncology Ward	IN:ACUTE:WARD:ONC_HONC_PED
Oncology Step-down Unit	IN:ACUTE:STEP:ONC
Oncology Mixed Acuity Unit	IN:ACUTE:MIXED:ONC

For additional guidance on NHSN locations or location mapping, refer to: [CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations](#)

Q3: What hospitals are required to report?

- All acute care hospitals (ACHs) participating in the CMS Hospital Inpatient Quality Reporting (HIQR) Program.

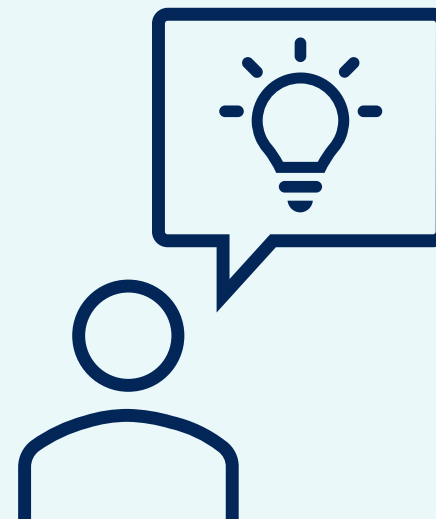
Note: CAHs are not required to participate in the HIQR Program, however, may voluntarily report.

- For questions regarding the CMS HIQR program, refer to: [Hospital Inpatient Quality Reporting \(IQR\) Program Overview](#) OR submit your question via [Ask a Question – QualityNet](#).

Knowledge Check #1

Starting **January 1, 2026**, hospitals participating in the **CMS HIQR** must report CLABSI/CAUTI data for:

- A. Oncology Wards
- B. Oncology Step-down and Mixed Acuity Units
- C. Oncology ICUs
- D. All the above



Q4: What if my hospital does not have any CDC-defined oncology locations?

- Acute Care Hospitals (ACHs) that do not have applicable oncology locations (slide 5) for the CLABSI-Onc and CAUTI-Onc measure **must** submit a CMS IPPS Measure Exemption Form each year to be excepted.
- CMS manages the IPPS Measure Exemption Form process. CDC/NHSN does not have insight into which hospitals have or have not submitted the exception form.
- For more information on the IPPS Measure Exemption Form, refer to: [Hospital Inpatient Quality Reporting \(IQR\) Program Participation](#), “IPPS Measure Exemption Form” tab OR submit your question to CMS via [Ask a Question - QualityNet](#)

Q5: Do hospitals need to report data differently for oncology locations?

- No, the process remains the same for reporting CLABSI-Onc and CAUTI-Onc numerator (events) and denominator (central line and urinary catheter days) data:
 - Manual “webform” entry OR
 - CDA import (if using electronic file submission)
- The only change is that applicable oncology locations must be included in-plan (i.e., entered in monthly reporting plan) and numerator/denominator data reported monthly.

Helpful Resource: [How to Set up CLABSI and CAUTI Reporting per NHSN Protocol for the CMS Inpatient Prospective Payment System](#)

How to Set Up CLABSI and CAUTI Reporting per NHSN Protocol for the CMS Inpatient Prospective Payment System (IPPS)

Updated December 2025

In order to fully comply with NHSN and CMS reporting requirements for the Hospital Inpatient Prospective Payment System (IPPS) that includes Device-Associated Module surveillance (CLABSI & CAUTI), facilities must complete the following steps:

1. Map each of their Adult ICUs, Pediatric ICUs, Neonatal ICUs (CLABSI only), Adult & Pediatric Medical, Surgical, and Medical/Surgical Wards.
2. Map all applicable oncology inpatient locations.
3. Include CLABSI and CAUTI module in their monthly reporting plan each month for each required location.
4. Enter CLABSI and CAUTI events when identified.
5. Enter location-specific summary data each month.
6. Resolve all applicable alerts (e.g., incomplete events, missing events, incomplete summary items).
7. Indicate when zero CLABSI and CAUTI events to report for all reportable locations in a given month.
 - **Important:** If you do not indicate that your facility identified no CLABSI or CAUTI events in a month and location, your data will not show up in the NHSN analysis reports, and it will **not** be included in data sent to CMS.

The following instructions include details of how to complete each step in the reporting process.

Step 1: Map every CMS reportable inpatient location

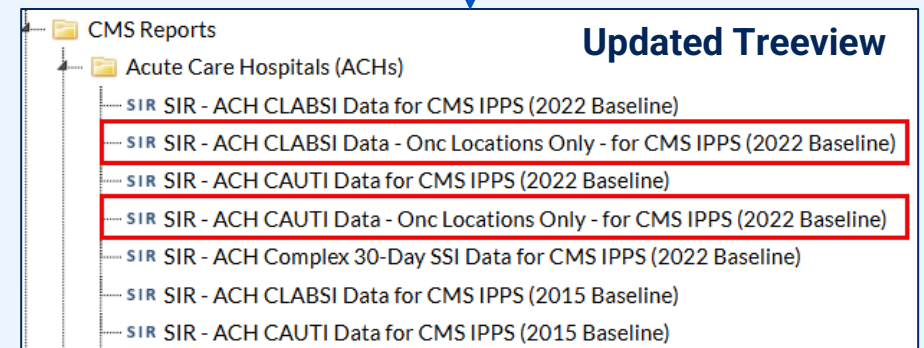
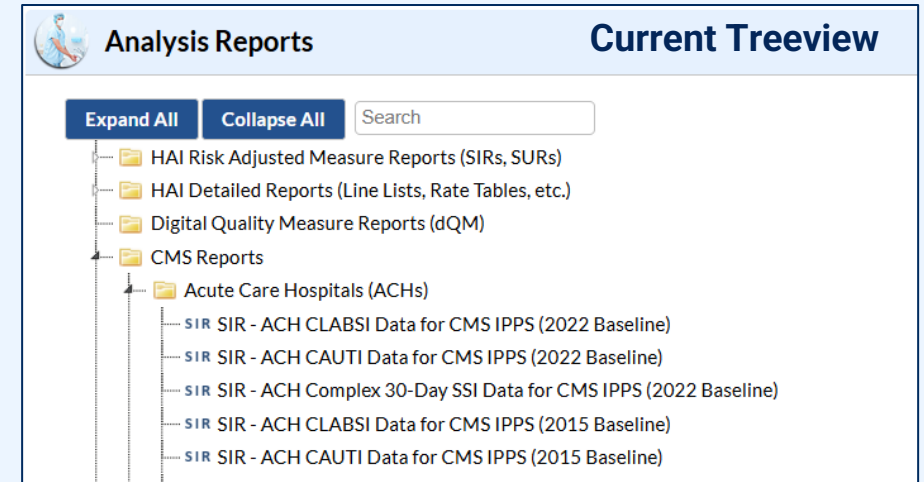
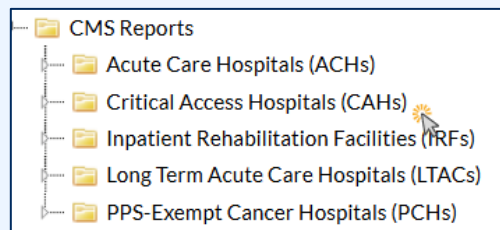
- Reporting of CLABSI and CAUTI events must be done for all inpatient units that meet CMS reporting requirements.
 - Beginning in 2015, Hospitals participating in CMS Hospital IQR must report all applicable Adult ICUs, Pediatric ICUs, Neonatal ICUs (CLABSI only), Adult & Pediatric Medical, Surgical, and Medical/Surgical Wards.
 - *Data is currently used for CMS Hospital-Acquired Condition Reduction Program (HACRP), Hospital Value-Based Purchasing Program (HVBP)*
 - Beginning in 2026, CMS expanded CLABSI and CAUTI reporting to all oncology locations (oncology ICUs, wards, step-down, and mixed-acuity). Hospitals participating in Hospital IQR must report all applicable oncology locations.
 - *Data is used exclusively for Hospital IQR*
- Each reportable location must be mapped as a unique location in NHSN.
- To view, add, or edit the locations that you have mapped in your facility, click on Facility > Locations in the NHSN navigation bar to access the Location Manager.
- For more information and instructions on how to map your locations, refer to the location mapping guidance:
 - [CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations](#)
- Additional NHSN resources for managing locations can be found here:
 - [Annual Surveys, Locations & Monthly Reporting | PSC | NHSN | CDC](#)



Q6: Will these new oncology locations be included in the **current** CMS SIR reports for CLABSI and CAUTI?

- No, the *current* CLABSI and CAUTI CMS SIR reports will not include *non-ICU* oncology locations (i.e., oncology wards, step-down, and mixed acuity units).
- **New** separate CLABSI-Onc and CAUTI-Onc SIR reports have been created.
- These SIR reports will only include in-plan CLABSI and CAUTI data from specified oncology locations (slide 5).

Note: CAH CLABSI-Onc and CAUTI-Onc reports can be found under the Critical Access Hospital (CAHs) folder:



Q6: Will these new oncology locations be included in the current CMS SIR reports for CLABSI and CAUTI? - Continued

- Caveat – current CMS CLABSI and CAUTI SIR reports include all adult, pediatric intensive care units (ICUs).
 - Which includes oncology ICUs (e.g., oncology medical critical care)
- Oncology ICU locations will **continue** to be included in the current CMS CLABSI and CAUTI SIR reports.
- These oncology ICU locations will also be included in the CLABSI-Onc and CAUTI-Onc SIR reports.

Modify "SIR - ACH CAUTI Data for CMS IPSS (2022 Baseline)"

Show descriptive variable names ([Print List](#)) Analysis Data Set: bs3_CAU_Rates_CMS Type: SIR Last Generated (UTC): March 6, 2026 5:59 PM

Title/Format Time Period Filters Display Options

AND OR Add rule

utiPlan equal Y Delete

locationType in CC - CC, CC_ONC - CC_ONC Delete

AND OR Add rule Delete

utiPlan equal Y Delete

locCDC in

Medical Ward ✓

Medical-Surgical Ward ✓

Surgical Ward ✓

Pediatric Medical Ward ✓

Pediatric Medical-Surgical Ward ✓

Pediatric Surgical Ward ✓

+

Example: SIR-ACH CAUTI Data for CMS IPSS (2022 Baseline) modify screen, filters tab

Q6: Will these new oncology locations be included in the current CMS SIR reports for CLABSI and CAUTI? - Continued

SIR SIR - ACH CLABSI Data for CMS IPPS (2022 Baseline)	
Locations Included	
Location Name	CDC Location Code
Oncology Medical Critical Care	IN:ACUTE:CC:ONC_M
Oncology Medical-Surgical Critical Care	IN:ACUTE:CC:ONC_MS
Oncology Pediatric Critical Care	IN:ACUTE:CC:ONC_PED
Oncology Surgical Critical Care	IN:ACUTE:CC:ONC_S
+	
<ul style="list-style-type: none"> Other adult, pediatric, and neonatal ICUs <u>and</u> Other non-oncology adult and pediatric medical, surgical, and medical/surgical wards 	



SIR SIR - ACH CLABSI Data - Onc Locations Only - for CMS IPPS (2022 Baseline)	
Locations Included	
Location Name	CDC Location Code
Oncology Medical Critical Care	IN:ACUTE:CC:ONC_M
Oncology Medical-Surgical Critical Care	IN:ACUTE:CC:ONC_MS
Oncology Pediatric Critical Care	IN:ACUTE:CC:ONC_PED
Oncology Surgical Critical Care	IN:ACUTE:CC:ONC_S
Oncology Leukemia Ward	IN:ACUTE:WARD:ONC_LEUK
Oncology Lymphoma Ward	IN:ACUTE:WARD:ONC_LYMPH
Oncology Leukemia/Lymphoma Ward	IN:ACUTE:WARD:ONC_LL
Oncology Solid Tumor Ward	IN:ACUTE:WARD:ONC_ST
Oncology Hematopoietic Stem Cell Transplant Ward	IN:ACUTE:WARD:ONC_HSCT
Oncology Pediatric Hematopoietic Stem Cell Transplant Ward	IN:ACUTE:WARD:ONC_HSCT_PED
Oncology General Hematology-Oncology Ward	IN:ACUTE:WARD:ONC_HONC
Oncology Pediatric General Hematology/Oncology Ward	IN:ACUTE:WARD:ONC_HONC_PED
Oncology Step-down Unit	IN:ACUTE:STEP:ONC
Oncology Mixed Acuity Unit	IN:ACUTE:MIXED:ONC

Q7: What baseline will be used for the CLABSI-Onc and CAUTI-Onc SIR reports?

- Both CLABSI-Onc and CAUTI-Onc SIR reports will use the **2022 baseline** models:

Facility Type	HAI Type/Measure	Model/Risk Adjustment Variables
ACH	CLABSI-Onc	CLABSI Risk Adjustment for SCAs (Specialty Care Areas) and Oncology Units in ACHs (SIR Guide – 2022 Baseline, pp. 27-28)
ACH	CAUTI-Onc	CAUTI Risk Adjustment ACHs (SIR Guide – 2022 Baseline, pp. 33-34)
CAH	CLABSI-Onc	CLABSI Risk Adjustment CAHs (SIR Guide – 2022 Baseline, p. 43)
CAH	CAUTI-Onc	CAUTI Risk Adjustment CAHs (SIR Guide – 2022 Baseline, p. 43)

For additional guidance on the SIR or models using the 2022 baseline, refer to the SIR guide: [NHSN's Guide to the 2022 Baseline Standardized Infection Ratios](#)

Knowledge Check #2

True or False, a facility must include all inpatient oncology locations within their monthly reporting plan (MRP) for data to be sent to CMS:

- True
- False



Q8: Why do CAHs not have SIR data for CLABSI-Onc?

- The CLABSI-Onc measure **only** includes in-plan oncology CDC Location Code.
- The CAH CLABSI SIR model was fitted using 2022 data (i.e., baseline) and uses CDC location code in the risk adjustment.
- In the 2022 CAH baseline data, there limited in-plan oncology CDC location codes mapped.
 - Limited mapped oncology CDC location codes = limited observed central line days or CLABSI event to inform/fit the model to include these locations.
- Without these data, the model cannot calculate the number of predicted CLABSI events for oncology CDC location codes.
- Therefore, the SIR cannot be calculated.

Table 1. CLABSI Risk Adjustment (CAHs)

[Link to the exclusions table](#)

Parameter	Parameter Estimate	Standard Error	P-value
<i>Intercept</i>	-9.029	0.2331	<.0001
Select Critical care (CC) locations ¹			
<i>Medical Cardiac Critical Care - IN:ACUTE:CC:C</i>			
<i>Medical Critical Care - IN:ACUTE:CC:M</i>			
<i>Medical-Surgical Critical Care - IN:ACUTE:CC:MS</i>	1.598	0.3826	<.0001
Non-Critical care locations ¹ and average length of stay ≥8.9 days ²	1.027	0.4244	0.0155
Non-Critical care locations ¹ and average length of stay 1-8.8 days ²	REFERENT	-	-

¹ Refer to the exclusions table, at the hyperlink above, for additional information regarding CAH CLABSI risk adjustment model locations.

² Average length of stay is calculated as: total # of annual patient days / total # of annual admissions, as reported on the [Annual Hospital Survey](#).

National Healthcare Safety Network

CLABSI Data Not Included in the SIR

As of: March 12, 2026 at 7:47 PM UTC

Date Range: BS3_CLAB_RATESCAH_CMS_ONC summaryYQ After and Including 2026Q1

if ((bsiPlan = "Y") AND (locCDC IN ("IN:ACUTE:CC:ONC_M", "IN:ACUTE:CC:ONC_MS", "IN:ACUTE:CC:ONC_PED", "IN:ACUTE:CC:ONC_S", "IN:ACUTE:MIXED:ONC", "IN:ACUTE:STEP:ONC", "IN:ACUTE:WARD:ONC_HONC", "IN:ACUTE:WARD:ONC_HONC_PED", "IN:ACUTE:WARD:ONC_HSC", "IN:ACUTE:WARD:ONC_HSC_PED", "IN:ACUTE:WARD:ONC_LEUK", "IN:ACUTE:WARD:ONC_LL", "IN:ACUTE:WARD:ONC_LYMPH", "IN:ACUTE:WARD:ONC_ST")

orgID=10063

orgID	locationType	locCDC	location	summaryYM	CLABCount	numclays	numPCLDays	numTCLDays	numPatDaysSurv	numAdmitsSurv
10063	WARD_ONC	IN:ACUTE:WARD:ONC_HONC	ONC_HONC	2026M01	0	41	29	12	999	153

1. If the risk factor data are missing, the record will be excluded for the SIR.

Data contained in this report were last generated on March 12, 2026 at 7:29 PM UTC to include data beginning January 2026 through January 2026 .

Disclaimer: Fictitious data used for illustrative purposes only.

Q8: Why do CAHs not have SIR data for CLABSI-Onc? Continued

Why CAUTI-Onc is different

- The CAH CAUTI SIR (2022 baseline) model does not include CDC Location Codes for risk adjustment.
- So, oncology locations can still be included for CAUTI-Onc.

Table 2. CAUTI Risk Adjustment (CAHs)

[Link to the exclusions table](#)

Parameter	Parameter Estimate	Standard Error	P-value
Intercept	-7.6495	0.1492	<0.0001
Average length of stay ¹ : ≥6.5 days	0.4257	0.1564	0.0065
Average length of stay ¹ : 1-6.4 days	REFERENT	-	-
Proportion of total beds that are ICU ² : <0.16	0.4189	0.1708	0.0142
Proportion of total beds that are ICU ² : ≥0.16	REFERENT	-	-

¹ Average length of stay is calculated as: total # of annual patient days / total # of annual admissions, as reported on the [Annual Hospital Survey](#).

² Proportion of beds that are ICU is calculated as: # of ICU beds / total # of beds, as reported on the [Annual Hospital Survey](#).

National Healthcare Safety Network

Standardized Infection Ratio for Catheter Associated Urinary Tract Infections in Oncology Locations within Critical Access Hospitals for CMS IPPS (2022 Baseline) - By OrgID/Location

As of: March 12, 2026 at 8:35 PM UTC

Date Range: BS3_CAU_RATECAH_CMS_ONC summaryYQ After and Including 2026Q1

if (((utiPlan = "Y") AND (locCDC IN ("IN:ACUTE:CC:ONC_M", "IN:ACUTE:CC:ONC_MS", "IN:ACUTE:CC:ONC_PED", "IN:ACUTE:CC:ONC_S", "IN:ACUTE:MIXED:ONC", "IN:ACUTE:STEP:ONC", "IN:ACUTE:WARD:ONC_HONC", "IN:ACUTE:WARD:ONC_HONC_PED", "IN:ACUTE:WARD:ONC_HSCT", "IN:ACUTE:WARD:ONC_HSCT_PED", "IN:ACUTE:WARD:ONC_LEUK", "IN:ACUTE:WARD:ONC_LL", "IN:ACUTE:WARD:ONC_LYMPH", "IN:ACUTE:WARD:ONC_ST")))

orgID=10063

orgID	ccn	location	summaryYM	CAUCount	numPred	numcathdays	SIR	SIR_pval	sir95ci
10063	M0074	ONC_HONC	2026M01	1	0.018	25	.	.	

Disclaimer: Fictitious data used for illustrative purposes only.

Q9: How will the new CMS CLABSI-Onc and CAUTI-Onc SIR report be structured?

- The CLABSI-Onc and CAUTI-Onc SIR reports will follow the same standard structure as the current CMS CLABSI and CAUTI SIR reports under the 2022 baseline.
- Each report will include 4 tables and possibly a 5th table if there are locations that are being excluded from the SIR and/or are missing a risk factor.
 - **Table 1: By OrgID**
 - Overall single SIR for your facility
 - **Table 2: By OrgID/Location Type**
 - SIR for each Location Type (e.g., WARD_ONC)
 - **Table 3: By OrgID/CDC Location Code**
 - SIR for each CDC Location Code (e.g., IN:ACUTE:WARD:ONC_HONC)
 - **Table 4: By OrgID/Location**
 - SIR for each unique location within facility
 - **Table 5: Data Not Included in SIR**
 - Locations not included in SIR, include excluded locations and/or locations missing a risk factor

Example Output: Table 1 – By OrgID

orgID	ccn	summaryYQ	clabcount	numPred	numcldays	SIR	SIR_pval	sir95ci
17972		2026Q1	1	6.731	5987	0.149	0.0104	0.007, 0.733

For additional guidance on the CLABSI-Onc or CAUTI-Onc SIR reports, refer to: [SIR.CLABSI-Data-for-CMS-IPPS-ONC.pdf](#) OR [SIR.CAUTI-Data-for-CMS-IPPS-ONC.pdf](#)

Disclaimer: Fictitious data used for illustrative purposes only.

Q9: How will the new CMS CLABSI-Onc and CAUTI-Onc SIR report be structured?

- The CLABSI-Onc and CAUTI-Onc SIR reports will follow the same standard structure as the current CMS CLABSI and CAUTI SIR reports under the 2022 baseline.
- Each report will include 4 tables and possibly a 5th table if there are locations that are being excluded from the SIR and/or are missing a risk factor.
 - **Table 1: By OrgID**
 - Overall single SIR for your facility
 - **Table 2: By OrgID/Location Type**
 - SIR for each Location Type (e.g., WARD_ONC)
 - **Table 3: By OrgID/CDC Location Code**
 - SIR for each CDC Location Code (e.g., IN:ACUTE:WARD:ONC_HONC)
 - **Table 4: By OrgID/Location**
 - SIR for each unique location within facility
 - **Table 5: Data Not Included in SIR**
 - Locations not included in SIR, include excluded locations and/or locations missing a risk factor

Example Output: Table 2 – By OrgID/Location Type

orgID	ccn	locationType	summaryYQ	clabcount	numPred	numcldays	SIR	SIR_pval	sir95ci
17972		STEP_ONC	2026Q1	0	1.428	1396	0.000	0.2399	, 2.098
17972		WARD_ONC	2026Q1	1	5.303	4591	0.189	0.0363	0.009, 0.930

For additional guidance on the CLABSI-Onc or CAUTI-Onc SIR reports, refer to: [SIR.CLABSI-Data-for-CMS-IPPS-ONC.pdf](#) OR [SIR.CAUTI-Data-for-CMS-IPPS-ONC.pdf](#)

Disclaimer: Fictitious data used for illustrative purposes only.

Q9: How will the new CMS CLABSI-Onc and CAUTI-Onc SIR report be structured?

- The CLABSI-Onc and CAUTI-Onc SIR reports will follow the same standard structure as the current CMS CLABSI and CAUTI SIR reports under the 2022 baseline.
- Each report will include 4 tables and possibly a 5th table if there are locations that are being excluded from the SIR and/or are missing a risk factor.
 - **Table 1: By OrgID**
 - Overall single SIR for your facility
 - **Table 2: By OrgID/Location Type**
 - SIR for each Location Type (e.g., WARD_ONC)
 - **Table 3: By OrgID/CDC Location Code**
 - SIR for each CDC Location Code (e.g., IN:ACUTE:WARD:ONC_HONC)
 - **Table 4: By OrgID/Location**
 - SIR for each unique location within facility
 - **Table 5: Data Not Included in SIR**
 - Locations not included in SIR, include excluded locations and/or locations missing a risk factor

Example Output: Table 3 – By OrgID/CDC Location Code

orgID	ccn	locCDC	summaryYQ	CLABCount	numPred	numclays	SIR	SIR_pval	sir95ci
17972		IN:ACUTE:STEP:ONC	2026Q1	0	1.428	1396	0.000	0.2399	2.098
17972		IN:ACUTE:WARD:ONC_HONC	2026Q1	1	2.004	1735	0.499	0.5397	0.025, 2.461
17972		IN:ACUTE:WARD:ONC_HONC_PED	2026Q1	0	3.299	2856	0.000	0.0369	0.908

For additional guidance on the CLABSI-Onc or CAUTI-Onc SIR reports, refer to: [SIR.CLABSI-Data-for-CMS-IPPS-ONC.pdf](#) OR [SIR.CAUTI-Data-for-CMS-IPPS-ONC.pdf](#)

Disclaimer: Fictitious data used for illustrative purposes only.

Q9: How will the new CMS CLABSI-Onc and CAUTI-Onc SIR report be structured?

- The CLABSI-Onc and CAUTI-Onc SIR reports will follow the same standard structure as the current CMS CLABSI and CAUTI SIR reports under the 2022 baseline.
- Each report will include 4 tables and possibly a 5th table if there are locations that are being excluded from the SIR and/or are missing a risk factor.
 - **Table 1: By OrgID**
 - Overall single SIR for your facility
 - **Table 2: By OrgID/Location Type**
 - SIR for each Location Type (e.g., WARD_ONC)
 - **Table 3: By OrgID/CDC Location Code**
 - SIR for each CDC Location Code (e.g., IN:ACUTE:WARD:ONC_HONC)
 - **Table 4: By OrgID/Location**
 - SIR for each unique location within facility
 - **Table 5: Data Not Included in SIR**
 - Locations not included in SIR, include excluded locations and/or locations missing a risk factor

Example Output: Table 4 – By OrgID/Location

orgID	ccn	location	summaryYQ	months	CLABCount	numPred	numclays	SIR	SIR_pval	sir95ci
17972		HONC_PED	2026Q1	3	0	3.299	2856	0.000	0.0369	, 0.908
17972		ONC_HONC	2026Q1	2	1	2.004	1735	0.499	0.5397	0.025, 2.461
17972		ONC_STEP	2026Q1	3	0	1.428	1396	0.000	0.2399	, 2.098

For additional guidance on the CLABSI-Onc or CAUTI-Onc SIR reports, refer to: [SIR.CLABSI-Data-for-CMS-IPPS-ONC.pdf](#) OR [SIR.CAUTI-Data-for-CMS-IPPS-ONC.pdf](#)

Disclaimer: Fictitious data used for illustrative purposes only.

Q10: Are MBI-LCBI CLABSI events excluded from the CLABSI-Onc SIR?

- Yes, Mucosal Barrier Injury– Laboratory Confirmed Bloodstream Infection (MBI-LCBI) CLABSI events are excluded from the CLABSI-Onc numerator (observed CLABSI events), consistent with NHSN definitions.

Q11: Do hospitals need to resubmit historic CLABSI/CAUTI denominator and numerator data for newly mapped oncology locations?

- If a hospital had oncology locations prior to January 2026 that were not mapped in NHSN, the hospitals **will not** need to retrospectively report numerator (events) and denominator (device days) data.
 - Example: DHQP University Hospital had an 8-bed hematology oncology ward that has been operational since 2018 but was not a mapped location in NHSN. DHQP University Hospital will not need to retrospectively report CLABSI and CAUTI data prior to January 2026. However, beginning January 2026 DHQP University Hospital will need to map this location in NHSN, include it in the monthly reporting plan, and report numerator and denominator data monthly.
- Hospitals are only required to report CLABSI and CAUTI data from non-ICU oncology locations **beginning January 2026** (January 2026 forward only - no retrospective reporting required).
- Non-ICU oncology locations include oncology wards, step-down units, and mixed-acuity oncology locations. ICU locations (including oncology ICUs) are already included in existing CMS reporting requirements.
- Therefore, the only new locations being added starting January 2026 are non-ICU oncology locations.

Q12: What should my hospital do to prepare for these new measures?

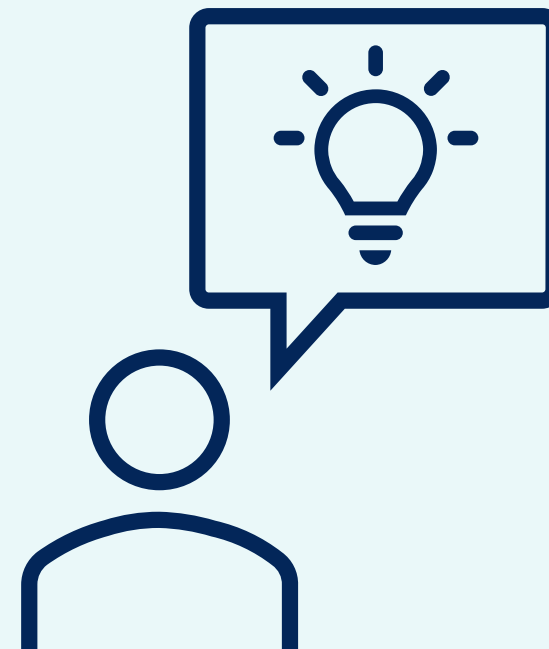
The following steps are recommended:

1. Review and update NHSN location mapping for all inpatient oncology patient care areas as listed on slide 5.
2. Confirm correct location mapping for existing oncology patient care area to the appropriate CDC Location codes.
3. Update the January 2026 (and later) Monthly Reporting Plan to include all mapped oncology locations.
4. Validate newly added locations denominator data (i.e., device days, patient days) are being captured accurately.
5. Ensure internal teams (infection prevention, IT, quality, oncology service lines, etc.) are aware of these new measures.
6. Review the new CLABSI-Onc and CAUTI-Onc SIR reports.

Knowledge Check #3

Will **non-ICU oncology locations** (i.e., oncology wards, step-down, and mixed acuity units) be included in *current* CLABSI and CAUTI CMS SIR reports?

- A. No, included in separate *NEW* CLABSI-Onc and CAUTI-Onc CMS SIR reports
- B. Yes, included in all CMS reports
- C. Oncology locations are not included in any CMS SIR reports
- D. Yes, but only if included in-plan



Q13: Are CMS reporting deadlines different for CLABSI-Onc and CAUTI-Onc?

- **No**, CMS quarterly reporting deadlines remain the same for acute care hospitals (ACHs).

Measure	CMS Reporting Deadline
CLABSI-Onc	Q1 (Jan.-March): August 15 Q2 (April-June): November 15 Q3 (Jul.-Sept.): February 15 Q4 (Oct.-Dec.): May 15
CAUTI-Onc	Q1 (Jan.-March): August 15 Q2 (April-June): November 15 Q3 (Jul.-Sept.): February 15 Q4 (Oct.-Dec.): May 15

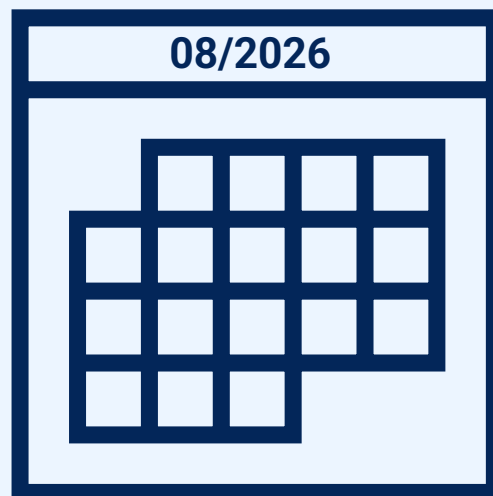
For data submission deadlines that fall on a federal holiday or weekend (Saturday/Sunday), the deadline will default to the first business day thereafter.

Resource: [Reporting Requirements and Deadlines in NHSN per CMS Current & Proposed Rules](#)

Q13: Are CMS reporting deadlines different for CLABSI-Onc and CAUTI-Onc? - *Continued*

- **Upcoming deadlines:**

- First Reporting Deadline – 2026Q1 (01/2026-03/2026) **DUE 08/17/2026**
- 2026Q2 (04/2026-06/2026) **DUE 11/16/2026**



Q14: What resources are available?

Resources/Guidance:

- [FAQs: CLABSI & CAUTI Oncology \(Onc\) Measures for CMS Hospital Inpatient Quality Reporting Program](#)
- [How to Set up CLABSI and CAUTI Reporting per NHSN Protocol for the CMS Inpatient Prospective Payment System](#)
- [SIR – CLABSI Data for CMS Hospital IQR \(2022 Baseline\) CLABSI-Onc \(Oncology Locations\)](#)
- [SIR – CAUTI Data for CMS IPPS \(2022 Baseline\) CAUTI-Onc \(Oncology Locations\)](#)
- [Operational Guidance for reporting CLABSI Data](#)
- [Operational Guidance for reporting CAUTI Data](#)
- [Location Mapping Checklist](#)

Q15: How do hospitals submit questions regarding the new CLABSI-Onc and CAUTI-Onc measures?

- For questions regarding CLABSI-Onc and CAUTI-Onc measures, data entry, analysis and reporting please contact the [NHSN Help Desk](#).
 - NHSN Users can request support and submit questions through the [NHSN-ServiceNow Customer Service Portal](#). Users that do not have access to SAMS can email the Help Desk at nhsn@cdc.gov.
- For program related questions (e.g., submission vs. non-submission, APU, etc.), please submit questions to CMS Quality Support [Ask a Question - QualityNet](#)



Thank You

For any additional questions or concerns, contact the NHSN Helpdesk

- Use subject line: “CLABSI-Onc Measure” or “CAUTI-Onc Measure”
- [NHSN-ServiceNow](#) to submit questions to the NHSN Help Desk.
- If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

For more information, contact CDC

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 <https://www.cdc.gov/>

Follow us on social [@CDCgov](#)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention.

