

# SIR – CLABSI Data for CMS Hospital IQR (2022 Baseline)

## CLABSI-Onc (Oncology Locations)

December 2025

**Purpose:** Help facilities review the CLABSI data that NHSN will submit to CMS for the Hospital IQR Program CLABSI Oncology (Onc) measure, using the 2022 national baseline risk models. SIRs calculated under the 2022 baseline compare observed infections to those predicted from 2022 national aggregate data.

The NHSN Analysis Report, “**SIR - ACH CLABSI Data - Onc Locations Only - for CMS IPPS (2022 Baseline)**,” lets facilities review the CLABSI data that will be submitted to CMS on their behalf. Keep the following in mind as you use this report:

1. These data are submitted only for facilities participating in the CMS Hospital IQR Program, as indicated by their CCN in NHSN.
2. This report includes **in-plan CLABSI** data for each **adult and pediatric oncology location (i.e., ICUs, wards, step-down units, and mixed-acuity.)** Only data **from January 2026 forward** are included; earlier years will not appear in this output. Please note, data from non-oncology locations are not included in this report.
3. **IMPORTANT!** You must **Report No Events** for any location-line type months with no CLABSI events.
4. This output option represents an **SIR for each hospital**, not each CCN. If your hospital shares a CCN, the SIR reflects only your facility’s contribution. Use the Group feature if you need a single SIR across hospitals sharing a CCN.
  - a. More information about the Group feature can be found here on the [NHSN Group Users page](#).
  - b. For information on how facilities SIR is aggregated at the CCN level, refer to the [SIR Aggregation for Facilities with a Shared CCN guidance document](#).
5. The data in this report will represent data current as of the last time you generated datasets. Note that data in the Quality Net Provider Participation Report are not updated simultaneously with your data in NHSN. Data changes made in NHSN will be reflected in the next monthly submission to CMS.  
**EXCEPTION:** Quarterly data are frozen as of the final submission date for that quarter. For example, Q1 data will be frozen as of 7am UTC\* (3am ET) on August 16th. Any changes made to these data in NHSN after the final submission deadline will not be reflected in later months on the Provider Participation Report or on Hospital Compare.
6. To learn more about the SIR, including how it is calculated for CLABSI data, please see the [NHSN SIR Guide](#).
7. The information in this document should be used in conjunction with the document(s):
  - [How to Set Up CLABSI and CAUTI Reporting per NHSN Protocol for the CMS Inpatient Prospective Payment System](#)
  - [NHSN Monthly Checklist for Reporting to CMS HOSPITAL IQR Program](#)

\*All NHSN timestamps are displayed in the UTC Time Standard. To convert UTC to Eastern Time:

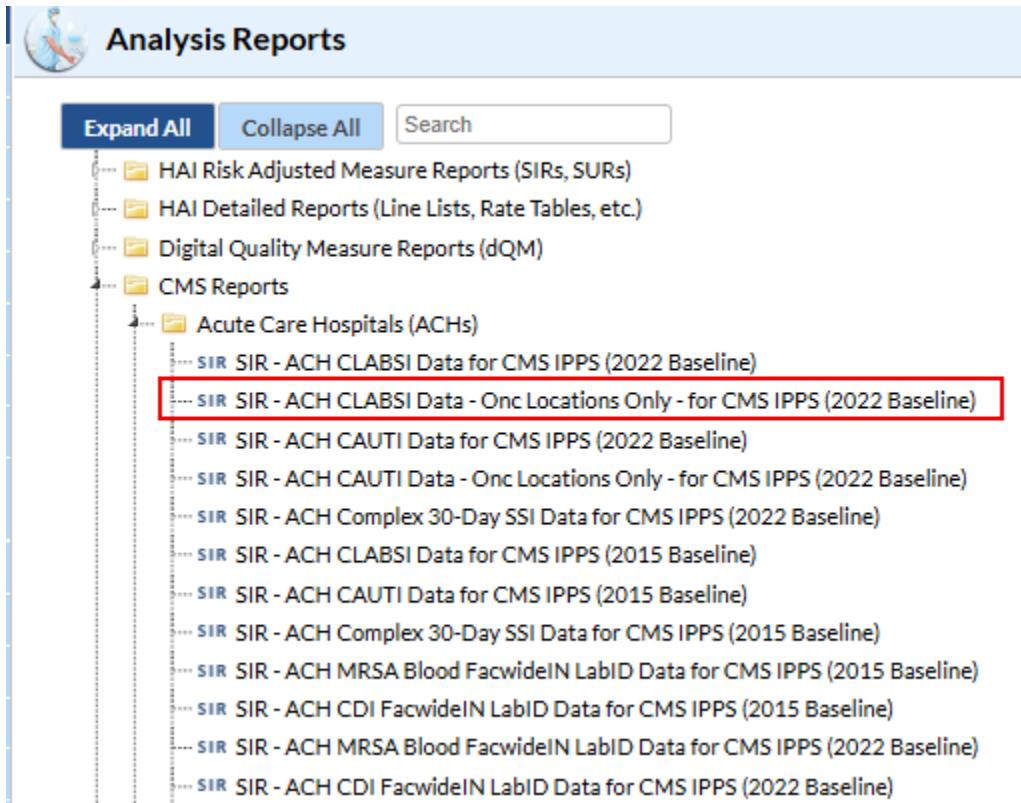
- Between second Sunday in March – first Sunday in November: subtract 4 hours from UTC to get Eastern Daylight Time (EDT).
- Between first Sunday in November – second Sunday in March: subtract 5 hours from UTC to get Eastern Standard Time (EST).

**Example of the “SIR - ACH CLABSI Data - Onc Locations Only - for CMS IPPS (2022 Baseline)”:** 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”. For guidance on dataset generation, Please refer to the [Generating Data Sets guidance document](#) for more detailed instructions.

- 1) After selecting Analysis > Reports, navigate through the following folders: CMS Reports > Acute Care Hospitals (ACHs). Click “Run” next to “SIR - ACH CLABSI Data - Onc Locations Only - for CMS IPPS (2022 Baseline)”, 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 4 tables, each described below:

[Standardized Infection Ratio for Central Line-Associated BSI in Oncology Locations within Acute Care Hospitals for CMS IPPS \(2022 Baseline\) - By OrgID](#)



The first table represents an overall, single SIR for your facility, per calendar-year quarter, as shown below. This is the information that will be submitted to CMS for each IPPS participating facility, as indicated by the facility's CCN

### National Healthcare Safety Network

#### Standardized Infection Ratio for Central Line-Associated BSI in Oncology Locations within Acute Care Hospitals for CMS IPPS (2022 Baseline) - By OrgID

As of: February 1, 2026 at 6:23 PM UTC

Date Range: All BS3\_CLAB\_RatesSCA

if (((bsiPlan = "Y") AND (locCDC IN ("IN:ACUTE:WARD:ONC\_HSCT", "IN:ACUTE:WARD:ONC\_HONC", "IN:ACUTE:WARD:ONC\_HSCT\_PED", "IN:ACUTE:WARD:ONC\_HONC\_PED", "IN:ACUTE:WARD:ONC\_LEUK", "IN:ACUTE:WARD:ONC\_LYMPH", "IN:ACUTE:WARD:ONC\_LL", "IN:ACUTE:WARD:ONC\_ST", "IN:ACUTE:STEP:ONC", "IN:ACUTE:MIXED:ONC" )) ))

orgID=17972

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

Using the table above, one can conclude the following:

- This facility identified 1 CLABSI (CLABcount) among 5,987 central line days (numcldays) during the 1st quarter of 2026 (2026Q1).
- The number of CLABSI predicted (numPred), based on 2022 national data, was 6.731.
- The overall SIR for this facility during this time period is 0.149, indicating that this facility observed approximately 49% fewer CLABSI events than predicted.
- Based on the p-value (SIR\_pval) and the 95% confidence interval (sir95ci), the SIR for this facility is statistically different from 1, indicating that there were significantly fewer infections identified than were predicted.

#### Standardized Infection Ratio for Central Line-Associated BSI in Oncology Locations within Acute Care Hospitals for CMS IPPS (2022 Baseline) - By OrgID/Location Type

The second table provides an SIR for each quarter and location type with reported in-plan CLABSI data during each time period. "CC\_ONC" in this table will represent all oncology critical/intensive care units; "STEP\_ONC" will represent all oncology step down units; "WARD\_ONC" will include all adult and pediatric oncology wards; and not shown in the table below, "OTHER" will include mixed acuity oncology locations.

### National Healthcare Safety Network

#### Standardized Infection Ratio for Central Line-Associated BSI in Oncology Locations within Acute Care Hospitals for CMS IPPS (2022 Baseline) - By OrgID/Location Type

As of: February 1, 2026 at 6:23 PM UTC

Date Range: All BS3\_CLAB\_RatesSCA

if (((bsiPlan = "Y") AND (locCDC IN ("IN:ACUTE:WARD:ONC\_HSCT", "IN:ACUTE:WARD:ONC\_HONC", "IN:ACUTE:WARD:ONC\_HSCT\_PED", "IN:ACUTE:WARD:ONC\_HONC\_PED", "IN:ACUTE:WARD:ONC\_LEUK", "IN:ACUTE:WARD:ONC\_LYMPH", "IN:ACUTE:WARD:ONC\_LL", "IN:ACUTE:WARD:ONC\_ST", "IN:ACUTE:STEP:ONC", "IN:ACUTE:MIXED:ONC" )) ))

orgID=17972

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

\*Note the SIR will not be calculated if the number of predicted infections (numPred) is <1.



The data in this table can be interpreted similarly to the first SIR table, described above. Note that this table will allow you to see how many CLABSI and device days were reported in each location type, as defined by CDC.

**Standardized Infection Ratio for Central Line-Associated BSI in Oncology Locations within Acute Care Hospitals for CMS IPPS (2022 Baseline) - By OrgID/CDC Location Code**

The third table provides an SIR for each quarter and CDC location. Note that if your facility reports data for more than one location of the same CDC type (for example, 2 oncology step-down units), these locations will be grouped into one SIR in this table.

**National Healthcare Safety Network**

**Standardized Infection Ratio for Central Line-Associated BSI in Oncology Locations within Acute Care Hospitals for CMS IPPS (2022 Baseline) - By OrgID/CDC Location Code**

As of: February 1, 2026 at 6:23 PM UTC

Date Range: All BS3\_CLAB\_RatesSCA

if (((bsiPlan = "Y") AND (locCDC IN ("IN:ACUTE:WARD:ONC\_HSCT", "IN:ACUTE:WARD:ONC\_HONC", "IN:ACUTE:WARD:ONC\_HSCT\_PED", "IN:ACUTE:WARD:ONC\_HONC\_PED", "IN:ACUTE:WARD:ONC\_LEUK", "IN:ACUTE:WARD:ONC\_LYMPH", "IN:ACUTE:WARD:ONC\_LL", "IN:ACUTE:WARD:ONC\_ST", "IN:ACUTE:STEP:ONC", "IN:ACUTE:MIXED:ONC" ))))

orgID=17972

orgID	ccn	locCDC	summaryYQ	CLABCount	numPred	numcdays	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

**Standardized Infection Ratio for Central Line-Associated BSI in Oncology Locations within Acute Care Hospitals for CMS IPPS (2022 Baseline) - By OrgID/Location**

The fourth table provides an SIR for each quarter and individual location within your facility. This is also the only table that will allow you to see how many months of data are included in each location's quarterly SIR.

For example, looking at the ONC\_HONC location below, we can see that the "months" column shows a value of 2, indicating that only 2 months of data have contributed to the quarterly SIR for this location. This indicates that the SIR in this output option are incomplete and additional data validation is required.

**National Healthcare Safety Network**

**Standardized Infection Ratio for Central Line-Associated BSI in Oncology Locations within Acute Care Hospitals for CMS IPPS (2022 Baseline) - By OrgID/Location**

As of: February 1, 2026 at 6:23 PM UTC

Date Range: All BS3\_CLAB\_RatesSCA

if (((bsiPlan = "Y") AND (locCDC IN ("IN:ACUTE:WARD:ONC\_HSCT", "IN:ACUTE:WARD:ONC\_HONC", "IN:ACUTE:WARD:ONC\_HSCT\_PED", "IN:ACUTE:WARD:ONC\_HONC\_PED", "IN:ACUTE:WARD:ONC\_LEUK", "IN:ACUTE:WARD:ONC\_LYMPH", "IN:ACUTE:WARD:ONC\_LL", "IN:ACUTE:WARD:ONC\_ST", "IN:ACUTE:STEP:ONC", "IN:ACUTE:MIXED:ONC" ))))

orgID=17972

orgID	ccn	location	summaryYQ	months	CLABCount	numPred	numcdays	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



3) What can be done if data are incomplete, as in the ONC\_HONC example above, or if the number of events (CLABCount) or central line days (numcldays) are incorrect?

- i. Check that the summary data for this location have been entered for each month in the quarter. This includes central line days and patient days.
- ii. If summary data have been entered, 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.
- iii. If summary data have been entered and no CLABSI have been identified, be sure to check the 'Report No Events' box on the summary record, next to each central line days count.
- iv. 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 central line is entered as "No" for both temporary and permanent central line; 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 reports with the most up-to-date data in NHSN.

#### **IMPORTANT REMINDERS:**

- The SIR is only calculated if the number predicted (numPred) is  $\geq 1$ . Lower bound of 95% Confidence Interval only calculated when number of observed events  $> 0$ .
- The number of predicted events is calculated based on national 2022 NHSN data. Please see the [SIR Guide](#) for details on the HAI-specific risk adjustments and inclusion/exclusion criteria.
- This report will only include CLABSI summary data and associated events from January 2026 and later.

#### **Additional Resources:**

- [CMS Resources for NHSN Users](#):
- [Operational Guidance for Acute Care Hospitals to Report Catheter-Associated Urinary Tract Infection \(CAUTI\) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting \(IQR\) Requirements](#)
- [Analysis Quick Reference Guides](#)

