Using the "SIR – CLAB Data for LTCH QRP (2022 Baseline)" Report

Introduction

The NHSN Analysis Output Option, "SIR – CLAB Data for LTCH QRP (2022 Baseline)" was created to allow long term care hospitals (known as long term acute care hospitals, or LTACHs, in NHSN) to review those data that would be submitted to CMS on their behalf if they are participating in the CMS LTCH Quality Reporting Program. It's important to keep in mind the following as you begin to use this report:

a. These data will only be submitted for those facilities that are participating in the CMS Long Term Care Hospital Quality Reporting Program, as indicated by their CCN recorded in NHSN.

b. This report will only include **in-plan CLABSI data for each LTAC location beginning with January 2025 data**. Earlier time periods for which you may have reported CLABSI data will not be included in this output.

c. **IMPORTANT!** Facilities must appropriately **Report No Events** for those locations and months for which no CLABSI events were identified.

d. This output option provides an SIR for each LTACH, not each CCN. If your LTACH shares a CCN, the SIR will only represent the data that your LTACH has contributed to the overall SIR for all LTACHs that share the CCN. You may wish to use the Group function in NHSN to be able to view the SIR for all LTACHs that share a CCN. More information about the Group function can be found on the Group User page.

e. The SIR that will be shared with CMS and presented in this output option is calculated at the facility- level. Separate SIRs will be calculated for each LTACH location to allow for data accuracy checks.

f. The data in this report will represent data current as of the last time you generated datasets. 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, Q4 data will be frozen as of 7am UTC* (3am ET on May 16th). Any changes made to these data in NHSN after the final submission deadline will not be reflected in data shared with CMS.

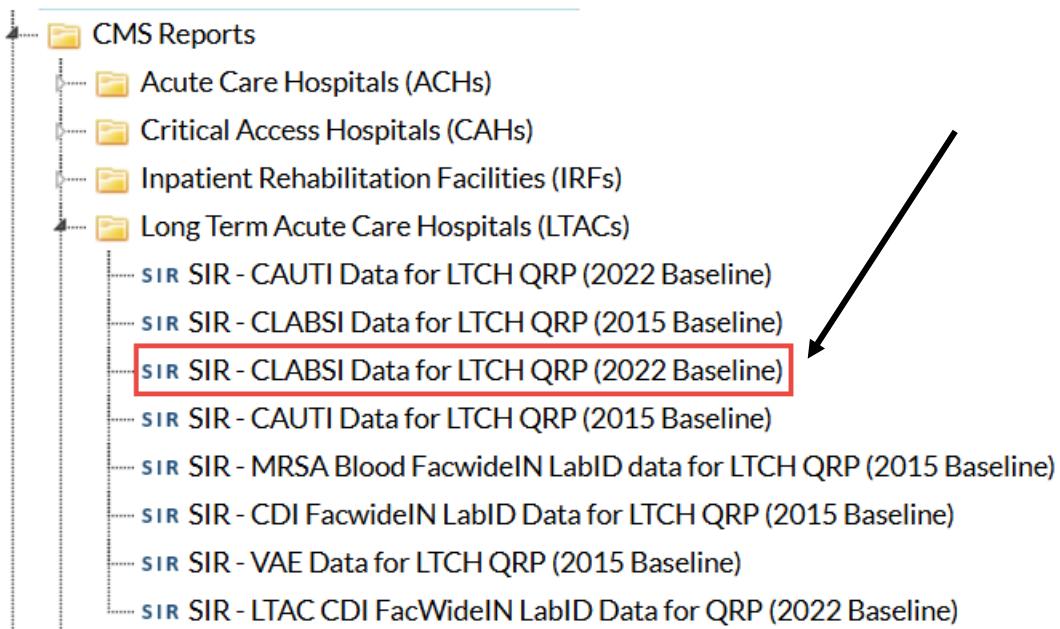*All NHSN timestamps are displayed in the UTC Time Standard. To convert UTC to Eastern Time:*

- *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).*

Note: The information in this document should be used in conjunction with the document, "Monthly Checklist for the CMS Long Term Care Hospital Quality Reporting Program."

Example of how to access, generate, interpret and perform data quality on the "SIR – CLAB Data for LTCH QRP (2022 Baseline)" report:

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 Reporting Data Sets".

1. After selecting Analysis > Reports, navigate through the following folders: CMS Reports > Long Term Acute Care Hospitals (LTCHQR), as shown in screenshot below. Click on "**SIR – CLAB Data for LTCH QRP (2022 Baseline)**" outlined in a red box, then click **Run Report**.

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.

3. There will be four tables within the output, each described below:
   i. **"SIR for Central Line-associated BSI Data for LTCH QRP (2022 Baseline) - By OrgID"**

      The first table presents an SIR for each calendar-year quarter, for the entire facility. This is the information that will be submitted to CMS for your facility.

National Healthcare Safety Network
Standardized Infection Ratio for Central Line-Associated BSI Data for LTCH QRP
(2022 Baseline) - By OrgID
As of: August 13, 2025 at 2:53 PM UTC
Date Range: All BS3_CLAB_RATESLTAC_CMS
if (((bsiPlan = "Y")))

orgID=10885

orgID	ccn	summaryYQ	clabcount	numPred	numcldays	SIR	SIR_pval	SIR95CI
10885	556600	2025Q1	0	0.387	233	.	.	
10885	556600	2025Q2	1	0.703	600	.	.	

1. The SIR is only calculated if the number predicted (numPred) is >= 1. Lower bound of 95% Confidence Interval only calculated when number of observed events > 0.
2. 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: https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html
3. Only in-plan CLABSI data from 2022 and forward are included in this report.
4. Please refer to this guidance document for further information regarding the events included in the CLABSI numerator: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/bsi-excluded-linelist-508.pdf

Source of aggregate data: 2022 NHSN CLABSI Data
Data contained in this report were last generated on August 13, 2025, at 2:23 PM UTC to include data beginning January 2021.

From this output shown above, we can conclude the following:

- During first quarter of 2025 (*summaryYQ*), the facility reported 0 CLABSI (*clabcount*) and 233 central line days (*numcldays*). The second quarter of 2025 *(summaryYQ)*, the facility reported 1 CLABSI (*clabcount*) and 600 central line days (*numcldays*).
- Based on the National baseline data, 0.387 CLABSIs were predicted in 2025Q1 and 0.703 CLABSIs were predicted (*numPred*) in 2025Q2. Because the number of predicted CLABSIs is less than 1, the SIR, p-value (*SIR_pval*), and 95% Confidence Interval (*SIR95CI*) are not calculated.
- Although the SIR is not calculated, these data will still be submitted to CMS.

ii.   **"SIR for Central Line-associated BSI Data for LTCHQR (2022 Baseline) - By OrgID/Location Type"**

The second table provides an SIR for each quarter and location type. The LTAC Locations are categorized as follows:

Location Type	CDC Location Description	CDC Location Code (*locCDC*)
CC_LTAC	LTAC ICU	IN:ACUTE:CC:LTAC
CC_LTAC	Pediatric LTAC ICU	IN:ACUTE:CC:LTAC_PED
WARD_LTAC	LTAC Ward	IN:ACUTE:WARD:LTAC
WARD_LTAC	Pediatric LTAC Ward	IN:ACUTE:WARD:LTAC_PED

For example, if your LTAC has both an LTAC Ward and a Pediatric Ward, the data for both locations would be combined into the SIR for the WARD_LTAC location type.

National Healthcare Safety Network
Standardized Infection Ratio for Central Line-Associated BSI Data for LTCH QRP
(2022 Baseline) - By OrgID/Location Type
As of: August 13, 2025 at 2:53 PM UTC
Date Range: All BS3_CLAB_RATESLTAC_CMS
if (((bsiPlan = "Y")))

orgID=10885

orgID	ccn	locationType	summaryYQ	clabcount	numPred	numcldays	SIR	SIR_pval	sir95ci
10885	556600	CC_LTAC	2025Q1	0	0.387	233	.	.	
10885	556600	CC_LTAC	2025Q2	1	0.415	250	.	.	
10885	556600	WARD_LTAC	2025Q2	0	0.288	350	.	.	

1. The SIR is only calculated if the number predicted (numPred) is >= 1. Lower bound of 95% Confidence Interval only calculated when number of observed events > 0.
2. 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: https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html
3. Only in-plan CLABSI data from 2022 and forward are included in this report.
4. Please refer to this guidance document for further information regarding the events included in the CLABSI numerator: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/bsi-excluded-linelist-508.pdf

Source of aggregate data: 2022 NHSN CLABSI Data
Data contained in this report were last generated on August 13, 2025, at 2:23 PM UTC to include data beginning January 2021.

From this output shown above, we can conclude the following:

- The location type CC_LTAC (*locationType*) reported 0 CLABSI (*clabcount*) and 233 central line days (*numcldays*) in 2025Q1 and reported 1 CLABSI (*clabcount)* and 250 central line days (*numcldays*) in 2025Q2 (*summaryYQ*). Location type, WARD_LTAC (*locationType*) reported 0 CLABSI (*clabcount*) and 350 central line days (*numcldays*) in 2025Q2.
- Based on the National baseline data, 0.387 CLABSIs were predicted in 2025Q1 and 0.415 CLABSIs were predicted (*numPred*) in 2025Q2 for CC_LTAC (locationType). And 0.288 CLABSIs were predicted (*numPred*) in 2025Q2 for WARD_LTAC (*locationType*). The number of predicted CLABSIs is less than 1, the SIR, p-value (*SIR_pval*), and 95% Confidence Interval (*SIR95CI*) are not calculated.
- Although the SIR is not calculated, these data will still be submitted to CMS.

iii. **"SIR for Central Line-associated BSI Data for LTCHQR (2022 Baseline) - By OrgID/CDC Location Code"**

The third table provides an SIR for each quarter and CDC location (e.g., pediatric LTAC ward). Note that if your facility reports data for more than one location of the same CDC location code (for example, 2 LTAC Wards), these locations will be grouped into one SIR in this table.

National Healthcare Safety Network
Standardized Infection Ratio for Central Line-Associated BSI Data for LTCH QRP
(2022 Baseline) - By OrgID/CDC Location Code
As of: August 13, 2025 at 2:53 PM UTC
Date Range: All BS3_CLAB_RATESLTAC_CMS
if (((bsiPlan = "Y")))

orgID=10885

orgID	ccn	locCDC	summaryYQ	CLABCount	numPred	numcldays	SIR	SIR_pval	sir95ci
10885	556600	IN:ACUTE:CC:LTAC	2025Q1	0	0.387	233	.	.	
10885	556600	IN:ACUTE:CC:LTAC	2025Q2	1	0.415	250	.	.	
10885	556600	IN:ACUTE:WARD:LTAC_PED	2025Q2	0	0.288	350	.	.	

1. The SIR is only calculated if the number predicted (numPred) is >= 1. Lower bound of 95% Confidence Interval only calculated when number of observed events > 0.
2. 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: https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html
3. Only in-plan CLABSI data from 2022 and forward are included in this report.
4. Please refer to this guidance document for further information regarding the events included in the CLABSI numerator: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/bsi-excluded-linelist-508.pdf

Source of aggregate data: 2022 NHSN CLABSI Data
Data contained in this report were last generated on August 13, 2025 at 2:23 PM UTC to include data beginning January 2021 .

From this output shown above, we can conclude the following:

- Location code IN:ACUTE:CC:LTAC (*locCDC*) reported 0 CLABSI (*clabcount*) and 233 central line days (*numcldays*) in 2025Q1 and reported 1 CLABSI (*clabcount)* and 250 central line days (*numcldays*) in 2025Q2 (*summaryYQ*). Location code IN:ACUTE:WARD:LTAC_PED (*locCDC*) reported 0 CLABSI (*clabcount*) and 350 central line days (*numcldays*) in 2025Q2.
- Based on the National baseline data, 0.387 CLABSIs were predicted in 2025Q1 and 0.415 CLABSIs were predicted (*numPred*) in 2025Q2 for IN:ACUTE:CC:LTAC (locCDC). And 0.288 CLABSIs were predicted (*numPred*) in 2025Q2 for IN:ACUTE:WARD:LTAC_PED (*locCDC*). The number of predicted CLABSIs is less than 1, the SIR, p-value (*SIR_pval*), and 95% Confidence Interval (*SIR95CI*) are not calculated.
- Although the SIR is not calculated, these data will still be submitted to CMS.

iv. **"SIR for Central Line-associated BSI Data for LTCHQR (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 LTAC Ward location below for 2025Q2, we can see that the "months" column shows a value of 1, indicating that one month of data have contributed to the quarterly SIR for this location. **If less than three months contribute to a quarterly SIR, then this indicates that the SIR for that quarter is incomplete and additional data checking is needed.**

National Healthcare Safety Network
Standardized Infection Ratio for Central Line-Associated BSI Data for LTCH QRP
(2022 Baseline) - By OrgID/Location
As of: August 13, 2025 at 2:53 PM UTC
Date Range: All BS3_CLAB_RATESLTAC_CMS
if (((bsiPlan = "Y")))

orgID=10885

orgID	ccn	location	summaryYQ	months	CLABCount	numPred	numcldays	SIR	SIR_pval	sir95ci
10885	556600	599001	2025Q1	1	0	0.387	233	.	.	
10885	556600	599004	2025Q2	1	0	0.288	350	.	.	
10885	556600	LTAC ICU	2025Q2	1	1	0.415	250	.	.	

1. The SIR is only calculated if the number predicted (numPred) is >= 1. Lower bound of 95% Confidence Interval only calculated when number of observed events > 0.
2. 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: https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html
3. Only in-plan CLABSI data from 2022 and forward are included in this report.
4. Please refer to this guidance document for further information regarding the events included in the CLABSI numerator: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/bsi-excluded-linelist-508.pdf

Source of aggregate data: 2022 NHSN CLABSI Data
Data contained in this report were last generated on August 13, 2025 at 2:23 PM UTC to include data beginning January 2021 .

From this output we can conclude:

- The facility entered 1 month of data for location 599001 in 2025Q1. This location had 0 CLABSI (CLABCount) and 233 central line days (numcldays).
- The facility entered 1 month of data for location 599004 and location LTAC ICU in 2025Q2. Location 599004 had 0 CLABSI (CLABCount) and location LTAC ICU had 1 CLABSI (CLABCount). Location 599004 had 350 central line days (numcldays) and location LTAC ICU had 250 central line days (numcldays).
- The number predicted for all locations were less than 1 so the SIR was not calculated. Number predicted for 599001 (location) was 0.387 (numPred), for 599004 (location) 0.288 (numPred), and 0.415 (numPred) for LTAC ICU (location).

4. What can be done if data are incomplete or if the number of infections or central line days is incorrect?
   i. To pinpoint which months are missing from the quarter, the report can be modified to display by month. To make this modification, after selecting Analysis > Reports, navigate through the following folders: CMS Reports > Long Term Acute Care Hospitals (LTCHQR). Click on the "SIR – CLAB Data for LTCH QRP (2022 Baseline)" then click **Modify Report**.
      a. On the Modify report screen, click on the Display Options tab. Use the drop-down menu next to "Group by" to select "Summary YM" to display the SIR report by month. Click the blue **Run** button to run the report.

Modify "SIR - CLABSI Data for LTCH QRP (2022 Baseline)"

☐ Show descriptive variable names (Print List)   Analysis Data Set: bs3_CLAB_RatesLTAC_CMS   Type: SIR   Last Generated (UTC) : July 17, 2025 2:04 PM

| Title/Format | Time Period | Filters | **Display Options** |

SIR Options:

Group by: summaryYM ▾

[▶ Run] [⊞ Save...] [⊞ Export...] [Close]

Since output for the fourth table, "SIR for Central Line-associated BSI Data for LTCH QRP (2022 Baseline) - By OrgID/Location" is displayed by month, that can be used to identify missing months of CLABSI data.

ii.   Once the missing months have been identified, double check the below data elements:
   a.   Check that the summary data for this location have been entered for the month. This includes central line days and patient days.
   b.   If summary data have been entered, double-check your monthly reporting plan for that month. Check to make sure that each location is included in your monthly reporting plan, with the CLABSI box checked.
   c.   If summary data have been entered and no CLABSIs have been identified, be sure to check the 'Report No Events' box either on the summary record, next to the Central Line days count, or through the "Missing Events" tab on the Alerts page.
   d.   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", 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. If the CLABSI is an MBI-LCBI, then it will be excluded from all CLABSI SIR reports.

REMEMBER: If you have made any changes to your data, regenerate your datasets to review your output options with the most up-to-date data in NHSN.

Additional Resources:

2022 Baseline SIR Guide

CMS Resources for NHSN Users

Operational Guidance

Analysis Quick Reference Guides