Central line-associated bloodstream infection (CLABSI) Validation Template

In support of the Centers for Medicare & Medicaid Services (CMS) Hospital-Acquired Condition (HAC) Reduction Program inpatient data va

for the Fiscal Year (FY) 2027 program year:

● Each hospital selected for CLABSI validation is to produce a list of positive blood cultures for intensive care unit (ICU) patients, which is a

patients with central lines placed during the stay.

The line list should include all final results for positive blood cultures **collected during an ICU stay**.

● For each patient confirm:

° The patient had an ICU admission during this hospital stay; and

° The patient had a positive blood culture drawn during the ICU stay.

(The list should include all positive blood cultures for patients admitted in the ICU at the time the culture was drawn.

If the patient did not have an ICU admission when the culture was drawn, do not include these on the Validation Template.)

° Whether a central line was in place at any time during the hospital stay.

FY 2027 - CLABSI Validation Template

(Use this template for 1Q 2024 through 4Q 2024 positive blood cultures - all quarters must be submitted on separa

FIELD (* indicates required field)	DESCRIPTION
NHSN Facility ID*	The National Healthcare Safety Network (NHSN)-assigned facility ID under which your hospital submits NHSN data.
Provider ID/CCN*	Hospital's 6-digit CMS Certification Number (CCN). Do not include any hyphens.
Hospital Name*	Hospital Name associated with CCN.
State*	Enter the **2 character abbreviation** for the state in which the hospital is located.
Calendar Quarter*	Select from the drop-down list the calendar quarter to which the CLABSI Validation Template pertains.
Hospital Contact Name*	Hospital contact name for CMS to contact with questions.
Contact Phone*	Phone number for hospital contact listed.
Contact Email*	Email address for hospital contact listed.
Total discharges in quarter with ICU stay	The total number of patients discharged during the reporting quarter who had an ICU stay. Patients with positive blood cultures are a subset of this group.
Positive Blood Cultures (Y/N)*	Select Yes or No from the drop-down list. Does the hospital have any final results for positive blood cultures for **ICU patients** in the calendar quarter referenced?

Patient Identifier*	The patient identifier assigned by the hospital. Use the same patient identifier that would be submitted to NHSN if the episode of care (EOC) would be reported as a CLABSI event.
Birthdate*	The patient date of birth using MM/DD/YYYY format.
Sex*	Select Female, Male or unknown from the drop-down list to indicate the sex of the patient.
Central line Y/N*	Select Yes or No from the drop-down list. Did the patient have a central line in place at any time during their hospital stay? Please include central lines already in place when the patient was admitted.
Admit Date*	Enter date patient was admitted to hospital in MM/DD/YYYY format.
Discharge Date*	Enter date patient was discharged from the hospital in MM/DD/YYYY format. If a patient has not been discharged from the hospital enter "**Not Discharged**" for the Discharge Date field. Discharge dates that fall within the reporting quarter will be eligible for validation.
First Name	First name of patient.
Last Name	Last name of patient.
NHSN ICU Location*	Select from the drop-down list, the NHSN ICU location to which the patient was assigned when the positive blood culture was collected. Include only cultures collected during an ICU stay. **Only locations from the drop-down will be accepted; do not use a hospital-assigned location.**
Lab ID*	Lab ID, accession number or specimen number corresponding to positive blood culture.
Blood Culture Date*	Provide the date the blood culture was collected in MM/DD/YYYY format.
Blood Culture Time	Provide the time the blood was drawn if easily available.
Pathogen Name (A)*	Specify pathogen identified. Only pathogens from the drop-down will be accepted. The drop-down options are derived from the CDC's NHSN Organism List. It is possible your laboratory may identify an organism that cannot be found when referencing the drop-down. Organisms from the following genera are excluded from NHSN surveillance and cannot be used to meet any of the NHSN definitions: Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus, and Pneumocystis. Since they are excluded pathogens for all NHSN HAI reporting, they are not included on the NHSN organism list and do not need to be included on the HAI Validation Template. If you have an organism which is not found on the drop-down, other than those listed above, please contact nhsn@cdc.gov for guidance on appropriate reporting.
Pathogen Name (B)	Specify pathogen identified. **Only pathogens from the drop-down will be accepted.**
Pathogen Name (C)	Specify pathogen identified. **Only pathogens from the drop-down will be accepted.**

For additional information, view the appropriate CLABSI Abstraction Manual posted on the Inpatient Data Validation Resources page of QualityNet (direct link): https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources

For the purposes of CMS inpatient data validation, please note the differences between NHSN data submission and validation template/medical record submission, as described below:

Record Type	NHSN Data Submission	Validation Template Submission	Medical Record Submission to CDAC
Inpatient	Submit data per NHSN instruction.	Enter all positive cultures according to the instructions within the Validation Template.	Submit inpatient records, including corresponding ICU documentation.
CMS Inpatient Rehabilitation Facilities (IRF) and CMS Inpatient Psychiatric Facilities (IPF)	Submit data per NHSN instruction.	Do **NOT** enter positive cultures for patients that had only a rehabilitation or psychiatric stay. These are not valid for CMS data validation. Cultures submitted on the Validation Template that are not inpatient admissions may result in mismatch.	Rehabilitation and psychiatric stays are not valid for CMS data validation. Records submitted for validation that are not acute inpatient admissions will be considered **invalid**.

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SECTION
Hospital Information Section Complete the first row in the spreadsheet. The information provided in the first row will be applied to all positive blood cultures listed on the template.

Patient & Blood Culture Section
Complete for every final positive blood culture.

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NHSN Facility ID*	Provider ID/CCN*	Hospital Name*	State*	Calendar Quarter*	Hospital Contact Name*	Contact Phone*	Contact Email*	Total discharges in quarter with ICU stay

Positive Blood Cultures (Y/N)*	Patient Identifier*	Birthdate*	Sex*	Central line Y/N*	Admit Date*	Discharge Date*	First Name	Last Name	NHSN ICU Location*

Lab ID*	Blood Culture Date*	Blood Culture Time	Pathogen Name (A)*	Pathogen Name (B)

Pathogen Name (C)

Below is a list of NHSN ICU Locations applicable for CMS inpatient data validation CLABSI reporting

CDC LOCATION LABEL	CDC LOCATION CODE
Inpatient Adult Critical Care Units	
Burn Critical Care	IN:ACUTE:CC:B
Medical Cardiac Critical Care	IN:ACUTE:CC:C
Medical Critical Care	IN:ACUTE:CC:M
Medical-Surgical Critical Care	IN:ACUTE:CC:MS
Neurologic Critical Care	IN:ACUTE:CC:N
Neurosurgical Critical Care	IN:ACUTE:CC:NS
Oncology Medical Critical Care	IN:ACUTE:CC:ONC_M
Oncology Surgical Critical Care	IN:ACUTE:CC:ONC_S
Oncology Medical-Surgical Critical Care	IN:ACUTE:CC:ONC_MS
Onsite Overflow Critical Care	IN:ACUTE:CC:OF_ONSITE
Prenatal Critical Care	IN:ACUTE:CC:PNATL
Respiratory Critical Care	IN:ACUTE:CC:R
Surgical Cardiothoracic Critical Care	IN:ACUTE:CC:CT
Surgical Critical Care	IN:ACUTE:CC:S
Trauma Critical Care	IN:ACUTE:CC:T
Inpatient Pediatric Critical Care Units	
ONC Pediatric Critical Care	IN:ACUTE:CC:ONC_PED
Pediatric Burn Critical Care	IN:ACUTE:CC:B_PED
Pediatric Surgical Cardiothoracic Critical Care	IN:ACUTE:CC:CT_PED
Pediatric Medical Critical Care	IN:ACUTE:CC:M_PED
Pediatric Medical-Surgical Critical Care	IN:ACUTE:CC:MS_PED
Pediatric Neurosurgical Critical Care	IN:ACUTE:CC:NS_PED
Pediatric Respiratory Critical Care	IN:ACUTE:CC:R_PED
Pediatric Surgical Critical Care	IN:ACUTE:CC:S_PED
Pediatric Trauma Critical Care	IN:ACUTE:CC:T_PED
Inpatient Critical Care Neonatal Units	
Neonatal Critical Care (Level II/III)	IN:ACUTE:CC_STEP:NURS
Neonatal Critical Care (Level III)	IN:ACUTE:CC:NURS
Neonatal Critical Care (Level IV)	IN:ACUTE:CC:NURS_IV

LOCATION DESCRIPTION

Critical care area for the care of patients with significant/major burns.

Critical care area for the care of patients with serious heart problems that DO NOT require heart surgery.

Critical care area for the care of patients who are being treated for nonsurgical conditions.

Critical care area for the care of patients with medical and/or surgical conditions.

Critical care area for the care of patients with life- threatening neurologic diseases.

Critical care area for the surgical management of patients with severe neurologic diseases or those at risk for neurologic injury as a result of surgery.

Critical care area for the care of oncology patients who are being treated for nonsurgical conditions related to their malignancy.

Critical care area for the evaluation and management of oncology patients with serious illness before and/or after cancer-related surgery.

Critical care area for the care of oncology patients with medical and/or surgical conditions related to their malignancy.

Area previously used for non-patient care which has been repurposed to care for critically ill or injured patients.

Critical care area for the care of pregnant patients with complex medical or obstetric problems requiring a high level of care to prevent the loss of the fetus and to protect the life of the mother.

Critical care area for the evaluation and treatment of patients with severe respiratory conditions.

Critical care area for the care of patients following cardiac and/or thoracic surgery.

Critical care area for the evaluation and management of patients with serious illness before and/or after surgery.

Critical care area for the care of patients who require a high level of monitoring and/or intervention following trauma or during critical illness related to trauma.

Critical care area for the care of oncology patients ≤18 years old who are being treated for surgical or nonsurgical conditions related to their malignancy.

Critical care area for the care of patients ≤18 years old with significant/major burns.

Critical care area for the care of patients ≤18 years old following cardiac and thoracic surgery.

Critical care area for the care of patients ≤18 years old who are being treated for nonsurgical conditions.

Critical care area for the care of patients ≤18 years old with medical and/or surgical conditions.

Critical care area for the surgical management of patients ≤18 years old with severe neurologic diseases or those at risk for neurologic injury as a result of surgery.

Critical care area for the evaluation and treatment of patients ≤18 years old with severe respiratory conditions.

Critical care area for the evaluation and management of patients ≤18 years old with serious illness before and/or after surgery.

Critical care area for the care of patients ≤18 years old who require a high level of monitoring and/or intervention following trauma or during critical illness related to trauma.

Combined nursery housing both Level II and III newborns and infants, as per the NHSN level definitions above and below. This is analogous to a mixed acuity unit specifically for Neonatal Critical Care patients.

A hospital neonatal intensive care unit (NICU) organized with personnel and equipment to provide continuous life support and comprehensive care for extremely high- risk newborn infants and those with complex and critical illness.
The capabilities of Level III, listed below, are from the American Academy of Pediatrics definitions of levels of neonatal care.1
Level III NICU
Level II capabilities plus:
-Provide sustained life support
-Provide comprehensive care for infants born < 32 wks. gestation and weighing <1500 g and infants born at all gestational ages and birth weights with critical illness
-Provide prompt and readily available access to a full range of pediatric medical subspecialists, pediatric surgical specialists, pediatric anesthesiologists, and pediatric ophthalmologists
-Provide a full range of respiratory support that may include conventional and/or high-frequency ventilation and inhaled nitric oxide
-Perform advanced imaging, with interpretation on an urgent basis, including computed tomography, MRI, and echocardiography

Critical care area for the care of newborns and infants with serious illness requiring Level IV care; area is supervised by a neonatologist
Level IV
Level III capabilities plus:
-Located within an institution with the capability to provide surgical repair of complex congenital or acquired conditions
-Maintain a full range of pediatric medical subspecialists, pediatric surgical subspecialists, and pediatric subspecialists at the site
-Facilitate transport and provide outreach education

---> The **FY 2027 Validation Template User Guide and Submission Instructions**, along with supporting documentation, can be found on the CMS *QualityNet* website.

To access, select **[Hospitals–Inpatient]**, and then **[Data Management]**, followed by **[Data Validation]**, and lastly **[Resources]**:

https://qualitynet.cms.gov/inpatient/data-management/data-validation/resources

The only acceptable method of sending HAI Validation Templates is through the CMS Managed File Transfer (MFT) application:
https://qnetmft.cms.gov
HAI Validation Templates contain Protected Health Information (PHI) and cannot be sent via email -- even if a template were sent encrypted from a secure workplace email, it would still be considered a security violation.

It is recommended to submit HAI Validation Templates at least a week prior to the submission deadline in case there are difficulties with
transmitting files, and to allow time for revisions/corrections when necessary.
If you are unable to log in to the CMS MFT application, the first person to contact is your hospital's Security Official (SO).
If your SO is unable to establish your access, you will need to contact the Center for Clinical Standards & Quality (CCSQ) Service Center by phone at 866-288-8912.
   It is recommended hospitals have two SOs at all times to ensure the ability to upload Validation Templates by the established submission deadlines.

We suggest hospitals ask their IT department to add validation@telligen.com to their 'Safe Senders List' to ensure validation-related email notifications are received.

Prior to submitting HAI Validation Templates to CMS, **it is recommended that quality assurance is performed** on the data within the template.
Review the [Definitions] tab to ensure correct information is entered in each field.

- ✓ Do not add, delete, rename, or change the order of the tabs.
- ✓ Do not add, delete, or rename column headings.
- ✓ Do not leave the first row blank or skip rows between patient data.
- ✓ Make sure the Provider ID/CCN field is exactly 6 numeric characters (do not add a hyphen).
- ✓ Make sure the State field contains the 2 character abbreviation for your state, not the full state name.
- ✓ Verify the Calendar Quarter listed on each Validation Template is correct.
- ✓ Review all dates for accuracy and correct format as specified on the [Definitions] tab.
- ✓ Make sure pathogens entered on each row of the template are found within the drop-down provided.
- ✓ If a patient has not been discharged from the hospital, enter 'Not Discharged' for the Discharge Date field.
- ✓ The 'Positive Blood Cultures' column cannot include rows listing both "Yes" and "No"; entering "No" indicates no positive cultures for the quarter.
- ✓ Ensure all NHSN ICU locations are within the approved NHSN drop down on the template. Hospital-assigned locations will not be accepted.
- ✓ Be sure to populate all required fields on each consecutive row if there were multiple final positive cultures collected for the same patient.
- ✓ Perform quality check of data entered into this template against what was entered into NHSN; stay mindful of differing CMS and NHSN deadlines.
- ✓ Check to ensure any cases with a separate Inpatient Rehabilitation Facility (IRF) or Inpatient Psychiatric Facility (IPF) CCN are not included on the template.
- ✓ Append the file name with the 6-digit CMS Certification Number (CCN)/Provider ID, followed by an underscore and the quarter.
      For example: *012345_ 1QYY_FYXX_CLABSI_ValTemp.xlsx*

• When submitting templates via the [Compose] button within the Mail area of the CMS MFT dashboard, input the subject of the message
      with the 6-digit CCN/Provider ID, Submission Quarter, and Template type(s) attached.
            For example: *012345 1QYY FYXX CLABSI & CAUTI Validation Templates*

• When choosing a recipient, select the ellipsis button to the right of the To field and then select the [Groups] tab to locate the "Validation Support Contractor" group.
      Do NOT select any individual person(s) from the recipient list; only select the "Validation Support Contract" Group.
      Some individual accounts are not regularly monitored—sending to any one individual risks delay in processing.

• Leave the 'Require Registered Users' box checked under Options. Un-checking this box puts the message at risk of not being processed.

• We strongly encourage hospitals to add a check on the 'Read Receipt' box under Options.
      After a file has been *downloaded* by someone on the Validation Support Contractor team, it will be in the queue for processing.

• It is suggested that users verify a message has been sent by clicking on the [Sent Items] button from the left-side navigation panel of the MFT dashboard.
      NOTE: *It can take a couple minutes for messages to appear in the Sent Items folder. Please, do **NOT** re-send messages multiple times,*
      as this significantly delays processing and requires version confirmation.

- You will receive email confirmation (usually within 2 business days of being downloaded) from the Validation Support Contractor letting you know the Validation Templates were *processed.* If you do not receive a processing confirmation, please include your hospital's 6-digit CCN/Provider ID in an email to validation@telligen.com