Central Line-Associated Bloodstream Infection (CLABSI) in all tracked units (modified NQF 0139)

This measure is part of a set aimed at addressing healthcare-associated infections, which are infections patients can get while receiving medical treatment in a healthcare facility. A central line is a tube inserted into a large vein of a patient’s neck or chest to provide medical treatment. If not inserted correctly or kept clean, germs can enter the body and cause serious infections in the blood (called a Central Line-Associated Bloodstream Infection [CLABSI]). This measure is the CLABSI rate (healthcare-associated primary bloodstream infection [BSI]) in a patient that had a central line within the 48-hour period before the development of the BSI and that is not related to an infection at another site.

Name and date of specifications used: Modified NQF 0139.


Measure Type: HEDIS □ Joint Commission □ Survey □ Other ■ Specify: modified NQF, Partnership for Patients

Data Source¹: Hospitals report these data to the CDC/National Healthcare Safety Network (CDC/NHSN). OAHHS will gather these data and report to OHA.


Benchmark: Benchmark will be determined after a year of data collection since this measure is being expanded to include all units of a hospital (nationally, it is limited to intensive care units).

Note rate is reported per 1000 central line days. The equation used is (number of CLABSI / number of central line days) * 1000². Hospitals must submit numerators and denominators as detailed below.

¹ OHA reserves the right to contact hospitals directly or through OAHHS with additional questions about data submitted as part of the program. Hospitals must be able to provide documentation of data submitted should it be requested.
² This measure is just for the CLABSI rate. The Standardized Infection Ratio (SIR) is used in the state Healthcare Acquired Infections report, and can be used as a supplement to the CAUTI data. The SIR is essentially a risk-adjusted rate, since it is the observed to expected ratio. More can be found here: http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Pages/Reports-and-Data.aspx
Improvement from Baseline Target: MN method with TBD floor.³

Measure Details

Data elements required denominator: Total number of central line days in all tracked units. Tracked units are defined as adult ICU, pediatric ICU, NICU, and adult, pediatric, medical, surgical, and medical/surgical wards.

Required exclusions for denominator:
- Pacemaker wires and other nonlumened devices inserted into central blood vessels or the heart are excluded as central lines
- Peripheral intravenous lines are excluded from this measure

Deviations from cited specifications for denominator: All tracked units will be reported (adult ICU, pediatric ICU, NICU, and adult, pediatric, medical, surgical, and medical/surgical wards). This is in alignment with what hospitals already report to the CDC’s National healthcare Safety Network (NHSN).

Data elements required numerator: Total number of observed CLABSI in all tracked units. Tracked units are defined as adult ICU, pediatric ICU, NICU, and adult, pediatric, medical, surgical, and medical/surgical wards. The Primary Bloodstream Infection (BSI) form (CDC 57.108) is used to collect and report each CLABSI that is identified during the month selected for surveillance (based on NHSN definition).

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: All tracked units will be reported (adult ICU, pediatric ICU, NICU, and adult, pediatric, medical, surgical, and medical/surgical wards).

Explanation of Exclusions and Deviations

List other required exclusions and or deviations from cited specifications not already indicated: None.

³ Information on improvement target calculations can be found in the ‘Hospital Improvement Target Brief’, here: http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx.