The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Care Safety and Quality

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**Circular Letter: DHCQ 19-5-690**

**TO:** Acute Care Hospital Chief Executive Officers

**FROM:** Elizabeth Daake Kelley, MBA, MPH

Director, Bureau of Health Care Safety and Quality

Massachusetts Department of Public Health

**DATE:** May 2, 2019

**RE:** Updated Requirements for Reporting Healthcare-Associated Infection (HAI) Data Pursuant to Hospital Licensure Regulations Amendment at 105 CMR 130.1701.[[1]](#footnote-1)

This circular letter provides updates on Department requirements for reporting Healthcare Associated Infection (HAI) data, and supersedes the following guidance related to the reporting of healthcare-associated infections:

* DHCQ Circular Letter 14-10-621: New Requirements for Reporting Healthcare-Associated Infection Data Pursuant to Hospital Licensure Regulations Amendment at 105 CMR 130.1701
* DHCQ Circular Letter 10-11-539: High Level Disinfection
* DHCQ Circular Letter 10-02-528: Acute Care Hospital Survey Visits – Infection Prevention and Control
* DHCQ Circular Letter 09-09-516: Healthcare Associated Infections – Betsy Lehman Center Data
* DHCQ Circular Letter 08-12-502: Additional Reporting Guidelines
* DHCQ Circular Letter 08-08-498: The Infection Prevention and Control Program – MRSA Point Prevalence Survey
* DHCQ Circular Letter 08-06-490: Reminder: Healthcare Associated Infections Reporting Requirement in Acute Care
* DHCQ Circular Letter 08-02-482: HAI Reporting Requirement in Acute Care Hospitals

**Background**

Public reporting of HAIs promotes quality improvement, patient safety and transparency in healthcare settings. The Massachusetts Department of Public Health (DPH) currently requires acute care hospitals to report specific HAIs to the Centers for Disease Control and Prevention’s National Healthcare Safety Network (NHSN) and make the data available to DPH. These reporting requirements are in alignment with federal reporting requirements for general acute care hospitals or were included based upon the recommendations of the DPH Healthcare Associated Infection/Antimicrobial Resistance Technical Advisory Group.

The Centers for Medicare and Medicaid Services (CMS) has defined HAI reporting requirements for hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program.

Although Critical Access Hospitals, Cancer Hospitals and Pediatric Hospitals licensed by DPH are not eligible to participate in the IQR program, as part of state regulations, these hospitals are required to report measures where applicable.

**DPH HAI Reporting Expansion**

Consistent with current CMS requirements, DPH is expanding the state acute care hospital reporting requirements to include Central Line-associated Blood Stream Infection (CLABSI) and Catheter-associated Urinary Tract Infection (CAUTI) in adult and pediatric medical, surgical and medical/surgical wards. Massachusetts acute care hospitals participating in the CMS IQR program have been reporting these measures in NHSN since January 2015.

All licensed Massachusetts acute care hospitals are successfully reporting the required HAI data to DPH using NHSN, so the change required will be for hospitals to provide DPH access to these additional measures already reported within NHSN. DPH will also notify current NHSN users of the expansion of reporting requirements through features available within the NHSN application.

Acute care hospitals will be required to provide DPH access to the two additional measures by July1, 2019. Hospitals that have not already done so as part of the IQR program or for other purposes must report retrospective data consistent with the date CMS implemented each healthcare facility HAI reporting requirement so that DPH may access and use this information, as appropriate. Please see Table 1.

**Table 1. Implementation of CMS Hospital Inpatient Quality Reporting Program Requirements and DPH Reporting Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **HAI Event** | **Reporting Specifications** | **CMS\* Reporting Start Date** | **DPH Reporting Start Date** |
| Central Line-associated Blood Stream Infection (CLABSI) | Acute Care Hospitals: Adult, Pediatric, and Neonatal ICUs | January 2011 | **July**  **2008** |
| Catheter-associated Urinary Tract Infection (CAUTI) | Acute Care Hospitals: Adult and Pediatric ICUs | January 2012 | **October 2014** |
| Surgical Site Infection (SSI) | Acute Care Hospitals: Inpatient Colon Procedures | January 2012 | **October 2014** |
| Surgical Site Infection (SSI) | Acute Care Hospitals: Inpatient Hysterectomy Procedures | January 2012 | **July**  **2008** |
| Surgical Site Infection (SSI) | Acute Care Hospitals: Inpatient Coronary Bypass Graft Procedures | Not Required by CMS | **July**  **2008** |
| Surgical Site Infection (SSI) | Acute Care Hospitals: Inpatient Vaginal Hysterectomy Procedures | Not Required by CMS | **July**  **2008** |
| Surgical Site Infection (SSI) | Acute Care Hospitals: Inpatient Hip Prosthesis Procedures | Not Required by CMS | **July**  **2008** |
| Surgical Site Infection (SSI) | Acute Care Hospitals: Inpatient Knee Prosthesis Procedures | Not Required by CMS | **July**  **2008** |
| Methicillin Resistant *Staphylococcus aureus* (MRSA) Bacteremia  LabID Event | Acute Care Hospitals: Facility Wide Inpatient | January 2013 | **October 2014** |
| *Clostridium difficile* Infection(CDI) LabID Event | Acute Care Hospitals: Facility Wide Inpatient | January 2013 | **October**  **2014** |
| Healthcare Personnel Influenza Vaccination | Acute Care Hospitals | January 2013 | **January 2013** |
| Central Line-associated Blood Stream Infection (CLABSI) | Acute Care Hospitals: Adult and Pediatric Medical, Surgical and Medical/Surgical Wards | January 2015 | ***July 2019*** |
| Catheter-associated Urinary Tract Infection (CAUTI) | Acute Care Hospitals: Adult and Pediatric Medical, Surgical and Medical/Surgical Wards | January  2015 | ***July 2019*** |

**\*Source:** [**https://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements.pdf**](https://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements.pdf)

The decision to expand the state reporting requirements was made in consultation with the DPH Healthcare Associated Infection/Antimicrobial Resistance Technical Advisory Group. The new measures will provide an additional perspective on progress towards HAI elimination.

The DPH HAI/AR program will continue to assist facilities in reporting HAI data to NHSN and provide guidance as new HAIs are added to the federal reporting requirements. The data will continue to be used to monitor state and national trends over time and to identify areas for improvement.

**Please forward this circular letter to all persons in your hospital responsible for infection prevention, employee health, and quality management reporting including: Infection Preventionists, Hospital Epidemiologists, Chief Nursing Officers, and Directors of Quality Improvement.**

For questions related to the expanded reporting requirement, please contact Eileen McHale, DPH HAI Coordinator at Eileen.mchale@state.ma.us

1. <http://www.mass.gov/eohhs/docs/dph/regs/105cmr130.rtf> [↑](#footnote-ref-1)