The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Care Safety and Quality

99 Chauncy St., 11th Floor

Boston, MA 02111



CHARLES D. BAKER

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**Tel: 617-624-6000**

**www.mass.gov/dph**

**Circular Letter: DHCQ 19-5-692**

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

Public Health Hospital Chief Executive Officers

**FROM:** Elizabeth 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 of Public Health (Department) requirements for reporting Healthcare Associated Infection (HAI) and antibiotic resistance (AR) data.

**Background**

Public reporting of HAIs promotes quality improvement, patient safety and transparency in healthcare settings. The Centers for Medicare and Medicaid Services (CMS) has defined HAI reporting requirements for hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program.

**Department HAI Reporting Requirements**

Non-acute care hospitals and public health hospitals must currently report all required data, including HAI/AR and healthcare personnel influenza vaccination data, to the Centers for Disease Control and Prevention’s National Healthcare Safety Network (NHSN) and make the data available to the Department. Since 2013, non-acute care hospitals and public health hospitals have been reporting IQR program data in this manner to NHSN.

All non-acute care hospitals and public health hospitals are now required to provide the Department access to the NHSN data measures by July 1, 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 the Department may access and use this information, as appropriate. Please see Table 1 for reporting requirements.

**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** |
| Methicillin Resistant *Staphylococcus aureus* (MRSA) Bacteremia  LabID Event | Non-Acute Care Hospitals: Facility Wide Inpatient  Public Health Hospitals: Facility Wide Inpatient | January 2013 | ***July 2019*** |
| *Clostridium difficile* Infection(CDI) LabID Event | Non-Acute Care Hospitals: Facility Wide Inpatient  Public Health Hospitals: Facility Wide Inpatient | January 2013 | ***July 2019*** |
| Healthcare Personnel Influenza Vaccination | Non-Acute Care Hospitals  Public Health Hospitals: Facility Wide Inpatient | January 2013 | **January 2013** |
| Central Line-associated Blood Stream Infection (CLABSI) | Non-Acute Care Hospitals: Adult and Pediatric Medical, Surgical and Medical/Surgical Wards  Public Health Hospitals: Facility Wide Inpatient | January 2015 | ***July 2019*** |
| Catheter-associated Urinary Tract Infection (CAUTI) | Non-Acute Care Hospitals: Adult and Pediatric Medical, Surgical and Medical/Surgical Wards  Public Health Hospitals: Facility Wide Inpatient | 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 Department Healthcare Associated Infection/Antimicrobial Resistance Technical Advisory Group. The new measures will are a critical component 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 required to be reported. The data will 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)