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April 15, 2008

AFL 08-10

TO: GENERAL ACUTE CARE HOSPITALS

SUBJECT: **NEW REGULATORY REQUIREMENTS FOR COMPLIANCE WITH  
SENATE BILL 739 – JOINING CDPH GROUP, CLIP REPORTING**

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**Authority:**

Senate Bill (SB) 739 (Speier, Statutes of 2006)  
California Code of Regulations, Title 22, §70739

**Attachments:**

1. Central Line Insertion Practice (CLIP) Reporting Requirements
2. CLIP Report Form
3. Instructions for CLIP module

This a follow-up letter to AFL 07-37 “Mandated use of the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) to Comply with Senate Bill (SB) 739 on the Reporting of Healthcare-Associated Infections (HAI) Process Measures,” dated November 27, 2007. Please review and share this document with all persons in your facility responsible for infection prevention and control activities and quality management reporting.

**Join the CDPH Group:**

AFL 07-37 notified all general acute care hospitals of their obligation to register with NHSN so that process measures required by SB 739 could be reported into that database. Hospitals are instructed to join the California Department of Public Health

(CDPH) group. **There are no alternative methods for complying with the requirements of this legislation.**

Procedure: The facility NHSN administrator must log into the NHSN Secure Data Network, click on “join group” in the left navigation bar, then click on “Join”. Type in “**12528**” in the “Group ID” field, enter “**joinCDPH**” (no space, case sensitive) as the Group Joining Password”, then click “Join Group.”

#### **How to Confer Rights for CDPH to Access Mandated Data:**

This will be covered in a separate AFL after the implementation of the process modules by NHSN.

#### **SB 739 Mandatory Reporting Requirements**

**The CDPH HAI Advisory Committee recommended that the following procedures be followed for compliance with SB 739 reporting requirements. These requirements are now mandatory and may be enforced by the CDPH Licensing and Certification Program.**

##### **a. Central Line Insertion Practices (CLIP)**

**CLIP reporting requirements as specified in Attachment 1 must be reported through NHSN effective July 1, 2008.**

This information is being distributed now, in advance of the implementation of the reporting module by CDC, to ensure that hospitals have the processes in place to meet the start date. Note the requirement for daily assessment of central line necessity, which is *in addition to* the CLIP module. If no central lines are inserted by the facility during the course of a calendar year, the facility will be exempt from reporting of central line insertion practices.

- Attachment 2 is the reporting module.
- Attachment 3 contains instructions for filling out the module.

The official release date for the CLIP module by NHSN is anticipated to be May, 2008. Data cannot be entered into NHSN prior to official release. If for some reason the module is not released as scheduled, hospitals should still begin to collect data no later than July 1, 2008, and enter the data into NHSN as soon as the module is available for data entry.

##### **b. Surgical Antimicrobial Prophylaxis Measures**

Reporting of surgical antimicrobial prophylaxis measures, items 1-3 of the Centers for Medicare and Medicaid Services (CMS) Surgical Care Improvement Project (SCIP) 1-3, is now required. They are as follows: 1) prophylactic antibiotic received within one hour prior to surgical incision, 2) appropriate prophylactic antibiotic selection for surgical patients, and 3) prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac patients).

1. Hospitals who currently report SCIP measures 1-3 to CMS through vendors need take no further action. CDPH will download this data directly from the CMS Hospital Compare website.
2. Hospitals who report through vendors to The Joint Commission but not to CMS must request that their vendor forward quarterly reports to CDPH, Attn: Sue Chen @ FAX (510) 620-3425 or via US Postal Service to:

HAI Reporting Program  
850 Marina Bay Parkway, Bldg P, 2<sup>nd</sup> Floor  
Richmond, CA 94804

3. Hospitals who do not report SCIP measures 1-3 are directed to call (415) 677-2122 to receive assistance from Lumetra, California's federally-designated Quality Improvement Organization (QIO) on how to utilize the CMS Abstraction and Reporting Tool (CART). The hospitals in this group who have a Medicare provider number will be instructed to report using the electronic interface, and their data will then be retrievable through the Hospital Compare website (as with Group #1 above.) For hospitals in this group who are unable to use the electronic interface, Lumetra will provide a quarterly reporting mechanism that coincides with the Hospital Compare timetable.
  4. Government hospitals and hospitals that do not perform surgeries on the applicable SCIP procedure tables are exempt from this reporting requirement. If unclear whether your facility performs SCIP procedures, contact Lumetra at (415) 677-2122.
- c. Registration for Long Term Acute Care Facilities (LTACH) and Surgery Centers**  
**Note: SB 739 requirements apply to all general acute care hospitals including LTACH facilities, since they are licensed as general acute care hospitals.**  
LTACH facilities and Surgery Centers are instructed to register for NHSN now as an acute care hospital. This is to ensure that they can begin mandated reporting on July 1, 2008. NHSN will reclassify these facilities after the respective groups are formed, **but only if these facilities separately notify CDPH** of their full mailing address and facility type (LTACH, etc.) at the time they register with NHSN. Failure to provide this notification may lead to future data misclassification. Please forward the information to Sue Chen; contact information is below.
- d. Specification of Patient Identifier**  
CDPH strongly recommends that hospitals fill in the data point "Secondary ID" with the patient's medical record number on all modules completed. This will enable future linkage of SCIP data with NHSN data. There is no need for facilities to make this Secondary ID data point visible to CDPH.

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Please direct questions on these new requirements to Sue Chen, HAI Program Coordinator at [Sue.Chen@cdph.ca.gov](mailto:Sue.Chen@cdph.ca.gov), phone (510) 620-3434, or fax (510) 620-3425.

Sincerely,

Kathleen Billingsley, RN  
Deputy Director  
Center for Healthcare Quality

Cc: California Hospital Association  
California Conference of Local Health Officers  
CDPH Emergency Preparedness Office  
CDPH Licensing and Certification Program  
CDPH Division of Communicable Disease Control  
HAI Advisory Committee

## **Attachment 1: Central Line Insertion Practice (CLIP) Reporting Requirements**

**All general acute care facilities are required to begin reporting of Central Line Insertion Practices (CLIP) through NHSN effective July 1, 2008.** The facility may choose either option below plus the added requirement below. The CLIP form may be downloaded from the NHSN website at the following link:  
[http://www.cdc.gov/ncidod/dhqp/nhsn\\_PSforms.html](http://www.cdc.gov/ncidod/dhqp/nhsn_PSforms.html).

### **Option 1**

Submit the complete CLIP data set (all asterisked data fields) to NHSN as set forth by the CDC for all ICUs including adult, pediatric and NICUs within their facility. If a facility does not have an ICU, another area such as a medical/surgical unit where patients have central lines inserted should be selected for reporting.

**OR**

### **Option 2\***

**All** of the following subset of CLIP process measures must be reported to NHSN for all ICUs including adult, pediatric, and NICUs within their facility. The mandatory process data set includes:

- a. Occupation of the inserter
- b. Whether the inserter performed hand hygiene prior to central line insertion
- c. Whether and which sterile barrier precautions were used
- d. Type of skin preparation
- e. Location of insertion site
- f. Type of Central Line inserted

\*With Option 2, the CLIP module will be “off plan”, meaning it is not to be submitted as a part of the monthly surveillance plan to NHSN. Data must be entered into the module. So as to maintain enrollment in NHSN, the facility must submit in its plan and report catheter-related bloodstream infections (BSIs) per the NHSN data set and rules for at least one ICU. If a facility does not have an ICU, another area such as a medical/surgical unit where patients have central lines should be selected for reporting. BSI outcome data are not required to be reported to CDPH at this time.

### **Additional reporting requirement:**

All hospitals are required to develop and implement a process to ensure daily assessment of central line necessity for all patients with central lines on units under surveillance and to be able to present results of that process to CDPH surveyors. Daily assessment of line necessity by a licensed care giver (defined as a person with the authority to order insertion or discontinuation of a central line) is strongly associated with reduction of infection risk because it prompts the removal of lines sooner rather than later. This activity is separate from inspection of the line insertion site which is a routine part of daily nursing care.



## Central Line Insertion Practices Adherence Monitoring

OMB No. 0920-0666  
Exp. Date: xx-xx-200x

\*required for saving

*Facility ID: _____		*Event# _____	
*Patient ID: _____		Social Security#: _____ - _____ - _____	
Secondary ID: _____			
*Patient Name, Last: _____		First: _____	Middle: _____
Ethnicity (specify): _____		Race (specify): _____	
*Gender: <input type="checkbox"/> F <input type="checkbox"/> M		*Date of Birth: ____/____/____ (mm/dd/yyyy)	
*Event Type: CLIP		*Location: _____	*Insertion Date: ____/____/____ (mm/dd/yyyy)
*Person recording insertion practice data: <input type="checkbox"/> Inserter <input type="checkbox"/> Observer			
Central line inserter ID: _____		Name, Last: _____	First: _____
*Occupation of inserter:			
<input type="checkbox"/> Attending physician		<input type="checkbox"/> Intern/Resident	<input type="checkbox"/> Physician assistant
<input type="checkbox"/> Fellow		<input type="checkbox"/> Other medical staff	<input type="checkbox"/> Medical student
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> IV Team	<input type="checkbox"/> Other student
*Reason for insertion: <input type="checkbox"/> New indication for central line			
<input type="checkbox"/> Suspected central line-associated infection		<input type="checkbox"/> Replace malfunctioning central line	
<input type="checkbox"/> Other (specify) _____			
*Inserter performed hand hygiene prior to central line insertion: <input type="checkbox"/> Y <input type="checkbox"/> N			
*Maximal sterile barrier precautions used:			
Mask/Eye shield	<input type="checkbox"/> Y <input type="checkbox"/> N	Sterile gown	<input type="checkbox"/> Y <input type="checkbox"/> N
Large sterile drape	<input type="checkbox"/> Y <input type="checkbox"/> N	Sterile gloves	<input type="checkbox"/> Y <input type="checkbox"/> N
		Cap	<input type="checkbox"/> Y <input type="checkbox"/> N
*Skin preparation (check all that apply): <input type="checkbox"/> Chlorhexidine gluconate <input type="checkbox"/> Povidone iodine <input type="checkbox"/> Alcohol			
*Was skin preparation agent completely dry at time of first skin puncture? <input type="checkbox"/> Y <input type="checkbox"/> N			
*Insertion site: <input type="checkbox"/> Jugular <input type="checkbox"/> Subclavian <input type="checkbox"/> Umbilical <input type="checkbox"/> Femoral <input type="checkbox"/> Upper extremity (PICC)			
Antimicrobial coated catheter used: <input type="checkbox"/> Y <input type="checkbox"/> N			
*Central line catheter type:			
<input type="checkbox"/> Non-tunneled (other than dialysis)		<input type="checkbox"/> Umbilical	
<input type="checkbox"/> Tunneled (other than dialysis)		<input type="checkbox"/> PICC	
<input type="checkbox"/> Dialysis non-tunneled		<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Dialysis tunneled			
*Number of lumens (circle one):		1	2
		3	≥ 4
*Central line exchanged over a guidewire:		<input type="checkbox"/> Y	<input type="checkbox"/> N
*Antiseptic ointment applied to site:		<input type="checkbox"/> Y	<input type="checkbox"/> N

**Assurance of Confidentiality:** The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).  
CDC 57.75JJ (Front) Effective date xx/xx/200x

### **Attachment 3: NHSN Instructions for Use of CLIP Module**

#### **Central Line Insertion Practices Adherence Monitoring**

**Introduction:** Central line-associated bloodstream infections (CLABSIs) can be prevented through proper management of the central line. The CDC's Healthcare Infection Control Practices Advisory Committee (CDC/HICPAC) *Guidelines for the Prevention of Intravascular Catheter-Related Infections* recommend evidence-based central line insertion practices known to reduce the risk of subsequent central line-associated bloodstream infection. These include use of maximal sterile barriers during insertion, proper use of a skin antiseptic prior to insertion, avoiding the femoral insertion site whenever possible, and avoiding guidewire exchange when a central line-associated infection is suspected. Despite the scientific evidence supporting these measures, several reports suggest that adherence to these practices remains low in US hospitals.

Several centers have found it useful to monitor adherence to evidence-based central line insertion practices as a method for identifying quality improvement opportunities and strategically targeting interventions. Feedback of adherence data has been a component of multifaceted interventions that have successfully reduced CLABSI rates. There is currently no systematic method to collect information on central line insertion practices.

The proposed additional collections in NHSN would enable participating facilities and CDC to:

- a. Monitor central line insertion practices in individual patient care units and facilities and to provide aggregate adherence data for all participating facilities. Facilities have the option of recording inserter-specific adherence data.
- b. Link gaps in recommended practice with the clinical outcome (i.e., CLABSI) both in individual facilities and for all participating facilities.
- c. Facilitate quality improvement by identifying specific gaps in adherence to recommended prevention practices, thereby helping to target intervention strategies for reducing central line-associated bloodstream infection rates.

**Settings:** Surveillance will occur in any of four locations: (1) intensive care units (ICU), (2) specialty care areas (includes hematology/oncology wards, bone marrow transplant units, inpatient dialysis units, long term acute care units), (3) neonatal intensive care units (NICU), and (4) any other patient care location in the institution (e.g., surgical wards).

**Requirements:** Surveillance for central line insertion practices in at least one location in the healthcare institution for at least one calendar month as indicated in the *Patient Safety Monthly Reporting Plan* (CDC 57.75A). Participating facilities may perform surveillance for insertion practices during a month when concomitant CLABSI

surveillance is being conducted, or may collect insertion practice data during a month when no CLABSI surveillance is being conducted. If participating facilities wish to produce reports that link insertion practices to outcome (i.e., CLABSI), surveillance for insertion practices and CLABSI must be done concomitantly.

**Methods:** The *Central Line Insertion Practices Adherence Monitoring Form* (CDC 57.75JJ) is used to collect and report central line insertion practices for each central line insertion occurring during the month selected for surveillance. The *Instructions for Completion of the Central Line Insertion Practices Adherence Monitoring Form* (Table 20) contains brief instructions for collection and entry of each data element on the form. The form can be completed at or near the time of insertion either by the inserter or an observer present at the insertion (e.g., nurse assisting with the catheter insertion), or the form can be completed from documentation in the patient chart (e.g., if the elements of the monitoring form have been incorporated into standard central-line insertion procedure notes). The *Central Line Insertion Practices Adherence Monitoring form* should be completed for every central line insertion that occurs during the month chosen for surveillance. The form includes information pertaining to demographics of the patient (shown also as CDC 57.75C), information pertaining to the inserter and the person completing the form, information on maximal sterile barriers used, the reasons for central line insertion, skin antisepsis, hand hygiene practice before insertion, type of central line and insertion site, and use of a guidewire. These data will be used to calculate adherence to recommended catheter insertion practices.

**Data Analyses:** Adherence rates for specific insertion practices will be calculated by dividing the number central line insertions during which recommended practice was followed by the total number of central line insertions and multiplying the result by 100. This calculation will be performed separately for different types of ICU, specialty care areas, NICUs, and other locations in the institution. Participants have the option of calculating inserter-specific adherence rates. An additional option for analysis is to generate a line list of patients in whom a central line was inserted, the insertion practices followed during the insertion, and information on any subsequent CLABSI associated with that central line.

**Table. Instructions for Completion of the Central Line Insertion Practices Adherence Monitoring Form (CDC 57.75JJ)**

Data Field	Instructions for Form Completion
Facility ID	Required. Facility identification number will be autoentered by the computer
Event #	Required. Event number will be autogenerated by the computer
Patient ID	Required. Enter the patient ID. This is the patient identifier assigned by the facility and may consist of any combination of numbers and/or letters
Social Security #	Optional. Enter patient's Social Security Number
Secondary ID	Optional. Enter any other patient identifier assigned by the facility.
Patient name: Last, first, middle	Optional. Enter patient's last name, first name and middle name
Gender	Required. This is the gender of the patient. Check male or female.
Date of Birth	Required. Enter the patient's date of birth (MM/DD/YYYY).
Ethnicity (specify)	Optional. Enter the patient's ethnicity: Hispanic or Latino Not Hispanic or Not Latino
Race (specify)	Optional. Enter the patient's race: (select all that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Event Type	Required. Event Type "CLIP" will be autoentered.
Location	Required. Enter the location of the patient at the time of the central line insertion
Insertion date	Required. Enter the date of central line insertion (MM/DD/YYYY).
Person recording insertion practice data	Required. Select inserter or observer.
Central line inserter ID	Optional. Enter the HCW ID# of the person inserting the central line.
Name, Last, First	Optional. Enter last name and first name of person inserting the central line.
Occupation of inserter	Required. Check the occupational category of the person inserting the central line: Attending physician; Intern/Resident; Physician assistant; IV team; Fellow; Other medical staff; Medical student; Other student. If Other than these, please specify:
Reason for insertion	Required. Check the primary reason for inserting the central line: New indication; Replace malfunctioning central line; Suspected central line-associated infection. If Other, please specify.
Inserter performed hand hygiene prior to central line insertion	Required. Check Y (Yes) if the inserter appropriately performed hand hygiene prior to inserting central line; otherwise check N (No). Appropriate hand hygiene includes the use of alcohol-based hand rub

Data Field	Instructions for Form Completion
	or soap and water hand wash.
Maximal sterile barrier precautions used	Required. Check each sterile barrier used during insertion: Mask/Eye shield; Sterile gown; Large sterile (full body) drape; Sterile gloves; Cap
Skin preparation	Required. Check all that apply: Chlorhexidine gluconate; Povidone iodine; Alcohol
Was skin preparation agent completely dry at time of first skin puncture?	Required. Check Y (Yes) if the skin prep agent was allowed to dry completely at the time of first skin puncture; otherwise select N (No).
Insertion site	Required. Check the site of insertion of the central line: Jugular; Subclavian; Umbilical; Femoral; Upper extremity (PICC).
Antimicrobial coated catheter used	Optional. Check Y (Yes) if antimicrobial coated catheter was used; otherwise check N (No).
Central line catheter type	Required. Check the type of central line inserted: Non-tunneled catheter (other than dialysis); Tunneled catheter (other than dialysis); Dialysis catheter non-tunneled; Dialysis catheter tunneled; Umbilical; PICC. If other, please specify.
Number of lumens	Required. Circle the number of lumens in the device: 1, 2, 3 or $\geq 4$ .
Central line exchanged over a guidewire	Required. Check Y (Yes) if the central line was exchanged over a guidewire; otherwise Check N (No).
Antiseptic ointment applied to site	Required. Check Y (Yes) if antiseptic was applied to the insertion site following insertion but prior to application of the dressing; otherwise check N (No).
<b>Custom</b> Fields and Labels	Optional. Up to two date fields and 10 alphanumeric fields that may be customized for local use. NOTE: Each custom field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter any additional information on the central line insertion