The aim of this study was to explore the impact of legislation and mandatory reporting on CLABSI rates and reporting” Woodward et al (2018).

Abstract:

BACKGROUND: Central line-associated bloodstream infection (CLABSI) prevention efforts have increased over the past decade because of implications of the Affordable Care Act and mandatory reporting laws. These legislative measures allow for reduced reimbursement to hospitals with high level of CLABSIs and other health care-associated infections.

OBJECTIVE: The aim of this study was to explore the impact of legislation and mandatory reporting on CLABSI rates and reporting.

METHODS: The study team performed a retrospective review of medical intensive care unit patients in January 2008, 2012, and 2015 to examine changes in CLABSI reporting by 2 methods (International Classification of Diseases by providers and Centers for Disease Control by infection prevention [IP]), as well as changes in central line use over time. Data were summarized and compared. Percent agreement and κ statistics were calculated for ICD-
and IP-coded CLABSIs.

RESULTS: Among 465 intensive care unit patients, most were white (89.9%), males (52.0%), aged 58.7 ± 17.1 years. Only 3 new CLABSIs were reported during the study period: 2 by ICD and IP in 2008, 1 by ICD in 2012, and 0 by either method in 2015. The percent agreement (99.6%) and κ (0.799) represent excellent agreement. Central line usage was similar for each time period.

DISCUSSION: The number of CLABSIs decreased over time; however, the findings were limited, and a larger sample over a longer period is needed to draw conclusions about the influence of legislative changes. One discrepancy was observed between the 2 reporting methods, which is consistent with other studies. More research is needed to understand the complexity of provider coding practices and changes in central line use (eg, duration, type, location) over time.

Reference:


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