

This new CMS regulation makes CLABSI reporting a national requirement to receive full Medicare inpatient payments; facilities that fail to report will not receive the annual 2% Medicare payment increase” Exile and Sopirala (2015).

Extract:

“Over the past decade-plus, acceptance of HAIs as “business as usual” gave way to a string of initiatives that demonstrated success in reducing the incidence of CRBSIs in a variety of health care settings. This initial success led to calls to “get to zero” and targeting a goal of zero CRBSIs in health care systems across the country. The belief that CRBSIs were an avoidable error led the Centers for Medicare & Medicaid Services (CMS) to declare that it would no longer reimburse for the treatment of HAIs, including CRBSIs.

The policy, which went into effect in late 2008, was created to help improve the care of patients by incentivizing hospitals to prevent serious hospital-associated adverse events. In 2011, CMS mandated that hospitals report central line-associated bloodstream infection (CLABSI) rates through the National Healthcare Safety Network (NHSN). This new CMS regulation makes CLABSI reporting a national requirement to receive full Medicare inpatient payments; facilities that fail to report will not receive the annual 2% Medicare payment increase. However, whether zero is a realistic target or whether the use of reimbursement as a stick to punish hospitals for HAIs has affected patient care is still being debated.”

Full Text

Reference:

Exile, M.C. and Sopirala, M.M. (2015) Prevention of Catheter-Related Bloodstream Infections, 2015: An overview of current approaches in diagnosis, management, and prevention. Infectious Disease Special Edition. October (19), p.21-30.

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