Central Venous Catheter-Related Blood Stream Infections Rate

Patient Safety Indicators #7
Technical Specifications
Provider-Level Indicator
AHRQ Quality Indicators, Version 4.3, August 2011

Version 4.3a is a maintenance release of Version 4.3. The differences between the two versions are:

- Version 4.3a includes Version 29 of the Limited License edition of the 3M™ APR-DRG Grouper. This grouper corrects an issue found in Version 28 of the Limited License edition of the 3M™ APR-DRG Grouper. The grouper is only used with the Inpatient Quality Indicator (IQI) mortality measures. Version 4.3 includes Version 28 of the Limited License edition of the 3M™ APR-DRG Grouper, which was incorrectly assigning a Risk of Mortality (ROM) subclass for cases dated on or after 10/1/10.
- Version 4.3a allows users to calculate area-level indicators for years 2010 and 2011, correcting an issue previously identified in Version 4.3.

All other aspects of the software, including measure specifications, remain the same. Thus this document (related to Version 4.3) remains unchanged.

Numerator

Discharges with selected infections defined by specific ICD-9-CM codes and secondary diagnosis field among cases meeting the inclusion and exclusion rules for the denominator. For discharges prior to October 1, 2007:

**ICD-9-CM Hospital-associated infection diagnosis codes:**
99662  DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT
9993   OTHER INFECTION

For discharges on or after October 1, 2007:

**ICD-9-CM Central line-associated blood stream infection diagnosis code:**
99931  INFECTION DUE TO CENTRAL VENOUS CATHETER

Denominator

All surgical and medical discharges, 18 years and older or MDC 14 (pregnancy, childbirth, and puerperium), defined by specific DRGs or MS-DRGs.

See Patient Safety Indicators Appendices:
- Appendix B – Medical Discharge DRGs
- Appendix C – Medical Discharge MS-DRGs
- Appendix D – Surgical Discharge DRGs
- Appendix E – Surgical Discharge MS-DRGs
Exclude cases:

- with principal diagnosis of selected infections or secondary diagnosis present on admission
- with length of stay less than 2 days
- with any diagnosis or procedure code for immunocompromised state
- with any diagnosis of cancer
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)

See *Patient Safety Indicators Appendices*:

- Appendix H – Cancer Diagnosis Codes
- Appendix I – Immunocompromised State Diagnosis and Procedure Codes