Steps to Review NHSN Dialysis Event Surveillance Data

### Three Steps:
1. Verify minimum monthly Dialysis Event (DE) reporting requirements are met.
2. Check submitted data are correct and complete.
3. Assess your facility’s performance.

### Review of Running NHSN Reports
- Under “Analysis” on the navigation bar:
  1. Generate new Data Sets
  2. Find the output option (report) and modify it, if desired
  3. Run the report

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**Step 1: Have Minimum Monthly DE Reporting Requirements Been Met?**

**Run this report:** Line Listing – CMS ESRD QIP Rule

**Find this report under:** Analysis “Reports” → “CMS Reports” folder → “QIP” folder

**Use this report to verify CMS ESRD QIP minimum NHSN reporting requirements are met** each month, as indicated by a “Y” (Yes) on each line under the “Criteria Met this Month” column. To get a “Y” all Yes/No fields in the same row must = Y.

- **DE on Reporting Plan = Y:** if “DE” is checked on the Monthly Reporting Plan, indicating Dialysis Event data will be collected according the Dialysis Event Protocol.
- **Dialysis Event Numerator Reported = Y:** if (for each dialysis event type) at least 1 dialysis event was reported that month or the corresponding “Report No Events” checkbox was selected on the Denominators for Outpatient Dialysis form to confirm there were zero events of that type for the month.
- **Dialysis Event Denominator Reported = Y:** if the Denominators for Outpatient Dialysis census form was completed for the month.

- Verify the facility’s CCN is present and correct.

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**Step 2: Are the Submitted Data Correct and Complete?**

**Run these reports:** Line Listing – Dialysis Events (detailed) and Line Listing – All DE Denominators

**Find these reports under:** Analysis “Reports” → “Dialysis Events” folder → “Numerators” or “Denominators” folders

**Use these two reports to check all data are correct and complete.**

**Report A:** Check all dialysis events are correctly reported. Review the “Data Validity Check PBC ABX Description” column and check if IV antimicrobial starts or positive blood cultures were missed.

**Report B:** Review denominator data across months. For each vascular access type, verify minimum and maximum values are reasonable and the numbers of patient-months are consistent with the facility’s census.

**Follow-up:** If new information becomes available or an error is found, access the record to add, edit, and/or delete, as needed.

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**A**

<table>
<thead>
<tr>
<th>Org ID</th>
<th>Event ID</th>
<th>Patient ID</th>
<th>Transient</th>
<th>Event Date</th>
<th>IV Anti-microbial Start</th>
<th>IV Vancomycin Start</th>
<th>Positive Blood Culture</th>
<th>Pus Redness Swelling Event</th>
<th>Data Validity Check PBC ABX Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10856</td>
<td>32403</td>
<td>0322</td>
<td>Y</td>
<td>01/20/2014</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Is This Antimicrobial Start w/o PBC Valid?</td>
</tr>
<tr>
<td>10856</td>
<td>30930</td>
<td>1234</td>
<td>N</td>
<td>02/01/2014</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Is This PBC w/o Antimicrobial Start Valid?</td>
</tr>
</tbody>
</table>

**B**

<table>
<thead>
<tr>
<th>Org ID</th>
<th>Location</th>
<th>Summary Year/Month</th>
<th>No Dialysis Events</th>
<th>Number of Patients: AV Fistula</th>
<th>Number of Buttonhole Patients</th>
<th>Number of Patients: AV Graft</th>
<th>Number of Patients: Tunnelled Central Line</th>
<th>Number of Patients: Nontunnelled Central Line</th>
<th>Number of Patients: Other Access Device</th>
<th>Number of Patient-months</th>
<th>Number of Fistulas and Grafts</th>
<th>Number of All Central Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>10856</td>
<td>DIALYSIS</td>
<td>2014M01</td>
<td>Y</td>
<td>38</td>
<td>0</td>
<td>32</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>84</td>
<td>70</td>
<td>14</td>
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<tr>
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<td>DIALYSIS</td>
<td>2014M02</td>
<td>N</td>
<td>38</td>
<td>0</td>
<td>33</td>
<td>12</td>
<td>1</td>
<td>0</td>
<td>84</td>
<td>71</td>
<td>13</td>
</tr>
</tbody>
</table>

NHSN Helpdesk: nhsn@cdc.gov

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National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

CDC
Other NHSN Rate Reports:

NHSN also includes reports for rates of: IV Antimicrobial Starts, IV Vancomycin Starts, Access-Related Bloodstream Infections (ARB), Local Access Site Infections (LASI), and Vascular Access Infections (VAI).

These rate tables are interpreted in the same way as the BSI report shown here, although newer measures may not yet have aggregate data available for benchmarking.