

National Healthcare Safety Network Surveillance System

Dialysis Event Surveillance Protocol

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Audience

- ❑ **Everyone who is collecting or reporting NHSN Dialysis Event data**
- ❑ **NHSN Group Users who want to better understand the dialysis event reporting**

Objectives

- ❑ **Review the purpose of surveillance**
- ❑ **Describe the Dialysis Event Surveillance protocol**
- ❑ **Describe reporting requirements:**
 - Survey
 - Reporting Plan
 - Denominators for Outpatient Dialysis form
 - Dialysis Event form
- ❑ **Define Dialysis Events**
- ❑ **Show how protocol is applied through examples**
- ❑ **Offer considerations for implementation**

NHSN SURVEILLANCE SYSTEM

National Healthcare Safety Network (NHSN)

- **NHSN is a secure, internet-based surveillance system**
 - Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding health-related events for use in public health action to reduce morbidity and mortality and improve health

- **NHSN Process**



- **Find required training, as well as enrollment and reporting resources on the Dialysis Event Homepage**
 - http://www.cdc.gov/nhsn/psc_da_de.html

Why is Dialysis Event Surveillance important?

- ❑ **Approximately 37,000 access-related bloodstream infections among hemodialysis patients with central lines in 2008**
- ❑ **Data are needed to evaluate the effectiveness of practices and interventions**
- ❑ **Surveillance requires the use of specific instructions and definitions so that data are collected uniformly**
 - **Allows dialysis facilities to**
 - **make meaningful comparisons**
 - **evaluate interventions**
 - **identify problems**
 - **engage staff by providing consistent feedback**

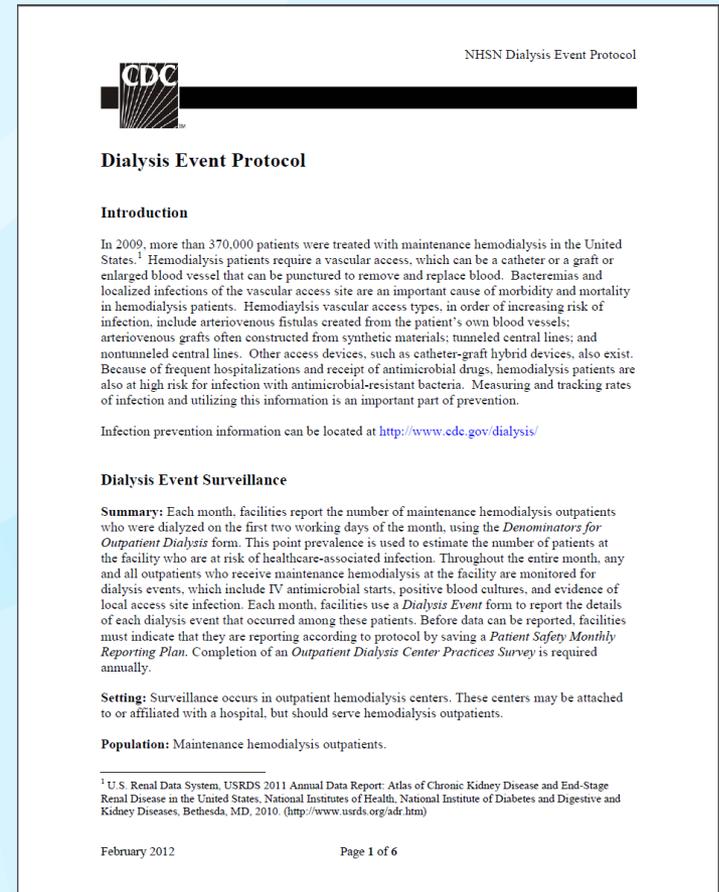
Surveillance Can Improve Practices

- ❑ Dialysis unit in London implemented CDC dialysis surveillance; described their experience over 18 months
- ❑ Without any other intervention, tracking rates and feeding back data to staff resulted in reductions in:
 - Access-related bloodstream infections
 - Antibiotic usage
- ❑ ***“Surveillance raised awareness and provided a cornerstone for improved infection control and line care involving all staff of the dialysis unit.”***

DIALYSIS EVENT PROTOCOL

Required Reading: Dialysis Event Protocol

- ❑ The Dialysis Event Protocol is a document that provides instructions for reporting in NHSN
- ❑ All users must read the Dialysis Event Protocol to become familiar with instructions, definitions and procedures



<http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf>

Data Reporting Requirements

- 1. Outpatient Dialysis Center Practices Survey**
 - Completed upon enrollment and annually thereafter
- 2. Monthly Reporting Plan**
 - Indicate what NHSN surveillance your facility will do each month
- 3. Denominators for Outpatient Dialysis form**
 - Completed once monthly
- 4. Dialysis Event form**
 - Completed when a dialysis event occurs

1. Outpatient Dialysis Center Practices Survey

- ❑ **Completed during enrollment and every January thereafter**
- ❑ **Data are collected by someone at the facility who is familiar with facility practices; survey is entered in NHSN by a user with administrative rights**
- ❑ **Includes: facility information, patient and staff census, vaccines, hepatitis B and C, policies and practices, and vascular accesses**
- ❑ **Survey includes questions about staff and patients during the first week of January**
 - Complete the survey in January each year
 - Must be entered by April 1

Data Reporting Requirements

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2. Monthly Reporting Plan

- ❑ **Informs CDC what Patient Safety surveillance the facility is following according to protocol each month**
- ❑ **A Monthly Reporting Plan must be completed before data are entered into NHSN for that month**
- ❑ **Indicate Dialysis Event surveillance in your plan:**
 - Under the Device-Associated Module >> Dialysis Event is abbreviated “DE”
 - Checking this box tells CDC that your facility is following the protocol for all Dialysis Event numerator and denominator data reported for that month
- ❑ **Up to one year of Monthly Reporting Plans can be saved in advance**



[NHSN Home](#)

Reporting Plan

[Add](#)

[Find](#)

Patient

Event

Procedure

Summary Data

Import/Export

Auto CDA Sim

Analysis

Surveys

Users

Facility

Group

Log Out

Add Monthly Reporting Plan

Choose only if your facility is NOT doing any surveillance this month

Mandatory fields marked with *

Facility ID*:

Month*:

Year*:

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module [HELP](#)

Locations

CLA BS DE AP CAUTI CLIP

Procedure-Associated Module [HELP](#)

Procedures

SSI

Post-procedure
PNEU

Data Reporting Requirements

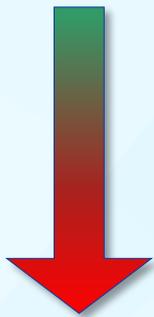
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Infection Risk by Vascular Access

- NHSN data are stratified by vascular access type

- Risk of infection varies by vascular access type:

LOWER RISK



HIGHER RISK

Arteriovenous fistulas

Arteriovenous grafts

Other access devices (e.g., hybrids)

Tunneled central lines

Nontunneled central lines

Vascular Access Definitions

- ❑ **Fistula:** a surgically created direct connection between an artery and a vein to provide vascular access
- ❑ **Graft:** a surgically created connection between an artery and a vein using implanted material to provide a vascular access
- ❑ **Tunneled Central Line:** a central venous catheter that travels a distance under the skin from the point of insertion before terminating at or close to the heart or one of the great vessels
- ❑ **Nontunneled Central Line:** a central venous catheter that travels directly from the skin entry site to a vein and terminates close to the heart or one of the great vessels, typically intended for short term use
- ❑ **Other Access Device:** includes hybrid access devices (e.g., HeRO® vascular access device), ports, and any other vascular access devices not meeting the above definitions

3. Denominators for Outpatient Dialysis form

- ❑ Report all maintenance hemodialysis outpatients (including transients) treated at your facility on the first 2 working days of the month, separated by vascular access type**
- ❑ Count each patient only once**
 - If they have more than 1 vascular access, count that patient under their highest infection risk access
 - If a patient is present on both working days (e.g., for a make-up appointment) do not count them twice
- ❑ Consider ALL vascular accesses present, not just those being used for dialysis**
- ❑ Complete this form once per month**

Refer to Table of Instructions for guidance.



Denominators for Outpatient Dialysis Census Form – completed once per month

OMB No. 0920-0666
Exp. Date: 01-31-2015
www.cdc.gov/nhsn

Page 1 of 1
*required for saving

Record the number of chronic hemodialysis patients who received hemodialysis at your center on the first two working days of the month. Count each patient only once. If a patient has both an implanted access (graft or fistula) and a catheter, count this patient as having the catheter.

Facility ID #:

*Location Code:

*Month:

*Year:

*Vascular Access Type	*Number of Chronic Hemodialysis Patients	
Fistula		Number of these Fistula Patients who undergo Buttonhole Cannulation
Graft		
Tunneled central line		
Nontunneled central line		
Other access device (e.g., hybrid access)		
*Total patients (sum of all patients listed above)		

Optional Fields:

Label

Data



[NHSN Home](#)

[Reporting Plan](#)

[Patient](#)

[Event](#)

[Procedure](#)

Summary Data

[Add](#)

[Find](#)

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[Users](#)

[Facility](#)

[Group](#)

[Log Out](#)

Denominators for Outpatient Dialysis - Census Form

Mandatory fields marked with *

[Print PDF Form](#)

Facility ID*: 10055 (Dialysis Test Facility 2)

Location Code*:

Month*:

Year*:

Report No Events:

Vascular Access Type **Number of Chronic Hemodialysis Patients**

Fistula*:

Number of these Fistula

Patients who undergo

Buttonhole Cannulation:

Graft*:

Tunneled Central Line*:

Nontunneled Central Line*:

Other Access Device (e.g., hybrid access)*:

Total Patients*:

Custom Fields

Save

Back

Data Reporting Requirements

- 1. Outpatient Dialysis Center Practices Survey**
 - Completed upon enrollment and annually thereafter
- 2. Monthly Reporting Plan**
 - Indicate what NHSN surveillance your facility will do each month
- 3. Denominators for Outpatient Dialysis form**
 - Completed once monthly
- 4. Dialysis Event form**
 - Completed when a dialysis event occurs

4. Dialysis Event Form

- ❑ **Monitor all maintenance hemodialysis outpatients who are treated at your facility for dialysis events:**
 - IV antimicrobial start
 - Positive blood culture
 - Pus, redness, or increased swelling at the vascular access site

- ❑ **Any patient who receives maintenance hemodialysis treatment at your facility is monitored for dialysis events**
 - Even if they were not counted on the denominator form
 - Include transient patients who have a dialysis event while being treated by your facility

Refer to Table of Instructions for guidance.

Dialysis Event Form

- Patient demographics
- Risk Factors
- Other Patient Information
- Dialysis Event type(s) & details
- Problems
- Outcomes



OMB No. 0920-0666
Exp. Date: 01-31-2015
www.cdc.gov/nhsn

Dialysis Event

Page 1 of 4

*required for saving	
Facility ID:	Event ID#:
*Patient ID:	Social Security #:
Secondary ID #:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
*Event Type: DE – Dialysis Event	*Date of Event:
*Location:	
Risk Factors	
*Vascular accesses: (check all that apply)	Access placement date (mm/yyyy):
<input type="checkbox"/> Fistula	____/____/____ <input type="checkbox"/> Unknown
Buttonhole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Graft	____/____/____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Tunneled central line	____/____/____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Nontunneled central line	____/____/____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Other access device (e.g., hybrid)	____/____/____ <input type="checkbox"/> Unknown
Other Patient Information	
*Transient Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Event Details	
*Specify Dialysis Event: (check at least one)	
<input type="checkbox"/> IV antimicrobial start	
Was vancomycin the antimicrobial used for this start? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Positive blood culture (*specify pathogen and antimicrobial susceptibilities on pages 2-3)	
*Suspected source of positive blood culture (check one):	
<input type="checkbox"/> Vascular access <input type="checkbox"/> A source other than the vascular access <input type="checkbox"/> Contamination <input type="checkbox"/> Uncertain	
<input type="checkbox"/> Pus, redness, or increased swelling at vascular access site	
*Check the access site(s) with pus, redness, or increased swelling:	
<input type="checkbox"/> Fistula <input type="checkbox"/> Graft <input type="checkbox"/> Tunneled central line <input type="checkbox"/> Nontunneled central line <input type="checkbox"/> Other access device	
*Specify Problem(s): (check one or more)	
<input type="checkbox"/> Fever ≥37.8°C (100°F) oral <input type="checkbox"/> Chills or rigors <input type="checkbox"/> Drop in blood pressure	
<input type="checkbox"/> Wound (NOT related to vascular access) with pus or increased redness	
<input type="checkbox"/> Cellulitis (skin redness, heat, or pain without open wound)	
<input type="checkbox"/> Pneumonia or respiratory infection	
<input type="checkbox"/> Other problem (specify): _____	
<input type="checkbox"/> None	
*Specify Outcomes:	
Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Death	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<small>Assurance of Confidentiality: The voluntarily provided 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 16 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). PRA (0920-0666). CDC 57.109 (Front) Rev 5, v.6</small>	



- NHSN Home
- Reporting Plan
- Patient
- Event
 - [Add](#)
 - [Find](#)
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- Procedure
- Summary Data
- Import/Export
- Auto CDA Sim
- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

Add Event

Patient Information [HELP](#)

Facility ID*: Event #:

Patient ID*: Social Security #:

Secondary ID: Medicare #:

Last Name: First Name:

Gender*: Date of Birth*:

Ethnicity:

Race: American Indian/Alaska Native Asian White
 Black or African American Native Hawaiian/Other Pacific Islander

Event Information [HELP](#)

Event Type*: Date of Event*:

Location*:

Risk Factors [HELP](#)

Vascular Accesses (check all that apply): Access Placement Date: MM/YYYY

<input type="checkbox"/> Fistula	<input type="text" value="Buttonhole?"/> / <input type="text"/>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Graft	<input type="text"/> / <input type="text"/>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Tunneled Central Line	<input type="text"/> / <input type="text"/>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Nontunneled Central Line	<input type="text"/> / <input type="text"/>	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other Access Device (eg., hybrid access)	<input type="text"/> / <input type="text"/>	<input type="checkbox"/> Unknown

Other Patient Information [HELP](#)

Transient patient?:

Event Details [HELP](#)

Specify Event (check one or more):

IV antimicrobial start
Was vancomycin the antimicrobial used for this start?:

Positive blood culture
Suspected source of positive blood culture:

Pus, redness, or increased swelling at vascular access site
Check the access site(s) with pus, redness, or increased swelling:
 Fistula Graft Nontunneled Central Line Tunneled Central Line Other Access Device

Problem(s) (select one or more):

Fever >= 37.8°C (100°F) oral Chills or rigors Drop in blood pressure
 Wound (NOT related to vascular access) with pus or increased redness
 Cellulitis (skin redness, heat, or pain without open wound)
 Pneumonia or respiratory infection
 Other problem (specify):
 None

Outcome:

Hospitalization:

Death:

Pathogens [HELP](#)

Pathogen 1:

Pathogen 2:

Pathogen 3:

Custom Fields

Comments [HELP](#)

Dialysis Event Form

- Patient demographics
- Risk Factors
- Other Patient Information
- Dialysis Event type(s) & details
- Problems
- Outcomes

Additional Information: Dialysis Event Date

Event Information [?HELP](#)

Event Type*: DE - Dialysis Event

Date of Event*:

Location*:



Dialysis Event

Date Criteria

IV antimicrobial start

Date of first outpatient dose of an antimicrobial course

Positive blood culture

Date of specimen collection

Pus, redness, or increased swelling at vascular access site

Date of onset

Combination

Earliest date of the three types



[NHSN Home](#)

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[Summary Data](#)

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[Incomplete](#)

[Import/Export](#)

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[Facility](#)

[Group](#)

[Log Out](#)

Denominators for Outpatient Dialysis - Census Form

[Print PDF Form](#)

Mandatory fields marked with *

Facility ID*: 19685 (Dialysis Test Clinic)

Location Code*: OPDIALYSIS - OPDIALYSIS

Month*: May

Year*: 2012

Report No Events:



Vascular Access Type Number of Chronic Hemodialysis Patients

Fistula*: 32

Graft*: 27

Tunneled Central Line*: 4

Nontunneled Central Line*: 2

Other Access Device (e.g., hybrid access)*: 1

Total Patients*: 66

Select
"Report No Events"
to report zero dialysis
events for the month

Custom Fields

Save

Back

Reporting Timeline

- ❑ Data must be reported to NHSN within 30 days of the end of the month for which they were collected
- ❑ Example: March data collection
 - Denominators for Outpatient Dialysis Form: March 1 and 2
 - Dialysis Event form(s): through all of March
 - Report on or before April 30

MARCH						
S	M	T	W	T	F	S
				01	02	03
04	05	06	07	08	09	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL						
S	M	T	W	T	F	S
01	02	03	04	05	06	07
08	09	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DIALYSIS EVENT DEFINITIONS

Dialysis Event Type: IV Antimicrobial Start

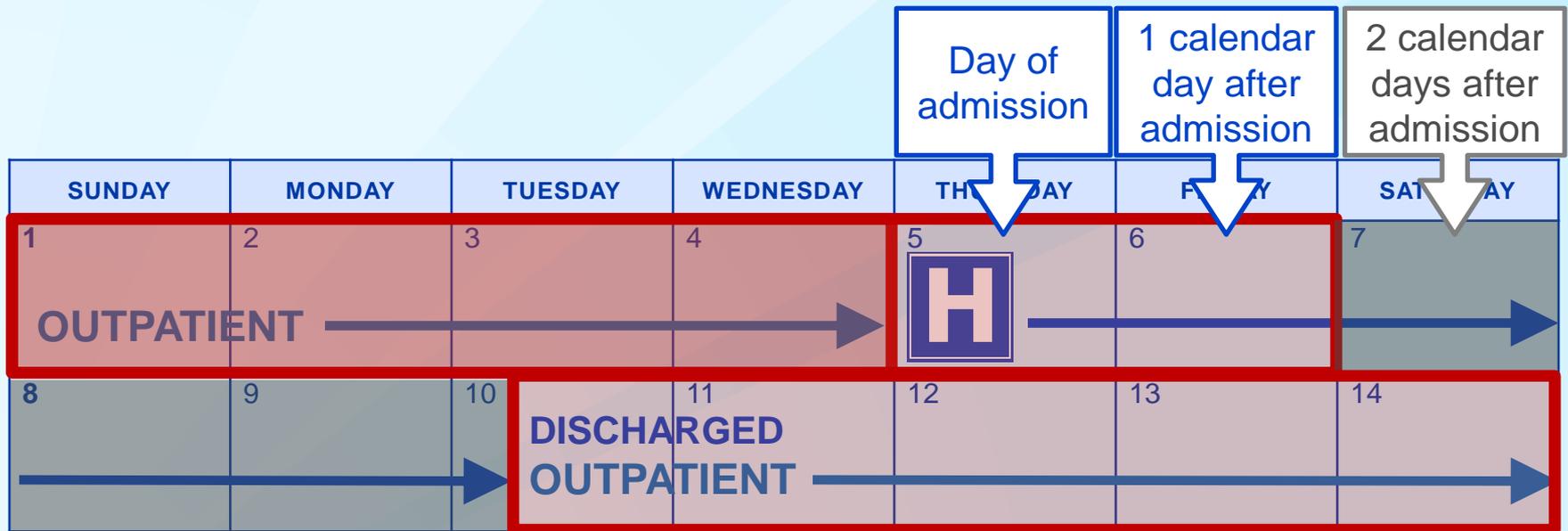
- **Report all outpatient intravenous antibiotic and antifungal starts regardless of the reason for treatment and regardless of duration of treatment**
 - Include starts unrelated to vascular access problems
 - Report outpatient starts that are continuations of inpatient treatment
 - Report all IV antibiotic starts, not just vancomycin
 - Do not report IV antiviral starts

Dialysis Event Type: Positive Blood Culture

- ❑ **Report all positive blood cultures collected as an outpatient or collected within 1 calendar day after a hospital admission**
 - Even if the patient does not receive treatment
 - Even if the infection is not related to dialysis

Dialysis Event Type: Positive Blood Culture

- Report all positive blood cultures (PBC)
 - Collected as an outpatient
 - Collected within 1 calendar day after a hospital admission



REPORT PBC if specimen was collected during this time

Do NOT report PBC if specimen was collected during this time

Suspected Source of Positive Blood Culture

- ❑ **“Vascular Access”** if there is objective evidence of vascular access infection and it is thought to be the source
- ❑ **“A Source Other than the Vascular Access”** if another site is thought to be the source and either:
 - Culture from another site has the same organism as the blood
 - Clinical evidence of infection at the site, but site is not cultured
- ❑ **“Contamination”** if organism is thought by the physician, Infection Preventionist, or nurse manager to be a contaminant
- ❑ **“Uncertain”** only if there is insufficient evidence to decide among the 3 previous categories

Positive Blood Culture Microorganisms

- ❑ Report up to 3 microorganisms per positive blood culture
 - Do not report results of cultures from sites other than blood
- ❑ Include antimicrobial susceptibility information
 - Susceptible (S), Resistant (R), Intermediate (I), or Not tested (N)
 - Suggestion: attach microbiology lab report to paper form

Pathogens [HELP](#)

Pathogen 1: 11 drugs required

> <u>AMP</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>CIPRO</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	<u>LEVO</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	<u>MOXI</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>DOXY</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	<u>MINO</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>DAPTO</u> <input type="radio"/> S <input type="radio"/> R <input checked="" type="radio"/> N
> <u>GENTHL</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> N	> <u>LNZ</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N	> <u>QUIDAL</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N	> <u>STREPHL</u> <input type="radio"/> S <input type="radio"/> R <input checked="" type="radio"/> N	> <u>TETRA</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N	> <u>TIG</u> <input type="radio"/> S <input type="radio"/> R <input checked="" type="radio"/> N	> <u>VANC</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N

Dialysis Event Type: Pus, Redness or Increased Swelling at the Vascular Access Site

- Report each new outpatient episode of pus, greater than expected redness or greater than expected swelling at a vascular access site**
 - Even if the patient does not receive treatment
 - Always report pus
 - Report redness or swelling if they are more than expected and suspicious for infection

Additional Information: Dialysis Event Combinations

- ❑ **1 Dialysis Event report may have multiple parts, combining:**
 - IV antimicrobial start
 - Positive blood culture
 - Pus, redness or increased swelling at vascular access site

- ❑ **For example, if a positive blood culture is the reason that a patient is treated with IV antimicrobials, this is part of the same group of events and they are reported together.**

21 Day Rule

- ❑ **There must be 21 or more days between dialysis events of the same type**
 - Reduces multiple reporting of a single event/problem

- ❑ **IV antimicrobial start**
 - From the end of first start to beginning of next start

- ❑ **Positive blood cultures**
 - Between collection dates

- ❑ **Pus, redness, or increased swelling**
 - Between onset to onset

- ❑ **Otherwise second occurrence is not reported**

21 Day Rule - Example

- ❑ **Example: A patient has two positive blood cultures within 21 days as a result of a bloodstream infection on January 1st and January 4th**
 - Report one dialysis event, event date is January 1st

- ❑ **The patient has a new positive blood culture on February 20th**
 - Report a second dialysis event, because event date of this new positive blood culture is 21 or more days after the last reported positive blood culture

DIALYSIS EVENT EXAMPLES

Dialysis Event Case Examples

Case 1

- Patient receives 1 week IV antimicrobials
- 2 weeks after treatment ends, IV antimicrobials are restarted



M	T	W	T	F	S	S
		01	02	03	04	05
06	07	08	09	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29				

REPORT: 1 IV antimicrobial start dialysis event

WHY? There is < 21 days between IV antimicrobial starts

Dialysis Event Case Examples continued

Case 2

- Patient has symptoms of a bloodstream infection
- Patient is hospitalized
- Upon admission, blood is drawn, culture results are positive next day



REPORT: 1 positive blood culture, with hospitalization outcome.
Event date is date the blood was drawn

WHY? PBC sample was drawn within one day following hospital admission

Dialysis Event Case Examples continued

Case 3

- Patient's vascular access site has pus, redness and swelling
- Blood culture grows *Enterococcus*
- Visibly infected leg wound grows *Staphylococcus aureus*



REPORT: Pus, redness, or increased swelling at vascular access site event with positive blood culture

PBC suspected source: vascular access

WHY? Objective evidence of infection at vascular access site exists. Different organisms in blood & wound: cannot attribute positive blood culture to a 'source other than vascular access'

Dialysis Event Case Examples continued

Case 4

- Patient's leg wound has pus, redness and swelling
- Vascular access looks normal
- Wound culture: *Staphylococcus aureus*
- Blood culture: *Staphylococcus aureus*

REPORT: Positive blood culture

Suspected source: A source other than vascular access site

WHY? Evidence of infection at wound site, no evidence at vascular access site. Both wound and blood grow same organism.

Dialysis Event Case Examples continued

Case 5

- Patient reports chills, but no fever
- Patient has 2 blood draws for culture
- 1 draw grows coagulase-negative Staphylococci, the other has no growth
- Patient's symptoms resolve without treatment



REPORT: Positive blood culture

Suspected source: contamination

WHY? Only 1 of 2 blood cultures was positive & it was a common skin organism. Doctor was asked for interpretation and indicated the positive growth was the result of contamination.

IMPLEMENTATION

Data Collection System

- ❑ **Determine how will you capture all dialysis events:**
 - IV antimicrobial starts
 - Positive blood cultures
 - Pus, redness or increased swelling at the vascular access site
 - And problem and outcome information for the form

- ❑ **If frontline staff are aware of dialysis event definitions, they can record event information and inform the primary data collector/reporter that an event has occurred**

- ❑ **Means to determine if a positive blood culture occurred within 1 calendar day after admission**

Help with NHSN Reporting

- ❑ **Refer to the Protocol and Tables of Instructions**
 - These can be found on the Dialysis Event Homepage:
http://www.cdc.gov/nhsn/psc_da_de.html
- ❑ **Get the opinion of the physician, infection preventionist, or nurse manager who is familiar with the protocol**
- ❑ **Use the “Help” link to search the NHSN Manual**

A screenshot of the NHSN website navigation bar. The bar is dark blue with white text. It contains the text "d Prevention" on the left, a phone number "(1:8081)" in the middle, and a series of links: "NHSN Home | My Info | Contact us | Help | Log Out" on the right. A red arrow points to the "Help" link.

d Prevention

(1:8081)

| [NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

T2.
the PS component.

- ❑ **Ask the NHSN Helpdesk at nhsn@cdc.gov**

Next Steps

- ❑ Read the **Dialysis Event Protocol**
- ❑ Review the data collection forms
 - Dialysis Event form
 - Denominators for Outpatient Dialysis Census form
- ❑ Determine how to best collect data at your facility
- ❑ Implement a data collection and submission process

SUMMARY

Summary – National Healthcare Safety Network

- ❑ **NHSN is a secure, internet-based surveillance system**
- ❑ **Surveillance can improve practice and patient outcomes**
- ❑ **Data must be collected in a standardized way – as described by the Dialysis Event protocol**
- ❑ **Reporting requirements include:**
 - The Outpatient Dialysis Center Practices Survey
 - Monthly Reporting Plan
 - Denominators for Outpatient Dialysis Form
 - Dialysis Event Form

Summary – Dialysis Event Definitions

❑ **IV antimicrobial starts**

- all outpatient IV antibiotic and antifungal starts, including outpatient continuation of inpatient treatment

❑ **Positive blood cultures**

- all positive blood cultures collected as an outpatient or collected within 1 calendar day after a hospital admission

❑ **Pus, redness, or swelling at the vascular access site**

- all new outpatient episodes where patient has any pus, greater than expected redness, or greater than expected swelling at a vascular access site, suspicious for infection

Thank You for Your Time.

NHSN Helpdesk email: nhsn@cdc.gov

**Dialysis Event Homepage:
http://www.cdc.gov/nhsn/psc_da_de.html**

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

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