News from the Dialysis NHSN Helpdesk

How to Address Data Quality Concerns Raised by Your Network

Why are ESRD Networks reviewing your facility's data?

ESRD Networks have partnered with CDC to improve NHSN Dialysis Event Surveillance data quality. NHSN data need to be completely and accurately reported according to the Dialysis Event Protocol to make meaningful comparisons across facilities, and to inform infection prevention activities.

What is your ESRD Network looking for when they review your facility's data?

The Networks use NHSN reports to look for "red flags" – outliers or unusual trends – that *might* indicate data quality issues. Since the Network cannot determine whether the data entered by your facility are correct or complete, they will reach out to your facility to verify what has been reported.

What should you do if you receive one of the following messages from your ESRD Network?

"Your facility has been identified as having unusual changes in patient census from one month to the next."

The Network is concerned that a significant change in the number of patients reported from month to month on the Denominators for Dialysis Event form may represent a typo, a misunderstanding of the Dialysis Event Protocol, or some other error.

1. Run the "**Line Listing – All DE Denominators**" report and check the 'patient-months' column for months when your facility's total census data are higher or lower than usual.
2. Compare the report to your facility records. Check to make sure only those outpatients who received hemodialysis on the 1st or 2nd working day of the month were each counted once, by their highest infection risk vascular access.
3. If necessary, make corrections to your Denominators for Dialysis Event form(s) .
4. Notify your Network if a correction was made or if the variation in the data was correct.

"Your facility has been identified as reporting unusual vascular access data."

The Network is concerned that the vascular access types reported on the Denominators for Dialysis Event form may represent a typo, a misunderstanding of the Dialysis Event Protocol, or some other error.

1. Run the "**Line Listing – All DE Denominators**" report and check each vascular access type column to see if there are months when your facility's census for that access type is higher or lower than usual.

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2. Compare the report with your facility records. Check to make sure the access type is correctly reported for patients who received hemodialysis on the 1st or 2nd working day of the month according to.

3. If necessary, make corrections to your Denominators for Dialysis Event form(s).

4. Notify your Network if a correction was made or if the variation in the data was correct.

"Your facility has not reported any dialysis events for > 3 consecutive months."

The Network is concerned that your facility has not reported dialysis events due to a misunderstanding of the Dialysis Event Protocol or difficulty performing surveillance.

1. Run the "**Line Listing – Frequency of Dialysis Events**" report to see if there are months when zero dialysis events were reported by your facility.

2. Compare the report to your facility's records and check if any dialysis events were missed:
   a) IV antimicrobial starts
   b) Pus, redness, or swelling at the vascular access site
   c) Positive blood cultures

3. If necessary, report Dialysis Event(s) in accordance with the 21-day rule.

4. Notify your Network if any corrections were made or if the data were correct.

"Your facility has been identified as having an above average catheter rate and has reported no positive blood culture events for > 3 consecutive months."

The Network is concerned that your facility has not reported any bloodstream infections due to a misunderstanding of the Dialysis Event Protocol or difficulty performing surveillance.

1. Run the "**Line Listing – Frequency of Dialysis Events**" report to check if there are months when zero positive blood cultures were reported by your facility.

2. Compare the report to your facility's records and check if any positive blood cultures were missed. Verify that your facility has identified all reportable positive blood cultures, including those collected within one day after a hospital admission.

3. If necessary, report positive blood cultures in accordance with the 21-day rule.

4. Notify your Network if any corrections were made or if the data were correct.

Remember, the Network is only trying to assist your facility by alerting you to possible data entry errors. <u>Determining whether or not the data is correct is your facility's responsibility.</u> If you identify data entry errors and you feel uncertain about how to correct them or how to improve your facility's surveillance, please email the NHSN Helpdesk: nhsn@cdc.gov.

Questions about NHSN? Contact us at nhsn@cdc.gov with "Dialysis" in the subject line and we will respond to your inquiry within 5 business days.