

Updated NHSN Dialysis Component Analysis Resources!

NHSN users are encouraged to analyze facility data on a routine basis.



- ✓ Improved data quality
- ✓ Assurance your facility met minimum QIP reporting requirements
- ✓ Detection of problems within your facility
- ✓ Ability to inform infection prevention and quality improvement efforts
- ✓ Ability to relay feedback and engage staff in infection prevention

Updated Resources to Help You Run NHSN Reports:

Available Analysis Guides:

1. Three Steps to Review NHSN Dialysis Event Surveillance Data – This guide assists you to comprehensively review your facility’s data and answer the following questions:
 - a. Has my facility met minimum Quality Incentive Program (QIP) NHSN reporting criteria for this month?
 - b. Has my facility reported correct numerators (events)? A correct denominator (patient census data)?
 - c. How well is my facility preventing bloodstream infections quarterly?

[illegible]

How is Your Facility Doing?

Need more help? Email the NISN Helpdesk: nisnhelp@cdc.gov

Fill this report. Rate Table – Bloodstream Infection
 Run this report after: Analyze "Outpatient" or "Inpatient Event" or "Nurse" folder > "CDC default output" folder

USE THIS REPORT TO ASSESS FACILITY PERFORMANCE

- Review facility rates over time
- Compare facility rates against NISN rates
- Review facility rates against NISN rates

Rate Table Column Headers:

- Access Type:** The access type(s) that applies to the row.
- Summary 7/10/12:** The year and month summary comparison that applies to the row.
- Months:** Number of months that included data during the quarter.
- Number Bloodstream Infections (BBI):** by access type that occurred during the quarter.
- Patient-months:** The number of patient-months by access type during the quarter.
- Bloodstream Infection Rate/100 patient-months:** The facility's BBI rate for the quarter.

Org ID	CMS Center Number	Nursing Location	Access Type	Summary 7/10/12	Months	Number Bloodstream Infections	Patient-months	Bloodstream Infection Rate/100 patient-months	NISN Bloodstream Infection Percentiles		
									Rate/100 patient-months	Incidence Density	Percentile
100000	04210	DAW/US/IN	Outpatient	2012/01	3	0	14	0.00	0.0	0.0	25
100000	04210	DAW/US/IN	Outpatient	2012/01	3	0	113	0.00	0.0	0.48	25
100000	05240	DAW/US/IN	Outpatient	2012/04	3	0	90	0.00	0.00	0.4229	50
100000	05240	DAW/US/IN	Outpatient	2012/01	3	0	84	0.00	0.00	0.4260	40
100000	12340	DAW/US/IN	Turnover	2012/01	3	2	396	0.58	3.34	0.2620	70
100000	12340	DAW/US/IN	Turnover	2012/01	3	1	34	2.94	3.24	1.0000	54

REVIEW RATES OVER TIME

Table rows are sorted by vascular access type and then chronologically, to change to see each vascular access type's rates can be observed over time.

- Review Data Monthly:**
 - Errors all data have been accurately reported
- Review Data Quarterly:**
 - Correct problems in your facility
 - Provide feedback to your staff
 - Correct staff in quality improvement
- Act on the Data:**
 - Consider discussing the data in QAPI meetings
 - Develop plans for improvement
 - Set measurable goals
 - Provide feedback to frontline staff

BENCHMARK AGAINST NISN RATES

The three right-most columns contain aggregate NISN data (i.e., data combined from facilities that participated in NISN Days/Net Event Surveys).

- Compare the facility's rate to the NISN rate.
- NISN Infection Rate/100 patient-months:** The mean or average rate of Days/Net Event bloodstream infections for NISN (per 100 patient-months).
- Incidence Density Percentile:** Probability that the facility's rate is statistically different than the NISN rate (a p-value <0.05 is usually considered statistically significant).
- Incidence Density Percentile:** The facility's percentage ranked by bloodstream infection rate compared to the NISN aggregate rate (lower numbers are better).

Other NISN Data Reports

NISN also includes reports for rates of: IV Antimicrobial Starts, IV Vancocymycin Starts, Access-Related Bloodstream Infections (ABLI), Local Access Infections (LAI), and Vascular Access Infections (VAI).

These rate tables are interpreted in the same way as the BBI report (shown here, although more complex, although more complex for benchmarking).

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Dialysis News from the NHSN Help Desk

Updated NHSN Dialysis Component Analysis Resources!

Available Analysis Guides (continued):

NHSN Dialysis Event ARB Report Quick Reference

How to Create an NHSN Access Related Bloodstream Infection Report

- From the navigation bar, select "Analysis" and "Generate Data Set".
- From the navigation bar, select "Output Options". Open the following folders, in order:
 - Dialysis Events
 - Access Related
 - Bloodstream Infections
 - ARB
- Under the last folder, locate the report and click the "Run" button.

How to Read an NHSN Access Related Bloodstream Infection Report

The year and calendar quarter of the data (e.g., 2014Q3 is Jan, Feb, Mar 2014).

The number (count) of Access Related Bloodstream Infections (ARB) at the facility.

The mean or average rate of Dialysis Event ARB for all of NHSN (per 100 patient-month).

The facility's percentage risk for ARB as compared to all of NHSN (lower is better).

Access Type	Year	Quarter	Number of Access Related Bloodstream Infections	Number of Months that had data in each quarter	Rate of ARB at the facility (per 100 patient-month)	Mean or Average Rate of Dialysis Event ARB for all of NHSN (per 100 patient-month)	Facility's percentage risk for ARB as compared to all of NHSN (lower is better)
Arteriovenous	2014Q3	3	9	3	3.0	0.21	95
Catheter	2014Q3	3	1	3	0.33	0.00	52
Central	2014Q3	3	1	3	0.33	0.00	52

The probability that the facility's rate is statistically different from the rate for all of NHSN (a p-value less than 0.05 is usually considered statistically significant).

- The NHSN Dialysis Event Bloodstream Infection (BSI) Report Quick Reference** – This BSI “cheat-sheet” teaches you how to find, run, and interpret an up-to-date bloodstream infection rate table report. You can also find a link to BSI prevention resources from this reference guide.

NHSN Dialysis Event Bloodstream Infection (BSI) Report Quick Reference

How to Create an NHSN Dialysis Event BSI Report

- From the navigation bar, select "Analysis" and "Generate Data Set".
- From the navigation bar, select "Output Options" and open the following folders, in order:
 - Dialysis Events
 - Bloodstream Infections
 - BSI
- Under the last folder, locate the report and click the "Run" button.

How to Read an NHSN Dialysis Event BSI Report

The year and calendar quarter of the data (e.g., 2014Q3 is Jan, Feb, Mar 2014).

The number (count) of Dialysis Event BSI for all of NHSN (per 100 patient-month).

The mean or average rate of Dialysis Event BSI for all of NHSN (per 100 patient-month).

The facility's percentage risk for BSI as compared to all of NHSN (lower is better).

Access Type	Year	Quarter	Number of Dialysis Event BSI	Number of Months that had data in each quarter	Rate of BSI at the facility (per 100 patient-month)	Mean or Average Rate of Dialysis Event BSI for all of NHSN (per 100 patient-month)	Facility's percentage risk for BSI as compared to all of NHSN (lower is better)
Arteriovenous	2014Q3	3	4	3	1.33	0.00	52
Catheter	2014Q3	3	1	3	0.33	0.00	52
Central	2014Q3	3	1	3	0.33	0.00	52

The probability that the facility's rate is statistically different from the rate for all of NHSN (a p-value less than 0.05 is usually considered statistically significant).

- NHSN Dialysis Event Access Related Bloodstream Infection (ARB) Report Quick Reference** – Don't know the difference between a BSI and an ARB? This one-page guide can clue you in. Similar to the BSI quick reference guide (above), you can learn how to run and interpret your facility's ARB rate table report.
- NHSN Report for CMS ESRD QIP** – The CMS ESRD QIP report is the most commonly run report in NHSN analysis. If you are interested in knowing if your facility met the minimum CMS QIP criteria for a month, this is the report for you! This guide teaches you to find, run, and interpret the report.

NHSN Report for CMS ESRD QIP

How to Create an NHSN Report for CMS ESRD QIP

- From the navigation bar, select "Analysis" and "Generate Data Set".
- From the navigation bar, select "Output Options".
- From the navigation bar, select "Output Options".
- Open these output option folders:
 - CMS Reports
 - QIP
 - CDC Defined Output
- Locate and "Run" the report.

How to Read an NHSN Report for CMS ESRD QIP

CMS ESRD QIP NHSN requirements vary by year. Email the CMS QIP Helpdesk (ESRDQIP@cms.hhs.gov) with questions about how participation is scored.

Verify NHSN reporting requirements are met for the month, reflected by a "Y" (Yes) on each line in the "Criteria Met this Month" column. For criteria to be met, all other Yes/No fields in the same row must be "Y". Also verify all months are accounted for in the table.

QID	CMS Certification Number	Facility Name	Location	Summary Year/Quarter	DE on Reporting Plan	Dialysis Event Reported	Dialysis Event Denominator Reported	Criteria Met this Month
10050	123456	Dialysis Test Facility	DIALYSIS	2014M01	Y	Y	Y	Y
10050	123456	Dialysis Test Facility	DIALYSIS	2014M02	Y	Y	Y	Y
10050	123456	Dialysis Test Facility	DIALYSIS	2014M03	Y	Y	Y	Y

Verify the C2N is present and correct. If not, a facility user with administrator rights can add or edit it on the "Facility Info" screen.

• "DE on Reporting Plan" = "Y" if "DE" is checked on the Monthly Reporting Plan, indicating Dialysis Event data are collected according to the [Dialysis Event Protocol](#).

• "Dialysis Event Numerator Reported" = "Y" if at least 1 dialysis event of each type was reported on the Denominator for Outpatient Dialysis form.

• "Dialysis Event Denominator Reported" = "Y" if the Denominator for Outpatient Dialysis census form was completed for the month.

All NHSN users are highly encouraged to take advantage of the analysis resources available on the [Dialysis Event homepage](#)!

Don't wait to analyze your data! Go for it! Experimenting with analysis is a great way to learn.



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.