

# News from the NHSN Help Desk

Upcoming Quarter 2 CMS ESRD QIP Reporting Deadline: September 30, 2015

## Mark Your Calendars!



The Quarter 2 deadline for the Centers for Medicare and Medicaid (CMS) End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) rule for calendar year 2015 (payment year 2017) is right around the corner!

Report 2<sup>nd</sup> Quarter 2015 data to NHSN by  
**Wednesday, September 30, 2015.**

Facilities reporting to NHSN should report all 3 months of data by September 30, 2015 in order to receive full credit for Quarter 2 reporting and to meet all minimum requirements for the CMS ESRD QIP.

| National Healthcare Safety Network<br>Line Listing for CMS ESRD QIP Rule                                                                                                                                                                                     |                          |                          |          |                    |                      |                                   |                                     |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------|--------------------|----------------------|-----------------------------------|-------------------------------------|-------------------------|
| As of: May 8, 2015 at 11:14 AM<br>Date Range: DE_CMSQIP summaryYM After and Including 2014M01<br>Criteria met this Month = Y if all other Y/N fields in the same row = Y. N = No<br>Run the "Rate Table - Bloodstream Infection Data" to view BSI.           |                          |                          |          |                    |                      |                                   |                                     |                         |
| Verify the CMS Certification Number (CCN) is correct for 2015. If your facility was assigned a new CCN or changed CCN due to a change of ownership, add your new CCN in NHSN before each reporting deadline. The CCN Effective date is your CMS survey date. |                          |                          |          |                    |                      |                                   |                                     |                         |
| Facility Org ID                                                                                                                                                                                                                                              | CMS Certification Number | Facility Name            | Location | Summary Year/Month | DE on Reporting Plan | Dialysis Event Numerator Reported | Dialysis Event Denominator Reported | Criteria Met this Month |
| 10877                                                                                                                                                                                                                                                        | 000001                   | Dialysis Test Facility 5 | LOCATION | 2015M04            | Y                    | Y                                 | Y                                   | Y                       |
| 10877                                                                                                                                                                                                                                                        | 000001                   | Dialysis Test Facility 5 | LOCATION | 2015M05            | Y                    | Y                                 | Y                                   | Y                       |
| 10877                                                                                                                                                                                                                                                        | 000001                   | Dialysis Test Facility 5 | LOCATION | 2015M06            | Y                    | Y                                 | Y                                   | Y                       |

To verify that your facility meets the CMS minimum criteria for Quarter 2, refer to the [NHSN Dialysis Event Protocol](#) to correctly report all dialysis events to NHSN and run the “[Line Listing for CMS ESRD QIP Rule](#)” report. For instructions on running this report, reference the “[How to Create and Read an NHSN Report for CMS ESRD QIP](#)” guide, which can be found on the [Dialysis Event homepage](#).

Also check the accuracy of your facility’s data by running reports in NHSN. For example, run the “[Rate Table – Bloodstream Infection Data](#)” report and review your facility’s bloodstream infection rates. The “[How to Create and Read an NHSN Report for Bloodstream Infections](#)” guide and other “How to” guides found on the [Dialysis Event homepage](#), provide detailed instructions for creating and interpreting reports.

Check the data to ensure that:

1. Adequate follow-up has been completed on all positive blood cultures collected outside of the dialysis clinic on the day of and on the day after hospitalization
2. All dialysis events have been reported in accordance with the 21-day rule
3. All patients have only been counted once in the monthly denominator



**Questions about NHSN?** Contact us at [nhsn@cdc.gov](mailto:nhsn@cdc.gov) with “Dialysis” in the subject line and we will respond to your inquiry within 5 business days.