NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Steps to Review NHSN Dialysis Event Surveillance Data

1. Verify that minimum monthly Dialysis Event (DE) reporting requirements are met.
2. Ensure that submitted data are correct and complete.
3. Assess your facility's performance.

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 row under the "Criteria Met this Month" column. To get a "Y," all fields in the same row must = Y.
- Verify the facility's CCN is present and correct.

OrgID	CMS Certification Number	Facility Name	Location	Summary Year/Month	DE on Reporting Plan	DE Numerator Reported	DE Denominator Reported	Monthly Criteria Met
10856	123456	Dialysis Facility	DIAL	2026M01	Y	Y	Y	Y
10856	123456	Dialysis Facility	DIAL	2026M02	N	Y	Y	N

- DE on Reporting Plan = Y if "DE" is checked on the Monthly Reporting Plan, indicating Dialysis Event data will be collected according to 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 census 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.

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 that all data are correct and complete.

Report A: Check that 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.

OrgID	EventID	Patient ID	Transient	EventDate	IV Microbial Start	IV Vancomycin Start	Positive Blood Culture	Pus Redness Swelling Event	Data Validity Check PBC ABX Description
10856	32403	0322	Y	01/20/26	Y	Y	N	N	Is this Antimicrobial start w/o PBC Valid?
10856	30936	1234	N	02/01/26	N	N	Y	N	Is this PBC w/o Antimicrobial Start Valid?

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

OrgID	Location	Summary Year/Month	No DE	Number of Patients: AV Fistula	Number of Buttonhole Patients	Number of Patients: AV Graft	Number of Patients: Tunneled Central Line	Number of Patients: Nontunneled Central Line	Number of Patients: Other Access Device	Patient-months	Number of Fistulas and Grafts	Number of all Central Lines
10856	DIALYSIS	2026M01	Y	38	0	32	12	2	0	84	70	14
10856	DIALYSIS	2026M02	N	38	0	33	12	1	0	84	71	13

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

Step 3: How is Your Facility Doing?

Run this report: **Rate Table – Bloodstream Infection**
Find this report under: Analysis "Reports" ◊ "Dialysis Events" folder ◊ "Rates" folder

Use this report to assess facility performance.

- Review facility rates over time.
- Benchmark facility rates against NHSN national pooled rates.

Rate Table Column Headers:

- **Access Type:** The vascular access type that applies to the row.
- Summary Yr/Qtr: The year and three-month calendar quarter that applies to the row.
- **Months:** Number of months that included data during the quarter.
- **Number Bloodstream Infections (BSI):** 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 BSI rate for the quarter.

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OrgID	CMS Certification Number	Location	Access Type	Summary Yr/Qtr	Months	Number BSI	Patient months	BSI Rate/100 patient-months	NHSN BSI Pooled National Rate/100 patient-months	Incidence Density p-value	Incidence Density Percentile
10856	123456	DIALYSIS	Fistula	2026Q4	3	0	114	0.000	0.48	0.5779	25
10856	123456	DIALYSIS	Fistula	2026Q1	3	0	113	0.000	0.48	0.5808	25
10856	123456	DIALYSIS	Graft	2026Q4	3	0	98	0.000	0.88	0.4228	50
10856	123456	DIALYSIS	Graft	2026Q1	3	0	94	0.000	0.88	0.4385	50
10856	123456	DIALYSIS	Tunneled	2026Q4	3	2	36	5.556	3.24	0.3250	78
10856	123456	DIALYSIS	Tunneled	2026Q1	3	1	34	2.941	3.24	1.0000	54

REVIEW RATES OVER TIME

Table rows are sorted by vascular access type and then chronologically, so changes to each vascular access type's rate can be observed over time.

- Review Data Monthly to:
- Ensure all data have been accurately reported
- Review Data Quarterly to:
  - Detect problems in your facility
  - Provide feedback to your staff
  - Engage staff in quality improvement
- Act on the Data:
  1. Consider discussing the data at QAPI meetings
  1. Identify areas for improvement
  2. Set measurable goals
  3. Provide feedback to frontline staff

BENCHMARK AGAINST NHSN RATES

The three right-most columns contain aggregate NHSN data (i.e., data combined from facilities that participated in NHSN Dialysis Event Surveillance).

Compare the facility's rate to the NHSN rate.

- NHSN Infection Rate/100 patient-months: The national pooled rate of Dialysis Event bloodstream infections (per 100 patient-months).
- Incidence Density p-value: Probability that the facility's rate is statistically different than the national pooled rate (a p-value <0.5 is usually considered significant).
- Incidence Density Percentile: The facility's percentile ranking for bloodstream infection rate compared to the national pooled rate (lower numbers are better).

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.

Need more help? Email the NHSN Helpdesk: nhsn@cdc.gov

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