# DATA QUALITY TIP SHEET

## NHSN DIALYSIS COMPONENT

### Pre-Submission Data Quality Checklist

It is recommended that facilities complete a **check** before finalizing data submissions (ideally, monthly, and at least quarterly). Below is a checklist that may be saved or copied and used.

| Review List | Complete? | Notes |
|---|---|---|
| **Monthly Reporting Plan** | | |
| Were all reporting locations included? | ☐ | |
| Was the DE** box checked for each reporting location? | ☐ | |
| **Denominator Census Form** | | |
| Does the denominator include only in-center hemodialysis patients? | ☐ | |
| Were only patients treated during the 1st two working days of the month included? | ☐ | |
| Was each patient counted only once? | ☐ | |
| Were patients with >1 access type counted under access with highest infection risk*? | ☐ | |
| Were transient patients included? | ☐ | |
| Were hospitalized patients excluded? | ☐ | |
| Were home hemodialysis and peritoneal dialysis patients excluded? | ☐ | |
| Did patient totals appear consistent with previous months? | ☐ | |
| Were applicable RNE** boxes checked when no dialysis events occurred in the month? | ☐ | |
| **Dialysis Event Form** | | |
| Were all PBC** collected at the clinic or hospital (within 1 calendar day of admit) reported? | ☐ | |
| Were all outpatient IV** antimicrobial starts and continuations reported? | ☐ | |
| Were all access sites symptoms assessed and PRS** events reported? | ☐ | |
| Was the correct reporting location selected for each event? | ☐ | |
| **Final Review** | | |
| If no dialysis events occurred during a month, were applicable RNE* boxes checked? | ☐ | |
| Have all NHSN alerts been reviewed and resolved? | ☐ | |
| Was the 21-day Rule applied correctly for each event type? | ☐ | |

*The order of highest to lowest risk is non-tunneled central line, tunneled central line, graft and fistula

**DE=Dialysis Event, RNE=Report No Events, PBC=Positive Blood Culture, IV=Intravenous, PRS=Pus, Redness or Increased Swelling

**Reminder:** Report available data to NHSN within 30–60 days after the month's end, and update records retrospectively when additional information becomes available.

## Additional Reporting Details

### 1. Monthly Reporting Plan

- Ensure that the **DE Checkbox** is selected for all reporting outpatient hemodialysis locations.

### 2. Monthly Denominator Census Form

- Count patients treated during the **1st two working days of the month**.
- Count each patient only once.
- Report only **the access type with highest infection risk** when multiple access types are present. **Note**: The order of highest to lowest risk is non-tunneled central line, tunneled central line, graft and fistula.
- Include transient patients in your census.
- Exclude hospitalized patients from your census.
- Exclude peritoneal dialysis patients or any patients treating at home from your census.
- Ensure patient-month totals look consistent with prior months' totals.

### 3. Dialysis Event Form

- Report all PBCs collected at clinic or at the hospital **within one calendar day of admission.**
- Report **all** starts and continuations of IV antibiotics or antifungals administered in an outpatient setting, regardless of the reason for treatment or the treatment's duration. Do not report antivirals.
- Report **any** new episode where a patient has one or more of the following symptoms of infection at any vascular access site: pus, redness, or increased swelling, regardless of whether the patient receives treatment for infection. Cellulitis involving the vascular access site is also reportable as a PRS event and pus is **ALWAYS** reported.
- Ensure that the correct location is specified on the event form.
- IF NO EVENTS occurred that month, ensure RNE boxes on the Denominator/Census form are checked for each applicable event type!
- Apply the **21 Day Rule** correctly to ensure that events are not double counted, as follows:
  - When reporting multiple events in the same patient:
    - IVAS must have at least 21 days between **end** of 1st course and **beginning** of 2nd course.
    - PRS must have at least 21 days between onset of one episode and onset of 2nd episode.
    - PBC must have at least 21 days between 1st and 2nd blood draws of PBCs.

**Final Reminder:** Report available data to NHSN within 30–60 days after the month's end, and update records retrospectively when additional information becomes available.

**Need additional guidance?** Visit the 2026 NHSN Dialysis Event Surveillance Protocol or the NHSN Dialysis Event Webpage for additional training materials and reporting resources.

**Questions?** Please contact the NHSN Dialysis Team through ServiceNow or by email at NHSN@cdc.gov.