

Network of New England



A New England Dialysis Collaborative on Healthcare-Associated Infection in Dialysis Facilities

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Welcome to the NHSN Landing Page

Select a facility and component,
then click Submit to go to the Home Page.

Select facility/group from dropdown list:

Select facility within the above group:

Select component:

Submit



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- ❑ *After login the user arrives at the NHSN Landing Page*
- ❑ *Select Patient Safety from “Select component” drop down menu*


NHSN Patient Safety Home Page



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

 **NHSN Home**

Reporting Plan

**Patient
Event**

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility

Group

Log Out

NHSN Patient Safety Component Home Page

Use the Navigation bar on the left to access the features of the application.

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

**NHSN maintenance may occur nightly
between 12am and 6am Eastern time.**



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NHSN Set-Up

- You have now completed all one-time requirements!*

*Login to SDN: select
"NHSN Reporting"*

*Facility Contact Information
and Out Patient Dialysis
Center Practices Survey*

*Create Monthly
Reporting Plan*

Begin Reporting!

| Frequency | NHSN Activity |
|---------------------|---|
| <i>One time</i> | ✓ <i>NHSN enrollment</i> |
| <i>Once a year</i> | ✓ <i>Practices survey (upon enrollment & annually thereafter)</i> ✓ <i>Renew digital certificate</i> |
| <i>Once a month</i> | <ul style="list-style-type: none">• <i>Monthly Reporting Plan (or in advance)</i>• <i>Monthly Patient Census (denominator)</i> |
| <i>As needed</i> | <ul style="list-style-type: none">• <i>Dialysis Events (numerator)</i>• <i>Conduct analysis</i> |

*Surveillance:
Reporting Your Data*

Data Collection Forms

Dialysis Event forms

- http://www.cdc.gov/nhsn/forms/57.109_DIA_BLANK.pdf

Instructions for completing Dialysis Event Form:

- <http://www.networkofnewengland.org/Infections.htm>

Denominator:

- http://www.cdc.gov/nhsn/forms/57.119_DenomOutpatDialysis_BLANK.pdf

Instructions for completing denominator:

- <http://www.networkofnewengland.org/Infections.htm>

Add a Monthly Reporting Plan

General Data

NHSN Navigation Bar: select Reporting Plan, then Add

- Select Month & Year of surveillance
- Option to choose “No NHSN Patient Safety Modules Followed this Month”
 - Must follow a module ≥ 6 months/year to remain active
 - Collaborative members report every month
- Choose your surveillance location from drop-down menu
- Select DE optional
- Leave other modules blank
- Click Save

Add a Monthly Reporting Plan General Data



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NHSN - National Healthcare Safety Network (apt-v-nhsn-test)

NHSN Home

Reporting Plan

Add

Find

Patient

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Add Monthly Reporting Plan

No data found for November, 2010

Mandatory fields marked with *

Facility ID*:

Month*:

Year*:

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module [HELP](#)

Locations

CLA BSI DE WAP CAUTI CLIP

Add Row

Clear All Rows

Copy from Previous Month

Procedure-Associated Module [HELP](#)

Procedures

SSI

Post-procedure
PNEU

Add Row

Clear All Rows

Copy from Previous Month

Patient Census Denominator Data

| | |
|--------------------|---|
| Population | <i>Chronic hemodialysis outpatients</i> |
| Denominator | <ul style="list-style-type: none">■ <i>Number of dialysis outpatients on the first 2 working days of the month</i>■ <i>Stratified by 5 vascular access types</i> |

- *Complete Patient Census once per month*
- *Count each patient once*
 - *if they have > 1 access, record the highest risk access only:*

Fistula < Graft < Tunneled Central Line < Nontunneled Central Line

NOTE: Use vascular access data from prior month as denominator for current month


Add Monthly Patient Census Denominator Data

NHSN 6.4.0.5 Add Patient Safety Summary Data - Windows Internet Explorer provided by ITS0

http://apt-v-nhsn-test:7001/nhsn64/addsummarydata.do?method=showpage&navReset=true¤tmenu=menu_ps_summ_add&NHSNSessionID=3757

File Edit View Favorites Tools Help

NHSN 6.4.0.5 Add Patient Safety Summary Data

 Department of Health and Human Services
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NHSN - National Healthcare Safety Network (apt-v-nhsn-test)

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- Summary Data**
 - Add
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Add Patient Safety Summary Data

Summary Data Type:

- Device Associated - Intensive Care Unit / Other Locations
- Device Associated - Neonatal Intensive Care Unit
- Device Associated - Specialty Care Area
- Device Associated - Outpatient Dialysis - Census Form**
- MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring
- Vaccination Monthly Summary Method
- Denominators for Patient-Level Vaccination Method

Add Monthly Patient Census Denominator Data



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NHSN - National Healthcare Safety Network (apt-v-nhsn-test)

NHSN Home

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Denominators for Outpatient Dialysis - Census Form

[?HELP](#)

[Print PDF Form](#)

Mandatory fields marked with *

Facility ID*: 10127 (Mount Sinai Medical Center)

Location Code*: DWEST - DIALYSIS WEST

Month*: December

Year*: 2010

| Vascular Access Type | Number of Chronic Hemodialysis Patients |
|----------------------|---|
|----------------------|---|

Graft*:

Fistula*:

Temporary Central Line*:

Permanent Central Line*:

Port Access Device (e.g. Lifesite)*:

Total Patients*:

NOTE: Use vascular access data from prior month as denominator for current month

Dialysis Event Numerator Data

| | |
|-------------------|---|
| Population | <i>Chronic hemodialysis outpatients</i> |
| Numerator | <i>Complete form for each dialysis event</i> <ul style="list-style-type: none">• <i>Hospitalization</i>• <i>IV antimicrobial start</i>• <i>Positive blood culture</i> |

Collect Dialysis Event information as events occur.

Optional – use Dialysis Event Log Form & complete DE Forms later

http://www.cdc.gov/nhsn/forms/57.110_DialysisLog_BLANK.pdf

Add a Dialysis Event Numerator Data

- *NHSN navigation bar: select Event, then Add*
- *Add patient*
 - *Using Patient ID #*
 - *Add patient directly now*
 - *Leave Patient ID # blank & click Find to search by name*
- *Event Type: DE – Dialysis Event*
- *Choose Event Type(s) & indicate Problem(s)*
- *Click Save*

Add a Dialysis Event



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Add Event

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Mandatory fields marked with *

Fields required for record completion marked with **

Fields required when in Plan marked with >

Patient Information HELP

Facility ID*:

Event #:

Patient ID*:

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*:

Ethnicity:

Race: American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Add a Dialysis Event


Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Fields required when in Plan marked with >

Patient Information [?HELP](#)

Facility ID*: Mount Sinai Medical Center (ID 10127) 

Event #:

Patient ID*: 55555


Social Security #:


Secondary ID:

Last Name: Smith

First Name: Jane

Middle Name:

Gender*: F - Female 

Date of Birth*: 09/08/1964 

Ethnicity: 

Race: American Indian/Alaska Native


Asian


Black or African American


Native Hawaiian/Other Pacific Islander


White


Event Information [?HELP](#)

Event Type*: 

Date of Event*: 

Post-procedure: 

Location*: 

Date Admitted to Facility>: 

Add a Dialysis Event

Event Information [?HELP](#)

Event Type*: DE - Dialysis Event

Date of Event*: 12/22/2010

Location*: DWEST - DIALYSIS WEST

Risk Factors [?HELP](#)

Vascular Accesses (check all that apply)*:

Graft

Fistula

Temporary Central Line

Permanent Central Line

Port Access Device

Date of Access



11/09/2010



Date Unknown

Event Details [?HELP](#)

Specify Event (check one or more)*:

Hospitalization

In-unit IV antimicrobial start. Was IV vancomycin started?: Y - Yes

Patient with a positive blood culture

Suspected source of positive blood culture: Vascular access

Problem(s) (select one or more)*:

Event Type:
Always choose DE, even if other options seem applicable (e.g. BSI)

Add a Dialysis Event

- ❑ All 3 DE types require problem(s) specified
- ❑ Positive blood culture requires problems & pathogen(s) specified

Event Details [HELP](#)

Specify Event (check one or more)>:

Hospitalization

In-unit IV antimicrobial start. Was IV vancomycin started?:

Patient with a positive blood culture

Suspected source of positive blood culture:

Problem(s) (select one or more)>:

Pus, redness, or increased swelling at vascular access site

If applicable, specify the access with pus, redness, or increased swelling:

Graft Fistula Temporary Central Line Permanent Central Line Port Access Device

Vascular access problem without infection

Clotting Bleeding Other

Fever (≥ 100 degree Fahrenheit oral or ≥ 101 degree Fahrenheit rectal)

Wound (NOT related to vascular access) with pus or increased redness

Cellulitis (skin redness, heat, or pain without open wound)

Other (specify):

Add a Dialysis Event

Positive Blood Culture

Enter pathogen & indicate antimicrobial susceptibility results:

S = Susceptible *R = Resistant* *I = Intermediate* *N = Not Tested*

Pathogens [HELP](#)

Pathogen 1: Search 11 drugs required

| | | | | | | |
|---|---|--|--|---|--|--|
| * <u>AMP</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>CIPRO</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | <u>LEVO</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | <u>MOXI</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>DAPTO</u> <input checked="" type="radio"/> S <input type="radio"/> NS <input type="radio"/> N | * <u>DOXY</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N | <u>MINO</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N |
| * <u>GENTHL</u> <input type="radio"/> S <input type="radio"/> R <input checked="" type="radio"/> N | * <u>LNZ</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N | * <u>QUIDAL</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input checked="" type="radio"/> N | * <u>STREPHL</u> <input type="radio"/> S <input type="radio"/> R <input checked="" type="radio"/> N | * <u>TETRA</u> <input checked="" type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N | * <u>TIG</u> <input checked="" type="radio"/> S <input type="radio"/> NS <input type="radio"/> N | * <u>VANC</u> <input type="radio"/> S <input checked="" type="radio"/> R <input type="radio"/> I <input type="radio"/> N |

Add Drug

Pathogen 2: Search

Pathogen 3: Search

* VANC

S R

I N

Summary

- *Surveillance: Data Entry*
- *Enter data from Jan 1st 2011.*

Next Steps

- Confer rights to Network of New England*
- Begin analysis*

NHSN Dialysis Event Case Examples

Alicia Shugart, M.A.

February 15, 2011

Reporting Sequential Dialysis Events

3 Dialysis Event types:

- *Hospitalization*
- *IV antimicrobial start*
- *Positive blood culture*
 - *Suspected source of PBC:*
 - *Vascular access*
 - *A source other than the vascular access*
 - *Contamination*
 - *Uncertain*

Reporting Sequential Dialysis Events

- *Each hospitalization is a new event*

21 day rules:

- *IV antimicrobials must be stopped for 21 or more days and then restarted to be considered a new event*
- *Positive blood cultures must occur 21 or more days apart to be considered separate events, based on specimen collection date*

Dialysis Event

Source of Positive blood culture

Identify the source of the PBC, choose:

- “Vascular access” only if there is objective evidence of VAI*
- “A source other than the vascular access” if either :*
 - a) a culture from another site has the same organism as in the blood*
 - b) clinical evidence of infection at another site, but site was not cultured*
- “Contamination” if organism is thought by the physician, Infection Preventionist, or head RN to be a contaminant*
- “Uncertain” if there is insufficient evidence to decide among the 3 previous categories*

Dialysis Event Combinations

- *1 DE report may have multiple parts, combining hospitalization, IV antimicrobial start, & PBC*
 - *E.g., if a PBC is the reason that a patient is treated with IV antimicrobials, this is really the same “event” and they can be reported together*
- *When multiple dialysis events clearly relate to the same patient problem, they can be reported together as a single dialysis event*
- *Refer to Tables of Instructions & Dialysis Protocol*

DE Case Examples

Case 1

- Patient is hospitalized on Monday
- Discharged Tuesday
- Readmitted Wednesday



REPORT

2 separate hospitalization dialysis events

WHY? No minimum time b/t discharge & admission

Case 2

- Patient completes 1 week IV antimicrobials
- 4 weeks after 1st treatment ends, IV antimicrobials are restarted



REPORT

2 separate IV antimicrobial start dialysis events

WHY? There is ≥ 21 days between starts

DE Case Examples continued

- Patient has symptoms of infection:

Case 3

- Patient completes 1 week of IV antimicrobials
- 2 weeks after 1st treatment ends, IV antimicrobials are restarted



REPORT

1 IV antimicrobial start dialysis event

WHY? There is < 21 days between starts

Case 4

- Patient begins IV antimicrobials
- 2 days later: patient is getting worse & is hospitalized



REPORT

1 IV antimicrobial start dialysis event, includes hospitalization

WHY? IV antimicrobials and hospitalization clearly relate to same infection

DE Case Examples continued

- *Patient has symptoms of infection:*

Case 5

- *Blood drawn Monday*
- *Tuesday, IV antimicrobial start*
- *Wednesday, blood culture results are positive*



REPORT

1 positive blood culture DE, includes IV antimicrobial start

WHY? *Blood was drawn before antimicrobials started, both relate to same infection*

Case 6

- *Patient is hospitalized*
- *4 hours after admission, blood is drawn, culture results are positive next day*



REPORT

1 hospitalization DE, with PBC

WHY? *PBC sample was drawn within a day of admission. Hospitalization occurred first. Both relate to same infection.*

DE Case Examples continued

Case 7

- Patient's VA site has pus, redness and swelling
- Blood culture grows Staph



REPORT Positive blood culture
Suspected source: vascular access

WHY? There is objective evidence of infection at VA site

Case 8

- Patient's VA site has pus, redness and swelling
- Blood culture grows Staph
- Visibly infected leg wound grows Enterococcus




REPORT Positive blood culture
Suspected source: VA

WHY? Objective evidence of infection at VA site. Different organisms in blood & wound: cannot attribute PBC to "source other than VA"

DE Case Examples continued


Case 9

- Patient's leg wound has pus, redness and swelling
 - VA site looks normal
 - Wound culture: Staph aureus
 - Blood culture: Staph aureus
- 

REPORT Positive blood culture
Suspected source: A source other than vascular access site

WHY? Evidence of infection at wound site, no evidence at VA site. Both wound and blood grow same organism.

Case 10

- Patient has 4 blood draws
 - 1 draw grows coagulase negative staphylococci
 - MD does not treat patient
- 

REPORT Positive blood culture
Suspected source: contaminant

WHY? Only 1 of 4 draws grew anything, & it was a common skin organism. MD did not treat shows no suspicion of infection.

Reporting difficult dialysis events

- If you are unsure how to report a dialysis event, get the opinion of the physician, infection preventionist, or head nurse*
- Refer to the Protocol and Tables of Instructions for reference*
- Additional assistance is available through the helpdesk at nhsn@cdc.gov*

Questions?

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

**Division of Healthcare Quality Promotion
Prevention and Response Branch**