News from the NHSN Help Desk

How to Correctly Complete a Denominators for Dialysis Event Form

Every month as part of Dialysis Event Surveillance, facilities are required to electronically submit a "Denominators for Dialysis Event Surveillance" form in NHSN. The denominators (or "patient census") estimate the number of patient-months at risk for dialysis events by counting patients who received hemodialysis in the outpatient facility during the 1st and 2nd working day of the month.

When counting the monthly denominators, follow these instructions:

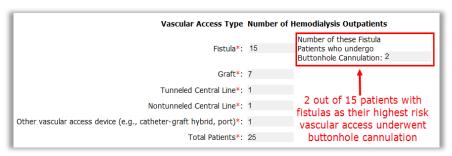
- 1. Tally the number of hemodialysis outpatients present on the <u>first two working days of the month</u>.
 - Include <u>transient patients</u> and all patients who received incenter hemodialysis as outpatients at your clinic.
 - Exclude patients who were hospitalized or missed their scheduled treatment.
 - See the Working Days Calendar example on the next page for guidance on defining "working days."

N-SN Apportunications Safety flactwork	Form Approved OMB No. 0020-0000 Exp. Date: 12/31/2017 www.dot.govinten	
	ors for Dialysis	s Event Surveillance d once per month
Complete this form as indicated by the Disly http://www.cdo.gov/inhsn/PDFs/pscManual/B instructions for this form are available at: http: "required for saving	psoDialysisEventourrent.pd	
Reporting to "Outpatient Hemodialysis Record the number of outpatients who month, including transient patients. A p counted on this form (e.g., exclude pati	received hemodialysis a atient must be physically lents who are hospitalize the access type with hig	your center on the first two working days of the present for hemodialysis on one of these days to be d). Record each patient only once. If a patient has heat risk for infection (per the protocol), even if that
Facility ID #:		
*Location Code:	*Month:	*Year:
*Vascular Access Type	'Number of Hemodialysis Outpatients	
Fistula		Number of these Fistula Patients who undergo Buttonhole Cannulation
Graft		
Tunneled central line		
Nontunneled central line		
Other vascular access device (e.g., catheter-graft hybrid, port)		
*Total patients (sum of all patients listed above)		
Custom Fields:		
Label		
Data		
Comments:		
		nce system that would permit identification of any individual or institution is engages stated, and with not obtaining to discourse or reassed without the of the Public New Health Central (id UCO 2010, 242), and 242m(f).
data sources, gathering and maintaining the data needs	ed, and completing and reviewing to matter urgess it displays a numerity	er response, including the time for reviewing instructions, searching existing a collection of information. An agency may not conduct or sponsor, and a valed OMS centrol number. Gerill comments in expanding this busine

- 2. **Do not include peritoneal dialysis patients in the monthly denominator count.** NHSN Dialysis Event Surveillance is limited to hemodialysis patients <u>only</u>.
 - Include these patients in the monthly denominator count if they receive hemodialysis on the 1st or 2nd working day of the month. Count them by their highest risk <u>vascular access</u> present, not the peritoneal catheter.
- 3. If a patient has more than one vascular access, **count that patient only once**, **by the highest risk vascular access present**, even if that vascular access is not used for dialysis or is abandoned/non-functional.

Lower	Fistulas	Grafts	Other Vascular	Tunneled	Nontunneled	Higher		
Risk			Access Devices	Central Lines	Central Lines	Risk		
(e.g., catheter-graft hybrids, ports)								

4. **Use the "Other Vascular Access Devices" category** for catheter-graft hybrids, ports, and any other vascular access devices that do not meet the NHSN definitions for fistula, graft, or central line. **Do not** classify peritoneal catheters under the "Other Vascular Access Device."



5. **Don't forget about buttonholes!** Some fistula patients undergo buttonhole cannulation.
Among the "fistula" patients reported, indicate the number who are buttonhole patients on the denominator form.

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6. Check off the appropriate "Report No Events" boxes on the denominator form to confirm zero dialysis events occurred during the month. If one or more dialysis events has been reported during the month, the corresponding checkbox(es) will be greyed-out and will not be available to check off on the denominator form while in edit mode.



These boxes become available on the first day of the following month – this is the earliest possible day to verify that no events occurred at any time during the preceding month.



'Q' from the Queue:

"First two working days of the month"? Can I just pick 2 days during the month when patients receive treatment?

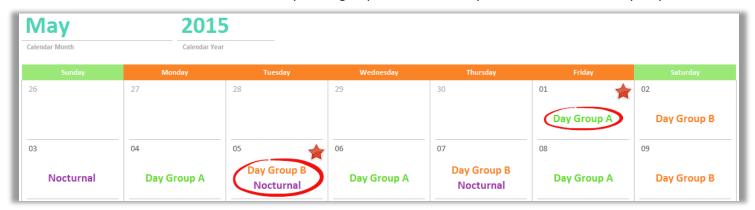
No, do not choose random days to tally the monthly denominator. Surveillance must be conducted according to the protocol so that everyone participating is using a standardized method to collect data.

Check out the Working Days Calendar below to understand how to identify the first two working days of the month for facilities that provide nocturnal hemodialysis.

Example Scenario: Three distinct patient groups each dialyze on different days of the month. Patients in Daytime Group A dialyze on M/W/F. Patients in Daytime Group B dialyze on T/Th/Sa. Patients in Nocturnal Group C are dialyzed on T/Th/Su.

What are the first two working days of the month? Friday, May 1st and Tuesday, May 5th

Why? Friday and Tuesday are the first days of the month that would collectively capture all three patient groups scheduled for dialysis. As a result, all patients who are present for their scheduled hemodialysis treatment session have the opportunity to be captured in the denominator. Saturday and Sunday are not considered working days by themselves in this scenario because at least 1 patient group would be entirely missed from the monthly tally.



Working Days Calendar (above)



Questions about NHSN? Email the NHSN helpdesk at nhsn@cdc.gov with "Dialysis" in the subject line and we will respond to your inquiry within 5 business days.