

# **2015 Network Healthcare Associated Infection (HAI) Quality Improvement Activity (QIA) National Healthcare Safety Network (NHSN) Prevention Process Measures Reporting**

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**March 16, 2015, 2:00 pm**

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

# Outline

- ❑ **QIA - Audit of Recommended Practices**
- ❑ **CDC Objectives for the QIA**
- ❑ **NHSN Prevention Process Measures (PPM) – what Networks need to know for the QIA**
- ❑ **Network reporting QIA facility data to CMS**
  - Customizing an NHSN report
- ❑ **PPM – what facilities need to know for the QIA**
  - Adding PPM to Monthly Reporting Plan
  - How to report PPM data to NHSN
  - NHSN alerts
  - How to “Confer Rights” to share data with Group(s)
    - Differences for QIA and non-QIA facilities
  - Basic analysis and available reports

# **Network Quality Improvement Activities – Audit of Recommended Practices**

- ❑ **Goal 20% of Network facilities complete internal, monthly audits:**
  - $\geq 30$  hand hygiene observations
  - $\geq 10$  HD catheter connection/disconnection observations
  - $\geq 10$  AV fistula/graft cannulation observations
  
- ❑ **Facilities tally numerators/denominators and report those to NHSN's Prevention Process Measure (PPM) module**
  
- ❑ **Networks report monthly progress to CMS**

# Suggestions for Selecting 20% of Facilities

- ❑ **Select a variety of facility types:**
  - Include freestanding and hospital-based facilities
  - Varied sizes
  
- ❑ **Facilities without catheter patients will not be able to do catheter connection/disconnection audits**
  
- ❑ **For 2015, Networks can choose the facilities**
  - May continue with a subset of 2014 participants
  - May select new group of facilities

# CDC Objectives

## □ CDC objectives for audit tool use:

- Increase familiarity with CDC-recommended practices
- Encourage habitual attention to and assessment of practices
- Identify and address barriers to recommended practices

## □ Networks should focus on audit *implementation*

- More importance on facilities correctly doing audits, less emphasis on audit results
- Encourage facilities to regularly review their audit results and share with staff
  - Promotes desired practices, helps identify areas for improvement, and engages staff with regular feedback

# **NHSN PPM MODULE – INFORMATION FOR NETWORKS**

## Outline of PPM Information for Networks

- ❑ **Network Group needs to “Define Rights” to request PPM data**
  - Suggestion: use the text field to let non-QIA facilities know they can opt out of sharing these data by selecting “N/A” for the PPM section and/or sharing data is required for non-QIA facilities
  
- ❑ **Reminder – Groups can use the NHSN “Membership Rights” report to monitor facilities’ “N/A” selections on Confer Rights**

# Network Group: "Define Rights" to Request PPM Data

- Group
- Find Facility
- Edit Group Info
- Joining Password
- Evict Members
- Send Email
- Define Rights
- Rights Acceptance Report
- Log Out

General

View Options

Patient

With All Identifiers  
 Without Any Identifiers  
 With Specified Identifiers
  Gender  DOB  Ethnicity  Race  
 Medicare #  Name  SSN  Patient ID

Monthly Reporting Plan

Data Analysis

Facility Information

Surveys

Year	To	Year	Survey Type
2009			Outpatient Dialysis Center Practices Survey

Add Row Clear All Rows

**Note: only complete survey data are shared with groups.**

Events

Includes Applicable Denominators and "No Events" Indicators

Plan	Month	Year	To	Month	Year	Event
(All)						(All)

Location type: (All) Location: (All) Other Location Requirements:

Add Row Clear All Rows

Prevention Process Measures

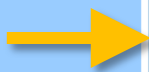
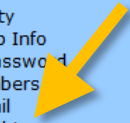
Plan	Month	Year	To	Month	Year	Location Type	Location	Other Location Requirements
(All)						(All)	(All)	Required for QIA facilities only

Process Measures:

- Hand Hygiene
- Hemodialysis Catheter Connection/Disconnection
- Hemodialysis Catheter Exit Site Care
- Arteriovenous Fistula/Graft Cannulation/Decannulation
- Dialysis Station Routine Disinfection
- Injection Safety

Add Row Clear All Rows

Save Back





## Suggestion to Networks – Indicate Conferring Rights to PPM Data is Mandatory Only for QIA Facilities

- ❑ Under “Other Location Requirements,” use the free text field to indicate QIA facilities must confer rights
  - E.g., “Required for QIA facilities only”

Prevention Process Measures

Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements
(All) ▼	▼	▼	To	▼	(ALL) ▼	(ALL) ▼	Required for QIA facilities only

Process Measures:

- Hand Hygiene	- Arteriovenous Fistula/Graft Cannulation/Decannulation
- Hemodialysis Catheter Connection/Disconnection	- Dialysis Station Routine Disinfection
- Hemodialysis Catheter Exit Site Care	- Injection Safety

Add Row Clear All Rows

Save Back

- ❑ Upon saving “Define Rights,” facility users with administrator rights will be prompted to “Confer Rights” to the updated data sharing agreement

# Reminder – Network Groups Can Use the “Membership Rights” Report Can be used to Monitor Facilities’ “N/A” Selections

The screenshot displays the NHSN (National Healthcare Safety Network) web application interface. At the top, the CDC logo is on the left, and the text 'Department of Health and Human Services, Centers for Disease Control and Prevention' is on the right. Below this is a dark blue header with 'NHSN - National Healthcare Safety Network'. The main content area shows a user logged in as 'VET2' with 'All Facilities Selected'. A left-hand navigation menu includes 'NHSN Home', 'Reporting Plan', 'Event', 'Summary Data', 'Analysis', 'Surveys', 'Users', 'Group', and 'Log Out'. The 'Analysis' section is expanded, showing a tree view of folders: 'Dialysis Events', 'Prevention Process Measures', 'Central Line Insertion Practices', 'Patient Vaccination', 'CMS Reports', 'Advanced', 'Patient-level Data', 'Event-level Data', 'Summary-level Data', 'Plan Data', 'Pathogen-level Data', 'Facility-level Data', and 'CDC Defined Output'. A red arrow points to the 'Advanced' folder. Under 'Advanced', there is a link 'Create New custom Option' and a list of reports. The report 'Line Listing - Membership Rights' is highlighted with a red box, and its 'Run' and 'Modify' buttons are also highlighted. Other reports include 'Line Listing - Facility Enrollment Data', 'Line Listing - Dialysis Survey', and 'Line Listing - Participation Alerts'. The text 'Analysis Output Options' is visible in the upper right of the main content area.

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

NHSN - National Healthcare Safety Network

NHSN Home  
Logged into Dialysis Group Example (ID 10691) as VET2.  
All Facilities Selected.

Reporting Plan  
Event  
Summary Data  
Analysis  
Generate Data Sets  
Output Options  
Statistics Calculator  
Surveys  
Users  
Group  
Log Out

Analysis Output Options

Expand All Collapse All

- Dialysis Events
- Prevention Process Measures
- Central Line Insertion Practices
- Patient Vaccination
- CMS Reports
- Advanced
  - Create New custom Option
  - Patient-level Data
  - Event-level Data
  - Summary-level Data
  - Plan Data
  - Pathogen-level Data
  - Facility-level Data
  - CDC Defined Output
    - Line Listing - Facility Enrollment Data Run Modify
    - Line Listing - Membership Rights Run Modify
    - Line Listing - Dialysis Survey Run Modify
    - Line Listing - Participation Alerts Run Modify

# Reminder – Network Groups Can Use the “Membership Rights” Report Can be used to Monitor Facilities’ “N/A” Selections

The screenshot displays the NHSN Reporting Plan interface. The top navigation bar includes the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". Below this, the "NHSN Home" section shows the user is logged into "Dialysis Group Example (ID 10691) as VE". The main content area is titled "NHSN Output - Line Listing - Group Rights - Window" and contains a table of facility data. A red callout bubble points to a 'Y' in the 'N/A' column for the row "PPM: Hand Hygiene". A blue callout bubble explains that this 'Y' indicates the facility has opted out of sharing this data.

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

NHSN - National Healthcare Safety Network

NHSN Home  
Logged into Dialysis Group Example (ID 10691) as VE  
All Facilities Selected.

Reporting Plan

Event  
Summary  
Analysis  
Generate  
Output  
Statistics

Surveys  
Users  
Group  
Log Out

NHSN Output - Line Listing - Group Rights - Window

File Edit View Favorites Tools Help

National Healthcare Safety Network  
Line Listing - Group Rights  
As of: March 5, 2015 at 1:52 PM  
Date Range: All GROUPTRIGHTS\_DIAL

Facility Org ID	CMS Certification Number	Facility Name	Data Right	Plan	From Month	From Year	Year	N/A	Data Name
10055	111111	Dialysis Test Facility 2	Analyze		.	.	.		Patient with all identifying data
10055	111111	Dialysis Test Facility 2	View		.	.	.		Patient identifier: Gender
10055	111111	Dialysis Test Facility 2	View		.	.	.		Patient identifier: DOB
10055	111111	Dialysis Test Facility 2	View		.	.	.		Patient identifier: Patient ID
10055	111111	Dialysis Test Facility 2	View		.	.	.		Monthly Reporting Plan
10055	111111	Dialysis Test Facility 2	View		.	.	.		Facility Identifying Info
10055	111111	Dialysis Test Facility 2	View		.	.	.		Influenza Vaccination Non-Seasonal
10055	111111	Dialysis Test Facility 2	View		.	.	.	Y	Summary Data for Events
10055	111111	Dialysis Test Facility 2	View		.	.	.		PPM: Hand Hygiene
13780	555555	Dialysis Test Facility 3	Analyze		.	.	.		Patient with all identifying data
13780	555555	Dialysis Test Facility 3	View		.	.	.		Patient identifier: Gender
13780	555555	Dialysis Test Facility 3	View		.	.	.		Patient identifier: DOB
13780	555555	Dialysis Test Facility 3	View		.	.	.		Patient identifier: Patient ID
13780	555555	Dialysis Test Facility 3	View		.	.	.		

Line Listing - Dialysis Survey  
Line Listing - Participation Alerts

If “N/A” = Y, then the facility has opted out of sharing these data.

Note: Data Name “PPM: Hand Hygiene” applies to the entire PPM section.

# **NETWORK REPORTING TO CMS**

# Network Reporting on QIA Goals

- **Goal: By the end of 3rd quarter 2015, 100% of QIA facilities are completing the minimum number of observations for three Audit Tools and reporting results to NHSN PPM module:**
  - Hand Hygiene (minimum 30 observations)
  - HD Catheter Connection/Disconnection (minimum 10 observations)
  - AV Fistula/Graft Cannulation (minimum 10 observations)
- **Each month, report on the CMS dashboard the proportion of QIA facilities that reported meeting or exceeding the minimum number of total observations for each audit tool:**
  - #QIA facilities with “HHOpport”  $\geq 30$  / total #QIA facilities x 100
  - #QIA facilities with “numCathConTot”  $\geq 10$  / total #QIA facilities x 100
  - #QIA facilities with “numFGCannTot”  $\geq 10$  / total #QIA facilities x 100

## Network Report to CMS

- #QIA facilities with “HHOpport”  $\geq 30$  / total #QIA facilities x 100
- #QIA facilities with “numCathConTot”  $\geq 10$  / total #QIA facilities x 100
- #QIA facilities with “numFGCannTot”  $\geq 10$  / total #QIA facilities x 100

Facility Org ID	Summary Year/ Month	HD Catheter Connection/ Disconnection # of Successful Observations	HD Catheter Connection/ Disconnection Total # of Observations	HD Catheter Connection/ Disconnection Percent Adherence
11111	2015M04	6	10	60.0
22222	2015M04	7	11	63.6
33333	2015M04	4	9	44.4
44444	2015M04	7	10	70.0
55555	2015M04	6	10	60.0

**4/5 QIA facilities met the goal for the Catheter Connection/Disconnection in April 2015.**

# How to Customize NHSN an Report for CMS Reporting

- ❑ Create a custom line listing report to display only QIA facilities that reported at least the minimum number of observations for each Audit Tool

The screenshot displays the NHSN web application interface. At the top, the CDC logo is visible on the left, and the text "Department of Health and Human Services Centers for Disease Control and Prevention" is on the right. Below this is a dark blue header with "NHSN - National Healthcare Safety Network".

The left sidebar contains a navigation menu with the following items: NHSN Home, Reporting Plan, Event, Summary Data, Analysis (with sub-items: Generate Data Sets, Output Options, Statistics Calculator), Surveys, Users, Group, and Log Out.

The main content area is titled "Analysis Output Options". It features two buttons: "Expand All" and "Collapse All". Below these are several folder icons representing report categories: Dialysis Events, Prevention Process Measures, Central Line Insertion Practices, Patient Vaccination, CMS Reports, and Advanced. A red arrow points to the "Advanced" folder. Under "Advanced", there is a link "Create New custom Option" and a sub-folder "Patient-level Data". Below "Patient-level Data" are "Event-level Data" and "Summary-level Data". A red arrow points to the "Summary-level Data" folder. Under "Summary-level Data" is a folder "CDC Defined Output" containing a report "Line Listing - All Summary Data". A red arrow points to this report. To the right of the report is a "Run" button and a "Modify" button, which is highlighted with a red box. Below "CDC Defined Output" is a "Plan Data" folder.

1. Modify output name/title (required for saving).

2. Limit the timeframe to the assessment period (summaryYM = 04/2015 – 10/2015).

3. a. Filter to include only the QIA facilities. (Select orgID or CCN, change the “operator” to “IN” and enter QIA facility identifiers. Repeat for three rows.

QIA Facilities PPM Totals

QIA Facilities PPM Totals

Select output format:

Output Format: HTML

Use Variable Labels

Select a time period or Leave Blank for Cumulative Time Period: [HELP](#)

Date Variable

Beginning

Ending

summaryYM

04/2015

10/2015

Clear Time Period

Enter Date variable/Time period at the time you click the Run button

Specify Other Selection Criteria: [HELP](#)

[Show Criteria](#) [Column +](#) [Row +](#) [Clear Criteria](#)

orgID	hhOpport	numCathConTot	numFGCannTot
IN (10055, 10856, 10876, 10877, 13780)	>= 30		
IN (10055, 10856, 10876, 10877, 13780)		>= 10	
IN (10055, 10856, 10876, 10877, 13780)			>= 10

Other Options: [HELP](#)

[Print Variable Reference List](#)

Modify Variables To Display By Clicking: [Modify List](#)

Specify Sort Variables By Clicking: [Modify List](#)

Select Page by variable: summaryYM

Run

Save As

Reset

Back

Export Output Data Set



# Details for Suggested Modifications (Filter Table)

## 3.a. Filter by CCN or orgID for QIA facilities:

- Select the “in” operator (i.e., include) from the dropdown.
- Type the QIA facility CCNs (or orgIDs) into each cell.
- Use “Add Column+/-” to create additional cells.
- Click “Save.”

Specify an operator and value(s) for selection criteria:

<u>Variable</u>	<u>Operator</u>	<u>Value(s)</u>	<a href="#">Add Column+/-</a>
		111111	222222
		333333	444444
CCN	in	555555	666666

Save Clear Close

Statistics Calculator

Surveys

Users

Facility

Group

Log Out

Last Modified On:

02/02/2015

Output Type:

Line Listing

Output Name:

QIA Facilities PPM Totals

Output Title:

QIA Facilities PPM Totals

Select output format:

### 3. b. Filter by $\geq$ minimum observations:

- hhOpport  $\geq$  30
- numCathConTot  $\geq$  10
- numFGCanTot  $\geq$  10

Each filter is in it's own row to create "or" statements:

- QIA facilities that reported  $\geq$  30 hand hygiene observations, or
- QIA facilities that reported  $\geq$  10 HD catheter connection/disconnection observations, or
- QIA facilities that reported  $\geq$  10 AV fistula/graft cannulation observations.

Leave Blank for Cumulative Time Period: [HELP](#)

Starting

Ending

10/2015

Clear Time Period

Time period at the time you click the Run button

Criteria: [HELP](#)

[+](#) [-](#) [New +](#) [Clear Criteria](#)

	hhOpport	numCathConTot	numFGCannTot
376,	$\geq$ 30		
376,		$\geq$ 10	
376,			$\geq$ 10

[Print Variable Reference List](#)

Display By Clicking: [Modify List](#)

Sort By Clicking: [Modify List](#)

Summary: summaryYM

Run

Save As

Reset

Back

Export Output  
Data Set

# Details for Suggested Modifications (Filter Table)

Specify an operator and value(s) for selection criteria:

<u>Variable</u>	<u>Operator</u>	<u>Value(s)</u>
hhOpport	>=	30

Save Clear Close

Specify an operator and value(s) for selection criteria:

<u>Variable</u>	<u>Operator</u>	<u>Value(s)</u>
numCathConTot	>=	10

Save Clear Close

Specify an operator and value(s) for selection criteria:

<u>Variable</u>	<u>Operator</u>	<u>Value(s)</u>
numFGCannTot	>=	10

Save Clear Close

## 3.b. Filter by $\geq$ minimum number of observations:

- Select the “>=” operator (i.e., greater than or equal to) from the dropdown.
- Type the minimum number of required observations:
  - “hhOpport”  $\geq$  30
  - “numCathConTot”  $\geq$  10
  - “numFGCannTot”  $\geq$  10
- Click “Save.”

Last Modified On: **02/02/2015**  
Output Type: **Line Listing**  
Output Name: QIA Facilities PPM Totals  
Output Title: QIA Facilities PPM Totals

#### 4. Modify variables that are displayed in the report (optional).

Suggested selected variables:

- orgID
- CCN
- Name
- dialSummaryID
- summaryYM
- hhOpport
- numCathConTot
- numFGCannTot

Select output format: HTML

Use Variable Labels

Select a time period or

Date Variable: summaryYM Beg: 04/2015

Enter Date variable

Specify Other Selections

Show Criteria Column

orgID

IN (10055, 10856, 10877, 13780)

IN (10055, 10856, 10877, 13780)

IN (10055, 10856, 10877, 13780)

Other Options: [HELP](#)

**Modify Variables To Display By Clicking: [Modify List](#)**

Specify Sort Variables By Clicking: [Modify List](#)

Select Page by variable: summaryYM

Run Save As Reset Back Export Output Data Set

**Select Variables to include in Line Listing:**

Available Variables	Selected Variables
modifyUserID	orgID
modifyVersion	CCN
name	dialSummaryID
noEventABX	summaryYM
noEventBldCult	hhOpport
noEventCLIP	numCathConTot
noEventDE	numFGCannTot
noEventPRS	
numButtonPats	
numCathCareSuccess	
numCathCareTot	
numCathConSuccess	
numDisinfectSuccess	
numDisinfectTot	
numFGCannSuccess	
numfistulapats	
numgraftpats	
numInjSafeSuccess	
numInjSafeTot	
numNontunCLPats	

Save Reset Close

Print Variable Reference List

**Modify Variables To Display By Clicking: [Modify List](#)**

Specify Sort Variables By Clicking: [Modify List](#)

Select Page by variable: summaryYM

Statistics Calculator  
Surveys  
Users  
Facility  
Group  
Log Out

Last Modified On: 02/02/2015  
Output Type: Line Listing  
Output Name: QIA Facilities PPM Totals  
Output Title: QIA Facilities PPM Totals

Select output format:  
Output Format: HTML  
 Use Variable Labels

Select a time period or Leave Blank for Cumulative Time Period: [HELP](#)  
Date Variable: summaryYM 04/20  
 Enter Date variable

Specify Other Selections  
[Show Criteria](#) [Columns](#)

orgID
IN (10055, 10856, 10877, 13780)
IN (10055, 10856, 10877, 13780)
IN (10055, 10856, 10877, 13780)

Other Options: [HELP](#)  
Modify Variables To Display By Clicking: [Modify List](#)  
Specify Sort Variables By Clicking: [Modify List](#)  
Select Page by variable: summaryYM

Run Save As Reset Back Export Output Data Set

5. "Select Page by variable" = summaryYM to separate the report into tables by month.

6. Run the report to verify output is as expected, then "Save As" so you can access this customized report each month.

Once saved, "Publish" the custom report for others in your group to run.

# Example of Customized Output

NHSN Output - Line Listing for All Summary Data - Windows Internet Explorer

File Edit View Favorites Tools Help

**National Healthcare Safety Network**  
**Line Listing for All Summary Data**  
 As of: March 10, 2015 at 2:27 PM  
 Date Range: SUMMARY\_DIAL summaryYM 2015M01 to 2015M10

Summary Year/Month=2015M01

Facility Org ID	CMS Certification Number	Summary ID	Summary Year/Month	Hand Hygiene Total opportunities	HD Catheter Dis/Connection Total # Observations	Fistula Graft De/Cannulation Total # Observations
10856	N/A	5639	2015M01	30	10	10
10876		5637	2015M01	30	12	10
10877	000001	5635	2015M01	30	10	10

Sorted by orgID summaryType summaryYM  
 Data contained in this report were last generated on March 5, 2015 at 5:32 PM.

**National Healthcare Safety Network**  
**Line Listing for All Summary Data**  
 As of: March 10, 2015 at 2:27 PM  
 Date Range: SUMMARY\_DIAL summaryYM 2015M01 to 2015M10

Summary Year/Month=2015M02

Facility Org ID	CMS Certification Number	Summary ID	Summary Year/Month	Hand Hygiene Total opportunities	HD Catheter Dis/Connection Total # Observations	Fistula Graft De/Cannulation Total # Observations
10856	N/A	5640	2015M02	30	10	11
10876		5638	2015M02	30	10	10
10877	000001	5636	2015M02	32	11	9

Sorted by orgID summaryType summaryYM  
 Data contained in this report were last generated on March 5, 2015 at 5:32 PM.

http://apt-v-nhsn-tes

File Edit View Favorites Tools

Tomcat SDN NHSN D

**CDC** Depart  
 Cente

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Logged  
 All Facil

**NHSN Home**

**Reporting Plan**

**Event**

**Summary Data**

**Analysis**

- Generate Data Sets
- Output Options
- Statistics Calculator

**Surveys**

**Users**

**Group**

**Log Out**

# **SUMMARY**

# Summary



- ❑ **QIA goal is for 20% of facilities to complete a minimum of internal, monthly audits on CDC recommended practices:**
  - $\geq 30$  hand hygiene opportunities
  - $\geq 10$  HD catheter connection/disconnection observations
  - $\geq 10$  AV fistula/graft cannulation observations
  
- ❑ **CDC Audit Tool results are reported to the NHSN Prevention Process Measures Module under “Summary Data”**
  - CDC can assist with facility training
  - Groups need to update Define Rights
    - Suggest including text about which facilities are required to share PPM data and which can select “N/A”
  - Facilities should report in-plan: creates alerts to remind them to report
  - Customize and save the “All Summary Data” report to determine the number of QIA facilities meeting the goal and report the results to CMS



# **TRAINING INFORMATION FOR QIA FACILITIES**

**CDC can assist  
with PPM facility  
training!**

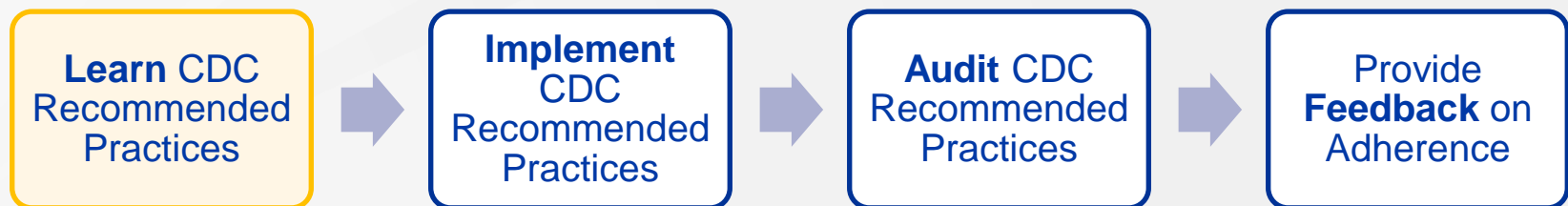
# The Value of Auditing CDC Recommended Infection Prevention Practices

- **Increased adherence to CDC recommended practices can prevent infections:**
  - Outpatient hemodialysis facilities that implemented the package of CDC recommended practices saw a 32% reduction in BSIs and a 54% reduction in access-related BSIs.<sup>1</sup>
  
- **Auditing adherence to recommended practices:**
  - Promotes and reinforces recommended practices among staff.
  - Ensures complete and correct implementation.

1. Am J Kidney Dis. August 2013, 62(2): 322–330

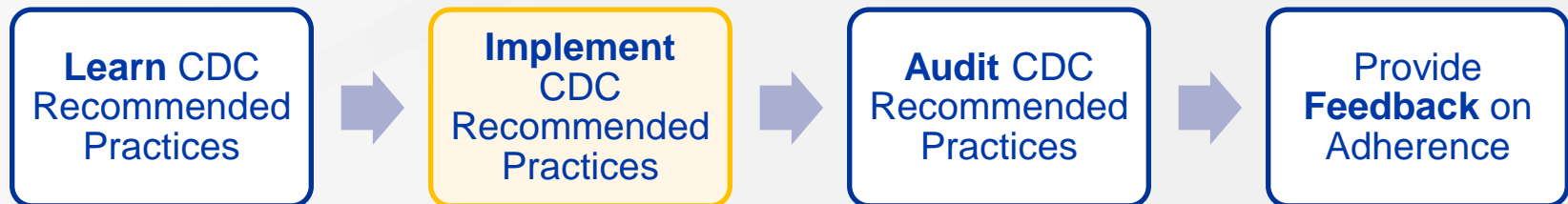
# CDC Infection Prevention Audit Tools

- ❑ **Facilities begin by learning recommended practices:**
  - CDC Recommended Interventions to Prevent Bloodstream Infections in Dialysis Settings:
    - <http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html>
  - CDC recommended checklists:
    - <http://www.cdc.gov/dialysis/prevention-tools/index.html>
    - Simple reference tools useful for training staff.
  
- ❑ **Then use the audit tools as part of a planned series of observations within their hemodialysis facility.**



# Tips for Facilities to Successfully Implement New Practices

- ❑ Facilities should review current practices to identify discrepancies between current practices and CDC recommended practices.
- ❑ Facilities should develop an implementation strategy, they may consider:
  - Input from patient care staff
  - Training needs
  - How to inform patients of changes
  - Whether necessary supplies (e.g., chlorhexidine) are available



# Available CDC Dialysis Infection Prevention Audit Tools: <http://www.cdc.gov/dialysis/prevention-tools/index.html>

Hand  
Hygiene

HD Catheter  
Connection/  
Disconnection

AV Fistula/  
Graft  
Cannulation/  
Decannulation

Although the audit tool includes both cannulation and decannulation, *only cannulation is included in the QIA*

Learn CDC  
Recommended  
Practices



Implement  
CDC  
Recommended  
Practices



Audit CDC  
Recommended  
Practices



Provide  
**Feedback** on  
Adherence

## Data Collection

- **All audits – observer(s) should try to ensure that observations are as representative as possible of normal practice at the facility:**
  - Observe different staff members on different days and shifts.
  - Consider observing during particularly busy times (e.g., shift change), when staff may be less attentive to proper practices.

# How to Use the Audit Tool: Opportunities

- ❑ Each audit includes multiple observations.
  - An observation is an opportunity to perform hand hygiene (when warranted)
- ❑ If an opportunity is observed and hand hygiene is performed, the observation is marked a success:

## **Audit Tool:** Hemodialysis hand hygiene observations

(Use a "√" for each 'hand hygiene opportunity' observed. Under 'opportunity successful', use a "√" if successful, and leave blank if not successful)

Discipline	Hand hygiene		Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):
	Hand hygiene opportunity	Opportunity successful	
N	√	√	
T	√	√	
N	√		<i>missed opportunity before administering medication</i>

The first two observations were successful because hand hygiene was warranted and was performed.

The third observation was not successful because the warranted opportunity for hand hygiene was missed.

# Tallying Opportunity Audit Results

- Number of Successful Opportunities: Sum of observed instances during which staff hand hygiene was warranted and was successfully performed.
- Total Number Opportunities: Total number of observed instances during which staff hand hygiene was warranted.

## **Audit Tool:** Hemodialysis hand hygiene observations

(Use a "√" for each 'hand hygiene opportunity' observed. Under 'opportunity successful', use a "√" if successful, and leave blank if not successful)

	Discipline	Hand hygiene		Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):
		Hand hygiene opportunity	Opportunity successful	
1	N	√	√	
2	T	√	√	
3	<del>N</del>	<del>√</del>	<del></del>	<del>missed opportunity before administering medication</del>
4	P	√	√	
5	N	√	√	

Discipline: P=physician, N=nurse, T=technician, S=student, D=dietitian, W=social worker, O=other

Duration of observation period = \_\_\_\_\_ minutes    Number of successful hand hygiene opportunities observed = 4 ←

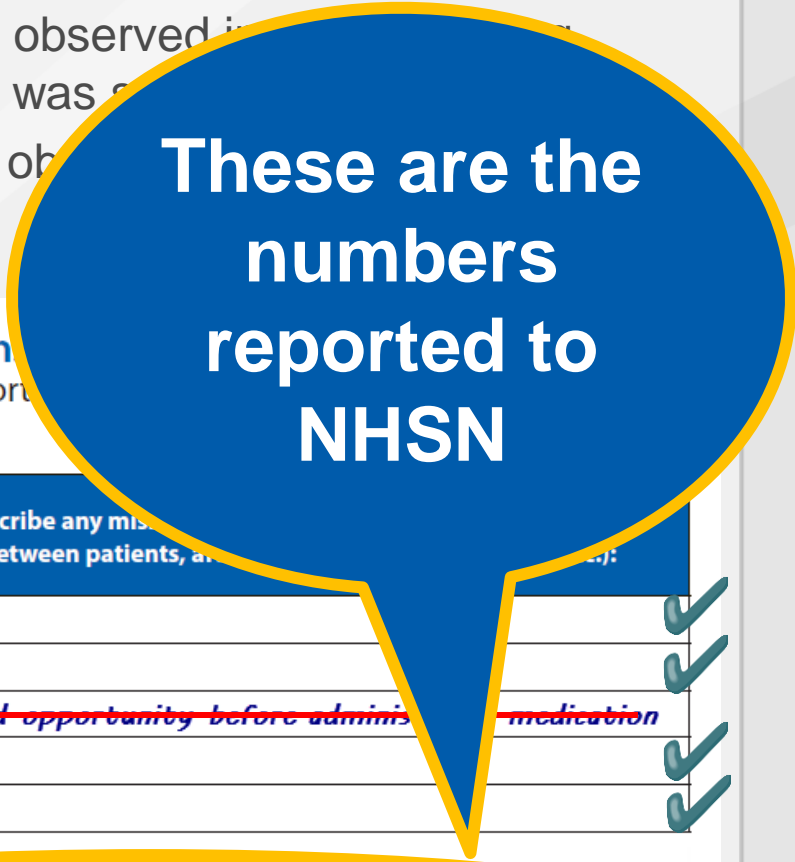
Total number of patients observed during audit = \_\_\_\_\_    Total number of hand hygiene opportunities observed during audit = 5 ←

\*\* See hand hygiene opportunities on back page



# Audit Results Reported to NHSN

- Number of Successful Opportunities: Sum of observed opportunities in which staff hand hygiene was warranted and was successful.
- Total Number Opportunities: Total number of observed opportunities in which staff hand hygiene was warranted.



**Audit Tool: Hemodialysis hand hygiene observation**  
 (Use a "√" for each 'hand hygiene opportunity' observed. Under 'opportunities successful' leave blank if not successful)

	Discipline	Hand hygiene		Describe any missed opportunities between patients, and other staff, if any:
		Hand hygiene opportunity	Opportunity successful	
1	N	√	√	
2	T	√	√	
3	<del>N</del>	<del>√</del>	<del></del>	<del>missed opportunity before administering medication</del>
4	P	√	√	
5	N	√	√	

Discipline: P=physician, N=nurse, T=technician, S=student, D=dietician, SW=social worker, O=other

Duration of observation period = \_\_\_\_\_ minutes. Number of successful hand hygiene opportunities observed = 4

Total number of patients observed during audit = \_\_\_\_\_ Total number of hand hygiene opportunities observed during audit = 5

\*\* See hand hygiene opportunities on back page

# How to Use the Audit Tools: Procedures

- ❑ Each audit includes multiple observations.
  - An observation is the review of a procedure to indicate which steps were performed correctly or incorrectly.
- ❑ If each step of a procedure is observed and correctly performed, the observation is marked a success:

## **Audit Tool: Catheter connection and disconnection observations**

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)

Procedure observed, C=connect D=disconnect	Discipline	Mask worn properly (if required)	Hand hygiene performed	New clean gloves worn	Catheter removed from blood line aseptically (disconnection only)	Catheter hub scrubbed	Hub antiseptic allowed to dry	Catheter connected to blood lines aseptically (connection only)	New caps attached aseptically (after disconnecting)	Gloves removed	Hand hygiene performed
1. C	N	√	√	√		√	Φ	√		√	√
2. D		√	√	√	√	√	√		√	√	√

The first observation (catheter connection) was not successful because hub antiseptic was not allowed to dry.

The second observation (catheter disconnection) was successful because all steps were observed and completed.

# Tallying Procedure Audit Results

- Once all observations have been completed, add the successful observations and note the total number of observations performed:

## **Audit Tool:** Catheter connection and disconnection observations

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)

	Procedure observed, C=connect D=disconnect	Discipline	Mask worn properly (if required)	Hand hygiene performed	New clean gloves worn	Catheter removed from blood line aseptically (disconnection only)	Catheter hub scrubbed	Hub antiseptic allowed to dry	Catheter connected to blood lines aseptically (connection only)	New caps attached aseptically (after disconnecting)	Gloves removed	Hand hygiene performed
1	<del>C</del>	<del>N</del>	<del>√</del>	<del>√</del>	<del>√</del>	<del></del>	<del>√</del>	<del>Φ</del>	<del>√</del>	<del></del>	<del>√</del>	<del>√</del>
2	D	N	√	√	√	√	√	√		√	√	√
3	<del>C</del>	<del>N</del>	<del>Φ</del>	<del>√</del>	<del>√</del>	<del></del>	<del>√</del>	<del>Φ</del>	<del>√</del>	<del></del>	<del>√</del>	<del>√</del>
4	D	N	√	√	√	√	√	√		√	√	√
5	C	T	√	√	√		√	√	√		√	√
6	C	N	√	√	√		√	√	√		√	√
7	C	N	√	√	√		√	√	√		√	√

Discipline: P=physician, N=nurse, T=technician, S=student, O=other

Duration of observation period = \_\_\_\_\_ minutes

Number of procedures performed correctly =

Total number of procedures observed during audit =  $\frac{5}{7}$



# Audit Results Reported to NHSN

- Once all observations have been completed, add the successful observations and not the total number of observations performed:

These are the numbers reported to NHSN

## Audit Tool: Catheter connection and disconnection

(Use a "√" if action performed correctly, a "Φ" if not performed. If no action performed, use "N".)

	Procedure observed, C=connect D=disconnect	Discipline	Mask worn properly (if required)	Hand hygiene performed	New clean gloves worn	Catheter removed from blood line aseptically (disconnection only)	Catheter hub scrubbed					
1	<del>C</del>	<del>N</del>	<del>√</del>	<del>√</del>	<del>√</del>	<del>√</del>	<del>√</del>	<del>Φ</del>	<del>√</del>	<del>√</del>	<del>√</del>	<del>√</del>
2	D	N	√	√	√	√	√	√	√	√	√	√
3	<del>C</del>	<del>N</del>	<del>Φ</del>	<del>√</del>	<del>√</del>	<del>√</del>	<del>√</del>	<del>Φ</del>	<del>√</del>	<del>√</del>	<del>√</del>	<del>√</del>
4	D	N	√	√	√	√	√	√	√	√	√	√
5	C	T	√	√	√		√	√	√	√	√	√
6	C	N	√	√	√		√	√	√	√	√	√
7	C	N	√	√	√		√	√	√	√	√	√

Discipline: P=physician, N=nurse, T=technician, S=student, O=other

Duration of observation period = \_\_\_\_\_ minutes

Number of procedures performed correctly =

5

Total number of procedures observed during audit =

7

**NHSN PREVENTION PROCESS  
MEASURES (PPM) MODULE –  
INFORMATION FOR FACILITIES**

# Prevention Process Measures (PPM) Module

- ❑ How facilities add PPM to Monthly Reporting Plans
- ❑ How facilities report PPM data to NHSN
- ❑ How to interpret NHSN missing/incomplete data alerts
- ❑ How facilities Confer Rights to share data with Groups
  - Differences for QIA vs. non-QIA facilities
- ❑ **Analysis: available reports and percent adherence**

## Facilities Report Audit Results to NHSN

- ❑ Audit results can be reported to NHSN either “in-plan” or “off-plan.”
- ❑ In-plan refers to the selections made on the NHSN Monthly Reporting Plan:
  - By making a selection on the Monthly Reporting Plan, facilities agree to follow the NHSN Protocol for monitoring and reporting of that prevention process measure.
    - [NHSN Dialysis Prevention Process Measures Protocol](#)
  - In-plan reporting requires a minimum number of observations for each audit each month and will generate alerts to remind facility users to report additional data
- ❑ In-plan reporting is suggested for QIA facilities.

# Monthly Reporting Plan: Prevention Process Measures

- ❑ Facilities indicate which audits will be performed during the month by checking the corresponding box(es):
  - By checking the box, the facility agrees to follow the NHSN protocol for monitoring and reporting of that prevention process measure.
  - There are a minimum number of observations for in-plan reporting, specified below each checkbox.

The screenshot displays two sections of the reporting interface. The top section, 'Events', includes a table with columns for 'Locations', 'Dialysis Event (DE)', and 'Central Line Insertion Practice (CLIP)'. The bottom section, 'Prevention Process Measures', includes a table with columns for 'Locations', 'Hand Hygiene (HH)', 'HD Catheter Connection/Disconnection (CATHCON)', 'HD Catheter Exit Site Care (CATHCARE)', 'AV Fistula/Graft Cannulation/Decannulation (FGCANN)', 'Dialysis Station Routine Disinfection (DISINFECT)', and 'Injection Safety (INJSAFE)'. Each measure has a checkbox and a required number of observations in parentheses. A yellow callout box highlights the 'Copy from Previous Month' button in the 'Prevention Process Measures' section.

Locations	Dialysis Event (DE)	Central Line Insertion Practice (CLIP)
OPDIAL — OP DIALYSIS CLINIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Locations	Hand Hygiene (HH)	HD Catheter Connection/Disconnection (CATHCON)	HD Catheter Exit Site Care (CATHCARE)	AV Fistula/Graft Cannulation/Decannulation (FGCANN)	Dialysis Station Routine Disinfection (DISINFECT)	Injection Safety (INJSAFE)
OPDIAL — OP DIALYSIS CLINIC <small>(if checked, required number of observations)</small>	<input checked="" type="checkbox"/> <small>(≥ 30)</small>	<input checked="" type="checkbox"/> <small>(≥ 10)</small>	<input type="checkbox"/> <small>(≥ 5)</small>	<input checked="" type="checkbox"/> <small>(≥ 10)</small>	<input type="checkbox"/> <small>(≥ 10)</small>	<input type="checkbox"/> <small>(≥ 5)</small>

Tip – “Copy from the Previous Month” to make the same selections as before.





# How Facilities Report Audit Results to NHSN

- ❑ From the navigation bar, select “Summary Data,” then “Add.”
- ❑ Select “Prevention Process Measures” from the menu.
- ❑ Click the “Continue” button.

The screenshot shows the NHSN website interface. At the top, the CDC logo is on the left, and the text 'Department of Health and Human Services Centers for Disease Control and Prevention' is on the right. Below this is a navigation bar with 'NHSN - National Healthcare Safety Network' on the left and 'NHSN Home | My Info | Contact us | Help | Log Out' on the right. A left-hand navigation menu is visible, with 'Summary Data' selected and 'Add' highlighted by a yellow arrow. The main content area is titled 'Add Dialysis Summary Data'. It features a 'Summary Data Type:' label followed by a dropdown menu. The dropdown menu is open, showing three options: 'Denominators for Dialysis Event Surveillance - Census Form', 'Outpatient Dialysis - Influenza Vaccination Denominators', and 'Prevention Process Measures', which is highlighted by a yellow arrow. Below the dropdown menu are two buttons: 'Continue' and 'Back', with a yellow arrow pointing to the 'Continue' button.

# Numerators and Denominators

- Facilities report the sum of successful observations and the total number of observations that month on the Prevention Process Measures form in NHSN

<b>Prevention Process Measures</b>	Month*: <input type="text" value=""/>	Numerators	Denominators
	Year*: <input type="text" value=""/>		
		# of Successful Observations	Total # Observations
	Hand Hygiene (HH)	<input type="text" value=""/>	<input type="text" value=""/>
	Hemodialysis Catheter Connection/Disconnection (CATHCON)	<input type="text" value=""/>	<input type="text" value=""/>
	Hemodialysis Catheter Exit Site Care (CATHCARE)	<input type="text" value=""/>	<input type="text" value=""/>
	Arteriovenous Fistula/Graft Cannulation/Decannulation (FGCANN)	<input type="text" value=""/>	<input type="text" value=""/>
	Dialysis Station Routine Disinfection (DISINFECT)	<input type="text" value=""/>	<input type="text" value=""/>
Injection Safety (INJSAFE)	<input type="text" value=""/>	<input type="text" value=""/>	

# Example of Reporting Audit Results to NHSN

C	N	✓	✓	✓		✓	✓	✓		✓	✓
C	N	✓	✓	✓		✓	✓	✓		✓	✓

Discipline: P=physician, N=nurse, T=technician, S=student, C=other  
 Duration of observation period = \_\_\_\_\_ minutes

Number of procedures performed correctly = 5  
 Total number of procedures observed during audit = 7

## Prevention Process Measures

	# of Successful Observations	Total # Observations
Hand Hygiene (HH)	<input type="text"/>	<input type="text"/>
Hemodialysis Catheter Connection/Disconnection (CATHCON)	<input type="text" value="5"/>	<input type="text" value="7"/>
Hemodialysis Catheter Exit Site Care (CATHCARE)	<input type="text"/>	<input type="text"/>
Arteriovenous Fistula/Graft Cannulation/Decannulation (FGCANN)	<input type="text"/>	<input type="text"/>
Dialysis Station Routine Disinfection (DISINFECT)	<input type="text"/>	<input type="text"/>
Injection Safety (INJSAFE)	<input type="text"/>	<input type="text"/>

# Combine Multiple Audits of the Same Type, from the Same Month

C	N	✓	✓	✓		✓	✓	✓		✓	✓
C	N	✓	✓	✓		✓	✓	✓		✓	✓

Discipline: P=physician, N=nurse, T=technician, S=student, O=other.

Duration of observation period = \_\_\_\_\_ minutes

Number of procedures performed correctly =  $\frac{5}{7}$   
 Total number of procedures observed during audit =  $\frac{5}{7}$

D	T	∅	✓	✓	✓	∅	✓		✓	✓	✓
---	---	---	---	---	---	---	---	--	---	---	---

Discipline: P=physician, N=nurse, T=technician, S=student, O=other.

Duration of observation period = \_\_\_\_\_ minutes

Number of procedures performed correctly =  $\frac{2}{4}$   
 Total number of procedures observed during audit =  $\frac{2}{4}$

D	T	✓	✓	✓	✓	✓	∅		✓	✓	✓
---	---	---	---	---	---	---	---	--	---	---	---

Discipline: P=physician, N=nurse, T=technician, S=student, O=other.

Duration of observation period = \_\_\_\_\_ minutes

Number of procedures performed correctly =  $\frac{5}{6}$   
 Total number of procedures observed during audit =  $\frac{5}{6}$

	Observations	# Observations
$\text{Successful Obs.} = 5 + 2 + 5 = 12$ <hr/> $\text{Total Obs.} = 7 + 4 + 6 = 17$	12	17
Arteriovenous Fistula/Graft Cannulation/Decannulation (FGCANN)		
Dialysis Station Routine Disinfection (DISINFECT)		
Injection Safety (INJSAFE)		

# NHSN Action Items and Alerts

- If facilities make a Prevention Process Measure (PPM) selection on the Monthly Reporting Plan, but do not:
  - Report data for it, NHSN will show a *Missing* Summary Data alert
  - Report the minimum number of total observations required by the Protocol, NHSN will show an *Incomplete* Summary Data alert

The screenshot displays the NHSN Dialysis Component Home Page. At the top left is the CDC logo with the text "Department of Health and Human Services" and "Centers for Disease Control and Prevention". Below this is a navigation bar with "NHSN - National Healthcare Safety Network" and links for "NHSN Home", "My Info", "Contact us", "Help", and "Log Out". On the left side, there is a vertical navigation menu with the following items: "NHSN Home", "Alerts", "Reporting Plan", "Patient Event", "Summary Data", "Import/Export", "Analysis", "Surveys", "Users", "Facility Group", and "Log Out". The main content area is titled "NHSN Dialysis Component Home Page" and includes the instruction: "Use the Navigation bar on the left to access the features of the application." Below this, there is a section titled "Action items" with a sub-section "Alerts" that states: "You must complete these items." and lists two alerts: "You have 5 incomplete summary items" and "You have 6 missing summary items".

# Prevention Process Measure Alerts

- **Missing Summary Data alerts can be removed by:**
  - Reporting the additional data required by the Protocol
  - Un-checking the surveillance option from that Monthly Reporting Plan (i.e., making the data “off-plan”)

Incomplete Survey Data	Missing Events	Incomplete Summary Data	Missing Summary Data	
------------------------	----------------	-------------------------	----------------------	--

**The following are missing "in-plan" summary data records.**

To address alerts, report the data or un-check the surveillance option on that Monthly Reporting Plan.

First | Previous | [Next](#) | [Last](#)

Displaying 1 - 4 of 4

<a href="#">Location Code</a>	<a href="#">Month/Year</a> ▼	<a href="#">Summary Data Type</a>	<a href="#">Alert</a>
OPDIAL	02/2015	PPM - AV Fistula/Graft Cannulation/Decannulation	Data not yet reported <a href="#">Add summary</a>
OPDIAL	02/2015	PPM - HD Catheter Connection/Disconnection	Data not yet reported <a href="#">Add summary</a>
OPDIAL	02/2015	PPM - Hand Hygiene	Data not yet reported <a href="#">Add summary</a>
OPDIAL	02/2015	Denominators for Dialysis Event Surveillance	Data not yet reported <a href="#">Add summary</a>

First | Previous | [Next](#) | [Last](#)

Displaying 1 - 4 of 4

# Prevention Process Measure Alerts

- ❑ **Incomplete summary data alerts can be removed by:**
  - Reporting the additional data required by the Protocol
  - Un-checking the surveillance option from that Monthly Reporting Plan (i.e., making the data “off-plan”)
  - Selecting “Dismiss Alert” after the month has ended

Incomplete Survey Data	Missing Events	Incomplete Summary Data	Missing Summary Data	
------------------------	----------------	-------------------------	----------------------	--

First | Previous | Next | Last Displaying 1 - 6 of 6

Location Code	Month/Year	Summary ID	Summary Data Type	Alert	Dismiss Alert
DIALYSIS	12/2014	<a href="#">5548</a>	PPM - Hand Hygiene	30 or more Total Obs. Required	<input type="checkbox"/>
DIALYSIS	12/2014	<a href="#">5548</a>	PPM - HD Catheter Connection/Disconnection	10 or more Total Obs. Required	<input type="checkbox"/>
DIALYSIS	02/2015	<a href="#">5541</a>	PPM - Hand Hygiene	30 or more Total Obs. Required	<input type="checkbox"/>
DIALYSIS	02/2015	<a href="#">5541</a>	PPM - HD Catheter Connection/Disconnection	10 or more Total Obs. Required	<input type="checkbox"/>
DIALYSIS	02/2015	<a href="#">5541</a>	PPM - HD Catheter Exit Site Care	5 or more Total Obs. Required	<input type="checkbox"/>
DIALYSIS	02/2015	<a href="#">5541</a>	PPM - Injection Safety	5 or more Total Obs. Required	<input type="checkbox"/>

First | Previous | Next | Last Displaying 1 - 6 of 6

*Alerts for 02/2015*

# Prevention Process Measure Alerts

- **Incomplete summary data alerts can be removed by:**
  - Reporting the additional data required by the Protocol
  - Un-checking the surveillance option in the Reporting Plan (i.e., making the data “off-”)
  - Selecting “Dismiss Alert” after

**If too few observations were collected and the month has passed, incomplete alerts can be dismissed.**

Incomplete Survey Data	Missing Events	Incomplete Summary Data	Missing Summary Data																																										
<p>First   Previous   Next   Last</p> <table border="1"> <thead> <tr> <th>Location Code</th> <th>Month/Year</th> <th>Summary ID</th> <th>Summary Data Type</th> <th>Alert</th> <th>Dismiss Alert</th> </tr> </thead> <tbody> <tr> <td>DIALYSIS</td> <td>12/2014</td> <td><a href="#">5548</a></td> <td>PPM - Hand Hygiene</td> <td>30 or more Total Obs. Required</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DIALYSIS</td> <td>12/2014</td> <td><a href="#">5548</a></td> <td>PPM - HD Catheter Connection/Disconnection</td> <td>10 or more Total Obs. Required</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DIALYSIS</td> <td>02/2015</td> <td><a href="#">5541</a></td> <td>PPM - Hand Hygiene</td> <td>30 or more Total Obs. Required</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DIALYSIS</td> <td>02/2015</td> <td><a href="#">5541</a></td> <td>PPM - HD Catheter Connection/Disconnection</td> <td>10 or more Total Obs. Required</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DIALYSIS</td> <td>02/2015</td> <td><a href="#">5541</a></td> <td>PPM - HD Catheter Exit Site Care</td> <td>5 or more Total Obs. Required</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DIALYSIS</td> <td>02/2015</td> <td><a href="#">5541</a></td> <td>PPM - Injection Safety</td> <td>5 or more Total Obs. Required</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>First   Previous   Next   Last</p>				Location Code	Month/Year	Summary ID	Summary Data Type	Alert	Dismiss Alert	DIALYSIS	12/2014	<a href="#">5548</a>	PPM - Hand Hygiene	30 or more Total Obs. Required	<input type="checkbox"/>	DIALYSIS	12/2014	<a href="#">5548</a>	PPM - HD Catheter Connection/Disconnection	10 or more Total Obs. Required	<input type="checkbox"/>	DIALYSIS	02/2015	<a href="#">5541</a>	PPM - Hand Hygiene	30 or more Total Obs. Required	<input type="checkbox"/>	DIALYSIS	02/2015	<a href="#">5541</a>	PPM - HD Catheter Connection/Disconnection	10 or more Total Obs. Required	<input type="checkbox"/>	DIALYSIS	02/2015	<a href="#">5541</a>	PPM - HD Catheter Exit Site Care	5 or more Total Obs. Required	<input type="checkbox"/>	DIALYSIS	02/2015	<a href="#">5541</a>	PPM - Injection Safety	5 or more Total Obs. Required	<input type="checkbox"/>
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Alerts for 02/2015



# “Confer Rights” Alert for Facility Users with Administrator Rights



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## NHSN Dialysis Component Home Page

Use the Navigation bar on the left to access the features

### Action items

You must complete these items.

- Confer rights [not accepted](#)
- A survey is required for [2015](#)

### Alerts

- You have [3](#) missing events
- You have [1](#) missing summary item

When Groups request these new data, a Confer Rights alert will display on the facilities' homepage.

# “Confer Rights” Alert for Facility Users with Administrator Rights


- ❑ Facility users should click “not accepted” to see all Groups that have modified their data sharing requests



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## NHSN Dialysis Component Home Page

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

### Action items

#### You must complete these items.

- Confer rights [not accepted](#)
- A survey is required for [2015](#)

#### Alerts

- You have [3](#) missing events
- You have [1](#) missing summary item

# “Confer Rights” Not Accepted List

- ❑ Facility administrative users should click on the Group’s name to view the new request



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## Confer Rights Not Accepted List


Define rights have been changed affecting the Group below. You may accept new rights or leave the group. Click the Group Name to view and accept new rights.

[HELP](#)

Name	Group ID	Status	Status Date
<a href="#">Dialysis Group Example</a>	10691	Not Accepted	Feb 2 2015 1:18PM

# Facilities “Confer Rights” to Share PPM Data with Group(s)

- Facility users should review their Confer Rights screen to see which data the Group is requesting.

- All changes are marked: 


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[Facility](#)  
[Group](#)  
[Log Out](#)

Confer Rights-Dialysis

! Please review the data rights that "Dialysis Group Example" is requesting from your facility:  
 - Verify locations  
 - Press "accept" button to confer rights or [review current rights before accepting new rights](#)

Dialysis

General

View Options

Patient	<input type="radio"/> With All Identifiers <input type="radio"/> Without Any Identifiers <input checked="" type="radio"/> With Specified Identifiers		<input checked="" type="checkbox"/> Gender	<input checked="" type="checkbox"/> DOB	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Race
			<input type="checkbox"/> Medicare #	<input type="checkbox"/> Name	<input type="checkbox"/> SSN	<input type="checkbox"/> Patient ID
Monthly Reporting Plan	<input checked="" type="checkbox"/>					
Data Analysis	<input checked="" type="checkbox"/>					
Facility Information	<input checked="" type="checkbox"/>					

Surveys

Year	Year	Survey Type	N/A
2009	To	Outpatient Dialysis Center Practices Survey	<input type="checkbox"/>

Note: only complete survey data are shared with groups.

Events

Includes Applicable Denominators and "No Events" Indicators

Plan	Month	Year	Month	Year	Event	N/A
(All)		To			DE - Dialysis Event	<input type="checkbox"/>

Location type: (ALL)	Location: Outpatient Hemodialysis Clinic	Other Location Requirements:	Your Locations: 1 selected
----------------------	--	------------------------------	----------------------------

Prevention Process Measures ⚠

Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements	Your Locations	N/A
<span style="color: yellow;">⚠</span> (All)		To			(ALL)	(ALL)	Required for QIA facilities only	1 selected	<input type="checkbox"/>

Process Measures:

- Hand Hygiene - Hemodialysis Catheter Connection/Disconnection - Hemodialysis Catheter Exit Site Care	- Arteriovenous Fistula/Graft Cannulation/Decannulation - Dialysis Station Routine Disinfection - Injection Safety
--	--

Accept
Back

# Facilities “Confer Rights” to Share PPM Data with Groups

- ❑ If the facility agrees to share all data specified on the Confer Rights page, they should scroll to the bottom and click the “Accept” button.


The screenshot shows a web interface for 'Prevention Process Measures'. At the top, there is a title bar with a warning icon. Below it is a filter bar with columns: Plan, Month, Year, Month, Year, Location Type, Location, Other Location Requirements, Your Locations, and N/A. The 'Plan' dropdown is set to '(All)'. The 'Location Type' and 'Location' dropdowns are both set to '(ALL)'. The 'Other Location Requirements' field contains the text 'Required for QIA facilities only'. The 'Your Locations' dropdown shows '1 selected'. Below the filter bar is a section titled 'Process Measures:' containing a list of measures in two columns:



Process Measures:	
- Hand Hygiene	- Arteriovenous Fistula/Graft Cannulation/Decannulation
- Hemodialysis Catheter Connection/Disconnection	- Dialysis Station Routine Disinfection
- Hemodialysis Catheter Exit Site Care	- Injection Safety


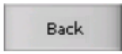
At the bottom of the interface, there are two buttons: 'Accept' and 'Back'. A mouse cursor is pointing at the 'Accept' button.

# Non-QIA Facilities Can Opt Out of Sharing PPM Data with Network Groups

- If the a facility does not agree to share all data specified on the Confer Rights page, they may select “N/A” for the applicable section(s), then scroll to the bottom and click the “Accept” button.

Prevention Process Measures 

Plan	Month	Year	Month	Year	Location Type	Location	Other Location Requirements	Your Locations	N/A
 (All)			To		(ALL)	(ALL)	Required for QIA facilities only	Select options	
Process Measures:									
- Hand Hygiene					- Arteriovenous Fistula/Graft Cannulation/Decannulation				
- Hemodialysis Catheter Connection/Disconnection					- Dialysis Station Routine Disinfection				
- Hemodialysis Catheter Exit Site Care					- Injection Safety				

## New PPM Reports

- ***Scheduled for April 2015*** – Line Listings that calculate percent adherence by month:

For QIA

- Hand Hygiene Percent Adherence
  - HD Catheter Connection/Disconnection Percent Adherence
  - AV Fistula/Graft Cannulation/Decannulation Percent Adherence
  - HD Catheter Exit Site Care Percent Adherence
  - Dialysis Station Routine Disinfection Percent Adherence
  - Injection Safety Percent Adherence
- ***Scheduled for July 2015*** – Line Listing to review what's been reported:
    - All Prevention Process Measures

# Interpreting NHSN PPM Reports

- Percent adherence is calculated by dividing the number of successful observations by the total number of observations and multiplying by 100.

$$\text{Percent Adherence} = \frac{\text{Number of Successful Observations}}{\text{Total Number of Observations}} \times 100$$

Example NHSN Report for HD Catheter Connection/Disconnection

Facility Org ID	Summary Year/ Month	HD Catheter Connection/ Disconnection # of Successful Observations	HD Catheter Connection/ Disconnection Total # of Observations	HD Catheter Connection/ Disconnection Percent Adherence
12345	2015M01	6	10	60.0
12345	2015M02	7	10	70.0
12345	2015M03	8	10	80.0



# Online Reporting Resources

- Resources for PPM reporting are being updated
  - E.g., Protocol, training, etc.

National Healthcare Safety Network (NHSN)

[NHSN](#) > [Materials for Enrolled Facilities](#) > [Outpatient Dialysis Facilities](#)

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## Dialysis Prevention Process Measures

### Resources for Active Dialysis Facility Users

#### Training

- [Prevention Process Measures in Outpatient Dialysis Facilities Training](#) [PDF - 785KB] May 2014 [Top](#)

#### Protocol

- [Dialysis Prevention Process Measures - Hand Hygiene Protocol](#) [PDF - 144 KB] February 2014 [Top](#)

#### Data Collection Forms

- [Hemodialysis Hand Hygiene Observations](#) [PDF - 147 KB]

#### Denominator Form

- [57.504 Dialysis Prevention Process Measure Summary Form](#) [PDF - 37 KB] January 2015
  - [Customizable form](#) [DOCX - 36 KB] January 2015 [Top](#)

#### Supporting Materials

- [WHO 5 Moments for Hand Hygiene in Hemodialysis poster](#) [PDF - 890 KB]
- [CDC Hand Hygiene in Healthcare Settings Resources](#)
- [Other Dialysis Prevention Process Measure Tools](#) [Top](#)

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<a href="#">Surveillance for Dialysis Event</a>
<a href="#">FAQs About Dialysis Event Reporting</a>
<b>► Dialysis Prevention Process Measures</b>
<a href="#">Surveillance for CLIP Adherence</a>
<a href="#">Surveillance for Dialysis Patient Influenza Vaccination</a>
<a href="#">Surveillance for Dialysis Healthcare Personnel Vaccination</a>
<a href="#">Inpatient Rehabilitation Facilities</a>
<a href="#">MDRO &amp; CDI LabID Event Calculator</a>
<a href="#">Ventilator-Associated Event Calculator</a>

<http://www.cdc.gov/nhsn/dialysis/prevention-process-measures.html>

*Thank you!*

**Questions?**

**NHSN Helpdesk: [nhsn@cdc.gov](mailto:nhsn@cdc.gov)**

**Specify “dialysis” in the subject line.**

**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](mailto:cdcinfo@cdc.gov) Web: [www.cdc.gov](http://www.cdc.gov)



# **MONTHLY DATA CHECKS & BIANNUAL SURVEY**

# Review of Monthly Data Check and Bi-Annual Survey Activities for 2015

## □ Monthly Data Checks

- Use the same checklist as used in 2014
- Similar timeframes will be recommended for review
- Once a quarterly CMS freeze date has passed, feel free to discontinue contacting potential outlier facilities from that quarter's data

## □ Bi-Annual Survey

- Based on your feedback, aiming to make changes to streamline the survey
  - Will still administer the survey to the 10 highest and 10 lowest BIS rate facilities
- The same access database and overarching questions will be submitted to CMS
- Similar timeframes will be used in 2015, as in 2014

## Monthly Data Checklist: Timelines to Review Data

Month of review	Month of report to CMS	Recommended reporting months to be reviewed in NHSN
Apr 2015	May 2015	Dec 2014, Jan - Feb 2015
May 2015	Jun 2015	Jan – Mar 2015
Jun 2015	Jul 2015	Jan – Apr 2015
Jul 2015	Aug 2015	Jan – May 2015
Aug 2015	Sep 2015	Jan – Jun 2015
Sep 2015	Oct 2015	Jan – Jul 2015
Oct 2015	Nov 2015	Jan – Aug 2015
Nov 2015	Dec 2015	Jan – Sep 2015

- Include December data during April's review to include 3 months of data
- Include previous months in order to provide additional data points and serve as a reminder if unusual values have not been addressed

# Determine Which Facilities to Survey for Bi-annual Survey Activity

- ❑ Rate Table – Bloodstream Infection Data
- ❑ During May 2015 survey: review data from July 2014 to December 2014
- ❑ During October 2015 survey: review data from January 2015 to June 2015
- ❑ Modify the report to show the specified timeframe and then sort by “All” access type to identify the 10 highest BSI rate facilities and 10 lowest BSI rate facilities
- ❑ If more than 10 facilities are identified in one or both categories
  - Prioritize contact with those facilities with high census
  - In October, prioritize contact with facilities with high census who were not surveyed in May