Instructions for the Completion of the Dialysis Monthly Reporting Plan Form (CDC 57.501)

Data Field	Instructions for Form Completion
Facility ID #	The NHSN-assigned facility ID will auto-populate in this field.
Month/Year	**Required**. Enter the month and year for the surveillance plan being recorded.
Not Participating in NHSN this Month	Optional. Check the "Not Participating in NHSN this Month" box if your facility is not conducting any surveillance in the Dialysis Component for the month, due to one or more of the following circumstances: 1. The facility is closed or non-operational for the month 2. No Dialysis Component surveillance will be conducted in the facility for other reasons 3. The facility will not be adhering to any of the NHSN Dialysis Component Protocols for the month
Events	
Location	**Required**. From the drop-down menu, select both location options below to indicate that you plan to collect Dialysis Event (DE) and corresponding summary (denominator) data. • Outpatient Hemodialysis Clinic (OUT: NONACUTE: CLINIC: DIAL) • Outpatient Hemodialysis Clinic-Acute Kidney Injury (OUT: NONACUTE: CLINIC: DIAL_AKI) Monthly reporting plans can be created in January for the months of January – April with the "DE" box checked for both the Outpatient Hemodialysis Clinic and Outpatient Hemodialysis Clinic – Acute Kidney Injury locations. After the Outpatient Dialysis Center Practices Survey is submitted in February, monthly reporting plans can be created for the months of May – December with the "DE" box checked for both locations. Patients with Acute Kidney Injury (AKI) are defined by the following criteria: 1. No diagnosis of "End Stage Renal Disease' or "ESRD" in the patient medical record, or through the ESRD Medical Evidence Form (Form CMS-2728-U3), <u>AND</u> 2. Physician-diagnosis of "Acute Kidney Injury" or "AKI" listed in the patient medical record (e.g., nephrologist consult or referral form," <u>AND</u> 3. No more than 6 months has passed since the patient initiated outpatient hemodialysis.
Dialysis Event (DE)	Optional. Check this box if you plan to collect dialysis event (DE) data and corresponding summary (denominator) data as described by the Dialysis Event Protocol.

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	Once you select the location from the drop-down menu, the DE box will check automatically to indicate that you plan to collect DE data and corresponding summary (denominator) data for the dialysis location specified. Select "Copy from Previous Month" to automatically populate the section with last month's selections. To clear <u>all</u> selections in this section, select "Clear All Rows."
Central Line Insertion Practice (CLIP)	Optional. Check this box if you plan to collect Central Line Insertion Practice (CLIP) data for the location specified, as described by the CLIP Protocol. To follow the same data collection plan from the previous month for DE and/or CLIP, select "Copy from Previous Month" to automatically populate the section with last month's selections. To clear <u>all</u> selections in this section, select "Clear All Rows."
Prevention Process Measures	
Location	Select your outpatient hemodialysis clinic reporting location from the drop-down menu to indicate that you plan to collect Prevention Process Measures (PPM) data for outpatient dialysis location specified.
Hand Hygiene (HH)	Optional. Check this box if you plan to collect Hand Hygiene (HH) observation data for the location specified, as described by the Prevention Process Measures Protocol. To follow the same data collection plan from the previous month for <u>all</u> Prevention Process Measures, select "Copy from Previous Month" to automatically populate the section with last month's selections. To clear <u>all</u> selections in this section, select "Clear All Rows."
Hemodialysis Catheter Connection/Disconnection (CATHCON)	Optional. Check this box if you plan to collect Hemodialysis Catheter Connection/Disconnection (CATHCON) observation data for the location specified, as described by the Prevention Process Measures Protocol. To follow the same data collection plan from the previous month for <u>all</u> Prevention Process Measures, select "Copy from Previous Month" to automatically populate the section with last month's selections. To clear <u>all</u> selections in this section, select "Clear All Rows."
Hemodialysis Catheter Exit Site Care (CATHCARE)	Optional. Check this box if you plan to collect Hemodialysis Catheter Exit Site Care (CATHCARE) observation data for the location specified, as described by the Prevention Process Measures Protocol.

Data Field	Instructions for Form Completion
	To follow the same data collection plan from the previous month for all Prevention Process Measures, select "Copy from Previous Month" to automatically populate the section with last month's selections. To clear all selections in this section, select "Clear All Rows."
Arteriovenous Fistula and Graft Cannulation/Decannulation (FGCANN)	Optional. Check this box if you plan to collect Arteriovenous Fistula and Graft Cannulation/Decannulation (FGCANN) observation data for the location specified, as described by the Prevention Process Measures Protocol. To follow the same data collection plan from the previous month for all Prevention Process Measures, select "Copy from Previous Month" to automatically populate the section with last month's selections. To clear all selections in this section, select "Clear All Rows."
Dialysis Station Routine Disinfection (DISINFECT)	Optional. Check this box if you plan to collect Dialysis Station Routine Disinfection (DISINFECT) observation data for the location specified, as described by the Prevention Process Measures Protocol. To follow the same data collection plan from the previous month for all Prevention Process Measures, select "Copy from Previous Month" to automatically populate the section with last month's selections. To clear all selections in this section, select "Clear All Rows."
Injection Safety (INJSAFE)	Optional. Check this box if you plan to collect Injection Safety (INJSAFE) observation data, which includes both Injectable Medication Preparation and Injectable Medication Administration observations, for the location specified, as described by the Prevention Process Measures Protocol. To follow the same data collection plan from the previous month for all Prevention Process Measures, select "Copy from Previous Month" to automatically populate the section with last month's selections. To clear all selections in this section, select "Clear All Rows."
Patient Vaccination	
FLUVAXDP – Influenza Vaccination Dialysis Patient	Optional. Check this box if you plan to collect Influenza Vaccination of Dialysis Patients (FLUVAXDP) data, as described by the Influenza Vaccination of Dialysis Patient Protocol. If you wish to follow the data collection plan from the previous month, select "Copy from Previous Month." The FLUVAXDP monitoring plan selected in the previous month will automatically populate the field.