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**Validation of National Healthcare Safety Network
Dialysis Event Data – Georgia 2015**

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Background: 370,000 people in the United States rely on hemodialysis care and are at risk for developing serious infections due to repeated bloodstream access. Outpatient hemodialysis facilities in Georgia are required to report three types of dialysis event (DE) data monthly to the National Healthcare Safety Network (NHSN): intravenous antimicrobial starts (AMX), positive blood cultures (PBC), and pus, redness, or increased swelling at vascular access site (PRS). Facilities must also report denominator data monthly, which counts patients by vascular access type with the highest infection risk. We investigated to validate reporting of DE data and identify barriers. Methods: We reviewed patient records during January 1–June 30, 2015, from 30 facilities in the Atlanta metropolitan area; 16 facilities were randomly selected, and 14 facilities were selected due to potential under-reporting, which included high catheter utilization rates and few PBCs, or no reported DEs. At each site up to 30 patient records were reviewed to identify DEs. A concordance check was performed to classify each event as either correctly, under-, or over-reported. We surveyed staff members responsible for NHSN DE data collection to evaluate surveillance knowledge and practices. Results: We reviewed 876 patient records and identified 315 DEs including 177 (56%) AMX, 51 (16%) PBC, and 87 (28%) PRS events. Twenty percent (35) of AMX events were under-reported and 11% (20) were over-reported; 29% (15) of PBC events were under-reported and 12% (6) were over-reported; and 70% (61) of PRS events were under-reported and 17% (15) were over-reported. Among 28 staff members, common reporting issues identified through the survey included: incorrect reporting of patient vascular access for monthly denominator (15, 21%); unable to identify at least one NHSN-defined DE (11, 15%); unaware of the 21-day rule (9, 13%). Conclusions: The need for improvement in reporting was documented among all types of DEs. All facilities should have a strong working knowledge of the CDC's Dialysis Event Protocol. Consistent and accurate documentation of DE's can help facilities detect problems, identify trends, evaluate infection prevention activities, and engage staff in quality improvement.

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