Network Data Quality Checklist

Denominator data review

Objective: Identify facilities where the dialysis event protocol reporting instructions for reporting denominator data may not have been followed.

1. **Identify facilities with errors in denominator data collection and reporting**
   Step 1: Create the "Line Listing – All DE Denominators".
   Step 2: Choose a date range. We recommend including at least 3 months of data.
   Consider exporting the output data set into Excel and employ conditional formatting, graphing of the data, or any other method which will assist with visualizing unusual values.
   Step 3: Examine the overall census over time. Identify any facilities with unusual changes in census data from month to month.
   For example, Facility A reported 26 patients in January, 30 patients in February and 82 patients in March. This facility would be identified due to the unusual change in census between February and March.
   Step 4: Follow up with facilities to correct data errors.

2. **Identify facilities with unusual monthly denominator values for specific vascular access types**
   Step 1: Create the "Line Listing – All DE Denominators".
   Step 2: Choose a date range. We recommend including at least 3 months of data.
   Step 3: Examine the census by access type over time. We suggest looking at the percentage of patient-months reported under each access type monthly.
   Consider sorting the data by each access type and identify any facilities with unusually high or low values, from month to month, or when compared to other facilities. Keep in mind the denominator reflects patients' highest infection-risk access. A facility with a large census and >65% AVF might be identified as having an unusually high AVF percentage.
   Step 4: Follow up with facilities to correct data errors.

Numerator data review

Objective: Identify potential under-reporting of dialysis events and a need for education in the dialysis event definitions.

3. **Identify facilities that have checked the report no events boxes for >=3 consecutive months**
   Step 1: Create the "Line Listing – All DE Denominators".
   Step 2: Choose a date range including at least 3 consecutive months of data.
   Step 3: Identify facilities that have reported "noEventDE" = Y for the time period.
   Step 4: Follow up with facilities to correct data errors.

4. **Identify facilities with potentially erroneous BSI rates**
   Step 1: Create the "Line Listing – Frequency of Dialysis Events" and the "Line Listing – All DE Denominators".
   Step 2: Choose a date range. We recommend including at least 3 months of data.
   Step 3: Use the "Line Listing – All DE Denominators" to create the % of patient-months where patient had "any CVC" and sort in descending order to manually pull out the top 25% of facilities.
   - Next, use the "Line Listing – Frequency of Dialysis Events" to examine those facilities' frequency of reported BSIs and identify any with 0 BSI reported for 3 (or more) consecutive months.
   Step 4: Follow up with facilities to correct data errors.