Instructions for Completion of HDE Forms

Please refer to the table below for instructions on each VICNISS data field.

HAEMODIALYSIS EVENT (DENOMINATOR)

Record the number of haemodialysis outpatients who received haemodialysis at your centre on the first two working days of the month on a web form. Count each patient only once. If a patient has both an implanted access (graft or fistula) and a catheter, count the patient as having the catheter.

Data Field	Instructions for Data Collection
Hospital Code Number	Enter the VICNISS assigned hospital code number.
For Month of	Enter the name of the month during which the surveillance data was collected.
Year	Enter the year during which the surveillance data was collected
Arteriovenous Fistula	Record the number of patients that have an ateriovenous fistula created from their own blood vessels on the first two working days of the month.
Arteriovenous Graft	Record the number of patients that have an ateriovenous graft constructed from synthetic materials on the first two working days of the month.
Tunneled Central Line	Record the number of patients that have a tunneled central line e.g., permcath on the first two working days of the month.
Nontunneled Central Line	Record the number of patients that have a nontunneled central line on the first two working days of the month.
Total Patients (sum of all patients listed above)	Enter the total number of haemodialysis patients regardless of the type of vascular access on the first two days of the working month. Sum of all patients with fistula, graft and central lines (tunneled & nontunneled).

HAEMODIALYSIS EVENT (NUMERATOR)

A web form is to be completed for each haemodialysis event.

Data Field	Instructions for Data Collection
Hospital Code Number	Enter the VICNISS assigned hospital code number.
MRN (UR No.)	Enter the patient UR Number. This is the alphanumeric patient identifier assigned by the hospital and may consist of a combination of numbers, letters, spaces, dashes or leading zeroes, e.g., 000-123-A.
Sex	Select male or female to indicate the gender of the patient.
DOB	Enter the date of the patient's birth using this format: day/month/year (DD/MM/YYYY).

Data Field	Instructions for Data Collection
Vascular Access	Select **all** vascular accesses (haemodialysis only) that the patient has from the picklist:
1. Ateriovenous Fistula	Select if the patient has an AV fistula created from their own blood vessels.
Access technique: Buttonhole or Rope ladder	If AV fistula insitu indicate technique used to access fistula by selecting buttonhole or rope-ladder
2. Ateriovenous Graft	Select if the patient has an AV graft often constructed from synthetic materials.
Access technique: Buttonhole or Rope ladder	If AV graft insitu indicate technique used to access fistula by selecting buttonhole or rope-ladder
3. Tunneled Central Line	Select if the patient has a tunneled central line eg. Permcath.
Date of insertion:	Enter the date the tunneled central line was inserted. If date unknown, select Date not Available.
4. Nontunneled Central Line	Select if the patient has a nontunneled central line.
Date of insertion:	Enter the date the non-tunneled central line was inserted. If date unknown, select Date not Available.
Date of Event	Enter date of this event using this format: DD/MM/YYYY Date depends on event type: • For IV antimicrobial starts, enter the date the IV antimicrobial was started. • For positive blood cultures, enter the date the blood specimen was collected. • For pus, redness, or increased swelling at the vascular access site, enter the date of symptom onset
Event Type	Select one or more of the events from the pick list:
IV antimicrobial start	Select if patient is given (started) any IV antimicrobial agents as an outpatient for any reason: not only IV vancomycin starts and not only for vascular access problems. There must be 21or more days from the end of the first IV antimicrobial start to the beginning of a second IV antimicrobial start for two starts to be considered separate dialysis events. • If IV antimicrobials are stopped for less than 21 days and then restarted, the second start is NOT considered a new Haemodialysis event • If IV antimicrobials are stopped for 21 days or more and then restarted, this is considered a new event
Was IV vancomycin started?	If IV antimicrobial started, select Yes if the IV antimicrobial was vancomycin, otherwise select No.
Positive blood culture	Select if the patients blood culture is positive, even if it is thought to be unrelated to the vascular access. Include all positive blood cultures taken as an outpatient or within 1 calendar day after a hospital admission. Two positive blood cultures, based on the dates the blood samples were collected, must be 21 or more days apart to be considered separate positive blood culture dialysis events. Use the most recent positive blood culture when applying the 21 day rule. If positive blood cultures occur less than 21 days apart, based on the blood sample collection dates, the second positive blood culture is NOT considered a new dialysis event.
What was the suspected source of the positive blood culture?	Select the suspected source of the positive blood culture:

Data Field	Instructions for Data Collection
Vascular access	Select if there is objective evidence of vascular access infection and the vascular access is thought to be the source of the positive blood culture.
Source other than the vascular access	Select if either (a) or (b) is true: a) a culture from another site (e.g., infected leg wound, urine) shows the same organism found in the blood and is thought to be the source of the positive blood culture b) there is clinical evidence of infection at another site and the other site is thought to be the source of the positive blood culture, but the site was not sampled for culture
Contamination	Select if the organism isolated from the blood culture is thought by the physician, infection control professional, or nurse manager to be a contaminant. Contamination is more likely if the organism is a common commensal and is isolated from only one blood culture. Examples of some common comensals include: diphtheroids [Corynebacterium spp.], Bacillus [not B. anthracis] spp., Propionibacterium spp., coagulase-negative staphylococci [including S. epidermidis], viridans group streptococci, Aerococcus spp., Micrococcus spp.
Uncertain	Choose uncertain only if there is insufficient evidence to decide among the three previous categories
Pus, redness, or increased swelling at vascular access site	Select if the patient has onset of pus, or greater than expected redness or swelling at a vascular access site.
Which vascular site was affected	According to the picklist, select which vascular access site has pus, redness or increased swelling: arteriovenous fistula, arteriovenous graft, tunneled central line or nontunneled central line.
Was a surface swab collected	Select Yes if vascular access site surface swab was collected, otherwise select No.
If Yes, was an organism identified	Select Yes if organism identified from surface swab, otherwise select No. Specify organism details in Pathogen & Antimicrobial Susceptibility (below).
Problems Related to Event	For each event select all that are present:
Fever ≥ 37.8 °C (oral)	Select if fever ≥ 37.8ºC oral is present.
Chills or rigors	Select if chills or rigors are present.
Abnormal drop in blood pressure	Select if abnormal drop in blood pressure is present.
Wound (not related to vascular access) with pus or increased redness	Select if a wound that is unrelated to the vascular access site has pus or increased redness.
Cellulitis	Select if cellulitis is present at a site other than the vascular access and without open wound.
Pneumonia or respiratory infection	Select if pneumonia or respiratory infection is present.
Urine culture with >100,000 organisms/ml with not more than 2 species isolated	Select if patient had a urine culture with >100,000 organisms/ml with not more than 2 species isolated. If the patient is thought to have a urinary tract infection but does not meet the criteria select “other” and specify “possible UTI”.
Endocarditis (proven or suspected)	Select if the patient had proven or suspected endocarditis (patient prescribed appropriate antimicrobial therapy for at least 28 days).

Data Field	Instructions for Data Collection
Other (specify)	Record any other specific problem related to the event that does not meet the criteria or is not specified in the above picklist.
Nil	Select if no other specific problems were related to the event
Outcome (related to the event)	For each haemodialysis event complete this picklist:
Hospitalisation	Select Yes if the patient was hospitalised related to the event or problem. Select No if patient was not hospitalised. Select Unknown if uncertain about whether or not the patient was hospitalised. .
Death	Select Yes if the patient died related to the event or problem. Select No if patient did not die. Select Unknown if uncertain about whether or not the patient died.
Site of Pathogen	Indicate the site where the pathogenic organism was cultured.
Blood Culture	Select if pathogen was cultured from blood culture.
Name of Pathogen	Enter the name of the pathogenic organism isolated in blood culture
Surface swab (vascular access site)	Select if pathogen was cultured from surface swab of vascular access site.
Name of Pathogen	Enter the name of the pathogenic organism isolated in surface swab of vascular access site
Antimicrobial Susceptibility	If pathogen was *Coagulase negative staph., Enterococcus faecalis, Enterococcus faecium, Staphylococcus aureus, Acinetobacter spp., Enterobacter spp., E. coli, K. oxytoca, K. pneumonia, P. aeruginosa, S. marcescens or S. maltophilia* enter antimicrobial susceptibility according to the picklist. For each antibiotic listed enter the susceptibility – sensitive, resisitant, intermediate or unknown. If pathogen is not listed antimicrobial susceptibility is not required.