Dialysis Assessment and Response Tool (DART) for Infection Prevention and Control

Section 1: Facility Characteristics/Demographics and Infection Prevention and Control (IPC) Infrastructure

Outpatient Hemodialysis

Facility Demographics and Infection Prevention and Control (IPC) Infrastructure:

Date of Assessment: _____

If there have been previous assessments at the facility by the health department or others (e.g., CMS, accreditation organizations), review or ask about prior findings, including dates of the assessments, to identify areas warranting follow-up.

Facility Name: _____

State/Territory: _____ **County and Zip Code:** _____

State/Territory-assigned Unique ID: _____ **End Stage Renal Disease (ESRD) Network Number:** _____

Facility type: ☐ Outpatient Hemodialisys ☐ Other *(specify):* _____

NHSN Facility Organization ID (if applicable): _____

CMS Facility ID (i.e., CCN) (if applicable): _____

Type of Assessment: ☐ On-site ☐ Other *(specify)*: _____

Facility Respondent Name(s) and Job Title(s): _____

Rationale for assessment:

☐ Requested by facility

☐ Requested by accrediting agency/ licensing organization

☐ Requested by state or local health department

☐ Input from ESRD Network

☐ HAI prevention focused:

- ☐ BSI
- ☐ Other *(specify):* _____

☐ Prevention collaborative *(specify partners)*: _____

☐ Outbreak *(specify)*: _____

☐ Other *(specify)*: _____

1. **Are technicians (CCHT, PCT, CHT) and/or LPN/LVN staff legally able to perform these activities?**

Administer injectable medications (i.e., saline, heparin)

Technicians: ◯ Yes ◯ No

Licensed Practical Nurses/Licensed Vocational Nurses: ◯ Yes ◯ No

Manipulate central venous catheters (i.e., perform catheter exit site care)

Technicians: ◯ Yes ◯ No

Licensed Practical Nurses/Licensed Vocational Nurses: ◯ Yes ◯ No

Access central venous catheters (i.e., connect/disconnect catheters from the machine for treatment)

Technicians: ◯ Yes ◯ No

Licensed Practical Nurses/Licensed Vocational Nurses: ◯ Yes ◯ No

2. List products used for cleaning and disinfection of environmental surfaces and non-critical patient/resident care equipment in the facility.

Name and EPA registration number(s) for product(s) used in patient stations/treatment floor:

Name and EPA registration number(s) for product(s) used in common areas/waiting area:

Name and EPA registration number(s) for product(s) used on non-critical patient/patient care equipment (e.g., thermometer, blood glucose meter):

3. Does the facility have access to onsite IPC expertise?

Note: Full time equivalent (FTE) is intended to identify individuals who work onsite or provide IP oversight at the hemodialysis facility, and what proportion of their time is dedicated to IPC activities.

Example: The facility has one person who spends 25% of their time on IPC activities and the rest of their time on direct patient care. This would be recorded as 0.25 FTE dedicated to IPC activities.

- ◯ Yes *(specify who this person is):*
- ◯ No
- ◯ Unknown
- ◯ Not assessed

3a. If Yes, what is the number of FTEs dedicated to IPC activities in this facility:

3b. If Yes, does the person(s) working onsite with IPC expertise at the facility hold a nationally recognized credential in infection control (e.g., a-IPC, CIC, LTC-CIP, BCIDP)?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

*Note: Lack of certification does not mean that an individual does not have IPC expertise.

☐ Describe their qualification(s) (e.g., specialized training):

3c. If Yes, what additional duties are performed by this individual within the facility? *(select all that apply)*

- ☐ Occupational Health
- ☐ Direct patient care (i.e., PCT, RN)
- ☐ Education of personnel
- ☐ Safety officer
- ☐ Facility Administration (e.g., facility manager)
- ☐ Social Worker
- ☐ Dietician
- ☐ Water monitoring
- ☐ Dialysis machine maintenance (i.e., biomedical)
- ☐ Other *(specify)*:

Notes:

4. Does the facility have access to offsite IPC expertise?

Note: This is intended to identify individuals who do not work primarily onsite at the facility but might provide IPC support on a contractual or part-time basis.
If a full-time equivalent cannot be determined, the level of support should be described in the notes.

- ◯ Yes *(specify who this person is):*
- ◯ No
- ◯ Unknown
- ◯ Not assessed

4a. If Yes, what is the number of FTEs dedicated to IPC activities for this facility: _____

4b. If Yes, does the person(s) with IPC expertise hold a nationally recognized credential in infection control (e.g., a-IPC, CIC, LTC-CIP, BCIDP)?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

*Note: Lack of certification does not mean that an individual does not have IPC expertise.

☐ Describe their qualification(s) (e.g., specialized training):

_____

Notes:

5. Does the facility perform an annual facility infection risk assessment that evaluates and prioritizes potential risks for infections, contamination, and exposures and the program's preparedness to eliminate or mitigate such risks?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

6. Who is part of the Quality Assessment and Performance Improvement (QAPI) committee? *(select all that apply)*

Note: IPC issues often impact multiple areas of the facility. An interdisciplinary committee, including facility leadership (e.g., medical director, facility administrator), is needed to allocate resources and successfully implement long-term solutions.

- ☐ Medical director
- ☐ Registered nurse(s)
- ☐ Patient care technician(s)
- ☐ Facility administrator
- ☐ Social worker(s)
- ☐ Dietician(s)
- ☐ Biomedical technician(s)
- ☐ Other *(specify)*: _____

6a. How often does the QAPI committee meet?

- ◯ Monthly
- ◯ Quarterly
- ◯ Unknown
- ◯ Not assessed
- ◯ Other *(specify)*: _____

6b. Does the QAPI committee review the following *(select all that apply)*:

- ☐ All patient infections
- ☐ All adverse patient events
- ☐ Surveillance/Infection rates from NHSN
- ☐ Water/dialysate microbiological testing results
- ☐ Other *(specify)*: _____
- ☐ Unknown
- ☐ Not assessed

6c. Are results of the QAPI committee meetings shared with frontline clinical staff?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

7. Are written infection control policies and procedures available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards?

Note: Facilities should have a schedule to regularly review policies and procedures to ensure they are current.

At a minimum, updates should be made when new evidence-based guidance is published and if the scope of care delivered changes (e.g., new equipment is introduced, or new procedures are performed)

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

7a. If Yes, how frequently are policies and procedures reviewed and updated? *(select all that apply)*

- ☐ Annually
- ☐ Every 3 years
- ☐ Unknown
- ☐ Not assessed
- ☐ As needed when new guidelines or evidence is published (e.g., via subscription with a publisher)
- ☐ Other *(specify)*: _____

Facility Demographics: Outpatient Hemodialysis

8. Is the facility licensed by the state?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

9. Is the facility certified by the Centers for Medicare & Medicaid Services (CMS)?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

10. Is the facility accredited?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

10a. If Yes, specify:

The accreditation organization:

- ◯ Accreditation Commission for Health Care (ACHC)
- ◯ National Dialysis Accreditation Commission (NDAC)
- ◯ Other *(specify)*: _____

10b. If Yes, what is the date of the last survey (month/year): _____

11. Is the facility owned &/or managed by a hospital?

- ◯ Yes, the facility is located on a hospital campus
- ◯ Yes, the facility is located off of a hospital campus
- ◯ No
- ◯ Unknown
- ◯ Not assessed

12. Is the facility owned &/or managed by a dialysis chain (i.e., a multi-facility organization)?

- ◯ Yes, DaVita
- ◯ Yes, Fresenius
- ◯ Yes, Dialysis Clinic, Inc. (DCI)
- ◯ Yes, Other *(specify)*: _____
- ◯ No
- ◯ Unknown
- ◯ Not assessed

13. Which services are performed by the facility? *(select all that apply)*

- ☐ Adult in-center hemodialysis (HD)
- ☐ Pediatric in-center hemodialysis
- ☐ In-center nocturnal hemodialysis
- ☐ Hemodialysis in ALF, SNF, or LTCF
- ☐ Peritoneal dialysis in ALF, SNF, or LTCF
- ☐ Inpatient hemodialysis (in addition to outpatient hemodialysis)
- ☐ Other *(specify)*: _____
- ☐ Home hemodialysis training and support
- ☐ Home peritoneal dialysis (PD) training and support

14. Is the facility located within an assisted living facility (ALF), skilled nursing facility (SNF) or other long-term care facility (LTCF)?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

14a. If Yes, check the location(s) where hemodialysis is provided at this facility *(select all that apply)*:

- ☐ In the resident room
- ☐ Dedicated, leased hemodialysis space within the facility (dedicated hemodialysis unit within the facility; typically have a water room)
- ☐ Dialysis Den (converted/retrofitted room within the facility for care of multiple hemodialysis patients simultaneously; typically do not have a water room)
- ☐ Building attached to the facility (qualifies as an outpatient hemodialysis facility)

14b. If Yes, how is hemodialysis staffing provided to the residents *(select all that apply)*?

- ☐ Staffing is provided by a contracted dialysis company
- ☐ Staffing is provided by the LTCF, but training is provided by a contracted dialysis company
- ☐ Staffing is provided by another entity *(specify)*: _____
- ☐ N/A

14c. If Yes, how many other facilities does the overseeing dialysis company contract with?

☐ N/A

# of ALFs, SNFs, and other LTCFs where hemodialysis (HD) is provided/contracted = _____

Total # of residents receiving HD within all contracted facilities = _____

# of ALFs, SNFs, and LTCFs where peritoneal dialysis (PD) is provided/contracted = _____

Total # of residents receiving PD within all contracted facilities = _____

15. Please list the facility census for the first 2 working days of this month by modality:

In-center hemodialysis: _____

In-center nocturnal hemodialysis: _____

In-center peritoneal dialysis: _____

Home hemodialysis: _____

Home peritoneal dialysis: _____

16. What is the number of approved in-center dialysis stations in the facility?

Regular stations: _____ Isolation stations: _____

16a. If the facility has isolation station(s), does the facility have an HBV+ patient on the census?

- ◯ Yes
- ◯ No

17. Typical facility schedule times:

Monday / Wednesday / Friday

Approximate changeover time = _____

Opening time = _____ 1st patient start time = _____

Last patient start time = _____ Closing time = _____

Tuesday / Thursday / Saturday

Approximate changeover time = _____

Opening time = _____ 1st patient start time = _____

Last patient start time = _____ Closing time = _____

18. Staffing (List # of full-time equivalents)

Registered Nurse(s) = _____ Certified Patient Care Technician(s) (PCTs)= _____

Non-Certified Patient Care Technician(s) = _____ LPN/LVN(s) = _____

Technical Staff (water, machine) = _____ Other clinical staff = _____

19. Is the facility participating in an ESRD Network Healthcare-Associated Infection (HAI) Quality Improvement Project?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed
- ◯ If Yes, *(specify)*: _____

20. Is the facility a member of the CDC's Making Dialysis Safer for Patients Coalition?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

Surveillance: Outpatient Hemodialysis

21. Does the facility have access to patients' electronic medical records when they are hospitalized?

- ◯ Yes, at some hospitals
- ◯ Yes, at all hospitals
- ◯ No

22. Who is responsible for reporting dialysis events into NHSN for the facility?

- ◯ A staff person working within the facility
- ◯ Regional IP staff
- ◯ Corporate office
- ◯ N/A, facility does not report to NHSN

22a. *If regional IP staff or corporate office,* does someone in the facility receive the NHSN data specific to their facility?

- ◯ Yes
- ◯ No
- ◯ N/A, data are not reported to NHSN

22b. If Yes, is the NHSN data (i.e., BSI rate, SIR) shared with front-line clinical staff?

- ◯ Yes
- ◯ No
- ◯ N/A, data are not reported to NHSN