**Home Dialysis Center Practice Survey**

Complete this survey as described in the [Dialysis Event Protocol.](https://www.cdc.gov/nhsn/pdfs/pscmanual/8pscdialysiseventcurrent.pdf)

**Instructions:** This survey is only for dialysis centers that do not provide in-center hemodialysis. If your center performs in-center hemodialysis, please complete the Outpatient Dialysis Center Practices Survey. Complete one survey per center. Surveys are completed for the current year. It is strongly recommended that the survey is completed in February of each year by someone who works in the center and is familiar with current practices within the center. Complete the survey based on the actual practices at the center, not necessarily the center policy, if there are differences. Please submit your responses to the questions in this survey electronically by logging into your NHSN facility.

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| \*required to Save as Complete | | |
| \*Facility ID #: | | \*Survey Year: |
| \*ESRD Network #: | | |
| **Dialysis Center Information** | | |
| \*1. | What is the ownership of your dialysis center? (choose one)   Government  Not for profit  For profit | |
| \*2. | What is the location/hospital affiliation of your dialysis center? (choose one)   Freestanding  Hospital based   Freestanding but owned by a hospital | |
| \*3. | Is your facility accredited by an organization other than CMS?  Yes  No   1. If yes, specify (choose one)    National Dialysis Accreditation Commission (NDAC)   Accreditation Commission for Health Care (ACHC)   Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*4. | a. What types of dialysis services does your center offer (both certified and non-certified)? (select all that apply):   Home Peritoneal Dialysis  Home Hemodialysis    b. What patient population does your center serve? (select one)   Adult only  Pediatric only  Mixed: adult and pediatric | |
| \*5. | Is your center part of a group or chain of dialysis centers?  Yes  No   1. If yes, what is the name of the group or chain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*6. | Do you (the person primarily responsible for completing this survey) perform patient care in the dialysis center or in the homes of patients cared for by this center?   Yes  No | |
| \*7 | In the past year, has your clinic been cited for infection control breaches in a state/certification/recertification survey?   Yes  No | |
| \*8.  8a. | Does your center provide dialysis services within long-term care facilities (e.g., staff-assisted dialysis in nursing homes or skilled nursing facilities; not long-term acute care hospitals)?   Yes  No  If yes, what types of dialysis services are provided within long-term care facilities? (check all that apply):   HD in LTC  PD in LTC | |
| **Surveillance** | | |
| \*9. | If a patient from your center was hospitalized, how often is your center able to determine if a bloodstream infection contributed to their hospital admission?   Always  Often  Sometimes  Rarely  Never   N/A – not pursued | |
| \*10. | How often is your center able to obtain a patient’s microbiology lab records from a hospitalization?   Always  Often  Sometimes  Rarely  Never   N/A – not pursued | |
| \*11. | Was your center operational during the first week of February (2/1 through 2/7)?   Yes  No | |
| \*12. | How many MAINTENANCE, NON-TRANSIENT ESRD and AKI PATIENTS were assigned to your center during the first week of February (2/1 through 2/7)? \_\_\_\_\_\_\_\_  Of these, indicate the number who received:  a. Home Hemodialysis: \_\_\_\_\_\_\_\_  b. Peritoneal Dialysis: \_\_\_\_\_\_\_\_\_ | |
| 13. | Based on the number of patients that treated in the first week of February (2/1 through 2/7), please indicate the number of patients per Race:   1. American Indian/Alaska Native: \_\_\_\_\_\_\_\_\_\_ 2. Black or African American: \_\_\_\_\_\_\_\_\_\_\_\_ 3. Asian: \_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Native Hawaiian/Other Pacific Islander: \_\_\_\_\_\_\_\_\_\_\_\_ 5. White: \_\_\_\_\_\_\_\_\_\_\_\_\_ 6. More than one Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Unknown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Declined to response: \_\_\_\_\_\_\_\_\_\_\_ | |
| 14. | Based on the number of patients that treated in the first week of February (2/1 through 2/7), please indicate the number of patients per Ethnicity:   1. Hispanic or Latino: \_\_\_\_\_\_\_\_ 2. Not Hispanic or Latino: \_\_\_\_\_\_\_\_\_ 3. Unknown: \_\_\_\_\_\_\_\_ 4. Declined to respond: \_\_\_\_\_\_\_ | |
| \*15. | How many patient care STAFF (full time, part time, or affiliated with) worked in your center during the first week of February (2/1 through 2/7)? *Include only staff who had direct contact with dialysis patients or equipment:* \_\_\_\_\_\_\_\_\_  Of these, how many were in each of the following categories?  a. Nurse/nurse assistant: \_\_\_\_\_\_\_\_\_\_ e. Dietitian: \_\_\_\_\_\_\_\_\_  b. Dialysis patient-care technician: \_\_\_\_\_\_\_\_\_\_ f. Physicians/physician assistant: \_\_\_\_\_\_\_\_\_  c. Dialysis biomedical technician: \_\_\_\_\_\_\_\_\_\_ g. Nurse practitioner: \_\_\_\_\_\_\_\_\_  d. Social worker: \_\_\_\_\_\_\_\_\_\_ h. Other: \_\_\_\_\_\_\_\_\_ | |
| \*16. | Of the patient care staff members counted in question 15, how many received:  a. A completed series of hepatitis B vaccine (ever)? \_\_\_\_\_\_\_\_  b. The influenza (flu) vaccine for the current/most recent flu season? \_\_\_\_\_\_\_\_ | |
| \*17. | Number of maintenance, non-transient ESRD and AKI **Peritoneal Dialysis** patients that were assigned to your center during the first week of February (2/1 through 2/7): \_\_\_\_\_ | |
| \*18. | Of the **Peritoneal Dialysis** patients counted in question 17, how many received:  a. A complete series of hepatitis B vaccine (ever)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  b. The influenza (flu) vaccine for the current/most recent flu season? \_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. At least one dose of pneumococcal vaccine (ever)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*19. | Which of the following infections in your **Peritoneal Dialysis** patients does your center routinely track? (select all that apply)   Peritonitis  Exit site infection  Tunnel infection  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*20. | For **Peritoneal Dialysis** catheters, is antimicrobial ointment routinely applied to the exit site during dressing change?   Yes  No   1. If yes, what type of ointment is most commonly used? (select one)    Gentamicin   Bacitracin/polymyxin B (e.g., Polysporin®)   Mupirocin   Bacitracin/neomycin/polymyxin B (triple antibiotic)   Povidone-iodine   Bacitracin/gramicidin/polymyxin B (Polysporin® Triple)   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*21. | Number of maintenance, non-transient ESRD and AKI **Home Hemodialysis** patients that were assigned to your center during the first week of February (2/1 through 2/7): \_\_\_\_\_ | |
| \*22. | Of the **Home Hemodialysis** patients in question 21, how many received dialysis through each of the following access types during the first week of February?  a. AV fistula: \_\_\_\_\_\_\_\_\_\_\_\_\_  b. AV graft: \_\_\_\_\_\_\_\_\_\_\_\_\_  c. Tunneled central line: \_\_\_\_\_\_\_\_\_\_\_\_\_  d. Non-tunneled central line: \_\_\_\_\_\_\_\_\_\_\_\_\_  e. Other vascular access device (e.g., HeRO®): \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*23. | Does your dialysis facility utilize buttonhole cannulation techniques for **Home Hemodialysis** patients?   Yes  No  a. Of the AV fistula patients from question #22a, how many had buttonhole cannulation? \_\_\_\_\_\_\_\_  b. When buttonhole cannulation is performed for home hemodialysis patients:  i. Who most often performs it?   Nurse   Patient (self-cannulation)   Technician   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Before buttonhole cannulation, what is the buttonhole site most often prepped with? (select the one most commonly used)   Alcohol   Chlorhexidine without alcohol   Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®)   Povidone-iodine (or tincture of iodine)   Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol   Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Nothing  iii. Is antimicrobial ointment (e.g., mupirocin) routinely used at buttonhole cannulation sites to **prevent** infection?  Yes  No | |
| \*24. | Of the **Home Hemodialysis** patients counted in question #21, how many received:  a. A complete series of hepatitis B vaccine (ever)? \_\_\_\_\_\_\_\_\_\_  b. The influenza (flu) vaccine for the current/most recent flu season? \_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. At least one dose of pneumococcal vaccine (ever)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*25. | Which of the following events in your **Home Hemodialysis** patients does your center routinely track? (select all that apply)   Bloodstream infection  Needle/access dislodgement   Vascular access site  Air embolism infection   Catheter breakage or bloodline separation  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*26. | Which type of pneumococcal vaccine does your center offer to patients? (choose one)   New Conjugate (PCV20) only   New Conjugate (PCV15) and Polysaccharide (PPSV23)   Both New Conjugate (Either PCV20 or PCV15) and Polysaccharide (PPSV23)   Other (please specify)   Neither offered | |
| \*27. | Does your center routinely screen patients for hepatitis B surface antigen (HBsAg) upon initiation of care?  a. Peritoneal Dialysis patients:  Yes  No  b. Home Hemodialysis patients:  Yes  No | |
| \*28. | Does your center routinely screen patients for hepatitis C antibody (anti-HCV) upon initiation of care?  a. Peritoneal Dialysis patients:  Yes  No  b. Home Hemodialysis patients:  Yes  No | |
| \*29. | Does your center routinely screen patients for latent tuberculosis infection (LTBI) upon initiation of care?  a. Peritoneal Dialysis patients:  Yes  No  b. Home Hemodialysis patients:  Yes  No | |
| \*30. | If your center does routinely screen patients for latent tuberculosis infections (LTBI), what method is used? (select all that apply):   1. a. Peritoneal Dialysis patients    Tuberculin Skin Test (TST)  Blood Test  Other (specify)    b. Home Hemodialysis patients   Tuberculin Skin Test (TST)  Blood Test  Other (specify) | |
| \*31. | Has your center participated in any national or regional infection prevention-related initiatives in the past year?   Yes  No  a. If yes, what is the primary focus of the initiative(s)? (if >1 initiative, select all that apply)   Catheter reduction   Hand hygiene   Bloodstream infection prevention   Patient education/engagement for infection prevention   Increase vaccination rates   Decrease/improve use of antibiotics   Improve general infection control practices   Improve culture of safety   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  b. If yes, is your center actively participating in any of the following prevention initiatives (select all that apply):   CDC Making Dialysis Safer for Patients Coalition – facility-level participation   CDC Making Dialysis Safer for Patients Coalition – corporate or other organization-level participation   The Standardizing Care to improve Outcomes in Pediatric End Stage Renal Disease (SCOPE) Collaborative Peritoneal Dialysis Catheter-related Infection Project   SCOPE Collaborative Hemodialysis Access-related Infection Project   None of the above | |
| \*32. | a. What education do you provide to patients in your center when they start dialysis? (check all that apply):   Vascular access care   Hand hygiene   Risks related to catheter use   Recognizing signs of infection   Instructions for access management when away from the dialysis unit   Different dialysis modalities (i.e., home dialysis or peritoneal dialysis)   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   None  b. What education do you provide to your patients regularly (at least annually) (check all that apply):   Vascular access care   Hand hygiene   Risks related to catheter use   Recognizing signs of infection   Instructions for access management when away from the dialysis unit   Different dialysis modalities (i.e., home dialysis or peritoneal dialysis)   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   None | |
| \*33. | Does your center provide training for staff on infection prevention and control at least once annually?   Yes  No | |
| \*34. | Does your center perform staff knowledge assessments for infection prevention and control annually (or more frequently)?   Yes  No | |
| \*35. | Before prepping the fistula or graft site for cannulation, what is the access site most often cleansed with (either by patients or staff upon entry to the clinic)?   Soap and water   Alcohol-based hand rub   Antiseptic wipes   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_   Nothing | |
| \*36. | Before cannulation of a fistula or graft, what is the skin most often prepped with? (select one)   Alcohol   Chlorhexidine without alcohol   Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®)   Povidone-iodine (or tincture of iodine)   Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol   Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Nothing | |
| \*37. | Are patients who receive hemodialysis through a central venous catheter permitted in your Home  Hemodialysis program?   Yes  No | |
| \*38. | Before accessing the hemodialysis catheter, what are the catheter hubs most commonly prepped with? (select the one most commonly used)   Alcohol   Chlorhexidine without alcohol   Chlorhexidine with alcohol (e.g., Chloraprep®, PDI Prevantics®)   Povidone-iodine (or tincture of iodine)   Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol   Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol   Other, specify:   Nothing | |
| \*39. | Are hemodialysis catheter hubs routinely scrubbed after the cap is removed and before accessing the catheter (or before accessing the catheter via a needleless connector device, if one is used)? | |
| \*40. | When the hemodialysis catheter dressing is changed, what is the exit site (i.e., place where the catheter enters the skin) most commonly prepped with? (select the one most commonly used)   Alcohol   Chlorhexidine without alcohol   Chlorhexidine with alcohol (e.g., Chloraprep®, PDI Prevantics®)   Povidone-iodine (or tincture of iodine)   Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol   Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol   Other, specify:   Nothing | |
| \*41. | For hemodialysis catheters, is antimicrobial ointment routinely applied to the exit site during dressing change?   Yes No  N/A – chlorhexidine-impregnated dressing is routinely used   1. If yes, what type of ointment is most commonly used? (select one)    Gentamicin   Mupirocin   Bacitracin/gramicidin/polymyxin B (Polysporin® Triple)   Bacitracin/polymyxin B (e.g., Polysporin®)   Bacitracin/neomycin/polymyxin B (triple antibiotic)   Povidone-iodine   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*42. | Are antimicrobial lock solutions used to prevent hemodialysis catheter infections?   Yes, for all catheter patients   Yes, for some catheter patients   No  a. If yes, which lock solution is most commonly used? (select one)   Sodium citrate  Taurolidine   Gentamicin  Ethanol   Vancomycin  Multi-component lock solution or other, specify: \_\_\_\_\_\_\_\_\_\_ | |
| \*43. | Are needleless closed connector devices (e.g., Tego®, Q-Syte™) used on your patients’ hemodialysis catheters? | |
| \*44. | Are any of the following routinely used for hemodialysis catheters in your center? (select all that apply)  Chlorhexidine dressing (e.g., Biopatch®, Tegaderm™ CHG)  Yes  No  Other antimicrobial dressing (e.g., silver-impregnated)  Yes  No  Antiseptic-impregnated catheter cap/port protector:  3M™ Curos™ Disinfecting Port Protectors  Yes  No  ClearGuard® HD end caps  Yes  No  Antimicrobial-impregnated hemodialysis catheters  Yes  No | |
| \*45. | Does your center provide hemodialysis catheter patients with supplies to allow for changing catheter dressings outside the dialysis center?   Yes, routinely for all or most patients with a catheter   Yes, only for select patients with a catheter   No | |
| \*46. | a. Does your center educate patients with hemodialysis catheters on how to shower with the catheter? (select the best response)   Yes, routinely for all or most patients with a catheter   Yes, only for select patients with a catheter   No, patients with hemodialysis catheters are instructed against showering   No, education and instructions are not provided on this topic  b. Does your center provide hemodialysis catheter patients with a protective catheter cover (e.g., Shower Shield®, Cath Dry™) to allow them to shower?   Yes, routinely for all or most patients with a catheter   Yes, only for select patients with a catheter   No | |
| **Comments:** | | |
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