

Instructions for Completion of the Outpatient Dialysis Center Practice Survey (CDC 57.500)

A complete survey is an annual reporting requirement specified in the NHSN Dialysis Event Protocol. Users cannot create Monthly Reporting Plans or submit monthly data for May through December until a survey for that year is completed.

Print a blank survey from: http://www.cdc.gov/nhsn/forms/57.500_outpatientdialysissurv_blank.pdf

This survey is only for dialysis centers that provide in-center hemodialysis. If your center offers only home dialysis, please complete the Home 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.

Survey Question	Instructions for Data Collection
Facility ID #	The NHSN-assigned facility ID will auto-populate in this field.
Survey Year	Required. Enter the 4-digit year that the data were collected for this facility (e.g., a 2020 survey should include data from February 2020). (format: YYYY)
ESRD Network #	Required. Enter the 2-digit ESRD Network number for your region.

A. Dialysis Center Information

A.1.	General	
1.	What is the ownership of your dialysis center?	Required. Select the ownership of your dialysis center (Choose one option only): <ul style="list-style-type: none"> • Government • Not for profit • For profit
2. a.	What is the location/hospital affiliation of your dialysis center?	Required. Select the location/hospital affiliation of your dialysis center (Choose one option only): <ul style="list-style-type: none"> • <u>Freestanding</u>: the dialysis center is not hospital affiliated. • <u>Hospital based</u>: the dialysis center is affiliated with a hospital and the building is attached to, or part of, the hospital. • <u>Freestanding but owned by a hospital</u>: the dialysis center is affiliated with a hospital, but the building is not attached to the hospital.

Survey Question		Instructions for Data Collection
b.	If hospital-based or hospital-owned, is your center affiliated with a teaching hospital?	Conditionally required. Select "Yes" if your center is affiliated with a hospital that has a program for medical students and post-graduate medical training (i.e., residency and/or fellowship). Select "No" if your center is not affiliated with a hospital that has a program for medical students and post-graduate medical training (i.e., residency and/or fellowship).
3.	Is your facility accredited by an organization other than CMS?	Required. Select "Yes" if your facility is accredited by an organization other than CMS. Select "No" if your facility is not accredited by an organization other than CMS.
a.	If yes, specify (choose one)	Conditionally required. Indicate the organization that has accredited your facility. <ul style="list-style-type: none"> • Joint Commission • National Dialysis Accreditation Commission (NDAC) • Accreditation Commission for Health Care (ACHC) • Other (specify)
4.	a. What types of dialysis services does your center offer?	Required. Select all dialysis service type(s) that are offered by your facility): <ul style="list-style-type: none"> • In-center daytime hemodialysis • In-center nocturnal hemodialysis • Peritoneal dialysis • Home hemodialysis (includes home, home-assisted, and NxStage^{®1} patients)
b.	What patient population does your center serve?	Required. Select what patient population your center serves. <ul style="list-style-type: none"> • Adult only • Pediatric only • Mixed: adult and pediatric
5.	How many in-center hemodialysis stations does your center have?	Conditionally required. Enter the number of useable in-center hemodialysis stations in your facility.
6.	Is your center part of a group or chain of dialysis centers?	Required. Select "Yes" if your facility is part of a group or chain of dialysis centers. Select "No" if your facility is not owned by a group or chain of dialysis centers.

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Survey Question		Instructions for Data Collection
a.	If yes, what is the name of the group or chain?	Conditionally required. Enter the name of the dialysis facility group or chain. If owned and managed by two different groups, then indicate the managing company.
7.	Do you (the person primarily responsible for collecting data for this survey) perform patient care in the dialysis center?	Required. Select "Yes" if the person who is primarily responsible for collecting the data for this survey performs patient care in the facility. Select "No" if the person who is primarily responsible for collecting these survey data does not perform patient care in the facility.
8.	Is there someone at your dialysis center in charge of infection control?	Required. Select "Yes" if there is at least one person at your dialysis center who is designated in charge of infection control. Select "No" if no one at your dialysis center is designated in charge of infection control.
a.	If yes, which best describes this person? (if >1 person in charge, select all that apply)	Conditionally required. Select all the description(s) that best describe the person(s) in charge of infection control in your dialysis facility.
9.	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)?	Required. Select "Yes" if your dialysis center provides any dialysis services within long-term care facilities, nursing homes or skilled nursing facilities. This does not include long-term acute care hospitals. Select "No" if your center does not provide any dialysis services within long-term care facilities, nursing homes, or skilled nursing facilities.
a.	If yes, in how many long-term care facilities?	Conditionally required. Indicate the number of long-term care facilities your center provides dialysis services for.
10.	Is there a dedicated vascular access nurse/coordinator (either full or part-time) at your center?	Required. Select "Yes" if there is a dedicated vascular access nurse or coordinator, either full or part-time, at your facility. Select "No" if there is no dedicated vascular access nurse or coordinator.
A.2.	Isolation and Screening	

Survey Question		Instructions for Data Collection
11.	Does your center have capacity to isolate patients with hepatitis B?	<p>Required. Select the answer that best describes the ability of your center to isolate patients with hepatitis B.</p> <ul style="list-style-type: none"> • Select “Yes, use hepatitis B isolation room” if a separate room exists where patients positive for hepatitis B virus infection receive hemodialysis. • Select “Yes, use hepatitis B isolation area” if a specific section of the hemodialysis clinic is designated as an area for patients positive for hepatitis B virus infection to receive hemodialysis. • Select “No hepatitis B isolation” if your facility does not have the capacity to isolate patients who are positive for hepatitis B virus infection.
12.	Are patients routinely isolated or cohorted for treatment <u>within your center</u> for any of the following conditions?	<p>Required. Select all the conditions for which patients are routinely isolated or cohorted for treatment within your facility.</p> <ul style="list-style-type: none"> • If your facility would refer the patient with the condition (e.g., Active tuberculosis [TB disease]) elsewhere for dialysis, do not select that condition on the survey. • If additional criteria are used to isolate some positive patients (e.g., active diarrhea, draining wound), but not all, do not select this condition for the survey. <p>Select “No - None” if none of the conditions listed are routinely isolated or cohorted for treatment within your facility.</p>
13.	Are patients routinely assessed for conditions that might warrant additional infection control precautions, such as infected wounds with drainage, fecal incontinence or diarrhea?	<p>Required. Select “Yes” if patients are routinely assessed for conditions that might warrant additional infection control precautions.</p> <p>Select “No” if patients are not routinely assessed for conditions that warrant additional infection control precautions.</p>
a.	If yes, when does this assessment most often occur? (select one)	Conditionally required. Indicate when the assessment of patients occur.
14.	Does your center routinely screen patients for latent tuberculosis infection (LTBI) on admission to your center?	<p>Required. Select “Yes” if your center routinely screens patients for latent tuberculosis infection (LTBI) upon admission.</p> <p>Select “No” if patients are not routinely screened for TB upon admission.</p>

Survey Question	Instructions for Data Collection
a. If yes, what method is used to screen? (select all that apply)	Conditionally required for facilities that routinely screen patients for LTBI. Indicate all methods used to screen patients for latent tuberculosis infections. <ul style="list-style-type: none"> • Tuberculin Skin Test (TST) • Blood Test • Other (specify)
A.3. Patient Records and Surveillance	
15. Does your center maintain records of the station where each patient received their hemodialysis treatment for every treatment session?	Required. Select “Yes” if your facility maintains written or electronic records of patients’ hemodialysis station assignment. Select “No” if these records are not maintained.
16. Does your center maintain records of the machine used for each patient’s hemodialysis treatment for every treatment session?	Required. Select “Yes” if your facility maintains written or electronic records of patients’ hemodialysis machine assignment. Select “No” if these records are not maintained.
17. 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?	Required. Following a hospitalization, indicate the frequency with which your facility can determine whether a bloodstream infection contributed to the patient’s hospital admission. Select “N/A – not pursued” only if your facility does not try to determine the cause of hospitalizations.
18. How often is your center able to obtain a patient’s microbiology lab records from a hospitalization?	Required. Following a hospitalization, indicate the frequency with which your facility is able to obtain the patient’s hospital microbiology lab records. Select “N/A – not pursued” only if your facility does not routinely request microbiology lab records after a patient is hospitalized.
19. Which of the following infections in your peritoneal dialysis patients does your center routinely track?	Required. Select all infections that are routinely tracked among peritoneal dialysis patients in your center.
20. Which of the following events in your home hemodialysis patients does your center routinely track?	Required. Select all infections that are routinely tracked among home hemodialysis patients in your center.

Survey Question		Instructions for Data Collection
B. Patient and staff census		
21.	Was your center operational during the first week of February?	<p>Required. Select “Yes” if your facility was open for hemodialysis treatment during the first week of February (Feb. 1 – Feb. 8) of the survey year.</p> <p>Select “No” if your facility was closed for hemodialysis treatment during the first week of February of the survey year.</p> <ul style="list-style-type: none"> If you select “No,” proceed to answer subsequent questions about your facility’s policies since the first week of February and enter zeros for quantitative questions (if applicable).
22.	How many MAINTENANCE, NON-TRANSIENT dialysis PATIENTS were assigned to your center during the first week of February?	<p>Required. Indicate the total number of all the maintenance, non-transient, dialysis patients assigned to your facility during the first week of February (Feb. 1 – Feb. 8) of the survey year (include in-center hemodialysis, home hemodialysis, and peritoneal dialysis patients). The sum of 22.a., 22.b., and 22.c., must be equal to the answer to question 22.</p>
a.	In-center hemodialysis	Conditionally required. Of the patients specified in question 22, indicate how many underwent in-center hemodialysis during the first week of February.
b.	Home hemodialysis	Conditionally required. Of the patients specified in question 22, indicate how many underwent home hemodialysis during the first week of February. Include home, home-assisted, and NxStage ^{®2} patients.
c.	Peritoneal dialysis	Conditionally required. Of the patients specified in question 19, indicate how many underwent peritoneal dialysis during the first week of February.

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Survey Question		Instructions for Data Collection
23.	Number of acute kidney injury (AKI) patients during 1 st week of February	<p>Required. Indicate the total number of acute kidney injury (AKI) patients who received <i>in center hemodialysis</i> in the facility during the first week of February (Feb. 1 – Feb. 8) of the survey year.</p> <p>The following criteria should be used to identify patients who have acute kidney injury:</p> <ul style="list-style-type: none"> • No diagnosis of “End Stage Renal Disease’ or “ESRD” in the patient medical record, or through the ESRD Medical Evidence Form (Form CMS-2728-U3) <u>AND</u> • Physician-diagnosis of “Acute Kidney Injury” or “AKI” listed in the patient medical record (e.g., nephrologist consult or referral form” <u>AND</u> • The event date, or date of denominator data collection, is not more than 6 months after the date the patient-initiated outpatient hemodialysis.
24.	How many patient care staff (full time, part time, or affiliated with) worked in your center during the first week of February? Include only staff who had direct contact with dialysis patients or equipment:	<p>Required. Indicate the total number of patient care staff (including full time, part time, and affiliated with) who worked in your center during the first week of February (Feb. 1 – Feb. 8) of the survey year.</p> <ul style="list-style-type: none"> • Count each person as 1, even if they work part-time. • If a person works at more than one facility, they are counted as 1 at each facility. • Include physicians who see patients in the facility. • Include patient care staff who are normally present during the year but were absent this week due to vacation or other leave. • Include per diem staff only if they are consistently part of facility staffing. • If your facility was not operational during the 1st week of February, enter 0.



Survey Question	Instructions for Data Collection
<p>a-h Of these, how many were in each of the following categories?</p>	<p>Conditionally required. Of the total number of patient care staff specified in question 24, indicate the number per occupational category. The sum of the occupational categories in questions 24.a. – 24.h. must equal the number of patient care staff indicated in question 24.</p> <ul style="list-style-type: none"> • Nurse/nurse assistant • Dialysis patient-care technician • Dialysis biomedical technician • Social worker • Dietitian • Physicians/physician assistant • Nurse practitioner <p>Other</p>

C. Vaccines

<p>25.</p>	<p>Of the in-center hemodialysis patients counted in question 22a, how many received:</p>	<p>Conditionally required. Of the total number of maintenance, non-transient <i>in-center hemodialysis</i> patients indicated in question 22a, indicate: (Beginning 2021, this question will auto-populate with “0” if 22a equals “0”)</p>
<p>a.</p>	<p>At least 3 doses of hepatitis B vaccine (ever)?</p>	<p>Indicate how many have ever received at least 3 doses of hepatitis B vaccine.</p> <ul style="list-style-type: none"> • Do not count patients who are in the process of completing the hepatitis B vaccine series. • Include all patients who have received 3 or more doses, even if the brand of hepatitis B vaccine being used requires four doses to complete the series. • Include patients with documentation of having received 3 or more doses, even if they were not vaccinated at your facility. • If no patients received 3 or more doses of the hepatitis B vaccine, enter 0.
<p>b.</p>	<p>The influenza (flu) vaccine for the <u>current/most recent</u> flu season?</p>	<p>Indicate how many received the influenza (flu) vaccine for this flu season (September or later).</p> <ul style="list-style-type: none"> • This question refers to the flu season that began in the year preceding the survey year. For example, if the survey year is 2015, count flu vaccinations for the 2014-2015 flu season. • Include patients who report having received a flu vaccination for this season (or for whom there is documentation) even if they were not vaccinated at your facility. • If no patients received the influenza vaccine for the current/most recent flu season, enter 0.



Survey Question		Instructions for Data Collection
c.	At least one dose of pneumococcal vaccine (ever)?	Indicate how many have ever received at least one dose of the pneumococcal vaccine, even if they were not vaccinated at your facility. <ul style="list-style-type: none"> If no patients received the pneumococcal vaccine ever, enter 0.
26.	Of the <u>home hemodialysis patients</u> counted in question 22b, how many received	Conditionally required. Of the total number of maintenance, non-transient <i>home hemodialysis</i> patients indicated in question 22b: (Beginning 2021, this question will auto-populate with "0" if 22b equals "0")
a.	At least 3 doses of hepatitis B vaccine (ever)?	Indicate how many ever received at least 3 doses of hepatitis B vaccine. <ul style="list-style-type: none"> Do not count patients who are in the process of completing the series. Include all hemodialysis patients who received 3 or more doses, even if the brand of hepatitis B vaccine being used requires four doses. Include patients who have documentation of having received 3 or more doses, even if not received at your facility. If no patients received at least 3 doses of the hepatitis B vaccine, enter 0.
b.	The influenza (flu) vaccine for the <u>current/most recent</u> flu season?	Indicate how many received the influenza (flu) vaccine for this flu season (September or later). <ul style="list-style-type: none"> This question refers to the flu season that began in the year preceding the survey year. For example, if the survey year is 2015, count flu vaccinations for the 2014-2015 flu season. Include patients who report having received a flu vaccination for this season (or for whom there is documentation) even if they were not vaccinated at your facility. If patients received the influenza vaccine for the current/most recent flu season, enter 0.
c.	At least one dose of pneumococcal vaccine (ever)?	Indicate how many have ever received at least one dose of the pneumococcal vaccine, even if they were not vaccinated at your facility. <ul style="list-style-type: none"> If no patients received the pneumococcal vaccine ever, enter 0.

Survey Question		Instructions for Data Collection
27.	Of the peritoneal dialysis patients counted in question 22c, how many received:	Conditionally required. Of the total number of maintenance, non-transient <i>peritoneal dialysis</i> patients indicated in question 22c: (Beginning 2021, this question will auto-populate with “0” if 22c equals “0”)
a.	At least 3 doses of hepatitis B vaccine (ever)?	Indicate how many ever received at least 3 doses of hepatitis B vaccine. <ul style="list-style-type: none"> Do not count patients who are in the process of completing the series. Include all peritoneal dialysis patients who received 3 or more doses, even if the brand of hepatitis B vaccine being used requires four doses. Include patients who have documentation of having received 3 or more doses, even if not received at your facility. If no patients received at least 3 doses of the hepatitis B vaccine, enter 0.
b.	The influenza (flu) vaccine for the current/most recent flu season?	Indicated in question 22c, indicate how many received the influenza (flu) vaccine for this flu season (September or later). <ul style="list-style-type: none"> This question refers to the flu season that began in the year preceding the survey year. For example, if the survey year is 2015, count flu vaccinations for the 2014-2015 flu season. Include patients who report having received a flu vaccination for this season (or for whom there is documentation) even if they were not vaccinated at your facility. If patients received the influenza vaccine for the current/most recent flu season, enter 0.
c.	At least one dose of pneumococcal vaccine (ever)?	Indicate how many have ever received at least one dose of the pneumococcal vaccine, even if they were not vaccinated at your facility. <ul style="list-style-type: none"> If no patients received the pneumococcal vaccine ever, enter 0.
28.	Of the patient care staff members counted in question 24, how many received:	Conditionally required. Of the patient care staff members counted in question 24, indicate how many have ever received:

Survey Question	Instructions for Data Collection
a. At least 3 doses of hepatitis	<p>At least 3 doses of hepatitis B vaccine.</p> <ul style="list-style-type: none"> Do not count staff members who are in the process of completing the series. Include all staff members who received 3 or more doses, even if the brand of hepatitis B vaccine being used requires four doses. Include patient care staff members who report having received at least 3 doses of hepatitis B vaccine (or for whom there is documentation) even if not received at your facility. If none of the patient care staff members have received at least 3 doses of the hepatitis B vaccine ever, enter 0.
b. B vaccine (ever)? The influenza (flu) vaccine for the <u>current/most recent</u> flu season?	<p>Indicate how many received the flu vaccine for the current/most recent flu season.</p> <ul style="list-style-type: none"> This refers to the flu season that began in the year preceding the survey year. For example, if the survey year is 2015, count flu vaccinations for the 2014-2015 flu season. Include patient care staff members who report having received a flu vaccination for this season (or for whom there is documentation) even if they were not vaccinated at your facility. <p>If none of the patient care staff members have received the influenza vaccine for the current/most recent flu season, enter 0.</p>
29. Does your center use standing orders to allow nurses to administer any of the vaccines mentioned above to patients without a specific physician order?	<p>Required. Select “Yes” if your facility uses standing orders to allow nurses to administer some or all the vaccines mentioned below to patients without a specific physician order. These vaccines include:</p> <ul style="list-style-type: none"> Hepatitis B vaccine Influenza vaccine for the current/most recent flu season Pneumococcal vaccine <p>Select “No” if there are no standing orders for any of the mentioned vaccines.</p>
30. Which type of pneumococcal vaccine does your center offer to patients?	<p>Required. Select the most commonly used type of pneumococcal vaccine offered to your facility’s patients (choose one):</p> <ul style="list-style-type: none"> Polysaccharide: pneumococcal polysaccharide vaccine, called PPSV23 or Pneumovax®.³ Conjugate: pneumococcal conjugate vaccine, called PCV13 or Prevnar® 13.³ Both polysaccharide & conjugate <p>Select “Neither offered” if pneumococcal vaccine is not offered.</p>

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Survey Question		Instructions for Data Collection
D. Hepatitis B and C		
D.1. Hepatitis B - Complete this section even if your facility does not treat hepatitis B surface antigen (HBsAg) positive patients.		
31.	Of the MAINTENANCE, NON-TRANSIENT <u>in-center hemodialysis</u> PATIENTS from question 22a:	Of the maintenance, non-transient, in-center hemodialysis patients specified in question 22a:
a.	How many were hepatitis B surface ANTIGEN (HBsAg) positive in the first week of February?	Conditionally required. Indicate how many were hepatitis B virus surface antigen (i.e., HBsAg) positive in the first week of February (Feb. 1 – Feb. 8). This is a measure of prevalence of hepatitis B virus infection among patients in your facility during this period.
a.i.	Of these patients who were hepatitis B surface ANTIGEN (HBsAg) positive in the first week of February, how many were positive when first admitted to your center?	Conditionally required. Of the maintenance, non-transient, in-center hemodialysis patients specified in question 31a, indicate how many were hepatitis B virus surface antigen (i.e., HBsAg) positive when they were first admitted to your facility (i.e., they had hepatitis B virus infection upon admission). This is a measure of prevalence of hepatitis B virus infection among your incoming patients.
b.	How many patients converted from hepatitis B surface ANTIGEN (HBsAg) negative to positive during the prior 12 months (<i>i.e., in the past year, how many patients had newly acquired hepatitis B virus infection; not as a result of vaccination</i>)?	Conditionally required. Of the maintenance, non-transient, in-center hemodialysis patients specified in question 22a, indicate how many converted from hepatitis B virus surface antigen (i.e., HBsAg), negative to positive, during the 12 months prior to February (i.e., they acquired HBV infection in the past year). Do not include patients who were antigen positive before they were first dialyzed in your center (i.e., patients specified in question 31a.i). This is a measure of annual incidence of hepatitis B virus infection among patients in your facility. <ul style="list-style-type: none"> Do not include patients who were antigen positive before they were first dialyzed in your center:
32.	In the past year, has your center had ≥ 1 hemodialysis patient who reverse seroconverted (i.e. had evidence of resolved hepatitis B infection followed by reappearance of hepatitis B surface antigen)?	Required. Select “Yes” if 1 or more hemodialysis patients had evidence of resolved hepatitis B infection followed by reappearance of hepatitis B surface antigen. Select “No” if none of your center’s patients reverse seroconverted.
D.2. Hepatitis C		

Survey Question		Instructions for Data Collection
33.	Does your center routinely screen hemodialysis patients for hepatitis C antibody (anti-HCV) on admission to your center? (Note: This is <i>NOT</i> hepatitis B core antibody)	Required. Select “Yes” if your facility screens hemodialysis patients for hepatitis C antibody (anti-HCV) upon admission. Select “No” if your facility does not screen hemodialysis patients for hepatitis C antibody (anti-HCV) upon admission.
34.	Does your center routinely screen hemodialysis patients for hepatitis C antibody (anti-HCV) at any other time?	Required. Select “Yes” if your facility screens hemodialysis patients for hepatitis C antibody (anti-HCV) at any time other than upon admission. Select “No” if your facility does not screen hemodialysis patients for hepatitis C antibody (anti-HCV) at any other times than upon admission. Select “No” if hepatitis C testing is diagnostic only.
	If yes, how frequently?	Conditionally required. Indicate the frequency of non-admission hepatitis C antibody (anti-HCV) screening. <ul style="list-style-type: none"> Twice annually: screening is two times per year, after admission. Annually: if screening is once per year, any time after admission. Otherwise, select “Other” and specify the frequency of post-admission HCV screening.
35.	Of the MAINTENANCE, NON-TRANSIENT <u>in-center hemodialysis</u> patients counted in question 22a:	Of the maintenance, non-transient, in-center hemodialysis patients specified in question 22a: <ul style="list-style-type: none"> If your facility does not screen for hepatitis C antibody, respond by counting patients with records of known history of HCV infection. This is a measure of prevalence of hepatitis C virus infection among your patients.
a.	How many were hepatitis C antibody positive in the first week of February?	Conditionally required. Indicate how many were hepatitis C virus antibody (i.e., anti-HCV) positive in the first week of February (the first seven calendar days of the month).
a.i.	Of these patients who were hepatitis C antibody positive in the first week of February, how many were positive when first admitted to your center?	Conditionally required. Of the maintenance, non-transient, in-center hemodialysis patients specified in question 35a, indicate how many were hepatitis C antibody (anti-HCV) positive when they were first admitted to your facility (i.e., they had hepatitis C virus infection upon admission).

Survey Question	Instructions for Data Collection
<p>b. How many patients converted from hepatitis C antibody negative to positive during the prior 12 months (<i>i.e., in the past year, how many patients had newly acquired hepatitis C infection</i>)?</p>	<p>Conditionally required. Of the maintenance, non-transient, in-center hemodialysis patients specified in question 22a, indicate how many converted from hepatitis C antibody (<i>i.e., anti-HCV</i>) negative to positive during the 12 months prior to February (<i>i.e., they acquired HCV infection in the past year</i>). <i>Do not include patients who were anti-HCV positive before they were first dialyzed in your center</i></p>

E. Dialysis Policies and Practices

E.1. Dialyzer Reuse		
<p>36.</p>	<p>Does your center reuse dialyzers for any patients?</p>	<p>Required. Select “Yes” if dialyzers are reused for any patients. Select “No” if dialyzers are never reused.</p> <ul style="list-style-type: none"> • Facilities that use non-disposable dialyzers for more than one patient treatment should answer “Yes” to this question. • All facilities with a dialyzer reuse program would answer “Yes” to this question.
<p>a.</p>	<p>Of the MAINTENANCE, NON-TRANSIENT in-center hemodialysis patients counted in 22a, how many of them participate in dialyzer reuse?</p>	<p>Conditionally required. Indicate the number of in-center hemodialysis patients who participate in dialyzer reuse.</p>
<p>b.</p>	<p>Does your center routinely test reverse osmosis (R.O.) water from the reuse room for culture and endotoxin whenever a reuse patient has a pyrogenic reaction?</p>	<p>Conditionally required. Select “Yes” if your center routinely tests the R.O. water for both culture and endotoxin whenever a reuse patient has a pyrogenic reaction. Select “No” if your center does not routinely test the R.O. water for both culture and endotoxin when a patient has a pyrogenic reaction.</p>
<p>c.</p>	<p>Of all reused dialyzers at your center, how many undergo refrigeration prior to reprocessing?</p>	<p>Conditionally required. Indicate approximately how many reuse dialyzers are refrigerated prior to reprocessing.</p>
<p>d.</p>	<p>Is there a limit to the number of times a dialyzer is used?</p>	<p>Conditionally required. Select “Yes” if there is a limit on the number of times a dialyzer can be reused at your facility and indicate the maximum number of times dialyzers may be reused. Select “No limit as long as dialyzer meets certain criteria” if there is not a limit on the number of times a dialyzer can be reused.</p>

Survey Question		Instructions for Data Collection
e.	Of all reused dialyzers in your center, how many of them have sealed (non-removable) header caps?	Conditionally required. Indicate approximately how many reuse dialyzers have sealed (non-removable) header caps.
f.	Where are dialyzers reprocessed?	Conditionally required. Indicate whether dialyzers are reprocessed at your facility, if they are transported to an off-site facility for reprocessing, or if they are reprocessed at your facility and off-site.
f.i.	How is dialyzer header cleaning performed? (select all that apply)	Conditionally required. Select all dialyzer header cleaning methods in use. Select "No separate header cleaning step performed" if there is no header cleaning step.
f.ii.	How are dialyzers reprocessed?	Conditionally required. Indicate whether reprocessing occurs using an automated process or is completed manually by hand.
E.2. Dialysate		
37.	What type of dialysate is used for in-center hemodialysis patients at your center?	Required. Indicate only one type of dialysate that is used for in-center hemodialysis patients at your center. <ul style="list-style-type: none"> • Ultrapure: dialysate with a viable microbial count less than 0.1 CFU/ml and an endotoxin level less than 0.03 EU/ml. • Conventional: dialysate that does not meet the ultrapure definition above.
38.	Does your center routinely test the following whenever a patient has a pyrogenic reaction:	Required. Select "Yes" only if your facility routinely tests a patient's blood or dialysate for both culture <u>and</u> endotoxin whenever a patient has a pyrogenic reaction.
a.	Patient blood culture	Select "No" if testing blood for both culture and endotoxin is not routine practice. <ul style="list-style-type: none"> • If there has never been a pyrogenic reaction among your patients, respond based on facility policy.
b.	Dialysate from the patient's dialysis machine	Select "No" if testing blood for both culture and endotoxin is not routine practice. <ul style="list-style-type: none"> • If there has never been a pyrogenic reaction among your patients, respond based on facility policy.
E.3. Priming Practices		

Survey Question		Instructions for Data Collection
39.	Does your center use hemodialysis machine Waste Handling Option (WHO) ports?	Required. A waste handling option (WHO) port is a feature of some hemodialysis machines that is designed to dispose of any saline that is flushed through the dialyzer before the machine is used for a patient. Select “Yes” if your facility uses WHO ports. Select “No” if the hemodialysis machines at your facility do not have WHO ports or if WHO ports are present, but not used.
40.	Are any patients in your center “bled onto the machine” (i.e., where blood is allowed to reach or almost reach the prime waste receptacle or WHO port)?	Required. Select “Yes” if any patients in your facility are “bled onto the hemodialysis machine,” a process where blood is allowed to reach or almost reach the prime waste receptacle or WHO port. Select “No” if patients are not bled onto their machines.
E.4. Injection Practices		
41.	What form of erythropoiesis stimulating agent (ESA) is most often used in your center?	Required. Select one form of erythropoiesis stimulating agent (ESA) that is most often used in your facility. <ul style="list-style-type: none"> • “Single-dose” (also known as “single-use”) • Please refer to the ESA’s manufacturer label to determine if the product most frequently used in your facility is labeled “single-dose” or “multi-dose.” If ESA is not used, select “N/A.”
a.	Is ESA from one single-dose vial or syringe administered to more than one patient?	Conditionally required. Select “Yes” if ESA from a single-dose vial or syringe is ever administered to more than one patient. Select “No” if ESA from a single-dose vial or syringe is never administered to more than one patient.
42.	Where are medications most commonly drawn into syringes to prepare for patient administration?	Required. Select one location where medications are most commonly drawn into syringes to prepare for patient administration.
43.	Do technicians administer any IV medications or infusates (e.g., heparin, saline) in your center?	Required. Select “Yes” if technicians ever administer any IV medications or infusates, such as heparin or saline, to patients. Select “No” if technicians never administer IV medications to patients.
44.	What form of saline flush is most commonly used?	Required. Select the one form of saline flush most commonly used in your facility during catheter care and throughout treatment. If the most common form of saline flush is not listed, select “Other” and enter in the type of saline flush most commonly used in your facility.
E.5. Antibiotic Use		

Survey Question		Instructions for Data Collection
45.	Does your center use the following means to restrict or ensure appropriate antibiotic use?	Required. Select “Yes” only for those practices that have been implemented for the purpose of “appropriate antibiotic use.” Select “No” if antibiotics are restricted, but for another purpose (e.g., cost management), or if there are no antimicrobial restrictions in your center.
a.	Have a written policy on antibiotic use	Have a written policy on antibiotic use: any written plan to guide and determine the present and future decisions about appropriate antibiotic use.
b.	Formulary restrictions	Formulary restrictions: the existence of rules that limit the use of certain types of antimicrobials.
c.	Antibiotic use approval process	Antibiotic use approval process: a mechanism exists to ensure specific criteria are met before antibiotics are administered.
d.	Automatic stop orders for antibiotics	Automatic stop orders for antibiotics: in the absence of a physician’s review and order for continuation, antibiotics are automatically discontinued after a specified period.
46.	In your center, how often are antibiotics administered for a suspected bloodstream infection <u>before</u> blood cultures are drawn (or without performing blood cultures)?	Required. Indicate the frequency with which antibiotics are administered to a patient for a suspected bloodstream infection before blood cultures are drawn.
E.6.	Prevention Activities	
47.	Has your center participated in any national or regional infection prevention-related initiatives in the past year?	Required. Select “Yes” if your center participates in any national or regional infection prevention initiatives. This includes infection prevention initiatives directed by your ESRD Network. Select “No” if your center has not participated in any national or regional infection prevention-related initiatives.
a.	If yes, what is the <u>primary focus</u> of the initiative(s)? (if >1 initiative, select all that apply)	Conditionally required. Indicate the primary focus of the initiative(s). If involved in more than one initiative, indicate the primary focus of each initiative.

Survey Question	Instructions for Data Collection
<p>b. If yes, is your center actively participating in any of the following prevention initiatives (select all that apply):</p>	<p>Conditionally required. Indicate if your center is actively participating in any of the listed initiatives.</p> <ul style="list-style-type: none"> • Participation at the center-level indicates staff and patients at your center are actively using CDC interventions based on your center's desire to participate. • Participation at the corporate/organization-level indicates your center is actively using CDC interventions because of a requirement of your corporation or your ESRD Network, for example.
<p>48. In the past year, has your center's medical director participated in a leadership or educational activity as part of the American Society of Nephrology's (ASN) Nephrologists Transforming Dialysis Safety (NTDS) Initiative?</p>	<p>Required. Confirm this answer with your medical director. Answer "Yes" if during the past year the medical director has participated in a leadership or educational program as part of the ASN's Nephrologists Transforming Dialysis Safety (NTDS) Initiative (www.asn-online.org/ntds). Select "No" if your centers medical director did not participate in a leadership or educational program.</p>
<p>49. Does your center follow CDC-recommended Core Interventions to prevent bloodstream infections in hemodialysis patients?</p>	<p>Required. Select "Yes, all" if your facility follows all nine CDC-recommended Core Interventions for BSI prevention in dialysis settings for all of your in-center hemodialysis patients. Select "Yes, some" if your facility follows more than 1 but not all nine CDC-recommended core interventions. Select "None" if your facility does not follow any of the nine CDC-recommended core interventions.</p>
<p>50. Does your center perform hand hygiene audits of staff monthly (or more frequently)?</p>	<p>Required. Select "Yes" if your facility performs hand hygiene audits monthly, or more frequently. Select "No" if your facility does not perform hand hygiene audits, or if the audits are performed less often than monthly.</p>
<p>51. Does your center perform observations of staff vascular access care and catheter accessing practices quarterly (or more frequently)?</p>	<p>Required. Select "Yes" if your facility performs vascular access care observations and catheter access observations quarterly, or more frequently. Select "No" if your facility does not perform vascular access care observations and catheter access observations, or if the observations are performed less often than quarterly.</p>
<p>52. Does your center perform staff competency assessments for vascular access care and catheter accessing annually (or more frequently)?</p>	<p>Required. Select "Yes" if your facility performs staff competency assessments for vascular access care and catheter accessing annually, or more frequently. Select "No" if your facility does not perform staff competency assessments for vascular access care and catheter accessing, or if the assessments are performed less often than yearly.</p>

Survey Question		Instructions for Data Collection
E.7. Peritoneal Dialysis		
53.	For peritoneal dialysis catheters , is antimicrobial ointment routinely applied to the exit site during dressing change?	Required. Select “Yes” if antimicrobial ointment is routinely applied to peritoneal dialysis catheter exit sites during dressing changes. Select “No” if antimicrobial ointment is not routinely applied to the peritoneal dialysis catheter exit site during dressing changes.
	a. If yes, what type of ointment is most commonly used? (select one)	Conditionally required if antimicrobial ointment is routinely used. Select one antimicrobial ointment that is most commonly applied to the peritoneal dialysis catheter exit site during dressing changes.

F. Vascular Access

F.1. General Vascular Access Information	
54.	Of the MAINTENANCE, NON-TRANSIENT hemodialysis patients from question 22a , how many received hemodialysis through each of the following access types during the first week of February? a.-e. Hemodialysis access types
	<p>Conditionally required. Of the total number of maintenance, non-transient <i>in-center hemodialysis</i> patients indicated in questions 22a, indicate how many patients received hemodialysis through each access type during the first week of February (the first seven calendar days of the month).</p> <ul style="list-style-type: none"> • Access types include: AV fistula, AV graft, Tunneled central line, Nontunneled central line, and other vascular access device (e.g., HeRO®) • Note: this question requires a different counting process than the Denominators for Outpatient Dialysis form: count all accesses that were used for hemodialysis during the week. • Note: Definitions for vascular access types can be found in the Dialysis Event Protocol.



Survey Question		Instructions for Data Collection
55.	Of the MAINTENANCE, NON-TRANSIENT home hemodialysis patients from question 22b, how many received hemodialysis through each of the following access types during the first week of February? a.-e. Hemodialysis access types	Conditionally required. Of the total number of maintenance, non-transient <i>home hemodialysis</i> patients indicated in questions 22b, indicate how many patients received hemodialysis through each access type during the first week of February (the first seven calendar days of the month). Access types include AV fistula, AV graft, Tunneled central line, Nontunneled central line, and other vascular access device (e.g., HeRO®) <ul style="list-style-type: none"> • Access types include: AV fistula, AV graft, Tunneled central line, Nontunneled central line, and other vascular access device (e.g., HeRO®) • Note: this question requires a different counting process than the Denominators for Outpatient Dialysis form: count all accesses that were used for hemodialysis during the week.
F.2. Arteriovenous (AV) Fistulas or Grafts If there are no patients with AV fistulas or grafts, refer to facility policy to answer the following questions.		
56.	Before prepping the fistula or graft site for rope-ladder cannulation, what is the site most often <u>cleansed</u> with?	Required. Indicate which antiseptic/disinfectant is most often used to clean the graft/fistula site for rope ladder cannulation. (select one) Select “Other” if the cleanser used is not listed and specify the cleanser. Select “Nothing” if a cleanser is not used to cleanse the fistula or graft site for cannulation.
57.	Before rope-ladder cannulation of a fistula or graft, what is the site most often <u>prepped</u> with?	Required. Indicate which antiseptic/disinfectant is most often used to prep the graft or fistula site for rope-ladder cannulation (select one). Select “Other” if the antiseptic/disinfectant used is not listed and specify the antiseptic/disinfectant. Select “Nothing” if an antiseptic/disinfectant is not used to prep the fistula or graft site for cannulation.
a.	What form of this skin antiseptic is used to prep fistula/graft sites?	Conditionally required if the facility responded to question 57 with an answer other than “Nothing.”. Indicate the form of the antiseptic/disinfectant used to prep grafts or fistulas for rope-ladder cannulation. Select “Other” and specify if a different form is used.
58.	Does your in-center hemodialysis facility perform buttonhole cannulation?	Required. Buttonhole cannulation is a technique where a patient’s fistula is regularly accessed by inserting a blunt needle (cannula) into the fistula at the same location each time using an established track. Select “Yes” if your center performs buttonhole cannulation. Select “No” if your center does not perform buttonhole cannulation.



Survey Question		Instructions for Data Collection
a.	Of the AV fistula patients from question 54a, how many had buttonhole cannulation?	Conditionally required. Indicate how many <i>in-center hemodialysis</i> patients from question 54a had buttonhole cannulation.
b.i.	When buttonhole cannulation is performed for in-center hemodialysis patients. Who most often performs it?	Conditionally required. Indicate who most often performs buttonhole cannulation for <i>in-center hemodialysis</i> patients.
b.ii.	Before cannulation, what is the buttonhole site most often prepped with? (select the one most commonly used)	Conditionally required. Indicate which antiseptic/disinfectant is most often used to prep the buttonhole sites. Select “Nothing” if an antiseptic/disinfectant is not used to prep the buttonhole site.
b.iii.	Is antimicrobial ointment (e.g., mupirocin) routinely used at buttonhole cannulation sites to prevent infection?	Conditionally required. Select “Yes” if antimicrobial ointment is applied at the buttonhole cannulation site to prevent infections. Select “No” if antimicrobial ointment is not used at the buttonhole cannulation site to prevent infections.
59.	Does your in-center hemodialysis facility perform buttonhole cannulation for home hemodialysis patients?	Required. Buttonhole cannulation is a technique where a patient’s fistula is regularly accessed by inserting a blunt needle (cannula) into the fistula at the same location each time using an established track. Select “Yes” if your center performs buttonhole cannulation for home hemodialysis patients. Select “No” if your center does not perform buttonhole cannulation for home hemodialysis patients.
a.	Of the AV fistula patients from question 55a, how many had buttonhole cannulation?	Conditionally required. Indicate how many <i>home hemodialysis</i> patients from question 55a had buttonhole cannulation.
b.i.	When buttonhole cannulation is performed for home hemodialysis patients. Who most often performs it?	Conditionally required. Indicate who most often performs buttonhole cannulation for <i>home hemodialysis</i> patients.

Survey Question		Instructions for Data Collection
b.ii.	Before cannulation, what is the buttonhole site most often prepped with? (select the one most commonly used)	Conditionally required. Indicate which antiseptic/disinfectant is most often used to prep the buttonhole sites. Select "Nothing" if an antiseptic/disinfectant is not used to prep the buttonhole site.
b.iii.	Is antimicrobial ointment (e.g., mupirocin) routinely used at buttonhole cannulation sites to prevent infection?	Conditionally required. Select "Yes" if antimicrobial ointment is applied at the buttonhole cannulation site to prevent infections. Select "No" if antimicrobial ointment is not used at the buttonhole cannulation site to prevent infections.
F.3. Hemodialysis Catheters If there are no patients with hemodialysis catheters, refer to facility policy to answer the following questions.		
60.	Before accessing the hemodialysis catheter, what are the catheter hubs most commonly prepped with?	Required. Indicate which antiseptic/disinfectant is most often used to prep the catheter hubs prior to accessing hemodialysis catheters. Select "Other" if the antiseptic/disinfectant used is not listed and specify the antiseptic/disinfectant. Select "Nothing" if an antiseptic/disinfectant is not used to prep the catheter hubs.
a.	What form of this antiseptic/disinfectant is used to prep the catheter hubs?	Conditionally required for facilities that responded to question 60 with an answer other than "Nothing." Indicate the form of the antiseptic/disinfectant used to prep the catheter hubs. Select "Other" if the form used is not listed and specify the form.
61.	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)?	Required. Select "Yes" if catheter hubs are routinely scrubbed after the cap is removed, but before the catheter is accessed. Select "No" if scrubbing catheter hubs is not routine practice or if the process is not appropriately implemented.
62.	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?	Required. Indicate which antiseptic/disinfectant is most often used to prep the exit site. Select "Other" if the antiseptic/disinfectant used is not listed and specify the antiseptic/disinfectant. Select "Nothing" if an antiseptic/disinfectant is not used to prep the exit site.

Survey Question		Instructions for Data Collection
a.	What form of this antiseptic/disinfectant is used at the exit site?	Conditionally required. Indicate the form of the antiseptic/disinfectant used to prep the exit site. Select "Other" if the form used is not listed and specify the form.
63.	For hemodialysis catheters , is antimicrobial ointment routinely applied to the exit site during dressing change?	Required. Select "Yes" if antimicrobial ointment is routinely applied to the hemodialysis catheter exit site during dressing changes. Select "No" if antimicrobial ointment is not routinely applied to the hemodialysis catheter exit site during dressing changes. Select "N/A" if your center uses chlorhexidine-impregnated dressings.
a.	If yes, what type of ointment is most commonly used?	Conditionally required. Select one antimicrobial ointment that is most commonly applied to the hemodialysis catheter exit site during dressing changes. Select "Other" and specify if a different type of antimicrobial ointment is used.
64.	Who most often accesses hemodialysis catheters for treatment in your center? (select one)	Required. Select one job classification that describes the staff members who most often accesses hemodialysis catheters for treatment in your center. Select "Other" and specify the job classification if the staff members who most often access hemodialysis catheters in your center are not nurses or technicians.
65.	Who most often performs hemodialysis exit site care in your center? (select one)	Required. Select one job classification that describes the staff members who most often performs hemodialysis exit site care in your center. Select "Other" and specify the job classification if the staff members who most often perform hemodialysis exit site care in your center are not nurses or technicians.
66.	Are antimicrobial lock solutions used to prevent hemodialysis catheter infections in your center?	Required. Indicate whether antimicrobial lock solutions are used to prevent hemodialysis catheter infections for all catheter patients in your facility, for some catheter patients in your facility, or for none of the catheter patients in your facility.
a.	If yes, which lock solution is most commonly used?	Conditionally required. Select one type of antimicrobial lock solution that is most commonly used in your facility. <ul style="list-style-type: none"> • Sodium citrate • Gentamycin • Vancomycin • Taurolidine • Ethanol • Multi-component lock solution or other

Survey Question		Instructions for Data Collection
67.	Are needleless closed connector devices (e.g., Tego®, Q-Syte™) used on hemodialysis catheters in your center?	Required. Select “Yes” if closed connector devices are used on hemodialysis catheters in your facility. Select “No” if closed connector devices are not used on hemodialysis catheters in your facility.
	a. If yes, for which patients?	Conditionally required. Indicate for which patients they are used (i.e. home hemodialysis patients, in-center hemodialysis patients, or both).
68.	Are any of the following routinely used for hemodialysis catheters in your center?	Required. Select all of the applicable antimicrobial/antiseptic products that are routinely used for hemodialysis catheters in your facility (i.e., used more frequently than 50% of the time)
69.	Does your center provide hemodialysis catheter patients with supplies to allow for changing catheter dressings outside the dialysis center?	Required. Select “Yes, routinely” if your center has a policy to provide dressing change supplies to all catheter patients to use outside the dialysis center. Note: Select this option if your facility does not have a written policy that does not specifically exclude any catheter patients from receiving these supplies. Select “Yes, only in certain circumstances” if your facility has a policy to only provide dressing change supplies to a select group of catheter patients. Select “No” if your facility does not have a policy to provide dressing change supplies to catheter patients.
70.	a. Does your center educate patients with hemodialysis catheters on how to shower with the catheter?	Required. Select “Yes, routinely” if your facility has a policy to provide patient education on how to shower with the catheter to all catheter patients. Select “Yes, only in certain circumstances” if your facility has a policy that restricts the patient education of how to shower with the catheters to a select group of catheter patients. Select “No” if your facility does not have a policy to educate patients with catheters on how to shower.
	b. Does your center provide hemodialysis catheter patients with a protective catheter cover (e.g., Shower Shield®, Cath Dry™) to allow them to shower?	Required. Select “Yes, routinely” if your facility has a policy to provide protective catheter covers to all catheter patients. Select “Yes, only in certain circumstances” if your facility has a policy that restricts the provision of catheter covers to a select group of catheter patients. Select “No” if your facility has a policy to not provide catheter covers to patients.

Survey Question	Instructions for Data Collection
Comments	Optional. Use this field to add any additional information about the dialysis survey necessary to interpret your responses. If the character limit is inadequate, please email your comments to the NHSN Helpdesk at nhsn@cdc.gov .
<p>Save as ...</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid gray; padding: 2px; margin-right: 5px;">Save As Incomplete</div> Save as Incomplete </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid gray; padding: 2px; margin-right: 5px;">Save As Complete</div> Save as Complete </div>	<p>A complete survey is an annual reporting requirement specified in the NHSN Dialysis Event Surveillance Protocol. Users are prevented from creating Monthly Reporting Plans and submitting monthly data for May through December until a survey for that year has been "Saved as Complete."</p> <p>Surveys become available in the NHSN Dialysis Component on February 1 of each year. Until Feb 8, surveys can only be saved as incomplete. Beginning Feb 8, facilities will see an option to save the survey as complete.</p>