



Instructions for the Outpatient Dialysis Center Practices Survey

These instructions address common questions about the dialysis survey (CDC 57.104). For additional clarification on any survey question, contact the NHSN Helpdesk at nhsn@cdc.gov

Instructions: Complete one survey per facility for the current year. It is strongly recommended to complete the survey in January of each year. The survey should be completed by someone who works in the facility and is familiar with current practices. Complete the survey based on the actual practices at the facility, not the facility policy, if there are differences.

A. Facility Information

10. “Indicate any other conditions that are routinely isolated or cohorted for treatment within your facility.”
- Select only the organisms for which positive patients are segregated. If additional criteria are used to isolate some positive patients, but not others (e.g., active diarrhea, draining wounds), do not select this organism on the survey.
 - Do not select patient conditions that your facility will not admit (e.g., active TB); indicate which conditions your facility will admit and would isolate if the patient was positive for the condition on admission.

B. Patient and staff census

13. “How many **PATIENT CARE** staff (full time, part time, or affiliated with) worked in your facility during the first week of January? *Include only staff who had direct contact with dialysis patients or equipment*”
- The first week of January refers to the first 7 calendar days of the year.
 - 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, but are absent this week due to vacation or other leave.
 - Include per diem staff if they are consistently part of your facility staff.



C. Vaccines

14. a. “Of the patients counted in question 12, how many received: at least 3 doses of hepatitis B vaccine (ever)?”
- Do not count patients who are in the process of completing the series.
 - Include all patients who received ≥ 3 doses, even if the brand of hepatitis B vaccine being used requires four doses.
 - Include patients who have documentation of having a complete hepatitis B vaccine series, even if not received at your facility.
14. b. “Of the patients counted in question 12, how many received: the influenza (flu) vaccine for this flu season (September or later)?”
- This refers to the flu season that begins in the year preceding the survey year. For example, if the survey year is 2013, count flu vaccinations for the 2012-2013 flu season.
 - Include patients who report having received a flu vaccination this season (or for whom there is documentation) even if not received at your facility.
16. a. “Of the patient care staff members counted in question 13, how many received at least 3 doses of hepatitis B vaccine (ever)?”
- Do not count staff members who are in the process of completing the series.
 - Include all staff members who received ≥ 3 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.
16. b. “Of the patient care staff members counted in question 13, how many received the influenza (flu) vaccine for this flu season (September or later)?”
- This question refers to the flu season that precedes the survey year. For example, if the survey year is 2013, count flu vaccinations for the 2012/2013 flu season.
 - Include patient care staff members who report having received a flu vaccination this season (or for whom there is documentation) even if not received at your facility.



D. Hepatitis B and C

Complete this section even if your facility does not treat hepatitis B surface antigen (HBsAg) positive patients.

E. Dialysis Policies and Practices

22. "Does your facility reuse dialyzers for some or all patients?"
- 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.
28. "Indicate whether your facility uses any of the following means to restrict or ensure appropriate antibiotic use."
- Select "Yes" only for the practices implemented for the purpose of appropriate antimicrobial use. If the antimicrobials are restricted for another purpose only (e.g., cost management), select "No".
32. "Of your MAINTENANCE, NON-TRANSIENT hemodialysis patients from question 12 (12a +12b), how many received hemodialysis through each of the following access types during the first week of January?"
- The first week of January refers to the first 7 calendar days of the year.
 - Note that this question counts patients differently than the Denominators for Outpatient Dialysis form.