

COVID-19 Module Dialysis Outpatient Facility

*required to save as complete
 **conditionally required

Facility Operational Information <i>For the following questions, please collect data for the current reporting week. The reporting week is defined as Wednesday through Tuesday with reporting to occur on Wednesday by 3 PM ET.</i>	
_____	*Facility ID (OrgID)
_____	*CMS Certification Number (CCN)
_____	*Facility Name
___/___/___	*Date for which responses are reported
_____	*In-center Patient Census
_____	*Home Patient Census
_____	*Total Certified Stations
_____	*Isolation Stations Included in Total Certified Stations
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Is your facility a designated COVID unit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Does your facility have designated COVID shifts?
_____	*Total number of staff (physician, nurses, techs, environmental services, etc.) who worked during the last week
_____	How many patients on the current in-center census reside in nursing homes?
_____	How many patients on the current home census reside in nursing homes?

*For the following questions, report data during the current reporting week which is Wednesday through Tuesday each week. For questions requiring counts, include only **new data which has occurred during the current reporting week**. Data should not be cumulative.*

SARS-CoV-2 Positive (+) Patients and Staff	
_____	*Number of newly confirmed in-center patients the current reporting week
_____	*Number of newly confirmed in-center patients that reside in nursing homes the current reporting week
_____	*Number of newly confirmed patients during the current reporting week that are home patients
_____	*Number of newly confirmed staff during the current reporting week

_____	*Number of SARS-CoV-2 patients who are currently admitted to the hospital during the current reporting week
_____	*Number of confirmed patients currently self-monitoring and continuing in-center therapy during the current reporting week
_____	*Number of confirmed patients currently self-monitoring and continuing home therapy during the current reporting week

Suspected SARS-CoV-2 Infection	
_____	*Number of new suspect patient cases during the current reporting week
_____	*Number of new suspect staff cases during the current reporting week

Testing for SARS-CoV-2 Infection	
_____	*Number of new patients who were recently tested for SARS-CoV-2 during the current reporting week
_____	*Of those new patients who were recently tested for SARS-CoV-2 since last reporting, how many had a negative SARS-CoV-2 test result during the current reporting week
_____	*Of those new patients who were recently tested for SARS-CoV-2 since last reporting, how many had a positive SARS-CoV-2 test result during the current reporting week
_____	*Of those new patients who were recently tested for SARS-CoV-2 since last reporting, how many had an unknown SARS-CoV-2 test result during the current reporting week

SARS-CoV-2 Positives (+) that have recovered	
_____	*Number of patients recovered during the current reporting week
_____	*Number of staff recovered during the current reporting week

Suspected or Confirmed SARS-CoV-2 deaths	
_____	*Number of patients with suspected or confirmed SARS-CoV-2 infection that have died during the current reporting week
_____	*Number of staff with suspected or confirmed SARS-CoV-2 infection that have died during the current reporting week

For the following questions, please collect data and report findings during the current reporting week

Staff and/or Personnel Impact	
Will your facility have a critical shortage of staff and/or personnel within the next week?	
Staffing Shortage?	Staff and Personnel Groups
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical Staff: physician, physician assistant, advanced practice nurse
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tech: dialysis technician
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other staff or facility personnel, regardless of clinical responsibility or patient contact not included in the categories above (for example, environmental services, biomed)

Supplies & Personal Protective Equipment (PPE)		
Supply Item	Do you currently have any supply?	Do you have enough for one week if using conventional strategies?
N95 masks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgical masks or medical facemasks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye protection, including face shields or goggles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single-use Isolation Gowns	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol-based hand sanitizer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Laboratory Testing	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your facility have the ability to collect specimens onsite for SARS-CoV-2 testing?
<input type="checkbox"/> Viral (PCR) <input type="checkbox"/> Antigen <input type="checkbox"/> Antibody	**If yes, what types of specimens are being collected?
<input type="checkbox"/> NP swab <input type="checkbox"/> Anterior Nares swab <input type="checkbox"/> Mid Turbinate swab <input type="checkbox"/> OP swab <input type="checkbox"/> Saliva	**If yes to viral (PCR) tests, what types of specimens are being collected?

<input type="checkbox"/> Lack of recommended personal protective equipment (PPE) for personnel to wear during specimen collection <input type="checkbox"/> Lack of supplies for specimen collection <input type="checkbox"/> Lack of access to a laboratory for submitting specimens <input type="checkbox"/> Lack of access to trained personnel to perform testing <input type="checkbox"/> Uncertainty about testing reimbursement <input type="checkbox"/> Other: Specify _____	<p>**If no, indicate reasons why specimens are not being collected onsite for SARS-CoV-2 testing?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, does your facility have an in-house point-of-care test machine (capability to perform SARS-CoV-2 testing within your facility)?</p>