

# National Healthcare Safety Network Dialysis Annual Updates 2024

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# Agenda

## Denominator Form

- Status of reuse dialyzer question

## Outpatient Dialysis Center Practices Survey


- Review updates to the survey

# Dialysis Event Surveillance Form Changes

# Risk Factors

## Vascular Access Use

- Vascular access used at time of event – remains an optional question for 2024; will become required in 2025 with updated CDA
- Patient's dialyzer reuse question has been removed

Access <b>used for dialysis at the time of the event:</b> (if more than one access was used for the dialysis treatment, please indicate the access with the higher risk of infection)	
<input type="checkbox"/> Fistula	<input type="checkbox"/> Non-tunneled central line
<input type="checkbox"/> Graft	<input type="checkbox"/> Other vascular access device
<input type="checkbox"/> Tunneled central line	
Patient's dialyzer is <u>reused</u> ?	<input type="checkbox"/> Yes  <input type="checkbox"/> No

# Denominator Form

# Denominator Form

- Number of patients whose dialyzer was reused question has been removed
- No other changes

## Denominators for Dialysis Event Surveillance Census Form – completed once per month

Complete this form as indicated by the Dialysis Event Protocol:  
<http://www.cdc.gov/nhsn/PDFs/pscManual/8pscDialysisEventcurrent.pdf>  
 Instructions for this form are available at: [http://www.cdc.gov/nhsn/forms/instr/57\\_503.pdf](http://www.cdc.gov/nhsn/forms/instr/57_503.pdf)  
 \*required for saving

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**Reporting to "Outpatient Hemodialysis Clinic" Location:**  
 Record the number of outpatients who received hemodialysis at your center on the first two working days of the month, including transient patients. A patient must be physically present for hemodialysis on one of these days to be counted on this form (e.g., exclude patients who are hospitalized). Record each patient **only once**. If a patient has more than one vascular access, record the access type with highest risk for infection (per the protocol) even if that access is not used for dialysis or is abandoned.

\*Facility ID #: \_\_\_\_\_

\*Location Code: \_\_\_\_\_ \*Month: \_\_\_\_\_ \*Year: \_\_\_\_\_

Vascular Access Type	*Number of Hemodialysis Outpatients
*Fistula	
*Graft	
*Tunneled central line	
*Non-tunneled central line	
*Other vascular access device (e.g., catheter-graft hybrid, port)	
<b>*Total patients</b> (sum of all patients listed above)	

\*Number of these Fistula Patients who undergo Buttonhole Cannulation

Number of these patients for whom dialyzers are reused



# 2024 Outpatient Dialysis Center Practices Survey

# Dialysis Center Information Section

- **Question #12 – Does your center reuse dialyzers for any patients?**
  - This question has been removed
- **Question #15 - ...Where have you dialyzed patients with SARS-COV-2?**
  - This question has been removed
- **No additional changes for the 2024 Outpatient Dialysis Center Practices Survey**

## Outpatient Dialysis Center Practices Survey

Complete this survey as described in the [Dialysis Event Protocol](#).

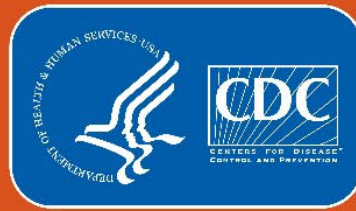
**Instructions:** This survey is only for dialysis centers that provide in-center hemodialysis. If your center offers only home dialysis, please complete the Home Dialysis Center Practices Survey. Complete one survey per center. Surveys are completed for the current year. It is strongly recommended that 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. Please submit your responses to the questions in this survey electronically by logging into your NHSN facility.

*required to Save as Complete	
*Facility ID #:	*Survey Year:
*ESRD Network #:	
<b>Dialysis Center Information</b>	
*1. What is the ownership of your dialysis center? (choose one)	

*11.	Which of the following staff does your facility have to ensure permanent vascular access placement and maintenance (to decrease CVC use in hemodialysis patients)?  <input type="checkbox"/> Dedicated vascular access coordinator <input type="checkbox"/> Nephrologist who oversees patient education and coordinates patient care related to vascular access <input type="checkbox"/> Relationship with or access to a surgeon skilled in access placement (or a process to refer patients to a surgeon that is skilled in access placement) <input type="checkbox"/> Cannulation expert <input type="checkbox"/> Relationship with or access to interventional nephrologists or interventional radiologist <input type="checkbox"/> Other, specify: _____
*12.	Does your center reuse dialyzers for any patients? <input type="checkbox"/> Yes <input type="checkbox"/> No

*15.	In the past year, where have you dialyzed patients with SARS-COV-2 infections? (Select all that apply) <input type="checkbox"/> Isolation room <input type="checkbox"/> Covid shift <input type="checkbox"/> Covid Unit <input type="checkbox"/> Separate area on treatment floor while other non-COVID patients are present <input type="checkbox"/> Not Applicable
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**Questions?**

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