

National Healthcare Safety Network Dialysis Annual Updates 2024

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Agenda

Review Changes to the Dialysis Event Surveillance Form

- Inclusion of Sex at Birth and Gender Identity fields
- Discuss Access Used at time of Event question update

Denominator Form

- Status of reuse dialyzer question

Outpatient Dialysis Center Practices Survey

- Review updates to the survey

Dialysis Event Surveillance Form Changes

Sex at Birth & Gender Identity Fields

Patient Information Section

- The new “Sex at Birth” field has the following options
 - Male
 - Female
 - Unknown
- The new “Gender Identity” drop down feature provides the following options:
 - Male
 - Female
 - Female to Male Transgender
 - Male to Female Transgender
 - Identifies as Non-Conforming
 - Other
 - Asked but Unknown

NATIONAL HEALTHCARE SAFETY NETWORK www.cdc.gov/nhsn

Dialysis Event Surveillance Form


*required for saving

Patient Information	
Facility ID:	Event ID #:
*Patient ID:	Social Security #:
Secondary ID #:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Sex at Birth: M F Other	Gender Identity:
Ethnicity (Specify):	Race (Specify):

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 used for dialysis at the time of the event: (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
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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		⇒ *Number of these Fistula Patients who undergo Buttonhole Cannulation <input type="text"/>
*Graft		
*Tunneled central line		
*Non-tunneled central line		
*Other vascular access device (e.g., catheter-graft hybrid, port)		
*Total patients (sum of all patients listed above)		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

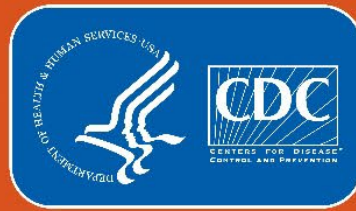
Complete this survey as described in the [Dialysis Event Protocol](#).

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 #:	
Dialysis Center Information	
*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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