

Date completed mm/dd/yyyy ___ / ___ / ___

A. Facility Information:

Facility ID: _____

1. Ownership of your dialysis center (choose one):

For profit Not for profit Government

2. Location / hospital affiliation of your dialysis center:

Hospital based Freestanding Freestanding but owned by a hospital

3. Types of dialysis services offered (check all that apply):

- In-center hemodialysis
- peritoneal dialysis
- home hemodialysis

4. Number of in-center hemodialysis stations: _____

5. Is your facility part of a group or chain of dialysis centers? Y N

If yes, name of group or chain: (dropdown list)

DaVita Dialysis Clinic Inc. (DCI)

Fresenius Medical Care Other chain: _____

6. Primary person(s) responsible for collecting data for this survey (check all that apply):

Dialysis nurse Dialysis technician Administrator

Infection control practitioner Other: _____

7. Is there someone at your unit in charge of infection control? Y N

If Yes, check all that apply:

Dialysis staff member Hospital-affiliated or other infection control practitioner comes

to our unit Other: _____

8. In general at your facility, are hemodialysis patients treated in discrete shifts (e.g., morning shift separate from afternoon shift) or are dialysis treatments initiated as soon as a machine is available (choose one answer)?

Discrete shifts

Not discrete shifts (mixed shifts)

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

9. At a typical hemodialysis station, how much time separates the removal of one patient who has just completed treatment from the initiation of the next patient on the same machine?
 _____ hours _____ minutes

10. Please select the types of records available to infection control personnel (check all that apply).

	Paper copies	Electronic records	None
Infections			
Hospitalizations			
Antibiotic therapy			
Machine assignment			
Hepatitis seroconversions			

Please respond to the following questions based on records from your facility for the first week of December

B. Patient and staff census

11. How many **CHRONIC, NON-TRANSIENT dialysis PATIENTS** were assigned to your center?

Of these, please indicate the number who received:

- a. in-center hemodialysis _____ b. home hemodialysis _____
 c. peritoneal dialysis _____ *(the sum of a, b, and c should equal the answer given for #11)*

12. How many full-time and part-time **CLINICAL** staff were employed in your facility? *Include only staff who had direct contact with hemodialysis patients or equipment* _____

Specify the number of these clinical staff by category:

- a. nurse / nurse assistant _____ b. dialysis patient-care technician _____
 c. dialysis biomedical technician _____ d. social worker _____
 e. dietician _____ f. physicians / physician assistant _____
 g. other _____ *(the sum of a-g should equal the answer given for #12)* _____

C. Vaccines

13. Of the patients counted in question 11, how many received:

- a) at least 3 doses of hepatitis B vaccine (ever)?
 b) the influenza (flu) vaccine for this flu season (September or later) ?
 c) the pneumococcal pneumonia vaccine (in the past 5 years)?

14. Of the staff members counted in question 12, how many

- received at least 3 doses of hepatitis B vaccine ever
- received the influenza (flu) vaccine for this flu season (September 2007 or later) ?

15. Does your facility use standing orders to allow nurses to administer vaccines to patients without a specific physician order?

- Yes, only for hepatitis B vaccine Yes, for hepatitis B and other vaccines
 No, not for any vaccines

D. Hepatitis

16. Of your **CHRONIC, NON-TRANSIENT** in-center hemodialysis PATIENTS from question 11. How many converted from hepatitis B surface **ANTIGEN** (HBsAg) negative to positive in the past 12 months (*i.e. had newly acquired hepatitis B virus infection, not as a result of vaccination*). Do not include patients who were antigen positive before they were first dialyzed in your center)? _____

How many were hepatitis B surface antigen (HBsAg) positive on arrival to your center? _____

17. Of the patients counted in question 11 a., were all or almost all tested for hepatitis B surface **ANTIBODY** (anti-HBs) in the past 12 months? ___Y ___N
If Yes, how many were positive? _____

18. Of the patients counted in question 11 a., were all or almost all tested for **hepatitis C antibody** in the past 12 months? (*Note-this is NOT hepatitis B core antibody*)? ___Y ___N
If Yes, how many were positive for hepatitis C antibody? _____

C. DIALYSIS POLICIES AND PRACTICES

19. Does your facility reuse dialyzers for some or all patients? ___Y ___N

If Yes,

- a) What method is used to disinfect the majority of these dialyzers? (CHOOSE ONE)
b) Formaldehyde (formalin) Glutaraldehyde (Diacide) Peracetic acid (e.g., Renalin, and others) Heat Amuchina Other

c) Is bleach also used to clean the inside of these dialyzers? ___Y ___N.

d) Where are dialyzers reprocessed? Dialyzers are reprocessed at your facility Dialyzers are transported to an off-site facility for reprocessing Both at your facility and off-site

e) If reprocessed on-site, are they processed on the same day of their use? ___Y ___N
___ Mixed

20. Where are medications from multidose vials most commonly drawn into syringes to prepare for patient administration? (CHOOSE ONLY ONE)
 At a fixed location within the dialysis unit, not separated by walls from the rest of the patient treatment area
 In a separate medication room or in a medication area separate from the patient treatment area
 On a mobile medication cart within the treatment area or at the individual dialysis stations
 Other, specify

21. Does your facility generally use erythropoietin from single-dose or multiple-dose vials?

- Single-dose Multiple-dose

If your facility uses single-dose:

Is erythropoietin from a single-dose vial administered to more than one patient? ___Y ___N

22. Does your center utilize any means of restricting or ensuring appropriate antibiotic use? ___Y ___No

If yes, is it:

___ have a written policy on antibiotic use ___ formulary restrictions
___ antibiotic use approval process ___ automatic stop orders for antibiotics

F. VASCULAR ACCESS

23. Job classification of staff members primarily responsible for providing hemodialysis catheter care (access catheters or change dressing) (check all that apply):

Nurse Technician Other: _____

24. Before puncture of a graft or fistula, the area is washed or prepped with (check all that are commonly used):

Nothing Plain soap Antibacterial soap or scrub Povidone-iodine
 Alcohol Chlorhexidine Other: _____

25. The most common connector-device on hemodialysis catheters used in your center are (select one):

needleless luer-lock devices blunt needle systems sharp needle systems

26. Before access of hemodialysis catheters, the catheter port site (usually a rubber diaphragm) is prepped with (check the one most commonly used)

Nothing Povidone-iodine Chlorhexidine Alcohol Multiple agents
 Other (specify): _____

27. When a hemodialysis catheter dressing is changed, the exit site (i.e., place where the catheter enters the skin) is cleaned with (check the one most commonly used):

Nothing Povidone-iodine Chlorhexidine Alcohol
 Other (specify): _____

28. For hemodialysis catheters, is antibacterial ointment routinely applied to exit site during dressing change? Y N

If yes, what type of ointment? Povidone-iodine Mupirocin
 Bacitracin/polymixin (polysporin)

Other: _____

29. For peritoneal dialysis catheters, is antibacterial ointment routinely applied to exit site during dressing change? Y N N/A

If yes, what type of ointment? Povidone-iodine Mupirocin
 Bacitracin/polymixin (polysporin) Ciprofloxacin _____

Gentamicin

Other: _____

30. How often do you use a chlorhexidine patch (e.g., Biopatch) to cover the hemodialysis catheter exit site?

Never Sometimes Frequently or always

31. Specify type of dressing used over hemodialysis catheters (check types that are commonly used):

None Gauze Band-aid Transparent
 Chlorhexidine patch (e.g., Biopatch) Other: _____

32. How often is the dressing changed for most patients with hemodialysis catheters?

times per week.