

Facility ID#: _____ *Survey Year: _____

A. Facility Information

- *1. Ownership of your dialysis center (choose one): Government Not for profit For Profit
- *2. Location/hospital affiliation of your dialysis center: Freestanding Hospital based
 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? Yes No
 If Yes, name of group or chain:
 Da Vita Dialysis Clinic Inc. (DCI) Fresenius Medical Care
 American Renal Assoc. Nat'l Renal Alliance Nat'l Renal Institutes
 Dialysis Corp. of America Renal Research Institute Satellite Healthcare
 Renal Advantage Inc Liberty Dialysis Renal Care Partners
 Other (specify): _____
- *6. Do you (the person primarily responsible for collecting data for this survey) perform patient care in this dialysis unit? Yes No
- *7. Is there someone at your unit in charge of infection control? Yes No
 If Yes, which best describes this person?
 Hospital-affiliated or other infection control practitioner comes to our unit
 Dialysis nurse or nurse manager
 Dialysis facility administrator or director
 Dialysis education specialist
 Other dialysis staff (specify): _____
- *8. Is there a dedicated vascular access nurse/coordinator at your facility? Yes No
- *9. Does your unit have capacity to isolate hepatitis B? Yes, use hepatitis B isolation room
 Yes, use hepatitis B isolation area No hepatitis B isolation
- *10. Indicate any other conditions that are isolated in your unit (check all that apply): None
 Hepatitis C Tuberculosis (TB) MRSA Other (specify): _____

Patient Safety Component- Outpatient Dialysis Center Practices Survey

A. Facility Information (continued)

*11. Please indicate whether the following types of records are available to staff or an administrator in your unit (check all that apply):

	Yes, available	Yes, available electronically	Not available
Local hospital microbiology lab results (i.e., for cultures sent to hospital lab or patients during hospitalization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemodialysis station & machine assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to the following questions based on records from your facility for the first week of January (applies to current or most recent January relative to current date).

B. Patient and staff census

- *12. How many CHRONIC, NON-TRANSIENT dialysis **PATIENTS** were assigned to your center during the first week of January? _____
 Of these, please indicate the number who received:
 a. in-center hemodialysis: _____
 b. home hemodialysis: _____
 c. peritoneal dialysis: _____
- *13. How many full-time and part-time **PATIENT CARE** staff were employed in your facility during the first week of January? *Include only staff who had direct contact with dialysis patients or equipment:* _____
 Specify the number of these clinical staff by category:
 a. nurse/nurse assistant: _____ e. dietician: _____
 b. dialysis patient-care technician: _____ f. physicians/physician assistant: _____
 c. dialysis biomedical technician: _____ g. nurse practitioner: _____
 d. social worker: _____ h. other: _____

C. Vaccines

- *14. Of the patients counted in question 12, how many received:
 a. at least 3 does of hepatitis B vaccine (ever)? _____
 b. the influenza (flu) vaccine for this flu season (September or later)? _____
 c. the pneumococcal vaccine (ever)? _____
- *15. Does your facility use standing orders to allow nurses to administer vaccines to patients without a specific physician order?
 Yes, for some or all vaccines
 No, not for any vaccines
- *16. Of the patient care staff members counted in question 13, 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)? _____
- *17. Please indicate whether your facility offers the following immunizations:
- | | Yes | No |
|---|--------------------------|--------------------------|
| a. influenza vaccine offered to patients | <input type="checkbox"/> | <input type="checkbox"/> |
| b. influenza vaccine offered to patient care staff | <input type="checkbox"/> | <input type="checkbox"/> |
| c. pneumococcal vaccine offered to patients | <input type="checkbox"/> | <input type="checkbox"/> |

- *24. What type of erythropoietin vials are generally used in your facility? Single-dose Multiple-dose N/A Is erythropoietin from a single-dose vial administered to more than one patient? Yes No
- *25. Please indicate whether your facility uses any of the following means of restricting or ensuring appropriate antibiotic use?
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. have a written policy on antibiotic use | <input type="checkbox"/> | <input type="checkbox"/> |
| b. formulary restrictions | <input type="checkbox"/> | <input type="checkbox"/> |
| c. antibiotic use approval process | <input type="checkbox"/> | <input type="checkbox"/> |
| d. automatic stop orders for antibiotics | <input type="checkbox"/> | <input type="checkbox"/> |

F. Vascular Access

- *26. For AV grafts or fistulas:
- a. Before prepping the area for puncture, is the area commonly washed with soap and water? Yes No
- b. Before puncture of a graft or fistula, the area is most often prepped with:
- Alcohol Chlorhexidine (e.g., Chloraprep®) Povidone-iodine (or tincture of iodine)
- Sodium hypochlorite solution (e.g., ExSept®) Other (specify): _____
- c. Is buttonhole cannulation performed on any patients in your facility? Yes No
- *27. Job classification of staff members primarily responsible for providing hemodialysis catheter care (i.e., access catheters or change dressing) (select one): Nurse Technician
- *28. For hemodialysis catheters:
- a. Before access of the hemodialysis catheter, **the catheter ports** are prepped with (check the one most commonly used): Alcohol Chlorhexidine (e.g., Chloraprep®) Povidone-iodine (or tincture of iodine)
- Sodium hypochlorite solution (e.g., ExSept®, Alcavis) Other (specify): _____ Nothing
- b. When the catheter dressing is changed, the exit site (i.e. place where the catheter enters the skin) is cleansed with (check the one mostly commonly used):
- Alcohol Chlorhexidine (e.g., Chloraprep®) Povidone-iodine (or tincture of iodine)
- Sodium hypochlorite solution (e.g., ExSept®, Alcavis) Other (specify): _____ Nothing
- *29. Are antimicrobial lock solutions used to prevent hemodialysis catheter infections in your unit?
- Yes, for all catheter patients Yes, for some catheter patients No
- If yes, indicate the lock solutions used (check all that apply): Sodium citrate Gentamicin
- Vancomycin Taurolidine Ethanol Other (specify): _____
- For **hemodialysis catheters**, is antibacterial ointment routinely applied to the exit site during dressing change?
- Yes No
- *30. If Yes, what type of ointment? Bacitracin/polymixin (e.g., Polysporin®) Povidone-iodine
- Mupirocin Other (specify): _____
- *31. For **peritoneal dialysis catheters**, is antibacterial ointment routinely applied to exit site during dressing change?
- Yes No N/A
- If Yes, what type of ointment? Bacitracin/polymixin (e.g., Polysporin®) Gentamicin
- Mupirocin Other (specify): _____
- *32. Are any of the following used to prevent hemodialysis catheter-related infections in your unit (check all that apply):
- Antimicrobial-impregnated hemodialysis catheters Chlorhexidine dressing (e.g., Biopatch®, Tegaderm™ CHG)
- Closed connector luer access devices (e.g., Tego® or Q-Syte™)