Patient Safety Component–
Outpatient Dialysis Center Practices Survey

OMB No. 0920-0666
Exp. Date: xx-xx-xxxx

* required

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): _____

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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)	☐	☐	☐
Hemodialysis station & machine assignment	☐	☐	☐
Staff immunizations	☐	☐	☐

Please respond to the following questions based on records from your facility for <u>the first week of January</u> (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: _____
b. dialysis patient-care technician: _____
c. dialysis biomedical technician: _____
d. social worker: _____
e. dietician: _____
f. physicians/physician assistant: _____
g. nurse practitioner: _____
h. other: _____

C. Vaccines

*14. Of the <u>patients</u> counted in question 12, how many received:

a. at least 3 does of hepatitis B vaccine (ever)? _____
b. the influenza (flu) vaccine for <u>this</u> 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 <u>staff members</u> 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**	☐	☐
b. influenza vaccine offered to patient care **staff**	☐	☐
c. pneumococcal vaccine offered to **patients**	☐	☐

*18. Of your CHRONIC, NON-TRANSIENT hemodialysis patients from question 12 (12a + 12b), indicate the number with each of the following access types during the first week of January *(patients with > 1 access type should be counted in each applicable category):*

AV fistula _____ Tunneled central line _____
AV graft _____ Nontunneled central line _____
Hybrid access (e.g., graft-catheter) _____

D. Hepatitis B and C

*19. Of your **CHRONIC, NON-TRANSIENT** in-center hemodialysis PATIENTS from question 12a:

a. 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*: _____

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

*20. Of the patients counted in question 12a., were all or almost all tested for hepatitis B surface ANTIBODY (anti-HBs) in the past 12 months? Yes No

If Yes, how many were positive? _____

*21. Does your facility routinely test hemodialysis patients for **hepatitis C** antibody (anti-HCV)? *(Note: This is NOT hepatitis B core antibody)*? ☐ Yes, every 6 months ☐ Yes, every 12 months

☐ No *(not done or less frequently than yearly)*

If Yes, Of the patients counted in question 12a.,

a. How many converted from anti-HCV negative to positive during the past 12 months *(i.e., had newly acquired hepatitis C infection)? Do not include patients who were anti-HCV positive before they were first dialyzed in your center*:_____

b. How many were positive for hepatitis C antibody on arrival to your center? _____

E. Dialysis Policies and Practices

*22. Does your facility reuse dialyzers for some or all patients? Yes No

If Yes,

a. What method is used to disinfect the majority of these dialyzers?

☐ Amuchina ☐ Glutaraldehyde (e.g., Diacide®) ☐ Peracetic acid (e.g., Renalin®)
☐ Formaldehyde ☐ Heat ☐ Other

b. Is bleach also used to clean the inside of these dialyzers? Yes No

c. Where are dialyzers reprocessed? ☐ Dialyzers are reprocessed at our facility

☐ Dialyzers are transported to an off-site facility for reprocessing

☐ Both at our facility and off-site

d. Are dialyzers refrigerated before reprocessing? Yes No

*23. Where are medications from multidose vials most commonly drawn into syringes to prepare for patient administration?

☐ On a mobile medication cart within the treatment area or at the individual dialysis stations

☐ In a separate medication room or in a medication area separate from the patient treatment area

☐ At a fixed location within the dialysis unit, not separated by walls from the rest of the patient treatment area

☐ Other (specify): _____

*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	☐	☐
b.	formulary restrictions	☐	☐
c.	antibiotic use approval process	☐	☐
d.	automatic stop orders for antibiotics	☐	☐

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™)