

# Outpatient Dialysis Center Practices Survey

Form Approved  
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P\* age 1 of 7

Facility ID#: _____	*Survey Year: _____
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## A. Dialysis Center Information

### A.1. General

- \*1. Ownership of your dialysis center (choose one):  
 Government                       Not for profit                       For profit
- \*2. Location/hospital affiliation of your dialysis center (choose one):  
 Freestanding                       Hospital based                       Freestanding but owned by a hospital
- \*3. Types of dialysis services offered (select all that apply):  
 In-center daytime hemodialysis                       In-center nocturnal hemodialysis                       Peritoneal dialysis                       Home hemodialysis
- \*4. Number of in-center hemodialysis stations: \_\_\_\_\_
- \*5. Is your center part of a group or chain of dialysis centers?                       Yes                       No  
     a. If yes, name of group or chain: \_\_\_\_\_
- \*6. Do you (the person primarily responsible for collecting data for this survey) perform care in the dialysis center?                       Yes                       No patient
- \*7. Is there someone at your dialysis center in charge of infection control?                       Yes                       No  
     a. If yes, which best describes this person? (if >1 person in charge, select all that apply)  
          Hospital-affiliated or other infection control practitioner comes to our unit  
          Dialysis nurse or nurse manager  
          Dialysis center administrator or director  
          Dialysis education specialist  
          Other, specify: \_\_\_\_\_
- \*8. Is there a dedicated vascular access nurse/coordinator (either full or part-time) at your                       Yes

### A.2. Isolation and Screening

- \*9. Does your center have capacity to isolate patients with hepatitis B?  
 Yes, use hepatitis B isolation room                       Yes, use hepatitis B isolation area                       No hepatitis B isolation

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## A.2. Isolation and Screening (continued)

\*10. Indicate any other conditions for which patients are isolated or cohorted for treatment within your center (select all that apply):

- |   |   |
|---|---|
| None <input type="checkbox"/> Hepatitis C                 | Active tuberculosis (TB)                |
| Vancomycin-resistant <i>Enterococcus</i> (VRE)            | <i>Clostridium difficile</i> (C. Diff.) |
| Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) | Other, specify: _____                   |

\*11. Does your center routinely screen patients for tuberculosis (TB) on admission to your center? Yes      No

## A.3. Patient Records

\*12. Does your center routinely maintain records of patients' hemodialysis **station** assignment?  Yes  
 No

\*13. Does your center routinely maintain records of patients' hemodialysis **machine** assignment?  Yes  
 No

\*14. If a patient from your center was hospitalized, how often is your center able to determine if a bloodstream infection contributed to their hospital admission?  
 Always       Often       Sometimes       Rarely       Never       N/A – not pursued

\*15. How often is your center able to obtain a patient's microbiology lab records from a hospitalization?

**Please respond to the following questions based on information from your center for the first week of February** (applies to current or most recent February relative to current date).

## B. Patient and staff census

\*16. Was your center operational during the first week of February?  Yes     No

\*17. How many MAINTENANCE, NON-TRANSIENT dialysis **PATIENTS** were assigned to your center during the first week of February? \_\_\_\_\_

Of these, indicate the number who received:

- a. In-center hemodialysis: \_\_\_\_\_
- b. Home hemodialysis: \_\_\_\_\_
- c. Peritoneal dialysis: \_\_\_\_\_

\*18. How many **PATIENT CARE** staff (full time, part time, or affiliated with) worked in your center during the first week of February? *Include only staff who had direct contact with dialysis patients or equipment.* \_\_\_\_\_

Specify the number of persons by category:

- |  |  |
|--|--|
| a. Nurse/nurse assistant: _____            | e. Dietitian: _____                      |
| b. Dialysis patient-care technician: _____ | f. Physicians/physician assistant: _____ |
| c. Dialysis biomedical technician: _____   | g. Nurse practitioner: _____             |

## C. Vaccines

\*19. Of the patients counted in question 17, how many received:  
 a. At least 3 doses of hepatitis B vaccine (ever)? \_\_\_\_\_  
 b. The influenza (flu) vaccine for the current/most recent flu season? \_\_\_\_\_  
 c. The pneumococcal vaccine (ever)? \_\_\_\_\_

\*20. Of your MAINTENANCE, NON-TRANSIENT hemodialysis patients from question 17 (17a + 17b), how many received at least 3 doses of hepatitis B vaccine (ever)? \_\_\_\_\_

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- \*21. Of the patient care staff members counted in question 18, how many received:
- At least 3 doses of hepatitis B vaccine (ever)? \_\_\_\_\_
  - The influenza (flu) vaccine for the current/most recent flu season? \_\_\_\_\_
- \*22. Does your center use standing orders to allow nurses to administer some or all vaccines to patients without a specific physician order?
- Yes  
 No
- \*23. Which type of pneumococcal vaccine does your center offer to **patients**? (choose one)
- Polysaccharide (i.e., PPSV23) only  
 Conjugate (e.g., PCV13) only  
 Both polysaccharide & conjugate  
 Offered, but type unknown  
 Neither offered

## D. Hepatitis B and C

### D.1. Hepatitis B

- \*24. Of the MAINTENANCE, NON-TRANSIENT in-center hemodialysis PATIENTS from question 17a:
- How many were hepatitis B surface **ANTIGEN** (HBsAg) positive in the first week of February?
    - Of these patients who were hepatitis B surface **ANTIGEN** (HBsAg) positive in the first week of February, how many were positive when first admitted to your center? \_\_\_\_\_
  - How many patients converted from hepatitis B surface ANTIGEN (HBsAg) negative to positive during the prior 12 months (i.e., in the past year, how many patients 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: \_\_\_\_\_

### D.2. Hepatitis C

- \*25. Does your center routinely screen hemodialysis patients for **hepatitis C** antibody  Yes  
 No (anti-HCV) on admission to your center? (Note: This is NOT hepatitis B core antibody)
- \*26. Does your center routinely screen hemodialysis patients for hepatitis C antibody (anti-  Yes  
 No HCV) at any other time?
- If yes, how frequently?  
 Twice annually       Annually       Other, specify: \_\_\_\_\_
- \*27. Of the MAINTENANCE, NON-TRANSIENT in-center hemodialysis patients counted in question 17a,
- How many were hepatitis C antibody positive in the first week of February? \_\_\_\_\_
    - Of these patients who were hepatitis C antibody positive in the first week of February, how many were positive when first admitted to your center? \_\_\_\_\_
  - How many patients converted from hepatitis C antibody negative to positive during the prior 12

## E. Dialysis Policies and Practices

### E.1. Dialyzer Reuse

- \*28. Does your center reuse dialyzers for some or all patients?  Yes  
 No If yes,
- Where are dialyzers reprocessed?  
 Dialyzers are reprocessed at our center only  
 Dialyzers are transported to an off-site facility for reprocessing only  
 Both at our center and off-site

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## E.1. Dialyzer Reuse (continued)

- b. If your center reuses dialyzers for some or all patients, are dialyzers refrigerated  Yes  No before reprocessing?
- c. How is dialyzer header cleaning performed? (select all that apply)
- Automated machine (e.g., RenaClear® System)
  - Spray device (e.g., ASSIST® header cleaner)
  - Insertion of twist-tie or other instrument to break up clots
  - Disassemble dialyzer to manually clean
  - Other, specify: \_\_\_\_\_
  - No separate header cleaning step performed
- d. Is there a limit to the number of times a dialyzer is used?
- Yes (indicate number): \_\_\_\_\_
  - No limit as long as dialyzer meets certain criteria (e.g., passes pressure leak test, etc.)

## E.2. Dialysate

- \*29. What type of dialysate is used for in-center hemodialysis patients at your center? (choose one)
- Conventional
  - Ultrapure
- \*30. Does your center routinely test dialysate from the patient's machine for culture and endotoxin whenever a patient has a pyrogenic reaction?  Yes  No

## E.3. Priming Practices

- \*31. Does your center use hemodialysis machine Waste Handling Option (WHO) ports?  Yes  No
- \*32. Are any patients in your center "bled onto the machine" (i.e., where blood is allowed to reach or almost reach the prime waste receptacle or WHO port)?  Yes  No

## E.4. Injection Practices

- \*33. What form of erythropoiesis stimulating agent (ESA) is most often used in your center?
- Single-dose vial
  - Multi-dose vial
  - Pre-packaged syringe
  - N/A
- a. Is ESA from one single-dose vial or syringe administered to more than one  Yes  No patient?
- \*34. Where are medications most commonly drawn into syringes to prepare for patient administration? (choose one)
- At the individual dialysis stations
  - On a mobile medication cart within the treatment area
  - At a fixed location within the patient treatment area (e.g., at nurses' station)
  - At a fixed location removed from the patient treatment area (not a room)
  - In a separate medication room
  - In a pharmacy
  - Other, specify: \_\_\_\_\_
  - N/A
- \*35. Do technicians administer any IV medications or infusates (e.g., heparin, saline) in your  Yes  No center?

## E.5. Antibiotic Use

- \*36. Indicate whether your center uses any of the following means to restrict or ensure 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"/> |

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## E.6. Prevention Activities

- \*37. Has your center participated in any national or regional infection prevention-related  Yes  
 No initiatives?
- a. If yes, indicate the primary focus of the initiative(s): (if >1 initiative, select all that apply)
- Catheter reduction
  - Hand hygiene
  - Bloodstream infection prevention
  - Patient education on infection prevention
  - Increasing vaccination rates
  - Decrease use of antibiotics
  - Improving general infection control
  - Improving culture of safety
  - Other, specify: \_\_\_\_\_
- \*38. Does your center follow CDC-recommended Core Interventions to prevent bloodstream infections in hemodialysis patients?  
 Yes  No  Don't know
- \*39. Does your center perform hand hygiene audits of staff monthly (or more frequently)?  Yes  No
- \*40. Does your center perform observations of staff vascular access care and catheter  Yes  
 No  
accessing practices quarterly (or more frequently)?
- \*41. Does your center perform staff competency assessments for vascular access care and  Yes

## E.7. Peritoneal Dialysis

- \*42. For **peritoneal dialysis catheters**, is antimicrobial ointment routinely applied to the exit site during dressing change?  
 Yes  No  N/A
- a. If yes, what type of ointment is most commonly used? (choose one)
- Gentamicin  Bacitracin/polymyxin B (e.g., Polysporin®)
  - Mupirocin  Bacitracin/neomycin/polymyxin B (triple antibiotic)
  - Povidone-iodine  Bacitracin/gramicidin/polymyxin B (Polysporin® Triple)
  - Other, specify: \_\_\_\_\_

## F. Vascular Access

### F.1. General Vascular Access Information

- \*43. Of your MAINTENANCE, NON-TRANSIENT hemodialysis patients from question 17 (17a + 17b), how many received hemodialysis through each of the following access types during the first week of February?
- a. AV fistula \_\_\_\_\_
  - b. AV graft \_\_\_\_\_
  - c. Tunneled central line \_\_\_\_\_
  - d. Nontunneled central line \_\_\_\_\_
  - e. Other access device (e.g., catheter-graft hybrid) \_\_\_\_\_

### F.2. Arteriovenous (AV) Fistulas or Grafts

- \*44. Before prepping the fistula or graft site for cannulation, the site is most often cleansed with:  
 Soap and water  Alcohol-based hand rub  Other, specify: \_\_\_\_\_  Nothing

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## F.2. Arteriovenous (AV) Fistulas or Grafts (continued)

\*45. Before cannulation of a fistula or graft, the site is most often prepped with (select the one most commonly used):

- Alcohol
- Chlorhexidine without alcohol
- Chlorhexidine with alcohol (e.g., Chloraprep®, Chlorascrub™)
- Povidone-iodine (or tincture of iodine)
- Sodium hypochlorite solution (e.g., ExSept®, Alcavis)
- Other, specify: \_\_\_\_\_
- Nothing

a. Indicate the form of skin antiseptic used to prep fistula/graft sites:

- Multiuse bottle (e.g., poured onto gauze)
- Pre-packaged swabstick/spongystick
- Pre-packaged pad
- Other, specify: \_\_\_\_\_

\*46. How many of your fistula patients undergo buttonhole cannulation?

- All     Most     Some     None

If any,

a. Which fistula patients undergo buttonhole cannulation:

- In-center hemodialysis     Home hemodialysis  
 Both patients only    patients only

b. Is antimicrobial ointment (e.g., mupirocin) routinely used at buttonhole cannulation sites to **prevent** infection?     Yes  
 No

c. If buttonhole cannulation is performed for in-center hemodialysis patients, it is most often performed by:

- Nurse     Patient (self-cannulation)     Technician     Other, specify: \_\_\_\_\_

## F.3. Hemodialysis Catheters

\*47. Before accessing the hemodialysis catheter, the **catheter hubs** are most commonly prepped with (select the one most commonly used):

- Alcohol
- Chlorhexidine without alcohol
- Chlorhexidine with alcohol (e.g., Chloraprep®, Chlorascrub™)
- Povidone-iodine (or tincture of iodine)
- Sodium hypochlorite solution (e.g., Alcavis)
- Other, specify: \_\_\_\_\_
- Nothing

a. Indicate the form of antiseptic/disinfectant used to prep the catheter hubs:

- Multiuse bottle (e.g., poured onto gauze)     Other, specify: \_\_\_\_\_  
 Pre-packaged swabstick/spongystick     Pre-packaged pad

\*48. Are catheter hubs routinely scrubbed after the cap is removed and before accessing catheter (or before accessing the catheter via a needleless connector device, if  Yes  
 No the

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## F.3. Hemodialysis Catheters (continued)

- \*49. When the catheter dressing is changed, the exit site (i.e., place where the catheter enters the skin) is most commonly prepped with (select the one most commonly used):
- Alcohol
  - Chlorhexidine without alcohol
  - Chlorhexidine with alcohol (e.g., Chloraprep®, Chlorascrub™)
  - Povidone-iodine (or tincture of iodine)
  - Sodium hypochlorite solution (e.g., ExSept®, Alcavis)
  - Other, specify: \_\_\_\_\_
  - Nothing
- a. Indicate the form of antiseptic/disinfectant used at the exit site:
- Multiuse bottle (e.g., poured onto gauze)       Other, specify: \_\_\_\_\_
  - Pre-packaged swabstick/spongystick       Pre-packaged pad
- \*50. For **hemodialysis catheters**, is antimicrobial ointment routinely applied to the  Yes  No exit site during dressing change?
- a. If yes, what type of ointment is most commonly used? (select the one most commonly used)
- Bacitracin/gramicidin/polymyxin B (Polysporin® Triple)       Gentamicin
  - Bacitracin/polymyxin B (e.g., Polysporin®)       Mupirocin
  - Bacitracin/neomycin/polymyxin B (triple antibiotic)       Povidone-iodine
  - Other, specify: \_\_\_\_\_
- \*51. Job classification of staff members who most often perform hemodialysis catheter care (i.e., access catheters or perform exit site care) in your center (choose one):
- Nurse       Technician       Other, specify: \_\_\_\_\_
- \*52. Are antimicrobial lock solutions routinely used to **prevent** hemodialysis catheter infections in your center?
- Yes, for all catheter patients       Yes, for some catheter patients       No
- If yes,
- a. Indicate the lock solution most commonly used (select the one most commonly used):
- Sodium citrate       Taurolidine
  - Gentamicin       Ethanol
  - Vancomycin       Multi-component lock solution or other, specify: \_\_\_\_\_
- \*53. Are needleless closed connector devices used on hemodialysis catheters in your  Yes  No center?
- If yes,
- a. Indicate what kind:       Tego®       Q-Syte™       Other, specify: \_\_\_\_\_
- b. Indicate for what patients:       In-center hemodialysis patients only       Home hemodialysis patients only       Both
- \*54. Are any of the following used for hemodialysis catheters in your center? (select all that apply)
- Antimicrobial-impregnated hemodialysis catheters
  - Chlorhexidine dressing (e.g., Biopatch®, Tegaderm™ CHG)
  - Other antimicrobial dressing (e.g., silver-impregnated)
  - Antiseptic-impregnated catheter cap (e.g., CuroS® Port Protector)

Comments: