Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

Home Dialysis Center Practices Survey

Complete this survey as described in the Dialysis Event Protocol.

Instructions: This survey is only for dialysis centers that **do not** provide in-center hemodialysis. If your center performs in-center hemodialysis, please complete the Outpatient 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. Contact the NHSN Helpdesk (nhsn@cdc.gov) with questions.

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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

*8. Was your center operational during the first week of February? ☐ Yes ☐ No

*9. How many dialysis **PATIENTS** were assigned to your center during the first week of February? _____

Of these, indicate the number who received:

a. Peritoneal dialysis: _____
b. Home hemodialysis: _____

*10. 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*: _____

Of these, how many were in each of the following categories?

a. Nurse/nurse assistant: _____
b. Dialysis patient-care technician: _____
c. Dialysis biomedical technician: _____
d. Social worker: _____
e. Dietitian: _____
f. Physicians/physician assistant: _____
g. Nurse practitioner: _____
h. Other: _____

C. Vaccines

*11. Of the dialysis patients counted in question 9, 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. At least one dose of pneumococcal vaccine (ever)? _____

*12. Of the patient care staff members counted in question 10, how many received:

At least 3 doses of hepatitis B vaccine (ever)? _____
The influenza (flu) vaccine for the current/most recent flu season? _____

*13. 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
☐ Neither offered

D. Screening

*14. Does your center routinely screen patients for **hepatitis B** surface antigen (HBsAg) upon admission to your center?

a. Peritoneal patients ☐ Yes ☐ No
b. Home hemodialysis patients ☐ Yes ☐ No

*15. Does your center routinely screen patients for **latent tuberculosis infection (LTBI)** upon admission to your center?

a. Peritoneal patients ☐ Yes ☐ No
b. Home hemodialysis patients ☐ Yes ☐ No

E. Prevention Activities

*16. Is your center actively participating in any of the following prevention initiatives (select all that apply):

- ☐ CDC Making Dialysis Safer for Patients Coalition – facility-level participation
- ☐ CDC Making Dialysis Safer for Patients Coalition – corporate- or other organization-level participation
- ☐ The Standardizing Care to improve Outcomes in Pediatric Endstage Renal Disease (SCOPE) Collaborative Peritoneal Dialysis Catheter-related Infection Project
- ☐ SCOPE Collaborative Hemodialysis Access-related Infection Project
- ☐ None of the above

*17. In the past year, has your center's medical director participated in a leadership or educational activity as part of the American Society of Nephrology's (ASN) Nephrologists Transforming Dialysis Safety (NTDS) Initiative? ☐ Yes ☐ No

F. Peritoneal Dialysis Catheters

*18. For **peritoneal dialysis catheters**, is antimicrobial ointment routinely applied to the exit site during dressing change? ☐ Yes ☐ No

a. If yes, what type of ointment is most commonly used? (select one)

- ☐ Gentamicin
- ☐ Mupirocin
- ☐ Povidone-iodine
- ☐ Bacitracin/polymyxin B (e.g., Polysporin®)
- ☐ Bacitracin/neomycin/polymyxin B (triple antibiotic)
- ☐ Bacitracin/gramicidin/polymyxin B (Polysporin® Triple)
- ☐ Other, specify: _____

G. Vascular Access

G.1. General Vascular Access Information

*19. Of the home hemodialysis patients from question 9b, how many received dialysis 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 vascular access device (e.g., catheter-graft hybrid): _____

G.2. Arteriovenous (AV) Fistulas or Grafts

*20. Before prepping the fistula or graft site for rope-ladder cannulation, what is the site most often cleansed with?

☐ Soap and water ☐ Alcohol-based hand rub ☐ Antiseptic wipes ☐ Other, specify: _____ ☐ Nothing

*21. Before rope-ladder cannulation of a fistula or graft, what is the site 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) without alcohol
- ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol
- ☐ Other, specify: _____
- ☐ Nothing

a. What form of this skin antiseptic is used to prep fistula/graft sites?

☐ Multiuse bottle (e.g., poured onto gauze) ☐ Pre-packaged swabstick/spongestick

☐ Pre-packaged pad ☐ Other, specify: _____

☐ N/A

G.2. Arteriovenous (AV) Fistulas or Grafts (continued)

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

☐ All ☐ Most ☐ Some ☐ None

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

G.3. Hemodialysis Catheters

*24. Do any of your home hemodialysis patients receive hemodialysis through a central venous catheter? ☐ Yes ☐ No

*25. Before accessing the hemodialysis catheter, what are the **catheter hubs** most commonly prepped with? (select the one most commonly used)

a. ☐ Alcohol
b. ☐ Chlorhexidine without alcohol
c. ☐ Chlorhexidine with alcohol (e.g., Chloraprep®, Chlorascrub™)
d. ☐ Povidone-iodine (or tincture of iodine)
e. ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol
☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol
g. ☐ Other, specify: _____
h. ☐ Nothing

a. What form of this antiseptic/disinfectant is used to prep the catheter hubs?

☐ Multiuse bottle (e.g., poured onto gauze)
k. ☐ Pre-packaged swabstick/spongestick
☐ Pre-packaged pad
m. ☐ Other, specify: _____
n. ☐ N/A

p. *26. Are catheter hubs routinely scrubbed after the cap is removed and before accessing the catheter (or before accessing the catheter via a needleless connector device, if one is used)? ☐ Yes ☐ No

*27. When the catheter dressing is changed, what is the exit site (i.e., place where the catheter enters the skin) most commonly prepped with? (select the one most commonly used)

s. ☐ Alcohol
☐ Chlorhexidine without alcohol
u. ☐ Chlorhexidine with alcohol (e.g., Chloraprep®, Chlorascrub™)
v. ☐ Povidone-iodine (or tincture of iodine)
w. ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol
x. ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol
y. ☐ Other, specify: _____
z. ☐ Nothing

aa. a. What form of this antiseptic/disinfectant is used at the exit site?

bb. ☐ Multiuse bottle (e.g., poured onto gauze)
cc. ☐ Pre-packaged swabstick/spongestick
dd. ☐ Pre-packaged pad
ee. ☐ Other, specify: _____
ff. ☐ N/A

G.3. Hemodialysis Catheters (continued)

hh. *28. For **hemodialysis catheters**, is antimicrobial ointment routinely applied to the exit site during dressing change?

ii. ☐ Yes ☐No ☐ N/A – chlorohexidine-impregnated dressing is routinely used

jj. a. If yes, what type of ointment is most commonly used? (select one)

kk. ☐ Bacitracin/gramicidin/polymyxin B (Polysporin® Triple) ☐ Gentamicin

ll. ☐ Bacitracin/polymyxin B (e.g., Polysporin®) ☐ Mupirocin

☐ Bacitracin/neomycin/polymyxin B (triple antibiotic) ☐ Povidone-iodine

☐ Other, specify: _____

*29. Are antimicrobial lock solutions used to **prevent** hemodialysis catheter infections?

☐ Yes, for all catheter patients ☐ Yes, for some catheter patients ☐ No

a. If yes, which lock solution is most commonly used? (select one)

☐ Sodium citrate ☐ Taurolidine

☐ Gentamicin ☐ Ethanol

☐ Vancomycin ☐ Multi-component lock solution or other, specify: _____

*30. Are needleless closed connector devices (e.g., Tego®, Q-Syte™) used on your patients' hemodialysis catheters? ☐ Yes ☐No

*31. Are any of the following routinely used for hemodialysis catheters in your center? (select all that apply)

☐ Chlorhexidine dressing (e.g., Biopatch®, Tegaderm™ CHG)

☐ Other antimicrobial dressing (e.g., silver-impregnated)

Antiseptic-impregnated catheter cap/port protector:

☐ 3M™ Curos™ Disinfecting Port Protectors

☐ ClearGuard® HD end caps

☐ Antimicrobial-impregnated hemodialysis catheters

☐ None of the above

Comments:

Disclaimer: Use of trade names and commercial sources is for identification only and does not imply endorsement.