**COVID–19 Module**

**Dialysis Outpatient Facility**

**Facility Operational Information**

Facility ID (OrgID)\_\_\_\_\_\_\_\_\_\_\_

CMS Certification Number (CCN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date for which responses are reported \_\_\_/\_\_\_\_/\_\_\_\_\_

In-Center Patient Census\_\_\_\_\_\_\_\_\_\_\_

Home Patient Census \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Certified Stations\_\_\_\_\_\_\_\_\_\_\_\_\_

Isolation Stations Included in Total Certified Stations\_\_\_\_\_\_\_\_\_\_\_\_

Is your facility a designated COVID unit?\_\_\_\_\_\_\_\_\_

If no, does your facility have designated COVID shifts?\_\_\_\_\_\_\_\_

How many patients on the current in-center census reside in long-term care facilities (LTCFs)?

How many patients on the current home census reside in LTCFs?

**COVID–19 Positive (+) Patients and Staff**

Number of newly-confirmed patients since last reporting\_\_\_\_\_\_\_\_

Number of newly-confirmed patients since last reporting that reside in LTCFs \_\_\_\_\_\_\_\_

Number of newly-confirmed patients since last reporting that are home patients \_\_\_\_\_\_\_\_

Number of newly-confirmed staff since last reporting\_\_\_\_\_\_\_\_\_\_\_

Number of confirmed patients currently admitted to hospital/receiving treatment in hospital \_\_\_\_\_\_\_

Number of confirmed patients currently self-monitoring and continuing in-center therapy \_\_\_\_\_\_\_

Number of confirmed patients currently self-monitoring and continuing home therapy \_\_\_\_\_\_\_\_\_

**Patients Under Investigation (PUI) \*Only Identify persons being tested for COVID-19\***

Number of new PUIs since last reporting\_\_\_\_\_\_\_

Number of new PUIs that reside in LTCFs since last reporting \_\_\_\_\_\_
Number of new Staff under investigation since last reporting\_\_\_\_\_\_\_\_\_

**Tested Negative (-) for COVID-19**

Number of Patients newly tested negative since last reporting \_\_\_\_\_\_
Number of Staff newly tested negative since last reporting\_\_\_\_\_\_\_\_\_

**COVID–19 Positives (+) that have recovered**

Number of Patients recovered since last reporting\_\_\_\_\_

Number of new Staff recovered since last reporting \_\_\_\_\_\_\_

**COVID– 19 Positive (+) Deaths**

Number of new Patient deaths with COIVD-19 since last reporting\_\_\_\_\_\_

Number of new Staff deaths with COVID-19 since last reporting\_\_\_\_\_\_\_\_\_

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| **Staff and/or Personnel Impact** |
| **Will your facility have a shortage of staff and/or personnel within the next week?** |
| **Staffing Shortage?** | **Staff and Personnel Groups** |
| □ Yes□ No | **Nursing Staff**: registered nurse, licensed practical nurse, vocational nurse |
| □ Yes□ No | **Clinical Staff**: physician, physician assistant, advanced practice nurse |
| □ Yes□ No | **Tech**: dialysis technician |
| □ Yes□ No | **Other staff or facility personnel**, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services, biomed) |

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| **Supplies & Personal Protective Equipment (PPE)** |
| **Supply Item** | **Do you currently have any supply?** | **Do you have enough for one week?** |
| N95 filtering facepiece respirators | □ Yes□ No | □ Yes□ No |
| Facemasks  | □ Yes□ No | □ Yes□ No |
| Eye protection, including face shields or goggles | □ Yes□ No | □ Yes□ No |
| Isolation Gowns | □ Yes□ No | □ Yes□ No |
| Gloves | □ Yes□ No | □ Yes□ No |
| Alcohol-based hand sanitizer | □ Yes□ No | □ Yes□ No |

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| **Laboratory Testing** |
| □ Yes□ No | Does your facility have onsite testing for COVID-19?  |
| □ Viral (PCR)□ Antigen□ Antibody | If yes, what types of tests are being performed? |
| □ NP swab□ Anterior Nares□ Mid Turbinate□ OP swab□ Saliva | If yes to viral (PCR) tests, what types are being performed? |