**COVID–19 Module**

**Dialysis Outpatient Facility**

\*required to save as complete

\*\*conditionally required

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| **Facility Operational Information*****For the following questions, please collect data at the same time (for example, 7 AM)*** |
| \_\_\_\_\_\_\_\_\_ | \*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 |
| □ Yes□ No | \*Is your facility a designated COVID unit? |
| □ Yes□ No | \*Does your facility have designated COVID shifts? |
| \_\_\_\_\_\_\_\_\_ | How many patients on the current in-center census reside in nursing homes? |
| \_\_\_\_\_\_\_\_\_ | How many patients on the current home census reside in nursing homes? |

*For the following questions, report data on the same day each week at least once a week. For questions requiring counts, include only* ***new data*** *since the last date the counts were collected for reporting in the NHSN Module.*

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| **SARS-CoV-2 Positive (+) Patients and Staff** |
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|  \_\_\_\_\_\_\_\_\_  |

 | \*Number of newly confirmed in-center patients since last reporting |
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|  \_\_\_\_\_\_\_\_\_  |

 | \*Number of newly confirmed in-center patients since last reporting that reside in nursing homes |
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|  \_\_\_\_\_\_\_\_\_  |

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

 | \*Number of newly confirmed staff since last reporting |
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|  \_\_\_\_\_\_\_\_\_  |

 | \*Number of SARS-CoV-2 patients who are currently admitted to the hospital |
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|  \_\_\_\_\_\_\_\_\_  |

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

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

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| **Suspected SARS-CoV-2 Infection** |
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 | \*Number of new suspect patient cases since last reporting |
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| \_\_\_\_\_\_\_\_\_  |

 | \*Number of new suspect staff cases since last reporting |

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| **Testing for SARS-CoV-2 Infection** |
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 | \*Number of new patients who were recently tested for SARS-CoV-2 since last reporting |
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 | \*Of those new patients who were recently tested for SARS-CoV-2 since last reporting, how may had a negative SARS-CoV-2 test result since last reporting |
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 | \*Of those new patients who were recently tested for SARS-CoV-2 since last reporting, how may had a positive SARS-CoV-2 test result since last reporting |
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 | \*Of those new patients who were recently tested for SARS-CoV-2 since last reporting, how may had an unknown SARS-CoV-2 test result since last reporting |

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| **SARS-CoV-2 Positives (+) that have recovered**  |
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 | \*Number of patients recovered since last reporting  |
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| \_\_\_\_\_\_\_\_\_  |

 | \*Number of staff recovered since last reporting  |

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| **Suspected or Confirmed SARS-CoV-2 deaths** |
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 | \*Number of patients with suspected or confirmed SARS-CoV-2 infection that have died since last reporting |
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| \_\_\_\_\_\_\_\_\_  |

 | \*Number of staff with suspected or confirmed SARS-CoV-2 infection that have died since last reporting |

*For the following questions, please collect data at the same time at least once a week (for example, 7 AM)*

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| **Staff and/or Personnel Impact** |
| **Will your facility have a critical 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 patient 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 if using conventional strategies?** |
| N95 masks | □ Yes□ No | □ Yes□ No |
| Surgical masks or medical facemasks | □ Yes□ No | □ Yes□ No |
| Eye protection, including face shields or goggles | □ Yes□ No | □ Yes□ No |
| Single-use 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 the ability to collect specimens onsite for SARS-CoV-2 testing?  |
| □ Viral (PCR)□ Antigen□ Antibody | \*\*If yes, what types of specimens are being collected? |
| □ NP swab□ Anterior Nares swab□ Mid Turbinate swab□ OP swab□ Saliva | \*\*If yes to viral (PCR) tests, what types of specimens are being collected? |
| □Lack of recommended personal protective equipment (PPE) for personnel to wear during specimen collection□Lack of supplies for specimen collection□Lack of access to a laboratory for submitting specimens□Lack of access to trained personnel to perform testing □Uncertainty about testing reimbursement□Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*\*If no, indicate reasons why specimens are not being collected onsite for SARS-CoV-2 testing?  |
| □ Yes□ No | If yes, does your facility have an in-house point-of-care test machine (capability to perform SARS-CoV-2 testing within your facility)? |