

COVID-19 Module Dialysis Outpatient Facility

*required to save as complete

**conditionally required

Facility Operational Information	
<i>For the following questions, please collect data at the same time (for example, 7 AM)</i>	
_____	* 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
<input type="checkbox"/> Yes <input type="checkbox"/> No	* Is your facility a designated COVID unit?
<input type="checkbox"/> Yes <input type="checkbox"/> 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.

SARS-CoV-2 Positive (+) Patients and Staff	
_____	* Number of newly confirmed in-center patients since last reporting
_____	* Number of newly confirmed in-center patients since last reporting that reside in nursing homes
_____	* Number of newly confirmed patients since last reporting that are home patients
_____	* Number of newly confirmed staff since last reporting
_____	* Number of SARS-CoV-2 patients who are currently admitted to the hospital
_____	* Number of confirmed patients currently self-monitoring and continuing in-center therapy
_____	* Number of confirmed patients currently self-monitoring and continuing home therapy

Suspected SARS-CoV-2 Infection	
_____	*Number of new suspect patient cases since last reporting
_____	*Number of new suspect staff cases since last reporting

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

SARS-CoV-2 Positives (+) that have recovered	
_____	*Number of patients recovered since last reporting
_____	*Number of staff recovered since last reporting

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

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
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical Staff: physician, physician assistant, advanced practice nurse
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tech: dialysis technician
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other staff or facility personnel, regardless of clinical responsibility or patient contact not included in the categories above (for example, environmental services, biomed)

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgical masks or medical facemasks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye protection, including face shields or goggles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single-use Isolation Gowns	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol-based hand sanitizer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Laboratory Testing	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your facility have the ability to collect specimens onsite for SARS-CoV-2 testing?
<input type="checkbox"/> Viral (PCR) <input type="checkbox"/> Antigen <input type="checkbox"/> Antibody	** If yes, what types of specimens are being collected?
<input type="checkbox"/> NP swab <input type="checkbox"/> Anterior Nares swab <input type="checkbox"/> Mid Turbinate swab <input type="checkbox"/> OP swab <input type="checkbox"/> Saliva	** If yes to viral (PCR) tests, what types of specimens are being collected?
<input type="checkbox"/> Lack of recommended personal protective equipment (PPE) for personnel to wear during specimen collection <input type="checkbox"/> Lack of supplies for specimen collection <input type="checkbox"/> Lack of access to a laboratory for submitting specimens <input type="checkbox"/> Lack of access to trained personnel to perform testing <input type="checkbox"/> Uncertainty about testing reimbursement <input type="checkbox"/> Other: Specify _____	** If no, indicate reasons why specimens are not being collected onsite for SARS-CoV-2 testing?
<input type="checkbox"/> Yes <input type="checkbox"/> 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)?