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# Complete this survey as described in Dialysis Center Practices Survey

**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 <u>Outpatient Dialysis Center Practices Survey</u>. 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 (<a href="mailto:nhsn@cdc.gov">nhsn@cdc.gov</a>) with questions.



# **Home Dialysis Center Practices Survey**

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		<b>d to the following questions ba</b> ent or most recent February relat			nter for the <u>first week of February</u>		
B. Pati	ent and	staff census					
*8.	Was yo	our center operational during the	first week of	February?	□ Yes □ N	0	
*9.	How many dialysis <b>PATIENTS</b> 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 <b>PATIENT CARE</b> staff (full time, part time, or affiliated with) worked in your center during the first week of February? <i>Include only staff who had direct contact with dialysis patients or equipment</i> :Of these, how many were in each of the following categories?						
	a. b. c. d.	Nurse/nurse assistant: Dialysis patient-care techniciar Dialysis biomedical technician: Social worker:					
	e. f. g. h.	Dietitian: Physicians/physician assistant: Nurse practitioner: Other:	:				
C. Vac	cines						
*11.	Of the <u>dialysis patients</u> counted in question 9, how many received:  a. At least 3 doses of hepatitis B vaccine (ever)?  b. The influenza (flu) vaccine for the <u>current/most recent</u> flu season?  c. At least one dose of pneumococcal vaccine (ever)?						
*12.	Of the patient care <u>staff members</u> counted in question 10, how many received:  At least 3 doses of hepatitis B vaccine (ever)?  The influenza (flu) vaccine for the <u>current/most recent</u> flu season?						
*13.		nich type of pneumococcal vacci Polysaccharide (i.e., PPSV23) o Conjugate (e.g., PCV13) only Both polysaccharide & conjugate Neither offered	only	center offer to <b>patient</b>	s? (choose one)		
D. Scr	eening						
*14.	Does your center routinely screen patients for <b>hepatitis B</b> surface antigen (HBsAg) upon admission to your center?						
	b.	Peritoneal patients Home hemodialysis patients	□ Yes □ Yes	□ No □ No			
*15.	Does your center routinely screen patients for <b>latent tuberculosis infection (LTBI)</b> upon admission to your center?						
	a. b.	Peritoneal patients Home hemodialysis patients	□ Yes □ Yes	□ No □ No			



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E. Prevention Activities							
*16.	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 ☐ Yes ☐ No activity as part of the American Society of Nephrology's (ASN) Nephrologists Transforming Dialvsis Safetv (NTDS) Initiative?						
F. Perit	toneal Dialysis Catheters						
*18.	For peritoneal dialysis catheters, is antimicrobial ointment routinely applied to the						
G. Vas	cular Access						
G.1. Ge	eneral 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. Ar	teriovenous (AV) Fistulas or Grafts						
*20.	Before prepping the fistula or graft site for rope-ladder cannulation, what is the site most often <u>cleansed</u> with? $\Box$ Soap and water $\Box$ Alcohol-based hand rub $\Box$ Antiseptic wipes $\Box$ Other, specify: $\Box$ Nothing						
*21.	Before rope-ladder cannulation of a fistula or graft, what is the site most often <u>prepped</u> 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						



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		National Healthcare Safety Network	Home Dialysis	Center Practices S	Survey		te: xx/xx/20xx .cdc.gov/nhsn
		Safety Network   Pre-pa	ackaged pad	☐ Other, specify: _			.cuc.gov/iiisii
		□ N/A					
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			ulas or Grafts (continued)				
Ī	*22.	<u>`</u>	istula patients undergo bu				
		□ AII	☐ Most	□ Some	☐ None		
	*23.	Is antimicrobial ointr prevent infection?	ment (e.g. mupirocin) rou	itinely used at buttonhole cannu	lation sites to	□ Yes	□ No
	G.3. H	emodialysis Catheters					
	*24.	Do any of your home venous catheter?	hemodialysis patients re	eceive hemodialysis through a c	entral	☐ Yes	□ No
	*25.			what are the <b>catheter hubs</b> mo	st commonly pr	epped with	?
		(select the one most	commonly used)				
રે.		☐ Alcohol					
).		☐ Chlorhexidine		, TM			
). 			with alcohol (e.g., Chlora	aprep®, Chlorascrub™)			
J.			ne (or tincture of iodine)				
€.			` •	Sept®, Alcavis) without alcohol			
				Sept®, Alcavis) followed by alco	hol		
<b>J</b> .		• •	:				
٦.		□ Nothing					
			•	ant is used to prep the catheter h	nubs?		
			e bottle (e.g., poured onto	• ,			
۲.		•	kaged swabstick/sponges	stick			
		☐ Pre-pacl	kaged pad				
n.		☐ Other, s	pecify:				
۱.		□ N/A					
).	*26.			e cap is removed and before acc a needleless connector device		□ Yes i?	i □ No
	*27.	commonly prepped v	ressing is changed, what with? (select the one mos	is the exit site (i.e., place where t commonly used)	the catheter e	nters the sk	kin) most
S.		☐ Alcohol					
		☐ Chlorhexidine					
J.			with alcohol (e.g., Chlora	aprep®, Chlorascrub™)			
<b>/</b> .			ne (or tincture of iodine)				
٧.			, <del>-</del>	Sept®, Alcavis) without alcohol			
۲.		☐ Sodium hypoc	hlorite solution (e.g., ExS	Sept®, Alcavis) followed by alco	hol		
<b>/</b> .		☐ Other, specify:	·				
<u>.</u> .		□ Nothing					
aa		<ul><li>a. What form of</li></ul>	this antiseptic/disinfecta	nt is used at the exit site?			
b		☐ Multiuse	e bottle (e.g., poured onto	gauze)			
cc.		☐ Pre-pacl	kaged swabstick/sponges	stick			

☐ Pre-packaged pad

□ N/A

☐ Other, specify: \_\_\_\_\_



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G.3.	Hemodialysis	s Catheters (continue	)				
า *28.	*28. For <b>hemodialysis catheters</b> , is antimicrobial ointment routinely applied to the exit site during dressing change?						
	$\square$ Yes $\square$ No $\square$ N/A – chlorohexidine-impregnated dressing is routinely used					sed	
	a. If	yes, what type of oint	ment is most commonly us	ed? (select one)			
ζ.		☐ Bacitracin/gramici	in/polymyxin B (Polysporir	n® Triple)	☐ Gentamicir	า	
		☐ Bacitracin/polymyx	in B (e.g., Polysporin®)		☐ Mupirocin		
☐ Bacitracin/neomycin/polymyxin B (triple antibiotic) ☐ Po			□ Povidone-i	Povidone-iodine			
		☐ Other, specify:					
*29.	Are antim	icrobial lock solutions	used to <b>prevent</b> hemodial	ysis catheter infections	s?		
		es, for all catheter pat	-	ne catheter patients	□ No		
a. If yes, which lock solution is most commonly used? (select one)							
		☐ Sodium citrate	☐ Taurolidine				
		☐ Gentamicin	□ Ethanol				
		$\square$ Vancomycin	☐ Multi-component lock	solution or other, spec	ify:		
*30.		leless closed connect ysis catheters?	or devices (e.g., Tego®, Q	-Syte™) used on your <sub>l</sub>	patients'	□ Yes	□No
*31.	*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						
	☐ Ant	timicrobial-impregnate	d hemodialysis catheters				
	☐ None of the above						
Con	nments:						



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