**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 for the current reporting week. The reporting week is defined as Wednesday through Tuesday with reporting to occur on Wednesday by 3 PM ET.*** ***You should report on the same day each week, either close of business on Tuesday or Wednesday by the deadline. We advise you not to alternate reporting days.*** |
| \_\_\_\_\_\_\_\_\_ | \*Facility ID (OrgID) |
| \_\_\_\_\_\_\_\_\_ | \*CMS Certification Number (CCN) |
| \_\_\_\_\_\_\_\_\_ | \*Facility Name |
| \_\_\_\_\_\_\_\_\_ | \*Week of Data Collection |
| \_\_\_\_\_\_\_\_\_ | \*In-center Patient Census |
| \_\_\_\_\_\_\_\_\_ | \*Date last modified |
| \_\_\_\_\_\_\_\_\_ | \*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? |
| \_\_\_\_\_\_\_\_ | \*Total number of staff (physician, nurses, techs, environmental services, biomed, etc.) who worked at least 1 day during the current reporting week |
| \_\_\_\_\_\_\_\_\_ | 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 during the current reporting week which is Wednesday through Tuesday each week. For questions requiring counts, include only* ***new data which has occurred during the current reporting week****. Data should not be cumulative.*

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

 | \*Number of confirmed patients currently self-monitoring and continuing home therapy during the current reporting week |

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| **Suspected SARS-CoV-2 Infection** |
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 | \*Number of new suspect patient cases during the current reporting week |
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 | \*Number of new suspect staff cases during the current reporting week |

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| **Testing for SARS-CoV-2 Infection** |
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 | \*Number of patients who were tested for SARS-CoV-2 during the current reporting week  |
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 | \*Of those patients who were tested for SARS-CoV-2, how many had a negative SARS-CoV-2 test result during the current reporting week  |
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 | \*Of those patients who were tested for SARS-CoV-2, how many had a positive SARS-CoV-2 test result during the current reporting week |
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 | \*Of those patients who were tested for SARS-CoV-2, how many had an unknown SARS-CoV-2 test result during the current reporting week |

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| **COVID-19 Vaccination Status:** *For the patients who tested positive during the current reporting week, provide counts for the following categories.* |
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 | \* Number of patients who have tested positive this current reporting week and have **not** received a COVID-19 vaccine or it has been 13 days or less after dose one. |
| **Pfizer-BioNTech** |
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 | \* Number of patients who have been vaccinated with dose one of the Pfizer-BioNTech COVID-19 vaccine **and** have tested positive for COVID-19 14 days or more after receiving the vaccine :Dose 1\_\_\_\_\_\_\_ |
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 | \* Number of patients who have been vaccinated with dose one and dose two of the Pfizer-BioNTech COVID-19 vaccine **and** have tested positive for COVID-19 14 days or more after receiving dose two.Dose 2\_\_\_\_\_\_\_ |
| **Moderna** |
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 | \* Number of patients who have been vaccinated with dose 1 of the Moderna COVID-19 vaccine **and** have tested positive for COVID-19 14 days or more after receiving the COVID-19 vaccine:Dose 1 \_\_\_\_\_\_  |
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 | \* Number of patients who have been vaccinated with dose 1 and dose 2 of the Moderna COVID-19 vaccine **and** have tested positive for COVID-19 14 days or more after receiving the COVID-19 vaccine:Dose 2 \_\_\_\_\_\_\_ |
| **Janssen** |
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 | \*Number of patients who have been vaccinated with Janssen COVID-19 vaccine **and** have tested positive 14 days or more after receiving the COVID-19 vaccineDose 1 \_\_\_\_\_\_\_ |
| **Unspecified** |
|  | \* Number of patients who have been vaccinated with dose 1 of an Unspecified COVID-19 vaccine **and** have tested positive for COVID-19 14 days or more after receiving the COVID-19 vaccine: |
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 | \* Number of patients who have been vaccinated with dose 1 and dose 2 an Unspecified COVID-19 vaccine **and** have tested positive for COVID-19 14 days or more after receiving the COVID-19 vaccine. |

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| **COVID-19 Vaccination Status - ADDITIONAL DOSES:** *For the patients who tested positive during the current reporting week, provide counts for the following.* ***Any patient who has received an additional or booster dose and has tested positive should also be reported in the above COVID-19 Vaccination Status section.*** |
| **Pfizer-BioNTech** |
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 | \* Number of patients who have received an additional dose or booster dose of the **Pfizer-BioNTech** COVID-19 vaccine **and** have tested positive for COVID-19 14 days or more after receiving the additional dose or booster dose:Additional dose or booster\_\_\_\_\_\_\_ |
| **Moderna** |
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 | \* Number of patients who have received an additional dose or booster dose of the **Moderna** COVID-19 vaccine **and** have tested positive for COVID-19 14 days or more after receiving the additional dose or booster dose.Additional dose \_\_\_\_\_\_\_ |
| **Janssen** |
|  | \* Number of patients who have received an additional dose or booster dose of the **Janssen** COVID-19 vaccine **and** have tested positive for COVID-19 14 days or more after receiving the additional dose or booster dose.Additional dose \_\_\_\_\_\_\_ |
| **Unspecified** |
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 | \* Number of patients who have received an additional dose or booster dose of an **Unspecified** COVID-19 vaccine **and** have tested positive for COVID-19 14 days or more after receiving the additional dose or booster dose.Additional dose \_\_\_\_\_\_\_ |

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| **SARS-CoV-2 Positives (+) that have recovered**  |
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 | \*Number of patients recovered during the current reporting week |
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 | \*Number of staff recovered during the current reporting week |

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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 during the current reporting week |
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 | \*Number of staff with suspected or confirmed SARS-CoV-2 infection that have died during the current reporting week  |

*For the following questions, please collect data and report findings during the current reporting week*

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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)? |