**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\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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) |

|  |  |  |
| --- | --- | --- |
| **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 |

|  |  |
| --- | --- |
| **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? |