**COVID–19 Module**

**Dialysis Outpatient Facility**

*Revised: May 2022*

\*required to save as complete

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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** |
| **Patients** |
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 | \*Number of patients who were tested for SARS-CoV-2 and had a positive SARS-CoV-2 test result during the current reporting week: |
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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 SARS-CoV-2 positive patients who are currently admitted to the hospital during the current reporting week: |
| **Staff** |
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 | \*Number of newly confirmed staff during the current reporting week:  |

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| **COVID-19 Vaccination Status – Primary Series:** *For the patients who tested positive during the current reporting week, provide counts for the following categories.* |
| **Not Vaccinated** |
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 | \*Number of patients who have not been vaccinated with a COVID-19 vaccine **OR** patients whose first dose was administered 13 days or less before the test date: |
| **Partial Vaccination** |
|   \_\_\_\_\_\_\_\_\_\_ | \*Number of patients who have received **only 1-dose** of a two-dose mRNA vaccine (e.g., Moderna, Pfizer-BioNTech, or dose 1 of unspecified COVID-19 vaccine) **AND** have tested positive 14 days or more after receiving the COVID-19 vaccine: |
| **Complete Primary Vaccination Series** |
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 | \*Number of patients who have received Dose 1 and Dose 2 of a two-dose mRNA vaccine (e.g., Moderna, Pfizer-BioNTech, or dose 1 and dose 2 of unspecified COVID-19 vaccine) **OR** 1 Dose of the Janssen COVID-19 Vaccine **AND** have tested positive 14 days or more after receiving the COVID-19 vaccine: |

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| **COVID-19 Vaccination Status – Additional and Booster Doses:** *For the patients who tested positive during the current reporting week, provide counts for the following.* CDC Up-To-Date Vaccination Guidelines: **https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html** |
| **Additional or Booster Vaccination** |
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 \_\_\_\_\_\_\_\_\_\_ | \*Number of patients who have received **any** additional dose(s) or booster dose(s) of COVID-19 vaccine (any manufacturer) **AND** have tested positive 14 days or more after receiving the additional dose or booster dose: |
| **Booster Doses** |
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 | \*Number of patients who have received **only one** booster dose of COVID-19 vaccine (any manufacturer) **AND** have tested positive 14 days or more after receiving the booster dose: |
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 | \*Number of patients who have received **two or more** booster doses of COVID-19 vaccine (any manufacturer) **AND** have tested positive 14 days or more after receiving the most recent booster dose: |

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| **COVID-19 Deaths – Patients and Staff** |
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 | \*Number of patients with deaths due to COVID-19 or related complications during the current reporting week: |
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 | \*Number of staff with deaths due to COVID-19 or related complications during the current reporting week: |

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

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| **Shortages: Staff/Personnel & Personal Protective Equipment (PPE)** |
| \*Will your facility have a shortage of staff and/or personnel within the next week?  | □ Yes □ No |
| \*Will your facility have a shortage of PPE within the next week? | □ Yes□ No |