



January 2025

## Outpatient Dialysis Center Practices Survey

Complete this survey as described in the [Dialysis Event Protocol](#).

**Instructions:** This survey is only for dialysis centers that provide in-center hemodialysis. If your center offers only home dialysis, please complete the Home Dialysis Center Practices Survey. 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. Please submit your responses to the questions in this survey electronically by logging into your NHSN facility.

<b>*required to Save as Complete</b>	
<b>*Facility ID #:</b>	<b>*Survey Year:</b>
<b>*ESRD Network #:</b>	
<b>Dialysis Center Information</b>	
<b>*1.</b>	What is the ownership of your dialysis center? (choose one) <input type="checkbox"/> Government <input type="checkbox"/> Not for profit <input type="checkbox"/> For profit
<b>*2.</b>	a. What is the location/hospital affiliation of your dialysis center? (choose one) <input type="checkbox"/> Freestanding <input type="checkbox"/> Hospital based <input type="checkbox"/> Freestanding but owned by a hospital  b. If hospital-based or hospital-owned, is your center affiliated with a teaching hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*3.</b>	Is your facility accredited by an organization other than CMS? <input type="checkbox"/> Yes <input type="checkbox"/> No  a. If yes, specify (choose one) <input type="checkbox"/> National Dialysis Accreditation Commission (NDAC) <input type="checkbox"/> Accreditation Commission for Health Care (ACHC) <input type="checkbox"/> Other (specify) _____
<b>*4.</b>	a. What types of dialysis services does your center offer? (select all that apply): <input type="checkbox"/> In-center daytime hemodialysis <input type="checkbox"/> Home Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> In-center nocturnal hemodialysis <input type="checkbox"/> In-center Peritoneal Dialysis  b. What patient population does your center serve? (select one) <input type="checkbox"/> Adult only <input type="checkbox"/> Pediatric only <input type="checkbox"/> Mixed: adult and pediatric
<b>*5.</b>	How many in-center hemodialysis stations does your center have? _____
<b>*6.</b>	Is your center part of a group or chain of dialysis centers? <input type="checkbox"/> Yes <input type="checkbox"/> No  a. If yes, what is the name of the group or chain? _____
<b>*7.</b>	Do you (the person primarily responsible for collecting data for this survey) perform patient care in the dialysis center? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Assurance of Confidentiality:** The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 150 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN:PRA (0920-0666).

*8.	<p>Is there someone at your dialysis center in charge of infection control training or oversight?  <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>a. If yes, which best describes this person? (if &gt;1 person in charge, select all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Regional infection control staff</li> <li><input type="checkbox"/> Hospital-affiliated oversight</li> <li><input type="checkbox"/> Dialysis nurse or nurse manager</li> <li><input type="checkbox"/> Dialysis center administrator or director</li> <li><input type="checkbox"/> Dialysis education specialist</li> <li><input type="checkbox"/> Patient care technician</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul>
*9.	<p>In the past year, has your clinic been cited for infection control breaches in a state/certification/recertification survey? <input type="checkbox"/> Yes            <input type="checkbox"/> No</p>
*10.	<p>Does your center provide dialysis services within long-term care facilities (e.g., staff-assisted dialysis in nursing homes or skilled nursing facilities; not long-term acute care hospitals)?  <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>a. If yes, which dialysis services are provided within long-term care facilities? (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hemodialysis in LTC                      <input type="checkbox"/> Peritoneal Dialysis in LTC</li> </ul>
*11.	<p>Which staff are responsible for ensuring permanent vascular access placement and maintenance? (to decrease CVC use in hemodialysis patients) (select all that apply)?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dedicated vascular access coordinator</li> <li><input type="checkbox"/> Nephrologist who oversees patient education and coordinates patient care related to vascular access</li> <li><input type="checkbox"/> Relationship with or access to a surgeon skilled in access placement (or a process to refer patients to a surgeon that is skilled in access placement)</li> <li><input type="checkbox"/> Cannulation expert</li> <li><input type="checkbox"/> Relationship with or access to interventional nephrologists or interventional radiologist</li> <li><input type="checkbox"/> Other, specify: _____</li> <li><input type="checkbox"/> None _____</li> </ul>
*12.	<p>Does your center reuse dialyzers for any patients?            <input type="checkbox"/> Yes            <input type="checkbox"/> No</p>
<b>Isolation and Screening</b>	
*13.	<p>Does your center have the capacity to isolate patients with hepatitis B?  <input type="checkbox"/> Yes, use hepatitis B isolation room    <input type="checkbox"/> Yes, use hepatitis B isolation area    <input type="checkbox"/> No hepatitis B isolation</p>
*14.	<p>Are patients routinely isolated or cohorted for treatment within your center for any of the following pathogens? (if yes, select all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No, none</li> <li><input type="checkbox"/> Hepatitis C</li> <li><input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> (VRE)</li> <li><input type="checkbox"/> Methicillin-resistant <i>Staphylococcus aureus</i></li> <li><input type="checkbox"/> <i>Clostridioides difficile</i> (C. diff.)</li> <li><input type="checkbox"/> Any carbapenem- resistant organism [(i.e., carbapenem-resistant <i>Enterobacterales</i> (CRE), carbapenem-resistant <i>Acinetobacter</i> (CRAB), carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA)]</li> <li><input type="checkbox"/> <i>Candida auris</i></li> <li><input type="checkbox"/> Other, specify: _____</li> </ul>

*15.	<p>Are patients routinely assessed for conditions that might warrant additional infection control precautions, such as infected wounds with drainage, fecal incontinence or diarrhea?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes:</p> <p>a. When does this assessment most often occur? (select one)</p> <p><input type="checkbox"/> Before the patient enters the treatment area (e.g., at check-in or in the waiting room)</p> <p><input type="checkbox"/> Once the patient is seated in the treatment station</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>b. Do you isolate or cohort these patients?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
*16	<p>Does your center routinely screen patients for latent tuberculosis infection (LTBI) on admission to your center?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes:</p> <p>a. What method is used to screen? (select all that apply)</p> <p><input type="checkbox"/> Tuberculin Skin Test (TST)</p> <p><input type="checkbox"/> Blood Test</p> <p><input type="checkbox"/> Other (specify) _____</p>
*17	<p>Does your facility have an airborne infection isolation room (AIIR) to isolate patients infected with pathogens that are transmitted through the airborne route (for example, active tuberculosis)?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<b>Patient Records and Surveillance</b>	
*18	<p>Does your center maintain records of the <b>station</b> where each patient received their hemodialysis treatment for every treatment session? <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
*19.	<p>Does your center maintain records of the <b>machine</b> used for each patient's hemodialysis treatment for every treatment session? <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
*20.	<p>If a patient from your center was hospitalized, how often is your center able to determine if a bloodstream infection contributed to their hospital admission?</p> <p><input type="checkbox"/> Always      <input type="checkbox"/> Often      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Rarely      <input type="checkbox"/> Never</p> <p><input type="checkbox"/> N/A – not pursued</p>
*21.	<p>How often is your center able to obtain a patient's microbiology lab records from a hospitalization?</p> <p><input type="checkbox"/> Always      <input type="checkbox"/> Often      <input type="checkbox"/> Sometimes      <input type="checkbox"/> Rarely      <input type="checkbox"/> Never      <input type="checkbox"/> N/A – not pursued</p>

<b>Patient Census</b>	
*22.	<p>Was your center operational during the first week of February (2/1 through 2/7)?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
*23.	<p>How many MAINTENANCE, NON-TRANSIENT ESRD and AKI PATIENTS were assigned to your center during the first week of February (2/1 through 2/7)? _____</p> <p>Of these, indicate the number who received:</p> <p>a. In-Center Hemodialysis: _____</p> <p>a1. No. of pediatric patients: _____</p> <p>b. Home Hemodialysis: _____</p> <p>b1. No. of pediatric patients: _____</p> <p>c. Peritoneal Dialysis: _____</p> <p>c1. No. of pediatric patients: _____</p>

*24.	<p>Based on the number of patients that were treated in the first week of February (2/1 through 2/7), please indicate the number of patients per Race:</p> <ul style="list-style-type: none"><li>a. American Indian/Alaska Native: _____</li><li>b. Black or African American: _____</li><li>c. Asian: _____</li><li>d. Native Hawaiian/Other Pacific Islander: _____</li><li>e. White: _____</li><li>f. More than one Race: _____</li><li>g. Unknown: _____</li><li>h. Declined to response: _____</li></ul>										
*25.	<p>Based on the number of patients that were treated in the first week of February (2/1 through 2/7), please indicate the number of patients per Ethnic group:</p> <ul style="list-style-type: none"><li>a. Hispanic or Latino: _____</li><li>b. Not Hispanic or Latino: _____</li><li>c. Unknown: _____</li><li>d. Declined to respond: _____</li></ul>										
<b>Staff</b>											
*26.	<p>How many patient care STAFF (full time, part time, or affiliated) worked in your center during the first week of February (2/1 through 2/7)? <i>Include only staff who had direct contact with dialysis patients or equipment:</i> _____</p> <p>Of these, how many were in each of the following categories?</p> <table data-bbox="245 894 1349 1024"><tr><td>a. Nurse/nurse assistant: _____</td><td>e. Dietitian: _____</td></tr><tr><td>b. Dialysis patient-care technician: _____</td><td>f. Physicians/physician assistant: _____</td></tr><tr><td>c. Dialysis biomedical technician: _____</td><td>g. Nurse practitioner: _____</td></tr><tr><td>d. Social worker: _____</td><td>h. Other: _____</td></tr></table>	a. Nurse/nurse assistant: _____	e. Dietitian: _____	b. Dialysis patient-care technician: _____	f. Physicians/physician assistant: _____	c. Dialysis biomedical technician: _____	g. Nurse practitioner: _____	d. Social worker: _____	h. Other: _____		
a. Nurse/nurse assistant: _____	e. Dietitian: _____										
b. Dialysis patient-care technician: _____	f. Physicians/physician assistant: _____										
c. Dialysis biomedical technician: _____	g. Nurse practitioner: _____										
d. Social worker: _____	h. Other: _____										
*27.	<p>Of the patient care staff members counted in question 26, how many received:</p> <ul style="list-style-type: none"><li>a. A completed series of hepatitis B vaccine (ever)? _____</li><li>b. The influenza (flu) vaccine for the current/most recent flu season? _____</li><li>c. Annual COVID-19 vaccine</li></ul>										
*28.	<p>Does your center use standing orders to allow nurses to administer any of the vaccines mentioned above to patients without a specific physician order?      <input type="checkbox"/> Yes                  <input type="checkbox"/> No</p>										
*29.	<p>Does your center have a respiratory program for annual fit testing on your healthcare personnel? <input type="checkbox"/> Yes                                  <input type="checkbox"/> No</p> <p>If yes:</p> <table data-bbox="245 1419 1308 1577"><tr><td>a. Which staff do you fit test? (select all that apply)</td><td></td></tr><tr><td><input type="checkbox"/> Nurse/Nurse Assistant</td><td><input type="checkbox"/> Dietitian</td></tr><tr><td><input type="checkbox"/> Dialysis Patient-Care Technician</td><td><input type="checkbox"/> Physicians/Physician Assistant</td></tr><tr><td><input type="checkbox"/> Dialysis Biomedical Technician</td><td><input type="checkbox"/> Nurse Practitioner</td></tr><tr><td><input type="checkbox"/> Social Worker</td><td><input type="checkbox"/> Other: _____</td></tr></table> <p>b. How many patient care staff did your center have fit tested this year? _____</p>	a. Which staff do you fit test? (select all that apply)		<input type="checkbox"/> Nurse/Nurse Assistant	<input type="checkbox"/> Dietitian	<input type="checkbox"/> Dialysis Patient-Care Technician	<input type="checkbox"/> Physicians/Physician Assistant	<input type="checkbox"/> Dialysis Biomedical Technician	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Other: _____
a. Which staff do you fit test? (select all that apply)											
<input type="checkbox"/> Nurse/Nurse Assistant	<input type="checkbox"/> Dietitian										
<input type="checkbox"/> Dialysis Patient-Care Technician	<input type="checkbox"/> Physicians/Physician Assistant										
<input type="checkbox"/> Dialysis Biomedical Technician	<input type="checkbox"/> Nurse Practitioner										
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Other: _____										
<b>In Center Hemodialysis Patients</b>											
*30.	<p>Number of maintenance, non-transient ESRD and AKI <b>In-Center Hemodialysis</b> patients that were assigned to your center during the first week of February (2/1 through 2/7): _____</p>										
*31.	<p>Of the maintenance, non-transient <b>In-Center Hemodialysis</b> patients in question #30, how many received hemodialysis through each of the following access types during the first week of February (2/1 through 2/7)?</p> <ul style="list-style-type: none"><li>a. AV fistula: _____</li><li>b. AV graft: _____</li><li>c. Tunneled central line: _____</li></ul>										

	<p>d. Non-tunneled central line: _____</p> <p>e. Other vascular access device (e.g., HeRO®): _____</p>
*32.	<p>Does your dialysis facility perform buttonhole cannulation for <b>In-Center Hemodialysis</b> patients?</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>a. Of the AV fistula patients in question #31a, how many had buttonhole cannulation? _____</p> <p>b. When buttonhole cannulation is performed for <b>In-Center Hemodialysis</b> patients:</p> <p>i. Who most often performs it?</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Patient (self-cannulation)</p> <p><input type="checkbox"/> Technician</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>ii. Before buttonhole cannulation, what is the buttonhole site most often prepped with? (select the one most commonly used)</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Chlorhexidine without alcohol</p> <p><input type="checkbox"/> Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®)</p> <p><input type="checkbox"/> Povidone-iodine (or tincture of iodine)</p> <p><input type="checkbox"/> Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol</p> <p><input type="checkbox"/> Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Nothing</p> <p>iii. Is antimicrobial ointment (e.g., mupirocin) routinely used at buttonhole cannulation sites to <b>prevent</b> infection?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
	a.
*33.	<p>Which type of pneumococcal vaccine does your center offer to <b>In-Center Hemodialysis</b> patients? (choose one)</p> <p><input type="checkbox"/> New Conjugate (PCV20) only</p> <p><input type="checkbox"/> New Conjugate (PCV15) and Polysaccharide (PPSV23)</p> <p><input type="checkbox"/> Both New Conjugate (Either PCV20 or PCV15) and Polysaccharide (PPSV23)</p> <p><input type="checkbox"/> Other (please specify)</p> <p><input type="checkbox"/> Neither offered</p>
*34.	<p>Of the <b>In-Center Hemodialysis</b> patients in question #30, how many received:</p> <p>a. A completed series of hepatitis B vaccine (ever)? _____</p> <p>b. The influenza (flu) vaccine for the current/most recent flu season? _____</p> <p>c. At least one dose of pneumococcal vaccine (ever)? _____</p> <p>d. Annual COVID-19 vaccine _____</p>
*35.	<p>Of the MAINTENANCE, NON-TRANSIENT ESRD and AKI <b>In-Center Hemodialysis</b> PATIENTS in question #30:</p> <p>a. How many were hepatitis B surface <b>ANTIGEN</b> (HBsAg) positive in the first week of February?</p> <p>_____</p> <p>i. Of these patients who were hepatitis B surface <b>ANTIGEN</b> (HBsAg) positive in the first week of February, how many were positive when first admitted to your center? _____</p> <p>b. How many patients converted from hepatitis B surface <b>ANTIGEN</b> (HBsAg) negative to positive during the prior 12 months (i.e., in the past year, how many patients had newly acquired hepatitis B virus infection; not as a result of vaccination)? Do not include patients who were antigen positive before they were first dialyzed in your center: _____</p>

*36.	In the past year, has your center had $\geq 1$ <b>In-Center Hemodialysis</b> patient who reverse seroconverted (i.e., had evidence of resolved hepatitis B infection followed by reappearance of Hepatitis B surface antigen)? <input type="checkbox"/> Yes <input type="checkbox"/> No
*37.	Does your center routinely screen <b>In-Center Hemodialysis</b> patients for Hepatitis C antibody (anti-HCV) on admission to your center? ( <i>Note: This is NOT hepatitis B core antibody</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No
*38.	Does your center routinely screen <b>In-Center Hemodialysis</b> patients for Hepatitis C antibody (anti-HCV) at any other time? <input type="checkbox"/> Yes <input type="checkbox"/> No  a. If yes, how frequently? <input type="checkbox"/> Twice annually <input type="checkbox"/> Annually <input type="checkbox"/> Other, specify: _____
*39.	Of the MAINTENANCE, NON-TRANSIENT ESRD and AKI <b>In-Center Hemodialysis</b> patients in question #30: a. How many were hepatitis C antibody positive in the first week of February? _____  i. Of these patients who were hepatitis C antibody positive in the first week of February, how many were positive when first admitted to your center? _____  b. How many patients converted from hepatitis C antibody negative to positive during the prior 12 months (i.e., in the past year, how many patients had newly acquired hepatitis C infection)? Do not include patients who were anti-HCV positive before they were first dialyzed in your center: _____
<b>Peritoneal Dialysis (PD) Patients</b>	
*40.	Number of maintenance, non-transient ESRD and AKI <b>Peritoneal Dialysis</b> patients that were assigned to your center during the first week of February (2/1 through 2/7): _____
*41.	Which type of pneumococcal vaccine does your center offer to <b>Peritoneal Dialysis</b> patients? (choose one)  <input type="checkbox"/> New Conjugate (PCV20) only <input type="checkbox"/> New Conjugate (PCV15) and Polysaccharide (PPSV23) <input type="checkbox"/> Both New Conjugate (Either PCV20 or PCV15) and Polysaccharide (PPSV23) <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Neither offered
*42.	Of the <b>Peritoneal Dialysis</b> patients in question #40, how many received: a. A completed series of hepatitis B vaccine (ever)? _____ b. The influenza (flu) vaccine for the current/most recent flu season? _____ c. At least one dose of pneumococcal vaccine (ever)? _____ d. Annual COVID-19 vaccine
*43.	Which of the following infections in your <b>Peritoneal Dialysis</b> patients does your center routinely track? (select all that apply) <input type="checkbox"/> Peritonitis <input type="checkbox"/> Exit site infection <input type="checkbox"/> Tunnel infection <input type="checkbox"/> Other (specify) _____
*44.	For <b>Peritoneal Dialysis</b> catheters, is antimicrobial ointment routinely applied to the exit site during dressing change? <input type="checkbox"/> Yes <input type="checkbox"/> No  a. If yes, what type of ointment is most commonly used? (select one) <input type="checkbox"/> Gentamicin <input type="checkbox"/> Mupirocin <input type="checkbox"/> Povidone-iodine <input type="checkbox"/> Bacitracin/polymyxin B (e.g., Polysporin®)

	<input type="checkbox"/> Bacitracin/neomycin/polymyxin B (triple antibiotic) <input type="checkbox"/> Bacitracin/gramicidin/polymyxin B (Polysporin® Triple) <input type="checkbox"/> Other, specify: _____
<b>Home Hemodialysis Patients</b>	
*45.	Number of maintenance, non-transient ESRD and AKI <b>Home Hemodialysis</b> patients that were assigned to your center during the first week of February (2/1 through 2/7): _____
*46.	Of the <b>Home Hemodialysis</b> patients counted in question #45, how many received hemodialysis through each of the following access types during the first week of February (2/1 through 2/7)? a. AV fistula: _____ b. AV graft: _____ c. Tunneled central line: _____ d. Non-tunneled central line: _____ e. Other vascular access device (e.g., HeRO®): _____
*47.	Does your dialysis facility utilize buttonhole cannulation techniques for <b>Home Hemodialysis</b> patients? <input type="checkbox"/> Yes <input type="checkbox"/> No  a. Of the AV fistula patients from question #46a, how many had buttonhole cannulation? _____  b. When buttonhole cannulation is performed for <b>Home Hemodialysis</b> patients: i. Who most often performs it? <input type="checkbox"/> Nurse <input type="checkbox"/> Patient (self-cannulation) <input type="checkbox"/> Technician <input type="checkbox"/> Other, specify: _____  ii. Before buttonhole cannulation, what is the buttonhole site most often prepped with? (select the one most commonly used) <input type="checkbox"/> Alcohol <input type="checkbox"/> Chlorhexidine without alcohol <input type="checkbox"/> Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®) <input type="checkbox"/> Povidone-iodine (or tincture of iodine) <input type="checkbox"/> Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol <input type="checkbox"/> Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Nothing  iii. Is antimicrobial ointment (e.g., mupirocin) routinely used at buttonhole cannulation sites to <b>prevent</b> infection? <input type="checkbox"/> Yes <input type="checkbox"/> No
*48.	Which type of pneumococcal vaccine does your center offer to <b>Home Hemodialysis</b> patients? (choose one)  <input type="checkbox"/> New Conjugate (PCV20) only <input type="checkbox"/> New Conjugate (PCV15) and Polysaccharide (PPSV23) <input type="checkbox"/> Both New Conjugate (Either PCV20 or PCV15) and Polysaccharide (PPSV23) <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Neither offered
*49.	Of the <b>Home Hemodialysis</b> patients from question #45, how many received: a. A completed series of hepatitis B vaccine (ever)? _____ b. The influenza (flu) vaccine for the current/most recent flu season? _____ c. At least one dose of pneumococcal vaccine (ever)? _____ d. Annual COVID-19 vaccine
*50.	Which of the following events in your <b>Home Hemodialysis</b> patients does your center routinely track? (select all that apply) <input type="checkbox"/> Bloodstream infection <input type="checkbox"/> Vascular access site infection <input type="checkbox"/> Needle/access dislodgement <input type="checkbox"/> Air embolism

	<input type="checkbox"/> Catheter breakage or bloodline separation <input type="checkbox"/> Other (specify) _____
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**Priming Practices**

*51.	Does your center use hemodialysis machine Waste Handling Option (WHO) ports? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*52.	Are any patients in your center “bled onto the machine” or do you “hold prime” (i.e., where blood is used to expel saline in the lines prior to treatment start)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Injections Practices**

*53.	What form of erythropoiesis stimulating agent (ESA) are most often used in your center? <input type="checkbox"/> Single-dose vial <input type="checkbox"/> Multi-dose vial <input type="checkbox"/> Pre-packaged syringe <input type="checkbox"/> N/A
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*54.	Where are medications most commonly drawn into syringes to prepare for patient administration? (choose one) <input type="checkbox"/> At the individual dialysis stations <input type="checkbox"/> On a mobile medication cart within the treatment area <input type="checkbox"/> At a fixed location within the patient treatment area (e.g., at nurses’ station) <input type="checkbox"/> At a fixed location removed from the patient treatment area (not a room) <input type="checkbox"/> In a separate medication room <input type="checkbox"/> In a pharmacy <input type="checkbox"/> Other, specify: _____
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*55.	Do technicians administer any IV medications or infusates (e.g., heparin, saline) in your center? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*56.	What form of <b>saline flush</b> is most commonly used? <input type="checkbox"/> Manufacturer pre-filled saline syringes <input type="checkbox"/> Flushes are drawn from single-use saline vials <input type="checkbox"/> Flushes are drawn from multi-dose saline vials <input type="checkbox"/> Flushes are drawn from the patient’s designated saline bag used for dialysis <input type="checkbox"/> Flushes are drawn from the patient’s dialysis circuit <input type="checkbox"/> Flushes are drawn from a common saline bag used for all patients <input type="checkbox"/> Other (specify): _____
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**Antibiotic Use**

*57.	Does your center use the following means to restrict or ensure appropriate antibiotic use? a. Have a written policy on antibiotic use <input type="checkbox"/> Yes <input type="checkbox"/> No b. Formulary restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No c. Antibiotic use approval process <input type="checkbox"/> Yes <input type="checkbox"/> No d. Automatic stop orders for antibiotics <input type="checkbox"/> Yes <input type="checkbox"/> No
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*58.	In your center, how often are antibiotics administered for a suspected bloodstream infection <u>before</u> blood cultures are drawn (or without performing blood cultures)? <input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
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*59.	Does your center routinely test the following whenever a patient has a pyrogenic reaction? a. Patient blood culture <input type="checkbox"/> Yes <input type="checkbox"/> No b. Dialysate from the patient’s dialysis machine <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Prevention Activities**

*60.	Has your center participated in any national or regional infection prevention-related initiatives in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No  a. If yes, what is the primary focus of the initiative(s)? (if >1 initiative, select all that apply) <input type="checkbox"/> Catheter reduction <input type="checkbox"/> Hand hygiene <input type="checkbox"/> Bloodstream infection prevention <input type="checkbox"/> Patient education/engagement for infection prevention <input type="checkbox"/> Increase vaccination rates <input type="checkbox"/> Decrease/improve use of antibiotics <input type="checkbox"/> Improve general infection control practices
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	<input type="checkbox"/> Improve culture of safety <input type="checkbox"/> Other, specify: _____  b. If yes, is your center actively participating in any of the following prevention initiatives (select all that apply): <input type="checkbox"/> CDC Making Dialysis Safer for Patients Coalition – facility-level participation <input type="checkbox"/> CDC Making Dialysis Safer for Patients Coalition – corporate or other organization-level participation <input type="checkbox"/> The Standardizing Care to improve Outcomes in Pediatric End Stage Renal Disease (SCOPE) Collaborative Peritoneal Dialysis Catheter-related Infection Project <input type="checkbox"/> SCOPE Collaborative Hemodialysis Access-related Infection Project <input type="checkbox"/> None of the above <input type="checkbox"/> Other (please specify) _____
*61.	a. What education do you provide to patients in your center when they start dialysis? (check all that apply): <input type="checkbox"/> Vascular access care <input type="checkbox"/> Hand hygiene <input type="checkbox"/> Risks related to catheter use <input type="checkbox"/> Recognizing signs of infection <input type="checkbox"/> Instructions for access management when away from the dialysis unit <input type="checkbox"/> Different dialysis modalities (i.e., home dialysis or peritoneal dialysis) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> None  b. What education do you provide to your patients regularly (at least annually) (check all that apply): <input type="checkbox"/> Vascular access care <input type="checkbox"/> Hand hygiene <input type="checkbox"/> Risks related to catheter use <input type="checkbox"/> Recognizing signs of infection <input type="checkbox"/> Instructions for access management when away from the dialysis unit <input type="checkbox"/> Different dialysis modalities (i.e., home dialysis or peritoneal dialysis) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> None
*62.	Which of the following CDC Core Interventions does your center apply for prevention of blood stream infections? (Check all that apply)  <input type="checkbox"/> Surveillance and feedback using NHSN <input type="checkbox"/> Hand hygiene observations <input type="checkbox"/> Catheter/vascular access care observations <input type="checkbox"/> Staff education and competency <input type="checkbox"/> Patient education/engagement <input type="checkbox"/> Catheter reduction <input type="checkbox"/> Chlorhexidine with alcohol <input type="checkbox"/> Catheter hub disinfection <input type="checkbox"/> Antimicrobial ointment <input type="checkbox"/> Chlorhexidine-impregnated dressing <input type="checkbox"/> None
*63.	Does your center provide training for staff on infection prevention and control at least once annually? <input type="checkbox"/> Yes <input type="checkbox"/> No
*64.	Does your center perform staff knowledge assessments for infection prevention and control annually (or more frequently)? <input type="checkbox"/> Yes <input type="checkbox"/> No
*65.	Does your center perform hand hygiene audits of staff monthly (or more frequently)? <input type="checkbox"/> Yes <input type="checkbox"/> No
*66.	Does your center perform observations of staff vascular access care and catheter accessing practices quarterly (or more frequently)? <input type="checkbox"/> Yes <input type="checkbox"/> No

*67.	Does your center perform staff competency assessments for vascular access care and catheter accessing annually (or more frequently)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Arteriovenous (AV) Fistulas or Grafts</b>	
*68.	Before prepping the fistula or graft site for cannulation, what is the access site most often cleansed with (either by patients or staff upon entry to the clinic)? <input type="checkbox"/> Soap and water <input type="checkbox"/> Alcohol-based hand rub <input type="checkbox"/> Antiseptic wipes <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Nothing
*69.	Before cannulation of a fistula or graft, what is the skin most often prepped with? (select one) <input type="checkbox"/> Alcohol <input type="checkbox"/> Chlorhexidine without alcohol <input type="checkbox"/> Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®) <input type="checkbox"/> Povidone-iodine (or tincture of iodine) <input type="checkbox"/> Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol <input type="checkbox"/> Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Nothing
<b>Hemodialysis Catheters</b>	
*70.	Before accessing the hemodialysis catheter, what are the catheter hubs most commonly prepped with? (select one) <input type="checkbox"/> Alcohol <input type="checkbox"/> Chlorhexidine without alcohol <input type="checkbox"/> Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®) <input type="checkbox"/> Povidone-iodine (or tincture of iodine) <input type="checkbox"/> Sodium hypochlorite solution (e.g., Alcavis) without alcohol <input type="checkbox"/> Sodium hypochlorite solution (e.g., Alcavis) followed by alcohol <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Nothing
*71.	Are hemodialysis catheter hubs routinely scrubbed after the cap is removed and before accessing the catheter (or before accessing the catheter via a needleless connector device, if one is used)? <input type="checkbox"/> Yes <input type="checkbox"/> No
*72.	When the hemodialysis catheter dressing is changed, what is the exit site (i.e., place where the catheter enters the skin) most commonly prepped with? (select one) <input type="checkbox"/> Alcohol <input type="checkbox"/> Chlorhexidine without alcohol <input type="checkbox"/> Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®) <input type="checkbox"/> Povidone-iodine (or tincture of iodine) <input type="checkbox"/> Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol <input type="checkbox"/> Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Nothing
*73.	For hemodialysis catheters, is antimicrobial ointment routinely applied to the exit site during dressing change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – chlorhexidine-impregnated dressing is routinely used  a. If yes, what type of ointment is most commonly used? (select one) <input type="checkbox"/> Bacitracin/gramicidin/polymyxin B (Polysporin® Triple) <input type="checkbox"/> Bacitracin/polymyxin B (e.g., Polysporin®) <input type="checkbox"/> Bacitracin/neomycin/polymyxin B (triple antibiotic) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Gentamicin <input type="checkbox"/> Mupirocin

	<input type="checkbox"/> Povidone-iodine
*74.	Who most often accesses hemodialysis catheters for treatment in your center? (select one) <input type="checkbox"/> Nurse <input type="checkbox"/> Technician <input type="checkbox"/> Other, specify: _____
*75.	Who most often performs hemodialysis exit site care in your center? (select one) <input type="checkbox"/> Nurse <input type="checkbox"/> Technician <input type="checkbox"/> Other, specify: _____
*76.	Are antimicrobial lock solutions used to prevent hemodialysis catheter infections in your center? <input type="checkbox"/> Yes, for all catheter patients <input type="checkbox"/> Yes, for some catheter patients <input type="checkbox"/> No  a. If yes, which lock solution is most commonly used? (select one) <input type="checkbox"/> Sodium citrate <input type="checkbox"/> Gentamycin <input type="checkbox"/> Vancomycin <input type="checkbox"/> Taurolidine <input type="checkbox"/> Ethanol <input type="checkbox"/> Taurolidine and heparin (Defencath™) <input type="checkbox"/> Multi-component lock solution or other, specify: _____
*77.	Are needleless closed connector devices (e.g., Tego®, Q-Syte™) used on hemodialysis catheters in your center? <input type="checkbox"/> Yes <input type="checkbox"/> No  a. If yes, for which patients: <input type="checkbox"/> In-center hemodialysis patients only <input type="checkbox"/> Home hemodialysis patients only <input type="checkbox"/> Both
*78.	Are any of the following routinely used for hemodialysis catheters in your center? (select all that apply) Chlorhexidine dressing (e.g., Biopatch®, Tegaderm™ CHG) <input type="checkbox"/> Yes <input type="checkbox"/> No Other antimicrobial dressing (e.g., silver-impregnated) <input type="checkbox"/> Yes <input type="checkbox"/> No Antiseptic-impregnated catheter cap/port protector: 3M™ CuroS™ Disinfecting Port Protectors <input type="checkbox"/> Yes <input type="checkbox"/> No ClearGuard® HD end caps <input type="checkbox"/> Yes <input type="checkbox"/> No Antimicrobial-impregnated hemodialysis catheters <input type="checkbox"/> Yes <input type="checkbox"/> No
*79.	Does your center provide in-center hemodialysis catheter patients with supplies to allow for changing catheter dressings outside the dialysis center? <input type="checkbox"/> Yes, routinely for all or most patients with a catheter <input type="checkbox"/> Yes, only for select patients with a catheter <input type="checkbox"/> No
*80.	a. Does your center educate patients with hemodialysis catheters on how to shower with the catheter? (select the best response) <input type="checkbox"/> Yes, routinely for all or most patients with a catheter <input type="checkbox"/> Yes, only for select patients with a catheter <input type="checkbox"/> No, patients with hemodialysis catheters are instructed against showering <input type="checkbox"/> No, education and instructions are not provided on this topic  b. Does your center provide hemodialysis catheter patients with a protective catheter cover (e.g., Shower Shield®, Cath Dry™) to allow them to shower? <input type="checkbox"/> Yes, routinely for all or most patients with a catheter <input type="checkbox"/> Yes, only for select patients with a catheter <input type="checkbox"/> No
<b>Comments:</b>	

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