

January 2025

Home Dialysis Center Practice Survey

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

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 Outpatient 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.

*required to Save as Complete	
*Facility ID #:	*Survey Year:
*ESRD Network #:	
Dialysis Center Information	
*1.	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
*2.	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
*3.	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) _____
*4.	a. What types of dialysis services does your center offer? (select all that apply): <input type="checkbox"/> Home Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis 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
*5.	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? _____
*6.	Do you (the person primarily responsible for completing this survey) perform patient care in the dialysis center or in the homes of patients cared for by this center? <input type="checkbox"/> Yes <input type="checkbox"/> No
*7	Within the last 3 years, has your facility/organization been surveyed by CMS or a CMS approved accrediting organization (i.e., state survey agency, Accreditation Commission for Health Care [ACHC], National Dialysis Accreditation Commission [NDAC])? <input type="checkbox"/> Yes <input type="checkbox"/> No
*8.	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

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 65 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).

8a.	<p>If yes, what types of dialysis services are provided within long-term care facilities? (check all that apply):</p> <p><input type="checkbox"/> Hemodialysis in LTC <input type="checkbox"/> Peritoneal Dialysis in LTC</p>
Surveillance	
*9.	<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>
*10.	<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</p> <p><input type="checkbox"/> N/A – not pursued</p>
Patient Census	
*11.	<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>
*12.	<p>How many ADULT 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. Home Hemodialysis: _____</p> <p>b. Peritoneal Dialysis: _____</p>
13 (new)	<p>If MIXED Population or PEDIATRIC Population was selected in question 4, how many Maintenance, Non-Transient ESRD and AKI PEDIATRIC PATIENTS were assigned to your center the first week of February (2/1 through 2/7) _____</p> <p>a. Home Hemodialysis _____</p> <p>b. Peritoneal Dialysis: _____</p>
14.	<p>Based on the number of patients that treated in the first week of February (2/1 through 2/7), please indicate the number of patients per Race:</p> <p>a. American Indian/Alaska Native: _____</p> <p>b. Black or African American: _____</p> <p>c. Asian: _____</p> <p>d. Native Hawaiian/Other Pacific Islander: _____</p> <p>e. White: _____</p> <p>f. More than one Race: _____</p> <p>g. Unknown: _____</p> <p>h. Declined to response: _____</p>
15.	<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 Ethnicity:</p> <p>a. Hispanic or Latino: _____</p> <p>b. Not Hispanic or Latino: _____</p> <p>c. Unknown: _____</p> <p>d. Declined to respond: _____</p>
Staff Census	
*16.	<p>How many patient care STAFF (full time, part time, or affiliated with) 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> <p>a. Nurse/nurse assistant: _____ e. Dietitian: _____</p> <p>b. Dialysis patient-care technician: _____ f. Physicians/physician assistant: _____</p> <p>c. Dialysis biomedical technician: _____ g. Nurse practitioner: _____</p> <p>d. Social worker: _____ h. Other: _____</p>
*17.	<p>Of the patient care staff members counted in question 15, how many received:</p> <p>a. A completed series of hepatitis B vaccine (ever)? _____</p>

	b. The influenza (flu) vaccine for the current/most recent flu season? _____
Please respond to the following questions based on your peritoneal dialysis patients in the first week of February (2/1 through 2/7).. This applies to current or most recent February relative to current date.	
Peritoneal Dialysis (PD) Patients	
*18.	Number of maintenance, non-transient ESRD and AKI Peritoneal Dialysis patients that were assigned to your center during the first week of February (2/1 through 2/7): _____
*19.	Of the Peritoneal Dialysis patients counted in question 18, how many received: a. A complete 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. The annual COVID-19 vaccine _____
*20.	Which of the following infections in your Peritoneal Dialysis 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) _____
*21.	For Peritoneal Dialysis 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"/> Bacitracin/polymyxin B (e.g., Polysporin®) <input type="checkbox"/> Mupirocin <input type="checkbox"/> Bacitracin/neomycin/polymyxin B (triple antibiotic) <input type="checkbox"/> Povidone-iodine <input type="checkbox"/> Bacitracin/gramicidin/polymyxin B (Polysporin® Triple) <input type="checkbox"/> Other, specify: _____
Please respond to the following questions based on your home dialysis patients in the first week of February (2/1 through 2/7).. This applies to current or most recent February relative to current date.	
*22.	Number of maintenance, non-transient ESRD and AKI Home Hemodialysis patients that were assigned to your center during the first week of February (2/1 through 2/7): _____
*23.	Of the Home Hemodialysis patients in question 22, 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. Non-tunneled central line: _____ e. Other vascular access device (e.g., HeRO®): _____
*24.	Does your dialysis facility utilize buttonhole cannulation techniques for Home Hemodialysis patients? <input type="checkbox"/> Yes <input type="checkbox"/> No a. Of the AV fistula patients from question #23a, how many had buttonhole cannulation? _____ b. When buttonhole cannulation is performed for <u>home hemodialysis</u> 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 prevent infection? <input type="checkbox"/> Yes <input type="checkbox"/> No
*25.	Of the Home Hemodialysis patients counted in question #22, how many received: a. A complete 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. The annual COVID-19 vaccine _____
*26.	Which of the following events in your Home Hemodialysis patients does your center routinely track? (select all that apply) <input type="checkbox"/> Bloodstream infection <input type="checkbox"/> Needle/access dislodgement <input type="checkbox"/> Vascular access site <input type="checkbox"/> Air embolism infection <input type="checkbox"/> Catheter breakage or bloodline separation <input type="checkbox"/> Other (specify): _____
Patient Vaccine and Screening	
*27.	Which type of pneumococcal vaccine does your center offer to 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
*28.	Does your center routinely screen patients for hepatitis B surface antigen (HBsAg) upon initiation of care? a. Peritoneal Dialysis patients: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Home Hemodialysis patients: <input type="checkbox"/> Yes <input type="checkbox"/> No
*29.	Does your center routinely screen patients for hepatitis C antibody (anti-HCV) upon initiation of care? a. Peritoneal Dialysis patients: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Home Hemodialysis patients: <input type="checkbox"/> Yes <input type="checkbox"/> No
*30.	Does your center routinely screen patients for latent tuberculosis infection (LTBI) upon initiation of care? a. Peritoneal Dialysis patients: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Home Hemodialysis patients: <input type="checkbox"/> Yes <input type="checkbox"/> No
*31.	If your center does routinely screen patients for latent tuberculosis infections (LTBI), what method is used? (select all that apply): a. Peritoneal Dialysis patients <input type="checkbox"/> Tuberculin Skin Test (TST) <input type="checkbox"/> Blood Test <input type="checkbox"/> Other (specify) b. Home Hemodialysis patients <input type="checkbox"/> Tuberculin Skin Test (TST) <input type="checkbox"/> Blood Test <input type="checkbox"/> Other (specify)
Prevention Activities	
*32.	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

	<ul style="list-style-type: none"> <input type="checkbox"/> Decrease/improve use of antibiotics <input type="checkbox"/> Improve general infection control practices <input type="checkbox"/> Improve culture of safety <input type="checkbox"/> Other, specify: _____ <p>b. If yes, is your center actively participating in any of the following prevention initiatives (select all that apply):</p> <ul style="list-style-type: none"> <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, specify
*33.	<p>a. What education do you provide to patients in your center when they start dialysis? (check all that apply):</p> <ul style="list-style-type: none"> <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 <p>b. What education do you provide to your patients regularly (at least annually) (check all that apply):</p> <ul style="list-style-type: none"> <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
*34.	<p>Does your center provide training for staff on infection prevention and control at least once annually?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
*35.	<p>Does your center perform staff knowledge assessments for infection prevention and control (select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least annually <input type="checkbox"/> One or more times each year <input type="checkbox"/> At least once a year <input type="checkbox"/> When new equipment or procedures are introduced
Arteriovenous (AV) Fistulas or Grafts	
*36.	<p>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)?</p> <ul style="list-style-type: none"> <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
*37.	<p>Before cannulation of a fistula or graft, what is the skin most often prepped with? (select one)</p> <ul style="list-style-type: none"> <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
Hemodialysis Catheters	
*38.	Are patients who receive hemodialysis through a central venous catheter permitted in your Home Hemodialysis program? <input type="checkbox"/> Yes <input type="checkbox"/> No
*39.	Before accessing the hemodialysis catheter, what are the catheter hubs most commonly 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
*40.	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)?
*41.	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 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
*42.	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"/> Gentamicin <input type="checkbox"/> Mupirocin <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"/> Povidone-iodine <input type="checkbox"/> Other, specify: _____
*43.	Are antimicrobial lock solutions used to prevent hemodialysis catheter infections? <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"/> Taurolidine <input type="checkbox"/> Gentamicin <input type="checkbox"/> Ethanol <input type="checkbox"/> Vancomycin <input type="checkbox"/> Multi-component lock solution or other, specify: _____ <input type="checkbox"/> Taurolidine and heparin (Defencath™)
*44.	Are needleless closed connector devices (e.g., Tego®, Q-Syte™) used on your patients' hemodialysis catheters?
*45.	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™ Curoc™ 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
*46.	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		
Comments:			
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