



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.

*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) ☐ Government ☐ Not for profit ☐ For profit
*2.	a. What is the location/hospital affiliation of your dialysis center? (choose one) ☐ Freestanding ☐ Hospital based ☐ Freestanding but owned by a hospital b. If hospital-based or hospital-owned, is your center affiliated with a teaching hospital? ☐ Yes ☐ No
*3.	Is your facility accredited by an organization other than CMS? ☐ Yes ☐ No a. If yes, specify (choose one) ☐ National Dialysis Accreditation Commission (NDAC) ☐ Accreditation Commission for Health Care (ACHC) ☐ Other (specify) _____
*4.	a. What types of dialysis services does your center offer? (select all that apply): ☐ In-center daytime hemodialysis ☐ Home Peritoneal Dialysis ☐ Home Hemodialysis ☐ In-center nocturnal hemodialysis ☐ In-center Peritoneal Dialysis b. What patient population does your center serve? (select one) ☐ Adult only ☐ Pediatric only ☐ Mixed: adult and pediatric
*5.	How many in-center hemodialysis stations does your center have? _____
*6.	Is your center part of a group or chain of dialysis centers? ☐ Yes ☐ No a. If yes, what is the name of the group or chain? _____
*7.	Do you (the person primarily responsible for collecting data for this survey) perform patient care in the dialysis center? ☐ Yes ☐ 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.	Is there someone at your dialysis center in charge of infection control training or oversight? ☐ Yes ☐ No a. If yes, which best describes this person? (if >1 person in charge, select all that apply): ☐ Regional infection control staff ☐ Hospital-affiliated oversight ☐ Dialysis nurse or nurse manager ☐ Dialysis center administrator or director ☐ Dialysis education specialist ☐ Patient care technician ☐ Other, specify: _____
*9.	In the past year, has your clinic been cited for infection control breaches in a state/certification/recertification survey? ☐ Yes ☐ No
*10.	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)? ☐ Yes ☐ No a. If yes, which dialysis services are provided within long-term care facilities? (check all that apply): ☐ Hemodialysis in LTC ☐ Peritoneal Dialysis in LTC
*11.	Which staff are responsible for ensuring permanent vascular access placement and maintenance? (to decrease CVC use in hemodialysis patients) (select all that apply)? ☐ Dedicated vascular access coordinator ☐ Nephrologist who oversees patient education and coordinates patient care related to vascular access ☐ 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) ☐ Cannulation expert ☐ Relationship with or access to interventional nephrologists or interventional radiologist ☐ Other, specify: _____ ☐ None _____
*12.	Does your center reuse dialyzers for any patients? ☐ Yes ☐ No
Isolation and Screening	
*13.	Does your center have the capacity to isolate patients with hepatitis B? ☐ Yes, use hepatitis B isolation room ☐ Yes, use hepatitis B isolation area ☐ No hepatitis B isolation
*14.	Are patients routinely isolated or cohorted for treatment within your center for any of the following pathogens? (if yes, select all that apply) ☐ No, none ☐ Hepatitis C ☐ Vancomycin-resistant <i>Enterococcus</i> (VRE) ☐ Methicillin-resistant <i>Staphylococcus aureus</i> ☐ <i>Clostridioides difficile</i> (C. diff.) ☐ 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)] ☐ <i>Candida auris</i> ☐ Other, specify: _____

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

Patient Census	
*22.	Was your center operational during the first week of February (2/1 through 2/7)? ☐ Yes ☐ No
*23.	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)? _____ Of these, indicate the number who received: a. In-Center Hemodialysis: _____ a1. No. of pediatric patients: _____ b. Home Hemodialysis: _____ b1. No. of pediatric patients: _____ c. Peritoneal Dialysis: _____ c1. No. of pediatric patients: _____

*24.	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: a. American Indian/Alaska Native: _____ b. Black or African American: _____ c. Asian: _____ d. Native Hawaiian/Other Pacific Islander: _____ e. White: _____ f. More than one Race: _____ g. Unknown: _____ h. Declined to response: _____
*25.	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: a. Hispanic or Latino: _____ b. Not Hispanic or Latino: _____ c. Unknown: _____ d. Declined to respond: _____
Staff	
*26.	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> _____ Of these, how many were in each of the following categories? 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.	Of the patient care staff members counted in question 26, 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. Annual COVID-19 vaccine _____
*28.	Does your center use standing orders to allow nurses to administer any of the vaccines mentioned above to patients without a specific physician order? ☐ Yes ☐ No
*29.	Does your center have a respiratory program for annual fit testing on your healthcare personnel? ☐ Yes ☐ No If yes: a. Which staff do you fit test? (select all that apply) ☐ Nurse/Nurse Assistant ☐ Dietitian ☐ Dialysis Patient-Care Technician ☐ Physicians/Physician Assistant ☐ Dialysis Biomedical Technician ☐ Nurse Practitioner ☐ Social Worker ☐ Other: _____ b. How many patient care staff did your center have fit tested this year? _____
In Center Hemodialysis Patients	
*30.	Number of maintenance, non-transient ESRD and AKI In-Center Hemodialysis patients that were assigned to your center during the first week of February (2/1 through 2/7): _____
*31.	Of the maintenance, non-transient In-Center Hemodialysis 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)? a. AV fistula: _____ b. AV graft: _____ c. Tunneled central line: _____

	d. Non-tunneled central line: _____ e. Other vascular access device (e.g., HeRO®): _____
*32.	Does your dialysis facility perform buttonhole cannulation for In-Center Hemodialysis patients? ☐ Yes ☐ No a. Of the AV fistula patients in question #31a, how many had buttonhole cannulation? _____ b. When buttonhole cannulation is performed for In-Center Hemodialysis patients: i. Who most often performs it? ☐ Nurse ☐ Patient (self-cannulation) ☐ Technician ☐ Other, specify: _____ ii. Before buttonhole cannulation, what is the buttonhole site most often prepped with? (select the one most commonly used) ☐ Alcohol ☐ Chlorhexidine without alcohol ☐ Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®) ☐ Povidone-iodine (or tincture of iodine) ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol ☐ Other, specify: _____ ☐ Nothing iii. Is antimicrobial ointment (e.g., mupirocin) routinely used at buttonhole cannulation sites to prevent infection? ☐ Yes ☐ No
	a.
*33.	Which type of pneumococcal vaccine does your center offer to In-Center Hemodialysis patients? (choose one) ☐ New Conjugate (PCV20) only ☐ New Conjugate (PCV15) and Polysaccharide (PPSV23) ☐ Both New Conjugate (Either PCV20 or PCV15) and Polysaccharide (PPSV23) ☐ Other (please specify) ☐ Neither offered
*34.	Of the In-Center Hemodialysis patients in question #30, 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 _____
*35.	Of the MAINTENANCE, NON-TRANSIENT ESRD and AKI In-Center Hemodialysis PATIENTS in question #30: a. How many were hepatitis B surface ANTIGEN (HBsAg) positive in the first week of February? _____ i. Of these patients who were hepatitis B surface ANTIGEN (HBsAg) positive in the first week of February, how many were positive when first admitted to your center? _____ b. How many patients converted from hepatitis B surface ANTIGEN (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: _____

*36.	In the past year, has your center had ≥ 1 In-Center Hemodialysis patient who reverse seroconverted (i.e., had evidence of resolved hepatitis B infection followed by reappearance of Hepatitis B surface antigen)? ☐ Yes ☐ No
*37.	Does your center routinely screen In-Center Hemodialysis patients for Hepatitis C antibody (anti-HCV) on admission to your center? (Note: This is NOT hepatitis B core antibody) ☐ Yes ☐ No
*38.	Does your center routinely screen In-Center Hemodialysis patients for Hepatitis C antibody (anti-HCV) at any other time? ☐ Yes ☐ No a. If yes, how frequently? ☐ Twice annually ☐ Annually ☐ Other, specify: _____
*39.	Of the MAINTENANCE, NON-TRANSIENT ESRD and AKI In-Center Hemodialysis 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: _____
Peritoneal Dialysis (PD) Patients	
*40.	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): _____
*41.	Which type of pneumococcal vaccine does your center offer to Peritoneal Dialysis patients? (choose one) ☐ New Conjugate (PCV20) only ☐ New Conjugate (PCV15) and Polysaccharide (PPSV23) ☐ Both New Conjugate (Either PCV20 or PCV15) and Polysaccharide (PPSV23) ☐ Other (please specify) ☐ Neither offered
*42.	Of the Peritoneal Dialysis 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 Peritoneal Dialysis patients does your center routinely track? (select all that apply) ☐ Peritonitis ☐ Exit site infection ☐ Tunnel infection ☐ Other (specify)_____
*44.	For Peritoneal Dialysis catheters, is antimicrobial ointment routinely applied to the exit site during dressing change? ☐ Yes ☐ No a. If yes, what type of ointment is most commonly used? (select one) ☐ Gentamicin ☐ Mupirocin ☐ Povidone-iodine ☐ Bacitracin/polymyxin B (e.g., Polysporin®)

	☐ Bacitracin/neomycin/polymyxin B (triple antibiotic) ☐ Bacitracin/gramicidin/polymyxin B (Polysporin® Triple) ☐ Other, specify: _____
Home Hemodialysis Patients	
*45.	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): _____
*46.	Of the Home Hemodialysis 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 Home Hemodialysis patients? ☐ Yes ☐ No a. Of the AV fistula patients from question #46a, how many had buttonhole cannulation? _____ b. When buttonhole cannulation is performed for Home Hemodialysis patients: i. Who most often performs it? ☐ Nurse ☐ Patient (self-cannulation) ☐ Technician ☐ Other, specify: _____ ii. Before buttonhole cannulation, what is the buttonhole site most often prepped with? (select the one most commonly used) ☐ Alcohol ☐ Chlorhexidine without alcohol ☐ Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®) ☐ Povidone-iodine (or tincture of iodine) ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol ☐ Other, specify: _____ ☐ Nothing iii. Is antimicrobial ointment (e.g., mupirocin) routinely used at buttonhole cannulation sites to prevent infection? ☐ Yes ☐ No
*48.	Which type of pneumococcal vaccine does your center offer to Home Hemodialysis patients? (choose one) ☐ New Conjugate (PCV20) only ☐ New Conjugate (PCV15) and Polysaccharide (PPSV23) ☐ Both New Conjugate (Either PCV20 or PCV15) and Polysaccharide (PPSV23) ☐ Other (please specify) ☐ Neither offered
*49.	Of the Home Hemodialysis 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 Home Hemodialysis patients does your center routinely track? (select all that apply) ☐ Bloodstream infection ☐ Vascular access site infection ☐ Needle/access dislodgement ☐ Air embolism

	☐ Catheter breakage or bloodline separation ☐ Other (specify)_____
Priming Practices	
*51.	Does your center use hemodialysis machine Waste Handling Option (WHO) ports? ☐ Yes ☐ No
*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)? ☐ Yes ☐ No
Injections Practices	
*53.	What form of erythropoiesis stimulating agent (ESA) are most often used in your center? ☐ Single-dose vial ☐ Multi-dose vial ☐ Pre-packaged syringe ☐ N/A
*54.	Where are medications most commonly drawn into syringes to prepare for patient administration? (choose one) ☐ At the individual dialysis stations ☐ On a mobile medication cart within the treatment area ☐ At a fixed location within the patient treatment area (e.g., at nurses' station) ☐ At a fixed location removed from the patient treatment area (not a room) ☐ In a separate medication room ☐ In a pharmacy ☐ Other, specify: _____
*55.	Do technicians administer any IV medications or infusates (e.g., heparin, saline) in your center? ☐ Yes ☐ No
*56.	What form of saline flush is most commonly used? ☐ Manufacturer pre-filled saline syringes ☐ Flushes are drawn from single-use saline vials ☐ Flushes are drawn from multi-dose saline vials ☐ Flushes are drawn from the patient's designated saline bag used for dialysis ☐ Flushes are drawn from the patient's dialysis circuit ☐ Flushes are drawn from a common saline bag used for all patients ☐ Other (specify): _____
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 ☐ Yes ☐ No b. Formulary restrictions ☐ Yes ☐ No c. Antibiotic use approval process ☐ Yes ☐ No d. Automatic stop orders for antibiotics ☐ Yes ☐ No
*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)? ☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
*59.	Does your center routinely test the following whenever a patient has a pyrogenic reaction? a. Patient blood culture ☐ Yes ☐ No b. Dialysate from the patient's dialysis machine ☐ Yes ☐ No
Prevention Activities	
*60.	Has your center participated in any national or regional infection prevention-related initiatives in the past year? ☐ Yes ☐ No a. If yes, what is the primary focus of the initiative(s)? (if >1 initiative, select all that apply) ☐ Catheter reduction ☐ Hand hygiene ☐ Bloodstream infection prevention ☐ Patient education/engagement for infection prevention ☐ Increase vaccination rates ☐ Decrease/improve use of antibiotics ☐ Improve general infection control practices

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

*67.	Does your center perform staff competency assessments for vascular access care and catheter accessing annually (or more frequently)? ☐ Yes ☐ No
Arteriovenous (AV) Fistulas or Grafts	
*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)? ☐ Soap and water ☐ Alcohol-based hand rub ☐ Antiseptic wipes ☐ Other, specify: _____ ☐ Nothing
*69.	Before cannulation of a fistula or graft, what is the skin most often prepped with? (select one) ☐ Alcohol ☐ Chlorhexidine without alcohol ☐ Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®) ☐ Povidone-iodine (or tincture of iodine) ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol ☐ Other, specify: _____ ☐ Nothing
Hemodialysis Catheters	
*70.	Before accessing the hemodialysis catheter, what are the catheter hubs most commonly prepped with? (select one) ☐ Alcohol ☐ Chlorhexidine without alcohol ☐ Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®) ☐ Povidone-iodine (or tincture of iodine) ☐ Sodium hypochlorite solution (e.g., Alcavis) without alcohol ☐ Sodium hypochlorite solution (e.g., Alcavis) followed by alcohol ☐ Other, specify: _____ ☐ 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)? ☐ Yes ☐ 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) ☐ Alcohol ☐ Chlorhexidine without alcohol ☐ Chlorhexidine with alcohol (e.g., Chloraprep™, PDI Prevantics®) ☐ Povidone-iodine (or tincture of iodine) ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) without alcohol ☐ Sodium hypochlorite solution (e.g., ExSept®, Alcavis) followed by alcohol ☐ Other, specify: _____ ☐ Nothing
*73.	For hemodialysis catheters, is antimicrobial ointment routinely applied to the exit site during dressing change? ☐ Yes ☐ No ☐ N/A – chlorhexidine-impregnated dressing is routinely used a. If yes, what type of ointment is most commonly used? (select one) ☐ Bacitracin/gramicidin/polymyxin B (Polysporin® Triple) ☐ Bacitracin/polymyxin B (e.g., Polysporin®) ☐ Bacitracin/neomycin/polymyxin B (triple antibiotic) ☐ Other, specify: _____ ☐ Gentamicin ☐ Mupirocin

	☐ Povidone-iodine
*74.	Who most often accesses hemodialysis catheters for treatment in your center? (select one) ☐ Nurse ☐ Technician ☐ Other, specify: _____
*75.	Who most often performs hemodialysis exit site care in your center? (select one) ☐ Nurse ☐ Technician ☐ Other, specify: _____
*76.	Are antimicrobial lock solutions used to prevent hemodialysis catheter infections in your center? ☐ Yes, for all catheter patients ☐ Yes, for some catheter patients ☐ No a. If yes, which lock solution is most commonly used? (select one) ☐ Sodium citrate ☐ Gentamycin ☐ Vancomycin ☐ Taurolidine ☐ Ethanol ☐ Taurolidine and heparin (Defencath™) ☐ 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? ☐ Yes ☐ No a. If yes, for which patients: ☐ In-center hemodialysis patients only ☐ Home hemodialysis patients only ☐ 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) ☐ Yes ☐ No Other antimicrobial dressing (e.g., silver-impregnated) ☐ Yes ☐ No Antiseptic-impregnated catheter cap/port protector: 3M™ CuroS™ Disinfecting Port Protectors ☐ Yes ☐ No ClearGuard® HD end caps ☐ Yes ☐ No Antimicrobial-impregnated hemodialysis catheters ☐ Yes ☐ No
*79.	Does your center provide in-center hemodialysis catheter patients with supplies to allow for changing catheter dressings outside the dialysis center? ☐ Yes, routinely for all or most patients with a catheter ☐ Yes, only for select patients with a catheter ☐ No
*80.	a. Does your center educate patients with hemodialysis catheters on how to shower with the catheter? (select the best response) ☐ Yes, routinely for all or most patients with a catheter ☐ Yes, only for select patients with a catheter ☐ No, patients with hemodialysis catheters are instructed against showering ☐ 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? ☐ Yes, routinely for all or most patients with a catheter ☐ Yes, only for select patients with a catheter ☐ No
Comments:	

Disclaimer: Use of trade names and commercial sources is for identification only and does not imply endorsement.