



**A. Facility Information (continued)**

\*11. Please indicate whether the following types of records are available to staff or an administrator in your unit (check all that apply):

	Yes, available	Yes, available electronically	Not available
Local hospital microbiology lab results (i.e., for cultures sent to hospital lab or patients during hospitalization)			
Hemodialysis station & machine assignment			
Staff immunizations			

**Please respond to the following questions based on records from your facility for the first week of January** (applies to current or most recent January relative to current date).

**B. Patient and staff census**

- \*12. How many CHRONIC, NON-TRANSIENT dialysis **PATIENTS** were assigned to your center during the first week of January? \_\_\_\_\_  
 Of these, please indicate the number who received:  
 a. in-center hemodialysis: \_\_\_\_\_  
 b. home hemodialysis: \_\_\_\_\_  
 c. peritoneal dialysis: \_\_\_\_\_
- \*13. How many full-time and part-time **PATIENT CARE** staff were employed in your facility during the first week of January? *Include only staff who had direct contact with dialysis patients or equipment:* \_\_\_\_\_  
 Specify the number of these clinical staff by category:  
 a. nurse/nurse assistant: \_\_\_\_\_      e. dietician: \_\_\_\_\_  
 b. dialysis patient-care technician: \_\_\_\_\_      f. physicians/physician assistant: \_\_\_\_\_  
 c. dialysis biomedical technician: \_\_\_\_\_      g. nurse practitioner: \_\_\_\_\_  
 d. social worker: \_\_\_\_\_      h. other: \_\_\_\_\_

**C. Vaccines**

- \*14. Of the patients counted in question 12, how many received:  
 a. at least 3 does of hepatitis B vaccine (ever)? \_\_\_\_\_  
 b. the influenza (flu) vaccine for this flu season (September or later)? \_\_\_\_\_  
 c. the pneumococcal vaccine (ever)? \_\_\_\_\_
- \*15. Does your facility use standing orders to allow nurses to administer vaccines to patients without a specific physician order?  
 Yes, for some or all vaccines  
 No, not for any vaccines
- \*16. Of the patient care staff members counted in question 13, how many received:  
 a. at least 3 doses of hepatitis B vaccine (ever)? \_\_\_\_\_  
 b. the influenza (flu) vaccine for this flu season (September or later)? \_\_\_\_\_
- \*17. Please indicate whether your facility offers the following immunizations:
- |   |            |           |
|---|------------|-----------|
|   | <b>Yes</b> | <b>No</b> |
| a. influenza vaccine offered to <b>patients</b>           |            |           |
| b. influenza vaccine offered to patient care <b>staff</b> |            |           |
| c. pneumococcal vaccine offered to <b>patients</b>        |            |           |

\*18. Of your **CHRONIC, NON-TRANSIENT** hemodialysis patients from question 12 (12a + 12b), indicate the number with each of the following access types during the first week of January (*patients with > 1 access type should be counted in each applicable category*):

AV fistula _____	Tunneled central line _____
AV graft _____	Nontunneled central line _____
Hybrid access (e.g., graft-catheter) _____	

### D. Hepatitis B and C

\*19. Of your **CHRONIC, NON-TRANSIENT** in-center hemodialysis PATIENTS from question 12a:  
 a. How many converted from hepatitis B surface **ANTIGEN** (HBsAg) negative to positive in the past 12 months (*i.e., 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: \_\_\_\_\_

b. How many were hepatitis B surface antigen (HBsAg) positive on arrival to your center? \_\_\_\_\_

\*20. Of the patients counted in question 12a., were all or almost all tested for hepatitis B surface ANTIBODY (anti-HBs) in the past 12 months? Yes No  
 If Yes, how many were positive? \_\_\_\_\_

\*21. Does your facility routinely test hemodialysis patients for **hepatitis C** antibody (anti-HCV)? (*Note: This is NOT hepatitis B core antibody*)?  Yes, every 6 months  Yes, every 12 months  
 No (*not done or less frequently than yearly*)

If Yes, Of the patients counted in question 12a.,

a. How many converted from anti-HCV negative to positive during the past 12 months (*i.e., had newly acquired hepatitis C infection*)? Do not include patients who were anti-HCV positive before they were first dialyzed in your center: \_\_\_\_\_

b. How many were positive for hepatitis C antibody on arrival to your center? \_\_\_\_\_

### E. Dialysis Policies and Practices

\*22. Does your facility reuse dialyzers for some or all patients? Yes No  
 If Yes,

a. What method is used to disinfect the majority of these dialyzers?

Amuchina  Glutaraldehyde (e.g., Diacide®)  Peracetic acid (e.g., Renalin®)  
 Formaldehyde  Heat  Other

b. Is bleach also used to clean the inside of these dialyzers? Yes No

c. Where are dialyzers reprocessed? Dialyzers are reprocessed at our facility

Dialyzers are transported to an off-site facility for reprocessing

Both at our facility and off-site

d. Are dialyzers refrigerated before reprocessing? Yes No

\*23. Where are medications from multidose vials most commonly drawn into syringes to prepare for patient administration?

On a mobile medication cart within the treatment area or at the individual dialysis stations

In a separate medication room or in a medication area separate from the patient treatment area

At a fixed location within the dialysis unit, not separated by walls from the rest of the patient treatment area

Other (specify): \_\_\_\_\_

- \*24. What type of erythropoietin vials are generally used in your facility? Single-dose Multiple-dose N/A Is erythropoietin from a single-dose vial administered to more than one patient? Yes No
- \*25. Please indicate whether your facility uses any of the following means of restricting or ensuring appropriate antibiotic use?
- |  | Yes | No |
|--|-----|----|
| a. have a written policy on antibiotic use |     |    |
| b. formulary restrictions                  |     |    |
| c. antibiotic use approval process         |     |    |
| d. automatic stop orders for antibiotics   |     |    |

## F. Vascular Access

- \*26. For AV grafts or fistulas:
- a. Before prepping the area for puncture, is the area commonly washed with soap and water? Yes No
- b. Before puncture of a graft or fistula, the area is most often prepped with:
- |  |                                   |   |
|--|-----------------------------------|---|
| Alcohol                                      | Chlorhexidine (e.g., Chloraprep®) | Povidone-iodine (or tincture of iodine) |
| Sodium hypochlorite solution (e.g., ExSept®) | Other (specify): _____            |   |
- c. Is buttonhole cannulation performed on any patients in your facility? Yes No
- \*27. Job classification of staff members primarily responsible for providing hemodialysis catheter care (i.e., access catheters or change dressing) (select one): Nurse Technician
- \*28. For hemodialysis catheters:
- a. Before access of the hemodialysis catheter, **the catheter ports** are prepped with (check the one most commonly used): Alcohol Chlorhexidine (e.g., Chloraprep®) Povidone-iodine (or tincture of iodine) Sodium hypochlorite solution (e.g., ExSept®, Alcavis) Other (specify): \_\_\_\_\_ Nothing
- b. When the catheter dressing is changed, the exit site (i.e. place where the catheter enters the skin) is cleansed with (check the one mostly commonly used):
- |   |                                   |   |
|---|-----------------------------------|---|
| Alcohol   | Chlorhexidine (e.g., Chloraprep®) | Povidone-iodine (or tincture of iodine) |
| Sodium hypochlorite solution (e.g., ExSept®, Alcavis) | Other (specify): _____ Nothing    |   |
- \*29. Are antimicrobial lock solutions used to prevent hemodialysis catheter infections in your unit?
- |                                |                                 |    |
|--------------------------------|---------------------------------|----|
| Yes, for all catheter patients | Yes, for some catheter patients | No |
|--------------------------------|---------------------------------|----|
- If yes, indicate the lock solutions used (check all that apply): Sodium citrate Gentamicin Vancomycin Taurolidine Ethanol Other (specify): \_\_\_\_\_
- For **hemodialysis catheters**, is antibacterial ointment routinely applied to the exit site during dressing change? Yes No
- \*30. If Yes, what type of ointment? Bacitracin/polymixin (e.g., Polysporin®) Povidone-iodine Mupirocin Other (specify): \_\_\_\_\_
- \*31. For **peritoneal dialysis catheters**, is antibacterial ointment routinely applied to exit site during dressing change? Yes No N/A
- If Yes, what type of ointment? Bacitracin/polymixin (e.g., Polysporin®) Gentamicin Mupirocin Other (specify): \_\_\_\_\_
- \*32. Are any of the following used to prevent hemodialysis catheter-related infections in your unit (check all that apply): Antimicrobial-impregnated hemodialysis catheters Chlorhexidine dressing (e.g., Biopatch®, Tegaderm™ CHG) Closed connector luer access devices (e.g., Tego® or Q-Syte™)