

Instructions for the Home Dialysis Center Practices Survey (CDC 57.507)

A complete survey is an annual reporting requirement specified in the NHSN Dialysis Event Protocol. Users cannot create Monthly Reporting Plans or submit monthly data for May through December until a survey for that year is completed.

[Print a blank survey.](#)

This survey is only for dialysis centers that do not offer in-center hemodialysis. If your center offers in-center hemodialysis, please complete the Outpatient Dialysis Center Practices Survey in the NHSN Dialysis Component. 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.

Survey Question		Instructions for Data Collection
Facility ID #		The NHSN-assigned facility ID will auto-populate in this field.
Survey Year		Required. Enter the 4-digit year that the data were collected for this facility (e.g., a 2025 survey should include data from February 2025). (format: YYYY)
ESRD Network #		Required. Enter the 2-digit ESRD Network number for your region.
Dialysis Center Information		
General		
1.	What is the ownership of your dialysis center?	Required. Select the ownership of your dialysis center (Choose one option only): • Government • Not for profit • For profit
2.	What is the location/hospital affiliation of your dialysis center?	Required. Select the location/hospital affiliation of your dialysis center (Choose one option only): ○ <u>Freestanding</u>: the dialysis center is not hospital affiliated. ○ <u>Hospital based</u>: the dialysis center is affiliated with a hospital and the building is attached to, or part of, the hospital. ○ <u>Freestanding but owned by a hospital</u>: the dialysis center is affiliated with a hospital, but the building is not attached to the hospital.
3.	Is your facility accredited by an organization other than CMS?	Required. Select "Yes" if your facility is accredited by an organization other than CMS. Select "No" if your facility is not accredited by any organization other than CMS. Conditionally required. Indicate the organization that has accredited your organization. • National Dialysis Accreditation Commission (NDAC) • Accreditation Commission for Health Care (ACHC) • Other (specify)
	a. If yes, specify (choose one)	

Survey Question		Instructions for Data Collection
4a.	What types of dialysis services does your center offer?	Required. Indicate all dialysis service types that are offered by your facility (Select all that apply): ○ Home Peritoneal Dialysis ○ Home hemodialysis (includes home, home-assisted, and NxStage®¹ patients) Required. Indicate what patient population your center serves. ● Adult only ● Pediatric only ● Mixed: adult and pediatric
4b.	What patient population does your center serve?	
5.	Is your center part of a group or chain of dialysis centers?	Required. Select “Yes” if your facility is part of a group or chain of dialysis centers. Select “No” if your facility is not owned by a group or chain of dialysis centers. Conditionally required. Enter the name of the dialysis facility group or chain. If owned and managed by two different groups, then indicate the managing company.
a.	If yes, what is the name of the group or chain?	
6.	Do you (the person primarily responsible for collecting data for this survey) perform patient care in the dialysis center?	Required. Select “Yes” if the person who is primarily responsible for collecting the NHSN survey data performs patient care in the facility. Select “No” if the person who is primarily responsible for collecting these survey data does not perform patient care in the facility.
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])?	Required. Select “Yes” if your dialysis center has been surveyed by CMS or a CMS approved accrediting organization. Select “No” if your facility/organization has not been surveyed by CMS or a CMS approved accrediting organization.

¹ Use of trade names and commercial sources is for identification only and does not imply endorsement.

Survey Question		Instructions for Data Collection
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)?	Required. Select “Yes” if your dialysis center provides any dialysis services within long-term care facilities, nursing homes or skilled nursing facilities. This does not include long-term acute care hospitals. Select “No” if your center does not provide any dialysis services within long-term care facilities, nursing homes, or skilled nursing facilities.
8a.	If yes, what types of dialysis services are provided within long-term care facilities?	Conditionally required. If dialysis services are provided within long-term care facilities, please specify which type(s): ○ Hemodialysis in LTC ○ Peritoneal Dialysis in LTC
Surveillance		
9.	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?	Required. Following a hospitalization, indicate the frequency with which your facility is able to determine whether a bloodstream infection contributed to the patient’s hospital admission. Select “N/A – not pursued” only if your facility does not routinely try to determine the cause of hospitalizations.
10.	How often is your center able to obtain a patient’s microbiology lab records from a hospitalization?	Required. Following a hospitalization, indicate the frequency with which your facility is able to obtain the patient’s hospital microbiology lab records. Select “N/A – not pursued” only if your facility does not routinely request microbiology lab records after a patient is hospitalized.
Patient Census		
11.	Was your center operational during the first week of February?	Required. Select “Yes” if your facility was open for home dialysis training and/or support during the first week of February (Feb. 1 – Feb. 7) of the survey year. Select “No” if your facility was closed for home dialysis training and/or support during the first week of February of the survey year. • If you select “No,” proceed to answer subsequent questions about your facility’s policies since the first week of February and enter zeros for quantitative questions (if applicable).
12.	How many ADULT MAINTENANCE, NON-TRANSIENT ESRD and AKI dialysis PATIENTS were assigned to your center during the first week of February?	Required. Indicate the total number of all the maintenance, non-transient ESRD and AKI, dialysis patients assigned to your facility during the first week of February (Feb. 1 – Feb. 7) of the survey year (include home hemodialysis and peritoneal dialysis patients). The sum of 12.a. and 12.b., must be less than or equal to the answer to question 12.
a.	Home Hemodialysis	Conditionally required. Indicate how many underwent home hemodialysis during the first week of February. Include home, home-assisted, and NxStage ^{®2} patients.

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Survey Question	Instructions for Data Collection
b. Peritoneal Dialysis	Conditionally required. Indicate how many underwent peritoneal dialysis during the first week of February.
13. 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) _____ a. Home Hemodialysis _____ b. Peritoneal Dialysis: _____	Required. Indicate the total number of all the maintenance, non-transient ESRD and AKI, PEDIATRIC dialysis patients assigned to your facility during the first week of February (Feb. 1 – Feb. 7) of the survey year (include home hemodialysis and peritoneal dialysis patients). The sum of 13.a. and 13.b., must be less than or equal to the answer to question 13.
14. 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:	Optional. Specify one or more of the choices below to identify the individual's race. NOTE: Collecting race and ethnicity is important for understanding trends in the COVID-19 pandemic and ensuring the wellbeing of racial and ethnic minority groups. • <u>American Indian or Alaska Native</u> • <u>Asian</u> • <u>Black or African American</u> • <u>Middle Eastern or North African</u> • <u>Native Hawaiian or Pacific Islander</u> • <u>White</u> • <u>Unknown</u> • <u>Declined to respond</u> This data should be based upon the individual respondent's self-identification with regards to race. If the patient is a poor historian, solicit information from a reliable family member. NOTE: Hispanic or Latino is not a race. A person may be of any race while being Hispanic or Latino

Survey Question		Instructions for Data Collection
15.	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 Ethnicity:	Optional. Specify if the individual is either Hispanic or Latino, or Not Hispanic or Not Latino. Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.* The patient should always be asked to identify their race and ethnicity. If the patient is not a good historian, then check with a reliable family member. NOTE: Collecting race and ethnicity is important for understanding trends in the COVID-19 pandemic and ensuring the wellbeing of racial and ethnic minority groups. However, if after all attempts it is not possible to obtain ethnicity information, the appropriate response below, may be chosen: • Declined to respond • Unknown * https://www.census.gov/topics/population/hispanic-origin/about.html
Staff		
16.	How many PATIENT CARE staff (full time, part time, or affiliated with) worked in your center during the first week of February? <i>Include only staff who had direct contact with dialysis patients or equipment:</i>	Required. Indicate the total number of patient care staff (including full time, part time, and affiliated with) who worked in your center during the first week of February (the first seven calendar days of the month) of the survey year. <i>Include only those staff persons whose role involves direct contact with dialysis patients or equipment.</i> • Count each person as 1, even if they work part-time. • If a person works at more than one facility, they are counted as 1 at each facility. • Include physicians who see patients in the facility. • Include patient care staff who are normally present during the year but were absent this week due to vacation or other leave. • Include per diem staff only if they are consistently part of facility staffing. • If your facility was not operational during the 1st week of February, enter 0.

Survey Question		Instructions for Data Collection
	a.-h. Occupational categories	Conditionally required. Of the total number of patient care staff specified in question 16, indicate the number per occupational category. The sum of the occupational categories 16.a. – 20.h. must equal the number of patient care staff indicated in question 16. • Nurse/nurse assistant • Dialysis patient-care technician • Dialysis biomedical technician • Social worker • Dietitian • Physicians/physician assistant • Nurse practitioner • Other

Survey Question	Instructions for Data Collection
17. Of the patient care staff members counted in question 16, how many received: a. A completed series of hepatitis B vaccine (ever)? b. The influenza (flu) vaccine for the <u>current/most recent</u> flu season? c. The COVID-19 vaccine	Conditionally required. Of the patient care staff members counted in question 16, indicate how many have ever received: A complete series of hepatitis B vaccine. - Do not count patients who are in the process of completing the hepatitis B vaccine series. - The number of doses required to complete a series will vary depending on which vaccine was used. Currently recommended series are described here Hepatitis B Questions and Answers for Health Professionals CDC. - Recommended vaccine series may change, and dose and volume recommended may be different for pediatric and adult patients. - If patients were not vaccinated at your facility, include patients if they report they received the completed series and test positive for HB surface antibody or have documentation of completed series. The flu vaccine for the current/most recent flu season. - This refers to the flu season that began in the year preceding the survey year. For example, if the survey year is 2025, count flu vaccinations for the 2024-2025 flu season. - Include patient care staff members who report having received a flu vaccination for this season (or for whom there is documentation) even if they were not vaccinated at your facility. If none of the patient care staff members have received the influenza vaccine for the current/most recent flu season, enter 0. The most recent COVID-19 vaccine, even if they were not vaccinated at your facility. If no patients received the current COVID-19 vaccine, enter 0.

Peritoneal Dialysis Patients

Survey Question		Instructions for Data Collection
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): _____	Auto-populated. The number of ESRD and AKI Peritoneal Dialysis patients entered in #12b will display.

Survey Question	Instructions for Data Collection
19. Of the <u>peritoneal dialysis patient</u> counted in question 12b, how many received: a. At least 3 doses of hepatitis B vaccine (ever)? b. The influenza (flu) vaccine for the <u>current/most recent</u> flu season? c. At least one dose of pneumococcal vaccine (ever)? d. Annual COVID-19 vaccine?	Conditionally required. Of the total number of maintenance, non-transient ESRD and AKI <i>peritoneal dialysis</i> patients indicated in question 12b: (Beginning 2021, this question will auto-populate with “0” if 12b equals “0”.) Indicate how many have ever received at least 3 doses of hepatitis B vaccine. - Do not count patients who are in the process of completing the hepatitis B vaccine series. - Include all patients who have received 3 or more doses, even if the brand of hepatitis B vaccine being used requires four doses to complete the series. - Include patients with documentation of having received 3 or more doses, even if they were not vaccinated at your facility. - If no patients received 3 or more doses of the hepatitis B vaccine, enter 0. Indicate how many received the influenza (flu) vaccine for this flu season (September or later). - This question refers to the flu season that began in the year preceding the survey year. For example, if the survey year is 2025, count flu vaccinations for the 2024-2025 flu season. - Include patients who report having received a flu vaccination for this season (or for whom there is documentation) even if they were not vaccinated at your facility. - If no patients received the influenza vaccine for the current/most recent flu season, enter 0. Indicate how many have ever received at least one dose of the pneumococcal vaccine, even if they were not vaccinated at your facility. If no patients received the pneumococcal vaccine, enter 0. Indicate how many received the most recent COVID-19 vaccine, even if they were not vaccinated at your facility. If no patients received the current COVID-19 vaccine, enter 0.
20. Which of the following infections in your Peritoneal Dialysis patients does your center routinely track? (select all that apply)	Conditionally required. Indicate if your center is actively tracking any of the listed infections: - Peritonitis - Exit site infection - Tunnel infection - Other (specify)

Survey Question		Instructions for Data Collection
21.	For peritoneal dialysis catheters, is antimicrobial ointment routinely applied to the exit site during dressing change? a. If yes, what type of ointment is most commonly used? (select one)	Required. Select “Yes” if antimicrobial ointment is routinely applied to peritoneal dialysis catheter exit sites during dressing changes. Select “No” if antimicrobial ointment is not routinely applied to the peritoneal dialysis catheter exit site during dressing changes. Conditionally required. Select one antimicrobial ointment that is most commonly applied to the peritoneal dialysis catheter exit site during dressing changes. • Gentamicin • Bacitracin/polymyxin B (e.g., Polysporin®) • Mupirocin • Bacitracin/neomycin/polymyxin B (triple antibiotic) • Povidone-iodine • Bacitracin/gramicidin/polymyxin B (Polysporin® Triple) • Other, specify
Home Hemodialysis Patients		
22.	Number of maintenance, non-transient ESRD and AKI Home Hemodialysis patients that were assigned to your center during the first week of February (Feb. 1-7)	Auto-populated. The number of ESRD and AKI Home Hemodialysis patients entered in #12a will display.
23.	Of the <u>Home Hemodialysis</u> patients from question 12a, how many received hemodialysis through each of the following access types during the first week of February (Feb. 1 – 7)? a.-e. Hemodialysis access types	Required. Of the total number of maintenance, non-transient ESRD and AKI home hemodialysis patients indicated in questions 12a, indicate how many patients received hemodialysis through each access type during the first week of February (Feb. 1 – Feb. 7). • Access types include: AV fistula, AV graft, Tunneled central line, Nontunneled central line, and other vascular access device (e.g., HeRO®) Note: this question requires a different counting process than the Denominators for Outpatient Dialysis form: count all accesses that were used for hemodialysis during the week. Note: Definitions for vascular access types can be found in the Dialysis Event Protocol .

Survey Question	Instructions for Data Collection
24. Does your dialysis facility utilize buttonhole cannulation techniques for Home Hemodialysis patients? a. Of AV fistula patients from question 23a, how many had buttonhole cannulation? b. When buttonhole cannulation is performed for home hemodialysis patients: b.i. Who most often performs it? b.ii. Before cannulation, what is the buttonhole site most often prepped with? b.iii. Is antimicrobial ointment (e.g., mupirocin) routinely used at buttonhole cannulation sites to prevent infection?	Required. Select “Yes” if buttonhole cannulation techniques are performed for Home Hemodialysis patients. Select “No” if buttonhole cannulation is not performed for Home Hemodialysis patients. Conditionally required. Indicate how many of the AV fistula patients from question 23a had buttonhole cannulation. Conditionally required. Indicate who most often performs buttonhole cannulation for home hemodialysis patients. • Nurse • Patient (self-cannulation) • Technician • Other (specify) Before cannulation what the site is most often prepped with. Select the one most commonly used. Select “Nothing” if the site is not prepped. Select “Yes” if antimicrobial ointment is applied at the buttonhole cannulation sites to prevent infection. Select “No” if antimicrobial ointment is not used at buttonhole cannulation sites to prevent infection.

Survey Question		Instructions for Data Collection
25.	Of the home hemodialysis patients counted in question 12a, how many received:	Conditionally required. Of the total number of maintenance, non-transient <i>home hemodialysis</i> patients indicated in question 12a: (Beginning 2021, this question will auto-populate with “0” if 12a equals “0”.)
a.	At least 3 doses of hepatitis B	Indicate how many ever received at least 3 doses of hepatitis B vaccine. - Do not count patients who are in the process of completing the series. - Include all hemodialysis patients who received 3 or more doses, even if the brand of hepatitis B vaccine being used requires four doses. - Include patients who have documentation of having a complete hepatitis B vaccine series, even if not received at your facility. - If no hemodialysis patients received at least 3 doses of the hepatitis B vaccine, enter 0.
b.	The influenza (flu) vaccine for the current/most recent flu season?	Indicate how many received the influenza (flu) vaccine for this flu season - This question refers to the flu season that began in the year preceding the survey year. For example, if the survey year is 2025, count flu vaccinations for the 2024-2025 flu season. - Include patients who report having received a flu vaccination for this season (or for whom there is documentation) even if they were not vaccinated at your facility. - If no maintenance, non-transient patients receiving hemodialysis reported receiving the influenza vaccine for the current/most recent flu season, enter 0.
c.	At least one dose of pneumococcal vaccine (ever)?	Indicate in question 12b, indicate how many have ever received at least one dose of the pneumococcal vaccine, even if they were not vaccinated at your facility. If no patients received the pneumococcal vaccine, enter 0.
d.	Annual COVID vaccine	Indicate how many received the most recent COVID-19 vaccine, even if they were not vaccinated at your facility.
		If no patients received the current COVID-19 vaccine, enter 0.
26.	Which of the following events in your home hemodialysis patients does your center routinely track? (select all that apply)	Conditionally required. Indicate if your center is actively tracking any of the listed events: ☐ Bloodstream infection ☐ Needle/access dislodgement ☐ Vascular access site ☐ Air embolism infection ☐ Catheter breakage or bloodline separation ☐ Other (specify): _____

Patient Vaccine and Screening		
27.	Which type of pneumococcal vaccine does your center offer to patients?	Required. Select the most commonly used type of pneumococcal vaccine offered to your facility's 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 Select "Neither offered" if the pneumococcal vaccine is not offered.
Screening		
28.	Does your center routinely screen patients for Hepatitis B surface antigen (HBsAg) upon initiation of care?	Required. Select "Yes" if your center routinely screens patients for hepatitis B upon initiation of care. Select "No" if your center does not screen patients for hepatitis B upon initiation of care.
	a. Peritoneal dialysis patients	
	b. Home hemodialysis patients	
29.	Does your center routinely screen patients for Hepatitis C antibody (anti-HCV) upon initiation of care?	Required. Select "Yes" if your center routinely screens patients for hepatitis C upon initiation of care. Select "No" if your center does not screen patients for Hepatitis C.
	a. Peritoneal dialysis patients	
	b. Home hemodialysis patients	
30.	Does your center routinely screen patients for latent tuberculosis infection (LTBI) on admission to your center?	Required. Select "Yes" if your center routinely screens patients for latent tuberculosis infection (LTBI) upon admission. Select "No" if patients are not routinely screened for TB upon admission.
	a. Peritoneal dialysis patients	
	b. Home hemodialysis patients	

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 b. Home hemodialysis patients	Required. Select all types of LTBI tests that apply. If an LTBI method which is not used, specify in other. ☐ Tuberculin Skin Test (TST) ☐ Blood test ☐ Other (specify)_____
Prevention Activities		
32.	Has your center participated in any national or regional infection prevention-related initiatives in the past year? a. If yes, what is the primary focus of the initiative(s)? (if >1 initiative, select all that apply) b. If yes, is your center actively participating in any of the following prevention initiatives (select all that apply):	Required. Select “Yes” if your center participates in any national or regional infection prevention initiatives. This includes infection prevention initiatives directed by your ESRD Network. Select “No” if your center has not participated in any national or regional infection prevention-related initiatives. (Do not include internal facility/organizational initiatives.) Conditionally required. Indicate the primary focus of the initiative(s). If involved in more than one initiative, indicate the primary focus of each initiative. Conditionally required. Indicate if your center is actively participating in any of the listed initiatives. • Participation at the center-level indicates staff and patients at your center are actively using CDC interventions based on your center’s desire to participate. • Participation at the corporate/organization-level indicates your center is actively using CDC interventions because of a requirement of your corporation or your ESRD Network, for example.
33	a. What education do you provide to your patients when they start dialysis? (check all that apply): b. What education do you provide to your patients regularly (at least annually) (check all that apply):	Required. Select all educational trainings that are provided to patients when they start dialysis. Required. Select all educational trainings provided to patients at least annually.

34.	Does your center provide training for staff on infection prevention and control at least once annually?	Required. Select “Yes” only if your facility routinely provides training for staff on infection prevention and control at least once annually. Select “No” if your facility does not offer staff training on infection prevention and control, or if it is not at least once annually.
35.	Does your center perform staff knowledge assessments for infection prevention and control?	Required. Select all that apply if your facility performs staff knowledge assessments for infection prevention and control. ☐ Upon Hire ☐ At least annually ☐ One or more times each year ☐ At least once a year ☐ When new equipment or procedures are introduced
Arteriovenous (AV) Fistulas or Grafts		
36.	Before prepping the fistula or graft site for cannulation, what is the access site most often cleansed with?	Required. Indicate which antiseptic/disinfectant is most often used to clean the graft/fistula site for cannulation. (select one) ☐ Soap and water ☐ Alcohol-based hand rub ☐ Antiseptic wipes ☐ Other, specify: _____ ☐ Nothing Select “Other” if the cleanser used is not listed and specify the cleanser. Select “Nothing” if a cleanser is not used to cleanse the fistula or graft site for cannulation.
37.	Immediately before cannulation of a fistula or graft, what is the skin most often prepped with?	Required. Indicate which antiseptic/disinfectant is most often used to prep the graft or fistula site for cannulation (select one). Select “Other” if the antiseptic/disinfectant used is not listed and specify the antiseptic/disinfectant. Select “Nothing” if an antiseptic/disinfectant is not used to prep the fistula or graft site for cannulation.
Hemodialysis Catheters		
38.	Are patients who receive hemodialysis through a central venous catheter permitted in your Home Hemodialysis program?	Required. Select “Yes” if patients with central venous catheters are permitted in your home hemodialysis programs. Select “No” if patients with central venous catheters are not permitted in your home hemodialysis programs.

39.	Before accessing the hemodialysis catheter, what are the catheter hubs most commonly prepped with?	Required. Prior to accessing hemodialysis catheters, select one product that is most commonly used to prep the catheter hubs. Select "Other" and specify what product is most commonly used to prep the catheter hubs if it is not listed. Otherwise, if no product is used to prep the catheter hubs, select "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)?	Required. Select "Yes" if catheter hubs are routinely scrubbed after the cap is removed, but before the catheter is accessed. Select "No" if scrubbing catheter hubs is not routine practice or if the process is not appropriately implemented.
41.	When the hemodialysis catheter dressing is changed, what is the exit site (i.e., place where the catheter enters the skin) most commonly <u>prepped</u> with?	Required. When a catheter exit site dressing is changed, select one antiseptic/disinfectant that is most often used to prep the area. Select "Other" if the antiseptic/disinfectant most commonly used to prep the exit site is not listed and specify the antiseptic/disinfectant. Otherwise, if no product is used to prep the exit site, select "Nothing".
42.	For hemodialysis catheters, is antimicrobial ointment routinely applied to the exit site during dressing change? a. If yes, what type of ointment is most commonly used?	Required. Select "Yes" if antimicrobial ointment is routinely applied to the hemodialysis catheter exit site during dressing changes. Select "No" if antimicrobial ointment is not routinely applied to the hemodialysis catheter exit site during dressing changes. Select "N/A" if your center uses chlorhexidine-impregnated dressings. Conditionally required. Select one antimicrobial ointment that is most commonly applied to the hemodialysis catheter exit site during dressing changes, indicate the type of ointment that is most commonly used.
43.	Are antimicrobial lock solutions used to prevent hemodialysis catheter infections in your center? a. If yes, which lock solution is most commonly used?	Required. Indicate whether antimicrobial lock solutions are used to prevent hemodialysis catheter infections for all catheter patients in your facility, for some catheter patients in your facility, or for none of the catheter patients in your facility. Conditionally required. Select one type of antimicrobial lock solution that is most commonly used in your facility.
44.	Are needleless closed connector devices (e.g., Tego®, Q-Syte™) used on hemodialysis catheters in your center?	Required. Select "Yes" if closed connector devices are used on hemodialysis catheters in your facility. Select "No" if closed connector devices are not used on hemodialysis catheters in your facility.
45.	Are any of the following routinely used for hemodialysis catheters in your patients?	Required. Select "Yes" to all the applicable antimicrobial/antiseptic products that are routinely used for hemodialysis catheters in your facility (i.e., used more frequently than 50% of the time). Select "No" if your facility does not routinely use the applicable antimicrobial/antiseptic products.

46.	a. Does your center educate patients with hemodialysis catheters on how to shower with the catheter? b. Does your center provide hemodialysis catheter patients with a protective catheter cover (e.g., Shower Shield®, Cath Dry™) to allow them to shower?	Required. Select “Yes, routinely” if your facility has a policy to provide patient education on how to shower with the catheter to all catheter patients. Select “Yes, only in certain circumstances” if your facility has a policy that restricts the patient education of “how to shower with the catheters” to a select group of catheter patients. Select “No” if your facility does not educate patients on how to shower with a catheter. Required. Select “Yes, routinely for all or most patients” if your facility has a policy to provide protective catheter covers to all catheter patients. Select “Yes, only for select patients” if your facility has a policy that restricts the provision of catheter covers to a select group of catheter patients. Select “No” if your facility has a policy to not provide catheter covers to patients.
Comments		Optional. Use this field to add any additional information about the dialysis survey necessary to interpret your responses. If the character limit is inadequate, please email your comments to the NHSN Helpdesk at nhsn@cdc.gov.
Save as ... Save As Incomplete Save As Complete		A complete survey is an annual reporting requirement specified in the NHSN Dialysis Event Surveillance Protocol. Users are prevented from selecting the Healthcare Personnel Exposure or Healthcare Personnel Influenza Vaccination Modules in HPS Monthly Reporting Plans and submitting related monthly data for July through December until a Home Dialysis survey for that year has been “Saved as Complete.” Surveys can be saved as complete as early as February 8 each year.