

INDICATOR	Met	Not Met	Comments
GENERAL ENVIRONMENTAL SAFETY Look for evidence of serious lack of environmental maintenance that has the potential to impact patient safety.			
<ul style="list-style-type: none"> Floors clean, intact, and free from damage. Countertops and furniture in good repair. Absorbent materials are not used. Surface finishes are easily cleanable. 			
<ul style="list-style-type: none"> Ceiling tiles free from stains, cracks, and missing tiles. 			
<ul style="list-style-type: none"> Walls and baseboards are intact and free from damage, gouges /peeling. 			
<ul style="list-style-type: none"> Eyewash station available for use and within OSHA standards for access. 			
<ul style="list-style-type: none"> Eyewash station maintenance follows OSHA standards and checked weekly. 			
<ul style="list-style-type: none"> Wall box water hook ups/drains are cleaned and disinfected daily. 			
PATIENT TREATMENT AREA Observe the general environment and atmosphere of the treatment area. Observe a sample of 25% (minimum of three) dialysis stations with patients undergoing treatments. Observe the patient, their vascular access, and the surroundings of the dialysis station. Observe the availability and functionality of emergency resuscitation and evacuation equipment.			
<ul style="list-style-type: none"> Dummy drip chambers are not present in the patient treatment area. 			
<ul style="list-style-type: none"> Patients' vascular accesses is uncovered and visible to staff. 			
<ul style="list-style-type: none"> RN on duty at all times. Staffing ratios compliant with State requirements. 			
<ul style="list-style-type: none"> Machine alarms are promptly answered, patients are regularly monitored, dietitian or social worker is on staff or assigned to dialysis service. 			
<ul style="list-style-type: none"> Blood spills are immediately cleaned; equipment and/or surfaces are free from spattered dried or wet blood. 			
<ul style="list-style-type: none"> HD machine transducer protectors wetted with blood are changed - observe/interview staff regarding the practice of inspecting the internal transducer for blood prior to machine use for another patient. 			
<ul style="list-style-type: none"> The environment supports sufficient space to prevent cross-contamination and use of emergency equipment. Minimal clearance: 			

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<ul style="list-style-type: none"> ○ 4 feet between the sides of beds, gurneys or dialysis chairs. ○ 3 feet between the sides of beds/gurneys/dialysis chairs and adjacent walls or partitions. ○ 2 feet between the foot of beds/gurneys/dialysis chairs and cubicle curtains. 			
<ul style="list-style-type: none"> ● Functional emergency resuscitation equipment (i.e., AED/defibrillator, oxygen, suction, emergency medications, Ambu bag) is available and in operating condition. ● Emergency evacuation equipment is available and in operating condition. 			
<ul style="list-style-type: none"> ● All Hemodialysis machines are in good condition and fully functional. Machines not meeting this standard are out of service, labeled as out of services and have repair orders submitted. 			
<ul style="list-style-type: none"> ● Odors are not noticeable in patient treatment area. 			
<ul style="list-style-type: none"> ● Patients are treated with respect, dignity and privacy. 			
<ul style="list-style-type: none"> ● Patients are offered confidentiality when discussing their condition/treatment; Staff protect the patients' confidentiality by preventing exposure of patients' sensitive body parts during procedures 			

OBSERVATIONS OF HEMODIALYSIS DIRECT PATIENT CARE

Observe the following processes as time allows:

- Initiation of hemodialysis for a patient with a Central Venous Catheter (CVC)
- CVC Exit site care
- Discontinuation of hemodialysis and post-dialysis vascular access care for a CVC
- Initiation of hemodialysis via an arteriovenous fistula (AVF) or arteriovenous graft (AVG)
- Discontinuation of hemodialysis and post-dialysis access care for an AVF or AVG
- Cleaning and disinfection of the hemodialysis station between patients
- Preparation of the hemodialysis machine and extracorporeal circuit

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<ul style="list-style-type: none"> Observed trends of compliance with infection control patient care practices: <ul style="list-style-type: none"> Hand hygiene and glove use practices. Supplies taken to station are used, disposed, disinfected or dedicated to that patient. Clean dialysis supplies are protected from potential contamination No breaches in aseptic practices for CVC or AVF/AVG. 			
<ul style="list-style-type: none"> Adequately disinfecting the HD station & equipment between patients. 			
<ul style="list-style-type: none"> Not using dummy drip chamber to set up HD machine for patient treatment. Noncompliance has been determined to be a serious risk to patient safety and should be considered as an Immediate Threat or Immediate Jeopardy situation. 			
<ul style="list-style-type: none"> Testing hemodialysis machine alarms per manufacturer IFU. 			
<ul style="list-style-type: none"> Testing dialysate pH/conductivity with independent method per manufacturer IFU. Staff have knowledge of acceptable parameters for pH/conductivity. 			
<ul style="list-style-type: none"> Performing reprocessed dialyzer germicide tests to ensure disinfection. Patient/dialyzer identification is conducted by two people when patient is at the station. 			
<ul style="list-style-type: none"> Reprocessed dialyzers are used but not permitted per State law. 			
<ul style="list-style-type: none"> Priming reprocessed or dry pack dialyzers is according to manufacturer IFU 			
<ul style="list-style-type: none"> Patients are assessed before and after treatment and monitored during treatment according to facility policy 			
MEDICATION PREPARATION AND ADMINISTRATION Attempt to capture two observations of different staff preparing and administering medications for one to two patients.			
<ul style="list-style-type: none"> Medications are prepared in a clean area away from the dialysis stations. 			
<ul style="list-style-type: none"> Single-use medication vials are used only once. 			
<ul style="list-style-type: none"> Multidose medication vials are not punctured with previously used syringe or needle. 			

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• Use of aseptic technique during preparation and administration.			
• Medications for multiple patients are not taken to a patient station.			
• Medications prepared and/or administered by only qualified personnel.			
FACILITY ISOLATION PRACTICES If there is a hepatitis B positive (HBV+) patient on in-center hemodialysis at the facility: <ul style="list-style-type: none"> • Observe the isolation room/area, and the equipment and supplies contained within it. If possible, observe the care delivery for an HBV+ patient for the observations of direct care procedures in the section above. Observe separation of care practices from the HBV susceptible patients. • Review staff/patient assignments for the current week, looking at which patients are concurrently assigned to the staff caring for HBV + patient. • Ask staff on duty how staff assignments are made when an HBV+ patient is dialyzing. 			
• Staff able to verbalize and demonstrate the process used to identify HBV+ patients			
• HBV+ patients are placed in isolation for duration of stay/treatment.			
• No breaches in infection control practices when caring for HBV+ patients.			
• Staff assigned/delivering care to only HBV+ patient when there are HBV susceptible patients on same shift.			
• Isolation equipment is dedicated for use on HBV+ patients .			
• Non-HBV+ patient(s) are not dialyzing in the isolation room/area when an HBV+ patient is on in-center HD census.			
VERIFY DIALYSIS TREATMENT PRESCRIPTION DELIVERY Review and compare the dialysis prescription delivery (dialysate, dialyzer, blood flow rate, dialysate flow rate) to patients' dialysis orders for four to five patients during their treatments			
• Patients are dialyzed per ordered prescription, e.g., correct dialysate, dialyzer type, blood flow rate, dialysate flow rate, heparinization variance.			
PERSONNEL FILE REVIEW Verify that personnel have the qualifications, training, and demonstrated competencies to provide safe and effective dialysis care			
• Personnel have required verification of qualifications (license, education, background checks, etc).			
• PCTs listed with current certification (if required by the organization).			



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<ul style="list-style-type: none">• Training and education for all employees at risk for occupational exposure to blood should be provided at least annually, given to new employees before they begin working in the unit, and documented.			
<ul style="list-style-type: none">• Proof of staff competency assessment as component of orientation process and maintained per policy.			
<ul style="list-style-type: none">• Proof of ongoing education on dialysis and dialysis related topics.			
<ul style="list-style-type: none">• Staff training on emergency procedures (fire, cardiac arrest, evacuation, etc.).			