



Changes to NHSN Dialysis Surveillance Forms 2026

Letty Lamping, MPH

Public Health Analyst II

Centers for Disease Control and Prevention

National Center for Emerging and Zoonotic Infectious Disease

Division of Healthcare Quality Promotion Surveillance Branch

December 2025



Overview

- Review changes to the Outpatient Dialysis Center Practices Survey, Home Dialysis Center Practices Survey, Monthly Reporting Plan, and Dialysis Surveillance Event form to become effective Quarter 1 2026.

Outpatient Dialysis Center Practices Survey

Upcoming Changes to Outpatient Dialysis Survey – Question 3

- This question on facility accreditation has been removed in its entirety.

*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) _____

Upcoming Changes to Outpatient Dialysis Survey – Question 11

- This question was rewritten for better clarity.

*11.	<p>-Which of the following resources/staff <u>does your center have to</u> are responsible for ensuring permanent vascular access placement and maintenance? (to decrease CVC use in hemodialysis patients) (select all that apply)?</p> <ul style="list-style-type: none"><input type="checkbox"/> Dedicated vascular access coordinator<input type="checkbox"/> <u>Dedicated N</u>ephrologist who oversees patient education and coordinates patient care related to vascular access<input type="checkbox"/> 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)<input type="checkbox"/> Cannulation expert<input type="checkbox"/> Relationship with or access to interventional nephrologists or interventional radiologist<input type="checkbox"/> Other, specify: _____<input type="checkbox"/> None _____
------	---

Upcoming Changes to Outpatient Dialysis Survey - Questions 27, 34, 42, and 49

- Questions #27, 34, 42, and 49 now include the COVID-19 vaccine.

*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. <u>The Annual</u> COVID-19 vaccine <u>?in the past year?</u> _____
------	---

Upcoming Changes to Outpatient Dialysis Survey – Question 62

- This CDC Core Interventions question has been modified for better clarity.

*62.	<p>Which of the following CDC Core Interventions does your center apply for prevention of blood stream infections in hemodialysis? (Check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> Surveillance and feedback using NHSN<input type="checkbox"/> Staff Hand hygiene observations<input type="checkbox"/> Staff Catheter/vascular access care observations<input type="checkbox"/> Staff education and competency on infection control topics/skills<input type="checkbox"/> Patient education/engagement on infection prevention topics<input type="checkbox"/> Catheter reduction efforts<input type="checkbox"/> Chlorhexidine with alcohol for skin antisepsis for catheter dressing changes<input type="checkbox"/> Catheter hub disinfection ("scrub the hub")<input type="checkbox"/> Antimicrobial ointment for catheter exit site dressing<input type="checkbox"/> Chlorhexidine-impregnated dressing for catheter exit site<input type="checkbox"/> None
------	--

Home Dialysis Center Practices Survey

Upcoming Changes to the Home Dialysis Survey – Question 14

- The race options have been reordered to be consistent with Outpatient Dialysis Survey.

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>a. Declined to respond: _____ American Indian or Alaska Native</p> <p>b. Asian</p> <p>c. Black or African American</p> <p>d. Middle Eastern or North African</p> <p>e. Native Hawaiian or Pacific Islander</p>
	<p>f. White</p> <p>g. Unknown</p> <p>h. Declined to respond</p>

Upcoming Changes to the Home Dialysis Survey – Questions 17, 19, and 25

- These three questions now include the COVID-19 vaccine for patient care staff.

*17.	Of the patient care staff members counted in question 15, 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. <u>The annual COVID-19 vaccine in the past year?</u>
------	---

Upcoming Changes to the Home Dialysis Survey – Question 35

- This question has been reworded for clarity and options for performance of staff knowledge assessments.

*35.	<p>Does your center perform staff knowledge assessments for infection prevention and control? (select all that apply)</p> <p><input type="checkbox"/> <u>Upon Hire</u></p> <p><input type="checkbox"/> At least annually</p> <p><input type="checkbox"/> One or more <u>Multiple</u> times each year</p> <p><input type="checkbox"/> At least once a year <u>Less than once a year</u></p> <p><input type="checkbox"/> When new equipment or procedures are introduced</p>
------	--

Monthly Reporting Plan

Upcoming Changes to the Monthly Reporting Plan

- The single change to the Monthly Reporting Plan is the removal of the CLIP option under Events.



Dialysis Component Monthly Reporting Plan

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2027
www.cdc.gov/nhsn
[CDC 57.501](#)
[January 2026](#)

Select the surveillance module checkbox(es) to inform CDC that those data are being collected and reported as specified by their corresponding surveillance protocol(s).

<small>*required for saving</small>		Page 1 of 1
*Facility ID: _____		*Month/Year: _____ / _____
<input type="checkbox"/> Not Participating in NHSN this Month (Check ONLY if facility is closed for the entire month)		
Events		
Locations: _____ _____	Dialysis Event (DE) <input type="checkbox"/> <input type="checkbox"/>	<div style="border: 2px solid red; padding: 5px;">Central Line Insertion Practices (CLIP) <input type="checkbox"/> <input type="checkbox"/></div>

Dialysis Surveillance Event Form

Upcoming Changes to the Dialysis Event Form – Sex Field

- The options under Sex will include M (Male), F (Female), and N (Missing/Not Available).
- No other options will be available beginning Jan 2026.



Exp. Date: 12/31/2027
www.cdc.gov/nhsn
CDC 57.502
January 2026

Dialysis Event Surveillance Form

*required for saving

Patient Information	
Facility ID:	Event ID #:
*Patient ID:	Social Security #:
Secondary ID #:	Medicare #:
Patient Name, Last:	First: Middle:
*Sex <u>F</u> <u>M</u> <u>N</u> <u>Other</u>	*Date of Birth:
<div style="border: 2px solid red; height: 40px; width: 100%;"></div>	

Upcoming Changes to the Dialysis Event Form – Preferred Language and Interpreter Needed

- These two fields – Preferred Language and Interpreter Needed - will not be included beginning with the Jan 2026 dialysis event form.

NATIONAL HEALTHCARE SAFETY NETWORK January 2026

Dialysis Event Surveillance Form

*required for saving

Patient Information

Facility ID:	Event ID #:
*Patient ID:	Social Security #:
Secondary ID #:	Medicare #:
Patient Name, Last:	First: Middle:
*Sex <u>F</u> <u>M</u> <u>N</u> <u>Other</u>	*Date of Birth:

Race (Select all that apply):
American Indian or Alaska Native
Asian
Black or African American
Middle Eastern or North African
Native Hawaiian or Pacific Islander
White
Unknown
Declined to respond

Ethnicity:
Hispanic or Latino
Not Hispanic or Latino
Unknown
Declined to respond

Preferred Language (Specify) Interpreter Needed: ~~F~~ Yes ~~F~~ No Declined to Respond Unknown

Thank you!

Questions?