



**Guidelines/ instructions for completing the Census Form**

**Renal Unit and location have been pre populated on HD and PD Forms**

**When is the census?**

The full details are on the SRR web site under  
A-Z of SRR Projects | Annual May Dialysis Census  
It says:

- 1) SRR audits will be performed and data recorded during the twenty eight days from the **first Monday of the survey month. This will normally be May and November** but additional audits may be approved by the SRR Steering Group.
- 2) For patients **receiving haemodialysis three times** week samples should be taken on:  
Tuesday for patients receiving HD on Tuesday, Thursday and Sunday  
Wednesday for patients receiving HD on Monday, Wednesday and Friday  
Thursday for patients receiving HD on Tuesday, Thursday and Saturday
- 3) **Patients on home haemodialysis three times a week** should adhere to the hospital HD guidelines.
- 4) Patients on haemodialysis at home or in hospital at **frequencies other than three times a week** – pre-dialysis sample should be used after a shorter interdialytic gap (if there is one) and during the survey period. The SRR should be notified of the HD prescription.
- 5) For **PD patients** samples can be taken at any convenient time during the survey period or as close to it as possible.
- 6) Results should be reported from all patients who are using the modes of RRT included in the audit. This includes patients who have recently started RRT or who have recently changed mode of RRT.
- 7) All samples required from a single patient for all SRR audits should be taken on the same day (or HD session) unless there is a specific reason in the audit protocol to do otherwise. This allows results in one audit to be compared with the others.

If possible use the first HD session for each patient during the census period, even if the patient normally has HD on a different session or day.

If you miss the day it may still be possible to fill in the form if the information is available. If not, do it after the next short (normally 2 day) interdialytic gap but put the correct day on the form.

**The documents**

This census uses the following documents:

- i) "Confidential Summary and Data Collection Sheet" (the "census form") which you will fill in. A new form is used for each patient
- ii) A patient information leaflet (HD & PD are different)
- iii) This guideline

A statement about the SRR policy on confidentiality is available on the SRR website.

The SRR patient information poster called "Patient Confidentiality" should be displayed in patient areas in all renal units in Scotland.

Extra copies can be obtained from the SRR office and they can be downloaded from the SRR website at: <http://www.show.scot.nhs.uk/SRR>

Photocopies of the blank survey form can be made if necessary. Please copy both sides of the form on a single A4 sheet if possible or copy onto A4 sheets, staple the sheets together and identify the patient on every sheet.

### **Why is this census being carried out?**

Accurate information about dialysis and treatment of anaemia are important for quality improvement.

### **What to tell your patients?**

It is important that patients know what information is being collected and why. An Information Leaflet is available which should provide all the details required. Posters about the SRR and the data collected should also be displayed in all renal units.

### **Confidentiality**

The standard SRR guidelines will be applied. Patients can not be identified in reports. A statement about confidentiality and data protection is available on the website.

### **How to fill in the form**

Please use a blue or black pen.

Most of the questions can be answered with a tick or Y/N

### **Who to include?**

#### **PD Patients:**

A census form should be complete for every patient with established renal failure who has at least one PD exchange during the seven days from the first Monday of the census month.

#### **HD Patients**

A census form should be complete for every patient with established renal failure who has at least one haemodialysis session during the seven days from the first Monday of the census month. Unless otherwise noted, "haemodialysis" refers to HD and all the other varieties of blood purification use in renal units that involve an extracorporeal blood circuit (ie including HD, UF, HDF).

Only one form should be submitted per patient. If the patient changes between HD & PD, during the week, report the mode of dialysis that they were using at the start of the week Record the information on the first HD session after a short interdialytic (normally 2 day) gap.

If you miss the first day, fill in the form on the next HD session.

This will **include patients** who have HD and:

- are dialysing as a hospital outpatient
- are in a main hospital unit or a satellite unit, or an annex, or a self care or minimal care unit, or a commercial unit, or an overflow facility.
- are a hospital inpatient during the census even if they are not in a renal unit. Include your ERF patients in other wards, eg ICU, CCU,
- are on any HD shift (morning, afternoon, twilight, overnight)
- are HD visitors to your unit
- are about to have or have just had a kidney transplant – if they use dialysis in the survey week
- are on home HD
- Are normally on PD but are resting their peritoneum with a period of HD
- are on any of the types or modifications of HD including sequential ultrafiltration and haemodiafiltration

Patients with functioning transplants are not included in this survey.

### **Who to exclude**

**Do not submit a form for** patients who:

-clearly have acute renal failure.

-have not undergone dialysis for ERF in your unit during the census period (eg patients with a functioning transplant )  
-return to your unit for HD from another unit or area during the census period if a form was completed elsewhere at the start of the census period.

If one of your regular patients is undergoing HD in Scotland but outwith your unit, you could phone that unit to confirm that **they** have completed the census form but a form should not be submitted from your unit unless the patient has their first HD during the census period in your unit.

### **Can't work out whether to include a patient?**

If you do not know whether to complete a census form for a patient, please ask a nephrologist or phone one of the people listed at the bottom of this document.

### **The census form**

The census form is quite easy to fill in. Most of the information is available during the HD session or PD clinic visit. It can even be done without seeing the patient as long as the data and samples are available (eg home dialysis patients). It takes about five minutes to complete.

As you fill in the questionnaire, there may be questions you can't answer at the time. Mark these with a big star ☆ when you first read them, come back to them later, fill in the answer and cross out the star.

### **What to do if the form becomes contaminated with blood**

Please copy the information by hand onto a clean form and put the contaminated one in a yellow bin. Do not put contaminated forms in a photocopier and **do not send contaminated forms outside the unit.**

### **What do I do with the completed form?**

Give it to the person who is coordinating the survey in your unit. They will collect all the forms during the survey period and pack them securely. **The SRR will arrange for them to be collected by a reliable courier.** Please return the forms in the envelopes provided and write the Courier Reference Number on the label on the envelopes. They should be double wrapped and addressed to:

### **Confidential**

Scottish Renal Registry  
Information and Services Division  
2<sup>nd</sup> Floor  
Meridian Court  
5 Cadogan Street  
Glasgow  
G2 6QE

From – add your name and address

### **Reporting back to you**

The point of this audit is so that we can all understand what is happening and improve our practice if possible. Results from the 2016 census were published in the Scottish Renal Registry 2015 Report Publications | SRR Reports |

### **Any questions?**

Once you have filled in a couple of forms it is all pretty straight forward. The first one may seem a lot of hassle. We think that the answers to most questions are in the document or on the website. If you can't work out what is required don't waste time – just ask the nurse in charge of your area. If they can't help, you can contact: the SRR office for administrative questions

For clinical questions contact a member of the SRR steering group or any of the following. Their area of major responsibility is shown but they will be able to answer any question about this

audit.

<b>Who</b>	<b>Where to find them</b>	<b>Particular responsibility</b>
Dr Jamie Traynor	QEUHG	Any
Dr Wendy Metcalfe	RIE	Any
Dr Sue Robertson	DGRI	Hb
Dr Peter Thomson	QEUHG	Vascular Access
Dr Bruce MacKinnon	QEUHG	BP
Dr Michaela Petrie	RIE	PD
Dr Alison Almond	DGRI	Ca PO4 PTH
Mrs Jackie McDonald	SRR Office	General

File	SRR_census_instructions.doc		
ver	date	author	Comment
30	18042017		Modified for 2017 Census