

# ESRD CORE SURVEY INTERVIEW WORKSHEET: PATIENT CARE TECHNICIAN

**Facility:** \_\_\_\_\_ **CCN:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**PCT:** \_\_\_\_\_ **Surveyor:** \_\_\_\_\_

Ask the theme-based **core questions** (required). If you have identified additional issues during the survey, ask appropriate **extended questions** (optional).

Core Questions	Concern Identified?	
<b>[Staff voice/culture of safety]</b> What is your role in keeping patients safe? What occurrences, errors or near misses are you expected to report and to whom? How comfortable would you feel to report an issue or make a suggestion? How does this facility address an error or near miss involving you or others?	<input type="checkbox"/> V627 <input type="checkbox"/> V634	<input type="checkbox"/> No
<b>[Patient voice/culture of safety]</b> What types of patients' concerns do you respond to, report, and record? How are patients encouraged to voice suggestions and complaints? What is your facility's system for reporting resolution to the patient?	<input type="checkbox"/> V627 <input type="checkbox"/> V465 <input type="checkbox"/> V466 <input type="checkbox"/> V636 <input type="checkbox"/> V765	<input type="checkbox"/> No
<b>[Staffing]</b> Are there enough qualified and trained staff (RNs, PCTs, RDs, MSWs) in this facility to meet patients' medical, nutritional, and psychosocial needs? Is an RN always on duty when patients are in the dialysis facility?	<input type="checkbox"/> V757 <input type="checkbox"/> V681 <input type="checkbox"/> V759	<input type="checkbox"/> No
<b>[Monitoring patients/fluid management]</b> How and how often do you monitor in-center patients before, during, and after dialysis? When would you notify a nurse if a patient has a problem? What is the facility's system for determining what each patient's fluid removal parameters are?	<input type="checkbox"/> V503 <input type="checkbox"/> V504 <input type="checkbox"/> V543	<input type="checkbox"/> No
<b>[Infection control/PPE]</b> What training did you receive in infection prevention and control? What special precautions do you take when caring for patients who are HBV+? How are staffing assignments made when HBV+ patients are scheduled?	<input type="checkbox"/> V132 <input type="checkbox"/> V113 <input type="checkbox"/> V130 <input type="checkbox"/> V131	<input type="checkbox"/> No
<b>[Patient education/emergency preparedness]</b> What topics are included in the patient education at this facility? How are patients taught emergency disconnect and evacuation from the facility?	<input type="checkbox"/> V412	<input type="checkbox"/> No
<b>[Staff education/emergency preparedness]</b> What emergency preparedness training have you received including handling patients' medical emergencies such as cardiac arrest? How do you know which patients require more help in disconnecting and evacuating?	<input type="checkbox"/> V409 <input type="checkbox"/> V410	<input type="checkbox"/> No
<b>[Staff &amp; patient partnership/care planning]</b> How do you work with the IDT to help patients plan their care? How do you encourage patients to participate in planning their care and collaborate with them to achieve their outcome goals (e.g., fluid, adequacy, calcium, phosphorus, etc.)?	<input type="checkbox"/> V456 <input type="checkbox"/> V559	<input type="checkbox"/> No
<b>[Respectful treatment]</b> How do you work with patients who have mental illness, cognitive impairment, or cultural or language differences? How do you show respect to patients and address undesirable behaviors? What would you do if you saw a patient being treated disrespectfully?	<input type="checkbox"/> V452 <input type="checkbox"/> V693	<input type="checkbox"/> No
<b>[QAPI]</b> How are you included in the facility QAPI activities?	<input type="checkbox"/> V627 <input type="checkbox"/> V626	<input type="checkbox"/> No
Is there anything else you would like to tell me about this facility?	<input type="checkbox"/> V____	<input type="checkbox"/> No

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**Extended Questions**

<b>Interdisciplinary Clinical Care</b>	<b>Concern Identified?</b>	
How and to whom would you report patients' interest in and need for education about other treatment modalities (home dialysis and transplant)?	<input type="checkbox"/> V458	<input type="checkbox"/> No
What types of patient issues would you refer to the dietitian or social worker?	<input type="checkbox"/> V509 <input type="checkbox"/> V510	<input type="checkbox"/> No
<b>Qualifications and Training</b>	<b>Concern Identified?</b>	
What responsibilities, if any, do you have for water treatment, reuse, and/or machine maintenance?	<input type="checkbox"/> V681 <input type="checkbox"/> V694 <input type="checkbox"/> V713	<input type="checkbox"/> No
How do you test dialysate pH and conductivity? What is the safe range for pH and conductivity and what would do you do if pH or conductivity are outside the safe range? How do you notify the technical staff if a machine fails a safety test?	<input type="checkbox"/> V249 <input type="checkbox"/> V250 <input type="checkbox"/> V403 <input type="checkbox"/> V713	<input type="checkbox"/> No
<b>Infection Control</b>	<b>Concern Identified?</b>	
Did the facility offer you the Hepatitis B vaccine?	<input type="checkbox"/> V126	<input type="checkbox"/> No
<b>QAPI</b>	<b>Concern Identified?</b>	
What practice audits of patient care are done at this facility and which ones have you participated in?	<input type="checkbox"/> V638	<input type="checkbox"/> No