

ESRD CORE SURVEY INTERVIEW WORKSHEET: HOME HEMODIALYSIS PATIENT

Patient Name: _____ **ID#:** _____ **Date/Time:** _____

Facility: _____ **Surveyor:** _____

Interview sampled home HD patients (or care partners) who are alert, oriented, and mentally competent to interview in person or by phone. If you are unable to interview a sampled home HD patient (or care partner), select another home HD patient for interview to assure the home HD patient's point of view is represented. Explain the purpose of the interview. **Core questions** (required) are **theme-based**. If you have identified additional issues during the survey, ask appropriate **extended questions** (optional). Note that some of the core questions may not be applicable to patients sampled as involuntarily discharged.

Core Questions	Concern Identified?	
[Modality knowledge & satisfaction] What were you told about other treatment options and their risks and benefits, including those treatment options that are not offered here? How did you choose home HD (listen for inappropriate steering to home HD for the benefit of the provider)? How satisfied are you with home hemodialysis? What have you been told about your condition and why your kidneys failed?	<input type="checkbox"/> V458 <input type="checkbox"/> V461	<input type="checkbox"/> No
[Education/knowledge] What have you been told about risks and benefits of vascular access types, infection prevention, disposal of used supplies, quality of life, rehabilitation, your rights and responsibilities, who to contact for problems 24/7, and what to do in an emergency or if something prevents you from doing home HD?	<input type="checkbox"/> V562 <input type="checkbox"/> V555 <input type="checkbox"/> V451 <input type="checkbox"/> V585	<input type="checkbox"/> No
[Patient & staff partnership/care planning] How are you encouraged to participate in planning your care? Does staff ask about and consider your needs, wishes, and goals? How does the staff help you address barriers to meeting your goals (targets)? Does the staff discuss dialysis prescription changes with you before making them?	<input type="checkbox"/> V456 <input type="checkbox"/> V541	<input type="checkbox"/> No
[Patients' rights] Do dialysis staff members treat you with respect and dignity and protect your privacy during training and visits to the facility?	<input type="checkbox"/> V452 <input type="checkbox"/> V454	<input type="checkbox"/> No
[Patient voice/culture of safety] How are you encouraged to speak up and make suggestions or comments about the facility and your care here? If you had a concern, how would you file a grievance here or elsewhere? How safe from retaliation would you feel voicing a concern, making a suggestion, or filing a grievance? If you were afraid of retaliation, could you file a grievance anonymously?	<input type="checkbox"/> V627 <input type="checkbox"/> V467 <input type="checkbox"/> V636 <input type="checkbox"/> V465 <input type="checkbox"/> V466	<input type="checkbox"/> No
[Home training] How did your training nurse know you (and your care partner, if applicable) were ready to do HD at home? Who is your contact (care coordinator) at the facility? How satisfied were you with the training you received before going home to do your treatments?	<input type="checkbox"/> V586 <input type="checkbox"/> V590	<input type="checkbox"/> No
[Staffing] Is there enough staff to meet your needs? How often you see the home training nurse, dietitian, social worker, and physician? Is that enough for you to feel supported in your home treatments? How often do you have contact with them between appointments?	<input type="checkbox"/> V592 <input type="checkbox"/> V757 <input type="checkbox"/> V560	<input type="checkbox"/> No
[Physical/mental functioning] Have you been offered a survey that asks how your health and symptoms affect your energy, activity level, and lifestyle? How was the survey and its use explained to you? If problems were identified, how did the staff address them?	<input type="checkbox"/> V552	<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

Patients' Rights and Responsibilities	Concern Identified?	
How do staff make sure you can understand information they give you? How comfortable do you feel asking questions? How well do you feel staff answer your questions?	<input type="checkbox"/> V453	<input type="checkbox"/> No
Has anyone talked with you about your right to have an advance directive (living will, durable power of attorney for healthcare decisions, do not resuscitate order)?	<input type="checkbox"/> V457	<input type="checkbox"/> No
Training & Support for Home Care	Concern Identified?	
How often do you send/take dialysis treatment records to the facility? Who reviews them with you?	<input type="checkbox"/> V587	<input type="checkbox"/> No
Did anyone come to your home to test your water quality before you started home HD (unless using bagged dialysate)? How and how often do you or facility staff test the water/dialysate? Where would you get backup dialysis if there was a problem with your water or machine?	<input type="checkbox"/> V593 <input type="checkbox"/> V594 <input type="checkbox"/> V595 <input type="checkbox"/> V596	<input type="checkbox"/> No
Have you ever had to contact the home dialysis staff after hours? What happened?	<input type="checkbox"/> V585 <input type="checkbox"/> V768	<input type="checkbox"/> No
Management of Home Hemodialysis Prescription	Concern Identified?	
Who reviews your lab values with you? How is your dialysis adequacy? How do you decide how much fluid to remove during dialysis? Does home HD usually get you to your goal weight and blood pressure? What symptoms do you have during or after dialysis? How do you monitor and control your blood pressure?	<input type="checkbox"/> V544 <input type="checkbox"/> V543 <input type="checkbox"/> V504	<input type="checkbox"/> No
How often does the staff review your medications with you? What medications, if any, do you get at the facility or take at home to treat anemia (ESAs and iron) or bone disease (phosphate binder, vitamin D analog, calcimimetic agent)? What were you and/or your partner taught about giving medications, storing them, and side effects to watch for?	<input type="checkbox"/> V506 <input type="checkbox"/> V547 <input type="checkbox"/> V546 <input type="checkbox"/> V548	<input type="checkbox"/> No
Infection Control	Concern Identified?	
What have you been taught about the signs of an access infection and what would you do if you had any of these symptoms?	<input type="checkbox"/> V585	<input type="checkbox"/> No
Interdisciplinary Clinical Care	Concern Identified?	
What has the dietitian told you about food options, meal preparation, nutritional supplements, medications, the emergency diet, and adjusting your diet to meet nutritional goals? What other things has the dietitian helped you with?	<input type="checkbox"/> V545	<input type="checkbox"/> No
What has the social worker told you about living with kidney disease? How has the social worker helped you and your family cope with kidney disease and treatment? What other things has the social worker helped you with?	<input type="checkbox"/> V552 <input type="checkbox"/> V555	<input type="checkbox"/> No