

**OPTIONAL WORKSHEET
INTERVIEW: DIETITIAN**

Facility: _____ **CCN:** _____ **Date:** _____

Dietitian: _____ **ID#** _____

Surveyor: _____ **ID#** _____

Introduce yourself and explain the purpose of the interview. Choose one or more questions from each section. For focused interviews, use the questions from the section of interest.

Qualifications and Training	Deficient Practice?	
How long have you been a renal RD?	<input type="checkbox"/> V689	<input type="checkbox"/> No
What clinical experience did you have prior to working in dialysis?	<input type="checkbox"/> V690	<input type="checkbox"/> No
How long have you worked at this facility? What sort of orientation did you have here? What was included? Who oriented you? How long was your orientation?	<input type="checkbox"/> V760	<input type="checkbox"/> No
What kind of training or continuing education have you received since your basic orientation?	<input type="checkbox"/> V761	<input type="checkbox"/> No
Staffing	Deficient Practice?	
How many hours a week are you available to patients in this facility? For how many patients are you responsible? Do you have any non-clinical responsibilities? Do you have adequate time to perform all of your clinical and non-clinical responsibilities?	<input type="checkbox"/> V758	<input type="checkbox"/> No
Nutritional Education and Counseling	Deficient Practice?	
What is the expectation for nutritional education and counseling of patients and families? Does your facility allow in-center patients who are here during mealtimes to eat during treatment? If not, how do you counsel them to assure that their nutritional needs are met on dialysis days? What are your responsibilities related to diet education when patients switch permanently or temporarily between HD and PD or between standard and more frequent dialysis?	<input type="checkbox"/> V545 <input type="checkbox"/> V562	<input type="checkbox"/> No

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Nutritional Education and Counseling (continued)	Deficient Practice?	
What nutritional information do you have for patients in languages other than English (if facility treats non-English speaking patients)?	<input type="checkbox"/> V453	<input type="checkbox"/> No
Patient Assessment and Care Planning	Deficient Practice?	
What are your responsibilities for monitoring patients' lab work? What is your responsibility if a patient's laboratory values are outside the facility's parameters and/or the parameters on the Measures Assessment Tool (MAT)?	<input type="checkbox"/> V505 <input type="checkbox"/> V509 <input type="checkbox"/> V545	<input type="checkbox"/> No
What is the process for initial nutritional assessments, 3-month, and annual reassessments?	<input type="checkbox"/> V509 <input type="checkbox"/> V516	<input type="checkbox"/> No
How do you identify patients as unstable to increase their frequency of assessment and care planning?	<input type="checkbox"/> V520	<input type="checkbox"/> No
What is this facility's process for stable and unstable patient care planning and your role in it?	<input type="checkbox"/> V517 <input type="checkbox"/> V519 <input type="checkbox"/> V520	<input type="checkbox"/> No
How does the interdisciplinary team interact and communicate to develop interventions to assist the patient in achieving desired nutrition outcomes?	<input type="checkbox"/> V542 <input type="checkbox"/> V545	<input type="checkbox"/> No
Can you identify some patients for whom you have done significant work to improve their nutritional status?	Consider inclusion in sample	

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Home Dialysis Patients	Deficient Practice?	
How often do you see home dialysis patients? If a home dialysis patient does not come to the facility, how do you discuss his/her lab results and recommend changes based on those lab results with him/her?	<input type="checkbox"/> V592	<input type="checkbox"/> No
Nursing Home/Residential Care Patients	Deficient Practice?	
What responsibilities do you have for nursing home or residential care facility patients dialyzing here?	<input type="checkbox"/> V509 <input type="checkbox"/> V545 <input type="checkbox"/> V588	<input type="checkbox"/> No
How do you assure that nutritional care needs are communicated to the care facility staff and that a collaborative care plan is developed?	<input type="checkbox"/> V591 <input type="checkbox"/> V592	<input type="checkbox"/> No
Quality Assessment & Performance Improvement	Deficient Practice?	
What is your role in this facility's QAPI program?	<input type="checkbox"/> V626	<input type="checkbox"/> No
Emergency Preparedness	Deficient Practice?	
What would be your role in the event emergency evacuation of the facility was required? How often are fire drills conducted? When was the last fire drill?	<input type="checkbox"/> V415	<input type="checkbox"/> No
What do you teach patients about their diet in the event of a disaster, if, for example, they might not be able to receive their regularly scheduled treatments?	<input type="checkbox"/> V412	<input type="checkbox"/> No

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Additional Questions/Comments	Deficient Practice?	
Is there anything else you would like to tell me about the facility?	<input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____	<input type="checkbox"/> No