

OPTIONAL WORKSHEET
INTERVIEW: HOME HEMODIALYSIS TRAINING NURSE

Facility: _____ **CCN:** _____ **Date/Time:** _____

HHD Home Training Nurse: _____ **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.

Personnel Qualifications, Training & Staffing	Deficient Practice?	
How long have you been an RN? How long have you worked with home hemodialysis patients?	<input type="checkbox"/> V584 <input type="checkbox"/> V685	<input type="checkbox"/> No
How are unlicensed caregivers who are not certified as PCTs used, if any, in the home training program?	<input type="checkbox"/> V695	<input type="checkbox"/> No
Do you feel that staffing in the home training department is sufficient to meet patients' needs?	<input type="checkbox"/> V757 <input type="checkbox"/> V758	<input type="checkbox"/> No
Does your facility provide staff-assisted home hemodialysis using paid caregivers who are employed by the certified dialysis facility? How are these caregivers trained? Are any of these caregivers not certified as PCTs?	<input type="checkbox"/> V695 <input type="checkbox"/> V585	<input type="checkbox"/> No
Home Hemodialysis Training & Support	Deficient Practice?	
What topics are covered in your home hemodialysis training program? What resource materials do you give patients to use at home?	<input type="checkbox"/> V585	<input type="checkbox"/> No
What do you teach patients about storing and administering ESAs?	<input type="checkbox"/> V548 <input type="checkbox"/> V585	<input type="checkbox"/> No
What do you teach patients to do for medical (e.g., hypertension, hypotension, syncope, uncontrolled bleeding, vascular access clotting or changes in bruit or thrill, catheter dislodgement, cardiac events) and non-medical emergencies or disasters (e.g. fire, water or power, equipment malfunction, delay in supply delivery, natural disaster)?	<input type="checkbox"/> V412 <input type="checkbox"/> V585 <input type="checkbox"/> V598 <input type="checkbox"/> V768	<input type="checkbox"/> No
What are home hemodialysis patients/partners taught about wearing personal protective equipment at home?	<input type="checkbox"/> V585	<input type="checkbox"/> No
How do you assess the home hemodialysis patient's/partner's training comprehension before allowing the patient/partner to do home hemodialysis?	<input type="checkbox"/> V586	<input type="checkbox"/> No
How do you assess ongoing competency of home hemodialysis patients or partners (if applicable)? What would alert you that a home hemodialysis patient/partner needs repeated education?	<input type="checkbox"/> V586	<input type="checkbox"/> No

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Home Hemodialysis Training & Support	Deficient Practice?	
What are home hemodialysis patients told about 24/7 coverage?	<input type="checkbox"/> V585	<input type="checkbox"/> No
What types of symptoms are home hemodialysis patients told to report?	<input type="checkbox"/> V585	<input type="checkbox"/> No
How do you monitor patients' home adaptation? What are your policies for home visits to assess home adaptation? Who does home visits?	<input type="checkbox"/> V589	<input type="checkbox"/> No
How is the home environment assessed and monitored by on site evaluation of the patient's home water and dialysate system and for equipment and storage capacity?	<input type="checkbox"/> V512 <input type="checkbox"/> V553 <input type="checkbox"/> V589 <input type="checkbox"/> V593	<input type="checkbox"/> No
How and how often do IDT members, including the physician, nurse, dietitian and social worker see and provide services to home dialysis patients?	<input type="checkbox"/> V588 <input type="checkbox"/> V592	<input type="checkbox"/> No
What hemodialysis machines and water purification systems, if applicable, are currently in use in patients' homes? How are the quality of water and dialysate for home hemodialysis monitored?	<input type="checkbox"/> V593 <input type="checkbox"/> V594 <input type="checkbox"/> V595 <input type="checkbox"/> V596	<input type="checkbox"/> No
Who is responsible for maintaining home hemodialysis machines and water treatment components? What actions are taken if there is a problem with the patient's dialysis machine or water quality?	<input type="checkbox"/> V403 <input type="checkbox"/> V593 <input type="checkbox"/> V597	<input type="checkbox"/> No
What is the plan for emergency back up in-center HD, if needed?	<input type="checkbox"/> V598	<input type="checkbox"/> No
What is your system for ordering and tracking patients' supply usage?	<input type="checkbox"/> V597 <input type="checkbox"/> V599	<input type="checkbox"/> No
Do you support home hemodialysis performed in LTC settings? How are those patients monitored?	<input type="checkbox"/> V581	<input type="checkbox"/> No
Who trains the LTC staff or caregivers who do the home hemodialysis treatments?	<input type="checkbox"/> V583	<input type="checkbox"/> No
Patient Assessment & Plan of Care	Deficient Practice?	
How are interested patients evaluated for home hemodialysis?	<input type="checkbox"/> V512 <input type="checkbox"/> V553	<input type="checkbox"/> No
How do you evaluate the patient's need for a home dialysis partner?	<input type="checkbox"/> V512	<input type="checkbox"/> No

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Patient Assessment & Plan of Care	Deficient Practice?	
How and how often do you and other IDT members assess/re-assess home patients?	V502-V520 <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____	<input type="checkbox"/> No
How and how often is each patient's vascular access (fistula, graft, catheter) assessed?	<input type="checkbox"/> V511	<input type="checkbox"/> No
How often do you assess hemodialysis adequacy?	<input type="checkbox"/> V518	<input type="checkbox"/> No
How do you monitor if home patients are following their dialysis prescriptions?	<input type="checkbox"/> V587	<input type="checkbox"/> No
How and how often is care planning for home patients conducted? What IDT members are regularly involved?	V542-V552, V554-V559, V591 <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____	<input type="checkbox"/> No
How are home patients involved in plan of care?	<input type="checkbox"/> V542	<input type="checkbox"/> No
How do you address patients' preferences and needs in plan of care?	<input type="checkbox"/> V541	<input type="checkbox"/> No
How and how often do medical staff see the patient?	<input type="checkbox"/> V560	<input type="checkbox"/> No
Who is available to provide resources and assistance to respond to questions/concerns from patients/family/partners 24/7?	<input type="checkbox"/> V585	<input type="checkbox"/> No
How and how often do you review patients' medications with them?	<input type="checkbox"/> V506	<input type="checkbox"/> No
Recordkeeping	Deficient Practice?	
How do you maintain confidentiality of home hemodialysis patients' medical records?	<input type="checkbox"/> V455 <input type="checkbox"/> V599	<input type="checkbox"/> No
How often are home hemodialysis patients' treatment records obtained and reviewed? Who reviews them?	<input type="checkbox"/> V587 <input type="checkbox"/> V731	<input type="checkbox"/> No
What is your system for patients and staff documentation of testing of water and dialysate quality?	<input type="checkbox"/> V594	<input type="checkbox"/> No
What is your system for patients and staff documenting preventive maintenance, repair, and exchange of home dialysis machines and water treatment equipment?	<input type="checkbox"/> V597	<input type="checkbox"/> No

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QAPI	Deficient Practice?	
How is the home hemodialysis training and support program evaluated as part of the facility QAPI program?	<input type="checkbox"/> V626	<input type="checkbox"/> No
Is tracking/trending for clinical indicators for home hemodialysis patients separate from the in-center and PD patients' information in the QAPI program?	<input type="checkbox"/> V628	<input type="checkbox"/> No
How do you participate in the facility's QAPI program?	<input type="checkbox"/> V626 <input type="checkbox"/> V756	<input type="checkbox"/> No
How does the medical director take responsibility in QAPI for home hemodialysis clinical indicators?	V629-637, V712 <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____	<input type="checkbox"/> No
How are home hemodialysis patient satisfaction, complaints and grievances and voluntary and involuntary discharges addressed in QAPI?	<input type="checkbox"/> V636	<input type="checkbox"/> No
How are problems that threaten the health and safety of home hemodialysis patients and that require immediate correction addressed in QAPI?	<input type="checkbox"/> V640	<input type="checkbox"/> No
Infection Control	Deficient Practice?	
What training did you have in infection control?	<input type="checkbox"/> V132	<input type="checkbox"/> No
How do you identify,/track/trend, plan and treat home hemodialysis patient infections?	<input type="checkbox"/> V511 <input type="checkbox"/> V637	<input type="checkbox"/> No
What testing did you have for Hepatitis B? Were you offered the Hepatitis B vaccine?	<input type="checkbox"/> V126 <input type="checkbox"/> V127	<input type="checkbox"/> No
Emergency Preparedness	Deficient Practice?	
What emergency equipment do you have on premises and immediately available if a home hemodialysis patient requires emergency care?	<input type="checkbox"/> V413 <input type="checkbox"/> V414	<input type="checkbox"/> No
What training did you have in emergency preparedness? When was the last time you participated in a facility fire drill?	<input type="checkbox"/> V409 <input type="checkbox"/> V417	<input type="checkbox"/> No
How would you address a need for emergency evacuation while you are training a home hemodialysis patient?	<input type="checkbox"/> V408	<input type="checkbox"/> No
What would you do if a home hemodialysis patient in training required emergency medical care?	<input type="checkbox"/> V768	<input type="checkbox"/> No
Additional Questions/Comments	Deficient Practice?	
Is there anything else you would like to tell me about the home hemodialysis training program?	<input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____	<input type="checkbox"/> No