

**OPTIONAL WORKSHEET**  
**INTERVIEW: IN-CENTER HEMODIALYSIS PATIENT**

**Patient Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **CCN:** \_\_\_\_\_

**Surveyor:** \_\_\_\_\_ **#:** \_\_\_\_\_

**Introduce yourself, explain the purpose of the interview and ask for permission to proceed. Choose one or more questions from each section. For focused interviews, use the questions from the section of interest.**

<b>Knowledge about ESRD</b>	<b>Deficient Practice?</b>	
How long have you had kidney disease/been on dialysis? Have you been on other types of dialysis or had a transplant? What caused your kidney disease?	<input type="checkbox"/> V461 <input type="checkbox"/> V562	<input type="checkbox"/> No
What were you told about the other dialysis treatment options available to you, such as home hemodialysis and peritoneal dialysis? What were you told about living and deceased donor kidney transplant?	<input type="checkbox"/> V458 <input type="checkbox"/> V554	<input type="checkbox"/> No
If you're interested in transplant, did your dialysis staff refer you to a transplant center?	<input type="checkbox"/> V513	<input type="checkbox"/> No
<b>Treatment Issues</b>	<b>Deficient Practice?</b>	
What type of vascular access do you have? What have you been told about the different types of vascular accesses?	<input type="checkbox"/> V511 <input type="checkbox"/> V550 <input type="checkbox"/> V551 <input type="checkbox"/> V562	<input type="checkbox"/> No
What were you taught about how to care for and protect your vascular access (no BP or blood draws from access limb, clotting, prolonged bleeding, pain)? Have you had any problems with your vascular access? What have you been told to do if you have problems?	<input type="checkbox"/> V562	<input type="checkbox"/> No
What have been told about the risks associated with covering up your vascular access during treatment?	<input type="checkbox"/> V407	<input type="checkbox"/> No
Does the facility use your artificial kidney (dialyzer) more than once for you? (If applicable) How were you informed about reuse? How do you know you get your dialyzer each treatment?	<input type="checkbox"/> V312 <input type="checkbox"/> V460	<input type="checkbox"/> No
Have you ever experienced problems during dialysis, such as fever, chills, dizziness, pain in your needle sites, or severe cramping?	<input type="checkbox"/> V354 <input type="checkbox"/> V355 <input type="checkbox"/> V543	<input type="checkbox"/> No

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<b>Treatment Issues</b>	<b>Deficient Practice?</b>	
Have you ever been sent to the hospital during or after your treatment? What was the reason?	<input type="checkbox"/> V634	<input type="checkbox"/> No
How do you feel after dialysis? Do you get to your target weight? Have you ever had physical problems at home after dialysis?	<input type="checkbox"/> V543	<input type="checkbox"/> No
How do staff members examine/assess you before and after dialysis? How often do they check your blood pressure and machine during your treatment?	<input type="checkbox"/> V543 <input type="checkbox"/> V715	<input type="checkbox"/> No
Do you feel safe here?	<input type="checkbox"/> V401	<input type="checkbox"/> No
Do you feel staff members are adequately trained?	<input type="checkbox"/> V401 <input type="checkbox"/> V681 <input type="checkbox"/> V760	<input type="checkbox"/> No
Do you feel there are enough staff on duty to care for you and the other patients? Are the machine alarms answered promptly?	<input type="checkbox"/> V757	<input type="checkbox"/> No
<b>Infection Control</b>	<b>Deficient Practice?</b>	
Is the facility clean? Are your chair and machine clean when you come in? Do staff change gloves and wash their hands between caring for other patients and you?	<input type="checkbox"/> V111 <input type="checkbox"/> V113 <input type="checkbox"/> V122	<input type="checkbox"/> No
How have you been taught to protect your vascular access from infection (e.g. swimming/baths with catheters, washing/scrubbing skin prior to dialysis for fistulas and grafts)?	<input type="checkbox"/> V562	<input type="checkbox"/> No
<b>Emergency Preparedness</b>	<b>Deficient Practice?</b>	
What have you been told to do in a case of an emergency while you are here, such as fire or power outage? What is the procedure for emergency evacuation of the facility, for manual blood return?	<input type="checkbox"/> V412	<input type="checkbox"/> No
What have you been told to do in the case of a disaster, when you cannot get your hemodialysis as usual? What have you been told about how to contact the dialysis facility after a disaster?	<input type="checkbox"/> V412	<input type="checkbox"/> No
<b>Patients' Rights and Responsibilities</b>	<b>Deficient Practice?</b>	
How did you learn about your rights and responsibilities as a dialysis patient? Can you tell me some of them?	<input type="checkbox"/> V451	<input type="checkbox"/> No

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<b>Patients' Rights and Responsibilities</b>	<b>Deficient Practice?</b>	
Do dialysis staff members treat you with respect and dignity?	<input type="checkbox"/> V452	<input type="checkbox"/> No
What do staff do to make sure you can understand verbal and written 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
How is your privacy protected during your treatment?	<input type="checkbox"/> V454	<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
What has your facility told you about the rules for expectations about your behavior and responsibilities?	<input type="checkbox"/> V464	<input type="checkbox"/> No
What would you do if you had a problem/complaint about this facility or staff? Who would you complain to and how safe would you feel about making a complaint? If you have ever filed a complaint, how did your facility handle it?	<input type="checkbox"/> V465 <input type="checkbox"/> V467	<input type="checkbox"/> No
If your facility doesn't correct the problem or complaint internally, who outside your facility can you contact next to try to get your complaint resolved?	<input type="checkbox"/> V466	<input type="checkbox"/> No
<b>Patient Assessment &amp; Plan of Care</b>	<b>Deficient Practice?</b>	
How are you involved in planning your care?	<input type="checkbox"/> V542	<input type="checkbox"/> No
What are your goals and expectations for your care? How well do staff take your interests, preferences, and expectations into consideration?	<input type="checkbox"/> V512 <input type="checkbox"/> V541	<input type="checkbox"/> No
How often do you talk with the dietitian? Is this enough? Do you know how to contact the dietitian if you need him/her?	<input type="checkbox"/> V509	<input type="checkbox"/> No
What has the dietitian told you about food options, meal preparation, 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

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<b>Patient Assessment &amp; Plan of Care</b>	<b>Deficient Practice?</b>	
What have you been told about how to manage your fluid intake and blood pressure?	<input type="checkbox"/> V543	<input type="checkbox"/> No
How often do you talk with the social worker? Is this enough? Do you know how to contact the social worker if you need him/her?	<input type="checkbox"/> V510	<input type="checkbox"/> No
What has the social worker told you about living with kidney disease? What other things has the social worker helped you with?	<input type="checkbox"/> V514	<input type="checkbox"/> No
How are you and the social worker working together to improve or maintain your physical and mental functioning? Did you take a survey and were the scores explained to you and used to help set goals for care?	<input type="checkbox"/> V552	<input type="checkbox"/> No
How often do you see a physician/nurse practitioner/clinical nurse specialist/physician assistant? Is this enough? Do you know how to contact him/her if needed?	<input type="checkbox"/> V560	<input type="checkbox"/> No
How often do staff review your medications with you?	<input type="checkbox"/> V506	<input type="checkbox"/> No
<b>Additional Questions/Comments</b>	<b>Deficient Practice?</b>	
Why did you choose in-center hemodialysis and what are your goals for treatment?	<input type="checkbox"/> V512	<input type="checkbox"/> No
Is there anything else you would like to tell me about your care at this facility?	<input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____ <input type="checkbox"/> V____	<input type="checkbox"/> No