

ESRD CORE SURVEY INTERVIEW WORKSHEET: HOME HEMODIALYSIS TRAINING NURSE

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

Home HD Training Nurse: _____ **Surveyor:** _____

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

Core Questions	Concern Identified?	
[Staff voice/culture of safety] What do you do to prevent or reduce treatment errors or near misses? How comfortable would you feel to report an issue or make a suggestion? How does this facility address an error/near miss involving you or others?	<input type="checkbox"/> V627 <input type="checkbox"/> V634	<input type="checkbox"/> No
[Patient voice/culture of safety] 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
[Staffing] Are there enough qualified and trained staff in this facility to meet home HD patients' medical, nutritional, and psychosocial needs? How and how often do IDT members see and provide services to home HD patients? How does this facility ensure that each home HD patient has a care coordinator?	<input type="checkbox"/> V685 <input type="checkbox"/> V757 <input type="checkbox"/> V681 <input type="checkbox"/> V592 <input type="checkbox"/> V590	<input type="checkbox"/> No
[Patient education/knowledge] What information do you give/present to patients about their options for treatment modalities and settings? How do you evaluate patients' abilities, interests, preferences, and goals? How do you educate patients who have mental illness, cognitive impairment, cultural or language differences?	<input type="checkbox"/> V458 <input type="checkbox"/> V512 <input type="checkbox"/> V513 <input type="checkbox"/> V453	<input type="checkbox"/> No
[Home dialysis candidacy, training & competency] How do you evaluate patients for home HD and their need for a care partner? How do you ensure that the patient (or care partner) is well trained and competent to perform dialysis at home, including training on infection prevention, supply disposal, ESA use and storage, 24/7 coverage, symptoms to report, and what to do in an emergency?	<input type="checkbox"/> V586 <input type="checkbox"/> V132 <input type="checkbox"/> V585	<input type="checkbox"/> No
[Monitoring patients] How do you monitor the home HD patients after they are trained? When do you visit the patient's home? How is the home HD patient's home hemodialysis equipment monitored/maintained? How often do you collect their flow sheets/treatment records, and who reviews them?	<input type="checkbox"/> V589 <input type="checkbox"/> V587 <input type="checkbox"/> V593 <input type="checkbox"/> V597	<input type="checkbox"/> No
[Staff & patient partnership/care planning] How do home HD patients participate in their plan of care? How do you monitor, recognize, and address home HD patients' barriers to meeting goals (targets), including learning barriers?	<input type="checkbox"/> V542 <input type="checkbox"/> V559	<input type="checkbox"/> No
[QAPI] How do you participate in QAPI? What and how do you track and trend home HD program data, e.g., vascular access, blood stream infections, etc.?	<input type="checkbox"/> V756 <input type="checkbox"/> V628 <input type="checkbox"/> V637	<input type="checkbox"/> No
[Emergency preparedness] What is the procedure for patient emergencies in the home HD area? What is the procedure for a fire or disaster emergency at the facility?	<input type="checkbox"/> V408 <input type="checkbox"/> V409 <input type="checkbox"/> V411 <input type="checkbox"/> V413	<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

Home HD Training & Support	Concern Identified?	
What is the plan for patients' emergency back up dialysis, if needed?	<input type="checkbox"/> V598	<input type="checkbox"/> No
Does your facility support home HD performed in LTC settings and how do you monitor the care of those patients? Does your facility offer staff-assisted home HD?	<input type="checkbox"/> V581 <input type="checkbox"/> V681	<input type="checkbox"/> No
What is your system for ordering supplies and tracking patients' supply usage?	<input type="checkbox"/> V597 <input type="checkbox"/> V599	<input type="checkbox"/> No
Interdisciplinary Clinical Care	Concern Identified?	
How do you know that the home HD prescription used by the patient is optimal for dialysis adequacy?	<input type="checkbox"/> V544	<input type="checkbox"/> No
How often do you review patients' immunizations and medication history with them (e.g., allergies, home medications, over-the-counter medications, supplements, etc.)?	<input type="checkbox"/> V506	<input type="checkbox"/> No
Infection Control	Concern Identified?	
Did the facility offer you and your home HD patients the Hepatitis B vaccine?	<input type="checkbox"/> V126	<input type="checkbox"/> No
How and where do you train patients who are HBV+?	<input type="checkbox"/> V130 <input type="checkbox"/> V585	<input type="checkbox"/> No
What training did you have in infection prevention and control?	<input type="checkbox"/> V132	<input type="checkbox"/> No
QAPI	Concern Identified?	
How do you and the QAPI team evaluate the home HD training and support program as part of the facility's QAPI program?	<input type="checkbox"/> V626	<input type="checkbox"/> No
How do you assess home HD patients' satisfaction? What do you do to prevent home HD patients' involuntary transfers and involuntary discharges?	<input type="checkbox"/> V636 <input type="checkbox"/> V766 <input type="checkbox"/> V767	<input type="checkbox"/> No
How do you address in QAPI problems that threaten the health and safety of home HD patients and that require immediate correction?	<input type="checkbox"/> V640	<input type="checkbox"/> No
Recordkeeping	Concern Identified?	
How do you assure that home HD patients' medical records are maintained and complete, even when they see their physicians in their offices?	<input type="checkbox"/> V731	<input type="checkbox"/> No
What is your system for documenting preventive maintenance and/or exchange of home HD machines and other home dialysis equipment?	<input type="checkbox"/> V403 <input type="checkbox"/> V597	<input type="checkbox"/> No